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Subject: CPME Guidance on COVID-19 for Residency Education and Residents Graduating in 2021

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The mission of the Council on Podiatric Medical Education (CPME or 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.

Recognizing the continued impact COVID-19 is having on residency training programs, including cancelled rotations, decreased office visits, postponed elective surgeries, and temporary closures in affiliate surgery centers, CPME has once again decided to implement temporary modifications of the requirements, based on the current standards and requirements published in CPME publication 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies* for residents in the 2021 graduation year.

Effective immediately, CPME has decreased the required MAVs (minimum activity volume) by 15% for all categories. Residents with excess volume in surgical categories 4 (Other Osseous Foot Surgery) and 5 (Reconstructive Rearfoot/Ankle) may apply the excess volume to categories 1-3 with a limit of up to 10 procedures applied to category 1 (Digital), 8 procedures applied to category 2 (First Ray), and 6 procedures applied to category 3 (Other Soft Tissue Foot Surgery) to supplement categories 1-3 if needed to achieve the reduced MAVs. **The diversity requirements will also be waived for residents completing training in 2021.**

New MAVs for PGY3 residents graduating in June 2021 will be as follows:

<b>Surgical Procedures</b>	<b>340</b>
<b>Surgical Cases</b>	<b>255</b>
<b>Category 1 – Digital cases</b>	<b>68</b>
<b>Category 2 – First ray cases</b>	<b>51</b>
<b>Category 3- Other soft tissue cases</b>	<b>39</b>
<b>Category 4- Other osseous case</b>	<b>34</b>
<b>Category 5- Reconstructive Rearfoot/Ankle cases</b>	<b>43</b>
<b>Trauma</b>	<b>43</b>
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As stated in CPME 320, “MAVs are patient care activity requirements that assure that the resident has been exposed to adequate diversity and volume of patient care. MAVs are not minimum repetitions to achieve competence.” It continues to remain incumbent upon the program director and the faculty to assure that the resident has achieved a competency, despite the unexpected disruption in training caused by COVID-19. **The program director is responsible to ensure that the graduating resident possesses the necessary training and competence for practice regardless of the number of experiences or established MAVs.**

Residents **must** meet the reduced MAVs in all categories in order to receive a certificate of completion. Programs that need to extend a resident’s training in order for a resident to attain the reduced MAVs should contact CPME no later than May 31, 2021.

In addition, the Council’s Residency Review Committee (RRC) has created a process to allow programs the flexibility to provide alternative clinical experiences if a required rotation cannot be completed due to the COVID-19 pandemic. A Petition for Alternative Clinical Experiences has been developed for program directors to demonstrate to the RRC that alternative clinical experiences afforded residents in lieu of required rotations maintain the same standards and requirements set forth in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*.

CPME will monitor the situation and its effects on residency training and will continue to provide updates as the situation changes or continues into future training years.