

## CPME 220

# CRITERIA-STANDARDS AND GUIDELINES REQUIREMENTS FOR RECOGNITION OF A SPECIALTY BOARD FOR PODIATRIC MEDICAL PRACTICE

## POLICIES FOR PODIATRIC MEDICAL CERTIFICATION

Draft 1

COUNCIL ON PODIATRIC MEDICAL EDUCATION  
JOINT COMMITTEE ON THE RECOGNITION OF SPECIALTY BOARDS RECOGNITION  
COMMITTEE

AMERICAN PODIATRIC MEDICAL ASSOCIATION  
9312 OLD GEORGETOWN ROAD  
BETHESDA, MARYLAND 20814-1698

**STANDARDS AND REQUIRMENTS CRITERIA AND**  
**GUIDELINES FOR RECOGNITION OF A**  
**SPECIALTY BOARD FOR PODIATRIC MEDICAL PRACTICE**

**POLICIES FOR PODIATRIC MEDICAL CERTIFICATION**

**Council on Podiatric Medical Education**

**TABLE OF CONTENTS**

	<u>Page</u>
<u>Introduction.....</u>	<u>4</u>
<u>Criteria and Guidelines.....</u>	<u>4</u>
<u>Procedures for Recognition of a Specialty Board for Podiatric Medical Practice.....</u>	<u>5</u>
<u>Definitions of Specialization and Certification.....</u>	<u>5</u>
<u>Purposes of a Specialty Board.....</u>	<u>5</u>
<u>Purposes for Recognizing Specialty Boards.....</u>	<u>4</u>
 <u>Standards and Requirements:</u>	
<u>1. Justification of Need.....</u>	<u>6</u>
<u>2. Eligibility for Initial Recognition as a Specialty Board.....</u>	<u>8</u>
<u>3. Process Related to Initial Board Recognition for Founders.....</u>	<u>9</u>
<u>4. Goals and Objectives.....</u>	<u>9</u>
<u>5. Organizational Integrity.....</u>	<u>11</u>
<u>6. Certification of Candidates.....</u>	<u>13</u>
<u>7. Examination.....</u>	<u>14</u>
<u>8. Certification and Recognition of Diplomates.....</u>	<u>17</u>
<u>9. Continuing Certification, Denial, or Loss of Certification.....</u>	<u>18</u>
<u>10. Public Information.....</u>	<u>19</u>
<u>11. Reporting to the SBRC.....</u>	<u>19</u>
<u>12. Subspecialty Certification.....</u>	<u>20</u>
<u>13. Professionalism.....</u>	<u>21</u>
<u>14. Continuous Certification.....</u>	<u>21</u>
 <u>Glossary.....</u>	 <u>27</u>

## Introduction

The process for reviewing specialty boards in the podiatric medical profession includes concurrent review of the substantive issues related to the need for certification within a special area of practice and the assessment of the capabilities of the specialty board to conduct and operate a proper certifying process.

~~The American Podiatric Medical Association (APMA) assigns the responsibility of specialty board recognition to the Council on Podiatric Medical Education (Council or CPME). The Council on Podiatric Medical Education (CPME) is responsible for the specialty board approval and recognition process on behalf of the podiatric medical profession.~~

~~The CPME has established the Joint Committee on the Specialty Board Recognition of Specialty Boards Committee (JCRSBRC), which is a committee comprised of representatives of the profession, specialty boards, health-care community, and public to oversee the recognition process. The CPME and JCRSBRC are committed to assuring the public that those podiatric physicians who are certified have successfully completed the requirements for certification in an area of specialization. The recognition of a specialty board by the JCRSBRC serves to provide important information to the profession, health-care institutions, and the public about the sound operations and fair conduct of the specialty board's certification process. CPME's authority for the recognition of specialty boards through JCRSB is derived solely from the APMA House of Delegates.~~

~~Specialty boards established within the profession are considered to be autonomous bodies. Specialty boards have voluntarily sought recognition and from JCRSB. These specialty boards agree to abide by the criteria standards and requirements included in this publication.~~

~~As stipulated within the policies of APMA, The CPME will recognize only one board in any single special area of podiatric medical practice podiatry may be recognized. APMA, The CPME, and JCRSB have no jurisdiction with respect to other podiatric specialty boards that function without the recognition of the JCRSB CPME.~~

Specialty boards are not educational institutions. Specialty board certification does not denote accomplishment of an academic or professional degree, nor does it confer an additional legal qualification or privilege.

~~With respect to the development of specialization and certification processes, CPME has served the profession of podiatric medicine since the early 1960s, when discussions first began about certification, including the need for specialization in the podiatric medical profession and the development of regulations for the approval of specialty boards. CPME has been integrally involved in the discussions about specialization and certification since the 1960s.~~

Certification is ~~considered to be~~ an earned privilege for those podiatric physicians who have achieved certain levels of ~~knowledge, skills, and abilities~~ (KSAs) based upon completion of specific advanced training and clinical experience and examination. Those individual podiatric physicians who are certified are recognized for their achievement and enhanced capabilities.

Throughout this document, the term “specialty board” refers to a CPME-recognized specialty board and an “applicant board” refers to a board in the process of applying for recognition.

## **Criteria and Guidelines**

This publication describes the ~~criteria-standards~~ and ~~guidelines-requirements to be utilized by the JCRSB-CPME uses~~ in its review and recognition of specialty boards, including the granting of continuing recognition to already recognized specialty boards. The ~~criteria-standards~~ for recognition of specialty boards serve as the basis to determine the acceptability of the specialty board and its ability to conduct an appropriate certification process. The ~~criteria-standards~~ have been approved by CPME. Compliance with the ~~criteria-standards assures-ensures~~ the healthy growth of the podiatric medical specialist and specialties in service to the public and to the profession.

In the ~~criteria-standards~~, the verb “shall” is used, to indicate matters that require mandatory compliance. The ~~guidelines-requirements~~ are explanatory remarks associated with the ~~criteria-standard~~. ~~Guidelines-Requirements~~ are used to give examples of how the ~~criteria-standard~~ must or may be interpreted. In the ~~guidelines-requirements~~, the verbs “must,” “should,” “could,” or “may” are used.

Prior to adoption, the ~~criteria-standards~~ and ~~guidelines-requirements~~ are disseminated widely in order to obtain information regarding how revisions will affect the community of interest.

## **~~Policies for Podiatric Medical Certification~~**

~~The APMA House of Delegates has adopted several broad policies for certification. These policies provide CPME and JCRSB direction in formulating criteria and procedures for evaluating specialty boards. The policies are periodically reviewed and revised by the House of Delegates as necessary.~~

~~The APMA *Policies for Podiatric Medical Certification* is included in this publication following the criteria and guidelines.~~

## **Procedures for Recognition of a Specialty Board for Podiatric Medical Practice**

The evaluation and recognition procedures used by ~~the JCRSBRC~~ are described in CPME publication 230, *Procedures for Recognition of a Specialty Board for Podiatric Medical Practice*. ~~The procedures are formulated by JCRSB and approved by CPME.~~

## **Definitions of Specialization and Certification**

The podiatric medical profession defines a specialty as a field of practice within podiatric medicine that requires possession of special knowledge, ~~and skills, and abilities (KSAs)~~ achieved through completion of intensive study and extended clinical experiences beyond the professional degree. The division of the profession into specialties is categorized by fundamentally different objectives and distinct biological and physical approaches to prevention, diagnosis, and

treatment rather than a fragmentation of the profession based upon techniques or procedures. Specialization serves a public need as well as a professional need.

Certification in the podiatric medical profession is conducted by nonprofit, independent organizations (specialty boards). Individual podiatric physicians voluntarily pursue certification as a specific credentialing effort. Recognized specialty boards have the ultimate responsibility of identifying qualified practitioners who have successfully completed approved postgraduate training and passed a rigorous examination that attests to advanced skills and knowledge.

## Purposes of a Specialty Board

Recognized specialty boards have as their principal mission the improvement of the quality of ~~podiatric medical~~ care of the lower extremity -in the best interests of the public by attesting to the high standards of achievement by appropriately credentialed podiatric physicians.

