



EDITORIAL

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Universities are not guilty...

Las universidades no tienen la culpa...

For many years, there has been (and still is) in podiatry the notion that universities are to blame for problems of training, or rather, the lack of training at a professional level. Specifically, this criticism is directed at faculty, curricula, and the lack of practical training during university education, which results in a suboptimal level of knowledge and skills upon graduation. The logical consequence of this idea is that the profession's level will not improve unless university training improves, whether through undergraduate or postgraduate programs, and that this is the only path to enhance the professional standard of podiatry in Spain.

However, in recent years, I have come to see how profoundly incorrect this idea is. The reality is that universities are not to blame. It is evident that podiatry universities in Spain could be improved, and this is undeniable; the university training of podiatry graduates could be enhanced by extending the degree to 5 years, providing more and better practical training, improving the design and adequacy of academic programs, enhancing faculty, and more. Yet, I am convinced that even if we implemented all these theoretical ideal changes, the problem would persist, and we would still be complaining about our professional standards. So, where does the problem lie?

The MIR system (*Médico Interno Residente*, or Resident Medical Intern) was established in Spain in 1978 and has been the health care reform that has most significantly elevated the quality and excellence of medical care. Resident medical interns acquire the knowledge, competencies, and skills to practice as specialists through a training program in hospitals and health centers, based on the philosophy of "learning by doing", which promotes experience and triggers in-depth knowledge. Residents are part of teams and services in a supervised capacity and receive a salary. This system has proven to be

the best option for postgraduate training in healthcare and an extraordinarily effective method for enhancing the professional standards of an entire group, such as physicians. From my perspective, the problem is simple to identify: the issue with the professional standard of podiatry in Spain does not lie with universities but with the absence of a residency system for podiatrists. Such a system would offer training and specialization based on "learning by doing" after completing the university degree—a residency system. Our podiatrist colleagues in the United States are well aware of this because they went through a similar process, and the implementation of a residency system 40 years ago transformed their profession into what we know today.

Universities cannot teach students all the necessary skills in fields like foot orthoses and sports, podiatric surgery, or diabetic foot management in just 4 years. It's impossible. These competencies, skills, and knowledge require time, a foundational learning process, and must necessarily be acquired later during a "learning by doing" training period, just as doctors acquire these skills during a residency period after completing their medical degree. In recent years, I have had the opportunity to train colleagues in a private setting using a residency-like learning system lasting approximately 4 years, under supervised guidance. While only four podiatrist "residents" have participated in this system with me, I have realized that this is the best and possibly the only feasible way to teach the competencies and skills needed in fields such as podiatric surgery or diabetic foot management, to produce capable and autonomous professionals in these areas. Other colleagues, altruistically, have also begun implementing this system to train peers as "residents."

I believe time has come to address the issue of professional standards and training in podiatry by moving beyond a sole of-



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cus on undergraduate and postgraduate university education and starting to consider a residency system at the professional level outside universities. Universities are not to blame for the training deficiencies of our profession; in fact, they are not the solution to the problem and cannot do much more than they already do. We all understand that proposing a resident training system in a profession that is almost entirely private practice is not a simple solution, but we can begin by laying down the groundwork or mini-

mum requirements that could be implemented in private podiatry centers and clinics. These centers could offer residency positions where contracted residents receive “learning by doing” training. It would be a significant step forward on which to build and advance in the future.

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