2023 SELF-STUDY

Council on Podiatric Medical Education

Introduction

The merits of self-study have long been recognized in the fields of education and business to provide direction in managing and improving complex organizational systems. The Council on Podiatric Medical Education (CPME or Council) is a strong proponent of the self-study process, requiring colleges of podiatric medicine to conduct self-studies prior to each comprehensive accreditation review. Although not as rigorous as self-study, a self-assessment process also is advocated by the Council in the review and evaluation of residency and fellowship programs and providers of continuing education.

In view of the significant ways that self-study contributes to identifying problem areas, establishing new goals and objectives, and directing the pursuit of improved methods for achieving these goals and objectives, the Council has elected to engage in periodic self-study as a formal means to obtain input from its community of interest and to enable strategic planning to occur in a way that suits the needs of CPME.

This report describes the process and results of the Council's seventh self-study. Prior self-studies completed in 1987, 1991, 1996, 2004, 2011, and 2017 provided CPME members and staff important information about the strengths and weaknesses associated with the Council's accreditation, approval, and recognition processes, and helped bring about changes that improved the operations of the Council to better serve the profession, educational community, students, and public.

Previous Self-Studies

<u>1987</u>

The 1987 self-study was conducted as an internal management device to address concerns of the U.S. Department of Education (USDE) about the operational authority and structure of the Council. As a result of the 1987 process, the Council elected to revise its committee purposes and structure. Consequently, representation on the Council and its committees was expanded to enable greater opportunities for representatives of the CPME community of interest to participate in the Council's accreditation, approval, and recognition processes. This expansion also facilitated increased diversity within the membership of the Council and its committees, an issue that was of serious concern to USDE. The organizational changes instituted in 1989, which were a result of the 1987 self-study, continue to be reflected in the operations of the Council today.

Also, as a result of the 1987 self-study, the Council determined that it should conduct a formal self-study process to include the collection of survey data from its external publics on a periodic basis, approximately every five years.

<u>1991</u>

The 1991 self-study focused partially on the views and perspectives garnered from the Council's community of interest about the effectiveness of the Council, the relevance of CPME processes, and the importance of recognition of CPME by external agencies. The self-study also focused significant attention on CPME compliance with the provisions for continuing recognition established by the Council on Postsecondary Accreditation (COPA), with particular interest in whether the Council should seek an expansion of its scope of COPA recognition to include its evaluation and approval of postdoctoral residency programs. Based upon data collected from its community of interest, the Council determined that it had strong support from those directly and indirectly affected by CPME accreditation, approval, and recognition processes. Respondents to a detailed questionnaire provided confirmation of the importance of the Council's evaluation, accreditation, approval, and recognition processes and noted support for maintaining and expanding the recognition of the Council from external agencies.

With respect to matters involving COPA, the Council determined that it was confident in its perceived level of compliance with COPA provisions, but it did not believe that seeking a change of scope to include recognition of the evaluative process associated with the approval of residency programs was warranted. The Council reasoned that postdoctoral residency training does not fall within its own definition of postsecondary education, viewing postsecondary education as ending with the first professional degree in podiatric medical education.

1996

As part of the 1996 self-study process, the Council identified 18 objectives and various correlated strategies to be pursued over the course of the next five years. In general, the objectives related to such matters as the following:

- Ensuring good communication with the Council's community of interest
- Continuing to provide a confidential environment for institutions and organizations accredited, approved, or recognized by the Council
- Encouraging colleges and residencies to demonstrate and expand upon measures of student academic success
- Ensuring the continued effectiveness of the on-site evaluation process
- Defining and enunciating a clear policy regarding the appropriate role of CPME representatives on the American Podiatric Medical Association (APMA) committees concerned with the creation of educational policy
- Expanding the autonomy of the Joint Residency Review Committee
- Continuing to evaluate the composition and structure of the Council
- Clarifying further the role of accreditation in assuring successful achievement of appropriate educational outcomes
- Analyzing and developing alternative revenue sources external to APMA

The results of a 1995 survey of the community of interest guided the self-study as well as the work of the college ad hoc advisory committee. The accreditation standards developed by the 1995–1997 CPME college ad hoc advisory committee were circulated broadly for comment to

the community of interest and a public forum was conducted during the 1997 APMA annual meeting to receive comments. The Accreditation Committee and the Council completed final consideration of the documents in October 1997, and the documents were implemented in January 1998.