The major purposes of a specialty board are to:

1. Provide the public an effective mechanism for identification of individuals known to possess advanced skills and knowledge in a special area of podiatric medical practice.
2. Evaluate the specific educational qualifications, experience, and abilities of candidates for certification.
3. Conduct a valid and comprehensive formal examination process in order to assess the abilities of said candidates.
4. ~~Grant Award and issue a specialty or subspecialty certification~~ Grant Award and issue a specialty or subspecialty certification attesting to a level of knowledge-KSAs in a specialty area.
5. Collaborate with and assist CPME in the evaluation of postgraduate residency, fellowship, and post-residency training programs -that have a curricular relationship to the area of specialization.
6. Collaborate with and assist CPME in encouraging and helping advance standards for the approval of specialty training programs.
7. Advise podiatric physicians desiring specialist recognition about the course of study and education to be pursued and the specialized clinical experiences to be acquired in order to meet the requirements for certification.

## Purposes for Recognizing Specialty Boards

~~In its consideration of recognition of new specialty boards in podiatric medical practice, APMA, The CPME, and the JCRSBRC are concerned with maintaining~~ In its consideration of recognition of new specialty boards in podiatric medical practice, APMA, The CPME, and the JCRSBRC are concerned with maintaining want to ensure the orderly development of specifically identified special areas of practice within the profession. Specialty boards are recognized only upon the basis of demonstrated need and potential benefit to the profession and the public. Proposals submitted by “special interest groups” seeking recognition

of a specific type of clinical procedure, therapeutic modality, or technique shall not be regarded as appropriate for designation as a specialty board in podiatric medical practice. The recognition of a specialty board serves to provide important information to the profession, health-care institutions, and the public about the sound operations and fair conduct of the specialty board's certification process.

The purposes of CPME's recognition process include:

1. determining whether or not a public and professional need exists for the conduct of a certification process in a special area of podiatric medical practice;
2. continuing recognition of existing specialty boards;
3. modifying existing types of certification; and
4. preventing unnecessary duplication by specialty boards and maintaining minimal standards for the conduct and operation of specialty boards.

### Moved to Introduction Autonomy of Specialty Boards

~~Specialty boards established within the profession are considered to be autonomous bodies. Specialty boards have voluntarily sought recognition and from JCRSB. These specialty boards agree to abide by the criteria standards and requirements included in this publication.~~

~~As stipulated within the policies of APMA, The CPME will recognize only one board in any single special area of podiatric medical practice. podiatry may be recognized. APMA, The CPME, and JCRSB have no jurisdiction with respect to other podiatric specialty boards that function without the recognition of the JCRSB/CPME.~~

~~Specialty boards are not educational institutions. Specialty board certification does not denote accomplishment of an academic or professional degree, nor does it confer an additional legal qualification or privilege.~~

### CRITERIA STANDARDS AND GUIDELINES REQUIREMENTS

Moved standard 2 before standard 1.

#### **21.0 JUSTIFICATION OF NEED**

*21.1 The specialty and applicant board shall define precisely the scope and breadth of the specialty, including all aspects of clinical and nonclinical practice encompassed within the specialty area.*

Although the sponsoring organization (~~APMA affiliated organization~~) will have provided a clear definition of the specialty area ~~in its request for affiliated status~~, the specialty and/or applicant board is expected to articulate and define the area to which its certification efforts pertain. The definition must conform to the definition of a specialty as articulated earlier in this document.

21.2 *The specialty board shall certify podiatric physicians in an area that will enhance and promote the health and welfare of the public and for which the public is unable to determine for itself whether practitioners have achieved certain specific qualifications, abilities, and skill.*

The specialty board certifies podiatric physicians in a special area of practice for which public and professional needs are clearly present.

21.3 *The specialty board shall certify podiatric physicians in an area that is characterized by distinct biological, sociological, environmental, psychological, and physiological approaches to prevention, diagnosis, treatment, and research.*

Certification is expected to pertain to unique special areas that relate to major concepts in podiatric medicine. The fragmentation of services or recognition of differences in specific techniques or procedures are considered to be unacceptable intentions of specialty boards.

The special area of practice associated with the board should be one in which a significant body of knowledge exists, scientific papers have been published, and research has been conducted by podiatric medical educators, practitioners, and researchers.

~~2.4 — Moved to 1.4 *The specialty board shall certify podiatric physicians in a field of professional service that requires a body of knowledge and skills based upon advanced study and extended clinical and related experience beyond the professional degree in order to perform services of a specialized nature.*~~

~~The specialty area is one in which accredited colleges of podiatric medicine, other accredited institutions of higher education, and/or teaching hospitals have developed an adequate number of formal postgraduate educational programs.~~

1.42.5 *The specialty board shall award certification in a field of professional service that requires a body of knowledge and skills based upon advanced study and extended clinical experience. The area shall be one in which evidence shall exist that podiatric physicians are devoting a portion of their professional commitment and endeavor to that specific health service specialty.*

In keeping with the changing role of the health-care provider, a podiatric physician need not limit their practice solely to the specialty.

1.52.6 *The specialty board shall demonstrate ~~for continuing recognition~~ that its certification process is widely accepted in the United States.*

The specialty board is expected to be able to provide documented evidence that the different entities rely upon the certification offered by the specialty board in assuring that podiatric physicians have achieved a high level of specialized knowledge and skills. These entities include, but not limited to:

- podiatric physicians
- licensing bodies
- health care institutions
- insurance carriers
- educational institutions and programs that prepare podiatric physicians for access to certification
- other public and private agencies and institutions

Institutions that sponsor advanced educational programs in the specialty area attest to the adequacy of the specialty board by their acceptance of the standards and requirements established by the specialty board for the approval of educational programs.

1.62.7 *The specialty board shall provide evidence annually of the certification of additional qualified persons in order to warrant continued recognition.*

## **12.0 ELIGIBILITY FOR INITIAL RECOGNITION AS A SPECIALTY BOARD**

2.1 **Previously standard 1.4** *Each special area of podiatric medical practice is defined by CPME and shall be characterized by the recognition of only one specialty board.*

It is in the best interests of the public that the conduct of appropriate and valid certification processes in no way fragment special areas of practice or duplicate the certification activities of other specialty boards. An applicant board is required to demonstrate that it has planned and organized a certification process that will not fragment the specialty boards. While an applicant board may not duplicate efforts of other specialty boards, the CPME recognizes that some commonalities of KSAs may exist.

12.21 *Specialty Applicant boards seeking initial recognition shall be represented by a sponsoring organization whose membership is reflective of the proposed specialty. derived from a sponsoring organization holding clinical education affiliate status from the House of Delegates of the American Podiatric Medical Association in accordance with current APMA Bylaws (Article 7).*

The pathway to establish a seeking recognition as a specialty board an applicant board requires the proposed specialty board to be a distinct and well-defined field which requires unique knowledge, experience, and skills beyond those commonly possessed upon the completion of a podiatric residency program as defined by the CPME 320 Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies. involves an organization of podiatric practitioners establishing a special area of podiatric medical practice and pursuing recognition as an affiliated organization. Such an organization is required, according to APMA Bylaws, to consist of podiatric physicians who are interested in a special area of practice and who have demonstrated that special interest through successful completion of examinations and/or case reports.



