

CPME 820

STANDARDS AND REQUIREMENTS FOR APPROVAL OF PODIATRIC FELLOWSHIPS

COUNCIL ON PODIATRIC MEDICAL EDUCATION

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This publication describes the standards and requirements for approval of podiatric fellowship programs. The standards and requirements, along with the procedures for approval, serve as the basis for evaluating the quality of the educational program offered by a sponsoring institution and holding the institution and program accountable to the educational community, podiatric medical profession, and the public.

TABLE OF CONTENTS

Introduction	3
About This Document	5
Standards for Approval of Podiatric Fellowship Programs	6
Institutional Standards and Requirements	7
<ul style="list-style-type: none">• Standard 1• Standard 2• Standard 3• Standard 4	
Program Standards and Requirements	16
<ul style="list-style-type: none">• Standard 5• Standard 6• Standard 7	
Glossary	23

INTRODUCTION

The profession of podiatric medicine is the only independent practice profession that dedicates itself to the foot and ankle. The ever-increasing body of medical knowledge necessitates the development of fellowships to facilitate the ability of highly trained professionals to continue the search for innovative and improved methods to prevent disease, promote health, and more effectively manage foot and ankle pathology.

The Council on Podiatric Medical Education (CPME/Council) is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine. The Council evaluates, accredits, and approves educational institutions and programs. The scope of the Council's approval activities extends to institutions throughout the United States and its territories and Canada.

The mission of the Council is to promote the quality of graduate education, postgraduate education, certification, and continuing education. By confirming these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine.

A podiatric fellowship is an educational program that provides advanced knowledge, experience, and training in a specific content area in podiatric medicine and surgery. Fellowships, by nature 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, podiatric medical graduates complete a Council-approved residency program. Residencies afford these individuals structured learning experiences in patient management along with training in the diagnosis and care of podiatric pathology. Podiatric fellowship education is a component in the continuum of the educational process, and as such occurs after completion of an approved residency.

The Council has been authorized by the APMA to approve institutions that sponsor fellowship programs that demonstrate and maintain compliance with the standards and requirements in this publication. Podiatric fellowship approval is based on programmatic evaluation and periodic review by the Residency Review Committee (RRC) and the Council. As delegated by the Council, the RRC shall be responsible for determining eligibility of applicant institutions for an initial on-site evaluation of a fellowship, authorization of requests for additional fellowship positions, and recommending to the Council approval of fellowship programs.

Standards and requirements in this publication are divided into institutional standards and requirements and program standards and requirements. Under no circumstances may the standards and requirements for approval by the Council supersede federal or state law.

Prior to adoption, all Council policies, procedures, standards, and requirements are disseminated widely in order to obtain information regarding how the Council's community of interest may be affected.

The Council formulates and adopts its own approval procedures. These procedures are stated in CPME 830, *Procedures for Approval of Podiatric Fellowships*. This document, as well as CPME 820, may be obtained on the Council's website at www.cpme.org or by contacting the Council office.

ABOUT THIS DOCUMENT

This publication describes the standards and requirements for approval of podiatric fellowship programs. The standards and requirements, along with the procedures for approval, serve as the basis for evaluating the quality of the educational program offered by a sponsoring institution and holding the institution and program accountable to the educational community, podiatric medical profession, and the public.

The **standards** for approval of fellowship programs serve to assess the overall quality of education provided by the program. These standards are broad statements that embrace areas of expected performance on the part of the sponsoring institution and the fellowship program. Compliance with the standards ensures the fellow has developed increased knowledge in the field of podiatric medicine and surgery and thus enables the Council to grant or extend approval.

Related to each standard is a series of specific **requirements**. Compliance with the requirements provides an indication of whether the broader educational standard has been satisfied. During an on-site evaluation of a fellowship program, the evaluation team gathers detailed information about whether these requirements have been satisfied. Based upon the extent to which the requirements have been satisfied, the Council determines the compliance of the sponsoring institution and the fellowship program with each standard.

- The verb “shall” is used to indicate conditions that are imperative to demonstrate compliance.

The **guidelines** are explanatory materials for the requirements. Guidelines are used to indicate how the requirements either must be interpreted or may be interpreted to allow for flexibility yet remain within a consistent framework. The following terms are used within the guidelines:

- The verbs “must” and “is” indicate how a requirement is to be interpreted. The approval status of a fellowship program is at risk if noncompliance with a “must” or an “is” is identified.
- The verb “should” indicates a recommended, but not mandatory, condition.
- The verb “may” is used to express freedom or liberty to follow an alternative.

Throughout this publication, the use of the terms “institution” and “program” is premised on the idea that the program exists within and is sponsored by an institution.

