

CPME 220

CRITERIA AND GUIDELINES FOR RECOGNITION OF A SPECIALTY BOARD FOR PODIATRIC MEDICAL PRACTICE

POLICIES FOR PODIATRIC MEDICAL CERTIFICATION

COUNCIL ON PODIATRIC MEDICAL EDUCATION
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Summary of Changes within Draft I CPME 220

Removed the requirement for specialty board to maintain a current and archival list of post graduate programs (years and approved and history of program).

Added the word “specialty” throughout the document to clarify that the board is a specialty board.

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Council on Podiatric Medical Education

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Introduction

The process for reviewing specialty boards in the podiatric medical profession includes concurrent review of the substantive issues related to the need for certification within a special area of practice and the assessment of the capabilities of the [specialty](#) board to conduct and operate a proper certifying process.

The American Podiatric Medical Association (APMA) assigns the responsibility of specialty board recognition to the Council on Podiatric Medical Education (Council or CPME). CPME on behalf of the podiatric medical profession has established the Joint Committee on the Recognition of Specialty Boards (JCRSB), which is a committee comprised of representatives of the profession, specialty boards, health care community, and public. CPME and JCRSB are committed to assuring the public that those podiatric physicians who are certified have successfully completed the requirements for certification in an area of specialization. The recognition of a specialty board by JCRSB serves to provide important information to the profession, health care institutions, and the public about the sound operations and fair conduct of the [specialty](#) board's certification process. CPME's authority for the recognition of specialty boards through JCRSB is derived solely from the APMA House of Delegates.

With respect to the development of specialization and certification processes, CPME has served the profession of podiatric medicine since the early 1960s when discussions first began about certification, including the need for specialization in the podiatric medical profession and the development of regulations for the approval of specialty boards. CPME has been integrally involved in the discussions about specialization and certification since the 1960s.

Certification is considered to be an earned privilege for those podiatric physicians who have achieved certain levels of skill and ability based upon completion of specific advanced training and clinical experience and examination. Those individual podiatric physicians who are certified are recognized for their achievement and enhanced capabilities.

Criteria and Guidelines

This publication describes the criteria and guidelines to be utilized by JCRSB in its review and recognition of specialty boards, including the granting of continuing recognition to already recognized [specialty](#) boards. The criteria for recognition of [specialty](#) boards serve as the basis to determine the acceptability of the [specialty](#) board and its ability to conduct an appropriate certification process. The criteria have been approved by CPME. Compliance with the criteria assures the healthy growth of the podiatric medical specialist and specialties in service to the public and to the profession.

In the criteria, the verb "shall" is used, to indicate matters that require mandatory compliance. The guidelines are explanatory remarks associated with the criteria. Guidelines are used to give examples of how the criteria must or may be interpreted. In the guidelines, the verbs, "must," "should," "could," or "may" are used.

Prior to adoption, the criteria and guidelines are disseminated widely in order to obtain information regarding how revisions will affect the community of interest.

Policies for Podiatric Medical Certification

The House of Delegates of the American Podiatric Medical Association has adopted several broad policies for certification. These policies provide CPME and JCRSB direction in formulating criteria and procedures for evaluating specialty boards. The policies are periodically reviewed and revised by the House of Delegates as necessary.

The APMA *Policies for Podiatric Medical Certification* is included in this publication following the criteria and guidelines.

Procedures for Recognition of a Specialty Board for Podiatric Medical Practice

The evaluation and recognition procedures used by JCRSB are described in CPME publication 230, *Procedures for Recognition of a Specialty Board for Podiatric Medical Practice*. The procedures are formulated by JCRSB and approved by CPME.

Definitions of Specialization and Certification

The podiatric medical profession defines a specialty as a field of practice within podiatric medicine that requires possession of special knowledge and skills achieved through completion of intensive study and extended clinical experiences beyond the professional degree. The division of the profession into specialties is categorized by fundamentally different objectives and distinct biological and physical approaches to prevention, diagnosis and treatment rather than a fragmentation of the profession based upon techniques or procedures. Specialization serves a public need as well as a professional need.

Certification in the podiatric medical profession is conducted by nonprofit, independent organizations (specialty boards). Individual podiatric physicians voluntarily pursue certification as a specific credentialing effort. Recognized specialty boards have the ultimate responsibility of identifying qualified practitioners who have successfully completed approved postgraduate training and passed a rigorous examination that attests to advanced skills and knowledge.

