Council on Podiatric Medical Education

Ninetieth Annual Report, 2009

CPME Mission and Goals

The Council on Podiatric Medical Education (CPME) is an autonomous, professional accrediting agency that evaluates and accredits educational institutions and programs in the specialized field of podiatric medicine. The CPME is designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency for podiatric medical education.

The mission of the Council is to promote the quality of doctoral education, postdoctoral education, certification, and continuing education. By confirming that these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine. To achieve its mission, the CPME has adopted and prioritized the following goals:

1. Encourage, enhance, and assure the quality of the educational outcome at all levels in podiatric medicine.
2. Encourage, enhance, and assure the quality of the educational process at all levels in podiatric medicine.
3. Maintain compliance with the criteria for recognition established by the US Secretary of Education and the Council for Higher Education Accreditation.
4. Regulate compliance with standards, requirements, and criteria established by the CPME.
5. Establish and maintain good lines of communication between the CPME and its community of interest.
6. Be responsive to innovative concepts in podiatric medical education.
7. Seek out ways to improve upon the quality and methods of the CPME evaluation process.
8. Review and resolve complaints received about colleges, sponsors of continuing education, residency program sponsors, and specialty boards.
9. Maintain currency in matters affecting accreditation, certification, and education relative to podiatric medical education.

As the accrediting agency for the podiatric medical profession, the CPME supports the following principles:

Validity and reliability. Accreditation of podiatric medical education is based on the belief that podiatric medicine is a unique profession of such complexity and benefit to the health of the population that it requires a defined educational process based on consistently applied national standards. Podiatric medical education standards should be reasonable, valid, reliable, and consistent with the standards set by other medical professions.
Shared governance. Representatives of the profession are responsible for defining current and future podiatric practice, and the CPME is responsible for setting quality standards enabling educational programs to prepare students for residency and residents for practice.

Respect for institutional autonomy. The sponsoring institution or organization assumes the responsibility for design, implementation, ongoing support, and continuous evaluation of the program’s effectiveness relative to its mission and goals.

Public representation. Persons not associated with the podiatric medical profession play an active role in the accreditation, approval, and recognition standard-setting and decision-making processes.

CPME Residency Document Revisions

On a regularly scheduled basis, the Council appoints ad hoc committees to review and revise the standards and procedures associated with its various evaluation activities. The Council’s 2008-2009 schedule included the review of residency documents – CPME 320, Standards and Guidelines for Approval of Residencies in Podiatric Medicine, and CPME 330, Procedures for Approval of Residencies in Podiatric Medicine. The Council and its Ad Hoc Committee are guided by the following principles in revising the residency documents:

- **Leadership.** The Council will provide thoughtful leadership in formulating issues related to the standards and procedures revision process, developing needed tools and strategies to sustain the value of quality document revision that will lead to advancement in podiatric postgraduate education.

- **Accreditation Best Practices.** The Council will look to and formulate its process in keeping with recognized best practices of other accrediting agencies.

- **Inclusion.** The Council will sustain an environment of active consultation with the larger podiatric medical education community and participating organizations, as well as encourage cooperation and information exchange throughout the podiatric education community.

- **Independence.** The Council will be an autonomous and informed voice for strengthening the standards for approval of podiatric residency programs.

The Ad Hoc Advisory Committee members broadly represented the community of interest related to residency education. They were selected with the belief that they would provide thoughtful analysis and insight into the needed evolution of residency training, in coordination with the goals of Vision 2015 and the interests of the profession. The following individuals accepted appointment to this Committee:

Oleg Petrov, DPM (Chair); Chicago, IL – CPME member, member of the Joint Residency Review Committee (JRRC), residency evaluator, former residency director
Prior to its first meeting, the Committee conducted an online survey of the residency community of interest. This survey was designed to obtain the perspectives of directors of podiatric medical education and to provide the Committee valuable information regarding the residency training process. The survey achieved a response rate of over 80 percent (225 program directors).

