

2011 SELF-STUDY REPORT

Council on Podiatric Medical Education

Introduction

The merits of self-study have long been recognized in the fields of education and business to provide direction in managing and improving complex organizational systems. The council is a strong proponent of the self-study process, requiring colleges of podiatric medicine to conduct self-studies prior to each comprehensive accreditation review. Although not as rigorous as self-study, a self-assessment process also is advocated by the council in the review and evaluation of residency programs and organizational sponsors of continuing education.

In view of the significant ways that self-study contributes to identifying problem areas, establishing new goals and objectives, and directing the pursuit of improved methods for achieving these goals and objectives, the council has elected to engage in periodic self-study as a formal means to obtain input from its community of interest and to enable strategic planning to occur in a way that suits the needs of CPME.

This report describes the process and results of the council's fifth self-study. Prior self-studies completed in 1987, 1991, 1996, and 2004 provided CPME members and staff important information about the strengths and weaknesses associated with the council's evaluation, accreditation, approval, and recognition processes, and helped bring about changes that improved the operations of the council to better serve the profession, educational community, students, and public.

Previous Self-Studies

Although the 1987 self-study was conducted as an internal management device to address concerns of the U.S. Department of Education (USDE) about the operational authority and structure of the council, the process focused principally on the CPME organizational structure. As a result of the 1987 study process, the council elected to restructure itself and revise its committee purposes and structure. Consequently, representation on the council and its committees was expanded to enable greater opportunities for representatives of the CPME community of interest to participate in the council's evaluation systems. This expansion also facilitated increased diversity within the membership of the council and its committees, an issue that was of serious concern to USDE. The organizational changes instituted in 1989, which were a result of the 1987 self-study, continue to be reflected in the operations of the council today.

Also, as a result of the 1987 self-study, the council determined that it should conduct a formal self-study process to include the collection of survey data from its external publics on a periodic basis, approximately every five years.

The 1991 self-study partially focused on the views and perspectives garnered from the council's community of interest about the effectiveness of the council, the relevance of CPME processes, and the importance of recognition of CPME by external agencies. The self-study also focused significant attention on CPME compliance with the provisions for continuing recognition established by the council on Postsecondary Accreditation (COPA) with particular interest in whether the council should seek an expansion of its scope of COPA recognition to include its evaluation and approval of postdoctoral residency programs. Based upon data collected from its community of interest, the council determined that it had strong support from those that were directly and indirectly affected by the CPME accreditation, approval, and recognition processes. Respondents to a detailed questionnaire provided confirmation of the importance of the council's evaluation, accreditation, approval, and recognition processes and noted support for maintaining and expanding the recognition of the council from external agencies.

With respect to matters involving COPA, the council determined that it was confident in its perceived level of compliance with COPA provisions, but it did not believe that seeking a change of scope to include recognition of the evaluative process associated with the approval of residency programs was warranted. The council reasoned that postdoctoral residency training does not fall within its own definition of postsecondary education, viewing postsecondary education as ending with the first professional degree in podiatric medical education. The council also noted in 1991 that its procedures for evaluating and removing weak evaluators from the pool of evaluators were reasonable; however, these procedures were not always followed. The council elected to devote attention to revising evaluation forms, developing a meaningful remediation program, and assuring that existing procedures were followed.

As part of the 1996 self-study process, the council identified 18 objectives and various correlated strategies to be pursued over the course of the next five years. In general, the objectives related to such matters as: ensuring good communication with the council's community of interest, continuing to provide a confidential environment for institutions and organizations accredited, approval, or recognized by the council; encouraging colleges and residencies to demonstrate and expand upon measures of student academic success, ensuring the continued effectiveness of the on-site evaluation process; defining and enunciating a clear policy regarding the appropriate role of CPME representatives on APMA committees that are concerned with the creation of educational policy; expanding the autonomy of the Joint Residency Review Committee; continuing to evaluate the composition and structure of the council; clarifying further the role of accreditation in assuring successful achievement of appropriate educational outcomes; and analyzing and developing alternative revenue sources external to APMA.