Purposes of a Specialty Board

Recognized specialty boards have as their principal mission the improvement of the quality of podiatric medical care in the best interests of the public by attesting to the high standards of achievement by appropriately credentialed podiatric physicians.

The major purposes of a specialty board are to:

1. Provide the public an effective mechanism for identification of individuals known to possess advanced skills and knowledge in a special area of podiatric medical practice.
2. Evaluate the specific educational qualifications, experience, and abilities of candidates for certification.
3. Conduct a valid and comprehensive formal examination process in order to assess the abilities of said candidates.

4. Grant and issue certificates attesting to a level of knowledge in a specialty area.
5. Collaborate with and assist CPME in the evaluation of postgraduate training programs that have a curricular relationship to the area of specialization.
6. Collaborate with and assist CPME in encouraging and helping advance standards for the approval/~~accreditation~~ of specialty training programs.
7. Advise podiatric physicians desiring specialist recognition about the course of study and education to be pursued and the specialized clinical experiences to be acquired in order to meet the requirements for certification.

Purposes for Recognizing Specialty Boards

In its consideration of recognition of new specialty boards in podiatric medical practice, APMA, CPME, and JCRSB are concerned with maintaining the orderly development of specifically identified special areas of practice within the profession. Specialty boards are recognized only upon the basis of demonstrated need and potential benefit to the profession and the public. Proposals submitted by “special interest groups” seeking recognition of a specific type of clinical procedure, therapeutic modality or technique shall not be regarded as appropriate for designation as a specialty board in podiatric medical practice. The recognition of a specialty board serves to provide important information to the profession, health care institutions, and the public about the sound operations and fair conduct of the specialty board’s certification process.

The purposes of CPME’s recognition process include:

1. Determining whether or not a public and professional need exists for the conduct of a certification process in a special area of podiatric medical practice.
2. Continuing recognition of existing specialty boards.
3. Modifying existing types of certification.
4. Preventing unnecessary duplication by specialty boards and maintaining minimal standards for the conduct and operation of specialty boards.

Autonomy of Specialty Boards

Specialty boards established within the profession are considered to be autonomous bodies. Specialty boards voluntarily seek recognition from JCRSB. These specialty boards agree to abide by the criteria included in this publication.

As stipulated within the policies of APMA, only one board in any single special area of podiatric medical practice may be recognized. APMA, CPME, and JCRSB have no jurisdiction with respect to other podiatric specialty boards that function without the recognition of JCRSB.

Specialty boards are not educational institutions. **Specialty b**Board certification does not denote accomplishment of an academic or professional degree, nor does it confer an additional legal qualification or privilege.

CRITERIA AND GUIDELINES

1.0 ELIGIBILITY

- 1.1 *Specialty boards seeking initial recognition shall be derived from a sponsoring organization holding clinical education affiliate status from the House of Delegates of the American Podiatric Medical Association in accordance with current APMA Bylaws (Article 7.)*

The pathway to seeking recognition as a specialty board involves an organization of podiatric practitioners establishing a special area of podiatric medical practice and pursuing recognition as an affiliated organization. Such an organization is required, according to APMA Bylaws, to consist of podiatric physicians who are interested in a special area of practice and who have demonstrated that special interest through successful completion of examinations and/or case reports.

- 1.2 *A minimum period of five years after affiliated status is determined shall elapse before an organization may bring forth a proposal to seek recognition as a specialty board.*

An organization that obtains recognition from the APMA House of Delegates as an affiliated organization must have this recognition for a minimum of five years before it can pursue recognition as a specialty board.

- 1.3 *Members of the APMA affiliated organization shall establish the specialty board as an independent entity.*

Members of the affiliated organization establish the specialty board at the expressed wish of the organization. While the specialty board is derived from the sponsoring organization, it is independent of the affiliated organization.

- 1.4 *Special areas of podiatric medical practice for which a certification process is needed shall be characterized by the recognition of only one specialty board.*

Of particular concern to the American Podiatric Medical Association is the conduct of appropriate and valid certification processes that in no way fragment special areas of practice or duplicate the certification activities of other recognized specialty boards in the podiatric medical profession. Such fragmentation and duplication may portray an inconsistent and contradictory posture for the podiatric medical profession and leads to confusion on the part of the health care community and the general public. A proposed specialty board is required to demonstrate that it has planned and organized a certification process that will not fragment the recognized special area of practice or duplicate efforts of other specialty boards. While a proposed **specialty** board may not duplicate efforts of other JCRSB-recognized specialty boards, JCRSB recognizes that some commonalities in knowledge, skills, and attitudes may exist.