The Committee met for the first time in November 2008. Presentations were made by individuals representing the perspectives of the American Podiatric Medical Students’ Association (Joshua Boone), Department of Veterans Affairs Medical Centers (Dr. Jeffrey Robbins), APMA Young Members’ Committee (Dr. Sherunda Smith), and American Association of Colleges of Podiatric Medicine/Council of Teaching Hospitals (Drs. Jeffrey Page and Gregg Young). These presentations and the results of the online survey served as the foundation for the Committee’s two days of deliberations regarding how training should be structured for the next generation of residents.
The Committee met again on January 15-16, 2009. The meeting began with reaffirmation of all decisions made during the first meeting. Each current standard, requirement, and guideline was then reviewed – with many revised – based upon a variety of factors, including:

- decisions made during the previous meeting;
- information provided by ABPOPPM related to its own review of the residency documents;
- information provided by ABPS related to both its own review of the residency documents and statistical evidence developed by the Board relative to the validity of the minimum activity volumes of surgical procedures and their effect on the success of candidates taking the Board’s qualifying examinations;
- written comments submitted by the groups that made presentations in November 2008;
- Committee review of the competencies and core program requirements established by the Accrediting Council for Graduate Medical Education for numerous medical and surgical specialties; and
- responses and comments provided by program directors in the online survey.

During conference calls and mail ballots conducted during the summer and fall of 2009, the Committee completed its revision of each standard in document 320, revised document 330, and formally adopted both draft documents, agreeing that they were ready for review by the Council.

The Council conducted open forums in 2010 during the Centralized Residency Interview Program (CRIP) in Frisco, Texas on January 9 and 16, the residency interviews in New York on January 23, and the New York Clinical Conference on January 30. The forums were extremely worthwhile; more than 200 program directors and residency faculty provided the Council numerous thoughtful comments about many of the proposed changes. An open forum is planned during the APMA House of Delegates on March 20.

Following review of comments from the community of interest, the proposed revisions to CPME 320 and CPME 330 will be considered for adoption by the Council during its April 23-24, 2010 meeting. Any additional substantive changes made in response to comments received would be forwarded to the residency community of interest before final adoption of the documents.

**CPME Responds to Need for Additional Residency Positions**

At its 2009 meetings, the Council was faced with the reality that the number of anticipated graduates in the class of 2010 at the eight accredited podiatric colleges and schools would exceed significantly the number of entry-level residency positions available. Estimates of the residency positions needed ranged from 45 (based on the number of CPME-authorized positions as of March 1, 2009) to 80 (based on the actual number of positions available in the 2009 Centralized Application Service for Podiatric Residencies (CASPR) match. Reasons for the variation in the number of positions in the CASPR match compared to the number authorized by the Council included decisions by numerous hospitals to either not fund all authorized positions or voluntarily terminate programs without notifying the Council.
During its March 2009 meeting, the Joint Residency Review Committee conducted a planning session to explore new methods to increase the number of positions in CPME-approved residencies and attract applications from first-time sponsoring institutions. Since the fall of 2008, a number of efforts were planned and implemented to encourage institutions that sponsor residency programs to apply for an increase in positions and new residency programs to apply for approval. These included:

- The establishment by APMA of a residency telephone helpline advertised on APMA’s Web site and bi-weekly in the APMA eNews, to assist institutions, prospective program directors, and faculty with residency development and expansion. From September 2008 - February 2009, more than 50 individuals contacted the helpline regarding establishing new programs and were assisted by members of CPME and/or COTH.

- Distribution of “Developing a Podiatric Residency Training Program” kits by COTH to more than 150 interested podiatric physicians and hospital administrators.

- E-mails sent to all CASPR program directors whose programs have the resources necessary to support additional residents, encouraging them to apply to the Council for an increase in positions.

- Sample materials placed on the CPME Web site to serve as guides for developing programs.

Despite these efforts, the number of applications for both new programs and increases in positions in CPME-approved programs were not of sufficient quantity to alleviate this problem. As a result of the March 2009 planning session, the Committee recommended to the Council and the Council subsequently approved immediate implementation of the following process to facilitate increases in positions in approved podiatric residency programs:

- Review by Council staff of all 2008-2009 (current) residency Annual Reports and all summaries of clinical experiences (both medical and surgical) reported on Podiatry Residency Resource (PRR) by residents and verified by directors of podiatric medical education to determine the level of clinical experiences afforded residents during the course of their residency training. This review included only approved programs; programs on probationary or provisional approval as of May 1, 2009 were not considered.

