CPME 220

STANDARDS AND REQUIREMENTS FOR RECOGNITION OF A SPECIALTY BOARD FOR PODIATRIC MEDICAL PRACTICE

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COUNCIL ON PODIATRIC MEDICAL EDUCATION
SPECIALTY BOARD RECOGNITION COMMITTEE
AMERICAN PODIATRIC MEDICAL ASSOCIATION

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Council on Podiatric Medical Education

TABLE OF CONTENTS

Page

Introduction....2
Standards and Requirements....3
Procedures for Recognition of a Specialty Board for Podiatric Medical Practice....3
Definitions of Specialization and Certification....3
Purposes of a Specialty Board....4
Purposes for Recognizing Specialty Boards....4

Standards and Requirements:

1. Justification of Need....5
2. Eligibility for Initial Recognition as a Specialty Board....6
3. Process Related to Initial Board Recognition for Founders....7
4. Goals and Objectives....8
5. Organizational Integrity....9
6. Certification of Candidates....12
7. Examination....13
8. Certification and Recognition of Diplomates....16
9. Continuing Certification, Denial, or Loss of Certification....17
10. Public Information....17
11. Reporting to the SBRC....18
12. Subspecialty Certification....19
13. Professionalism....20
14. Continuing Certification....21

Glossary....26

Introduction

The Council on Podiatric Medical Education (Council or CPME) is responsible for the specialty board approval and recognition process on behalf of the podiatric medical profession.

The CPME is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association's (APMA) House of Delegates to serve as the agency for the evaluation, accreditation, approval, and recognition of educational institutions, continuing education providers, residency and fellowship training programs, and specialty boards in the field of podiatric medicine. APMA assigns the responsibility of specialty board recognition to the CPME. This authority allows the CPME to recognize entities that offer board certification and that demonstrate and maintain compliance with the standards and requirements in this publication.

The mission of the Council is to promote the quality of graduate education, postgraduate education, certification, and continuing education. By confirming these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine.

The CPME has established the Specialty Board Recognition Committee (SBRC), which is a committee comprised of representatives of the profession, health-care community, and public to oversee the recognition process. The CPME and the SBRC 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 SBRC 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 process for reviewing specialty boards in the podiatric medical profession includes concurrent review of the substantive issues related to 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.

Specialty boards established within the profession are autonomous bodies. Specialty boards have voluntarily sought recognition and agree to abide by the standards and requirements included in this publication.

The CPME will recognize only one board in any single special area of podiatry. The CPME has no jurisdiction with respect to other podiatric boards that function without the recognition of the 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.

Certification is 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.

Standards and Requirements

This publication describes the standards and requirements the CPME uses in its review and recognition of specialty boards, including the granting of continuing recognition to already recognized specialty boards. The 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 standards have been approved by the CPME. Compliance with the standards supports the advancement of the podiatric medical specialist and specialties in service to the public and to the profession.

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

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

Procedures for Recognition of a Specialty Board for Podiatric Medical Practice

The evaluation and recognition procedures used by the SBRC are described in CPME publication 230, Procedures for Recognition of a Specialty Board for Podiatric Medical Practice.

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, 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 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. Award a specialty certification attesting to a level of KSAs in a specialty area, with the option to award a subspecialty certification at the discretion of the recognized specialty board

5. Collaborate with and assist the CPME in the evaluation of residency, fellowship, and post-residency training programs that have a curricular relationship to the area of specialization

6. Collaborate with and assist the 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

The CPME and the SBRC want to ensure the orderly development of specifically identified special areas of practice with the profession and the compliance of specialty boards in meeting the standards, requirements, and procedures as written in CPME 220 and CPME 230.

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 the CPME’s recognition process include:

1. determining the eligibility of proposed specialty boards to meet the standards, requirements, and procedures as written in CPME 220 and CPME 230 and 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;

4. preventing unnecessary duplication by specialty boards; and

5. maintaining minimal standards for the conduct and operation of specialty boards.

