

Snapshot review of changes in the CPME 320 implemented 7/2023

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

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Standards 2

New:

2.4 Requirement for a program coordinator with a minimum of 0.5 FTE (full time equivalent)

Standard 3

New:

3.8 Ensure that residents not sign a non-competition guarantee or restrictive covenant with institution or any affiliated training sites

New

3.13 The sponsoring institution shall ensure that policies and programs are in place to encourage optimal resident well-being.

CPME 320, Page 12



Standard 5

New:

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

New:

6.4 In addition to podiatric medicine and surgery, all other required rotations must be:

- a minimum of two weeks of training
(except Emerg Med and Int /fam Med which must be 4 weeks)
- in block or sequential format.

*Added clarity: - A typical training week involves five (8 hour) working days
- CPME recognizes that holidays may shorten a work week.*

Requirement 6.4

6.4 Medical specialties (unchanged except 12 weeks instead of 3 months):

- Requires a minimum of 12 cumulative weeks of training
- Training must include rotations in:
 - Internal medicine/Family medicine (minimum 4 weeks).
 - Infectious diseases
- 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

6.4 Surgical specialties:

- Requires 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, 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.

Note: Gen Surg no longer required

Vascular Surg is now required

Rotation set up and length

Rotations that are **in addition to** required rotations do not need to conform to the 2 week minimum, or block/sequential format.

Eg: A program fulfills surgical specialty requirement with:

4 weeks block Vascular

4 weeks block Plastics

The program may have an additional rotation in “ortho-plastics” on an “as experiences are available” basis, without any length specified, since this is in addition to rotations that fulfill the required 8 weeks cumulative.

Implementation - Rotations

Residents who entered residency prior to the 2023-24 academic year:

- Must complete required rotations outlined in the CPME 320 in effect at the start of their training (*version effective July 2018, and subsequent amendments*), except for pathology, which may be waived

Residents who enter residency on or after July 2023:

- Must complete required rotations, in block or sequential format only, with the minimum rotation length as outlined in CPME 320 version effective July 2023

Intent: CPME recognizes that rotation competencies and training schedules may have already been set, and it may 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

Required Rotations	2018-2022	July 2023 and forward (minimum length and format, must be block or sequential)
Anesthesiology	Required, no set length	2 weeks
Behavioral medicine	Required, no set length	2 weeks
Emergency medicine	Required, no set length	4 weeks
Medical imaging	Required, no set length	2 weeks
Medical specialties:	"3 months of training"	12 cumulative weeks
Internal medicine / Family medicine		4 weeks
Infectious disease	Required, no set length	2 weeks
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	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	Combined with internal medicine and infectious disease, must be 12 cumulative weeks

Comparison of Required Rotations

Required Rotations	CPME 320 - 2018-2022 (no set length and format)	CPME 320 – July (minimum length and format)
General surgery	Required	No longer required
Vascular (Endovascular) surgery	Not required	Required
Surgical specialties (<u>must include two</u> of the following):		
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	Required, no set length	Required, no set length

Requirement 6.7

New:

6.7 Residents must have protected time for weekly didactic activities

And: Training must be provided at least once per year in:

- Falls prevention
- Resident well-being
- Pain management
- Cultural humility
- Workplace harassment and discrimination awareness and prevention.
- Foundation of and importance of coding and medical documentation.

Unchanged:

Training in research methodology must be provided at least once during residency

Requirement 6.10

New:

6.10 Residents are afforded appropriate clinical and educational work hours

- Work hours
- Work periods
- In-house call
- Outside activities

CPME 320, Pages 25-26

Requirement 6.10

6.10 The residency program shall ensure the resident is afforded appropriate clinical and educational work hours.

Work Hours: Clinical & education work hours

- Must be 80 hours or less each week, averaged over a 4-week period
- Hours are inclusive of all in-house clinical and educational activities and clinical work done from home.

Work Periods: clinical and educational work periods for residents:

- Must not exceed 24 hours of continuous in-house activity
- Must be followed by at least eight hours free of clinical work and education.
- The 24-hour work period may be extended up to four hours of additional time for necessary patient safety, effective transitions of care, and/or resident education.

Requirement 6.10

6.10 The residency program shall ensure the resident is afforded appropriate clinical and educational work hours.

In-house Call: in-house call cannot be more frequent than every third night (when averaged over a 4 week period).

At-home call: must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Outside Activities: The sponsoring institution **must** prohibit resident participation in any outside activities that could adversely affect the resident's ability to function in the training program.

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.

Resident Logs

Modified:

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

- Residents should continue to log clinical and surgical experiences even after meeting a category's MAV
- Residents should be logging cases on non-podiatric rotations.
(Category 9 and Category 10)

Standard 7

NEW:

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

CPME 320, Pages 26-28

Standard 7

7.2c New requirement for a Final Assessment of the resident

- This will become part of the residents permanent hospital file

Requirement 7.3

New: Requiring annual in-training exams

7.3 The program shall require that all residents take at least one in-training examination during each year of residency.