- The Joint Residency Review Committee considered the resident clinical experience data provided by Council staff prior to and during a conference call conducted on April 20 and identified those programs with the clinical capacity to increase positions.

- Each residency identified as having the clinical capacity to increase positions was notified in May of the Committee’s review and decision to authorize the increase. The letter from the Committee explained the rationale for the change in the Council’s procedures and requested confirmation from the sponsoring institution of its decision to accept or decline the authorization to increase residency positions.
The fee for all applications to authorize an increase in residency positions and the additional annual assessment related to the fee per resident was waived through June 30, 2010.

Reminder letters were forwarded in September to 67 institutions that had not yet informed the Council of their decisions to either accept or decline the authorization to increase residency positions.

Through February 2010, the Council had received formal acceptances for 44 new residency positions and verbal commitments from eight other institutions for up to an additional 11 positions.

The Council plans to forward final reminder letters in April 2010 to 34 institutions that as of this writing have not informed the Council of their decision to either accept or decline the authorization to increase residency positions.

The Council and the Committee are confident that a sufficient number of institutions will accept the offer to increase their podiatric residency positions so that, in concert with the ongoing efforts of APMA and AACPM, a residency position will be available to each podiatric college graduate in 2010.

**New College Procedures Adopted**

The Ad Hoc Advisory Committee appointed by the Council to review CPME publication 130, Procedures for Accrediting Colleges of Podiatric Medicine, completed its review of the document in August 2007. During its October 2007 meeting, the Council adopted the proposed draft of the document. Following review of comments from the community of interest, during its April 2008 meeting, the Council elected to refer the revised CPME 130 to the Accreditation Committee for consideration of those comments. The Committee’s recommendations were considered at the Council’s October 2008 meeting, again by the Committee during December and January conference calls, and adopted by the Council in January 2009.

In an official notice to the community of interest dated January 29, the Council sought comments on the proposed revisions. At its April 2009 meeting, the Council considered the comments received from the community of interest; each comment supported the proposed revisions. The Council adopted the revised document, effective January 1, 2010.

Highlights of the revisions proposed by the Council in April 2008 include:

- A candidate status application must now include an assessment of the college’s compliance with CPME standards and requirements rather than of the college’s strengths and weaknesses. (page 7)
• A self-study must now include an assessment of the college’s compliance with CPME standards and requirements in addition to the college’s strengths and weaknesses. (page 8)

• The institutional response to the evaluation team report may now provide documentation demonstrating progress toward addressing areas of potential noncompliance. (page 13)

• Increased specificity is identified related to information that a college must provide the Council in advance of a substantive modification. (pages 22-24)

• For the first time, the document outlines the expectations of the Council regarding information to be submitted with requests for authorization to increase enrollment. (pages 26-27)

• A revised third-party comment policy affords the institution opportunity to respond to the comments. (pages 30-31)

• A new policy calls for the Council to consider, at each of its semiannual meetings, whether applications for new colleges of podiatric medicine or requests for authorization to increase enrollment in accredited colleges will be accepted during the following six-month period. (page 35)

In January 2009, the Council proposed the following additional significant changes to the procedures document.

• Based on a request from the American Association of Colleges of Podiatric Medicine’s Council of Deans, the Council approved identifying only colleges and schools as the educational units suitable for granting the doctor of podiatric medicine degree.