The results of a 1995 survey of the community of interest guided the self-study as well as the work of the college ad hoc advisory committee. The accreditation standards that were developed by the 1995-1997 ad hoc committee were circulated broadly for comment to the community of interest and a public forum was conducted during the 1997 APMA annual meeting to receive comments. The Accreditation Committee and the council completed final consideration of the documents in October 1997, and the documents were implemented in January 1998.

Related to the 2004 self-study, the council reviewed the results of a survey of the community of interest prior to its April 2004 meeting, when a significant portion of the agenda included

analyzing the survey data, offering recommendations, and identifying objectives and various correlated strategies to be pursued over the course of the next five to six years.

At its October 2004 meeting, the council ranked the previously identified objectives in order of priority including strategies to be pursued. The objectives generally related to such matters as training CPME and committee members; the CPME election process; further development of the council's database and website; ensuring good communication with the council's community of interest; continuing to provide a confidential environment for institutions and organizations accredited, approved, or recognized by the council; encouraging colleges and residency programs to demonstrate and expand on measures of student academic success; ensuring the continued effectiveness of the on-site evaluation process; continuing to evaluate the composition and structure of the council; and further clarifying the role of accreditation in ensuring successful achievement of appropriate educational outcomes.

2011 Self-Study Methodology

The council believes that the beginning of a good self-study calls for the collection of information (research data) from representative populations within the profession concerning the effectiveness of council processes and the relevance of standards and requirements used in evaluating educational programs. In February 2011, self-study survey links were emailed to various constituent populations of the council. Eleven groups were selected for the survey, encompassing a potential respondent population of 741 individuals. The groups identified were administrators and faculty of the colleges of podiatric medicine, specialty board governing boards, directors of fellowships and residencies, CPME volunteers (i.e., current and former CPME members, committee members, and evaluators), members of the podiatric practice community, students, young members, members of the APMA House of Delegates, members of the APMA Board of Trustees, and directors of continuing education sponsors.

Two sampling methods were used. For larger population groups, a random sampling of the members was identified and included in the sample population. For smaller population groups, the entire population was surveyed. Appendix 1 lists the questions that were included on the survey instrument.

The council approved the following self-study issues prior to the April 2011 CPME meeting, during which members and staff discussed each issue, agreed on strengths and weaknesses, and determined whether an objective(s) and strategies for the achievement of the objective(s) should be established. (If so, formal consideration was given to additional resources that may be needed to achieve each objective, including staff time, council/committee member time, and cost.)

1. Internal Communications
2. Evaluator Selection, Training, Performance, and Remediation
3. CPME and Committee Member Orientation and Training
4. CPME and Committee Member Performance and Evaluation
5. External Communications
6. Staff and CPME and Committee Member Standard of Conduct
7. CPME Participation in the Educational Efforts of External Organizations

8. CPME and Committee Deliberations
9. Opportunity of the Community of Interest to Comment on Document Revisions
10. Public Dissemination of CPME Actions
11. CPME Committee Structure
12. CPME Mission Statement and Goals and Implementation of the Goals
13. Financing the Council
14. Council Composition and Size
15. CPME Election Process
16. Confidentiality/Conflict of Interest

The following reminders were noted again about the purpose of completing the self-study:

- The council conducts the study periodically as an effort to engage in ongoing improvement. Emphasis should be placed upon the management of the accreditation, approval, and recognition processes and upon problem solving.
- Data collection and analysis should enable the CPME community of interest to contribute to the process in useful ways.
- The process should include informed attempts to clarify CPME goals and objectives and to study the relevance and achievement of these goals and objectives.
- The process should focus on strengths and weaknesses and identification of strategies for improvement.
- The key questions to be addressed are: What are we trying to achieve? Are we achieving it? If not, why not? What can we do about it?