- 1.5 *The organizational sponsor of the specialty board shall demonstrate the uniqueness of the specialty area.*

The specialty board is expected to provide evidence that certification will not duplicate the certification process by other recognized podiatric specialty boards.

2.0 JUSTIFICATION OF NEED

- 2.1 *The specialty board shall define precisely the scope and breadth of the specialty, including all aspects of clinical and nonclinical practice encompassed within the specialty area.*

Although the sponsoring organization (APMA affiliated organization) will have provided a clear definition of the specialty area in its request for affiliated status, the specialty board is expected to articulate and define the area to which its certification efforts pertain. The definition must conform to the definition of a specialty as articulated earlier in this document.

- 2.2 *The specialty board shall certify podiatric physicians in an area that will enhance and promote the health and welfare of the public and for which the public is unable to determine for itself whether practitioners have achieved certain specific qualifications, abilities, and skill.*

The specialty board certifies podiatric physicians in a special area of practice for which public and professional needs are clearly present.

- 2.3 *The specialty board shall certify podiatric physicians in an area that is characterized by distinct biological, sociological, environmental, psychological, and physiological approaches to prevention, diagnosis, treatment, and research.*

Certification is expected to pertain to unique special areas that relate to major concepts in podiatric medicine. The fragmentation of services or recognition of differences in specific techniques or procedures is considered to be unacceptable intentions of specialty boards.

The special area of practice associated with the board should be one in which a significant body of knowledge exists, scientific papers have been published, and research has been conducted by podiatric medical educators, practitioners, and researchers.

- 2.4 *The specialty board shall certify podiatric physicians in a field of professional service that requires a body of knowledge and skills based upon advanced study and extended clinical and related experience beyond the professional degree in order to perform services of a specialized nature.*

The specialty area is one in which accredited colleges of podiatric medicine, other accredited institutions of higher education, and/or teaching hospitals have developed an adequate number of formal postgraduate educational programs.

- 2.5 *The area shall be one in which evidence exists that podiatric physicians are devoting a portion of their professional commitment and endeavor to that specific health service.*

In keeping with the changing role of the health care provider, a podiatric physician need not limit his/her practice solely to the specialty.

- 2.6 *The specialty board shall demonstrate for continuing recognition that its certification process is widely accepted in the United States.*

The specialty board is expected to be able to provide documented evidence that podiatric physicians, licensing bodies, health care institutions, insurance carriers, educational institutions and programs that prepare podiatrists for access to certification, and other public and private agencies and institutions rely upon the certification offered by the specialty board in assuring that podiatrists have achieved a high level of specialized knowledge and skills. Institutions that sponsor advanced educational programs in the specialty area attest to the adequacy of the specialty board by their acceptance of the standards and requirements established by the specialty board for the approval of educational programs.

- 2.7 *The specialty board shall provide evidence annually of the certification of additional qualified persons in order to warrant continued recognition.*

3.0 GOALS AND OBJECTIVES

- 3.1 *The specialty board shall have clearly written goals and objectives that are appropriate for the area of specialization and that relate to the expected performance of board activities.*

The specialty board should publish its goals and objectives in its bylaws and in its public documents.

- 3.2 *The specialty board shall engage in periodic review, assessment, and revision of its goals and objectives as necessary.*

The specialty board should review its purposes, mission, goals, and objectives at least annually in order to determine their relevance and in order to determine the need to continue or modify board activities.

- 3.3 *The specialty board shall establish a meaningful system for evaluating the effectiveness of the certification process in the light of the goals and objectives and shall utilize the results to improve effectiveness.*

The effectiveness of the specialty board is characterized by its organizational systems that attest to the integrity of the overall certification process. These systems include, but are not limited to, validation of the examination, review of committee structure and purposes, evaluation of committee members, evaluation of members of the governing board and

staff, ~~and~~ history, ~~of~~ and responsiveness to complaints. The specialty board is encouraged to conduct on a regular basis a survey of diplomates that assesses the effectiveness of the specialty -board. The results and data garnered from the evaluation of these processes are used by the specialty board to revise goals and objectives and improve the way in which certification is conducted.