• Revised sections related to eligibility and preaccreditation. New colleges and schools will be granted candidate status before beginning student recruitment efforts. A timeline for the new procedures can be found on the last page of the document. (pages 7-11)

• Revised sections related to accreditation categories, accreditation period, and monitoring compliance to reflect the decisions to eliminate the interim report and four-plus-four accreditation period. (pages 17, 20-21, and 23-24)

**Colleges of Podiatric Medicine**

The Accreditation Committee is responsible for recommending to the Council candidacy of new and accreditation of existing colleges, schools, and programs leading to the professional degree in podiatric medicine. The Committee reviews evaluation reports, progress reports, and other information submitted by the institutions within its review area.
The candidate status on-site evaluation of the College of Podiatric Medicine at the Western University of Health Sciences in Pomona, CA was conducted from February 8-10, 2010. At its April 2010 meeting, the Council will vote on whether to grant candidate status based on review of the evaluation team report. The Council’s procedures call for the process to be completed before the first student graduates from the new college, after a second site visit is conducted during the third year of operation. The Council may elect to conduct subsequent on-site visits throughout the candidate status period. The College, which admitted its first students in September 2009, is seeking to become the ninth CPME-accredited college of podiatric medicine.

The Council took the following accreditation actions at its 2009 meetings.

April 2009

The Committee and Council reviewed the report of the team that conducted a focused on-site evaluation in February 2009 of the Barry University School of Podiatric Medicine. Based on review of the team report and a recommendation from the Accreditation Committee, the Council elected to take no action related to the School’s accreditation status. The Council requested a progress report for consideration at the October 2009 meetings of the Committee and Council. The School remained accredited through April 2012.

Based on review of a progress report and a recommendation from the Accreditation Committee, the Council canceled its plan to conduct a focused on-site evaluation of the California School of Podiatric Medicine at Samuel Merritt College, instead requesting that the School submit a progress report for consideration at the October 2009 meetings of the Committee and Council.

The Committee and Council reviewed progress reports from the Arizona Podiatric Medicine Program at Midwestern University and Ohio College of Podiatric Medicine.

The Accreditation Committee reviewed the Annual Summary Data Report submitted by each accredited college. The Committee requested additional information from one college related to its graduation rate, one college related to exceeding its maximum authorized enrollment, one college related to NBPEME test scores for Part I and Part II examinations, and one college related to the number of students who passed and failed NBPEME Part I and Part II tests and the average indebtedness of graduating students.

Based on its decisions to replace the four-plus-four accreditation period with a single eight-year accreditation period and eliminate the interim progress report, the Council revised CPME 140, Annual Report and developed CPME 141, Abbreviated Annual Report to afford the Council’s Accreditation Committee the ability to identify significant trends and changes in the colleges. The Committee and Council will thus have a mechanism in place to monitor colleges throughout the accreditation process, rather than every four years through review of an interim progress report, to ensure that colleges remain in compliance with the standards. Consequently, colleges will be asked to include in the report a detailed description of strengths, limitations, and/or objectives identified by the college since the last Council evaluation visit, and the institution’s efforts toward improving the program as based upon ongoing self-study.
For the first time, the annual reports were a joint venture of the Council and the American Association of Colleges of Podiatric Medicine. Also for the first time, the annual report was available online.

October 2009

Based on review of the interim progress report submitted by the Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University of Medicine and Science and a recommendation from the Accreditation Committee, the Council extended accreditation of the College through October 2013. The Council commended the College on the quality of its progress report.

The Committee and Council reviewed progress reports from the Arizona Podiatric Medicine Program at Midwestern University, Barry University School of Podiatric Medicine, California School of Podiatric Medicine at Samuel Merritt College, New York College of Podiatric Medicine, and Ohio College of Podiatric Medicine.

The decision to replace the four-plus-four accreditation period with a single eight-year accreditation period and eliminate the interim progress report required that the Council extend the accreditation of the following colleges:

- Barry University School of Podiatric Medicine – April 2016
- California School of Podiatric Medicine at Samuel Merritt University – October 2014
- Des Moines University – College of Podiatric Medicine & Surgery – April 2015
- Ohio College of Podiatric Medicine – October 2016
- Temple University School of Podiatric Medicine – October 2014

In previous years, the Council’s annual report included numerous tables summarizing data collected for the colleges of podiatric medicine and podiatric residency programs. The Council is pleased to be working with the American Association of Colleges of Podiatric Medicine to publish later this year the first annual college and residency statistical update.