The words “college” and “school” are used interchangeably throughout this document.

STANDARDS FOR APPROVAL OF PODIATRIC FELLOWSHIP PROGRAMS

Standards 1.0 - 7.0 pertain to all fellowship programs for which initial or continuing approval is sought. These standards encompass essential elements in fellowship programs including sponsorship, administration, program development, and assessment.

INSTITUTIONAL STANDARDS:

- 1.0 The sponsorship of a podiatric fellowship program is under the specific administrative responsibility of a health-care institution that develops, implements, and monitors the fellowship program.***
- 2.0 The sponsoring institution ensures the availability of appropriate facilities and resources for fellowship training.***
- 3.0 The sponsoring institution formulates, publishes, and implements policies affecting the fellow.***
- 4.0 The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the fellowship program in a timely manner and at least annually.***

PROGRAM STANDARDS:

- 5.0 The fellowship program has a well-defined administrative organization with clear lines of authority and a qualified faculty.***
- 6.0 The fellowship program has appropriate competencies that are comprehensive in addressing the body of scientific knowledge underlying the fellowship and from which a curriculum of at least 12 months duration is derived and implemented. Curricular components of the program demonstrate consistency with the competencies to impart specific knowledge and values and develop specific skills to produce highly trained professionals to continue the search for innovative and improved methods to prevent disease, promote health, and more effectively manage foot and ankle pathology.***
- 7.0 The fellowship program conducts appropriate assessment, performance improvement, and self-assessment processes.***

INSTITUTIONAL STANDARDS AND REQUIREMENTS

1.0 The sponsorship of a podiatric fellowship program is under the specific administrative responsibility of a health-care institution(s) that develops, implements and monitors the fellowship program.

1.1 The sponsor shall be a hospital, academic health center, or CPME-accredited college of podiatric medicine. Hospital facilities shall be provided under the auspices of the sponsoring institution or through an affiliation with an accredited institution(s) where the affiliation is specific to fellowship training. A surgery center or private practice may co-sponsor a fellowship with a hospital, an academic health center, or a CPME-accredited college of podiatric medicine but cannot be the sole sponsor of the program.

Institutions that co-sponsor a fellowship must define their relationship to each other to delineate the extent to which financial, administrative, and teaching resources are to be shared. The document defining the relationship between the co-sponsoring institutions and the fellow contracts must describe arrangements established for the fellowship program and the fellow in the event of dissolution of the co-sponsorship.

1.2 The sponsor or, in the case of a co-sponsorship, one of the sponsors, shall be accredited by the Joint Commission, the American Osteopathic Association, or a health-care agency approved by the Centers for Medicare and Medicaid Services. A sponsoring college of podiatric medicine shall be accredited by the Council on Podiatric Medical Education.

1.3 The sponsoring institution shall formalize all arrangements with affiliated institutions and/or facilities by means of written agreements that clearly define the roles and responsibilities of each institution and/or facility involved.

When training is provided at a secondary institution or facility, the participating institutions must indicate their respective training commitments through a memorandum of understanding or contract that is reaffirmed at least once every 10 years. This document must:

- acknowledge the affiliation and delineate financial arrangements, liability coverage, and educational contributions of each training site;
- be signed and dated by the chief administrative officer, designated institutional official (DIO), or designee, of each participating institution or facility;
- include an effective date, and

- be forwarded to the program director.

If the program director does not participate actively at the affiliated institution or facility, or if a significant portion of the program is conducted at the affiliated institution or facility, a site coordinator must be designated formally to ensure appropriate conduct of the program at this training site. The site coordinator must hold a staff appointment at the affiliated site and be a faculty member involved actively in the program at the affiliated institution or facility. Written confirmation of this appointment, either within the affiliation agreement or in a separate document, must include the signatures of the program director and the site coordinator.

Fellows must not participate in training at sites until the affiliate agreements are fully executed.

The expected daily commute to each sponsoring and affiliated training site must not have a detrimental effect upon the educational experience of the fellow.

***Intent and Background:** Agreements are meant to ensure that fellows are protected with professional and general liability insurance. Institutions owned by the same corporate entity as the sponsoring institution may need affiliation agreements if they function independently.*

2.0 The sponsoring institution ensures the availability of appropriate facilities and resources for fellowship training.

2.1 The sponsoring institution shall ensure that the physical facilities, equipment, and resources of the primary and affiliated training site(s) are sufficient to permit achievement of the stated competencies of the fellowship program.

The physical plant must be properly equipped to provide an environment conducive to teaching, learning, and providing patient care. Adequate patient treatment areas, adequate training resources, and a health information management system must be available for fellowship training.

