Understanding the new CPME documents

CPME 320, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies
CPME 330, Procedures for Approval of Podiatric Medicine and Surgery Residencies

Training Format
- Two-hour presentation for program directors. Many of this information was presented at CRIP, but we are going to go into more detail and take as many questions as we can.
- One hour for residency on-site evaluators. We encourage program directors to stay for this portion, even if you are not serving as an on-site evaluator.
- Want to follow along? Open the documents and review during the presentation.
- All training materials and slides will be posted to www.cpme.org

Presentation Overview
- History of the revision process
- Understanding the structure of the CPME 320
- Review of changes within each standard
- Explanation of the Implementation Plan
- Brief review of CPME 330
- Review of other key CPME residency documents

Council on Podiatric Medical Education
- The Council on Podiatric Medical Education (CPME) is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine
- CPME accredits, approves, and recognizes educational institutions and programs

Residency Review Committee

<table>
<thead>
<tr>
<th>REPRESENTATION</th>
<th>RESPONSIBILITIES</th>
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</thead>
<tbody>
<tr>
<td>At least two CPME members</td>
<td>Provisional approval</td>
</tr>
<tr>
<td>Two ABFAS members*</td>
<td>Increases in positions</td>
</tr>
<tr>
<td>Two ABPM members*</td>
<td>Reclassification requests</td>
</tr>
<tr>
<td>Two at large members*</td>
<td>Review of team reports, progress reports</td>
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<tr>
<td>Two COTH members*</td>
<td>Requests for reconsideration</td>
</tr>
<tr>
<td>* Some CPME members may serve for 2-year terms</td>
<td>Approval recommendations</td>
</tr>
<tr>
<td></td>
<td>Program transfer</td>
</tr>
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<td></td>
<td>One-time certificate requests</td>
</tr>
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History of the Revision Process
Every six years, CPME conducts a comprehensive review of its standards, requirements, and procedures. Council appoints an ad hoc advisory committee for the review. A residency ad hoc committee was appointed in 2018. The Residency Ad Hoc Advisory Committee members broadly represented the communities of interest:

- CPME Young Physicians
- ABFAS and ARPM Veterans Affairs
- COTH Practitioner
- APMA BOT Program Director/Evaluator

**CPME 320 and 330 Revision Timeline**

- **2018**
  - Council appoints Ad Hoc Advisory Committee members
  - Ad Hoc Committee starts meeting
  - At its October meeting, Council approves Draft I of documents, including Appendix C, optional milestones
  - Draft I is widely disseminated to the community of interest for feedback
- **2020**
  - At its October meeting, Council considers the feedback on Draft I and asks the Ad Hoc Committee to continue its work.
  - At its April meeting, Council approves Draft II of documents, including an updated Appendix C – Milestones proposed by the Blue Ribbon Panel
  - Draft II is widely disseminated to the community of interest for feedback
- **2021**
  - At its October meeting, Council establishes a Blue Ribbon Panel for Milestone Education in Podiatric Medicine and Surgery Residencies
  - The Blue Ribbon Panel starts its work
  - At its April meeting, Council adopts Draft II of CPME 320 and 330, with the exception of Appendix C, Milestones
  - The newly adopted documents will have an implementation date of July 2023

**Understanding the CPME 320**

Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies

Podiatric Residencies

Podiatric residency programs are based on the resource-based, competency-driven, assessment-validated model of training:

- Resource-based
- Competency-driven
- Assessment-validated

**Resource-based**

Podiatric residency programs are based on the resource-based, competency-driven, assessment-validated model of training. **Resource-based** implies that the program director constructs the residency program based upon the resources available. While the Council recognizes that available resources may differ among institutions, the program director is responsible for determining how the unique resources of the particular residency program will be organized to assure the resident opportunity to achieve the competencies identified by the Council.
Competency-driven

Podiatric residency programs are based on the resource-based, competency-driven, assessment-validated model of training:

- **Competency-driven** implies the program director assures that the resident achieves the competencies identified by the Council for successful completion of the residency. Each of these specific competencies must be achieved by every resident identified by the sponsoring institution as having successfully completed the residency program.

Assessment Validated

Podiatric residency programs are based on the resource-based, competency-driven, assessment-validated model of training:

- **Assessment-validated** implies the serial acquisition and final achievement of the competencies are validated by assessments of the resident's knowledge, attitudes, and skills. To provide the most effective validation, assessment is conducted both internally (within the program) and externally (by outside organizations).