STANDARDS AND REQUIREMENTS

1.0 JUSTIFICATION OF NEED

1.1 *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 will have provided a clear definition of the specialty area, 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.

1.2 *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.

1.3 *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.

1.4 *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. Evidence shall exist that podiatric physicians are devoting their professional commitment and endeavor to that specific specialty.*

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

1.5 *The specialty board shall demonstrate that its certification process is widely accepted in the United States.*

The specialty board is expected to be able to provide documented evidence that 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 are not limited to:

- podiatric physicians;
- licensing bodies;
- health-care institutions;
- insurance carriers;
- educational institutions and programs that prepare podiatric physicians for access to certification; and
- 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.

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

2.0 ELIGIBILITY FOR INITIAL RECOGNITION AS A SPECIALTY BOARD

2.1 *The applicant board seeking initial recognition shall be represented by a sponsoring organization whose membership is reflective of the proposed specialty.*

The pathway to establish 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 in CPME publication 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies.

2.2 *An organization must be in existence for a minimum of three years before bringing forth a proposal to seek 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.

2.3 *The sponsoring organization shall establish the applicant board as an independent entity whose sole purpose is certification.*

2.4 *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 recognized 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.

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

2.6 *Each special area of podiatric medical practice 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.

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

The specialty board shall only recognize attributes and specialty training within the scope of its own specialty.

3.0 PROCESS RELATED TO INITIAL BOARD RECOGNITION FOR FOUNDERS

3.1 *An applicant board seeking initial recognition shall establish 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 have no 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.

4.0 GOALS AND OBJECTIVES

4.1 *The specialty board shall have clearly written goals and objectives that are appropriate for the area of specialization.*

The specialty board should publish its goals and objectives in its bylaws and in its public documents. These goals and objectives must integrate the following core competencies:

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.

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

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

4.3 *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 the certification program to reflect the latest assessment methodology and medical specialty advances;
- review of committee structure and purposes;
- evaluation of committee members; and
- history and responsiveness to complaints, challenges, and appeals.

The specialty board must conduct, at least every three years, 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 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 *The specialty board shall collaborate with the 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.

5.0 ORGANIZATIONAL INTEGRITY

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

5.2 *The specialty board shall have a membership-elected governing board, comprised of well-qualified podiatric physicians and a public member, all having high moral and ethical character. The governing board members will not act in conflict of interest while formulating, proposing, and implementing 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 must be diplomates of the specialty board. For applicant boards, the initial directors or incorporators appointed to organize the board must be eligible to satisfy the initial requirements for certification for founders.

The public member must represent the non-employer consumer interest. The public member's immediate family must not include a podiatric physician or hold any interest in any podiatric-related industry and/or organization.

5.3 *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 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 boards, the initial board of directors develops and adopts policies for the continued operation of the board.

5.4 *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 support the continuing operations of the specialty board.

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

5.6 *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. 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. An applicant board, prior to its recognition, may not solicit for certification or accept candidates for certification while claiming that recognition is forthcoming or anticipated. CPME will not recognize any activities of an applicant board prior to the time recognition has been accorded.

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

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.

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

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.

5.10 *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 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.

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

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

A specialty board must publish its appeal procedures.

6.0 CERTIFICATION OF CANDIDATES

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

6.1 *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.*

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

This standard 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 who do not qualify under 6.2.*

The alternate pathway must be approved by the CPME.

6.4 *The specialty board shall require continuing education for continuation of certification.*

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

6.5 *The specialty board's practice requirements 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 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 CPME-approved residency training program. A specialty board that has practice requirements must be able to provide justification for these requirements. It is expected that candidates have developed the KSAs for proficiency in clinical competency within the specialty.

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

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

6.7 *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.