2004

The Council reviewed the results of a survey of the community of interest prior to its April 2004 meeting, when a significant portion of the agenda included analyzing the survey data, offering recommendations, and identifying objectives and various correlated strategies to be pursued over the course of the next five to six years.

At its October 2004 meeting, the Council ranked the previously identified objectives in order of priority including strategies to be pursued. The objectives generally related to such matters as training CPME and committee members; the CPME election process; further development of the Council's database and website; ensuring good communication with the Council's community of interest; continuing to provide a confidential environment for institutions and organizations accredited, approved, or recognized by the Council; encouraging colleges and residency programs to demonstrate and expand on measures of student academic success; ensuring the continued effectiveness of the on-site evaluation process; continuing to evaluate the composition and structure of the Council; and further clarifying the role of accreditation in ensuring successful achievement of appropriate educational outcomes.

2011

The Council again reviewed the results of a survey of the community of interest prior to its April 2011 meeting, when a significant portion of the agenda included analyzing the survey data, offering recommendations, and identifying objectives and various correlated strategies to be pursued over the course of the next five to six years.

At its October 2011 meeting, the Council ranked the previously identified objectives in order of priority including strategies to be pursued. The objectives generally related to such matters as training and evaluation of CPME and committee members; further development of the Council's database and website; ensuring good communication with the Council's community of interest; continuing to provide a confidential environment for institutions and organizations accredited, approved, or recognized by the Council; ensuring the continued effectiveness of the on-site evaluation process; and continuing to evaluate the composition, structure and financing of the Council.

2017

As part of the 2017 self-study process, the Council surveyed the community of interest concerning the processes and the relevance of standards and requirements used in evaluating educational programs. In March 2017, self-study survey links were emailed to 13 groups encompassing a potential respondent population of 703 individuals.

At its October 2015 meeting, the Council approved the self-study issues it wanted to address and at its April 2017 meeting, Council members and staff discussed each issue, agreed on strengths and weaknesses, and determined whether an objective(s) and strategies for the achievement of the objective(s) should be established. If so, formal consideration was to be given to additional resources that may be needed to achieve each objective, including staff time, Council/committee time, and cost. The issues reviewed included internal communications; evaluator selection, training, performance, and remediation; CPME and committee member orientation and training; external communications; CPME participation in the educational efforts of external organizations; CPME and committee deliberations; document review process; public dissemination of CPME actions; CPME committee structure; CPME mission statement and goals and implementation of the goals; financing of the Council; Council composition and size; CPME election process; and confidentiality/conflict of interest/integrity.

2023 Self-Study Methodology

The Council believes that the beginning of a good self-study calls for the collection of information from representative populations within the profession concerning the effectiveness of Council processes and the relevance of standards and requirements used in evaluating educational programs. In July 2022, self-study survey links were emailed to the Council's community of interest including administrators and faculty of the colleges of podiatric medicine; specialty board governing boards; continuing education providers; program directors, administrators, or faculty of a residency or fellowship program; the National Board of Podiatric Medical Examiners (NBPME); representatives of state boards of podiatric medicine; practitioners; young members; residents; students; CPME volunteers (i.e., CPME members, committee members, and evaluators); and members of the APMA House of Delegates and the APMA Board of Trustees.

The data collected as part of the survey of the community of interest offers points of view regarding many of the issues for discussion of the Council. The Council reviewed this data in detail in consideration of the issues.

At its October 2022 meeting, Council members and staff discussed each of the following issues, agreed on strengths and weaknesses, and determined whether an objective(s) and strategies for the achievement of the objective(s) should be established. If so, formal consideration should be given to additional resources that may be needed to achieve each objective, including staff time, Council/committee time, and cost.