Document Organization

STANDARDS - broad statements that embrace areas of expected performance on the part of the sponsoring institution and the residency program

REQUIREMENTS - provide an indication of whether the broader standard has been satisfied

GUIDELINES - Explanatory materials for the requirements, used to indicate how the requirements either must be interpreted or may be interpreted to allow for flexibility, yet remain within a consistent framework

Institutional and Program Standards

Institutional Standards

Program Standards

1. Program director and faculty
2. Facilities and resources
3. The Resident
4. Reporting to the Council

Standards, Requirements, and Guidelines

Standards

- The basis for evaluating the quality of education
- Broad statements related to expected performance

Requirements

- Specific to each standard
- Mandatory
- Articulation of requirements determines extent of compliance with a standard
- Explanatory materials for the requirement
- Indicate how the requirement may be interpreted

Guidelines

- Explanatory materials for the requirements
- Indicate how the requirement may be interpreted

Institutional Standards and Requirements

1.0 The sponsorship of a podiatric medicine and surgery residency is under the specific administrative responsibility of a health-care institution or college of podiatric medicine that develops, implements, and monitors the residency program.

1.1 The sponsor shall be a hospital, academic health center, health-care system, or CPM-accredited college of podiatric medicine. Hospital facilities shall be utilized for training for residents who are affiliated with an accredited institution where the affiliation is specific to residency training.

A residency program that co-sponsors a residency with a hospital, academic health center, health-care system, and/or college of podiatric medicine shall be under the specific administrative responsibility of the hospital and shall also be accountable for the educational activities which are part of the residency program.

An alternate site to which a residency program has an affiliation with an institution that is not the sponsor must be under the specific administrative responsibility of the sponsor.

1.2 The sponsoring institution(s) in which residency training is primarily conducted shall be accredited by the Joint Commission, the American Osteopathic Association, or a health-care agency approved by the Council for Podiatric Medical Education. An alternate site in which training is conducted shall be accredited by the Council on Podiatric Medical Education.
Verbs

The verbs “must” and “is” indicate how a requirement is to be interpreted, without fail. The approval status of a residency program is at risk if noncompliance with a “must” or an “is” is identified.

The verb “should” indicates a recommended, but not mandatory, condition.

The verb “may” is used to express freedom or liberty to follow an alternative.

High-level Changes

No changes to the standards, only to requirements and guidelines

- Intent and Background statements were added to some requirements to further clarify guidelines
- Addition of curricular guidelines for all mandated rotations
- New mandated rotation lengths and categories
- Changes to Minimum Activity Volume (MAVs) of procedures

Standard 1 - sponsorship

The sponsorship of a podiatric medicine and surgery residency is under the specific administrative responsibility of a health-care institution or college of podiatric medicine that develops, implements, and monitors the residency program.

1.1 Revised to include sponsorship by health care systems
1.3 Affiliation agreement reaffirmation increased to every 10 years (up from 5)

Revisions to CPME 320

Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies

High-level Changes

- Requirement of minimum 0.5 FTE Residency Coordinator (20 hours/week)
- Requirement ensuring that policies and programs are in place to encourage optimal resident well-being
- New/additional requirements for yearly didactics
- New requirement for final assessment of the resident
- New requirement for annual in-training exams

Standard 2 - facilities

The sponsoring institution ensures the availability of appropriate facilities and resources for residency training.

2.2 Requirements updated to reflect digital/electronic educational resources
2.4 Requirement for a program coordinator – 0.5 FTE

CPME 320, Pages 6-7
Requirement 2.4 – program coordinator

The sponsoring institution shall provide a designated administrative staff member, frequently referred to as a program coordinator, to ensure efficient administration of the residency program. The program coordinator must dedicate sufficient time to the administration of the program and must devote the equivalent of 0.5 FTE to the program.

Standard 3 - policies

The sponsoring institution formulates, publishes, and implements policies affecting the resident.

- Revised to require abiding by the rules and regulations of the matching service
- Identifies specific benefits to be provided the residents
- Outlines requirements in the resident contract and clarifies that the program director has final authority to oversee residents at all training sites

Requirement 3.6 – resident benefits

Identifies specific benefits to be provided the residents

- The sponsoring institution shall ensure that the resident is compensated equitably with and is afforded the same benefits, rights, and privileges as other residents at the institution.

- The institution shall provide the following benefits:
  - Health insurance
  - Professional, family, and sick leave
  - Leave of absence
  - Professional liability insurance coverage
  - Other benefits if provided

Requirement 3.7 – resident contract

Outlines requirements in the resident contract and clarifies that the program director has final authority over resident training at all training sites

- The contract or letter must state the following:
  - Whether the program to which the resident is appointed awards the reconstructive rearfoot/ankle credential upon completion of training;
  - The amount of the resident stipend;
  - Duration of the agreement;
  - Benefits provided;
  - The length of the program, if it is approved by the Council to exceed 36 months;
  - For programs in which residents sign contracts with multiple institutions, a letter of understanding between those institutions must be in place, identifying the program director as the final authority to oversee resident training at all sites.

Standard 3 - policies (cont.)