~~12.32~~ *An organization must be in existence for a minimum period of five three years after affiliated status is determined shall elapse before an organization may bring bringing forth a proposal to seek recognition as a specialty board.*

~~An organization that obtains recognition from the APMA House of Delegates as an affiliated organization must have this recognition for a minimum of five years before it can pursue recognition as a specialty board.~~

~~The applicant board must submit valid evidence that the specialty area~~

~~(a) contributes to new knowledge in the field~~

~~(b) actively contributes to professional education~~

~~(c) actively contributes to the research needs of the profession and~~

~~(d) demonstrates the specialty services would not be satisfactorily met except for the contributions of the specialty applicant~~

~~12.4.3~~ *Members of the APMA affiliatedThe sponsoring organization shall establish the specialty applicant board as an independent entity whose sole purpose is certification.*

~~Members of the affiliated organization establish the specialty board at the expressed wish of the organization. While the specialty board is derived from the sponsoring organization, it is independent of the affiliated organization.~~

~~2.5~~ *The applicant board seeking recognition by the CPME must require advanced knowledge and skills that*

~~(a) Are separate and distinct from a currently recognized specialty~~

~~(b) Cannot be accommodated through minimal modifications of a currently specialty board~~

~~(c) Directly benefit some aspect of clinical patient care and~~

~~(d) Demonstrate the special knowledge and skills required for practice of the specialty to protect the health and welfare of the public~~

~~1.4~~ **Moved to 2.1** *Special areas of podiatric medical practice for which a certification process is needed shall be characterized by the recognition of only one specialty board.*

~~Of particular concern to APMA is the conduct of appropriate and valid certification processes that in no way fragment special areas of practice or duplicate the certification activities of other recognized specialty boards in the podiatric medical profession. Such fragmentation and duplication may portray an inconsistent and contradictory posture for the podiatric medical profession and leads to confusion on the part of the health care community and the general public. A proposed specialty board is required to demonstrate that it has planned and organized a certification process that will not fragment the recognized special area of practice or duplicate efforts of other specialty boards. While a proposed specialty board may not duplicate efforts of other JCRSB recognized specialty boards, JCRSB recognizes that some commonalities in knowledge, skills, and attitudes may exist.~~

~~1.5~~ *The organizational sponsor of the specialty board shall demonstrate the uniqueness of the specialty area.*

The specialty board is expected to provide evidence that certification will not duplicate the certification process by other recognized podiatric specialty boards.

2.6 The applicant board shall contribute to the development of postgraduate educational programs associated with a new specialty.

2.7 Certification shall be within the scope of the applicant board.

**83.0** Standard 8.0 moved here.

### **FOUNDERS AND GRANDFATHERING PROCESSES RELATED TO INITIAL BOARD RECOGNITION FOR FOUNDERS AND ALTERNATE METHODS**

83.1 An applicant-specialty board seeking initial recognition shall establish procedures-a process for allowing the certification (without examination) of individuals who have been involved in the development of the special area of podiatric medical practice, i.e., the “founders.” These individuals shall not have longer than one year to apply for certification.

The “founders” include those individual podiatric physicians who have practiced and who have demonstrated competency and experience in the specialty, who were instrumental in contributing to establishment of the specialty, and/or who participated in a significant way to develop the curriculum for advanced educational programs in the specialty but may not have completed such programs themselves. The specialty board determines who constitutes the “founders.” Based upon a clear rationale and appropriate criteria, a reasonable number of “founders” may be identified.

### **34.0 GOALS AND OBJECTIVES**

34.1 The specialty board shall have clearly written goals and objectives that are appropriate for the area of specialization-and that relate to the expected performance of board activities.

The specialty board should publish its goals and objectives in its bylaws and in its public documents. These goals and objectives shall integrate the following core competencies. (Core competencies from CPME 320 with added competencies H and I.)

A. Prevent, diagnose, and medically and surgically manage diseases, disorders, and injuries of the lower extremity.

B. Assess and manage the patient’s general medical and surgical status.

C. Practice with professionalism, compassion, and concern in a legal, ethical, and moral fashion.

D. Communicate effectively and function in a multi-disciplinary setting.

E. Manage individuals and populations in a variety of socioeconomic and health-care settings.

F. Understand podiatric practice management in a multitude of health-care delivery settings.

G. Be professionally inquisitive, life-long learners and teachers utilizing research, scholarly activity, and information technologies to enhance professional knowledge and evidence-based practice.

H. Investigate and evaluate patient care, self-appraisal, assimilation of scientific evidence and improvements in patient care.

I. Demonstrate an awareness of Systems-Based Practice as manifested by actions and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

34.2 *The specialty board shall engage in periodic review, assessment, and as necessary revision of its goals and objectives ~~as necessary~~.*

The specialty board ~~must should~~ review its purposes, mission, goals, and objectives at least annually in order to determine their relevance and ~~in order to determine the~~ need to continue or modify board activities. The specialty board must incorporate the learning and assessment of the competencies throughout the initial certification process.

34.3 *The specialty board shall establish a meaningful system for evaluating the effectiveness of the certification process taking into consideration the goals and objectives and shall utilize the results to improve effectiveness, quality, and value.*

The effectiveness of the specialty board is characterized by its organizational systems that attest to the integrity of the overall certification process. These systems include, but are not limited to:

- validation of the examination
- assessment of certification program to reflect latest assessment methodology and medical specialty advances
- review of committee structure and purposes
- evaluation of committee members
- evaluation of members of the governing board and staff,
- history, and responsiveness to complaints, ~~challenges, and appeals~~

The specialty board ~~is encouraged to~~ must conduct, at least every three years, on a regular basis a survey of diplomates that assesses the effectiveness of the specialty board. The results and data garnered from the evaluation of these processes are used by the specialty board to revise goals and objectives and improve the way in which certification is conducted, certification program process, quality, relevance, and value while being mindful of time, administrative burden, and cost (both financial and non-financial) borne by candidates and training programs.

4.4 **Previously 6.2** *The specialty board shall collaborate with CPME in the development of standards and requirements for the evaluation and enhancement of postgraduate education programs.*

The specialty board appoints representatives to participate in various aspects of the approval process to provide a significant contribution to the review and recognition of

postgraduate educational programs. Such activities must include, but are not limited to, the following: participation in the on-site evaluation of residencies and other postgraduate programs, participation in the Collaborative Residency Evaluator Committee, representation on the Residency Review Committee, financial support of approval systems, and development of recommended revisions in approval standards and requirements.

#### **45.0 ORGANIZATIONAL INTEGRITY**

45.1 *The specialty board shall be incorporated as an independent, IRS-recognized, nonprofit entity organization.*

45.2 *The specialty board shall have a membership-elected governing board, comprised of well-qualified podiatric physicians and a public member, all having of high moral and ethical character. The governing board members will not act-not acting in conflict of interest, which formulatinges, proposinges, and implementings policies applicable to the operations of the specialty board.*

The governing board of the specialty board is responsible for reviewing policies, making recommendations for changes in policies, implementing policies, employing administrative personnel, and overseeing the affairs of the specialty board. The governing board should have a minimum of five members.

The specialty board must include in its policies for its governing board specific rules and regulations, election procedures, maximum terms of office, and other matters related to the governance of the specialty board.

The specialty board's conflict of interest policy controls against conflicts of interest or the appearance of conflicts of interest by the members of the governing board, committees, administrative staff, consultants, and other agency representatives.

All officers ~~and directors~~ must be diplomates of the ~~certifying~~ specialty board. For ~~new specialty applicant~~ boards, the initial directors or incorporators appointed to organize the ~~certifying specialty~~ board must be eligible to satisfy the initial requirements for certification for founders. ~~grandfathers.~~

The public member must represent non-employer consumer interest. The public member's immediate family must not be a podiatric physician nor hold any interest in any podiatric related industry and/or organization.

45.3 *The specialty board shall have a competent administrative organization, clear lines of authority and responsibility, and effective policies that enable the specialty board to continue to operate.*

The specialty board may select consultants, ~~staff~~, or agencies to assist in its operations. The specialty board must use a standardized process to evaluate the members of the governing board.

The specialty board must have a standardized process to evaluate all committee structures and members.

Policies of the specialty board are normally proposed by the governing board and adopted by the entire membership. Policies of the specialty board should be specified in the bylaws or other documents.

For new applicant specialty boards, the initial board of directors develops and adopts policies for the continued operation of the specialty board.

45.4 *The specialty board shall have a budgetary process that demonstrates adequate financial support and fiscal responsibility to sustain operations, and shall complete an annual independent certified audit or independent operational review.*

The specialty board may collect fees from its members and from applicants to assist materially in supporting the continuing operations of the specialty board.