Residency Programs

The Joint Residency Review Committee (JRRC) is a collaborative effort of CPME-recognized specialty boards, the Council of Teaching Hospitals, and CPME. The JRRC reviews, takes actions on, and makes recommendations concerning podiatric residency programs in accordance with procedures and requirements set forth by the Council. The JRRC meets semiannually to deliberate and recommend approval of residency programs.

During 2009, the Council and the JRRC conducted on-site evaluations of 17 new and approved residency programs. As of December 2009, the Council had authorized 496 entry-level residency positions, representing an increase of 14 entry-level positions from the number presented in the Council’s 2008 annual report.
First Annual Residency Evaluator Conference Held in Chicago

The first annual conference for new and experienced evaluators was presented by the Collaborative Residency Evaluator Committee (CREC) in Chicago in mid-May. The Committee is a shared effort of ABPOPPM, ABPS, and the Council to develop and implement procedures to select and train podiatric residency evaluators and team chairs (among other residency evaluator-related activities). The nine-member Committee, composed of the directors and two other individuals from each of the organizations, invited 30 veteran evaluators representing the Council, ABPOPPM, and/or ABPS and 15 new evaluators specifically selected to represent ABPOPPM and/or ABPS to participate in the conference. Individuals serving as evaluators volunteer their time and expertise to the process of residency review and approval and seldom have opportunity to meet as a group, share common experiences, and learn from each other.

Written materials and PowerPoint presentations developed and utilized by the Council during previous evaluator training sessions, as well as evaluator manuals, additional written materials, and PowerPoint presentations used by other accrediting agencies were reviewed, analyzed, and discussed by the Committee. The Committee revised current Council documents and developed new materials to use during this conference and created an agenda designed to not only bring greater consistency in the way teams operate, but also to allow the evaluators time and opportunity to learn from each other.

Training for the new evaluators began Friday, May 15 with an introduction to accreditation, including the significance of the role of the evaluator in accreditation and residency approval. These new evaluators gained knowledge of the overall responsibilities of the team as well as those of each team member through review of the protocol for on-site evaluation. They also gained an understanding of the importance of the standards and requirements in terms of residency training, on-site evaluation, and the written team report through review and discussion of evaluation team “kits” and how those materials relate to CPME publications 320, and 370, Evaluation Team Report for Podiatric Medical and Surgical Residency.

During the morning of May 16, veteran evaluators who had served as team chairs shared their on-site evaluation experiences and anecdotes with the group. They then joined the new and other experienced evaluators for discussion and a working review of each standard. PowerPoint presentations and projects were created relative to the requirements most often identified by the teams as areas of noncompliance and why they are identified as such. The groups were afforded opportunity in the afternoon to hone their skills in interviewing, report-writing, and reviewing resident logs.

As of this writing, the Committee is well on its way to presenting its second conference for new and experienced evaluators on May 21-22, 2010 in Chicago. The Committee hopes that this annual conference will produce increasingly skilled on-site evaluation teams that will bring greater consistency to the review of residency programs, interpretation of the standards and requirements, and written team reports.
Fellowships

A podiatric fellowship is an educational program that provides advanced knowledge, experience, and training in a specific content area within podiatric medical practice. Fellowships, by virtue of their specific content concentration, seek to add to the body of knowledge through research and other collaborative scholarly activities.

Following four years of professional education, most podiatric medical graduates complete at least two years of postdoctoral training. Podiatric fellowship education is a component in the continuum of the educational process, and such education occurs after completion of an approved specialty residency.

As of October 2009, The Council has approved ten fellowships with a total of 22 positions.

Continuing Education

The Continuing Education Committee is responsible for reviewing applications for approval of new sponsors, petitions for continuing approval, evaluation reports, progress reports, and other information submitted by the sponsors within its review area.

The Council approves sponsors of continuing education that demonstrate and maintain compliance with the standards and requirements identified in CPME 720, Standards, Requirements, and Guidelines for Approval of Sponsors of Continuing Education in Podiatric Medicine. Approval is based on programmatic evaluation and periodic review by the Council and the Committee.