4.0 ORGANIZATIONAL INTEGRITY

4.1 *The specialty board shall be incorporated as a nonprofit organization.*

4.2 *The specialty board shall have a membership-elected governing board, comprised of well-qualified podiatric physicians of high moral and ethical character not acting in conflict of interest, which formulates, proposes, and implements policies applicable to the operations of the specialty board.*

The governing board of the specialty board is responsible for reviewing policies, making recommendations for changes in policies, implementing policies, employing administrative personnel, and overseeing the affairs of the specialty board. The governing board should have a minimum of five members.

The specialty board must include in its policies for its governing board specific rules and regulations, election procedures, maximum terms of office, and other matters related to the governance of the specialty board.

The specialty board's conflict of interest policy controls against conflicts of interest or the appearance of conflicts of interest by the members of the governing board, committees, administrative staff, consultants, and other agency representatives.

All officers and directors must be diplomates of the certifying specialty board. For new specialty boards, the initial directors or incorporators appointed to organize the certifying specialty board must be eligible to satisfy the initial requirements for certification for founders/grandfathers.

4.3 *The specialty board shall have a competent administrative organization, clear lines of authority and responsibility, and effective policies that enable the specialty board to continue to operate.*

The specialty board may select consultants, staff, or agencies to assist in its operations.

Policies of the specialty board are normally proposed by the governing board and adopted by the entire membership. Policies of the specialty board should be specified in the bylaws or other documents.

For new specialty boards, the initial board of directors develops and adopts policies for the continued operation of the specialty board.

- 4.4 *The specialty board shall have a budgetary process that demonstrates adequate financial support and fiscal responsibility to sustain operations, and complete an annual independent certified audit or independent operational review.*

The specialty board may collect fees from its members and from applicants to assist materially in supporting the continuing operations of the specialty board.

- 4.5 *The fees charged by specialty boards shall be reasonable and be used to support the administration of the certification process.*

- 4.6 *The specialty board shall certify podiatric physicians as diplomates only in the area of podiatric medical practice for which the specialty board has been accorded recognition and only after recognition has been obtained.*

Certification activities for specialty boards are considered to be official following recognition by the ~~Joint Committee on the Recognition of Specialty Boards~~ JCRSB. A specialty board, prior to its recognition, may not solicit for certification or accept candidates for certification while claiming that recognition is forthcoming or anticipated. JCRSB or CPME will not recognize any activities of a specialty board prior to the time recognition has been accorded.

- 4.7 *The specialty board shall bear full responsibility for the conduct of its certification program, evaluation of the qualifications and abilities of candidates, and issuance of certificates.*

Consultants who are not podiatric physicians may be employed to assist the governing board with respect to certification matters. Such consultants may include physicians or others who have qualifications related to the specialty area.

- 4.8 *The specialty board shall establish and maintain a code of ethical practice.*

The specialty board is encouraged to utilize the Code of Ethics adopted by the American Podiatric Medical Association.

- 4.9 *The specialty board shall have a policy that clearly specifies the language that diplomates may use in informing the public and patients of their certified status.*

The policy should describe the mechanism by which the specialty board ensures the public correction of incorrect or misleading information released by a board qualified or board certified podiatric physician.

- 4.10 *The specialty board shall maintain a record of complaints received and shall provide evidence, when requested by JCRSB, of efforts to review and resolve complaints in a timely, fair, and equitable manner.*

The specialty board must define its procedures (including a timeline) to consider complaints.

5.0 CERTIFICATION OF CANDIDATES

5.1 *The specialty board shall demonstrate that its certification process is sufficiently rigorous to ensure that the agency is a reliable authority of the qualifications of podiatric physicians practicing in the specialty area.*

The specialty board's compliance with the other criteria in this section help to establish the specialty board as a reliable authority.

5.2 *The specialty board shall require candidates for certification to have successfully completed a minimum of three years of CPME-approved residency training.*

This criterion is waived for the founders group of the specialty board.

5.3 *The specialty board shall require continuing education for continuation of diplomate status.*

The nature and extent of the continuing education requirements necessary to maintain certification are at the discretion of the specialty board.