1. Evaluator Selection, Training, Performance, and Remediation*
2. CPME and Committee Member Orientation and Training*
3. Staff and CPME and Committee Member Performance and Evaluation*
4. External Communications and Public Dissemination of CPME Actions
5. CPME Participation with External Organizations
6. CPME, Committee, and Site Team Consistency in Interpretation and Focus
7. Document Review Process*
8. CPME Committee Structure
9. CPME Mission Statement and Goals and Implementation of the Goals*

10. Financing of the Council*
11. Council Composition and Size*
12. CPME Election Process*
13. Confidentiality/Conflict of Interest/Integrity*
14. Use of Technology

    * Required by CPME Bylaws

The following reminders were provided again in the October 2022 agenda materials regarding the purpose of completing the self-study:

- The study is conducted every five years by the Council as an effort to engage in ongoing improvement. Emphasis should be placed on problem solving and the management of the accreditation, approval, and recognition processes.

- Data collection and analysis should enable the CPME community of interest to contribute to the process in useful ways.

- The process should include informed attempts to clarify CPME goals and objectives and to study the relevance and achievement of these goals and objectives.

- The process should focus on strengths and weaknesses and the identification of strategies for improvement.

- The key questions to be addressed are: What are we trying to achieve? Are we achieving it? If not, why not? What can we do about it?

The process followed six basic steps. These steps and the responsible parties were:

1. Preparation and Design - CPME members
2. Organizing the Process - CPME chair and staff
3. Data Collection - staff and constituent groups
4. Analysis and Discussion - CPME members and staff
5. Report Development - staff
6. Using the Results - CPME members and staff

At the plenary session, the Council and staff discussed the aforementioned issues. Staff prepared a draft report following the October 2022 meeting. (The draft was reviewed by the CPME chair and disseminated to CPME members as part of the meeting materials included for the April 2023 CPME meeting.) The Council reviewed the draft and made decisions about prioritizing the objectives and confirmed strategies to be pursued over the forthcoming five-year period. This final report was compiled and placed on the Council's website.

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
1. Evaluator Selection, Training, Performance, and Remediation*	• CPME's peer review process. • Quality of the college team reports. • Service of CPME to the profession. • Being an evaluator provides learning opportunities. • The Collaborative Residency Evaluator Committee (CREC) and the collaboration of CREC members in the shared responsibility of training and reviewing team member performance. • The shared responsibility among CREC members in the recruitment and selection of site team evaluators. • CPME's process of training evaluators. • Feedback and remediation of evaluators.	• Evaluator performance feedback. • Process and quality of residency and fellowship team reports. • No CREC term limits. • Size of evaluator pool. • Evaluator tracking and scheduling. • Evaluator data management. • Consistency and interpretation of standards and requirements by on-site evaluators.	• Use of self-evaluation of team members. • Providing real-time feedback concerning evaluator performance during the on-site visit. • Efforts should be made to modify the information from the team report to share more insight and findings from the on-site visit with the program director. • Continued training of evaluators with the newly adopted documents. • Continue to ensure the improvement of the residency on-site evaluation process by expanding the pool of and improving the training of qualified evaluators to consistently interpret the standards and requirements. • As the CPME database is transitioning, utilize the revised database for evaluator management. • Shared responsibility of paying for database needs for residency	• Provide real-time feedback concerning evaluator performance during the on-site visit. • Modify the information from the team report to share more insight and findings from the on-site visit with the program director. • Train evaluators with the newly adopted documents. • Ensure the improvement of the residency on-site evaluation process by expanding the pool of and improving the training of qualified evaluators to consistently interpret the standards and requirements. • Utilize the revised database for evaluator management. • Share responsibility of paying for database needs for residency evaluator tracking and evaluator data management by CREC. • Train evaluators to ensure consistency and thoroughness of team reports.

