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To: CPME/Heather Stagliano

From: ABPM

Re: Public Comments on Revisions to CPME Documents 820/830

To the Council,

Thank you for the opportunity to review and provide public organizational comments on the revisions on CPME Documents 820 and 830, regarding the standards of podiatric fellowships. We commend the Ad Hoc Committee for their diligent work and offer the following observations and suggested changes.

According to our estimates, approximately 90 podiatric fellowships exist, which represents 15-20% of a graduating residency class. Therefore, it is imperative the profession's regulatory authority, the CPME, assume persistent oversight in order to protect the public, the fellow, and the profession.

Firstly, the American Board of Podiatric Medicine requests the CPME act in the best interests of the profession and the public by adhering to the CPME Bylaws (Chapter 18; Section 2) in the future, which clearly states that revisions "shall occur six years following the adoption of the previous revisions" and that an interim review "is completed three years following the adoption of revisions." The last revisions to Documents 820 and 830 were adopted in 2007 and this Ad Hoc Committee was convened by the Council to review the documents in 2022, some 15 years after the previous revision.

We provide the following comments to the draft revisions:

1. There must be standardized titles for podiatric fellowships



Fellowships for Medical Doctors (MD) are approved by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME approves fellowships with standardly-named subspecialties and does not give the program the complete latitude to name a fellowship whatever it desires. By current and draft CPME standards, a fellowship program could grant itself any name, and if they met all other standards, the Council must approve the fellowship.

Parity with ACGME standards is a desire of the profession for postgraduate residencies and similarly should be for fellowships. CPME already standardizes the name of all podiatry residencies to Podiatric Medicine and Surgery Residency (PMSR).

The ABPM suggests the following examples of standardized nomenclature of common subspecialty areas:

- Advanced Foot and Ankle Reconstruction
- Amputation Prevention (or Limb Salvage)
- Podiatric Sports Medicine
- Podopediatrics
- Clinical Research

The ABPM suggests that an “other” category could be established where a fellowship that did not meet any of these definitions could be submitted for consideration and at the Council’s discretion, could be approved.

The ABPM emphatically urges the CPME to clarify that a fellowship should not be just an extension of a PMSR and therefore should not be named simply foot and ankle surgery/reconstruction/etc. These are already central competencies to the PMSR.

2. There must be curriculum guidance and standardization for podiatric fellowships

No ACGME-approved fellowship is without curriculum in their documents. Currently there is no curriculum guidance for podiatric fellowships, largely because fellowships are not standard in their nomenclature. If CPME adopts standard names for fellowships it can include guidance on the curriculum for these standardized fellowships. The resulting curriculum should be developed as a larger process within the profession where a wider group of stakeholders and subject matter experts collaborate and receive comments from the community of interest.

3. CPME should provide competencies for podiatric fellowships

Since the terms “goals and objectives” have been replaced throughout the draft revisions of CPME 820, specifically Standards 6.4, 6.5, 6.6, and 6.7, the Council should provide the program with the competencies via milestones to use for the fellowship. Milestones



would be easier to adopt in fellowship training and would not interfere with the Minimum Activity Volume requirements of any affiliated residency program. The Milestones should be tied to the standardized curriculum guidance.

4. CPME should reduce the burden on fellowship programs where the sponsorship is the same as a CPME-approved Podiatric Medicine and Surgery Residency

Many of the Institutional Standards and Requirements in CPME 820 are the same or similar to those in CPME 320. Institutions who already sponsor a co-located PMSR should be reviewed (under the appropriate standards and requirements) in conjunction with the regularly scheduled CPME On-site evaluation conducted for the co-located PMSR program.

This would reduce the regulatory burden and costs on the fellowship and the RRC as it is duplicative.

5. Fellowships should be included in CASPR/CRIP

Currently, fellowships applications and interviews are not standardized. This results in a mix of deadlines and processes and increases expenses for the potential fellow.

Finally, The ABPM would like CPME to consider the fact that all ACGME fellowships lead to some type of certification (subspecialty or CAQ). Without standardizing the names and curriculum of podiatric fellowships, specialty boards have no guidance from the Council on the development of subspecialty examinations. These exams are not only valuable to confirm the fellow meets national standards, but they are necessary for the profession to receive full federal GME funding for fellowship programs.

The lack of fellowship program standardization by CPME has been, and continues to be, a detriment to the profession and the public. Additionally, the CPME's failure to comply with its Bylaws has resulted in years of missed opportunities to improve podiatric fellowships. Without a serious approach by CPME to set standards for fellowships, the value of the CPME approval on fellowships is questionable. It is clear that the profession recognizes this inherent lack of value since only a small fraction of podiatric fellowships seek approval by the Council.

We encourage the Council to take these actions which we believe will provide significant improvements on fellowship training in podiatry

Thank you,

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President, ABPM

Phillip E. Ward, DPM
Executive Director