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Education, Health, and Environmental Affairs

Dear Chairman Pinsky, Vice-Chair Kagan, and Members of the Committee,

I am writing to you at the behest of Dr. Vincent Martorana regarding the Maryland Podiatric Medical Association and Maryland Bill SB 169, which proposes changing the title of Podiatrist to Podiatric Physician.

As a physician who retired after 32 years in the medical field, 22 as a practicing Urologic Surgeon and nearly 12 years as a full-time member of the executive team at MedStar Franklin Square Medical Center, I feel adequately positioned to lend a favorable opinion to the re-designation proposed by SB 169.

I have known Dr. Martorana both personally and professionally for virtually the entirety of our respective careers, and can vouch for his commitment in support of this legislation.

As Vice President for Medical Affairs and Chief Medical Officer from 2004 to 2015, I am thoroughly familiar with the hospital and medical staff requirements for practice privileges. The application and maintenance of privileges for Podiatrists is identical to that of all medical physicians. Specifically, active Board Certification in their designated specialty is required of all medical staff members. Although the Podiatric clinical privileges vary from medical physicians, as do the clinical privileges vary among medical specialties, the requirements to maintain privileges are the same for all medical staff members, of which Podiatrists are administratively considered co-equal members.

In addition, the Podiatrists are held to the same expectation of meeting the six core competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice as all other medical/surgical members of the medical staff, and are also held to the same expectations of quality care, safety, behavior, and citizenship as well.

As an example, Dr. Martorana himself has served as a member and Chairman of the Medical Executive Committee, which collaborates with the Chief Medical Officer in overseeing all the aforementioned requirements of the entire medical staff. He has also served as member and Chair of the hospital's Board of Directors, and also a member of the MedStar Board.

Based on my perspective as described above, Podiatrists serve as co-equal participants and members of the medical staff within the limits of their specific clinical privileges, as do all medical physicians. Accordingly, given my interaction with Podiatrists at the administrative level, I would be supportive of the re-designation proposed by SB 169.

Thank you for your consideration of my comments.

Sincerely,



Anthony

Scelama, MD, MSB