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
			evaluator tracking and evaluator data management by CREC. • Training of evaluators to ensure consistency and thoroughness of team reports.	
2. CPME and Committee Member Orientation and Training*	• CPME and committee members are afforded comprehensive orientations. • The ability to provide virtual orientations. • Ability of CPME members to attend other CPME committee meetings. • The orientation guides of the Council and its committees. • Mentorship of new committee and Council members by pairing new members with more experienced members.	• Ensuring committee members are able to fully participate and understand the functions of the committee, particularly during their first meeting. • Structuring committee terms so that they are more consistent with the timing of meetings.	• Ensuring the orientation guide is up to date. • Seek opportunities to strengthen the orientation and mentorship process. • Update the CPME bylaws to extend terms as needed to restructure reappointments of committee members. • Add questions to the fall Council and committee surveys asking what members wish they had known when beginning their term.	• Update the orientation guide as needed. • Strengthen the orientation and mentorship process including an on-boarding process for new chairs. • Update the CPME bylaws to extend terms as needed to restructure reappointments of committee members. • Add questions to the fall Council and committee surveys asking what members wish they had known when beginning their term.
3. Staff and CPME and Committee Member Performance and Evaluation*	• Fall survey of committee and Council members. • Executive Committee discussion of performance of committee members. • Staff and Council Executive Director performance reviews.	• Optimizing staff responsibilities to ensure tasks are handled in the most efficient manner.	• Reevaluate staff duties and responsibilities to allow staff members to work to their highest potential.	• Reevaluate staff duties and responsibilities to allow staff members to work to their highest potential.

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
4. External Communication and Public Dissemination of CPME Actions	• CPME presence at stakeholder meetings. • Consultative nature of the relationship with the community of interest. • CPME documents and rewrite plans including updates are posted on the CPME homepage with a link to a full webpage providing details of the process. • Communication of meeting dates of CPME and its committees on the home page of website. • CPME actions and updates to Bylaws and Policy documents following bi-annual meetings posted on the CPME homepage within 30 days of the meeting to allow for easy access for community of interest. • The Report of the Council is sent to the community of interest following every CPME meeting and covers all reportable CPME actions.	• Need to update the CPME website. • Ensure that the most important actions and updates of the Council are posted in a manner that allows the reader to find this information. • Ensuring the community of interest knows to access the CPME website for the most current CPME actions and information. • Inability to control individuals from the community of interest unsubscribing from the CPME communications. • Length of CPME communications, which are intended to provide all necessary information to the community of interest but can appear overwhelming to the reader.	• Update the website to allow CPME full editing rights to post information. • Critically analyze the CPME website to ensure that the information shared with the community of interest is easily accessible. • Formalize residency director communication distribution of information. • Formalize continuing education (CE) provider communication and distribution of information. • Remind the community of interest during speaking engagements that the most current CPME actions and documents are posted on the CPME website. • Communicate actions and updates to policies in a consistent manner across all committees on the CPME website. • Potential to post new information to the CPME website to include all resources	• Update the website to allow CPME full editing rights to post information. • Critically analyze the CPME website to ensure that the information shared with the community of interest is easily accessible. • Formalize residency director communication distribution of information. • Formalize CE provider communication and distribution of information. • Remind the community of interest during speaking engagements that the most current CPME actions and documents are posted on the CPME website. • Communicate actions and updates to policies in a consistent manner across all committees on the CPME website. • Post new information to the CPME website to include all resources that would benefit the reader (e.g., PowerPoint slides, other resources).