The primary purpose of approval is to promote and ensure high-quality education and continuous improvement in educational programs. Approval also ensures the quality of continuing education programs to the public, the podiatric medical profession, and the state boards for examination and licensure.

Every six years, the standing committee responsible for accreditation or approval in a particular area conducts an interim review of the appropriate standards, requirements, and procedures. The purpose of the interim review is to fine-tune any areas of the documents that may not be functioning appropriately, rather than to propose major changes in direction or philosophy, which would be within the purview of an ad hoc advisory committee. At its September 2008 meeting, the Committee began its interim review of CPME 720 and CPME 730, Procedures for Approval of Sponsors of Continuing Education in Podiatric Medicine. The Committee completed the review at its February 2009 meeting and then recommended document revisions to the Council, which considered the revisions at its April 2009 meeting before forwarding the proposed changes to the community of interest. In an official notice dated July 10, 2009, the Council sought comments on the proposed revisions to CPME publications 720 and 730. At its October 2009 meeting, following review of comments from the community of interest, the proposed revisions to CPME 720 and 730 were adopted by the Council without further revision.
As of October 2009, the Council approved 58 continuing education sponsors.

**Recognized Specialty Boards**

The Joint Committee on the Recognition of Specialty Boards (JCRSB) is responsible for granting new and continuing recognition to specialty boards in podiatric medicine, formulating criteria and procedures for recognition of specialty boards subject to the final approval of the Council and in accordance with the broad policies for certification as adopted by the APMA House of Delegates, and exploring areas of mutual cooperation to the benefit of the recognized boards, the podiatric medical profession, and the public.

Certification processes are identified for podiatric surgery and podiatric medicine and orthopedics. The Council recognizes the American Board of Podiatric Orthopedics and Primary Podiatric Medicine and the American Board of Podiatric Surgery.

Of 26 candidates, 21 successfully completed the 2009 podiatric medicine and orthopedics certification examination and were granted diplomate status. A total of 2,416 individuals currently hold diplomate status in primary podiatric medicine and/or podiatric orthopedics.

Of 352 candidates, 294 successfully completed the 2009 podiatric surgery certification examination in foot surgery and were granted diplomate status. Of 119 candidates, 83 successfully completed the 2009 podiatric surgery certification examination in foot and ankle surgery (or ankle surgery only) and were granted diplomate status. A total of 6,611 individuals currently hold diplomate status in podiatric surgery.

**Online Advances**

The Council continues its efforts to increase its utilization of technology in each area of its operations.

**Related to the Council’s database:** In 2010, the Council’s consultant will complete the process of establish an accounting functionality for the Access database. The database has become the focal point in maintaining day-to-day information regarding residency programs and sponsors of continuing education. Use of the database expanded in 2009 to facilitate production of CPME publication 300, *Approved Residencies in Podiatric Medicine*, and in 2010 will expand to facilitate production of CPME 700, *Approved Sponsors of Continuing Education*.

**Related to residencies:** The Residency Review Committee accepted the first digitally-submitted pre-evaluation materials from three residencies evaluated during the spring of 2008. In 2009, institutions were required to submit all pre-evaluation materials by either CD or flash drive. On-site evaluation reports and annual reports have been completed online for the past four years.
Related to continuing education: Sponsors of continuing education completed the transition to digital submission of petitions for continued approval.

Related to colleges: In 2009, the Council and the Accreditation Committee began accepting only digitally transmitted self-studies and appendices. Beginning with the 2009-2010 academic year, college annual reports were submitted online.

Department of Education

The Council holds recognition as the accrediting body for first professional degree programs in podiatric medicine from the US Department of Education, appearing on the list of nationally recognized accrediting agencies that the US Secretary of Education identifies as reliable authorities concerning the quality of education offered by educational institutions or programs. The Council has appeared on the Secretary's list since the recognition process was first legislated in 1952. The Council’s next petition for continued recognition will be considered in 2011.

Council on Higher Education Accreditation

The CPME holds recognition from the Council on Higher Education Accreditation (CHEA) as the specialized/professional accrediting agency for colleges of podiatric medicine, first professional degree of Doctor of Podiatric Medicine, and the pre-accreditation category of “candidate status” for developing colleges, schools, and programs of podiatric medicine.