The process followed six basic steps. These steps and the responsible parties were:

1. Preparation and Design - CPME members
2. Organizing the Process - CPME chair and staff
3. Data Collection - staff and constituent groups
4. Analysis and Discussion - CPME members and staff
5. Report Development - staff
6. Using the Results - CPME members and staff

At the plenary session, CPME members, staff, and guest discussed the aforementioned issues. Staff prepared a draft report following the April meeting. The draft was reviewed by the CPME chair and disseminated to CPME members as part of the meeting materials included for the October 2011 CPME meeting. The council reviewed the draft and during its October 2011 and April 2012 meetings made decisions about prioritizing the objectives, and confirmed strategies to be pursued over the forthcoming five-year period. This final report was compiled and placed on the council's website.

Results of the National Survey

The data collected with respect to the national survey conducted of seven population groups representing various aspects of the podiatric medical profession are included in Appendix II. The seven groups surveyed have been coded by letters from A-K. The response rate by group is noted below.

A.	College Administration	4 of 9 (44%)
B.	College Faculty	25 of 90 (28%)
C.	Fellowship/Residency Directors	83 of 190 (44%)
D.	Residency Evaluators	36 of 63 (57%)
E.	CPME Committees	16 of 28 (57%)
F.	Students	6 of 50 (12%)
G.	Young Members	7 of 50 (14%)
H.	House of Delegates	63 of 177 (36%)
I.	Board of Trustees	8 of 13 (62%)
J.	Continuing Education Directors	24 of 57 (42%)
K.	Specialty Boards	5 of 14 (36%)
	Total	277 of 741 (38%)

CPME Self-Study – Findings and Conclusions

1. Internal Communication

Information pertinent to the work of the council is distributed by various methods. Meeting materials are generally available online at least two to four weeks prior to each council and committee meeting. A monthly, confidential newsletter called *The Director's Report* is circulated to all CPME members and staff. Telephone and email communication between staff and committee chairs is frequent. Telephone and email communication between the CPME director and CPME chair occurs weekly, if not daily. Copies of significant correspondence are provided to the appropriate committee or council chair(s). The council's website provides additional information to committee and council members and the community of interest.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • The current methods and levels of internal communications are sufficient in meeting the needs of council members. • Mail ballots are forwarded by staff and responded to by council members in a timely manner. • Agenda materials are provided well in advance of meetings. • The <i>Director's Report</i> is informative and timely. 	<ul style="list-style-type: none"> • The <i>Director's Report</i> does not include enough detail related to committee activities. • New files are not clearly identified in Dropbox. 	<p>To ensure that adequate and timely information is provided council and committee members, evaluators, and staff to facilitate responsive and informed decisions.</p>	<ul style="list-style-type: none"> • Greater emphasis should be placed on using the CPME member page as an ongoing resource. • Staff should provide additional feedback prior to meetings when appropriate – red flags to look for, history, etc. • Provide additional information in the <i>Director's Report</i> related to committee activities.

2. Evaluator Selection, Training, Performance, and Remediation

CPME, ABPM, and ABPS formed the Collaborative Residency Evaluator Committee (CREC) in 2006 to oversee the selection, training, and assessment of all residency evaluators. The nine-member committee is composed of the directors and two other individuals from each of the organizations. In 2009, CREC presented the first annual conference for new and experienced evaluators. CREC's efforts are producing increasingly skilled on-site evaluation teams that will bring greater consistency to the review of residency programs, interpretation of the standards and requirements, and written team reports.

All residency evaluators (experienced and new) attend the comprehensive evaluator conference. Each college evaluator attends an orientation during a formal session conducted the day before his/her first on-site evaluation for the council. CREC and the council obtain feedback about residency and college evaluators by asking administrators of institutions and programs to complete online evaluation forms following completion of on-site visits. Team members and chairs also participate in this process by evaluating one another. Completed evaluation forms are reviewed by either CREC (for residency evaluators) or by CPME (for college evaluators) and problematic issues are addressed in one of several ways (i.e., remediation, mediation, or dismissal).

