CPME Considerations: ACGME Accreditation of Podiatric Residencies

Podiatry currently maintains its own independent educational and residency training structure. Podiatric medical students obtain initial specialty education while enrolled at colleges of podiatric medicine and match into a Podiatric Medicine and Surgery Residency leading to eligibility for both CPME-recognized certifying boards. In contrast, allopathic and osteopathic medical students (MD/DO) obtain a general medical education and then match into a specialty through ACGME-accredited residencies. Moving podiatric residency program accreditation under ACGME authority introduces uncertainty about whether podiatry's unique educational, clinical, and certification pathways would remain intact, or whether integration into a much larger system would dilute the profession's independence and redefine its scope over time, affecting students, residents, and practitioners.

Loss of Podiatric-Specific Oversight and Identity/Autonomy

- ACGME accredits 5,866 programs with 40,041 first-year positions, while CPME accredits 222 programs with 609 first-year positions. Professional autonomy in graduate medical education would erode if podiatry relinquishes its independent oversight to a much larger body; risks include invisibility, reduced focus on the profession's unique needs and competencies, and diminished participation of podiatric leadership in shaping residency training standards.
- Core functions supporting podiatric residency training—CPME accreditation, AACPM's residency match, ABFAS/ABPM curricular participation, on-site evaluations, and PRR logging—could be absorbed into ACGME, weakening podiatry's alignment around its own professional needs.

Control Over Podiatric Scope of Practice

- Podiatry's educational scope could gradually be redefined within orthopedic or general surgery frameworks, reducing emphasis on podiatric medicine and surgery.
- Over time, ACGME influence could narrow the perceived scope of podiatric practice, affecting credentialing, privileges, and legislative advocacy.

Access to Resident Logs and Surgical Case Volume Data

- Granting ACGME access to logs and surgical case volume data carries potential adverse implications for the profession. Data could be used to limit privileging or eliminate podiatric residencies in favor of orthopedics.
- Policies could limit podiatric residents' participation in trauma and/or complex surgical cases, or divert key surgical cases to orthopedic residents, especially if orthopedic case requirements take priority.

Residency Program Viability Risks, Faculty, and Administrative Burdens

- Roughly 20% of podiatric residencies are in institutions without ACGME residencies. VA programs (11%) may not meet ACGME institutional standards and could close.
- ACGME's expectations for scholarly activity, publications, and administrative staffing could significantly increase workload and costs for smaller programs.

Regulatory and Strategic Implications

- There is a risk that caps could be placed on podiatric residency positions similar to MD/DO programs.
- State licensure laws tied to CPME accreditation may conflict with an ACGME transition.
- Misalignment between ACGME training requirements and ABFAS/ABPM certification standards could complicate board qualification.

The proposal to pursue ACGME accreditation for podiatric residency programs was not part of APMA's strategic plan and lacks a profession-wide feasibility and impact study. CPME recommends a multi-year, data-driven study with full stakeholder input before any engagement with ACGME is considered.

Please contact Heather Stagliano, CPME's Executive Director at hstagliano@cpme.org for any additional clarifications or questions.