



9312 Old Georgetown Road  
Bethesda, Maryland 20814  
P 301.581.9200 | F 301.571.4903  
[www.cpme.org](http://www.cpme.org)

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Authors: J.T. Marcoux, DPM; Residency Review Committee Chair;  
Kieran Mahan, DPM; Council on Podiatric Medical Education Chair;  
Keith Cook, DPM; Council on Podiatric Medical Education Vice Chair;  
Heather Stagliano, DHSc, Director CPME; Nahla Wu, Associate Director CPME; Nancy Chouinard, Assistant Director CPME

Subject: CPME Guidance on COVID-19 for Residency and Fellowship Education

**Note:** *This document will be updated as new information becomes available.*

The mission of the Council on Podiatric Medical Education (CPME or Council) is to promote the quality of doctoral education, postdoctoral 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 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 decided that immediate action should be taken to address the challenges facing graduating residents. This action includes the temporary modification of requirements, based on the current standards and requirements published in CPME publication 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies* to ensure that graduating residents possess the necessary training and competence for practice, despite unexpected disruption of training caused by COVID-19.

Effective immediately, CPME has decreased the required MAVs (minimum activity volume) by 15% for all categories, allowing residents with excess volume in surgical categories 4 (Other Osseous Foot Surgery) and 5 (Reconstructive Rearfoot/Ankle) to be utilized to supplement lower volume in categories 1-3 (Digital, First Ray, and Other Soft Tissue Foot Surgery) and waive the diversity requirements for residents completing training in 2020. This temporary reduction in MAVs is based on the fact that the effects of COVID-19 will be in effect for at least four of the required 36-months of training in a Podiatric Medicine and Surgery Residency (PMSR).

New MAVs for PGY3 residents graduating in June 2020 would be as follows:

<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>38</b>
<b>Category 4- Other osseous case</b>	<b>34</b>
<b>Category 5- Reconstructive Rearfoot/Ankle cases</b>	<b>42</b>
<b>Trauma</b>	<b>42</b>
<b>Comprehensive H&amp;Ps</b>	<b>42</b>
<b>Biomechanical Exams</b>	<b>63</b>
<b>Podopediatrics</b>	<b>21</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, regardless of the number of repetitions and despite the temporary reduction of required MAVs.

In addition, residents completing training in 2020 who are not meeting MAV and/or rotational requirements may supplement their training with appropriate program director-approved educational activities that complement their affected MAV(s) and/or rotations. Program directors may petition the RRC to graduate residents who have demonstrated competence through alternative means. A form will be made available in April on the CPME website and will be sent to all program directors via email to address these individual circumstances. RRC will be looking at these issues/programs on a case by case basis.

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.