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

Appendix B: Surgical Procedure Categories

NEW

- MAV of 100 procedures in Category 6

Cat 6 was updated and expanded to include practice-based procedures

Appendix B: Surgical Procedure Categories

NEW

- **Category 11: Lower Extremity Wound Care**
MAV 50 procedures in this category

11. Lower Extremity Wound Care

- 11.1 excisional debridement of ulcer or wound (e.g., neuropathic, arterial, traumatic, venous, thermal)
- 11.2 advanced wound care modalities (e.g., negative pressure wound therapy, cellular and/or tissue-based product, total contact casting, multi-layer compression therapy/Unna boot)
- 11.3 hyperbaric oxygen therapy

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 2018, and subsequent amendments*)

Residents who enter residency on or after July 2023:

- Must meet MAVs outlined in CPME 320 (*version effective July 2023*)

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



MAV/Diversity Report

Test Resident (PGY-3)				
ABFAS ID :	11111			
ABPM ID :	22222			
Residency Program Attended :	50011 - Test Residency Program			
Date Range :	07/01/2020 - 07/01/2023			
Total Podiatric Surgical Procedures				
2nd Assist	1st Assist	Total	1st Level Trauma	Podopediatric
4	1667	1671	136	62
Total Podiatric Surgical Cases : 1105 out of 300				
MAV Category	You Have	MAV Required	Over/(Under)	Meeting MAV
1. Digital Surgery	380	80	300	Yes
2. First Ray Surgery	250	60	190	Yes
3. Other Soft Tissue Foot Surgery	410	45	365	Yes
4. Other Osseous Foot Surgery	265	40	225	Yes
5. Reconstructive Rearfoot/Ankle Surgery	362	50	312	Yes
7. Biomechanics	85	75	10	Yes
8. Comprehensive H&Ps	52	50	2	Yes
All Trauma Cases (Podiatric and non-Podiatric)	136	50	86	Yes
Podopediatric Cases	62	25	37	Yes



MAV/Diversity Report

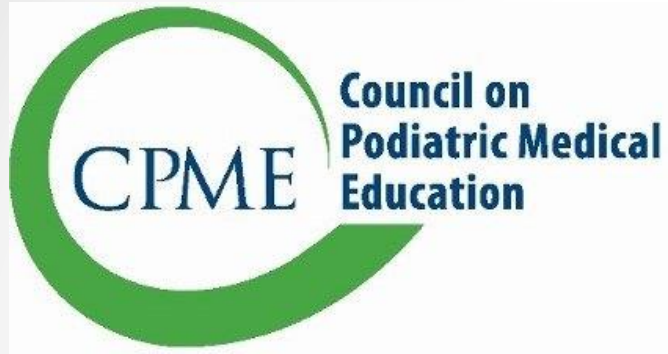
Test, Resident (PGY-1)				
ABFAS ID :	11111			
ABPM ID :	22222			
Residency Program Attended :	50001 - Test Residency Program			
Date Range :	07/01/2023 - 07/01/2024			
Total Podiatric Surgical Procedures				
2nd Assist	1st Assist	Total	1st Level Trauma	Podopediatric
0	68	68	1	1
Total Podiatric Surgical Cases : 67 out of 300				
MAV Category	You Have	MAV Required	Over/(Under)	Meeting MAV
1. Digital Surgery	18	80	(62)	No
2. First Ray Surgery	5	60	(55)	No
3. Other Soft Tissue Foot Surgery	27	45	(18)	No
4. Other Osseous Foot Surgery	16	40	(24)	No
5. Reconstructive Rearfoot/Ankle Surgery	2	50	(48)	No
6. Other Podiatric Procedures	20	100	(80)	No
7. Biomechanics	30	50	(20)	No
8. Comprehensive H&Ps	10	50	(40)	No
11. Lower Extremity Wound Care	52	50	2	Yes
All Trauma Cases (Podiatric and non-Podiatric)	1	50	(49)	No
Podopediatric Cases	1	25	(24)	No

Comparison of MAV Requirements

Minimum Activity Volume	2018-2022	July 2023 forward
Foot and ankle surgical cases		
PMSR/RRA	300	300
PMSR only	300	250 *
Trauma cases	50	50
Podopediatric cases	25	25
Other podiatric procedures	N/A	100 *
Lower extremity wound care	N/A	50 *
Biomechanical examinations	75	50 *
Comprehensive history and physical examinations	50	50

Comparison of MAV Requirements

Minimum Activity Volume	2018-2022	July 2023 forward
First and second assistant procedures (total)	400	400
Category 1, Digital Surgery	80	80
Category 2, First Ray Surgery	60	60
Category 3, Other Soft Tissue Foot Surgery	45	45
Category 4, Other Osseous Foot Surgery	40	40
Category 5, Reconstructive Rearfoot/Ankle Surgery	50	50



Thank you

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