45.5 *The fees charged by specialty boards shall be reasonable and be used to support the administration of the certification process.*

45.6 *The specialty board shall certify podiatric physicians as diplomates only in the area of podiatric medical practice for which the specialty board has been accorded recognition and only after recognition has been obtained. The specialty board shall only recognize attributes and specialty training within the scope of its own specialty board. Any potential conflict regarding an area of podiatric medical practice will be ultimately decided by the CPME.*

Certification activities for specialty boards are considered to be official following recognition by the CPME/JCRSB. An applicant specialty board, prior to its recognition, may not solicit for certification or accept candidates for certification while claiming that recognition is forthcoming or anticipated. JCRSB or CPME will not recognize any activities of an applicant specialty board prior to the time recognition has been accorded.

45.7 *The specialty board shall bear full responsibility for the conduct of its certification program and within its area of designated certification, evaluation of the qualifications and abilities of candidates, and issuance of documents indicating diplomate status certificates.*

Consultants who are not podiatric physicians may be employed to assist the governing board with respect to certification matters. Such consultants may include physicians or others who have qualifications related to the specialty area.

545.8 *The specialty board shall establish and maintain a code of ethical practice.*

The specialty board is encouraged to utilize the Code of Ethics adopted by APMA.

5.9 The specialty board shall have policies on professional standing and conduct that define the process for reviewing and acting on the evidence of a breach of ethical or professional standards.

If a specialty board takes action for breach of ethical or professional standards against a diplomate who holds certification with another specialty board(s), the specialty board must communicate to the other specialty board(s) the action taken.

45.109 The specialty board shall have a policy that clearly specifies the language that diplomates may use in informing the public and patients of their certified status.

The policy should describe the mechanism-process by which the specialty board ensures the public correction of incorrect or misleading information released by a board-qualified or board-certified podiatric physician. These policies must also be posted on the specialty board's website on a publicly available page.

45.110 The specialty board shall define its procedures (including a timeline) to consider complaints and a process for appeal.

The specialty board ~~must~~ shall maintain a record of complaints received and ~~must~~ shall provide evidence, when requested by the SBRCJCRSB, of efforts to review and resolve complaints in a timely, fair, and equitable manner.

A specialty board must publish its appeal procedures.

~~The specialty board must define its procedures (including a timeline) to consider complaints.~~

## **56.0 CERTIFICATION OF CANDIDATES**

The specialty board's compliance with the criteria in this section help to establish the specialty board as a reliable authority.

56.1 The specialty board shall demonstrate that its certification process is sufficiently rigorous to ensure that the agency is a reliable authority of the qualifications of podiatric physicians practicing in the specialty area.

~~The specialty board's compliance with the other criteria in this section help to establish the specialty board as a reliable authority.~~

56.2 The specialty board shall require candidates for *initial* certification to have successfully completed a minimum of three years of CPME-approved residency training.

This criterion is waived for the founders group of the specialty board.

6.3 *The specialty boards shall establish well-defined, rigorous, transparent, and equitable alternative pathways for initial board certification for those candidates that do not qualify under 6.2.*

The alternate pathway must be approved by the CPME.

~~56.43~~ *The specialty board shall require continuing education for continuation of diplomate certification status.*

The nature and extent of the continuing education requirements necessary to maintain certification are at the discretion of the specialty board.

~~56.54~~ *The specialty board's practice experiences that are required by the specialty board requirements for podiatric physicians to become eligible for initial certification shall be relevant and consistent with subject matters related to the specialty area of the board.*

Prior to being eligible for initial certification, the specialty board may require candidates ~~may be required by the specialty board~~ to document completion of specific clinical or practice experiences and/or have been engaged in the active practice of podiatric medicine for a specific time period following completion of a minimum of three years of CPME-approved residency training program. A specialty board that has established practice requirements ~~is expected~~ must to be able to provide justification for these requirements. It is expected that candidates have developed the skills, knowledge, and attitudes for proficiency in clinical competency within the specialty.

~~56.65~~ *Education and practice experience requirements shall be specified in documents of the specialty board.*

The specialty board must provide ~~C~~ candidates are provided with adequate notice of changes in practice experience requirements.

~~56.76~~ *Other requirements for initial and continuing certification shall be of an appropriate nature directly related to the conduct of the special area of practice.*

The specialty board may establish other requirements for the initial and continuing certification of diplomates. ~~These requirements may include, but are not limited to, compliance with high standards of moral behavior, absence of revocation of podiatric medical licensure requirements, and payment of membership dues.~~

~~6.0~~ **Requirements either moved or deleted due to determination that they were unnecessary.**  
**EDUCATIONAL EVALUATION**

~~6.1~~ **Not necessary.** *The specialty board shall identify postgraduate education programs that relate to the special area of practice promulgated by the specialty board.*

The specialty board will be expected to demonstrate that the nature, scope, and breadth of the curriculum for postgraduate education programs is sufficiently rigorous and of an advanced level that goes well beyond the curriculum for the first professional degree.

- 6.2 — **Moved to 4.4.** *The specialty board shall collaborate with CPME in the development of standards and requirements for the evaluation and enhancement of postgraduate education programs.*

The specialty board appoints representatives to participate in various aspects of the approval process in order to provide a significant contribution to the review and recognition of postgraduate educational programs that relate to the educational requirements for certification. Such activities must include, but are not limited to, the following: participation in the on-site evaluation of residencies and other postgraduate programs, representation on the Residency Review Committee, financial support of approval systems, and development of recommended revisions in approval standards and requirements.

- 6.3 — **Not necessary.** *For specialty boards seeking initial recognition, the specialty board shall provide a model curriculum for postgraduate training programs in the special area.*

- 6.4 — **Delete.** *Prior to the development of an approval process for postgraduate educational programs associated with a new specialty, the specialty board shall have developed and implemented initial criteria for evaluating educational programs.*

When new areas of specialization are being developed for which advanced educational programs also are being developed, the specialty group is expected to define and help establish the curriculum for such programs. Because approval is not implemented until a certification process is in place, the specialty group is required to maintain a list of programs that provide training in the specialty area.

## **67.0 Strengthened entire standard. EXAMINATION**

The Specialty Board's initial certification processes shall provide assurance that a candidate has mastered the specialty's core KSAs necessary for safe and effective performance in patient care. Passing a specialty board's examination is an important component in assuring that the public's health, safety and welfare is protected.

Initial Certification provides patients, health care organizations, and the profession with a dependable mechanism for identifying specialists who have met standards for the specialty.

- 7.1 The specialty board shall provide for the administration of valid and reliable examinations regardless of the mode of administration.

Administer at least one certification examination in each calendar year. Exam frequency and the location of examination site(s) should reflect adequately the candidate population and residency program completion dates.



The specialty board must offer accommodations consistent with the Americans with Disability Act, provided that the accommodations do not fundamentally alter what the examination is designed to measure.

The specialty board must ensure that testing centers, whether contracted or owned by the specialty include:

- An administration manual that documents the steps to be taken to ensure standardized administration. If computer administered, ensure that the instructions on the screen are clearly worded so that the candidates know what to expect and what steps they need to take to complete the exam.
- Sufficiently trained monitors/proctors at each site to reduce the potential for individual or group cheating. Maintain visual security in computer-administered sites.
- Clear instructions to candidates regarding security protocols. (i.e., items that can and cannot be brought to the examination room)
- Examination security in place before, during and after test administrations with periodic reviews of the procedures.
- Procedures to confirm that the individual presenting for the examination is the person who should be taking the examination prior to admitting the candidate into the exam room.
- Policies/procedures for handling suspected irregularities with examination security.

7.2 Provide detailed and readily available digital and written candidate information regarding the examination.

At a minimum, candidate information should be available in a timely manner and should include:

- Examination dates and locations at least 6 months in advance
- How to register and registration deadlines
- Details of the examinations in terms of type of exam (e.g., oral, written, practical), and number of sections
- Categories and percentage of test content (i.e., the examination blueprint)
- Method of score reporting (e.g., single score across all sections vs separate score per section, numeric score vs Pass/Fail)
- Candidate behavior and confidentiality of examination items before, during and after the administration
- Overview of the examination development process (e.g., job analysis, development of items, review of items, cut score determination)
- Procedures for applying for test accommodations.

