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Date: February 2022

Subject: CPME Guidance on COVID-19 for Residency Education and Residents Graduating in 2022

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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 postponed elective surgeries 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 2022 graduation year.

Effective immediately, CPME has decreased the required MAVs (minimum activity volume) by 10% 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 7 procedures applied to category 1 (Digital), 5 procedures applied to category 2 (First Ray), and 4 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 2022.**

New MAVs for PGY3 residents graduating in June 2022 will be as follows:

Surgical Procedures	360
Surgical Cases	270
Category 1 – Digital cases	72
Category 2 – First ray cases	54
Category 3- Other soft tissue cases	40
Category 4- Other osseous case	36
Category 5- Reconstructive Rearfoot/Ankle cases	45
Trauma	45
Comprehensive H&Ps	45
Biomechanical Exams	67
Podopediatrics	22

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, 2022. All requirements in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies*, including all required rotations, must also be met in order for residents to receive a certificate of completion.



Date: March 30, 2020

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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:

Surgical Cases	255
Category 1 – Digital cases	68
Category 2 – First ray cases	51
Category 3- Other soft tissue cases	38
Category 4- Other osseous case	34
Category 5- Reconstructive Rearfoot/Ankle cases	42
Trauma	42
Comprehensive H&Ps	42
Biomechanical Exams	63
Podopediatrics	21



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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.