5.4 *Practice ~~service~~ experiences that are required by the specialty board for podiatric physicians to become eligible for certification shall be relevant and consistent with subject matters related to the specialty area.*

Prior to being eligible for certification, candidates may be required by the specialty board to document completion of specific clinical or practice experiences and/or have been engaged in the active practice of podiatric medicine for a specific time period following completion of a minimum of three years of CPME-approved residency training. A specialty board that has established practice ~~service~~ requirements is expected to be able to provide justification for these requirements.

5.5 *Education and practice ~~service~~ experience requirements shall be specified in documents of the specialty board.*

Candidates are provided adequate notice of changes in practice ~~service~~ experience requirements.

5.6 *Other requirements for initial and continuing certification shall be of an appropriate nature directly related to the conduct of the special area of practice.*

The specialty board may establish other requirements for the initial and continuing certification of diplomates. These requirements may include, but are not limited to, compliance with high standards of moral behavior, absence of revocation of podiatric medical licensure requirements, and payment of membership dues.

6.0 EDUCATIONAL EVALUATION

6.1 *The specialty board shall identify postgraduate education programs that relate to the special area of practice promulgated by the specialty board.*

The specialty board will be expected to demonstrate that the nature, scope, and breadth of the curriculum for postgraduate education programs is sufficiently rigorous and of an advanced level that goes well beyond the curriculum for the first professional degree.

6.2 *The specialty board shall collaborate with CPME in the development of standards and requirements for the evaluation and enhancement of postgraduate education programs.*

The specialty board appoints representatives to participate in various aspects of the approval process in order to provide a significant contribution to the review and recognition of postgraduate educational programs that relate to the educational requirements for certification. Such activities must include, but are not limited to the following: participation in the on-site evaluation of residencies and other postgraduate programs, representation on the Residency Review Committee, financial support of approval systems, and development of recommended revisions in approval standards and requirements.

~~6.3 — *The specialty board shall maintain a current and archival list of postgraduate programs approved by CPME for fulfilling the educational needs of its candidates.*~~

~~The lists of programs should identify, whenever possible, the specific year(s) which individual programs were approved and relevant history such as program name changes.~~

6.34 *For specialty boards seeking initial recognition, the specialty board shall provide a model curriculum for postgraduate training programs in the special area.*

6.45 *Prior to the development of an approval process for postgraduate educational programs associated with a new specialty, the specialty board shall have developed and implemented initial criteria for evaluating educational programs.*

When new areas of specialization are being developed for which advanced educational programs also are being developed, the specialty group is expected to define and help establish the curriculum for such programs. Because approval is not implemented until a certification process is in place, the specialty group is required to maintain a list of programs that provide training in the specialty area.

7.0 EXAMINATION

- 7.1 *The specialty board shall offer at least one certification examination in each calendar year.*
- 7.2 *The specialty board shall announce such examination at least six months prior to the examination date in communication vehicles available widely in the podiatric medical profession.*
- 7.3 *The specialty board shall develop an examination that includes a variety of content and which is a valid and reliable instrument for assessing the scope and depth of the candidate's aptitude in the specialty area. The content areas included in the examination shall be consistent with the definition, goals, and objectives of the specialty board.*

The governing board should constitute appropriate committees to construct examinations.

The board should take advantage of computerized testing methods when feasible, available, and cost effective.

- 7.4 *Appropriate external testing agencies shall be designated and utilized on an annual basis by the specialty board to determine performance on the certification process as well as to assess the examination instrument(s) and examination process for validity and reliability.*

Certification examination processes include all examinations required to ultimately reach certification.

- 7.5 *The specialty board shall have a policy describing the method by which examination results will be transmitted in a confidential manner to candidates.*
- 7.6 *The specialty board shall have a policy that addresses the multiple reexaminations of candidates who do not successfully pass the examination.*

8.0 FOUNDERS AND GRANDFATHERING PROCEDURES AND ALTERNATE METHODS

- 8.1 *A specialty board seeking initial recognition shall establish procedures for allowing the certification (without examination) of individuals who have been involved in the development of the special area of podiatric medical practice, i.e., the "founders." These individuals shall not have longer than one year to apply for certification.*

The "founders" include those individual podiatric physicians who have practiced and who have demonstrated competency and experience in the specialty, who were instrumental in contributing to establishment of the specialty, and/or who participated in a significant way to development of the curriculum for advanced educational programs in the specialty but may not have completed such programs themselves. The determination of who constitutes the "founders" is by the specialty board. Based upon a clear rationale and appropriate criteria, a reasonable number of "founders" may be identified.