The specialty board must communicate any significant revisions to the exam prior to implementation.

7.3 Develop examinations that are valid and reliable measures of the KSAs candidates should possess at the specialty entry level.

The specialty board must use psychometrically sound procedures to create examinations that include:

- Valid job analyses conducted on a regular basis to ensure that the examination measures the KSAs required to protect the public's health and safety. The frequency with which the job analysis is updated should be based on how often changes in procedures and practice change. Typically, job analyses should be conducted no less than every five (5) – seven (7) years.
- Test specifications based on the results of the job analysis.
- Test development committees with Subject Matter Experts (SMEs) who create draft items.
- Reviews and edits of items for correct psychometric properties, grammar, accuracy, etc.
- Pre-test items used to determine the statistical properties of items. Specify the population selected to pre-test items when a live exam is not available.
- Review of item statistics as well as the wording of the stem and options periodically to confirm the relevance, accuracy, and currency of the material.
- Documentation of steps taken and results of these steps that validate the examination results.
- Equating examinations to ensure that all candidates, regardless of when the examination is administered, receive the same content with the same examination difficulty.

The specialty board must

- Determine the type of examination (multiple-choice, practical, oral, simulation, etc.) that will best measure the important knowledge and skills to assess.
- Select SMEs that represent a broad spectrum of demographics (years of practice, sex, ethnic status, geographical location, residency programs etc.) to create items that are applicable to all entering specialists.
- Provide SMEs with training and/or a detailed item writing guide to assist them in writing well-constructed items.
- Provide guidance in terms of the cognitive level (knowledge, comprehension, application, analysis, synthesis, and evaluation) at which the items should be written. In general, items should be more heavily weighted toward the higher level of cognitive ability.
- Maintain the security of the items and examinations at all times.
- Evaluate the examination(s) on an ongoing basis to ensure that the components reflect the evolution of medical knowledge and clinical practice.

#### 7.4 Determine the examination cut score for each section and/or overall.

The specialty board must

- Employ a psychometrically based method (e.g., job analysis data, correlation of part scores from pre-testing) to determine whether there should be an overall score, each part scored separately, high score(s) compensate for low score(s), etc. The conceptual and/or empirical basis for the methodology should be clearly articulated.

- Conduct a standard setting study that is psychometrically appropriate for the type of examination for which a passing score needs to be established.
- Provide training to the SMEs as to the procedures required for establishing a cut score.
- Ensure that each examination administered has equivalent overall content and item difficulty.
- Ensure that the cut score is based on the requirements of safe practice not on unrelated reasons (e.g., limiting the number in the profession, allowing a certain percentage of candidates to pass, etc.)
- Conduct standard-setting meetings periodically as well as whenever the content of the examination is revised based on a new job analysis.

7.5 *Ensure the reliability and validity of oral or other subjectively graded performance-based examinations.*

The specialty board must

- Provide training to examiners participating in the examination.
- Ensure that both the number of questions asked as well as the number of examiners are sufficient to ensure the validity of the results.
- Develop clearly worded questions and answers (both correct and incorrect) so that individual examiner differences do not influence the candidate's results.
- Take steps to ensure that candidates are not disadvantaged based on gender, ethnicity, or other factors unrelated to an examinee's competence.

7.6 *Convey examination results to candidates in a confidential and timely manner.*

The specialty board must

- Determine how to communicate scores to candidates (numeric vs Pass/Fail). Justify the use of either.
- Provide meaningful feedback to failing candidates to assist them as they prepare for re-examination.
- Establish procedures and provide information regarding the availability of appeals or hand-scoring of results.

7.7 *Compute post-examination statistics not only for reliability and validity, but for other factors that might influence results such as possible cheating during the administration or prior disclosure of items.*

7.8 *Perform analyses that would be useful in evaluating trends, anomalous results, and outliers (i.e., Categories of Candidates (podiatric college, residency program, first-time vs., re-exam, etc.).*

7.9 *Periodically evaluate the performance of any outside agencies that work with examination development, scheduling, examination administration, and/or examination scoring.*

7.10 Evaluate Subject Matter Experts to assess whether they perform the assigned tasks in a timely and accurate manner.

7.11 Monitor the degree to which examinations might be shared by examinees, examiners, or anyone else associated with the examination unless specifically approved by the specialty board. Take appropriate action when security might have been breached.

~~7.1 The specialty board shall offer at least one certification examination in each calendar year.~~

~~7.2 The specialty board shall announce such examination at least six months prior to the examination date in communication vehicles available widely in the podiatric medical profession.~~

~~7.3 The specialty board shall develop an examination that includes a variety of content and which is a valid and reliable instrument for assessing the scope and depth of the candidate's aptitude in the specialty area. The content areas included in the examination shall be consistent with the definition, goals, and objectives of the specialty board.~~

~~The governing board should constitute appropriate committees to construct examinations.~~

~~The board should take advantage of computerized testing methods when feasible, available, and cost effective.~~

~~7.4 Appropriate external testing agencies shall be designated and utilized on an annual basis by the specialty board to determine performance on the certification process as well as to assess the examination instrument(s) and examination process for validity and reliability.~~

~~Certification examination processes include all examinations required to ultimately reach certification.~~

~~7.5 The specialty board shall have a policy describing the method by which examination results will be transmitted in a confidential manner to candidates.~~

~~7.6 The specialty board shall have a policy that addresses the multiple reexaminations of candidates who do not successfully pass the examination.~~

## **8.0 FOUNDERS AND GRANDFATHERING PROCEDURES AND ALTERNATE METHODS**

8.1 **Now 3.1.** ~~A specialty board seeking initial recognition shall establish procedures for allowing the certification (without examination) of individuals who have been involved in the development of the special area of podiatric medical practice, i.e., the "founders." These individuals shall not have longer than one year to apply for certification.~~

The “founders” include those individual podiatric physicians who have practiced and who have demonstrated competency and experience in the specialty, who were instrumental in contributing to establishment of the specialty, and/or who participated in a significant way to develop the curriculum for advanced educational programs in the specialty but may not have completed such programs themselves. The specialty board determines who constitutes the “founders.” Based upon a clear rationale and appropriate criteria, a reasonable number of “founders” may be identified.

- 8.2 — **No longer needed.** *A specialty board seeking initial recognition shall have “grandfathering” procedures that allow access to the certification process to individuals who have participated in recently established advanced educational programs associated with the new specialty area but for which no approval process has yet been instituted. These procedures shall be discontinued three years after the original date of recognition of the specialty board.*

This requirement pertains only to those individuals who have completed or are in the process of completing postgraduate educational programs in the special area of practice. Prior to recognition of the specialty board, these postgraduate educational programs should be recognized by the specialty board as being appropriate for candidates seeking certification. After a specialty board obtains recognition, these and other programs would be expected to be approved by CPME.

- Only those individuals who have completed or are completing specialty board-recognized educational programs at the time the specialty board gains its recognition are eligible to take the certification examination under this category of grandfathering.

- 8.3 — **No longer needed.** *If a specialty board seeking initial recognition establishes an alternate pathway mechanism, the mechanism shall be appropriate and in accordance with the policies established by the APMA House of Delegates. The mechanism shall be discontinued no later than five years after the initial recognition of the specialty board.*

- At the discretion of the specialty board, alternate pathway mechanisms may be established to enable podiatrists who have not completed the requisite postgraduate education to be eligible for certification. If the specialty board establishes an alternate pathway mechanism, it must maintain and publish the expectations for candidates seeking certification through this method.

## **98.0 CERTIFICATIONES AND RECOGNITION OF DIPLOMATES**

- 98.1 *The specialty board shall grant appropriate certificationes documents relating to the area of specialty expertise. that relate to the ability and performance of the podiatric physician to satisfy the specialty board’s requirements.*

The specialty board recognizes only those individuals who have satisfied the requirements for certification in order to assure the public and the profession that properly credentialed and examined podiatric physicians obtain certification.