The sponsoring institution must be in operation for at least 12 months before submitting an application for approval to assure that sufficient resources are available for the fellowship program. The institution must have an active podiatric service for at least 12 months prior to submitting an application for approval.

2.2 The sponsoring institution shall afford the fellow ready access to adequate educational resources, including a diverse collection of current podiatric and non-podiatric medical and other pertinent reference resources (i.e., journals and digital materials/instructional media).

Educational resources should be within close geographic proximity to the institution(s) at which the fellow is afforded training. Educational resources must include the electronic retrieval of information from medical databases that are readily available, at no cost, to the fellow.

2.3 The sponsoring institution shall afford the fellow ready access to adequate information technologies and resources.

Computer hardware, software, and related resources must be readily available and utilized to further the fellow's training.

2.4 The sponsoring institution shall afford the fellow ready access to adequate office and study spaces at the institution(s) in which fellowship training is primarily conducted.

2.5 The sponsoring institution shall provide adequate support staff to ensure efficient administration of the fellowship program.

The institution must ensure that neither the program director nor the fellow assumes the responsibility of clerical personnel. The institution must ensure that the fellow does not assume the responsibilities of ancillary staff.

3.0 The sponsoring institution formulates, publishes, and implements policies affecting the fellow.

3.1 The sponsoring institution shall utilize a fellowship selection committee to interview and select prospective fellow(s). The committee shall include the program director and individuals who are active in the fellowship program.

3.2 The sponsoring institution shall develop and make public recruitment, selection, and retention criteria and procedures that assure nondiscriminatory treatment of all applicants.

The sponsoring institution must make available to the prospective fellow information describing the selection process and conditions of appointment established for the program. The sponsoring institution must make the fellowship curriculum available to the prospective fellow.

3.3 The sponsoring institution shall conduct its process of interviewing and selecting fellows equitably and in an ethical manner. The sponsoring institution shall inform the prospective fellow in writing of the selection process and conditions of appointment established for the program. An institution that sponsors more than one fellowship program shall inform the

prospective fellow(s) of the selection process established for each program.

The sponsoring institution must make a written copy of the fellowship curriculum available to the prospective fellow.

- 3.4 Application fees, if required, shall be paid to the sponsoring institution and shall be used only to recover costs associated with processing the application and conducting the interview process.**

The sponsoring institution must publish its policies regarding application fees (i.e., amount, due date, uses, and refunds).

- 3.5 The sponsoring institution shall inform all applicants as to the completeness of the application as well as the final disposition of the application (acceptance or denial).**

- 3.6 The sponsoring institution shall accept only graduates of residency programs approved by the Council on Podiatric Medical Education who demonstrate the levels of knowledge, skills, and attitudes requisite for advanced training.**

- 3.7 The sponsoring institution shall ensure that the fellow is compensated equitably with and is afforded the same benefits, rights, and privileges as other fellows at the institution. The institution shall provide the following benefits:**

- a. Health insurance benefits

The sponsoring institution must provide health insurance for the fellow for the duration of the training program. The fellow's health insurance must be at least equivalent to that afforded other professional employees at the sponsoring institution.

- b. Professional, family, and sick leave benefits

The fellow's leave benefits must be at least equivalent to those afforded other professional employees at the sponsoring institution.

- c. Leave of absence

The sponsoring institution must establish a policy pertaining to leave of absence or other interruption of the fellow's designated training period. In accordance with applicable laws, the policy must address continuation of pay and benefits and the effect of the leave of absence on meeting the requirements for completion of the fellowship program.

d. Professional liability insurance coverage

The sponsoring institution must provide professional liability insurance for the fellow that is effective when training commences and continues for the duration of the training program. This insurance must cover all rotations at all training sites and must provide protection against awards from claims reported or filed after the completion of training if the alleged acts or omissions of the fellow were within the scope of the fellowship program. The sponsoring institution must provide the fellow with proof of coverage upon request.

e. Other benefits, if provided (e.g., meals, uniforms, vacation policy, housing provisions, payment of dues for membership in national, state, and local professional organizations, and disability insurance benefits)

If the sponsoring institution does not offer other fellowship programs, then the fellow must be compensated equitably with other fellows in the geographic area.

The sponsoring institution should disclose annually to the program director the current amounts of direct and indirect graduate medical education reimbursement received by the sponsoring institution.

3.8 The sponsoring institution shall provide the fellow a written contract or letter of appointment. The contract or letter shall be signed and dated by the chief administrative officer of the institution or designated institutional officer (DIO) and the fellow.