- 8.2 *A specialty board seeking initial recognition shall have “grandfathering” procedures that allow individuals to have access to the certification process who have participated in recently established educational programs that are associated with the new specialty area but for which no approval/~~accreditation~~ process has yet been instituted. These procedures shall be discontinued three years after the original date of recognition of the specialty board.*

This requirement pertains only to those individuals who have completed or are in the process of completing postgraduate educational programs in the special area of practice. Prior to recognition of the specialty board these postgraduate educational programs should be recognized by the specialty board as being appropriate for candidates seeking certification. After a specialty board obtains recognition, these and other programs would be expected to be approved by CPME.

Only those individuals who have completed or are completing specialty board recognized educational programs at the time the specialty board gains its recognition are eligible to take the certification examination under this category of grandfathering.

- 8.3 *If a specialty board seeking initial recognition establishes an alternate pathway mechanism, the mechanism shall be appropriate and in accordance with the policies established by the APMA House of Delegates. The mechanism shall be discontinued no later than five years after the initial recognition of the specialty board.*

At the discretion of the specialty board, alternate pathway mechanisms may be established to enable podiatrists who have not completed the requisite postgraduate education to be eligible for certification. If the specialty board establishes an alternate pathway mechanism, it must maintain and publish the expectations for candidates seeking certification through this method.

9.0 CERTIFICATES AND RECOGNITION OF DIPLOMATES

- 9.1 *The specialty board shall grant appropriate certificates that relate to the ability and performance of the podiatric physician to satisfy the specialty board's requirements.*

The specialty board recognizes only those individuals who have satisfied the requirements for certification in order to assure the public and the profession that properly credentialed and examined podiatric physicians obtain certification.

- 9.2 *All certificates issued by the specialty board shall be considered the property of the issuing board.*

In the event that a specialty board grants a certificate on a time-limited basis, the specialty board has an ethical and moral obligation to inform members of the consequences involved should the specialty board discontinue operations and/or lose its recognition.

10.0 RECERTIFICATION/DENIAL OR LOSS OF CERTIFICATION

- 10.1 *The specialty board shall have a mechanism to assess ongoing special knowledge and skills of diplomates.*

Existing specialty boards must assure continuing special knowledge and skills of individual practitioners by requiring all diplomates to complete a process of reassessment.

The specialty board is encouraged to develop a recertification process premised upon periodic reexamination. For newly established methods of recertification, legal counsel representing the specialty board should be consulted with respect to determining whether the method allows the specialty board to rescind certificates, especially if a date of expiration was not a condition of the original certification.

- 10.2 *The specialty board shall take into consideration the decisions of state licensing bodies to revoke or restrict licenses of podiatrists who are certified or who are seeking certification.*
- 10.3 *In the case of denial or revocation of certification, the specialty board shall provide the individual specific reasons for the denial or revocation.*
- 10.4 *The specialty board shall have in place an appeal and hearing process for diplomates whose certificates are proposed to be revoked.*

11.0 PUBLICATIONS

- 11.1 *The specialty board shall make publicly available the definition of the specialty along with other information that explains the breadth and scope of the area of specialization.*

In order to address questions from health care institutions and organizations, members of the profession, and the general public, the specialty board must publish and make available a general information document that outlines the definition of the area of specialization. This document also should include the purposes, goals, and objectives of the specialty board and describe the general expectations for candidates seeking certification. This document should be available upon request.

- 11.2 *The specialty board shall have a published statement prohibiting discrimination on the basis of any factors as defined by accepted Federal standards.*
- 11.3 *The specialty board shall maintain and make publicly available written information that describes the requirements for board qualified status, certification, and recertification.*
- 11.4 *The specialty board shall maintain and publish current lists of those who have been certified or granted board qualified status.*

The lists of board qualified and certified podiatrists must be published annually and made available upon request. The administrative staff of the specialty-board must be able to utilize the list in answering questions from the public and health care community regarding the certification status of podiatrists.

- 11.5 *The specialty board shall include truthful and accurate information in all communication methods/vehicles.*

Information disseminated by the specialty board about the specialty area, the certification process, the organization of the specialty board, or the credentials of the members of the specialty board is expected to be clear and accurate and in accordance with the purposes of the specialty board and its recognition status.