The sponsoring institution formulates, publishes, and implements policies affecting the resident

- Ensure that residents do not sign a non-competition guarantee or restrictive covenant with institution or any affiliated training sites
- Outlines required components that must be developed and compiled into a residency manual
- Ethical conduct is further defined
- Added that residents may not assume the responsibility of ancillary medical staff

Requirement 3.9 – residency manual

Outlines required components that must be developed and compiled into a residency manual

- The manual shall include, but not be limited to, the following:
  - The mechanism of appeal
  - Performance improvement methods established to address instances of unsatisfactory resident performance
  - The rules and regulations for the conduct of the resident
  - Curriculum, including competencies and assessment documents specific to each rotation (refer to requirements 6.1 and 6.4)
  - Sample of didactic activities and critical analysis of scientific literature (refer to requirements 6.7 and 6.8)
  - Policies and programs that encourage optimal resident wellness (refer to requirement 3.13)
  - CPME 320 and CPME 330 or links to these documents on the Council's website

Assessment documents and competencies must correlate. They may be included in a single document.
Requirement 3.13 – resident well-being

The sponsoring institution formulates, publishes, and implements policies affecting the resident.

3.13 Added resident well being

- Ability to attend medical, mental health, and dental care appointments, including those scheduled during working hours
- Provide education and resources that support identifying in themselves or others the risk factors of developing or demonstrating symptoms of fatigue, burnout, depression, and substance abuse, or displaying signs of self-harm, suicidal ideation, or potential for violence.
- Provide access to affordable mental health care, necessary for either acute or ongoing mental health issues.
- Provide an environment in which the physical and mental well-being of the resident is supported, without the resident fearing retaliation.

CPME 320, Page 12

Standard 4 – reporting to CPME

The sponsoring institution reports to the Council on Podiatric Medical Education regarding the conduct of the residency program in a timely manner and at least annually.

Expanded to include changes that require reporting to the council within 30 days:
- Change in sponsorship
- Change in the chief administrative officer, DIO, or designee
- Resignation or termination of the PD and/or appointment of a new PD
- Resident resignation, termination, or transfer
- Delay in resident starting date
- Resident extended leave of absence
- Resident extension of training

CPME serves as a primary source for residency verification, so it is important that we maintain accurate records for all residents and their time in residency.

CPME 320, Pages 14-15

Standard 5 – administration

The residency program has a well-defined administrative organization with clear lines of authority and a qualified faculty.

5.2 The program director must be certified by ABPM and/or ABFAS, and must possess a minimum of three years of post-residency clinical experiences. Applicable to program directors appointed after adoption of the revised documents.

CPME 320, Pages 14-15

Standard 6 – the curriculum

The podiatric medicine and surgery residency is a resource-based, competency-driven, assessment-validated program that consists of three years of postgraduate training in inpatient and outpatient medical and surgical management. The sponsoring institution provides training resources that facilitate the resident’s sequential and progressive achievement of specific competencies.

6.1 Care competencies updated to include additional components and now includes:
- Direct participation in the management and evaluation of patients with a variety of diseases, disorders
- Added care competencies for all required rotations

6.3 Provides clarification concerning the rotation schedule

6.4 In addition to podiatric medicine and surgery, all required rotations must be a minimum of two weeks of training, unless otherwise specified, and must be provided in block or sequential format.
- Anesthesiology
- Rehabilitation
- Emergency medicine (minimum of four weeks of training)
- Radiology imaging

While a typical training week involves five working days, CPME recognizes that holidays may shorten a work week.

CPME 320, Pages 16-24
Requirement 6.4 – required rotations

6.4 Medical specialties: a minimum of 12 cumulative weeks of training

- Training must include rotations in:
  - Internal medicine/family medicine (minimum 4 weeks).
  - Infectious disease.
- Training must also include at least two of the following rotations:
  - Burn unit, dermatology, endocrinology, geriatrics, intensive/critical care unit, neurology, pain management, pediatrics, physical medicine and rehabilitation, rheumatology, wound care, and vascular medicine.

Requirement 6.4 (cont.)

6.4 Surgical specialties: a minimum of 8 cumulative weeks of training

Training must include at least two of the following rotations, with a minimum of two weeks in endovascular/vascular surgery:

- Endovascular/vascular surgery (at least two weeks).
- Cardiothoracic surgery, general surgery, hand surgery, orthopedic surgery, neurosurgery, orthopedic/surgical oncology, pediatric orthopedic surgery, plastic surgery, or surgical intensive care unit (SICU), trauma team/surgery.

Requirement 6.7 - didactics

6.7 Residents must have protected time for weekly didactic activities, including required activities

Training must be provided at least once per year in:

- Falls prevention
- Resident well-being
- Pain management and opioid addiction
- Cultural humility
- Workplace harassment and discrimination awareness and prevention
- Foundation of and importance of coding and medical documentation
- Training in research methodology must be provided at least once during residency.

NEW - Requirement 6.10 work hours

6.10 Residents are afforded appropriate clinical and educational work hours.

Work Hours: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities and clinical work done from home.

Work Periods: (A) Except as provided in (B, below), clinical and educational work periods shall not exceed 24 hours of continuous in-house activity, and must be followed by at least eight hours free of clinical work and education. (B) The 24-hour work period may be extended up to five hours of additional time for necessary patient safety, effective transitions of care, and in resident education.

