

**Substantive Changes to CPME 320 Standards and Requirements for Approval of  
Podiatric Medicine and Surgery Residencies**

**Adopted October 2022**

**Implementation Date: July 2023**

| Standard/Requirement  | Revisions   |
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| <b>New Features</b>   | <ul style="list-style-type: none"> <li>• Intent and Background statements to further clarify guidelines</li> <li>• No changes to the specific standards, only to requirements and guidelines</li> </ul>   |
| <b>Glossary Definitions</b>   | <ul style="list-style-type: none"> <li>• Moved glossary definitions to the back of the document</li> <li>• Added glossary definitions for behavioral medicine, clinical competency committee, and milestones</li> </ul>   |
| <b>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.</b> | <ul style="list-style-type: none"> <li>• Requirement 1.1: Revised to include sponsorship by healthcare systems</li> <li>• Requirement 1.3: Affiliation agreement reaffirmation increased to every 10 years (from 5)</li> </ul>  |
| <b>2.0 The sponsoring institution ensures the availability of appropriate facilities and resources for residency training.</b>  | <ul style="list-style-type: none"> <li>• Requirements updated to reflect digital/electronic educational resources</li> <li>• Requirement of a program coordinator rather than staff support</li> <li>• Added that the program coordinator must devote the equivalent of 0.5 FTE to the program.</li> <li>• In the intent box, added an explanation that FTE is equivalent to a full-time employee at the sponsoring institution.</li> </ul> |

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| <p><b>3.0 The sponsoring institution formulates, publishes, and implements policies affecting the resident.</b></p>   | <ul style="list-style-type: none"> <li>• Requirement 3.3: Revised to require abiding by the rules and regulations of the matching service</li> <li>• Requirement 3.6 (Previously requirements 3.7 and 3.9 – now combined): Identifies specific benefits to be provided the residents</li> <li>• Requirement 3.7: Clarifies that the program director has final authority over resident employment, performance improvement, and disciplinary action when the resident signs contracts with multiple institutions</li> <li>• Requirement 3.8: States that the sponsoring institution will ensure that residents will not sign a non-competition guarantee or restrictive covenant with the institution or any of its affiliated training sites</li> <li>• Residency manual must include information related to transition of care</li> <li>• Requirement 3.11: (previously 3.12 related to ethical conduct) further defined</li> <li>• Addition of requirement 3.12: Residents may not assume the responsibility of ancillary medical staff</li> <li>• Addition of requirement 3.13: The sponsoring institution shall ensure that policies and programs are in place that encourage optimal resident well-being.</li> <li>• Added The institution must provide education and resources that support <u>sponsoring institution-employed faculty members</u> and residents in 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</li> </ul> |
| <p><b>4.0 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.</b></p> | <ul style="list-style-type: none"> <li>• Requirement 4.2: Expanded to include changes that require reporting to the council within 30 days</li> </ul>   |
| <p><b>5.0 The residency program has a well-defined administrative organization with clear lines of authority and a qualified faculty.</b></p>   | <ul style="list-style-type: none"> <li>• Requirement 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</li> <li>• Requirement 5.5: The program director has the authority to approve/remove program faculty</li> </ul>  |

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| <p><b>6.0 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.</b></p> | <ul style="list-style-type: none"> <li>• Requirement 6.1: Core competencies updated to include additional components and now includes: <ul style="list-style-type: none"> <li>○ Requirements of direct participation in the management and evaluation of patients in several clinical conditions</li> </ul> </li> <li>• Requirement 6.1 B: Added core competencies for <u>all</u> required rotations, including new competencies for rotations in medical imaging, behavioral medicine, vascular/endovascular surgery</li> <li>• Requirement 6.2: Further defines acceptable formats for web-based logging formats</li> <li>• Requirement 6.3: Provides clarification concerning the rotation schedule</li> <li>• Requirement 6.4: Significant changes <ul style="list-style-type: none"> <li>○ Behavioral science remains a required rotation</li> <li>○ Pathology is no longer a required rotation</li> <li>○ Vascular medicine has been added as a medical subspecialty</li> <li>○ Rotations must be at least two weeks in length.</li> <li>○ Emergency medicine must a minimum of four weeks in length</li> </ul> </li> </ul> <p>There is a minimum requirement of <b>8 cumulative weeks</b> of training in surgical specialties. Training must include at least <u>two</u> of the following rotations with a minimum of two weeks in vascular/endovascular surgery.</p> <ul style="list-style-type: none"> <li>• Endovascular/Vascular surgery (at least two weeks)</li> <li>• 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</li> </ul> <p>Intent Box Added: The program should be structured so that each rotation is a minimum of the required length of time, allowing for the resident to successfully achieve the competencies of the rotation. Individual resident schedules may vary due to faculty schedules, holidays, or other unforeseen circumstances; however, the intent is that the program affords residents the necessary time required in each rotation.</p> |

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|  | <ul style="list-style-type: none"> <li>Requirement 6.7: Expanded to include falls prevention, resident well-being, pain management and opioid addiction, cultural humility, and workplace harassment and discrimination provided at least once during training</li> <li>Added Foundation of and importance of coding and medical documentation as a required annual didactic activity</li> <li>NEW – Requirement 6.10: <b>The residency program shall ensure the resident is afforded appropriate clinical and educational work hours.</b> The requirement addressed outside activities, work hours, work periods, in-house, and at-home calls</li> </ul>   |
| <p><b>7.0 The residency program conducts self-assessment and assessment of the resident based upon the competencies.</b></p> | <ul style="list-style-type: none"> <li>Requirement 7.2 (a): Added that assessment of the resident must be documented at least once for every three months of podiatric medicine and/or podiatric surgery service</li> <li>Added “and must include assessment of resident outpatient podiatric experiences (clinic and/or private practice offices)</li> <li>Requirement 7.2 (b): Expanded to include specific components to be included in the resident semi-annual assessment and review of completed rotation assessments (7.2a)</li> <li>NEW – Requirement 7.2 (c) – Final assessment of the resident</li> <li>NEW – Requirement 7.3 related to requiring annual in-training exams, including a guideline that the program must require that residents take one exam from each JCRSB-recognized specialty board at least once during their time in residency training</li> </ul> |
| <p><b>Appendix A – Volume and Diversity Requirements</b></p>   | <ul style="list-style-type: none"> <li>Eliminated Podiatric clinic/office encounter MAV of 1000 cases, replaced with other podiatric procedures (MAV of 100 Also identified as category 6)</li> <li>Surgical Case Activity for PMSR only programs identified as 250 (PMSR/RRA is 300)</li> <li>Lower extremity wound Care MAV added to require 50 cases (category 6). Expanded the definition of lower extremity wound care, and included a statement that non-lower extremity wound care should be logged as category 10.20</li> <li>Biomechanical MAVs reduced from 75 to 50</li> </ul>   |

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| <b>Appendix B</b>    | <ul style="list-style-type: none"><li>• Category 6 – updated and expanded to include practice-based procedures that may be applied to meet the 250 MAV requirement</li><li>• Added Intent and Background statement related to biomechanical examinations: Biomechanical cases should be performed in a variety of settings (surgical and non-surgical),and should include diverse pathology and treatment methods. Biomechanical exams should be a representation of the learning experiences of the residents.</li></ul> |