Although the primary purpose of CHEA is to recognize accrediting bodies, CHEA also coordinates research and debate to improve accreditation, serves as a national advocate for voluntary self-regulation, collects and disseminates data and information about accreditation, mediates disputes between and among accrediting bodies, and coordinates and works to preserve the quality and diversity of colleges and universities.

The Council’s Five-Year Interim Progress Report was considered at CHEA’s November 2008 Recognition Committee meeting. The report, which is required of all recognized accrediting agencies, provided CHEA with document and structural changes made since the Council’s last recognition review and evidence that the Council continues to meet the CHEA eligibility and recognition standards. The Committee on Recognition determined that the Council has successfully completed the report review process and requested no additional information. The next CHEA recognition review of the Council will begin with submission of the eligibility review application in 2013-2014.

Association of Specialized and Professional Accreditors

The Council is a charter member of the Association of Specialized and Professional Accreditors (ASPA), which was established in 1993 as an umbrella organization to represent the interests of
specialized accreditation. ASPA’s mission is to provide a collaborative forum and a collective voice for the community of US agencies that assess the quality of specialized and professional higher education programs and schools. ASPA represents its members on issues of educational quality facing institutions of higher education, governments, students, and the public. ASPA also advances the knowledge, skills, good practices, and ethical commitments of accreditors, and communicates the value of accreditation as a means of enhancing educational quality.

Meetings of the Council

The CPME held its 2009 meetings on April 23-25 and on October 21-24.

At the April 2009 meeting, Dr. Robert M. Yoho of Des Moines, Iowa was elected by the Council as chair, and Dr. Timothy C. Ford of Louisville, KY was elected as vice-chair.

Dr. Jonathan Haber retired from the Council following distinguished service to the CPME.

The Council reelected Drs. Charles Lombardi of Bayside, New York for a three-year term of office as an at-large member. The Council elected Drs. Lori DeBlasi of Marysville, OH and Michel Trepal of New York, New York for three-year terms of office as at-large members.

The following individuals were members of CPME committees as of October 1, 2009:

**Accreditation Committee:** Dr. Robert M. Yoho, Chair; Dr. John H. Becker, Dr. Stephanie J. Belovich, Dr. Denise Freeman, Dr. Sheila Ortego, Dr. Terry Spilken, Dr. Carl H. Stem, and Mr. Andrew A. Weiss.

**Budget Planning Committee:** Dr. Jonathan A. Haber, Chair; Dr. Timothy C. Ford, Mr. Andrew A. Weiss, and Dr. Robert M. Yoho.

**Continuing Education Committee:** Mr. Andrew A. Weiss, Chair; Ms. Lara F. Beer-Caufield, Dr. Lori DeBlasi, Dr. David H. George, Dr. Charles Lombardi, and Dr. Thomas Leecost.

**Joint Committee on the Recognition of Specialty Boards:** Dr. Kathleen M. Pyatak-Hugar, Chair; Ms. Anna Czubatyi, Dr. Charles Lombardi, Dr. Jeffrey Robbins, Ms. Dianne Rogers, Dr. Marshall G. Solomon, and Dr. Gregg Young.

**Joint Residency Review Committee:** Dr. Timothy C. Ford, Chair; Dr. William Chagares, Dr. Randall L. Dei, Dr. Raymond P. Esper, Dr. William Healey, Dr. Beth Jarrett, Dr. Karen K. Luther, Dr. Elliot Michael, Dr. Oleg Petrov, and Dr. Russ Sticha.

**Nominating Committee:** Dr. Jonathan A. Haber, Chair; Dr. James P. Burke, Dr. Brian Carpenter, Dr. Terry Spilken, and Dr. Robert M. Yoho.
Residency Ad Hoc Committee: Dr. Oleg Petrov, DPM, Chair; Dr. Charles Arena, Dr. Jaime Carbonell, Dr. David George, Dr. Kirk Geter, Dr. Vincent Hetherington, Dr. Joseph Hogan, Dr. Ira Kraus, Dr. Coleen Napolitano, and Dr. Stuart Wertheimer.