Strengths	Weaknesses	Objectives	Strategies
<ul style="list-style-type: none"> • CREC provides: <ul style="list-style-type: none"> ➢ Standardized training and evaluation ➢ Continually evolving training ➢ Required attendance at conference by experienced evaluators ➢ Avenue to instill increased professionalism • New evaluators are required to observe a visit before being appointed as a team member. • Handbooks for residency (the <i>Protocol</i>) and college evaluators (the <i>Guide</i>) provide considerable information. 	<ul style="list-style-type: none"> • There are an insufficient number of residency evaluators. • The internal board protocol for evaluation selection is unclear. • The lag time between training and observing a visit may be greater than six months. • Individualized personalities affect the standardized protocols. • Team reports are not forwarded consistently in a timely manner to team and program directors. • Post-evaluation questionnaires are not forwarded consistently in a timely manner to team members and program directors. • The evaluator pool of college evaluators is difficult to maintain due to the infrequency of the visits. 	<p>Ensure that the evaluation of evaluator performance continues to be premised upon improving the overall quality of the CPME on-site evaluation process, establishing and following a consistent evaluation process, and seeking to achieve satisfaction with the evaluation process by educational institutions seeking CPME accreditation or approval.</p> <p>Continue to ensure the improvement of the residency on-site evaluation process by expanding the pool of and improving the training of qualified evaluators.</p>	<ul style="list-style-type: none"> • The boards should make every effort to increase the number of residency evaluators. • A formal process should be established to afford RRC members and staff the opportunity to evaluate the evaluators. • Efforts should be made to increase the participation of program directors. • CREC is encouraged to continue its consideration to increase utilization of web-based training without minimizing the frequency/benefits of face-to-face conferences. • Consideration should be given to developing a mentoring system. • CREC should request that the boards make every effort to place greater emphasis on a transparent recruiting process for new evaluators.

2. Evaluator Selection, Training, Performance, and Remediation - continued

Strengths	Weaknesses	Objectives	Strategies
<ul style="list-style-type: none"> The national survey results specific to evaluator competency showed high rankings for evaluators who serve on college and residency on-site teams. 	<ul style="list-style-type: none"> The boards do not identify new evaluators in a timely manner. 		<ul style="list-style-type: none"> CREC should determine methods to ensure commitment from prospective and current residency evaluators. Draft team reports must be forwarded to the institution no more than 60 days after the visit. All post-evaluation questionnaires should be forwarded within a week after the visit. Consideration should be given to establishing a formal application process for new evaluators to include notices in the <i>APMA News</i>. The college evaluator pool should be increased by 2013 to accommodate an increase in the number of visits.

3. CPME and Committee Member Orientation and Training

New council members are provided the “Unofficial Guide” upon election. Council staff conducts a full-day orientation program for new CPME and a half-day orientation for new committee members. In advance of the orientation, new members are provided hard copies of CPME documents. During the orientation, members are provided an agenda and additional written information about the council’s accreditation, approval, and recognition processes. The current process of orientation has been reviewed and seems to be appropriate. Much of the training is, by necessity, “on the job.” Documents can be read, but appropriate comprehension is difficult to attain until the documents are utilized and interpreted during committee and council deliberations.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • The orientation process is effective, comprehensive, and appropriate. • Council members are comfortable with their base of knowledge prior to their first committee and council meetings. • Staff contribution to the orientation process continues to be positive. • Committee chairs provide evaluations of committee members during Executive Committee meetings; positives and negatives are addressed during this time and remediation is conducted as needed. • The “Unofficial Guide” has proven to be a useful addition to the orientation process. • The accreditation PowerPoints provide a good overview of the process. 	<ul style="list-style-type: none"> • The informal nature of the committee orientation process. • Feedback provided committee members mostly limited to the negative. • Committee and council member evaluation is undocumented. • The roles and responsibilities of individual committee and council members may decrease or increase, and are not always monitored or addressed. 	<p>Council and committee members must be provided the means to become as effective as possible as soon as possible.</p>	<ul style="list-style-type: none"> • An “Unofficial Guide” for each council activity that includes a list of all documents used with links and strategies for preparing for and participating in meetings. • The council bylaws should be amended to include a list of member expectations. • Consideration should be given to implementing a formal evaluation of committee members (by committee chairs,) • All CPME members should be given the opportunity to observe council committees to offer a better understanding of the concept and functioning of each committee. • All CPME members should participate in on-site evaluations. Opportunities to review areas out of the individual’s “specialty” should be afforded them.