The contract or letter must state the following:

- a. The amount of the fellow stipend
- b. Duration of the agreement
- c. Benefits provided

When a letter of appointment is utilized, a written confirmation of acceptance must be executed by the prospective fellow and forwarded to the chief administrative officer or designated institutional official (DIO).

The contract or letter of appointment must be forwarded to the program director.

The stipend offered by the institution is determined as an annual salary. The amount of fellow compensation must not be contingent on the productivity of the individual fellow.

In the case of a co-sponsored program, the contract or letter of appointment must be signed and dated by the chief administrative officer or designated institutional

official (DIO) of each co-sponsoring institution and the fellow.

For programs in which fellows sign contracts with multiple institutions, a letter of understanding between those institutions must be in place, identifying the program director as the final authority to oversee fellow training at all sites.

3.9 The sponsoring institution shall ensure that the fellow is not required to sign a non-competition guarantee or restrictive covenant with the institution or any of its affiliated training sites upon graduation.

3.10 The sponsoring institution shall compile the following components into a fellowship manual (in either written or electronic format) that is distributed to and acknowledged in writing by the fellow at the beginning of the program and following any revisions. The manual shall include, but not be limited to, the following:

a. The mechanism of appeal

The sponsoring institution must establish a written mechanism of appeal that ensures due process for the fellow and the sponsoring institution should there be a dispute between the parties. Any individual possessing a conflict of interest related to the dispute, including the program director, must be excluded from all levels of the appeal process.

b. Performance improvement methods established to address instances of unsatisfactory fellow performance.

The sponsoring institution must establish and delineate performance improvement methods to address instances of unsatisfactory fellow performance (academic and/or attitudinal) and identify the time frame allowed for improvement. Performance improvement methods may include, but not be limited to, requiring that the fellow repeat particular training experiences, spend additional hours in a clinic, or complete additional assigned reading to facilitate achievement of the stated competencies of the curriculum. Performance improvement methods should be completed no later than three months beyond the normal length of the fellowship program.

c. Fellow clinical and educational work hours

d. The rules and regulations for the conduct of the fellow

e. Transition of care

Programs, in partnership with their sponsoring institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

- f. Curriculum, including competencies and assessment documents specific to each rotation.

Intent and Background: *Assessment documents and competencies must correlate. They may be included in a single document.*

- g. Training schedule (refer to requirement 6.8)
- h. Schedule of didactic activities and critical analysis of scientific literature (refer to requirements 6.9 and 6.10)
- i. Policies and programs that encourage optimal fellow well-being (refer to requirement 3.13)
- j. CPME 820 and CPME 830 documents

These documents may be provided within the manual or may be provided as links to CPME’s website (cpme.org/cpme820 and cpme.org/cpme830).

3.11 The sponsoring institution shall provide the fellow a certificate verifying satisfactory completion of training requirements. The certificate shall specify the type of fellowship afforded the fellow.

The certificate must indicate that the fellowship program is approved by the Council on Podiatric Medical Education. The sponsoring institution may identify on the certificate any other institution(s) that have contributed significantly to the training of the fellow.

The certificate must include the following:

- The type/name of fellowship afforded the fellow
- The statement “Approved by the Council on Podiatric Medical Education”
- At a minimum, the certificate must be signed by the fellowship program director and the chief administrative officer or designated institutional official. In the case of a co-sponsored program, the certificate must be signed by the chief administrative officer or designated institutional official of each co-sponsoring institution and the program director.
- Date of completion

3.12 The sponsoring institution shall ensure that the fellowship program is established and conducted in an ethical manner.

The fellowship must focus upon the educational development of the fellow rather than on service responsibility to individual faculty members.

Programs, in partnership with their sponsoring institution and affiliates, must provide a professional, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of trainees, faculty, and staff.

The sponsoring institution must publish a mechanism for the resolution of allegations of discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of trainees, faculty, and staff from program candidates and fellows. The mechanism must ensure due process to all individuals involved. The sponsoring institution must ensure that the mechanism is distributed to and acknowledged in writing by the fellow prior to the start of the training year.

3.13 The sponsoring institution shall ensure that policies and programs are in place that encourage optimal fellow well-being.

The institution must provide fellows the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during working hours.

The institution must provide education and resources that support faculty members and fellows in identifying in themselves, or others, the risk factors of developing or demonstrating symptoms of fatigue, burnout, depression, and substance abuse or displaying signs of suicidal ideation or potential for violence.

The institution must provide access to confidential and affordable mental health care, necessary for either acute or ongoing mental health issues.

The institution must support the physical and mental well-being of the fellow without fear of retaliation.

4.0 The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the fellowship program in a timely manner and at least annually.