In-house Call: Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

Out-of-town Call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

The sponsoring institution must prohibit resident participation in any activity that could adversely affect the resident’s ability to function in the training program.

Standard 7 - assessment

The residency program conducts self-assessment and assessment of the resident based upon the competencies.
**Requirement 7.1 - logs**

Resident logs should be validated monthly and should be free from errors.

7.1 The program director shall review, evaluate, and verify resident logs on a monthly basis.

The program director must review the logs for accuracy to ensure that there is no duplication, misinterpretation, and/or fragmentation of procedures into their component parts. Procedure notes must support the selected experience.

The program director must monitor resident logs to assure resident attainment of the Minimum Activity Volume (MAV) and diversity requirements prior to completion of training.

**Resident Logs**

Resident logs should be an accurate representation of the resident’s medical and surgical training.

Even when residents document the minimum number of required activities to successfully fulfill CPME requirements, they still need to log clinical and surgical experiences, including cases on medical and non-podiatric surgical rotations, for the entire duration of their residency training.

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**Standard 7 - assessment**

The residency program conducts self-assessment and assessment of the resident based upon the competencies.

7.2a Added that assessment of the resident must be documented at least once for every three months of podiatric medicine and/or podiatric surgery service.

7.2b Expanded to include specific components to be included in the resident semi-annual assessment.

7.2c New requirement for a Final Assessment of the resident.

7.3 New requirement for an annual in-training exams.

CPME 320, Pages 26-28

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**Requirement 7.2a – rotation assessments**

Added that assessment of the resident must be documented at least once for every three months of podiatric medicine and/or podiatric surgery service.

Assessment forms must be completed for all rotations identified in the curriculum. The document must specify the date covered, the name of the resident, and the name of the faculty member. The assessment must be signed and/or electronically acknowledged and dated by the faculty member, the resident, and the program director. The document must assess competencies specific to each rotation including communication skills, professional behavior, attitude, and initiative. The timing of the assessment for each competency must allow sufficient opportunity for performance improvement.

Assessment must be documented at least once for every three months of uninterrupted training in podiatric medicine and/or podiatric surgery service and must include assessment of resident outpatient podiatric experiences (clinic and/or private practice offices).

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**Requirement 7.2b resident semi-annual assessment**

Expanded to include specific components to be included in the resident semi-annual assessment.

- Review of completed rotation assessments (see requirement 7.2a)
- In-training examinations
- Progress statement of MAVs

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**Requirement 7.2c Final assessment of the resident**

New - Final assessment of the resident.

The program director must conduct a final meeting with each resident upon completion of the program. A final assessment must be provided in a written format and include the objectives and evaluation of the program director and the resident. The final assessment must:

- become part of the resident’s permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy, and
- verify that the resident has achieved the competencies of the residency program and ensure attainment of MAVs in all categories.

This assessment must be conducted within the resident’s final two months of training.
Requirement 7.3 – in-training exams

New – Residents must take an in-training exam during each academic year.

7.3 The program shall require that all residents take an annual in-training examination as offered by SBHC-recognized specialty boards.

The sponsoring institution must pay any fees associated with the examinations. The program must require that residents take one exam from each SBHC-recognized specialty board at least once during their time in residency training.

Examination results are used as a guide for resident performance improvement and as part of the annual self-assessment of the program.

Appendix A – Volume and Diversity Requirements

• Added definition for Lower Extremity Wound Care
• Added intent and background for biomechanical cases

Appendix B - Surgical Procedure Categories and Code Numbers

• Category 6 – updated and expanded to include practice-based procedures that may be applied to meet the 100 MAV requirement
• Added Wound Care as Category 11

Proper Logging Guide

CPME has updated the Proper Logging of Podiatric Medical/Surgical Residency Experiences guide and slides to reflect the new standards and requirements. This presentation will be available on www.cpme.org.
Implementation Plan

CPME 320. Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies

Implementation - MAVs

There will be parallel MAV requirements depending on when a resident entered their residency:

- Residents who started training prior to the 2023-2024 academic year:
  - Must meet MAVs outlined in the CPME 320 in effect at the start of their training (version effective July 2015, and subsequent amendments)

- Residents who enter residency during the 2023-2024 academic year:
  - Must meet MAVs outlined in CPME 320 (version effective July 2023)

**PRR will have parallel MAV reports based on the start date of residency**

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<tr>
<th>MAV Category</th>
<th>2015</th>
<th>July 2023 forward</th>
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<tbody>
<tr>
<td>Foot and ankle surgical cases</td>
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<td></td>
</tr>
<tr>
<td>PMS &amp; IRA</td>
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<td>PMS only</td>
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<td>250</td>
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<td>Trauma cases</td>
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<td>Podiatric cases</td>
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<tr>
<td>Other procedures</td>
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<td></td>
</tr>
<tr>
<td>Lower extremity wound care</td>
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<td></td>
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<tr>
<td>Biomechanical examinations</td>
<td>50</td>
<td>50</td>
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<tr>
<td>Comprehensive history and physical examinations</td>
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<th>Test Resident (PMY)</th>
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<th>Meeting MAV</th>
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<td>Over(under)</td>
<td>Meeting MAV</td>
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<tr>
<td>2nd Anest.</td>
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<td>Over(under)</td>
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**Comparison of MAV Requirements**