3. CPME and Committee Member Orientation and Training - continued

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • Committee chairs are providing quality on-the-job training to new committee members. 			<ul style="list-style-type: none"> • A formal “post-training” session provided by the council/committee chair and staff should become a part of the orientation process provided a year after election/appointment. This training should be individually tailored to the “needs” of the person, including opportunities for professional growth (i.e., learning about the other committee functions, deficiencies in the current position, planning future role(s) with CPME) and provide opportunities for feedback from the individual.

4. CPME and Committee Chair and Member Performance and Evaluation

The responsibility for assessing the performance of committee members rests with the Executive Committee. Each member of the Executive Committee is asked to provide a verbal report at each committee meeting regarding the performance of his or her respective committee members. Committee chairs are evaluated informally by the CPME chair. Instances of less than adequate performance are handled on a case-by-case basis.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> Committee chairs and members are perceived generally as completing their responsibilities in an appropriate manner. 	<ul style="list-style-type: none"> Feedback to committee members limited to the negative. Evaluation process is informal and undocumented. 	<p>Ensure that the evaluation of CPME and committee chair and member performance is premised upon improving the overall quality of the CPME accreditation, approval, and recognition processes by establishing and following a consistent evaluation process.</p>	<ul style="list-style-type: none"> The Executive Committee should develop a proposal that establishes a formal process for evaluating council members and committee chairs and members. Any process(es) established should include a formal set of criteria, including preparedness and contribution.

5. External Communication

The council is obliged to circulate proposed changes in its policies and procedures to the affected community of interest. The council also is obliged to publish final actions regarding its accreditation, approval, and recognition decisions. The council publishes a *Memo to Directors of Podiatric Medical Education*. The CPME office directly communicates with and/or responds to inquiries from hospitals, state agencies, education institutions, members of the profession, the general public, and external recognition agencies. The council regularly publishes articles in the *APMA News*. The council also provides a comprehensive annual report to the APMA House of Delegates. In almost all instances, email has replaced hard copy as the preferred method of communication to the various communities of interest. The council has either conducted formal question and answer sessions or staffed booths at meetings and conventions (APMA House of Delegates, ACFAS conference, APMA annual meeting, COTH meeting, CRIP, New York Clinical Conference.)

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • The development of formal question and answer sessions at major APMA meetings has improved the council's relationship with the profession. • The council has increased use of the <i>APMA News</i> and <i>News Brief</i> to communicate significant events such as the residency evaluator conferences and the PMSR Implementation Plan. • The <i>CPME Directory</i> is a useful document for evaluators and committee members. • All CPME documents are available on the web. 	<ul style="list-style-type: none"> • Communication to the House of Delegates is limited to the annual report and question and answer session. • The council's website is not well integrated. • The open rate for council emails to the various communities of interest is unknown. 	<p>Ensure that the council provides access to and disseminates all appropriate information to the community of interest to the extent possible, utilizing the technology available.</p>	<ul style="list-style-type: none"> • The council should continue to participate actively in the development of the new CPME micro-site. • The council chair/vice chair should provide an oral report to the APMA House of Delegates. • Blast emails should be forwarded directly when appropriate to APMA members rather than only the specific community of interest. • Council and committee members should speak at major meetings. • Webinars should be utilized to disseminate information. • Consideration should be given to utilizing APMA's public relations department. • The CPME brochure about accreditation and the responsibility of the council should be revised and published as soon as possible. • The council should investigate the extent to which its emails are opened.

6. Staff and CPME and Committee Member Standard of Conduct

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • The council has established a formal Standard of Conduct policy for CPME and committee members. • Staff is professional, helpful, courteous, and maintains confidentiality. 	None identified.	None identified.	None identified.