4.1 The sponsoring institution shall report annually to the Council office on institutional data, fellows completing training, fellows selected for training, changes in the curriculum, and other information that may be requested by the Council and/or the RRC.

4.2 The sponsoring institution shall inform the Council in writing within 30 calendar days of substantive changes in the program.

The sponsoring institution must inform the Council of changes in areas including, but not limited to, the following:

- Change in sponsorship
- Change in chief administrative officer, DIO, or designee
- Resignation or termination of program director, and or appointment of a new program director
- Fellow resignation, termination, or transfer
- Delay in fellow starting date
- Fellow extended leave of absence
- Fellow extension of training

***Intent and Background:** The Council must be informed of these changes to ensure continuity of communication with the institution and program director. Information related to the fellow is needed for future verification of training.*

4.3 The sponsoring institution shall provide the Council office copies of its correspondence to current and prospective fellows if the following occurs: denial of eligibility for initial on-site evaluation, probation, withholding of provisional approval, withdrawal of approval, denial of an increase in positions, or voluntary termination of the program.

The institution must submit either the fellow's written acknowledgment of the status of the program or verifiable documentation of fellow receipt of the institution's letter. These materials must be submitted as part of the progress report that is due to CPME at a date identified by the RRC.

PROGRAM STANDARDS AND REQUIREMENTS

5.0 The fellowship program has a well-defined administrative organization with clear lines of authority and a qualified faculty.

5.1 The sponsoring institution shall designate one podiatric physician as fellowship program director to serve as administrator of the fellowship program. The program director shall be provided with the proper authority by the sponsoring institution to fulfill the responsibilities required of the position.

Because of the potential of creating confusion in the leadership and direction of the program, co-directorship is specifically prohibited; however, the program director may appoint an assistant director to assist in administration of the fellowship. A fellowship training committee may also be established to assist the program director in the administration of the fellowship.

The sponsoring institution should provide compensation to the program director.

5.2 The program director shall possess appropriate clinical, administrative, and teaching qualifications for implementing the program and achieving stated competencies.

The program director (appointed after July 1, 2023) must be certified by at least one board recognized by the Specialty Board Recognition Committee and must have a minimum of three years post-residency clinical experience.

In certain circumstances, the sponsoring institution may, with approval by the RRC/Chair, appoint an interim fellowship director who does not meet the stated requirements. Institutions must specify the anticipated length of time the interim director will serve, and this appointment may be subject to continued approval by the RRC.

Intent and Background: *Leading a program requires knowledge and skills that are established during residency and subsequently further developed. The time period from completion of residency until assuming the role of program director allows the individual to cultivate leadership abilities while becoming professionally established. The three-year period is intended for the individual's professional maturation.*

- 5.3 The program director shall be responsible for the administration of the fellowship in all participating institutions. The program director shall be able to devote sufficient time to fulfill the responsibilities required of the position. When a program trains more than one fellow, the program director shall ensure that fellows receive equitable training experiences.**

The director is responsible for maintenance of records related to the educational program; communication with the RRC and Council; scheduling of training experiences; instruction, supervision, and assessment of the fellow; periodic review and revision of curriculum content; and program self-assessment.

The program director ensures fellow participation in educational experiences and didactic experiences (e.g., lectures, journal club, conferences, and seminars).

- 5.4 The program director shall participate at least annually in faculty development activities (i.e., administrative, organizational, teaching, and/or research skills for postgraduate training programs).**

The faculty development activities should be approved as continuing education programs by CPME, the institution's GME office, or another appropriate agency.

- 5.5 The fellowship program shall have a sufficient complement of podiatric and non-podiatric medical faculty to implement program objectives and to supervise and evaluate the fellow.**

The complement of faculty should relate to the number of fellows, institutional type and size, organization, and capabilities of the services through which the fellow rotates, and training experiences offered outside the sponsoring institution.

- 5.6 Podiatric and non-podiatric medical faculty members shall be qualified by education, training, experience, and current clinical competence in the subject matter for which they are responsible.**

Faculty members should participate in faculty development activities to improve teaching, research, and assessment of skills.

- 5.7 Faculty members with the majority of responsibility for teaching the fellow shall be fully aware of program competencies and shall be willing to contribute the necessary time and effort to the program.**

Faculty members take an active role in the presentation of seminars, lectures, conferences, journal clubs, and other didactic activities. Faculty members supervise and evaluate the fellow in clinical sessions and assume responsibility for the quality of care provided by the fellow during the clinical sessions that they supervise. Faculty members also discuss patient evaluation, treatment planning,

patient management, complications, and outcomes of all cases with the fellow and review records of patients assigned to the fellow to ensure the accuracy and completeness of these records.