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<tr>
<th>Minimum Activity Volume</th>
<th>CPME 320 - 2015</th>
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<td>50</td>
</tr>
<tr>
<td>Comprehensive history</td>
<td>50</td>
<td>50</td>
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<tr>
<td>and physical examinations</td>
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</tbody>
</table>
Implementation - Rotations

Residents who entered residency prior to the 2023-2024 academic year:
• Must complete required rotations outlined in the CPME 320 in effect at the start of their training (version effective July 2015, and subsequent amendments), except for pathology, which may be waived

Residents who enter residency during the 2023-2024 academic year:
• Must complete required rotations, in block or sequential format only, with the minimum rotation length as outlined in CPME 320 version effective July 2023

Note: CPME recognizes that rotation competencies and training schedules may have already been set, and thereby create an administrative burden to significantly adjust these schedules. Additionally, increasing the rotation lengths in existing training schedules set before June 2023 may pull residents from planned surgical time and may prevent residents from attaining surgical MAVs.

Comparison of Required Rotations

<table>
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<tr>
<th>Required Rotations</th>
<th>CPME 320 - 2015 (no set length and format)</th>
<th>CPME 320 - July (minimum length and format, must be block or sequential)</th>
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<tbody>
<tr>
<td>Surgical specialties must include two of the following</td>
<td>Central surgery and one required surgical subspecialty</td>
<td>Combined with internal medicine and infectious disease, must be equivalent to a minimum of 3 full-time months of training</td>
</tr>
<tr>
<td>Endovascular/vascular surgery</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Cardiothoracic surgery, general surgery, hand surgery, orthopedic surgery, neurosurgery, orthopedic/surgical oncology, pediatric orthopedic surgery, plastic surgery, or surgical intensive care unit (ICU), trauma team/surgery</td>
<td>N/A</td>
<td>Along with Endovascular / vascular surgery, this must total 8 weeks</td>
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<tr>
<td>Anesthesiology</td>
<td>N/A</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Behavioral medicine</td>
<td>N/A</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>N/A</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Medical imaging</td>
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<td>2 weeks</td>
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<td>Medical specialties</td>
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<tr>
<td>Internal medicine / Family medicine</td>
<td>N/A</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Infectious disease</td>
<td>N/A</td>
<td>2 weeks</td>
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<tr>
<td>Two of the following: Burn unit, dermatology, endocrinology, geriatrics, intensive/critical care unit, neurology, pain management, pediatrics, physical medicine and rehabilitation, rheumatology, wound care, and vascular medicine</td>
<td>The time spent in infectious disease, internal medicine and/or family practice, and medical subspecialties must be equivalent to a minimum of 3 full-time months of training</td>
<td></td>
</tr>
<tr>
<td>Surgical specialties (must include two of the following): General surgery and one required surgical subspecialty</td>
<td>8 cumulative weeks</td>
<td>Combined with internal medicine and infectious disease, must be 12 cumulative weeks</td>
</tr>
<tr>
<td>Endovascular/vascular surgery</td>
<td>N/A</td>
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CPME 330

Procedures for Approval of Podiatric Medicine and Surgery Residencies

What is CPME 330?

CPME 330 outlines important procedures related to the following (and more) responsibilities of the RRC and Council:
• Application for Provisional Approval of a New Residency Program
• Re-Evaluation and Continuing Approval of an Existing Residency Program
• On-site Evaluation
• Consideration by the RRC and the Council
• Categories of Approval and Approval Period
• Authorization of Increases in/reclassification of Residency Positions
• Resident Transfer
• Program Transfer/Change in Sponsorship

Changes to CPME 330

Added new policies for residents transferring at different times during their residency:
• Re-entering a training program
• Repeating first year of training
• Repeating second year of training
• Transfers in the third year of training

Added an approval category and updated the rest:
• Removed Administrative Probation
• Added Approval with Report category
• Updated criteria for Approval category (no areas of non-compliance)
Categories of Approval

Added an approval category “Approval with Report”

Approval with Report

Approval indicates recognition of an existing residency that is in substantial compliance with the Council’s standards and requirements for approval. By granting approval, the Council expresses its confidence in the institution’s compliance with all CPME standards and requirements and its commitment to continue providing adequate support and implementing ongoing improvements in the residency.

As a condition of continued approval, the institution may be required to provide one or more progress reports, as specified periods, as indicated in the approval letter. The progress report(s) submitted will be evaluated annually to monitor the institution’s progress among the approved program(s).

The approval letter includes the date by which the next scheduled on-site evaluation will occur. Re-evaluation of an existing program is scheduled approximately six years from the date of its previous evaluation. The RRC and/or the Council may schedule an earlier on-site re-evaluation should significant concerns become evident from review of the program’s progress reports.