7. CPME Participation in the Education Efforts of External Organizations

The council participates in the APMA Board of Trustees, AACPM, COTH, CHEA, and ASPA conferences and meetings, and meetings of the DC Area Accreditors. Lectures and seminars are often presented on CPME materials by other organizations. Based on discussion during the council's October 2010 meeting, all participation is indirect and non-voting; the council is mostly utilized as a resource. Believing that it participates effectively in other educational efforts of APMA and other organizations, the council determined that no change in CPME policy is necessary at this time.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> The council has developed and maintains a consistent policy related to its participation in all efforts of external organizations. 	None identified.	<p>The council should continue to offer its expertise to other organizations within the podiatric medical profession related to CPME processes.</p>	None identified.

8. CPME and Committee Deliberations

Prior to the 1996 self-study, all CPME deliberations were recorded. As a result of the self-study this process was eliminated. At the present time, only committee actions and recommendations and CPME decisions are recorded.

Non-executive sessions of the council and its committees are open to the public. Guests and/or observers may not participate in discussions and/or deliberations of the council and its committees. Guests and/or observers may make presentations, but the chair of the council and the chairs of the committees must approve all presentations prior to their respective meetings. Executive sessions of the council and its committees are not open to the public. Guests and/or observers may attend executive sessions of the council and its committees, if invited by the chair of the council. Guests and/or observers may not participate in discussions and/or deliberations conducted in executive session. Each invited guest/observer must sign the CPME conflict of interest and confidentiality policies statement.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • Committee reports to the council include information related to recusals and abstentions. • The current process maintains the confidentiality of committee discussions and reduces the council's exposure to litigation. • Council and committee meetings are generally open and transparent with the exception of agenda items related to approval/accreditation actions and formal complaints. 	<ul style="list-style-type: none"> • There is no source document from which the staff can derive more fully the intent of the council related to its decision making. • Observers may participate or be asked to participate in council or committee deliberations. 	<p>Maintain the council's current procedure related to documentation of all deliberations.</p>	<ul style="list-style-type: none"> • The council and its committees should consider scheduling separate executive and public sessions.

9. Opportunity of the Community of Interest to Comment on Document Revisions

Obtaining input from the affected community of interest is a crucial element in assuring that policies, standards, requirements, criteria, and procedures are reasonable and represent appropriate expectations to be followed by institutions and organizations seeking CPME review and recognition, approval, and accreditation. The council values the input from the community of interest and expects that the community of interest will take advantage of the opportunity to provide comments.

Currently, following the completion of the ad hoc process and after review, and further revision, if necessary, of the proposed documents by the council, standards and procedures documents are forwarded to the community of interest for comments. Comments from the community of interest are considered by the council prior to adoption of final documents. Revisions to application forms, post-evaluation questionnaires, resident logging forms, and evaluation team report forms are not forwarded to the community of interest but are reviewed and revised internally.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> The council has significantly increased the amount of time provided the community of interest to respond to document changes. The council conducted numerous open forums during the residency document revision process. Responses to the question posed on this issue in the national survey confirmed that the community of interest was generally appreciative of both the opportunity and length of time available to comment. 	<ul style="list-style-type: none"> The current policy excludes all companion forms and documents related to CPME standards and procedures from the process of review by the community of interest. 	<p>Continue to ensure that the community of interest is solicited to review and comment on all CPME documents subject to revision. The purpose is to enhance the breadth and quality of the commentary solicited of and received from the community of interest.</p>	<ul style="list-style-type: none"> Where appropriate, the council and its committees should request comment from the community of interest related to forms, reports, and questionnaires.

