# Residency Policies
# Residency Review Committee
# and
# Council on Podiatric Medical Education
# April 2022

# Standards and Requirements

## Standard 1 – Sponsorship and Affiliations

**Requirement 1.3 – Affiliation Agreements**

***Reference to CPME and ACGME in Institutional Documents*** *(March 2012)*

If an institution sponsors programs with ACGME approval and a program(s) with CPME approval, then a form can be included in the residency manual stating the following: This acknowledges that the PMSR program is approved by the Council on Podiatric Medical Education (CPME). All references to the Accreditation Council for Graduate Medical Education (ACGME) throughout documents referring to the training of podiatric residents shall infer the program is approved by CPME and must follow the standards and requirements of CPME.

## Standard 2 – Facilities and Resources

**Requirement 2.2 – Library** *(September 2015)*

A physical library is not required if the institution affords residents adequate access to online resources.

## Standard 3 – Policies and Procedures Affecting the Resident

**Requirement 3.11 – Certificate of Completion**

***Name of the Institution*** *(March 2016)*

The certificate must identify the sponsoring institution. The name of the institution may not in any manner include a reference to the residency (e.g. the Residency Program of Saint Servatus).

***Retaining a Certificate of Approval*** *(September 2015)*

A resident may retain a certificate issued for training completed (e.g., RPR, POR, PPMR, PSR-12, PSR-24, PM&S–24, PM&S–36, and/or PMSR) when this training is counted towards the requirements of a new program into which the resident has transferred.

***Statement of Approval*** *(September 2012)*

A seal or a stamp, even with the full statement of approval "Approved by the Council on Podiatric Medical Education" is not acceptable; the statement of approval must be a printed part of the document.

***Date of Completion*** *(March 2012)*

The date on the certificate should be the actual completion date; however, the certificate may include the date range of the resident's time in the program. In the case of transfer residents, the date range may not include training provided at other programs.

***Acceptable Terminology for the Podiatric Medicine and Surgery Residency*** *(September 2015)*

- The certificate must state the proper name of the program – **Podiatric Medicine and Surgery Residency**. PMSR and Podiatric Medical and Surgical Residency are unacceptable.

- If the program offers the added credential (RRA), the following criteria applies:
  - The institution must issue a single certificate; a second RRA only certificate is not acceptable.
  - RRA must be identified as **Reconstructive Rearfoot/Ankle Surgery.**
  - The use of "and" instead of "/" (e.g. Rearfoot and Ankle) is unacceptable.
  - The program must be identified either as **Podiatric Medicine and Surgery Residency with the added credential in Reconstructive Rearfoot/Ankle Surgery** or **Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery.** These are the only acceptable forms of identifying the PMSR/RRA on the certificate of completion.

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**Requirement 3.12 – Ethical Conduct** *(September 2015)*

Ethical conduct extends beyond the residency program to include conduct between residency programs, the respective faculty, residents, and affiliated training sites and without detriment to the well–being of the podiatric profession as a whole.

## Standard 4 – Reporting to Council on Podiatric Medical Education

**Policies have not been developed for this standard.**

## Standard 5 – Program Director and Faculty

**Policies have not been developed for this standard.**

## Standard 6 – Curriculum and Competencies

**Requirements 6.3 and 6.4 – Training Schedule and Block Rotations** *(September 2016)*

Programs must abide by the training schedule and residents should not be removed from scheduled rotations to cover other cases/rotations.

## Standard 7 – Assessment of the Program and Residents

**Requirement 7.1 – Review and Verification of Logs** (*September 2015)*

It is the responsibility of the program director to perform the function of review, evaluation, and verification of resident logs. An assistant director may review logs, but may not verify logs.

**Requirement 7.2 – Signature Requirements for Electronic Assessment Forms** (*September 2017)*

Programs that utilize electronic assessment forms must demonstrate review by the faculty, resident, and program director. Review may be demonstrated by electronic logs and/or attestations confirming review by faculty, residents, and the program director.

## Logs

**Surgical Cases Performed Outside of the United States** (December 2008)

Surgical cases may be logged as category 6, Other Procedures. These procedures cannot be counted toward the minimum procedure requirements, but will allow residents to have these procedures in their logs for future reference.

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**Logging Tele-Health Visits** (*March 2021*)

Telehealth visits should be appropriately logged as problem focused H&Ps or other clinical experiences in category 6.

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**Trauma Cases**

The RRC has adopted the following related to trauma cases:

- This activity includes resident participation in the evaluation and/or management of patients who present immediately after traumatic episodes.
- Trauma cases may be related to any procedure
- Only one resident may take credit for the encounter
- Medical histories and physical examinations are components of trauma cases and can be counted towards the volume of required cases
- At least 25 of the 50 required trauma cases must be foot and/or ankle trauma

- Surgical management of foot and ankle trauma may count towards 25 of the 50 trauma cases even if the resident is active only in the immediate perioperative care of the patient. This data may be counted as both a surgical case and a trauma case by one resident or one resident may log the surgery and one resident may log the trauma

- The resident must participate as first assistant for the surgery to count towards the requirement

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**Biomechanical Cases**

- Patient encounters such as taping and padding, orthotics, prosthetics, and other biomechanical experiences that do not include a biomechanical examination and gait analysis are not counted as biomechanical cases.

- Gait analysis may range from basic visual gait analysis to complex computerized gait analysis. An interpretation of the gait analysis must be documented.

- Treatment plans must be justified and supported by findings of the biomechanical exam.

- The treatment plan must address the identified pathology.

- A biomechanical case is identified as procedure code 7.1

# Procedures

## Extension of Approval

**Extending the Length of Resident Training** *(September 2017)*

Institutions extending resident training must provide a resident contract for that extended time of training that includes information related to resident compensation and liability coverage.