7.0 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 are 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.*

The specialty board must 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 Disabilities 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 the following:

- An administration manual that documents the steps to be taken to ensure standardized administration. If the examination is computer-administered, the testing center must ensure that the instructions on the screen are worded clearly so that candidates know what to expect and what steps they need to take to complete the examination.
- Sufficiently trained monitors/proctors at each site to reduce the potential for individual or group cheating. A protocol must be in place to maintain visual security at computer-administered sites.
- Clear instructions to candidates regarding security protocols (i.e., items that can and cannot be brought to the examination room).
- Policies/procedures to assure that examination security is in place before, during, and after test administrations, including 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 *The specialty board shall 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 six (6) months in advance
- Registration instructions and 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 versus separate score per section, numeric score versus 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 to examinees and the SBRC prior to implementation.

7.3 *The specialty board shall 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) to 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.
- Review and editing 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 (e.g., multiple-choice, practical, oral, simulation, etc.) that will best measure the important knowledge and skills to assess.

- Select SMEs who represent a broad spectrum of demographics (e.g., years of practice, 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 *The specialty board shall 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 should be scored separately, high score(s) should 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, or other circumstances.

7.5 *The specialty board shall 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 candidates' results; and

- take steps to ensure that candidates are not disadvantaged based on factors unrelated to the examinees' competence.

7.6 *The specialty board shall convey examination results to candidates in a confidential and timely manner.*

The specialty board must:

- determine how to communicate scores to candidates (numeric versus pass/fail). Justify the use of either method;
- provide meaningful feedback to failing candidates to assist them as they prepare for re-examination; and
- establish procedures and provide information regarding the availability of appeals or hand-scoring of results.

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

7.8 *The specialty board shall perform analyses that would be useful in evaluating trends, anomalous results, and outliers (i.e., categories of candidates [podiatric college, residency program, first-time versus repeat examinees, etc.]).*

7.9 *The specialty board shall periodically evaluate the performance of any outside agencies that work with examination development, scheduling, examination administration, and/or examination scoring.*

7.10 *The specialty board shall evaluate subject matter experts to assess whether they perform the assigned tasks in a timely and accurate manner.*

7.11 *The specialty board shall 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. The specialty board shall take appropriate action when security might have been breached.*

8.0 CERTIFICATION AND RECOGNITION OF DIPLOMATES

8.1 *The specialty board shall grant appropriate certification documents relating to the area of specialty expertise.*

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.

8.2 *All certifications issued by the specialty board shall remain the property of the issuing board.*

The specialty board must notify its members of the consequences involved should the specialty board discontinue operations and/or lose its recognition.

8.3 *The specialty board shall issue certifications on a time-limited basis.*

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

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

Additional credentials include, but are not limited to, recognition status such as board eligible or board qualified.

9.0 CONTINUING CERTIFICATION, DENIAL, OR LOSS OF CERTIFICATION

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

Specialty boards must ensure continuing special knowledge and skills of individual practitioners by requiring all diplomates to complete a process of continual learning and assessment.

The specialty board is encouraged to develop a continuing certification process premised upon assessment for learning to help diplomates keep 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.

9.2 *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.*

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

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

10.0 PUBLIC INFORMATION

10.1 *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*.

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.

10.2 *The specialty board shall have a published statement prohibiting discrimination in accordance with all applicable federal laws.*

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

10.4 *The specialty board shall have a mechanism to allow the public to access the board status of a podiatric physician.*

10.5 *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.

11.0 REPORTING TO THE SBRC

11.1 *In accordance with CPME publication 230, the specialty board shall report to the 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 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.*

11.3 *The specialty board shall receive prior approval from the CPME before implementing a substantive change*. (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.

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.*

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.

Recognized specialty boards can offer **only** their primary certification(s) and subspecialty certification(s).

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.

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

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

Recognized 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 recognized 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 in CPME publication 230, a recognized specialty board may issue, alone or in conjunction with another recognized specialty board, subspecialty certification in areas of the specialty field represented by that board.

12.3 *Recognized specialty 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 recognized specialty board shall identify a rigorous process reflective of the subspecialty's KSAs for the alternative pathway.*

12.4 *Subspecialty certification shall be:*

a. endorsed by the recognized specialty board(s) sponsoring the subspecialty certification;
b. endorsed by the recognized specialty board(s) whose diplomates are being proposed for subspecialty certification; and
c. approved by the CPME.