The RRC may request that the institution submit additional progress reports to allow for further monitoring of issues of concern and to answer questions arising from review of the program’s report.

Resident Transfers

Added new policies for residents transferring at different times during their residency.

Residents Re-entering Training Programs

Residents who possess a certificate in any category and wish to re-enter residency training must begin as a first-year resident and complete three full years of training.

Residents Repeating First Year of Training

A resident who has completed one or more years of training and wishes to repeat training as a first-year resident must complete the first-year training requirement as a transfer resident. As such, logs and completed rotations will transfer and meet the requirements of the new program.

Residents Repeating Second Year of Training

A resident who has completed two years of training and wishes to repeat the second year of training as a transfer resident must also complete the third year of training, regardless of the overall length of training completed. The program may not request early graduation of the resident, even if the resident meets all the training requirements.

Residents Repeating Third Year of Training

Residents must spend at least 11 months of training in the program that awards the certificate. This policy will not apply to residents who must transfer due to program closure.

Review of Other Residency Documents

Important Documents

Please note that the following updated documents are available on the CPME website:

Approval Documents

- CPME 330, Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies - July 2023
- CPME 330, Procedures for Approval of Podiatric Medicine and Surgery Residencies - July 2023
- Substantive Changes to CPME 330, approved October 2022
- Substantive Changes to CPME 330, approved October 2022

Approved Program Forms and Documents

- CPME 310, Pre-Evaluation Report - July 2023
- CPME 370, Team Report - July 2023

Residency Application Forms and Documents

- CPME 309, Application for Provisional Approval - July 2023
- CPME 389, Team Report for Provisional Approval - July 2023

CPME 310 – Pre-evaluation Report

This is the document that must be submitted by all programs prior to the on-site evaluation. The form requires submission of supplemental material that demonstrates the Institution’s compliance with all CPME standards and requirements.
**CPME 310 – Required Documentation**
- Accreditation document for sponsoring institution(s)
- Affiliation agreements and written confirmation of the appointment of a site coordinator
- Resident contracts – Letter of Appointment
- Residency Manual
- Certificate of completion of residency
- Documentation to demonstrate that policies and programs are in place that encourage optimal resident well-being

**CPME 310 – Required Documentation**
- Curriculum Vitae of program director and statement of qualifications
- List of podiatric faculty
- List of non-podiatric faculty
- Assessment of all rotations of each resident
- Semi-annual resident assessment
- Final assessment of the resident
- Program annual self-assessment
- Copies of ACLS certificates for each resident
- List of residents and resident emails

**Chart of Rotations**
The program director must submit this rotation chart as part of the pre-evaluation material. The team will confirm this information with the training schedule provided in the resident manual.

**Chart of Rotations**
The program director must submit this rotation chart as part of the pre-evaluation material. The team will confirm this information with the training schedule provided in the resident manual.

**CPME 370 – Evaluation Team Report**
The CPME 370 Evaluation Team Report for Podiatric Medicine and Surgery Residencies is the evaluation team report completed by the on-site evaluation team.

Program directors should familiarize themselves with this document, as it outlines every requirement in CPME 320 and documents a program’s compliance with each item.

**Summary of Findings**
The Team Chair will complete a narrative section related to the summary of findings. This section includes information about the sponsoring institution, the administrative structure of the residency program, the program curriculum, strengths of the program, and program weaknesses.
Checklists for each requirement

The 370 has a checklist for every requirement in the CPME 320.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The manual includes the following required components (1.9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mechanism of action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Performance improvement methods related to addressing inequities in health care outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Resident and educational work load</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Rules and regulations for the conduct of the program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Transition of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Curriculum, including curricular and assessment documents specific to each resident's role (refer to requirements 3.1 and 3.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Training in clinical excellence and clinical evaluation of all residents' progress (refer to requirement 5.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Policies and procedures for the receipt and maintenance of resident's evaluation (refer to requirement 5.4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interested in Becoming an Evaluator?

CPME residency evaluators must be certified by one or both of the specialty boards recognized by the Specialty Board Recognition Committee (SBRC) and must be either a program director or active faculty member of a CPME-approved residency programs.

**Individuals certified by ABFAS:**
Submit your CV along with a letter of interest to Kathy Kreiter, executive director, at kkreiter@abfas.org.

**Individuals certified by ABPM:**
Submit your CV along with a letter of interest to admin@ABPMmed.org.

Please see the evaluator criteria for each board on cpme.org

Narrative Questions

1. Describe the ongoing resident experience provided to the residents.
2. Describe the ongoing resident experience provided to the residents.
3. Describe the ongoing resident experience provided to the residents.
4. Describe the ongoing resident experience provided to the residents.
5. Describe the ongoing resident experience provided to the residents.

Review of Logs and Charts

In addition to reviewing the requested pre-evaluation material for compliance with CPME standards and requirements, the on-site evaluation team will review resident logs in Podiatry Residency Resource (PRR) and will request charts to review.