~~98.2~~ *All certifications issued by the specialty board remain shall be considered the property of the issuing board.*

~~In the event that a specialty board grants a certificate on a time-limited basis, the specialty boards must notify their has an ethical and moral obligation to inform members of the consequences involved should the specialty board discontinue operations and/or lose its recognition.~~

~~8.3~~ *Certifications shall be issued on a time-limited basis.*

~~Specialty boards shall notify their members of the requirements for retaining diplomate status.~~

~~8.4~~ *The specialty board shall only grant additional credentials related to their specialty area of expertise following approval from the CPME.*

~~Additional credentials include, but are not limited to, recognition, status, qualification, and/or acknowledgement.~~

#### ~~109.0~~ **RECERTIFICATION/CONTINUING CERTIFICATION DENIAL OR LOSS OF CERTIFICATION**

~~109.1~~ *The specialty board shall have a mechanism to assess ongoing special knowledge and skills of diplomates.*

~~Existing specialty boards must assure continuing special knowledge and skills of individual practitioners by requiring all diplomates to complete a process of reassessment continual learning and assessment.~~

~~The specialty board is encouraged to develop a recertification continuing certification process premised upon periodic reexamination assessment for learning to help diplomates in keeping abreast with new, rapidly changing developments in the specialty while also implementing assessments that yield a fair, valid, and reliable assessment of learning. The specialty board must assess and improve its continuing certification program on an ongoing basis, using relevant data, including input from diplomates and other stakeholders. For newly established methods of recertification, legal counsel representing the specialty board should be consulted with respect to determining whether the method allows the specialty board to rescind certificates, especially if a date of expiration was not a condition of the original certification.~~

~~109.2~~ *The specialty board shall take into consideration the decisions of state licensing bodies or other determination of unprofessional conduct by an appropriate authority to revoke or restrict licenses of podiatric physicians who are certified or who are seeking certification.*

~~109.3~~ *In the case of denial or revocation of certification, the specialty board shall provide the individual specific reasons for the denial or revocation.*

~~109.4~~ The specialty board shall have in place an appeal and hearing process for diplomates whose certification documents are proposed to be revoked.

#### **110.0 PUBLICATIONS/PUBLIC INFORMATION**

~~110.1~~ The specialty board shall make publicly available the definition of the specialty along with other information that explains the breadth and scope of the area of specialization.

~~In order to address questions from health care institutions and organizations, members of the profession, and the general public, t~~The specialty board must publish and make available a general information document that outlines the definition of the area of specialization. This document also should include the purposes, goals, and objectives of the specialty board and describe the general expectations for candidates seeking certification. ~~This document should be available upon request.~~

~~110.2~~ The specialty board shall have a published statement prohibiting discrimination ~~on the basis of any factors as defined by accepted~~ in accordance with all applicable federal standards/laws.

~~110.3~~ The specialty board shall maintain and make publicly available ~~written~~ information that describes the requirements for board qualified/eligible status, certification, and recertification.

~~110.4~~ The specialty board shall have a mechanism to allow the public to access the board status of a podiatric physician. ~~maintain and publish current lists of those who have been certified or granted board qualified status.~~

~~The lists of board qualified and certified podiatrists must be published annually and made available upon request. The administrative staff of the specialty board must be able to use the list in answering questions from the public and health care community regarding the certification status of podiatrists.~~

~~110.5~~ The specialty board shall include truthful and accurate information in all communication methods/vehicles.

Information disseminated by the specialty board about the specialty area, the certification process, the organization of the specialty board, or the credentials of the members of the specialty board is expected to be clear and accurate and in accordance with the purposes of the specialty board and its recognition status.

The specialty board's public statement regarding its recognition must conform with the statement for declaring recognition as specified in CPME publication 230, *Procedures for Recognition of a Specialty Board for Podiatric Medical Practice*.

#### **1211.0 REPORTING TO JCRSB/ THE SBRC**

~~1211.1~~ *In accordance with CPME 230, the specialty board shall report to JCRSB-SBRC on its financial operations; membership; revisions in bylaws, requirements for certification, and other documents; examination procedures, results, reliability, and validity; and such other information as requested by the SBRC/JCRSB for the purpose of providing an in-depth understanding of the functions of the specialty board and its certification process.*

11.2 *The specialty board shall report to the SBRC annually the number of newly certified podiatric physicians.*

~~1211.32~~ *The specialty board shall receive prior approval from the CPME before implementing a substantive change. The specialty board shall inform JCRSB in writing within 30 calendar days of substantive changes in operating policies and procedures. (See SUBSTANTIVE CHANGES TO BE REPORTED FOR CONTINUED RECOGNITION in CPME 230)*

Substantive changes include, but are not limited to

- Changes in the focus and intent of the activities of the specialty board;
- Changes in the certification process
- Mergers and acquisitions with other specialized boards;
- Name changes to reflect more accurately the area of specialization; or
- Other changes that rise to the level of a substantive departure from or addition to the specialty board's current activities.

~~The specialty board must assure that revisions in operating policies and procedures are in accord with the criteria described in this publication.~~

~~Within 30 calendar days of receipt of the substantive change notice, JCRSB will conduct initial evaluation of the change and respond to the specialty board.~~

11.4 *The specialty board shall submit all required materials and any other information requested by the CPME and/or the SBRC by the date specified.*

---

**New Standard. 12.0 SUBSPECIALTY CERTIFICATION**

Subspecialty certification relates to a specific component of a specialty to which a practicing podiatric physician may devote a significant portion of time. CPME-recognized boards cannot offer certificates, only subspecialty certifications.

Specialty boards can only offer their primary certification(s) and subspecialty certification(s). Specialty boards cannot offer certificates of added qualification (CAQ), focused areas of practice, or other forms of recognition, only primary and subspecialty certification.



Subspecialty certification incorporates a specific and identifiable body of knowledge that may include certain procedural skills or practice modes but must not be limited only to training in a technical skill.

Specialty boards may only issue subspecialty certification in the fields represented by such specialty boards and as approved by CPME.

12.1 In establishing a subspecialty certification, the specialty boards shall first consult among themselves, formally and in writing, to determine interest and willingness to collaborate.

Specialty boards may apply for subspecialty certification collaboratively or individually after initial consultation.

12.2 Subspecialty certification shall only be conferred by one or more specialty boards in a component of the specialty authorized by the CPME.

When approved by the CPME in accordance with the provisions of the New Subspecialty certification section written in CPME 230, a specialty board may issue, alone or in conjunction with another specialty board, subspecialty certification in areas of the specialty field represented by that board.

12.3 Boards offering a subspecialty certification shall require the completion of a CPME-approved residency program and a minimum of one (1) year of fellowship training in a CPME-approved fellowship or an alternative pathway that will be available for 10 years following approval of the subspecialty. The specialty board shall identify a rigorous process reflective of the subspecialty's KSAs for the alternative pathway.

12.4 Subspecialty certification shall be

- 1) endorsed by the board sponsoring the subspecialty certification and
- 2) endorsed by the board whose diplomates are being proposed for subspecialty certification and
- 3) approved by the CPME

While subspecialty certification is intended to apply primarily to diplomates of the sponsoring specialty board(s), boards may accept applicants holding certifications from another specialty boards with the endorsement of that specialty board.

12.5 Approval of any subspecialty certification shall be accomplished by the mechanism and process authorized in the New Subspecialty Certification section (see CPME 230).

Specialty board(s) seeking authorization to issue subspecialty certification in a proposed area must provide assurance that the specialty board must conduct an evaluation of the impact and effect of the proposed subspecialty certification on its own general and subspecialty training and practice as well as that of other specialty board(s).

12.6 The boards shall develop a policy for continuous certification for subspecialty certification.

**New Standard. 13.0 PROFESSIONALISM**

Medical professionalism is central to the profession's responsibility to the public. The certification process commits to the values that acknowledge the primacy of the patients' and publics' interests.

Certification by a specialty board serves patients, families, and the public and improves patient care by establishing high standards for assessment of professionalism, training, and knowledge of candidates for specialty certification. Specialty boards serve the public through the development and implementation of the required rigorous and relevant standards that are sensitive to advances in residency and fellowship training.