2009 Schedule of On-site Evaluations

Spring 2009

College of Podiatric Medicine
Barry University School of Podiatric Medicine, Miami Shores, FL (focused visit)

Residency Programs

IOWA
Des Moines – Iowa Methodist Medical Center

FLORIDA
Boynton Beach – Bethesda Memorial Hospital

MICHIGAN
Clinton Township – Henry Ford Macomb Hospital

NEW YORK
Far Rockaway – Peninsula Hospital Center
New York – Beth Israel Medical Center

NEW JERSEY
Passaic – Saint Mary’s Hospital

UTAH
Murray – Intermountain Medical Center

WISCONSIN
Milwaukee – Columbia St. Mary’s Hospital

Fellowship Programs

KENTUCKY
Louisville – Jewish Hospital and St. Mary’s HealthCare

MASSACHUSETTS
Boston – Boston University Medical Center
NEW YORK
   Far Rockaway – St. Johns Episcopal Hospital – South Shore

**Fall 2009**

**Residency Programs**

ILLINOIS
   Chicago – Mount Sinai Hospital Medical Center

MARYLAND
   Baltimore – Veterans Affairs Maryland Healthcare System

MICHIGAN
   Detroit – Saint John Hospital and Medical Center

NEW JERSEY
   Vineland – South Jersey Healthcare Regional Medical Center

NEW YORK
   Brooklyn – Wyckoff Heights Medical Center (fellowship also evaluated)

OHIO
   Cleveland – Louis Stokes Cleveland Department of Veterans Affairs Medical Center

PENNSYLVANIA
   Allentown – Saint Luke’s Hospital (fellowship also evaluated)

TEXAS
   San Antonio – The University of Texas Health Science Center

VIRGINIA
   Falls Church – Inova Fairfax Hospital

**Fellowship Programs**

VERMONT
   Randolph – Gifford Medical Center
The time and efforts of many dedicated volunteer leaders are required for the accreditation and approval review processes. CPME members and staff extend their appreciation and gratitude to all those who reviewed self-studies, interim reports, and evaluation documents and conducted site visits. Special thanks are due the individuals who participated in on-site reviews of programs of all types for initial and continuing accreditation and approval during the past academic year. We could not have accomplished our work without them.

Terence A. Alvey, DPM; Evansville, IN
Joseph M. Anain, DPM; Williamsville, NY
Charles T. Arena, DPM; Waterbury, CT
Barbara J. Aung, DPM; Tucson, AZ
Wayne Axman, DPM; Astoria, NY
Stephanie Baldwin, DPM; Tampa, FL
Daniel J. Bareither, PhD; North Chicago, IL
Stuart J. Bass, DPM; West Bloomfield, MI
Michael A. Battey, DPM; Johnston, RI
Frank R. Bayerbach, DPM; West Babylon, NY
Sebastian Benenati, DPM; Roseville, MI
Mindy Benton, DPM; Minneapolis, MN
David Bernstein, DPM; Bremerton, WA
Richard T. Braver, DPM; Englewood, NJ
Harry B. Burke, DPM; Monaca, PA
Edward Buro, DPM; Commack, NY
William E. Chagares, DPM; North Chicago, IL
Sanford M. Chesler, DPM; Avondale, AZ
Jon Contompasis, DPM; Wilmington, DE
Gregory F. Davies, DPM; Syosset, NY
Lori DeBlasi, DPM; Marysville, OH
Randall L. Dei, DPM; Franklin, WI
Michael P. DellaCorte, DPM; Maspeth, NY
Paul DiLiddo, DPM; St. Clair Shores, MI
Kimberly Eickmeier, DPM; Champaign, IL
Raymond P. Esper, DPM; Worcester, MA
Timothy C. Ford, DPM; Louisville, KY
Craig Garfolo, DPM; Stockton, CA
Stephen Geller, DPM; Phoenix, AZ
David H. George, DPM; Leonia, NJ
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