Confidential Resident Surveys

CPME will send a confidential resident survey to all residents to complete prior to the on-site evaluation.

Based on responses to these surveys and other interviews conducted by the on-site team, the team chair may request additional information from a program prior to or during the on-site evaluation.

Q and A

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CPME residency evaluators must be certified by one or both of the specialty boards recognized by the Specialty Board Recognition Committee (SBRC) and must be either a program director or active faculty member of a CPME-approved residency programs.

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Submit your CV along with a letter of interest to Kathy Kreiter, executive director, at kkreiter@abfas.org.

**Individuals certified by ABPM:**
Submit your CV along with a letter of interest to admin@ABPMmed.org.

Please see the evaluator criteria for each board on cpme.org
CONCLUSION

Please feel free to stay for the final hour, where we will be going more in-depth for residency on-site evaluators.

Training for On-Site Evaluators

Sign-in for Reimbursement

CPME will send you the expense form for you to submit. Please make sure to sign in either by scanning the QR code or by visiting the link below. You must be signed in to receive a reimbursement form for this training.

https://www.surveymonkey.com/r/CRECLA

Residency Evaluators

Thank you for your hard work and service as a volunteer!

Do you have questions on the CPME 320 revisions?

Understanding Compliance

Some of this information is repetitive; we want to make sure you fully understand the changes and how these apply to programs.

While programs must demonstrate compliance in all areas of the CPME 320 – July 2023, individual residents may complete the curricular requirements outlined in the document that was in effect when they started their residency. Evaluators must distinguish between program compliance and individual resident’s meeting the competencies based on the year they entered residency.

Please refer to your team chair or to CPME staff if you have specific questions as you evaluate your first few programs under the new standards and requirements.

Implementation

Programs have the responsibility to ensure that residents who complete the program meet the MAVs and the rotations/curriculum structure set in the CPME 320 document that was in effect when the residents started their training, with the exception of the pathology rotation, which may be waived for residents entering training prior to June 2023.
The CPME 370, Evaluation Team Report for Podiatric Medicine and Surgery Residencies, is the evaluation team report completed by the on-site evaluation team.

We will be reviewing changes to the report for the revised CPME 320. Please open the CPME 370 on www.cpme.org to follow along during the presentation.

### New Features
- The ENTIRE TEAM REPORT will be shared with programs.
- More accurate, thorough checklists provided for each standard.
- Narrative questions shortened and moved from the end of the report to page 10.

The only narrative questions are those listed on page 10 of the report. The rest of the report is comprised of simple checklists and comment boxes.

### Pre-evaluation Material, CPME 310
- We urge all evaluators to familiarize themselves with the documentation institutions must submit prior to the on-site evaluation as part of the CPME 310, Pre-evaluation Report.
- We are asking program directors to complete the chart of rotations as part of the 310 submission. This will assist the team/team chair in filling out this chart as part of the CPME 370, Team Report.

### NEW - Chart of Rotations submitted by program directors

The program director must submit this rotation chart as part of the pre-evaluation material. The team will verify this information with the training schedule provided in the resident manual.

### Chart of Rotations

<table>
<thead>
<tr>
<th>Rotations</th>
<th>Field</th>
<th>Length</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic Surgery</td>
<td>Orthopedic</td>
<td>3 months</td>
<td>Hospital A</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>Orthopedic</td>
<td>3 months</td>
<td>Hospital B</td>
</tr>
<tr>
<td>Podiatric Medicine</td>
<td>Podiatric</td>
<td>6 months</td>
<td>Hospital C</td>
</tr>
<tr>
<td>Podiatric Surgery</td>
<td>Podiatric</td>
<td>3 months</td>
<td>Hospital D</td>
</tr>
<tr>
<td>Podiatric Medicine</td>
<td>Podiatric</td>
<td>6 months</td>
<td>Hospital E</td>
</tr>
<tr>
<td>Podiatric Surgery</td>
<td>Podiatric</td>
<td>3 months</td>
<td>Hospital F</td>
</tr>
<tr>
<td>Podiatric Medicine</td>
<td>Podiatric</td>
<td>6 months</td>
<td>Hospital G</td>
</tr>
<tr>
<td>Podiatric Surgery</td>
<td>Podiatric</td>
<td>3 months</td>
<td>Hospital H</td>
</tr>
<tr>
<td>Podiatric Medicine</td>
<td>Podiatric</td>
<td>6 months</td>
<td>Hospital I</td>
</tr>
<tr>
<td>Podiatric Surgery</td>
<td>Podiatric</td>
<td>3 months</td>
<td>Hospital J</td>
</tr>
<tr>
<td>Podiatric Medicine</td>
<td>Podiatric</td>
<td>6 months</td>
<td>Hospital K</td>
</tr>
<tr>
<td>Podiatric Surgery</td>
<td>Podiatric</td>
<td>3 months</td>
<td>Hospital L</td>
</tr>
<tr>
<td>Podiatric Medicine</td>
<td>Podiatric</td>
<td>6 months</td>
<td>Hospital M</td>
</tr>
<tr>
<td>Podiatric Surgery</td>
<td>Podiatric</td>
<td>3 months</td>
<td>Hospital N</td>
</tr>
<tr>
<td>Podiatric Medicine</td>
<td>Podiatric</td>
<td>6 months</td>
<td>Hospital O</td>
</tr>
<tr>
<td>Podiatric Surgery</td>
<td>Podiatric</td>
<td>3 months</td>
<td>Hospital P</td>
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<td>Hospital R</td>
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<td>Podiatric Medicine</td>
<td>Podiatric</td>
<td>6 months</td>
<td>Hospital S</td>
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<tr>
<td>Podiatric Surgery</td>
<td>Podiatric</td>
<td>3 months</td>
<td>Hospital T</td>
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<td>Podiatric Medicine</td>
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</tr>
<tr>
<td>Podiatric Surgery</td>
<td>Podiatric</td>
<td>3 months</td>
<td>Hospital Z</td>
</tr>
</tbody>
</table>
New, shorter narrative questions