6.0 The fellowship program has appropriate competencies that are comprehensive in addressing the body of scientific knowledge underlying the fellowship and from which a curriculum of at least 12 months duration is derived and implemented. Curricular components of the program demonstrate consistency with the stated competencies to impart specific knowledge and values and develop specific skills to produce highly trained professionals to continue the search for innovative and improved methods to prevent disease, promote health, and more effectively manage foot and ankle pathology.

6.1 The fellowship program shall provide advanced education to allow the fellow to acquire special expertise related to the field of podiatric medicine and surgery, and scholarly activities beyond the level of training in the applicable approved prerequisite podiatric residency program.

Fellowship education consists of academic and/or technical components. The academic component must emphasize a scholarly approach to clinical problem solving, self-directed study, development of analytic skills and surgical/treatment judgment, and research. The technical component ensures the ability of the fellow to perform skillfully the procedures and/or treatment plans required by the program.

6.2 When podiatric residents and fellows are being educated in the same institution, the fellowship and residency curricula shall not adversely affect each other.

If the institution appoints different individuals to the positions, the residency director and the fellowship director must jointly prepare a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, and the roles of the residents and fellows in developing analytic skills and surgical/medical treatment judgment. The fellow should act as a junior attending, providing medical and surgical advice and enhancing the educational training of residents.

6.3 The curriculum of the fellowship shall be developed in conjunction with appropriate individuals involved in the training program.

In developing the curriculum, the program director consults with service chiefs/instructors to determine realistic objectives for each podiatric and non-podiatric medical educational experience. Members of the administrative staff and the office of medical education of the sponsoring institution may be involved in the

development of competencies.

6.4 The program shall have a clearly stated curriculum that is appropriate for the fellowship and consistent with the expectations of the profession and the public.

The curriculum provides the direction and philosophy for the program. The curriculum defines the end results or outcomes to be achieved based on available resources and taken collectively, constitutes a realistic overall mission for the fellowship, consistent with the expectations of the profession and the public. The curriculum is distinct from the competencies. A clear curriculum provides a basis for the development of competencies for all aspects of the program.

6.5 The program shall have clearly stated competencies that are appropriate for educational experiences provided in the fellowship. Competencies shall be statements that describe the knowledge, skills, and attitudes that the fellow is expected to acquire during training.

Competencies are short-term conditions to be achieved within a given period of time and provide measurable evidence of progress toward the achievement of the goals of the program. Competencies are brief statements of accomplishments expected to be realized and attained by the fellow in the various educational experiences through departments and services of the sponsoring institution and through other affiliated facilities. Competencies reflect resources available for fellowship training at the sponsoring institution and affiliated institutions.

A prescribed set of clinical and/or didactic learning activities or tasks should accompany each objective to facilitate achievement of that objective by the fellow.

6.6 The curriculum and competencies shall focus upon the educational development of the fellow and shall not place undue emphasis on service responsibility to individual faculty members.

6.7 The curriculum and competencies of the fellowship shall be distributed at the beginning of the training year to all individuals involved in the training program including fellows, teaching staff, and administrative staff.

Prospective fellows are afforded the opportunity to review the curriculum and competencies of the program.

6.8 The program shall establish and publish at the beginning of the training year a formal schedule of educational experiences to be afforded the fellow.

The formal schedule reflects the experiences provided the fellow at all training

sites. The schedule is reviewed and modified as needed to ensure an appropriate sequencing of training experiences for the fellow consistent with the curriculum. Unless extenuating circumstances are present, the training period should be continuous and uninterrupted.

6.9 Didactic activities that complement and supplement the curriculum shall be available at least weekly.

Fellows must be afforded time for didactic activities. Didactic activities must be provided in a variety of formats. These formats may include lectures, clinical pathology conferences, morbidity and mortality conferences, cadaver dissections, tumor conferences, continuing education activities, journal club, instructional media, and structured independent study.

Informal lectures and teaching rounds should be provided to complement the formal didactic program.

6.10 A journal club shall be organized for the purpose of ensuring the fellow can interpret research studies. The activities shall include participation of the faculty and the fellow and be conducted at least monthly.

6.11 The fellow shall be afforded opportunity to participate in research or other scholarly activities, and the fellow shall participate in such scholarly activities.

The fellow must participate in basic and/or clinical hypothesis-based research. The fellow must learn to design, implement, and interpret research studies under supervision by qualified faculty. The fellow must be afforded the time and facilities for research activities.

