

Substantive Changes to CPME 320 *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*

Standard/Requirement	Revisions
<p align="center">New Features</p>	<ul style="list-style-type: none"> • Intent and Background statements to further clarify guidelines • Addition of Milestones which may be used as part of the resident's semi-annual assessment • No changes to the specific standards, only to requirements and guidelines
<p>1.0 The sponsorship of a podiatric medicine and surgery residency is under the specific administrative responsibility of a health-care institution or college of podiatric medicine that develops, implements, and monitors the residency program.</p>	<ul style="list-style-type: none"> • Requirement 1.1: Revised to include sponsorship by healthcare systems • Requirement 1.3: Affiliation agreement reaffirmation increased to every 10 years (from 5)
<p>2.0 The sponsoring institution ensures the availability of appropriate facilities and resources for residency training.</p>	<ul style="list-style-type: none"> • Requirements updated to reflect digital/electronic educational resources • Requirement of a program coordinator rather than staff support
<p>3.0 The sponsoring institution formulates, publishes, and implements policies affecting the resident.</p>	<ul style="list-style-type: none"> • Requirement 3.3: Revised to require abiding by the rules and regulations of the matching service • Requirement 3.6 (Previously requirements 3.7 and 3.9 – now combined): Identifies specific benefits to be provided to the residents • Requirement 3.7: Clarifies that the program director has final authority over resident employment, performance improvement, and disciplinary action when the resident signs contracts with multiple institutions • Requirement 3.8: States that the sponsoring institution will ensure that residents will not sign a non-competition guarantee or restrictive covenant with the institution or any of its affiliated training sites • Requirement 3.9: Residency manual must include information related to transition of care • Requirement 3.11: (previously 3.12 related to ethical conduct) further defined • Addition of requirement 3.12: Residents may not assume the responsibility of ancillary medical staff

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<p>4.0 The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the residency program in a timely manner and at least annually.</p>	<ul style="list-style-type: none"> • Requirement 4.2: Expanded to include changes that require reporting to the council within 30 days
<p>5.0 The residency program has a well-defined administrative organization with clear lines of authority and a qualified faculty.</p>	<ul style="list-style-type: none"> • Requirement 5.2: The program director must be certified by ABPM and/or ABFAS, and must possess a minimum of three years of post-residency clinical experiences. Applicable to program directors appointed after adoption of the revised documents • Requirement 5.5: The program director has the authority to approve/remove program faculty
<p>6.0 The podiatric medicine and surgery residency is a resource-based, competency-driven, assessment-validated program that consists of three years of postgraduate training in inpatient and outpatient medical and surgical management. The sponsoring institution provides training resources that facilitate the resident's sequential and progressive achievement of specific competencies.</p>	<ul style="list-style-type: none"> • Requirement 6.1: Core competencies updated to include additional components and now includes: <ul style="list-style-type: none"> ○ Requirements of direct participation in the management and evaluation of patients in several clinical conditions ○ New – Includes competence in manual dexterity appropriate for the level of training • Requirement 6.2: Further defines acceptable formats for web-based logging formats • Requirement 6.3: Provides clarification concerning the rotation schedule • Requirement 6.4: Significant changes <ul style="list-style-type: none"> ○ Behavioral science is no longer a required rotation – may be provided as one of the two required medical subspecialties ○ Pathology is no longer a required rotation ○ Vascular medicine has been added as a medical subspecialty ○ Rotations must be at least two weeks in length. ○ Emergency medicine must a minimum of four weeks in length ○ Surgical subspecialties divided into two categories and residents must be afforded a minimum of eight weeks of training in non-podiatric surgery: <ul style="list-style-type: none"> ▪ Minimum of four weeks in Group A, which now includes general surgery, trauma team/surgery, or vascular surgery

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	<ul style="list-style-type: none"> ▪ Minimum of two weeks for each rotation in Group B, which includes cardiothoracic surgery, hand surgery, orthopedic surgery, neurosurgery, orthopedic/surgical oncology, pediatric orthopedic surgery, or plastic surgery, or surgical intensive care unit (SICU) • Requirement 6.7: Expanded to include falls prevention, resident well-being, pain management and opioid addiction, cultural humility, and workplace harassment and discrimination provided at least once during training • NEW – Requirement 6.10: The residency program shall ensure the resident is afforded appropriate clinical and educational work hours. The requirement addresses outside activities, work hours, work periods, in-house, and at-home calls
<p>7.0 The residency program conducts self-assessment and assessment of the resident based upon the competencies.</p>	<ul style="list-style-type: none"> • Requirement 7.2 (a): Added that assessment of the resident must be documented at least once for every three months of podiatric medicine and/or podiatric surgery service • Requirement 7.2 (b): Expanded to include specific components to be included in the resident semi-annual assessment • NEW – Requirement 7.2 (c) – Final assessment of the resident • NEW – Requirement 7.3 related to requiring annual in-training exams
<p>Appendix A – Volume and Diversity Requirements</p>	<ul style="list-style-type: none"> • Eliminated Podiatric clinic/office encounter MAV of 1000 cases, replaced with Practice-based procedures (MAV of 100 Also identified as category 6) • Surgical Case Activity for PMSR only programs identified as 250 (PMSR/RRA is 300) • Wound Care MAV added to require 50 cases (category 11) • Biomechanical MAVs reduced from 75 to 50
<p>Appendix B</p>	<ul style="list-style-type: none"> • Category 6 – updated and expanded to include practice-based procedures that may be applied to meet the 100 MAV requirement • Category 9 - added surgical specialties • NEW - Added Category 11 - Wound care
<p>NEW – Appendix C</p>	<p>Milestones – May be used as part of the semi-annual resident assessment but are not mandated for use by CPME</p>