

## Residency Documents Adopted

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**November 4, 2010**

### OFFICIAL NOTICE

#### **CPME Documents 320 and 330 Adopted by the Council on Podiatric Medical Education, effective July 1, 2011**

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At its October 2010 meeting, the Council on Podiatric Medical Education adopted revision of the standards and procedures for podiatric residency programs. The new documents - CPME 320, *Standards and Guidelines for Approval of Podiatric Medicine and Surgery Residencies*, and 330, *Procedures for Approval of Podiatric Medicine and Surgery Residencies* – will become effective on July 1, 2011.

The adoption of the documents marked the end of a two-year revision process that solicited and responded to ongoing feedback from many in the CPME community of interest (residency programs, student and young member organizations, professional organizations, and podiatric physicians). The process was highlighted by six open forums, which were attended by more than 300 program directors, residency faculty, and other interested parties. The Council also received more than 150 written comments about the proposed document changes.

The following is a summary of the most significant changes in each document; however, the Council strongly encourages members of the residency community of interest to read and review each document in its entirety.

#### **CPME 320**

- Creation of a single three-year category: the Podiatric Medicine and Surgery Residency (PMSR). Completion of the residency leads to the following certification pathways -- the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) and foot surgery of the American Board of Podiatric Surgery (ABPS).
- Residencies that can provide a sufficient volume and diversity in reconstructive rearfoot and ankle (RRA) procedures may grant an added RRA credential. Completion of a Podiatric Medicine and Surgery Residency with the added credential leads to the RRA certification pathway of ABPS.
- The PMSR may now be conducted primarily in a healthcare institution approved by the Centers for Medicare and Medicaid Services (CMS) rather than limited to institutions accredited by the Joint Commission or the American Osteopathic Association.

- The amount of time that the resident may spend at sites located beyond daily commuting distance from the sponsoring institution and/or co-sponsor has been raised from no more than one-twelfth to no more than one-sixth of the residency.
- The Council confirmed its previous policy that training provided abroad may not be counted toward rotation requirements.
- Resident interviews may not occur prior to, or be in conflict with, interview dates established by the national resident application matching service with which the residency program participates.
- Applicants must pass both Part I and Part II examinations of the National Board of Podiatric Medical Examiners prior to beginning the Residency.
- The sponsoring institution must develop a residency manual that includes all policies and mechanisms affecting the resident.
- The sponsoring institution must provide compensation to the program director that is commensurate with that provided other residency directors at the institution. If the sponsoring institution does not offer other residency programs, then the program director must be compensated equitably with other program directors in the geographic area.
- The individual rotation requirements have been incorporated into the competencies for the Podiatric Medicine and Surgery Residency.
- Sponsoring institutions are encouraged to afford the resident training above the minimum expectations identified in CPME 320 and to ensure that the competencies reflect the additional training.
- The infectious disease and internal medicine and/or family practice and medical subspecialties rotations must be scheduled for the equivalent of at least three full-time months of training.
- Patient care activity requirements have been adjusted to either reflect those volumes as required for certifying board qualification or reflect to the extent possible the expectations expressed by the community of interest.

### **CPME 330**

- On-site evaluations no longer include observation of resident participation in podiatric patient treatment related to the specialty areas.
- During discussions about the approval status of individual residencies, members of the Residency Review Committee (RRC) who served on the most recent residency evaluation team were required previously to recuse themselves from discussion and voting until the Council had determined a final approval action. For each residency visit where a member of

the RRC is a member of the evaluation team, the RRC member may now provide a verbal summary of team findings and answer any questions of the Committee. For each visit where a member of the RRC is not on the team, a Committee member will be designated by Council staff as a “liaison” to the team. The liaison Committee member communicates the team's findings and presents the team's evaluation report to the Committee.

- Procedures are established to enable reclassification of one or more non-added credential positions to added credential positions in provisionally-approved and/or approved residencies.
- Program transfer procedures have been clarified and identify specific documentation to be submitted by the institutions for consideration by the RRC.

# PROCEDURES FOR APPROVAL OF PODIATRIC MEDICINE AND SURGERY RESIDENCIES

## COUNCIL ON PODIATRIC MEDICAL EDUCATION

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## INTRODUCTION

The Council on Podiatric Medical Education (CPME) is an autonomous, professional accrediting agency designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency in the profession of podiatric medicine. The Council evaluates, accredits, and approves educational institutions and programs. The scope of the Council's approval activities extends to institutions throughout the United States and its territories and Canada.

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 Council was established by the APMA House of Delegates in 1918 and charged with formulating educational standards. The Council began accrediting colleges of podiatric medicine in 1922. The Council conducted its first residency evaluation in 1964.

