Substantive Changes to CPME 330

PROCEDURES FOR APPROVAL OF PODIATRIC MEDICINE AND SURGERY RESIDENCIES
New Features

• Added that signatures may be electronic or handwritten

• Clarified communication between the CPME and the program
Residency Review Committee Composition

• Modified composition of RRC

Composition of the RRC includes two representatives each from ABFAS and ABPM, one-two representatives from the Council of Teaching Hospitals (COTH) of the American Association of Colleges of Podiatric Medicine, one-two representatives from residency programs at large (selected by the Council), and at least two Council members.
Determination of Eligibility for On-site Evaluation

- Removed the provision that the RRC will consider a complete application within 60 calendar days of its receipt.

The RRC considers the application for provisional approval by mail-e-ballot, virtual/conference call, or at one of its semi-annual meetings. RRC will consider a complete application within 60 calendar days of its receipt.

The RRC reviews the application to determine whether the new residency is eligible for on-site evaluation. In determining eligibility, the RRC will not consider a number of resident positions other than that for which the institution has applied. The RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent virtual/conference call or upcoming regularly-scheduled meeting.
Determination of Eligibility for On-site Evaluation

• Added an institution may not interview prospective residents or schedule interviews prior to receiving provisional approval from CPME.
Evaluation Team

• Clarified the composition of the on-site team
• Changed to notification period of rejecting a member of a proposed evaluation team to 15 calendar days “after receipt of the on-site confirmation letter” instead of 30 days prior to the on-site

The Council chair appoints the evaluation team based upon a recommendation from the RRC chair and Council staff. The initial on-site evaluation is conducted by at least two evaluators, one of whom must be a pediatrician. On-site re-evaluation of an approved residency is generally conducted by a team comprised of at least three persons, evaluators two of whom must be pediatricians. Under certain circumstances, two pediatricians individuals may evaluate an approved residency.

The institution has the prerogative of rejecting any member of the proposed evaluation team when an appropriate cause related to conflict of interest can be clearly identified. In such a case, a formal written statement from the sponsoring institution is to be submitted to the Council office no later than 30-15 calendar days before the date of the on-site evaluation after receipt of the on-site confirmation letter, affording the Council sufficient opportunity to appoint a replacement evaluator. The Council does not appoint members to the evaluation team who have any known conflict of interest in the evaluation of the institution, including graduates and current and former faculty members or administrators of the institution.
Conduct of the On-site Evaluation

• Deleted the requirement that an on-site visit must be conducted over “a minimum of eight hours” and replaced that requirement with “a minimum of one day.”

• Clarified the use of a working session and interviews

Conduct of the On-site Evaluation

Depending on the number of individuals and facilities involved, a minimum of one day (eight hours) is required to evaluate a podiatric residency. In order for the evaluation team to assess the curriculum content and the extent of resident supervision, the agenda for the on-site evaluation requires that key participants in the program be interviewed, as indicated in CPME 310.

As part of the on-site evaluation, the team conducts interviews with the program director, chief administrative officer or designated institutional official, members of the podiatric and non-podiatric faculty, and, for provisionally-approved and existing programs only, the podiatric resident(s). The evaluation includes a tour of the physical facilities, a working session to allow for review of charts and additional information provided, an executive session of the evaluation team to discuss findings and recommendations, and a concluding session with the program director and the chief administrative officer to discuss the findings. During the exit interview with institutional representatives, the evaluation team chair explains the Council’s procedures for initial and/or continuing approval of residencies (specifically, the sequence of events that will follow the visit).

Failure of key participants in the residency to be available will be cause for cancellation of the on-site visit, which may jeopardize the approval status of the program.
Conduct of the On-site Evaluation

- Added the ability to conduct video interviews if necessary and to be approved by the team chair and Council staff.
- Added a provision for the use of virtual on-sites due to natural disasters, pandemics, or other circumstances of that magnitude.

Revised rules:

Failure of key participants in the residency to be available will be cause for cancellation of the on-site visit, which may jeopardize the approval status of the program.

Interviews must be conducted with active faculty directly involved in the residents’ training, and for all rotations provided by the program. Video interviews may be acceptable for rotation faculty only if a rationale is provided. Video interviews must be approved by the team chair in conjunction with CPME staff on a CPME approved platform determined ahead of time and provided by the institution.

In special circumstances, if a team member is unable to physically attend the on-site evaluation due to emergency circumstances, a team member may participate virtually in the site visit.

Virtual Site Visits:

CPME staff in consultation with the Council chair, may determine that a virtual site visit must be conducted in lieu of an on-site visit due to natural disasters, pandemics, or other circumstances of that magnitude. The program director is responsible to ensure that the evaluation team has adequate opportunity to engage in all of the meetings listed above. The program director should prepare, ahead of time, all technological necessities to ensure that the evaluation team meets with the individuals as cited above and for all documentation reviews. Additionally, the program director is to prepare contingency plans in case of unforeseeable technological difficulties including power loss or other acts of nature. CPME will provide the virtual platform and will share the access codes for the meetings.