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
	• Use of APMA publications (e.g., Weekly Focus, APMA News, Residency Rounds, APMA Leadership Desk, APMA staff initiatives) to communicate CPME actions to the community of interest. • Communication of college accreditation actions to the Secretary of Education, Council for Higher Education Accreditation (CHEA), state licensing boards, institutional and programmatic accreditors.		that would benefit the reader (e.g., PowerPoint slides, other resources). • Opportunity to create a list of the most frequently cited areas of noncompliance to educate entities on the expectations of the committee and Council. • Explore participating in the American Society of Podiatric Executives (ASPE) meetings. • Explore opportunities to place information concerning CPME activities and actions in other outside publications.	• Create a list of the most frequently cited areas of noncompliance to educate entities on the expectations of the committee and Council.
5. CPME Participation with the Education Efforts of External Organizations	• Participation in the APMA House of Delegates meeting, the Residency Director Forum, APMA Board of Trustees public meetings, United States Department of Education (USDE) and CHEA meetings, ASPA meetings and conferences, National Collaborative for Improving the Clinical Learning Environment (NCICLE), American	• Sharing of information from other organizations.	• The Council should continue to participate in national activities and offer its expertise to other organizations inside and outside of the podiatric medical profession related to CPME processes. • Work to improve obtaining information from outside organizations.	• Continue to participate in national activities and offer its expertise to other organizations inside and outside of the podiatric medical profession related to CPME processes. • Seek ways to improve access to information from outside organizations.

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
	Association of Colleges of Podiatric Medicine (AACPM) public meetings, and other meetings of external organizations.			
6. CPME, Committee, and Site Team Consistency in Interpretation and Focus	• The extent to which the Council stresses the confidentiality of all deliberations. • Fellowship, residency, and continuing education worksheets, college and specialty board profiles. • Use of public sessions at Council and committee meetings. • Staff have created systems to ensure consistency in decision making, interpretation, and deliberations. • New/additional categories of approval, which more clearly communicate program status.	• Consistency in team review of documentation and what is requested for on-site evaluations. • Consistency in teams' interpretation of areas of potential noncompliance.	• Create a more explicit list of evidence to be submitted (standardized list of documents to review). • Communicate lessons learned before and after each on-site cycle to evaluators and team chairs. • Opportunity to create a list of the most frequently cited areas of noncompliance to educate entities on the expectations of the committee and Council.	• Create a more explicit list of evidence to be submitted (standardized list of documents to review). • Update training for CPME, committees, and site teams based on the updated documents. • Communicate lessons learned before and after each on-site cycle to evaluators and team chairs. • Create a list of the most frequently cited areas of noncompliance to educate entities on the expectations of the committee and Council.
7. Document Revision Process*	• Robustness and diversity of comments from the community of interest related	• Ensuring clarity of information communicated as to when	• Clearly indicate when documents are in draft stage and not adopted to ensure all entities continue to	• Clearly indicate when documents are in draft stage and not adopted to ensure all entities continue to

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
	to proposed document and policy revisions. • Review of other agencies' standards and procedures prior to revising CPME documents and policies. • Full consideration by the Council of all comments from the community of interest. • Planning for the next comprehensive review begins soon after the interim review is completed. • Ad hoc committees represent the community of interest and bring extensive experience and diversity of ideas. • Publishing a separate webpage during the revision process to communicate each stage of the process to the community of interest.	proposed changes will be approved/adopted and will go into effect. • Scheduling ad hoc committees to accommodate professional participants. • Managing changing versions of documents during revision process. • Managing set of documents applicable at a point in time. • Length of time it takes to revise documents.	follow existing standards and requirements. Use of watermarks. • Stagger review of documents to ensure engagement of the community of interest. • Communicate that staff collect feedback outside of revision process that may be considered during future revision of documents. • Remove previous documents from website after review (links may remain active if the document is still in the content management system or CMS).	follow existing standards. Increase use of watermarks. • Stagger review of documents to ensure engagement of the community of interest. • Communicate that staff collect feedback outside of revision process that may be considered during future revision of documents. • Remove previous documents from website after review (links may remain active if the document is still in CMS). • Investigate and use best practices in working with multiple documents and versions.
8. CPME Committee Structure	• The Council's standing and other committee structure continues to function well, covering all key areas of the	• The Council does not always receive an adequate list of potential committee members	• Develop a process to promote diversity, equity, and inclusion in committee appointments.	• Encourage participating organizations to provide a robust list of potential committee members that will meet the Council's