10. Public Dissemination of CPME Actions

The accrediting community has long debated the extent to which accreditation decisions should be publicized. The specifics related to accreditation actions are not publicized so that institutions are not stigmatized or unfairly characterized by another institution, and to protect the confidentiality of the institution and the information that becomes available through the accreditation process. The national survey attempted to obtain input from podiatric medical institutions, organizations, practice community, and others from within the affected community of interest regarding the extent to which accreditation information should be more readily publicized. The results showed that little interest existed in an expansion of the CPME policy to disseminate additional information concerning accreditation decisions, finding it acceptable to disseminate only final actions (following appropriate due process if necessary) concerning accreditation, approval, or recognition actions. The council currently publicizes recognition actions, all accreditation actions, and all final adverse approval actions related to continuing education and residency programs.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> The council fully publicizes all final actions, including probation. 	None identified.	None identified.	None identified.

11. CPME Committee Structure

The council reviewed the current committee structure with respect to each committee's relationship to the council. The council currently has in place the following committees: (1) Accreditation Committee, (2) Budget Planning Committee, (3) Continuing Education Committee, (4) Executive Committee, (5) Joint Committee on the Recognition of Specialty Boards, (6) Residency Review Committee, (7) Nominating Committee, and (8) Collaborative Residency Evaluator Committee. The council also appoints ad hoc advisory committees to conduct periodic, comprehensive reviews of CPME policies, standards, requirements, and procedures.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • The committee structure is functioning well, covering all key areas of the council's mission and responsibilities. • Ad hoc committee members are now appointed by the respective organizations rather than the council. • Committee meeting dates are flexible. 	None identified.	None identified.	None identified.

12. CPME Mission Statement and Goals and Implementation of the Goals

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

The ten goals of the council as prioritized by the council are:

1. Encourage, enhance, and assure the quality of the educational **outcome** at all levels in podiatric medicine.
2. Encourage, enhance, and assure the quality of the educational **process** at all levels in podiatric medicine.
3. Maintain compliance with the criteria for recognition established by the U. S. Secretary of Education and Council for Higher Education Accreditation.
4. Regulate compliance with standards, requirements, and criteria established by CPME.
5. Establish and maintain good lines of communication between CPME and its community of interest.
6. Be responsive to innovative concepts in podiatric medical education.
7. Seek out ways to improve upon the quality and methods of the CPME evaluation process.
8. Review and resolve complaints received about colleges, sponsors of continuing education, residency program sponsors, and specialty boards.
9. Conduct research on matters affecting accreditation, certification, and education relative to podiatric medicine.
10. Participate in the national discussion on issues concerning accreditation, including, but not limited to, maintaining membership in the Association of Specialized and Professional Accreditors.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • The CPME goals are appropriate with the exception of 9. • The council reaffirmed the mission statement. 	<ul style="list-style-type: none"> • The mission statement and goals are not published on a consistent basis. 	<p>The council should continue to strive to improve the awareness within the community of interests of the goals of the council.</p>	<ul style="list-style-type: none"> • Goal 9 should be deleted because staff workload precludes its completion. • Consideration should be given to replacing goal 9 with a new goal related to an assessment process that ensures quality outcomes. • The mission statement should be included in each CPME document. • The mission statement and goals should be included on the first page of the council's website.

13. Financing the Council

CPME does not pay overhead costs with the exceptions of most printing and all conference calls. The council’s memorandum of agreement with APMA sets out provisions for the administrative and financial support for the evaluation, accreditation, approval, and recognition services provided by the council for APMA. The agreement also identifies the obligations of the CPME to APMA.

CPME has developed fee schedules for various aspects of its evaluation and recognition activities, which attempt to balance the responsibility between APMA and those other institutions and organizations that are within the purview of CPME. All fees collected by CPME are made available to and used by CPME for the completion of its accreditation activities as defined in the APMA Bylaws. As a general rule, the costs associated with the on-site evaluation of colleges of podiatric medicine, residency programs, fellowship programs, sponsors of continuing education in podiatric medicine, and other programmatic entities are borne by the institutions and organizations seeking CPME accreditation or approval.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • The memorandum of agreement with APMA works well, protecting the interests of each organization. • Fees are at a moderate level in comparison to fees assessed by other accrediting agencies. 	None identified.	<p>To ensure the financial viability and stability of the council.</p>	<ul style="list-style-type: none"> • The council should be aware of the potential for decreased revenue from residency programs in view of anticipated mergers and voluntary terminations based on transition to the new residency category. • Continue to evaluate all fees assessed by the council.