If for any reason the evaluation team is not provided with the opportunity to hold these meetings, or if the individuals requested are not in attendance sufficient to adequately assess the program, then the Council may determine that the report of the on-site evaluation is not sufficient to grant approval of the program and may schedule another site visit at the cost to the program. Inability to communicate with the individuals due to technological barriers will be viewed negatively by the evaluation team and ultimately by the Council.
Conduct of the On-site Evaluation

- Clarified that programs must provide a substantive response to areas of potential noncompliance identified by the evaluation team.

The evaluation team prepares a draft report based on findings, observations, and impressions from the on-site evaluation. The team forwards this draft report to the Council office for editing. The edited draft of the report is then returned to each member of the team for review and comments.

A draft copy of the report, consisting of a summary of findings, a list of interviewees, areas of potential noncompliance, commendations, and recommendations, is forwarded to the program director and the chief administrative officer of the sponsoring institution.

The sponsoring institution must provide a substantive response to areas of potential noncompliance and recommendations identified by the evaluation team, including as well as any supporting documentation, prior to consideration of the report by the RRC. The cover letter to the institution specifies the deadline for their receipt. Factual information included in the report may be corrected by the institution; however, impressions and observations based on the on-site visit will not be modified.
Team Reports

- Clarified the process of reviewing evaluation team reports

Review of Evaluation Team Reports

For each residency visit where a member of RRC is a member of the evaluation team, the RRC member provides a verbal summary of team findings and answers any questions of the Committee. For each visit where a member of RRC is not on the team, a member of the Committee is designated by Council staff as a “liaison” to the team.

The liaison Committee member communicates the team’s findings and presents the team’s evaluation report to the Committee. The liaison is expected to be prepared fully for the presentation of the team report to RRC. This includes detailed review of pre-evaluation materials, the team report, and all pertinent correspondence, such as the response(s) to the report, and consultation with the team chair after the visit. Council staff forwards the materials to the liaison Committee member.

The liaison Committee member is expected to have open communication with the team chair in order to facilitate discussion of the report. The liaison should discuss any questions regarding the report with the team chair prior to the RRC meeting at which the report is presented. In addition, the liaison should inform the team chair of the dates of the RRC meeting at which the report will be considered and obtain a telephone number where the team chair can be reached during the time frame of the meeting. Telephone contact during the meeting may be needed to clarify ambiguities or to answer questions that arise during Committee discussion of the report.

Based upon discussion with the RRC member on the team or RRC liaison to the team, review of the draft team report and any response submitted by the sponsoring institution, the RRC makes a confidential recommendation to the Council regarding the approval status of the program (see Categories of Approval and Approval Period).

The confidential recommendation includes the approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas in noncompliance with Council standards and requirements, identification of areas of noncompliance addressed in the institution’s response to the team report, identification of areas that merit commendation and a schedule for requesting progress reports, including the interim progress report required of a provisionally-approved program. In reviewing an on-site evaluation report, the RRC has the prerogative of recommending that the Council accept a revised report, which may include adding, modifying, or deleting areas of potential noncompliance.
Categories of Approval and Approval Period

• Clarified the categories of approval and timeline to correct areas of noncompliance

• Probation: Clarified that period of probation is to be determined by the Council, but is usually limited to a maximum of two years and failure to meet the requirements as stated by the Council during the two-year period, including any extension for good cause, will result in withdrawal of approval

• Removed the “Administrative Probation” category and programs not submitting information or fees will now be placed on the RRC/Council agenda and are at risk of probation

• Clarified that reclassification of a program requires withdrawal of the program’s previously approved category
Authorization of Increases in Residency Positions

- Clarified the process to determine whether the institution has the appropriate resources for an increase in residency positions.

Increases in residency positions are considered and authorized by the RRC. Applications for increases are considered by mail, e-ballot, virtual conference call, or at a regularly scheduled meeting of the RRC. The RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent mail, e-ballot, virtual conference call, or upcoming regularly scheduled meeting.

Institutions seeking authorization of increases in positions in provisionally-approved and/or approved residencies are required to submit RRC-CPME form 345, Application for Increase in or Reclassification of Residency Positions, required supplemental materials, and an application fee (see Fee Policies). The application must be submitted prior to activation of the residency position(s), preferably at least six months before the anticipated starting date. A six-month lead time is necessary should additional information be required. RRC will consider the request for an increase within 60 calendar days of receipt of a complete application.

The effective date of granting an authorization of increased residency positions by the RRC will be no earlier than the date on which the program has both authorization of the increase and the additional resident(s) in place.