Programs must submit a fee for a one-time increase in positions, a schedule of training, and plan for remediation specific to the situation or institution issue (e.g. competence, low volume of available procedures, poor logging by the resident, etc.)

**Extension of Approval** *(February 2005)*

RRC will consider extensions of approval on a case-by-case basis. A six-month extension may be granted with an additional extension possible depending on the approval status of the program and the documentation provided by the sponsoring institution.

## Inactive Programs and Positions

**Period of Inactive Residency Positions** *(September 2017)*

Inactive positions and programs may be inactive for a period of up to three years. However, inactive programs must provide a progress report prior to restarting the program. The report should include any significant changes to the program (i.e. loss or addition of affiliated training sites, faculty, or case load), copies of new affiliation agreements, revised training schedule, and curriculum.

**Inactive Status for <u>Provisionally</u> Approved Programs** *(October 2012)*

A residency or position(s) in a provisionally approved residency that is temporarily inactive will be considered eligible for continued approval for a period not to exceed two years immediately following the granting of provisional approval by the Council. A residency that is not reactivated within two years must follow the application procedures for new programs if and when training is reinitiated. If a residency position(s) is not reactivated within two years, the sponsoring institution must submit CPME/RRC form 345, *Application for Increase in Positions*, and the application fee if and when the position(s) are to be reactivated. (An inactive program or position is one in which funding, staffing, or available training resources have been interrupted or in which a suitable or interested candidate for the residency has been unavailable.)

Institutions with inactive, approved programs are required to submit annual report forms and annual assessment fees throughout the recognized period of inactivation.

**Programs that Have Reached End of Their Approval Period** *(February 2005)*

RRC will not consider extensions of approval for inactive programs that have reached the end of their approval period.

## One–time Certificate Requests

**One–Time Certificate Requests** *(September 2012)*

Institutions that sponsor podiatric residency programs may request a one-time certificate for a resident in either PMSR or PMSR/RRA (48-months only).

***One–time PMSR Certificate*** *(September 2017)*

- A resident in a PMSR/RRA who cannot complete the RRA requirement

- A resident in a PMSR or PMSR/RRA that requires 48 months to complete who only completes 36 months of training.
- The request for a one-time PMSR certificate must include an attestation from the resident confirming acceptance of the PMSR certificate and an explanation as to why the request was made. The request must be made by January 30 of the training year to allow for sufficient review. The requests will be reviewed by the RRC chair who has the option to send the request to the Committee for further consideration. Programs will be monitored to ensure that these requests are not a common occurrence.

***One–time PMSR/RRA Certificate***

- A resident in a PMSR/RRA that requires 48 months to complete who only completes 36 months of training.

## Program Reclassification

**Programs reclassifying from a 48-Month to a 36-Month Curriculum** *(March 2016)*

Program reducing the length of training from 48 to 36 months are not required to have prior approval from the Council. However, and institution must submit a notice to the Council within 30 days of the change. The letter must include the reason for reducing the length of training and the institution must provide a revised training schedule and letters from current residents acknowledging they were informed of this change

**Programs with a 48-Month Curriculum** *(March 2012)*

According to standard 6.0 in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*, "All required curricular elements must be completed within 36 months. Additional educational experiences may be added to the curriculum allowing up to 48 months. Programs that extend the residency beyond 36 months must present a clear educational rationale consistent with program requirements. The program director must obtain the approval of the sponsoring institution and the Residency Review Committee prior to implementation and at each subsequent approval review of the program."

The signature of the chief administrative officer on the pre-evaluation form is considered as approval from a sponsoring institution scheduled for conversion through an on-site evaluation.

## Resident Transfer

**Re-entering Residency (***March 2021)*

Residents who possess a PMSR/RRA certificate and wish to receive a second certificate for any reason must begin as a first year resident and complete three full-years of training.

**Current Residents who Repeat the First Year of Residency** (*March 2021*)

A resident who has completed one or more years of training and wishes to restart training in a different residency program as a first-year resident is not considered a resident transfer. As such, logs and completed rotations will not transfer into the new program.

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**Internal Resident Transfer** *(applies only to institutions that sponsor both a PMSR and a PMSR/RRA)*:

***From PMSR/RRA to PMSR*** *(October 2012)*

If a contracted resident is in a PMSR/RRA, and a position becomes available in a PMSR at the same institution, the program director may request permission to transfer the resident from the PMSR/RRA to the PMSR. This permission may be requested no later than the first day of the last year of training (to prohibit the creation of a "pyramid" system within the institution). The program director must provide the chair of the RRC a copy of the resident's schedule of training for the time remaining in the program, an executed contract for the PMSR, an explanation as to why the resident has requested transfer, and an application fee of $250.

***From PMSR to PMSR/RRA*** *(April 2012)*

If a resident has a contract for a PMSR and is in that program and a position becomes available in the PMSR/RRA, the program director may request permission to transfer the resident from the PMSR to the PMSR/RRA. This permission may be requested no later than the first day of the last year of training (to prohibit the creation of a " merit" system within the institution). The program director would provide the chair of RRC a copy of the resident's schedule of training for the time remaining in the program, an executed contract for the PMSR/RRA, an explanation as to why the resident has requested transfer, and the application fee of $250.

***Resident Transfer in the Third Year*** *(April 2022)*

Residents must spend at least eleven months of training in the program that awards the certificate. This policy will not impact residents who must transfer due to a program that is closing.

***Program Directors Must Provide Completed Assessments for Transfer Residents*** *(April 2022)*

Program directors are required to provide copies of completed assessment forms to a program director accepting a transfer resident, regardless of the reason the resident has left the previous residency program.