13.1 The specialty board shall conduct primary source verification, tracking, and verifying state licensing and disciplinary actions against their diplomates. The specialty board shall have a process for diplomates to self-report changes to their professional status and the consequences of doing otherwise.

Boards must have a process that balances protection of the public with due process and fairness to the candidate.

13.2 Specialty boards shall convey their professionalism expectations to its candidates and members.

**New Standard. 14.0 CONTINUOUS CERTIFICATION**

The continuing certification standards have been organized into the following groupings:

1. General standards
2. Lifelong learning and improvement
3. Improvement in health and health care

These standards guide the specialty board's design of continuing certification programs. Each specialty board must meet each requirement in a manner that is consistent with the spirit of the standard and in a fashion consistent with its specialty. Each of the standards may have an explanatory statement or commentary that provides rationale, context or explanation.

The standards provide a comprehensive structure for specialty boards to design certification programs that ensure that diplomates have the knowledge, judgement, and skills to provide excellent patient care.

**General Standards**

The general standards guide the continuing certification programs of the specialty boards. They provide a framework for improving patient care through a meaningful process of

ongoing professional development and assessment that is aligned with other professional expectations and requirements.

- 14.1 Specialty boards shall define goals for their continuing certification program that address the overarching themes in the introduction and each of the subsequent standards in this document.

Program elements should be designed to achieve the goals of the program, highlight the boards' unique role as an assessment organization, support diplomates in their professional obligation to continually learn as medical knowledge advances, and continually improve themselves, their colleagues and the systems in which they work. The goals and components of continuing certification programs should be clearly communicated on specialty board web sites and publications for stakeholders, which includes the public, diplomates, and credentialers.

- 14.2 Specialty boards shall define the requirements and deadlines for each component of their integrated continuing certification program.

Participation and performance requirements for each component must be clearly delineated along with the intervals at which they must be completed. Any decision on the certification status of a diplomate by a specialty board must be based on each component of their integrated continuing certification program.

Boards may make allowances for diplomates with extenuating circumstances who cannot complete requirements to stay certified according to established timelines. Procedures to ensure due process regarding board decisions must be in place and clearly communicated to diplomates as part of diplomate engagement. Boards should have a process to verify attestation for participation standards.

- 14.3 Boards shall determine at intervals no longer than five years whether a diplomate is on track to meet continuing certification requirements to retain certification. A new certificate does not need to be issued at that time.

Assessing certification status on a frequent interval provides the public and credentialers trusted information about the diplomate; therefore, boards may make certification decisions more frequently than every five years. Policies that specify requirements for certification and the relevant periodicity will be established by each board. These policies require a decision to determine a diplomate's certification status (certified or not certified) at the established interval.

The components used to make a certification decision in the board-determined interval may vary (e.g., knowledge assessment, case logs, peer review, improving health and health care activity). Boards may have some components of their continuing certification process that extends beyond five years.

- 14.4 Boards shall publicly display and clearly report a diplomate's certification status for each certification held. Boards shall change a diplomate's status if any requirements

(either a performance or participation requirement) in their continuing certification programs are not met. Changes in the status of a certification shall be publicly displayed, including any disciplinary status. Boards shall use common categories for reporting the status of certification, with such categories being defined, used, and publicly displayed in the same way.

Boards have an obligation to the medical community and the public to display on their respective web sites the certification status for each diplomate including the date of initial certification, whether the diplomate is certified, and whether the diplomate is participating in continuing certification.

- 14.5 Boards shall provide diplomates with opportunities to address performance or participation deficits prior to the loss of a certification. Fair and sufficient warning, determined by each board, must be communicated that a certification might be at risk.

Diplomates should receive early notification about the need to complete any component of the continuing certification program. Diplomates at risk for not meeting a performance standard should be notified of their deficit and be provided with information about approaches to meet the requirement. Boards should collaborate with specialty societies and other organizations to encourage the development of resources to address performance deficits.

The timeline to address deficits should not extend the time a diplomate has to complete requirements (i.e., deficits must be addressed within the cycle they are due). If a diplomate chooses not to address their deficits or is unsuccessful in doing so, the diplomate should be notified of the potential loss of certification.

- 14.6 The boards shall define a process for regaining certification if the loss of certification resulted from not meeting a participation or performance standard.

The boards should establish a pathway to regain certification following loss of certification due to a lack of participation in a continuing certification program or for not meeting a performance standard.

- 14.7 Boards shall continually evaluate and improve their continuing certification program using appropriate data that includes feedback from diplomates and other stakeholders.

Ongoing evaluation of continuing certification programs is critical for boards using a variety of metrics to guide program enhancements. Aspects should include assessing diplomate experience, the value of the program to diplomates, and whether diplomates are meeting the board's objectives. Feedback from other certification stakeholders such as professional societies, credentialers, hospitals and health systems, patients and the public should also be considered.

- 14.8 Boards shall have a process by which non-time-limited certification holders can participate in continuing certification without jeopardizing their certification status.

Boards must have a process for diplomates with non-time-limited certifications to apply for and participate in their continuing certification program. These holders should not be at risk of loss of certification for failure to meet continuing certification requirements if the diplomate participates in continuing certification. Board professional standing and conduct standards must be upheld by all certification holders in order to remain certified.

The boards must make allowances for diplomates with extenuating circumstance who cannot complete requirements within the established timeline. Procedures to ensure due process must be communicated to diplomates.

### **Lifelong Learning**

The certification process incorporates an independent, validated “assessment of learning” to determine that the diplomate has the knowledge, skills, and judgement to provide safe and effective patient care independently. It is incumbent upon the specialty board to specify its lifelong learning objectives and to assess whether those objectives have been met.

The purpose of continuing certification programs is to:

- assure the public that the diplomate continues to meet the standards of the specialty
- assist diplomates in keeping up with evolving standards of practice in the specialty.

14.9 Continuing certification programs shall include “assessments for learning” to assist diplomates in staying up to date with changing developments in the specialty while administering assessments that provide a fair, valid, and reliable “assessment of learning”. Diplomates have a professional duty to remain current in the knowledge, skills and judgement of the specialty by meeting a performance standard. The specialty board has a responsibility to determine whether a diplomate has met the required performance standard.

The specialty board’s continuing certification programs shall balance core content in the specialty with practice-specific content relevant to diplomates practice in the specialty.

To a reasonable degree, customization of required content should occur to enhance clinical relevance of certification.

14.10 The specialty board shall assess whether diplomates have the knowledge, clinical judgement, and skills to practice safely and effectively in the specialty. Specialty boards shall offer assessment options that have a formative emphasis and that assist diplomates in learning key clinical advances in the specialty.

Assessments should integrate learning opportunities and provide feedback that enhances learning.

14.11 The specialty board's continuing certification assessments shall meet psychometric and security standards to support making consequential, summative decisions regarding certification status.

In order for users to have confidence in the value of the certification, sufficient psychometric standards must be met for reliable, fair, and valid assessments to make a consequential (summative) decision. The specialty board must have security measures in place to ensure that only the diplomate accesses their assessment materials. The measures should not be an unnecessary burden for the diplomates.

Performance on continuing certification assessments should contribute to making certification decisions when assessment is a component of the decision matrix. Specialty boards should ensure that subject matter experts are clinically active. Continuing certification programs must provide sufficient information upon which to base a decision about a diplomate's certification status.

14.12 The specialty board assessments shall provide personalized feedback that enhances learning for diplomates.

A specialty board should provide specific, instructive feedback to each diplomate that identifies their knowledge gaps on assessments. Feedback should also inform any risk to loss of certification.

14.13 The specialty board shall analyze performance data from their continuing certification program to identify any specialty-based gaps. Identified, aggregated gaps should be shared with essential stakeholders, including diplomates, for the development of learning opportunities. Summary data should only be shared with essential stakeholders, such as nonprofit specialty societies, who require the information to provide educational service to the profession.

14.14 The specialty board's continuing certification programs shall reflect principles of Continuing Professional Development (CPD) with an emphasis on clinically oriented, highly relevant content.