In order to determine whether the institution has the appropriate resources for an increase in residency positions, the RRC will review the following information including but not limited to the following:

- The last on-site evaluation report, pertinent progress report materials, and most recent approval letter
- Pertinent section(s) of annual report(s) submitted since the most recent on-site evaluation
- A completed RRC-CPME form 345, Application for Increase in or Reclassification of Residency Positions. The application provides information regarding the rationale for the proposed increase with supporting documentation to justify the increased number of positions.
- Residency logs

The RRC will not consider an application for an increase submitted by a program on probation. If a program on probation increases positions without authorization, the Council will withdraw approval of the program at its next scheduled meeting.
One-Time Increase in Positions

- Added this section to clarify requirements for applying for a one-time increase in positions.

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**ONE-TIME INCREASE IN POSITIONS**

If a program will exceed their number of approved residency positions (per training year or overall complement) for longer than three months of training, the program director must apply for a one-time increase in positions by submitting CPME form 345, *Application for Increase in or Reclassification of Residency Positions* and an application fee (see Fee Policies).
Reclassification of Approved Positions

• Clarified process to apply for reclassification of approved positions

Applications for reclassifying approved positions are considered by mail/e-ballot, virtual/conference call, or at a regularly-scheduled meeting of the RRC. The RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent mail/e-ballot, virtual/conference call, or upcoming regularly-scheduled meeting.

A program may request one of the following by submitting CPME form 345, Application for Increase in or Reclassification of Residency Positions, required supplemental materials, and an application fee (see Fee Policies):

• Reclassification of one or more non-added credentials positions to added credentials positions by submitting RRC form 345, Application for Increase in or Reclassification of Residency Positions, required supplemental materials, and an application fee (see Fee Policies).
• The application must be submitted prior to reclassification of one or more PMSR/RRA positions to PMSR positions in provisionally-approved and/or approved residencies, the residency position(s).

The application must be submitted prior to reclassification of the residency position(s), preferably at least six months before the anticipated change. A six-month lead time is necessary should additional information be required. RRC will consider the request for a reclassification within 60 calendar days of receipt of a complete application.
One-Time Certificate Requests

- Added this section to clarify requirements for applying for a one-time certificate requests

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**One-Time Certificate Requests**

Institutions that sponsor podiatric residency programs may request the following one-time certificate requests for a resident in either PMSR or PMSR/RRA:

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

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

A program that sponsors a PMSR residency may not request a one-time PMSR/RRA certificate even if the resident has met the requirements of a PMSR/RRA. However, the program may apply to reclassify all or a portion of the residency positions to PMSR/RRA. The application to reclassify the residency must be submitted at least six months prior to the resident’s completion of training.
Inactive Status for Provisionally Approved Programs

• Added this section to clarify requirements for programs provisionally approved requesting inactive status

Inactive Status for Provisionally Approved Programs

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 activated within two years must follow the application procedures for new programs if and when training is initiated. If a residency position(s) is not activated within two years, the sponsoring institution must submit CPME form 345, Application for Increase in Positions, and the application fee if and when the position(s) are to be activated or 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.

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

Added this section to clarify the requirements necessary to extend the training of a resident including a leave of absence or need for performance improvement.

EXTENSION OF TRAINING

The program must notify the Council regarding extension of training. The notice must include:
- a revised contract,
- training schedule for the extended period of training,
- the projected completion date,
- the reason for extension of training, and
- the impact extension of training will have on the other residents in the program.

Additional information may be required by the RRC, including submission of CPME form 345 and applicable fees.

Leave of absence: If a resident’s leave of absence results in extension of training, the program must submit written notice to Council staff within 30 days of the resident’s return from a leave of absence.

Performance improvement: The program must submit written notice to the Council for performance improvement plans that result in extension of resident training beyond 36 months.
Termination of Program

• Added that within 30 days of the closure of the program, the sponsoring institution must complete the Annual Report or provide a formal letter to the Council identifying the names of the residents who have completed the program and copies of certificates (if applicable)

If an institution with an approved residency closes or if for any other reason the program is discontinued, the Council will withdraw approval of the program based on voluntary termination by the sponsoring institution, effective on the date of closure or termination of the residency.

It is the responsibility of the program director and the chief administrative officer to notify the Council in writing of termination of the residency. Additionally, the institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been informed of the voluntary termination of the program (when possible, applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

Within 30 days of the closure of the program, the sponsoring institution must complete the Annual Report or provide a formal letter to the Council identifying the names of the residents who have completed the program and copies of certificates (if applicable).

When an institution voluntarily discontinues a residency prior to completion of the training cycle, arrangements may be made to transfer the resident(s) to another approved residency (see Resident Transfer).
Resident Transfer

- Clarified that the program director must receive the approval of the RRC Chair prior to extending a contract to a resident who has completed a prior residency program and wishes to transfer into a PMSR or PMSR/RRA program.