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

12.5 *For approval of any subspecialty certification, the recognized specialty board shall submit valid evidence that the subspecialty area:*

a. contributes to new knowledge in the specialty area;
b. actively contributes to professional education; and
c. actively contributes to the research needs of the profession.

Recognized specialty board(s) seeking authorization to issue subspecialty certification in a proposed area must provide assurance that the specialty board conducts 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 recognized specialty board(s).

The mechanism and process for authorization is specified in the New Subspecialty Certification section of CPME 230.

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

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 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 verification of state licensing and disciplinary actions against its diplomates. The specialty board shall have a process for diplomates to self-report changes to their professional status and publish 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 *The specialty board shall convey its expectations regarding professionalism to its candidates and members.*

14.0 CONTINUING CERTIFICATION

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

- General standards
- Lifelong learning and improvement
- 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, judgment, and skills to provide excellent patient care.

General Standards

The general standards guide the continuing certification programs of the specialty board. 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 *The specialty board shall define goals for its continuing certification program that address the overarching themes in the introduction to this document and each of the subsequent standards.*

Continuing certification program elements should be designed to achieve the goals of the program; highlight the board's unique role as an assessment organization; and 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 the continuing certification program should be clearly communicated on specialty board websites and publications for stakeholders, which includes the public, diplomates, and credentialers.

14.2 *The specialty board shall define the requirements and deadlines for each component of its 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 its integrated continuing certification program.

The board 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. The board 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 must be established by the 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 at the board-determined interval may vary (e.g., knowledge assessment, case logs, peer review, improving health and health-care activity). The board may have some components of its continuing certification process that extend beyond five years.

14.4 *The specialty board shall publicly display and clearly report a diplomate's certification status for each certification held. The specialty board shall change a diplomate's status if any requirement (either a performance or participation requirement) in its continuing certification programs is not met. Changes in the status of a certification shall be publicly displayed, including any disciplinary status. The specialty board shall use common categories for reporting the status of certification, with such categories being defined, used, and publicly displayed in the same way.*

The specialty board has an obligation to the medical community and the public to display on its website 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 *The specialty board shall provide diplomates with opportunities to address performance or participation deficits prior to the loss of a certification. Fair and sufficient warning, determined by the board, shall be communicated to indicate 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 of not meeting a performance

standard should be notified of their deficit and be provided with information about approaches to meet the requirement. The board 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 in which 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 specialty board shall define a process for regaining certification if the loss of certification resulted from not meeting a participation or performance standard.*

The board should establish a pathway for individuals 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 *The specialty board shall continually evaluate and improve its continuing certification program using appropriate data that includes feedback from diplomates and other stakeholders.*

Ongoing evaluation of continuing certification programs is critical for a board 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. The board should also consider feedback from other certification stakeholders such as professional societies, credentialers, hospitals and health-care systems, patients, and the public.

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

The board must have a process for diplomates with non-time-limited certifications to apply for and participate in its 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 board must make allowances for diplomates with extenuating circumstances 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 judgment 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; and
- assist diplomates in keeping up with evolving standards of practice in the specialty.

14.9 *The specialty board's 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." The specialty board shall 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.

Diplomates have a professional duty to remain current in the knowledge, skills and judgment of the specialty by meeting a performance standard.

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 judgment, and skills to practice safely and effectively in the specialty. The specialty board 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 its 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. The specialty board should ensure that SMEs 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.*

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

14.13 *The specialty board shall analyze performance data from its 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 that 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 diplomate's KSAs to result in the provision of safe, high-quality care to patients. Continuing education activities must be of high quality and free of commercial bias.

Improving Health and Health Care

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.

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 for 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 Area refers to a field of practice within podiatric medicine that requires possession of special knowledge, skills, and abilities (KSAs) achieved through completion of intensive study and extended clinical experiences beyond the professional degree. A specialty area 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.

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.