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
	Council's mission and responsibilities. • The Council relies on its committees to perform thorough and accurate reviews. • The Council affords each chair significant latitude in leading the respective committees. • The Council's responsiveness to add members to meet the needs/workload of the committees. • Committee members represent the community of interest and bring extensive experience and diversity of ideas.	from participating organizations when an opening on a committee occurs. • Demanding workload on all committee members and frequency of meetings. • Committee appointments are not evaluated through a diversity, equity, and inclusion screen. • Many volunteers serve on multiple committees, reducing opportunities for others to develop as leaders in the profession.	• Encourage partners (e.g., Council of Teaching Hospitals (COTH), Federation of Podiatric Medical Boards, ASPE, specialty board) in committee appointments to consider the Council's diversity, equity, and inclusion guiding principles. • Include young physicians to develop future leaders and provide fresh perspectives. • Continually assess the needs of each committee to ensure adequate number and composition of members.	diversity, equity, and inclusion guiding principles. • Develop a process to promote diversity, equity, and inclusion in committee appointments. • Include young physicians to develop future leaders and provide fresh perspectives. • Continually assess the needs of each committee to ensure adequate number and composition of members.
9. CPME Mission Statement and Goals and Implementation of the Goals*	• Organizations look to CPME to ensure quality in postgraduate training. • Monitoring of the CPME mission statement to ensure it is meeting the current needs of the profession and CPME.	• External organizations may not completely understand the CPME mission.	• Continue to strive to improve the awareness within the community of interests of the mission and goals of the CPME. • Monitor the appropriateness of the CPME mission statement by adding its review to the Council's agenda every two years.	• Strive to improve the awareness within the community of interest of the mission and goals of the Council. • Monitor the appropriateness of the CPME mission statement by adding its review to the Council's agenda every two years.

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
			• Add CPME mission statement to the Bylaws. • Add CPME mission statement and goals to the "About the Council" page on the website. • Ensure the mission statement and goals are included in all CPME documents (i.e., committee policy documents). • Read the CPME mission statement aloud prior to the beginning of each Council meeting.	• Add CPME mission statement to Bylaws. • Add CPME mission statement and goals to the "About the Council" page on the website. • Ensure the mission statement and goals are included in all CPME documents (i.e., committee policy documents). • Read the CPME mission statement aloud prior to the beginning of each Council meeting.
10. Financing the Council*	• Fiscal responsibility. • Frequent review of fee schedule to ensure the fees are appropriate for the work of the Council. • Combine committee and Council meetings, when possible, to save on costs. • Fiscal oversight by CPME and staff.	• Rising costs of Council activities (e.g., increased hotel and airline prices). • Sale of APMA HQ resulting in loss of meeting space.	• Ensure the financial viability and stability of the Council. • Plan multiple meetings in advance for potential cost savings. • Seek opportunities to potentially rent conference room space for meetings. • Explore cities outside of Bethesda for meetings.	• Ensure the financial viability and stability of the Council.

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
11. Council Composition and Size*	• Representation exists across disciplines and educational entities throughout the profession. • The Council is at an appropriate size considering its activities and the number of CPME staff. • Diversity of staff backgrounds. • Longevity of CPME members serving all allowable terms.	• Diversity and geographic distribution of Council members could be improved. • The size of the Council necessitates that some members sit on multiple committees, including ad hoc committees.	• Continue to evaluate the Council's composition and structure and make the best possible use of expertise available within its current and former membership. • Explore methods to increase the diversity of its members.	• Evaluate the Council's composition, size, and structure and make the best possible use of expertise available within its current and former membership. • Explore methods to increase the diversity of its members.
12. CPME Election Process*	• Multiple qualified applicants for open Council positions. • Contested Council elections each election year. • High interest from the profession to serve on the Council. • Strong vetting process.	• The election process currently does not include a diversity, equity, and inclusion recruitment effort to ensure membership diversity.	• Explore electronic methods to update voting procedures. • Strive to have a more diverse Council.	• Explore opportunities to add a diversity statement to the call for applicants to serve on the Council. • Explore electronic methods to update voting procedures.
13. Confidentiality and Conflict of Interest*	• The results of the national survey indicated that staff, evaluators, and Council and committee members	• Tracking all COI/Confidentiality forms.	• Ensure that CPME members, evaluators, and staff continue to maintain strict adherence to rules of confidentiality. This may include having the team chair	• Ensure that CPME members, evaluators, and staff continue to maintain strict adherence to rules of confidentiality. This may include having the team chair

Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
	effectively maintain confidentiality. • Use of an electronic conflict of interest (COI), confidentiality, and code of ethics form. • The committee and/or Council chair reads the COI and confidentiality statement prior to the beginning of each meeting. • During new committee and Council member orientation, continue to stress the importance of confidentiality and following the COI rules. • Listing conflicts of interest on the committee and Council agendas to allow members to review conflicts and the opportunity to add conflicts as appropriate. • Use of confidentiality forms for guests attending committee meetings.	• Ensuring strict adherence to the rules of confidentiality.	reinforce the confidentiality rules during the visit. • Continue to monitor the effectiveness of the COI and confidentiality forms to ensure that all essential information is included by each volunteer. • Use of technology to track conflicts of interest. • Continue to share the CPME Confidentiality Rules and FAQ May 2020 document with committee and Council members.	reinforce the confidentiality rules during the visit. • Monitor the effectiveness of the COI and confidentiality forms to ensure that all essential information is included by each volunteer. • Distribute the CPME Confidentiality Rules and FAQ document to representatives from other organizations before each committee meeting to remind them of their role.
14. Use of Technology	• The CPME website houses current CPME forms, documents,	• The CPME database could benefit from updates.	• Update the look and functionality of the CPME website.	• Update the look and functionality of CPME website.

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Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
	Communications, and actions and houses the CPME Portal. • Ease and function of the CPME website. • The CPME Portal allows entities to easily upload documents and reports and allows staff to share with necessary groups. The Portal also easily allows entities to submit payments. • Microsoft 365 allows staff to share documents quickly and easily with committee and Council members and on-site teams. • Microsoft 365 allows real-time updates. • Increased utilization of virtual technologies (e.g., Zoom, Teams) to conduct meetings. • Survey Monkey/Mail Chimp is now widely used to collect and disseminate essential information. • Utilization of fillable forms and shared documents.	• The CPME website is a microsite of APMA. • Need for a system to manage and track volunteers. • No linkage between the CPME database and the website. • Many processes are managed on spreadsheets. • Location of the carousel and how current and new information is presented on the website. • The website is not mobile optimized.	• Explore use of an efficient volunteer management system. • Link database and website to reduce manual updates on programs. • Streamline the on-site document process. • Opportunity to update and rebuild the CPME database. • Ensure that the optimal method to upload, download, and share documents concerning on-sites is established. • Explore creating a mobile accessible CPME website (e.g., CPME app).	• Explore an efficient volunteer management system. • Link database and website to reduce manual updates on programs. • Streamline on-site document process. • Update and rebuild the CPME database. • Explore creating a mobile accessible CPME website.

Areas of Focus	Strengths	Weaknesses	Opportunities	Actions
	• All historical files have been scanned to preserve documents. • The CPME Access Database houses all essential CPME information.			

CPME Goals

1. Assure and enhance the quality of the educational outcome at all levels in podiatric medicine.
2. Assure and enhance the quality of the educational process at all levels in podiatric medicine.
3. Maintain compliance with the criteria for recognition established by the U.S. Secretary of Education and the Council for Higher Education Accreditation.
4. Regulate compliance with standards, requirements, and criteria established by CPME.
5. Establish and maintain good lines of communication with the community of interest.
6. Be responsive to innovative concepts in podiatric medical education and training.
7. Review and resolve complaints received about colleges, providers of continuing education, residency and fellowship program sponsors, and specialty boards.
8. Seek out ways to improve upon the quality and methods of the CPME evaluation processes.
9. Participate in the national discussion on issues concerning accreditation, including, but not limited to, maintaining membership in the Association of Specialized and Professional Accreditors.