

# Residency Policies Residency Review Committee and Council on Podiatric Medical Education April 2018

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# Standards and Requirements

## Standard 1 – Sponsorship and Affiliations

### Requirement 1.1 Sponsorship

#### *Co-sponsored Programs (April 2004)*

The list of approved Podiatric Medicine and Surgery Residencies published on CPME’s website includes the names of the co-sponsoring institutions, the address of each institution that co-sponsors the program, and the name of the program director. The mailing address of the co-sponsored residency program is that of the institution at which the director is based (although administrators of all co-sponsoring institutions will continue to receive copies of correspondence from the Council). The institution at which the director is based is identified as such.

### Requirement 1.3 – Affiliation Agreements

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

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

#### *Inter-institutional Affiliation Agreements (July 2007)*

If the institution that sponsors a residency program is part of a health system with one board of directors and one chief executive officer, then affiliation agreements between the sponsoring institution and the other institutions within the system are not required.

#### *Intra VA Affiliation Agreements (February 2005)*

RRC determined that a Memorandum of Understanding (MoU) should exist between two Veterans Administration facilities. The only difference between the requirements of the VA for a MoU and the CPME’s requirements for an affiliation agreement is the MoU does not delineate financial support.

## Standard 2 – Facilities and Resources

### Requirement 2.2 – Library (September 2015)

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

## Standard 3 – Policies and Procedures Affecting the Resident

### Requirement 3.8 – Resident Contract

#### *Institutions that offer two programs (September 2015)*

If an institution sponsors both a PMSR and PMSR/RRA, or two programs, one of which requires 48 months to complete, the contracts must reflect the category and length of each program. The category and/or length of the program identified in the resident's contract must remain constant for the duration of training. Any change regarding the program offered in the initial contract is considered a resident transfer and requires prior approval by the Council.

#### *Acceptable Terminology for the Podiatric Medicine and Surgery Residency (March 2012)*

The resident contract may refer to the program as Podiatric Medicine and Surgery Residency, Podiatric Medicine & Surgery Residency, or PMSR. If the added credential is provided, the program may be referred to as PMSR with RRA or PMSR/RRA, PMSR-RRA. These acronyms may be used in contracts, but never in the certificate.

#### *Co-Sponsored Programs (April 2004)*

The resident(s) is to be provided a contract that includes the name of each co-sponsoring institution.

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### Requirement 3.11 – Certificate of Completion

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Requirement 4.1 – Reporting Annually to the Council** *(July 2015)*

The Council on Podiatric Medical Education requires sponsors of approved podiatric residencies to submit an *Annual Report* that is used to provide information published in CPME 300, Approved Residencies in Podiatric Medicine. The *Annual Report* also is used to inform the Council regarding changes in the administration and curriculum of the residency program, sites providing resident training, and to identify appointed and graduating residents. Completion of the *Annual Report* includes submission of executed agreements with newly affiliated institutions and/or facilities and copies of certificate(s) issued at the end of the training year.

Co-sponsoring institutions must submit a single copy of the Annual Report that provides information about the program as a whole, rather than each individual co-sponsor submitting its own annual report. The annual report for the co-sponsored program is to include the signature of the chief administrative officer at the institution in which the director of podiatric medical education spends the majority of his/her time.

All programs, including inactive programs must complete and submit all sections of the Annual Report. The institution must also indicate the anticipated reactivation date for the program in Section 1 of the report, certify the report, submit an annual fee, and copies of certificates of completion, if applicable.

Completion of the *Annual Report* does not constitute conducting an annual programmatic self-assessment (requirement 7.3 in CPME 320). Rather, it addresses requirement 4.1 (the sponsoring institution shall report annually to the Council office on institutional data).

## Standard 5 – Program Director and Faculty

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

## Standard 6 – Curriculum and Competencies

### **Requirement 6.1 – Comprehensive H&Ps** (*September 2015*)

Comprehensive medical history and physical examinations (H&Ps) are acceptable under the supervision of a credentialed attending staff or licensed practitioner approved by the hospital to perform this function.

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

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

## Standard 7 – Assessment of the Program and Residents

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

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

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

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

## Logs

### **Review of Resident Logs** (*September 2005*)

- RRC Members review resident clinical logs for various reasons (concerns identified in team reports from on-site evaluations and in annual reports, progress reports, applications for an increase in positions, etc.). The Committee established the following policies related to resident logs:
  - Upon team review of resident logs prior to conducting the on-site evaluation visit, if it is determined the logs are grossly inaccurate, the team is to cite all requirements related to logs in the team report and request that the logs be revised and submitted to the Committee for review at its next meeting.
  - Upon Committee members' review of resident logs prior to its meeting, if it is determined the logs are grossly inaccurate, the RRC member will contact the program's CPME staff liaison so that revised logs may be requested and submitted. If revised logs are submitted, they will be reviewed at the Committee meeting. If revised logs are not submitted, the Committee will identify the program as being in noncompliance with requirements 6.1 and 6.3 and Appendix A.