1. Describe the unique patient experiences provided to the resident.

2. Include the unique patient experiences provided to the resident.

3. Include the unique patient experiences provided to the resident.

4. Include the unique patient experiences provided to the resident.

5. Include the unique patient experiences provided to the resident.

6. Include the unique patient experiences provided to the resident.

Charts with checklists for every requirement

7. The manual includes the following required components (X).

8. Mechanisms of appeal

9. Performance improvement methods implemented to address instances of non-compliance

10. Resident clinical and educational work hours

11. Risk and regulations for the conduct of the resident

12. Transition of care

13. Consistency, including comprehensive and assessment documents specific to each patient (refer to requirements 2.4 and 4.3).

14. Training schedule (refer to requirements 3.3)

15. Schedule of didactic activities and clinical analysis of scientific literature (refer to requirements 3.4 and 5.3)

16. Program includes the following performance-related activities (X).

17. The program includes the following performance-related activities (X).

18. The program includes the following performance-related activities (X).

Resident Well-Being

11. The sponsoring institution ensures that policies and programs are in place that encourage optimal resident well-being (X)

YES NO

Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during working hours.

The institution provides education and resources that support sponsoring institution-employed faculty members and residents in identifying themselves or others at risk for developing or demonstrating symptoms of fatigue, burnout, depression, and substance abuse, or displaying signs of self-harm, suicidal ideation, or potential for violence.

The institution provides access to confidential and affordable mental health care, necessary for either acute or ongoing mental health issues.

The institution provides an environment in which the physical and mental well-being of the resident is supported, without the resident being subjected to any kind of sexual or other forms of exploitation.

If no to any question, please provide an explanation.

Training Schedule

16. The training schedule identifies the following (X):

17. The following training is provided at least once per year of training (X):

YES NO

17. The following training is provided at least once during residency training (X):

YES NO

Annual Didactic Activities

New - Simpler Reporting for Didactics

26. The following didactic activities are provided (X):

YES No

Case discussions with attendings
Attending Lectures - policy
Attending Lectures - non-policy
Simulations workshops
Cedars Workshops
Online CME lectures
Grand Rounds
Other
Other

If no, please provide an explanation.

If no, please provide an explanation.
Tracking Work Hours

How will programs be required to monitor and report work hours (requirement 6.10)?

Programs will track work hours based on resources available at the sponsoring institution. This information will be monitored internally and made available to the on-site team and/or RRC upon request.

Teams may ask for documentation related to resident work hours if they believe the program may not be in compliance with this requirement due to information from the confidential resident surveys or interviews with residents or faculty.

New! Report Available in PRR

- PRR has a new report called the Clinical Log for Evaluators
- This report is only available when you are logged on as a residency on-site evaluator
- The report was designed to assist on-site evaluators in choosing cases when reviewing logs for on-site evaluations
- The report allows evaluators to identify and export cases in an easy-to-read format
Evaluator View

Program Director’s View

Audit Log for Evaluators

New Administrative Process

CPME is piloting using Microsoft OneDrive to share all pre-evaluation material and Team Reports. This allows for quicker, easier access by teams and easier shared editing of the team report. Please reach out to CPME staff if you prefer to receive this material in the CPME portal.
New Procedures Related to Team Member Feedback

CREC is exploring ways that teams can provide feedback to one another related to evaluator performance. While we expect to continue to utilize a shortened version of the Post-Evaluation Questionnaire (PEQ), we also hope to institute some new practices related to feedback. We will be providing additional information related to this new procedure in August, prior to the beginning of the Fall 2023 residency on-site evaluation cycle.

Chair Best Practices Workshop

CREC will schedule another Chair Best Practices Workshop in August to review the new procedure for providing feedback to teams.

Q and A

All of these slides will be posted on the CPME website by mid-February.

www.CPME.org

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https://www.surveymonkey.com/r/CRECLA

CONCLUSION

THANK YOU FOR YOUR VOLUNTEER WORK AS A RESIDENCY ON-SITE EVALUATOR