Continuing certification programs should increase a diplomates' KSAs that result in the provision of safe, high-quality care to patients. Continuing education activities should be of high quality and free of commercial bias.

### **Improving Health and Healthcare**

14.15 The specialty board, in collaboration with stakeholders, shall develop a vision and plan for improving the quality of care. The specialty board should encourage opportunities for diplomate engagement in various ongoing initiatives to enhance patient care and improve outcomes.

The specialty board may highlight best practices for program implementation and diplomate engagement by assessing approaches and sharing them.

[Examples of Quality Improvement Topics can be found in the Appendix.](#)

### **Appendix:**

<a href="#">Quality Improvement Topic</a>
<a href="#">Preventing Contextual Errors in Ambulatory Care</a>
<a href="#">Exertional Compartment Syndrome</a>
<a href="#">Interventions To Address the Opioid Crisis: A Hospital Opioid Committee-Based Approach</a>
<a href="#">Patient Safety:</a> <a href="#">Management of Surgical Site Infections Implementation Resources</a> <a href="#">Management of Surgical Site Infections Evidence-Based Systematic Literature Review Grand Rounds</a> <a href="#">Diagnosis and Prevention of Periprosthetic Joint Infections Grand Rounds</a> <a href="#">Diagnosis and Prevention of Periprosthetic Joint Infections Clinical Practice Guidelines</a>
<a href="#">Pain alleviation:</a> <a href="#">Implementation Resources Optimizing the Safe and Effective Alleviation of Pain</a> <a href="#">Helping Patients Get Comfortable After Injury or Surgery</a> <a href="#">Strategies for Alleviating Musculoskeletal Pain in the Emergency Department</a>
<a href="#">Trauma toolkit:</a> <a href="#">Appropriate Use Criteria: Acute Compartment Syndrome</a> <a href="#">Appropriate Use Criteria: Evaluation of Psychosocial Factors Influencing Recovery From Adult Orthopaedic Trauma</a> <a href="#">Appropriate Use Criteria: Limb Salvage or Early Amputation</a> <a href="#">Clinical Practice Guideline: Limb Salvage or Early Amputation</a> <a href="#">Clinical Practice Guideline: Prevention of Surgical Site Infection After Extremity Trauma</a>

### **Glossary**

[Americans with Disabilities Act \(ADA\)](#) is a federal civil rights law that prohibits discrimination against people with disabilities in everyday activities and requires accommodations to board certification candidates with documented disabilities (e.g., learning and reading disabilities; physical disabilities; visual impairments) or in other situations (e.g., extra break time for nursing mothers). Board certification candidates should be provided with information describing the documentation to be submitted with the request for accommodations and the timeframe within which an accommodation decision will be made. Procedures for responding to these requests should be equitable and consistent and should include a mechanism for handling candidate appeals of these decisions.

[Applicant Board](#) refers to a board in the process of applying for recognition.

**Continuing Professional Development (CPD)/Continuing Certification** activities are structured learning experiences that professionals participate in to maintain and enhance their knowledge, skills, and competence throughout their careers. These activities help them stay updated with the latest advancements in their field, adapt to changing industry standards, and improve their overall performance.

**Knowledge, Skills, and Abilities (KSAs)** within podiatric medicine are achieved through completion of intensive study and extended clinical experiences beyond the professional degree.

**Primary Certification** refers to a distinct and well-defined field of podiatry. Podiatric physicians earn primary board certification when they meet all requirements of the specialty certifying board.

**Specialty Board** refers to a CPME-recognized specialty board that awards board certification to its diplomates. Specialty boards have the ultimate responsibility of identifying qualified practitioners who have successfully completed approved postgraduate training and passed a rigorous examination that attests to advanced skills and knowledge.

**Subject Matter Experts (SMEs)** refer to individuals who hold expertise and knowledge in a specific subject.

**Subspecialty Certification** relates to a specific component of a specialty to which a practicing podiatric physician may devote a significant portion of time and incorporates a specific and identifiable body of knowledge that may include certain procedural skills or practice modes but must not be limited only to training in a technical skill.

**Systems-Based Practice** requires physicians to demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Physicians are expected to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinate patient care within the health care system relevant to their clinical specialty;
- Incorporate considerations of cost awareness and risk benefit analysis in patient care;
- Advocate for quality patient care and optimal patient care systems;
- Work in inter-professional teams to enhance patient safety and improve patient care quality; and
- Participate in identifying system errors and in implementing potential systems solutions.



~~Deleted section. **POLICIES FOR  
— PODIATRIC MEDICAL SPECIALTY  
CERTIFICATION**~~

~~The APMA House of Delegates has adopted the following policies affecting specialty board certification. These policies are periodically reviewed and revised as necessary. For reference purposes, the number and year of the resolution are identified in parentheses following each policy. This policy document was established in 1995 by the APMA House of Delegates.~~

~~**Policies Pertaining to Areas of Specialization**~~

~~Podiatric medicine is considered to be both a *profession* and a *specialty*. (56-95)~~

~~A podiatric specialty is a field of practice within podiatric medicine that requires possession of special knowledge and skills achieved through completion of intensive study and/or extended clinical experiences beyond the professional degree. The division of the profession into specialties is categorized by fundamentally different objectives and distinct biological and physical approaches to prevention, diagnosis and treatment rather than a fragmentation of the profession based upon techniques or procedures. Specialization serves a public as well as a professional need. (9-89)~~

~~In keeping with the changing role of the health care provider, a specialist in podiatry need not limit his/her practice solely to the specialty. (9-89)~~

~~To establish a specialty area, a specialty organization must pursue recognition from the APMA House of Delegates as an affiliated organization. An affiliated organization is one that consists of podiatric physicians who are interested in a special area of practice and who have demonstrated that special interest through successful completion of examinations and/or case reports (as described in the current APMA bylaws). An organization that is recognized by the House as an affiliated organization must have this recognition for a minimum of five years before it can pursue recognition as a specialty board. Members of the affiliated organization establish the specialty board at the expressed wish of the organization. The specialty board is considered to be the lineal descendent of the organization but eventually becomes independent of the affiliated organization. (9-89)~~

~~**Policies Pertaining to Specialty Board Certification in General**~~

~~Certification is considered to be an earned privilege for those podiatric physicians who have achieved certain levels of skill and ability based upon completion of specific advanced training and clinical experience and examination. Those individual podiatric physicians who are certified are recognized for their achievement and enhanced capabilities. (9-89)~~

~~All “grandfathering” or alternate methods for securing certification in currently recognized podiatric specialties should end as soon as possible. (9-89)~~

~~Although numerous areas of special practice may exist in podiatric medicine, each does not need to have a corresponding certification process. (9-89)~~

~~The recertification process implemented by all specialty boards should be on a voluntary basis. Specialty boards should develop appropriate continuing medical education (CECH) requirements for its diplomates that assure continuing capabilities, if not competence, of individual practitioners. (9-89, amended 19-17)~~

### ~~**Policies Pertaining to Recognition of Specialty Boards**~~

~~The American Podiatric Medical Association assigns the responsibility of specialty board recognition to the Council on Podiatric Medical Education. The Council through its Joint Committee on the Recognition of Specialty Boards (JCRSB) is committed to assuring the public that those podiatric physicians who are certified have successfully completed the requirements for certification in an area of specialization. The recognition of a specialty board by the JCRSB serves to provide important information to the profession, health care institutions, and the public about the sound operations and fair conduct of the specialty board’s certification process. The Council’s authority for the recognition of specialty boards is derived solely from the APMA House of Delegates. (70-95)~~

### ~~**Autonomy of Specialty Boards**~~

~~Specialty boards established within the profession are considered to be autonomous bodies. Specialty boards voluntarily seek recognition from the Council on Podiatric Medical Education’s Joint Committee on the Recognition of Specialty Boards. Moreover, the Council and the American Podiatric Medical Association have no jurisdiction with respect to other podiatric specialty boards that have neither received nor are seeking recognition from this Association. (9-89)~~

~~(Adopted by the APMA House of Delegates—August 1995)~~

| ~~with revisions in August 1996, May 2002, January 2013, and March 2017)~~

DRAFT