- Clarified that graduates of residencies approved under previous categories may seek additional training by transferring into a PMSR and that it is the program director’s responsibility to review the requirements of previous training and ensure that the requirements of the PMSR are met prior to completion of training.

Situations such as the following may arise and require completion of a resident transfer: (1) a resident cannot complete a provisionally-approved or an approved residency because the sponsoring institution has ceased operations or discontinued the program; (2) a resident is released from a provisionally-approved or an approved residency; (3) a resident who has successfully completed an approved residency may wish to transfer into another approved residency to obtain additional training. The program director must receive the approval of the RRC Chair prior to extending a contract to a resident who has completed a prior residency program and wishes to transfer into a PMSR or PMSR/RRA program.

The charts below indicate acceptable resident transfers across residency categories. The following abbreviations for previous-residency categories are utilized:

- Previous categories
  - RPR (Rotating Pediatric Residency)
  - PPMR (Primary Pediatric Medical Residency)
  - POR (Pediatric Orthopedic Residency)
  - PSR-12 (12-month Pediatric Surgical Residency)
  - PSR-24 (24-month Pediatric Surgical Residency)
  - PM&SS-24 (Pediatric Medicine and Surgery-24)
  - PM&SS-36 (Pediatric Medicine and Surgery-36)

The Pediatric Medicine and Surgery Residency is a program into which a resident would not ordinarily transfer. However, positions in PMSR programs may be vacant and graduates of residencies approved under the previous categories may seek additional training by transferring into a PMSR or PMSR/RRA. In such instances, the following resident transfers are permitted with prior approval of the RRC Chair. It is the program director’s responsibility to review the requirements of previous training and ensure that the requirements of the PMSR or PMSR/RRA are met prior to completion of training.
Resident Transfer, cont’d

- Clarified that 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 and logs and completed rotations will not transfer into the new program.

- Clarified that a resident who has completed two years of training and wishes to repeat the second year of training must also complete the third year of training, regardless of the overall length of training completed. The program may not request early graduation of the resident, even if the resident meets all the training requirements.

If the Council’s procedures for resident transfers are not followed, the resident involved may not be granted a certificate of completion by any residency and may lead to probation or administrative probation of the program.

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.

A resident who has completed two years of training and wishes to repeat the second year of training must also complete the third year of training, regardless of the overall length of training completed. The program may not request early graduation of the resident, even if the resident meets all the training requirements.
Internal Resident Transfer

- Added section concerning internal resident transfers

INTERNAL RESIDENT TRANSFER

A program that sponsors both PMSR and PMSR/RRA programs may initiate an internal transfer into an open position from one category to the other with prior approval of the RRC chair. The resident transfer must include all required documentation (outlined above), resident transfer fee, and must include attestations signed by the resident(s) acknowledging acceptance of the new residency category to be awarded at the completion of training.
Moved Change in Sponsorship to section with Program Transfers

- Provided clarification on program transfers or changes in sponsorship

PROGRAM TRANSFER/CHANGE IN SPONSORSHIP

Institutional sponsorship of a training program may be transferred from one institution to another under certain circumstances. The program director must contact the Council office in writing within 30 days of sponsorship change to determine whether transfer of the program is appropriate or whether reapplication as a new program is necessary. A request for transfer of institutional sponsorship should be submitted as early in the training year as possible. Should reapplication and on-site evaluation be necessary, the program sponsorship change constitutes the addition or removal of a co-sponsor. The institution must notify the Council in writing within 30 days.

The following documentation is required in all cases (i.e., the program transfer involves institutions owned by the same corporate entity and retaining the same administrative staff and pediatric and non-pediatric medical faculty, or the former sponsoring institution has closed or has changed to such an extent as to preclude providing the necessary resources for residency training):
Annual Report

- Added that the program director must notify the Council within 30 days concerning any extenuating circumstances related to resident completion of a training year.

If extenuating circumstances exist relative to resident completion of a training year, the program director must notify the Council within 30 days of the decision and provide this information in the annual report. Examples of extenuating circumstances include, but are not limited to, an extension of a resident’s training period to address instances of unsatisfactory performance or to complete a portion of the training year the resident was unable to fulfill due to illness and/or disability.
Nondiscrimination Policy

• Updated the nondiscrimination policy to align with the CPME nondiscrimination policy

Nondiscrimination Policy

The Council prohibits discrimination in accord with federal, state, and local regulatory guidelines and policies in the election and appointment of members, students, and public representatives to the Council and its committees and in the selection of evaluation team members, consultants, employees, and others involved in its activities. The Council prohibits discrimination related to all of its activities on the basis of sex, creed, race, national origin, age, color, sexual orientation, gender identification, political belief, disability, or any other factor protected by law.
Fee Policies

• Clarified that the fees for any of the Council’s evaluation and recognition activities are published in the Residency Fees document.