6.12 The sponsoring institution shall require that the fellow maintains an activity log appropriate for the type of fellowship. The log shall be submitted at least quarterly to the program director for review, evaluation, and verification. The activity log shall document the fellow's educational experiences.

The activity log may include information regarding didactic experiences including lectures, journal club, research seminars, clinical experiences, patient interactions, interesting clinical observations, pathologies, emergency room activity, and/or surgical procedures.

An electronic or web-based log system may be utilized. The system must be approved and accessible for review by the RRC. The system must be able to categorize and summarize didactic, scholarly, and clinical activities.

7.0 The fellowship program conducts appropriate assessment, performance improvement, and self-assessment processes.

7.1 Upon completion of each training experience (e.g., clinical education, research project), the fellow shall be evaluated in writing by the instructor responsible for providing training. An assessment form shall be used to document attainment of the stated competencies of each educational experience and completion of the research project. Evaluation of the fellow's performance in ongoing experiences shall be conducted at least quarterly.

The written evaluation also may include assessment of the fellow in areas such as communication skills, professional behavior, attitudes, and initiative. Intermittent evaluation is encouraged during all educational experiences. Information from patients and/or peers having direct contact with the fellow may contribute to the assessments.

The assessments must be written or completed in an electronic format. The assessment instrument must indicate the dates covered and must be validated by the faculty member, the fellow, and the program director. The instrument may include assessment of the fellow in areas such as communication skills, professional behavior, attitudes, and initiative. The timing of the assessment for each educational experience must allow sufficient opportunity for performance improvement.

7.2 The program director, faculty, and fellow(s) shall conduct an annual self-assessment of the program's resources and curriculum. Information resulting from this annual review shall be used in improving the program.

The review must include assessment of the program's compliance with the Council's current standards and requirements, the fellow's formal assessment of the program, and the director's formal assessment of the faculty.

The review should assess the relationship between the fellowship and any podiatric residency program conducted at the sponsoring institution in order to assure the integrity of each. The review must determine the extent to which the competencies are being achieved, whether all those involved understand the competencies, and whether resources need to be enhanced, modified, or reallocated to assure that the competencies can be achieved. The review also must determine the extent to which didactic activities complement and supplement the curriculum.

Upon completion of each educational experience, the fellow should provide the program director a written assessment of the experience. Upon completion of fellowship training, the fellow should meet with the program director to evaluate the training program as a whole. The fellow's assessment should include

comments regarding patient diversity and volume, quality of teaching, clinical, and research supervision, level of participation in patient care, whether appropriate feedback was provided by faculty members, and overall impression of the educational experience.

The fellow's assessment may be utilized to assess and improve the effectiveness of the program in areas such as appropriateness of competencies, strengths and weaknesses of the program, coordination of didactic and clinical experiences, and effectiveness of the podiatric and non-podiatric medical faculty.

To enhance the effectiveness of the review process, the program director should ensure that appropriate individuals are involved. The review process should include the service chiefs/instructors responsible for providing educational experiences, the fellowship training committee, and the fellow. The results of fellow assessment should be used to determine the appropriateness of program competencies in view of training experiences provided.

The program director should share the assessment with the faculty, administration, and fellowship training committee.

The review should be based on an assessment of the program's compliance with the Council's standards and requirements. The assessment also should include review of measures of program outcomes such as success of previous fellows in private practice and teaching environments, podiatric administrative activities, faculty appointments, attainment of board certification, state licensure, hospital appointments, and publications.

GLOSSARY

The Council strongly encourages sponsoring institutions and program directors to become familiar with the following definitions to ensure complete understanding of this publication.

Academic Health Center

An academic health center is the entire health enterprise at a university including health professions, education, patient care, and research. An academic health center consists of a medical school accredited by the Liaison Committee on Medical Education or the American Osteopathic Association, one or more health profession schools or programs (such as podiatric medicine, dentistry, allied health, nursing, pharmacy, public health, graduate studies, or veterinary medicine), and one or more owned and affiliated teaching hospitals or health systems.

Accreditation

Accreditation is the recognition of institutional or program compliance with standards established by the Council on Podiatric Medical Education, based on evaluation of the institution's own stated objectives. Accreditation is a voluntary process of peer review. The Council is responsible for accrediting colleges of podiatric medicine related to the four-year curriculum leading to the degree of Doctor of Podiatric Medicine.

Affiliated Training Site

An affiliated training site is an institution or facility that provides a rotation(s) for fellows. Examples of sites include: a college of podiatric medicine, a teaching hospital including its ambulatory clinics and related facilities, a private medical practice or group practice, a skilled nursing facility, a federally qualified health center, a public health agency, an organized health-care delivery system, an outpatient surgery center, or a health maintenance organization (clinical facility).