14. Council Composition and Size

The council consists of eleven members, including the officers, all of whom are elected by the Council. The council elects eight members who broadly represent the educational and practice communities within podiatric medicine. The council elects two members of the public who have no vested interest in or financial relationship to the podiatric medical profession. The council elects one member from the postsecondary education community who has no vested interest in or financial relationship to the podiatric medical profession.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> • Good representation exists across disciplines and educational entities throughout the profession. • The council and its functions are at a manageable size related to the number of CPME staff. 	<ul style="list-style-type: none"> • Geographic distribution of council members could be improved. 	<p>Continue to evaluate the council’s composition and structure, and make the best possible use of expertise available within its current and former membership.</p>	<ul style="list-style-type: none"> • The council should explore methods to increase the geographic distribution of its members.

15. CPME Election Process

The council assures that its membership reflects an appropriate representation from among the community of interest that it serves (such as college administrators and faculty, residency program directors, private practitioners, and others). Such representation is crucial to maintaining fairness and equity in the council’s accreditation and approval processes. Assurance of appropriate representation from affected communities of interest is required by both CHEA and the U. S. Secretary of Education of all accrediting bodies that they recognize. At its fall meeting, the Executive Committee reviews the qualifications and experience of its at-large members. Based upon this review, the committee recommends to the council the broad areas of need and qualifications for Council positions to be elected in the following year. The areas of need are identified in a call for candidates published in the *APMA News*. Notwithstanding the areas of need, the council has determined five standing eligibility criteria, of which individuals seeking election to at-large positions must satisfy at least two.

The names of all candidates are transmitted to the Nominating Committee, which includes two representatives from the APMA House of Delegates, one AACPM representative, the council chair, the council vice-chair, and a former member of the council. Terms for all members of the Nominating Committee extend for one year; members are limited to serving no more than four consecutive terms. As delegated by the council, the committee screens the nominees and develops a ballot of all qualified candidates for election to the council. The committee has the discretion to solicit potential candidates. The committee transmits a ballot to the council before the fall meeting.

Prior to elections being conducted, the council may request that candidates be present for an interview. Elections for available council positions are conducted at the fall meeting by closed written ballot. The CPME director administers the elections. A candidate is considered elected to the available position when he/she receives a majority vote of the council (at least six votes). The council has established procedures related to deadlocked elections. A written vote may be submitted directly to council staff by a member who is unable to attend the meeting at which the election is to occur.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> The election process produces contested elections each year. 	None identified.	<p>To ensure that the nomination and election processes result in CPME having the best qualified members.</p>	<ul style="list-style-type: none"> The council should continue to discuss the possibility of having some interaction with candidates (e.g., using Skype to facilitate interview by entire committee and/or council, submission of videos, development of two-tiered process with finalists interviewed at council meeting.)

16. Confidentiality/Conflict of Interest

The conflict of interest and confidentiality policies are read at each committee and council meeting. The CPME *Affirmation of Professionalism and Confidentiality* is signed and submitted by on-site evaluation team members. The council and its evaluators must maintain compliance with HIPAA regulations related to review of institutions, logs, etc.

Strengths	Weaknesses	Objective	Strategies
<ul style="list-style-type: none"> The results of the national survey indicated that staff, evaluators, and council and committee members effectively maintain confidentiality. 	None identified.	<p>The council must continue to assure a confidential environment for the institutions and organizations it accredits, approves, or recognizes in order to foster improvement and to enable the achievement of CPME standards, requirements, and criteria. This environment is one in which CPME members, evaluators, and staff continue to maintain strict adherence to rules of confidentiality.</p>	<ul style="list-style-type: none"> The issue of confidentiality should continue to be stressed to experienced CPME and committee members and to new CPME and committee members during orientations. The council chair must continue the process whereby he/she speaks with anyone who may have a problem with a breach of confidentiality.