The specialty board's public statement regarding its recognition must ~~be~~ conform with the statement for declaring recognition as specified in CPME publication 230, *Procedures for Recognition of a Specialty Board for Podiatric Medical Practice*.

12. REPORTING TO JCRSB

- 12.1 *In accordance with CPME 230, the specialty board shall report to JCRSB on its financial operations; membership; revisions in bylaws, requirements for certification, and other documents; examination procedures, results, reliability, and validity; and such other information as requested by JCRSB for the purpose of providing an in-depth understanding of the functions of the specialty board and its certification process.*

- 12.2 *The specialty board shall inform JCRSB in writing within 30 calendar days of substantive changes in operating policies and procedures.*

The specialty board must assure that revisions in operating policies and procedures are in accord with the criteria described in this publication.

Within 30 calendar days of receipt of the substantive change notice, JCRSB will conduct initial evaluation of the change and respond to the specialty board.

POLICIES FOR PODIATRIC MEDICAL SPECIALTY CERTIFICATION

The APMA House of Delegates has adopted the following policies affecting specialty board certification. These policies are periodically reviewed and revised as necessary. For reference purposes, the number and year of the resolution are identified in parentheses following each policy. This policy document was established in 1995 by the APMA House of Delegates.

Policies Pertaining to Areas of Specialization

- Podiatric medicine is considered to be both a *profession* and a *specialty*. (56-95)
- A podiatric specialty is a field of practice within podiatric medicine that requires possession of special knowledge and skills achieved through completion of intensive study and/or extended clinical experiences beyond the professional degree. The division of the profession into specialties is categorized by fundamentally different objectives and distinct biological and physical approaches to prevention, diagnosis and treatment rather than a fragmentation of the profession based upon techniques or procedures. Specialization serves a public as well as a professional need. (9-89)
- In keeping with the changing role of the health care provider, a specialist in podiatry need not limit his/her practice solely to the specialty. (9-89)
- To establish a specialty area, a specialty organization must pursue recognition from the APMA House of Delegates as an affiliated organization. An affiliated organization is one that consists of podiatric physicians who are interested in a special area of practice and who have demonstrated that special interest through successful completion of examinations and/or case reports (as described in the current APMA bylaws). An organization that is recognized by the House as an affiliated organization must have this recognition for a minimum of five years before it can pursue recognition as a specialty board. Members of the affiliated organization establish the specialty board at the expressed wish of the organization. The specialty board is considered to be the lineal descendent of the organization but eventually becomes independent of the affiliated organization. (9-89)

Policies Pertaining to Specialty Board Certification in General

- Certification is considered to be an earned privilege for those podiatric physicians who have achieved certain levels of skill and ability based upon completion of specific advanced training and clinical experience and examination. Those individual podiatric physicians who are certified are recognized for their achievement and enhanced capabilities. (9-89)

- All “grandfathering” or alternate methods for securing certification in currently recognized podiatric specialties should end as soon as possible. (9-89)
- Although numerous areas of special practice may exist in podiatric medicine, each does not need to have a corresponding certification process. (9-89)
- The recertification process implemented by all specialty boards should be on a voluntary basis. Specialty boards should develop appropriate continuing medical education (CECH) requirements for its diplomates that assure continuing capabilities, if not competence, of individual practitioners. (9-89, amended 19-17)

Policies Pertaining to Recognition of Specialty Boards

- The American Podiatric Medical Association assigns the responsibility of specialty board recognition to the Council on Podiatric Medical Education. The Council through its Joint Committee on the Recognition of Specialty Boards (JCRSB) is committed to assuring the public that those podiatric physicians who are certified have successfully completed the requirements for certification in an area of specialization. The recognition of a specialty board by the JCRSB serves to provide important information to the profession, health care institutions, and the public about the sound operations and fair conduct of the specialty board's certification process. The Council’s authority for the recognition of specialty boards is derived solely from the APMA House of Delegates. (70-95)

Autonomy of Specialty Boards

- Specialty boards established within the profession are considered to be autonomous bodies. Specialty boards voluntarily seek recognition from the Council on Podiatric Medical Education's Joint Committee on the Recognition of Specialty Boards. Moreover, the Council and the American Podiatric Medical Association have no jurisdiction with respect to other podiatric specialty boards that have neither received nor are seeking recognition from this Association. (9-89)

(Adopted by the APMA House of Delegates - August 1995
with revisions in August 1996, May 2002, January 2013, and March 2017)