American Board of Foot and Ankle Surgery (ABFAS)

ABFAS is the specialty board currently recognized by the Council on Podiatric Medical Education's Specialty Board Recognition Committee (SBRC) to certify in the specialty area of podiatric surgery. ABFAS maintains two certification pathways: foot surgery and reconstructive rearfoot/ankle surgery. The foot surgery status is a prerequisite for the reconstructive rearfoot/ankle status.

American Board of Podiatric Medicine (ABPM)

ABPM is the specialty board currently recognized by the Council on Podiatric Medical Education's Specialty Board Recognition Committee to certify in the specialty area of podiatric medicine and orthopedics. ABPM maintains one certification pathway leading to certification in podiatric orthopedics and primary podiatric medicine.

Ancillary staff

Non-physicians, including but not limited to, nurses, podiatric medical assistants, operating room technicians, and laboratory technicians.

Approval

Approval is the recognition of a podiatric residency program, podiatric fellowship program, or sponsor of continuing education that has attained compliance with standards established by the Council on Podiatric Medical Education. Approval is a program-specific form of accreditation.

Certification

Certification is a process to provide assurance to the public that a podiatric physician has successfully completed an approved residency and an evaluation, including an examination process designed to assess the knowledge, experience, and skills requisite to the provision of high-quality care in a particular specialty.

Designated Institutional Official (DIO)

The individual with the authority or responsibility for oversight and administration of the graduate medical education program at the institution.

Due Process

Due process is a defined procedure established by the sponsoring institution that is utilized whenever any adverse action is proposed or taken against a resident. All parties in a fellowship program are protected when there is a written and disseminated due process policy in place.

Faculty

Faculty refers to the entire teaching force responsible for educating fellows. The term faculty does not imply or require an academic appointment or salary support.

Health-care System

A health-care system is a group of hospitals or facilities that work together to deliver services to their communities.

Hospital

A hospital is an institution that provides diagnosis and treatment of a variety of medical conditions in inpatient and outpatient settings. The institution may provide training in the many special professional, technical, and economic fields essential to the discharge of its proper functions.

Podiatric Medicine and Surgery

Podiatric medicine and surgery is the profession and medical specialty that includes the study, prevention, and treatment of diseases, disorders, and injuries of the foot, ankle, and their governing and related structures by medical, surgical, and physical methods.

Residency

A residency is a postgraduate educational program conducted under the sponsorship of a hospital, college of podiatric medicine, or academic health center. The purpose of a residency is to further develop the competencies of graduates of colleges of podiatric medicine through clinical and didactic experiences.

A residency program is based on the resource-based, competency-driven, assessment-validated model of training.

Residency Review Committee (RRC)

RRC is responsible for determining eligibility of applicant institutions for initial and subsequent on-site evaluation and recommending to the Council approval of residency and fellowship programs. RRC reviews reports of on-site evaluations, progress reports, and other requested information submitted by sponsoring institutions. RRC may modify its own policies and/or

recommend to the appropriate ad hoc committee modifications in standards, requirements, and procedures for residency and fellowship program evaluation and approval.

The composition of the RRC shall include two representatives from each specialty area in which specialty residency training occurs to be recommended by the boards, two representatives from the AACPM Council of Teaching Hospitals (hereinafter referred to as “COTH”) to be recommended by AACPM, two representatives from residency programs at large to be selected by the Council, and at least two Council members. The specialty organizations and COTH each shall be requested to provide a list of names from which the Council chair shall select an appointee for the Committee. If the chair does not identify a suitable appointee, then the Council may request a second list of names. The members of the Committee are appointed by the Council chair and confirmed by the Council.

Although RRC is the joint responsibility of various organizations, the Council and its staff administer the affairs of RRC. Appropriate agreements and financial compensation are arranged among the participating organizations for the administration of RRC.

Sponsoring Institution

A sponsoring institution is an entity that oversees, supports, and administers the fellowship. A governing body (which can be a person or a group) has ultimate authority over and responsibility for graduate medical education (GME) in a sponsoring institution. A designated institutional official (DIO) collaborates with the GME office and/or committee to ensure the sponsoring institution’s and the fellowship’s substantial compliance with CPME 820, Standards and Requirements for Approval of Podiatric Fellowships, and CPME 830, Procedures for Approval of Podiatric Fellowships.

Training Resources

Training resources are the physical facilities, faculty, patient population, and adjunct support that allow the achievement of specific competencies (knowledge, attitudes, and skills) by a fellow exposed to those resources. Training resources are represented generally by the various medical and surgical subspecialties.

Version History (specific changes listed on following pages)

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