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## **Category 6 Procedures**

### *Name of Attending for Category 6 Procedures (April 2006)*

Entries under Category 6, Other Procedures, do not require the name of the attending. If the name is not provided, the Faculty/Degree column must state N/A.

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

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

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## **Appendix A – Patient Encounters (September 2015)**

Residents may log all patient encounters as category 6 (6.13) to ensure proper tracking of these encounters.

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## **Trauma Cases**

The RRC has adopted the following related to trauma cases:

- This activity includes resident participation in the evaluation and/or management of patients who present immediately after traumatic episodes.
  - Trauma cases may be related to any procedure
  - Only one resident may take credit for the encounter
  - Medical histories and physical examinations are components of trauma cases and can be counted towards the volume of required cases
  - At least 25 of the 50 required trauma cases must be foot and/or ankle trauma
  - Surgical management of foot and ankle trauma may count towards 25 of the 50 trauma cases even if the resident is active only in the immediate perioperative care of the patient. This data may be counted as both a surgical case and a trauma case by one resident or one resident may log the surgery and one resident may log the trauma
  - The resident must participate as first assistant for the surgery to count towards the requirement
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## **Biomechanical Cases**

- Patient encounters such as taping and padding, orthotics, prosthetics, and other biomechanical experiences that do not include a biomechanical examination and gait analysis are not counted as biomechanical cases.
- Gait analysis may range from basic visual gait analysis to complex computerized gait analysis. An interpretation of the gait analysis must be documented.
- Treatment plans must be justified and supported by findings of the biomechanical exam.
- The treatment plan must address the identified pathology.
- A biomechanical case is identified as procedure code 7.1

## Procedures

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### Extension of Approval

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

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

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

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

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

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### Inactive Programs and Positions

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

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

#### **Inactive Status for Provisionally Approved Programs** *(October 2012)*

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

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

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

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

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## One-time Certificate Requests

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### **One-Time Certificate Requests** (*September 2012*)

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

### **One-time PMSR Certificate** (*September 2017*)

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

## ***One-time PMSR/RRA Certificate***

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

### **PM&S One-time Certificate Requests**

#### **PM&S One-Time Certificate Requests (April 2015)**

During its recent meetings, the Council on Podiatric Medical Education and the Council's Executive Committee considered access to the American Board of Podiatric Medicine (ABPM) certification process for individuals who graduated from either 24-month podiatric surgical residency (PSR-24) programs or Rotating Podiatric Residency/12-month Podiatric Surgical Residency (RPR/PSR-12) sequences from 2000-2008. These individuals are eligible to enter the surgery certification process. Residency training in a specialty area provides the graduate of the program access to certification in that specialty only.

Participation in PSR-24 programs or RPR/PSR-12 sequences from 2000-2008 did not require successful completion of training experiences considered by ABPM to be prerequisite for entering its certification process. While the Joint Committee on the Recognition of Specialty Board's (JCRSB) has denied ABPM's request that JCRSB documents be revised to permit consideration of alternate certification pathway requests from existing boards, the Council acknowledges that some PSR-24 programs and RPR/PSR-12 sequences may have afforded residents those experiences required by ABPM. Consequently, the Council has identified the following alternatives that exist within the current framework of CPME procedures and that are available should residents who graduated from 2000-2008 wish to pursue ABPM board certification (assuming adequate documentation of those experiences):

1. The program director of the PSR-24 or the RPR/PSR-12 sequence, on behalf of the sponsoring institution, may submit a request for a one-time Podiatric Medicine and Surgery (PM&S-24 or PM&S-36) certificate for consideration by the Council's Residency Review Committee. That request must include documentation of all training experiences required for successful completion of a PM&S program. Specifically, a one-time PM&S certificate request must include the following items:
  - Completed assessments documenting completion of training in either internal medicine or family medicine and a surgical subspecialty (orthopedics, vascular, or plastic)
  - Logs documenting attainment of the Minimum Activity Volume (MAV) for biomechanical cases (150), comprehensive histories and physical examinations (25), trauma (25 for PM&S-24 and 50 for PM&S-36), and podopediatrics (25)
2. Individuals who graduated from a PSR-24 program or RPR/PSR-12 sequence from 2000-2008 may re-enter a PMSR program for a period sufficient to fulfill the requirements of a PMSR that were not included in the PSR-24 or RPR/PSR-12 sequence. That additional training may be provided by a facility(ies) in your area that affiliates with a CPME-approved PMSR program. Re-entering a PMSR program would be considered a resident transfer (please refer to pages 24-26 in CPME 330, *Procedures for Approval of Residencies in Podiatric Medicine and Surgery*).

## Program Reclassification

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

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

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

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

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

## Resident Transfer

### **Transfer into a 48-Month PMSR or PMSR/RRA** *(September 2012)*

A resident who has completed either a PM&S-36, a month Podiatric Medicine and Surgery Residency, or a month Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery may transfer into years one-four of a PMSR or a PMSR/RRA with an approved curriculum of 48 months and receive credit for all training received to date, pending review of the competencies attained by the resident by the program director at the institution accepting the resident.

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

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

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

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

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