

Implementation Plan

for CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies - July 2023*

Regarding MAVS:

- Residents who started training prior to the 2023-2024 academic year must meet all MAVs as outlined in the CPME 320 that was in effect at the start of their residency program (CPME 320 – 2015-2022).
- Residents who enter residency during the 2023-2024 academic year must meet all MAVs as outlined in the CPME 320 – *July 2023*.

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

Regarding rotations:

- Residents who started training prior to the 2023-2024 academic year must complete the required rotations as stated in the CPME 320 that was in effect at the start of their residency program (CPME 320 – 2015-2022), with the exception of the rotation in pathology, which may be waived.
- Residents who enter residency during the 2023-2024 academic year must complete the required rotations, in block or sequential format only, as stated in the CPME 320 – *July 2023*.

Intent: CPME recognizes that rotation competencies and training schedules may have already been set, and it may create an administrative burden on the residency program to have to significantly adjust these schedules. Additionally, adding required time to rotations for residents *who have had their schedules set under a different set of requirements* may pull residents from planned surgical time and may prevent residents from attaining surgical MAVs.

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 waved for residents entering training prior to July 1, 2023.

Comparison Chart of MAV Requirements

MAV Requirements	CPME 320 – 2018-2022	CPME 320 – July 2023
Foot and ankle surgical cases (PMSR/RRA)	300	300
Foot and ankle surgical cases (PMSR only)	300 150 may come from category 6 (6.1-6.8 only); the remainder must come from categories 15	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
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

Comparison Chart of Required Rotations

Required Rotation	CPME 320 – 2018-2022 No set training length or format	CPME 320 – July 2023 Minimum length of training (must be block or sequential)
Anesthesiology	N/A	2 weeks
Behavioral medicine	N/A	2 weeks
Emergency medicine	N/A	4 weeks
Medical imaging	N/A	2 weeks
Medical specialties:		12 cumulative weeks
Internal medicine/family medicine		4 weeks
Infectious disease		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
Surgical specialties (must include two of the following):	1 required surgical subspecialty	8 cumulative weeks
Endovascular/vascular surgery	N/A	2 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	N/A	Along with Endovascular/vascular surgery, this must total 8 weeks

Frequently Asked Questions:

What is meant by block or sequential rotations (requirement 6.3)?

Rotation lengths must be measurable in order to meet the minimum time spent in each rotations.

Block rotations involve a set “block” of time (usually 2-4 weeks) where a resident is participating in a service and is not pulled from that service during that time.

Sequential rotations are rotations that happen one, or more days, per week until the minimum rotation length and competencies are achieved

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.

What does it mean when it says that assessment must be documented at least once for every three months of uninterrupted training in podiatric medicine and/or podiatric surgery service (requirement 7.2)?

The intent of this requirement is that residents should receive assessments at least every three months during the residency program. Residents may be assessed for one or two month rotations in podiatric medicine or surgery; however, if a resident has an extended block of time devoted to podiatric medicine and/or surgery, an assessment must be documented after three months.