The Council has been authorized by the APMA to approve institutions that sponsor residency programs that demonstrate and maintain compliance with the standards and requirements published in CPME 320, *Standards and Requirements for Approval of Residencies in Podiatric Medicine and Surgery*. Podiatric residency approval is based on programmatic evaluation and periodic review by the Residency Review Committee (RRC) and the Council.

The American Board of Podiatric Surgery (ABPS) and the American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) collaborate with the RRC and the Council in evaluating residencies.

“Approval” is the recognition accorded residencies that are determined to be in substantial compliance with established standards and requirements. The approval process related to a residency is essentially a six-step process, involving: (1) development of application and/or pre-evaluation materials documenting the ability of the program to comply with the Council's standards and requirements; (2) on-site evaluation conducted at the institution, at which time the application and/or pre-evaluation materials are validated by an evaluator or evaluation team appointed by the Council; (3) subsequent review by the RRC of findings identified in the report of the on-site evaluation and any information that the program provides following the visit; (4) an approval recommendation from the RRC to the Council; (5) determination of approval status by the Council; and (6) periodic follow-up of progress in improving the quality of the program. Procedural reconsideration, reconsideration, and appeal of a proposed adverse approval action are available as described in this document.

Recommendations and decisions relative to the approval process for residencies are the sole responsibilities of the RRC and/or the Council, as indicated in this publication. Neither Council staff, on-site evaluators, individual members of the RRC or Council, nor any other agent of the RRC or the Council is empowered to make or modify approval recommendations or decisions.

Prior to adoption, all Council policies, procedures, standards, and requirements are disseminated widely in order to obtain information regarding how the Council's community of interest may be affected.

The following evaluation/approval procedures have been developed to assist residencies in preparing for initial or continuing approval and to guide the RRC and the Council in their deliberations concerning the approval of residencies.

Throughout this publication, the use of the terms "institution" and "program" is premised on the idea that the program exists within and is sponsored by an institution.

## **COMMUNICATION BETWEEN THE RRC/COUNCIL AND THE SPONSORING INSTITUTION**

The RRC and the Council have adopted the following general policies related to communication with an institution sponsoring a residency. Information related to specific correspondence (e.g., notification of approval actions) appears in the pertinent sections of this document.

**The RRC and the Council require that the program's director is the individual responsible for submitting all materials to Council staff related to all application, on-site evaluation, and approval processes.** All materials submitted by the sponsoring institution must be submitted on media as determined by the Council or its committees accompanied by a cover letter signed by the program director. The RRC, Council, and evaluators will not consider unsigned, unverified, or signature-stamped correspondence, resident logs, and/or resident evaluation forms. Such materials do not document review and validation by the director. Unsigned, unverified, or signature-stamped correspondence or residency materials will be returned to the program director; submission of such materials may adversely affect the approval status of the residency.

All correspondence and inquiries must be directed to the Council office. Utilization of other channels of communication may delay the processing of information submitted by the sponsoring institution and result in inconvenience to the institution.

The RRC and the Council mail correspondence to the program director at the director's office address indicated on the institution's application and/or most recent annual or pre-evaluation report. The institution's chief administrative officer is copied on all correspondence. In a co-sponsored program, the mailing address is that of the institution at which the program director is based (although administrators of all co-sponsoring institutions will receive copies of correspondence from the Council).

The sponsoring institution is responsible for informing the Council office in writing within 30 calendar days of substantive changes in the program. The institution must inform the Council of changes in areas including, but not limited to, sponsorship, appointment of a new program director, training sites, and curriculum. Notice of appointment of a new program director or new chief administrative officer must be submitted by an appropriate member of the institution's administrative staff rather than by a representative of the residency.

The Council's residency documents and forms are available on the Council's website ([www.cpme.org](http://www.cpme.org)). Additionally, copies of the Council's "Memo to Program Directors" are available on the website. These memos include all proposed changes to Council documents (standards, requirements, and procedures) with a request for comments by a specific deadline. The memo also is designed to inform directors and sponsoring institutions of document changes adopted by the Council, as well as any revisions that were tabled, modified, or deleted as a result of comments provided previously by the community of interest. When the RRC or the Council develops a policy (e.g., interpretation of a particular requirement in a Council or RRC document), the policy is included in the memo to program directors.

## **RESIDENCY REVIEW COMMITTEE**

The RRC is responsible for determining eligibility of applicant institutions for initial on-site evaluation, authorizing increases in or reclassification of residency positions, and recommending to the Council approval of residency programs. The RRC reviews reports of on-site evaluations, progress reports, and other requested information submitted by sponsoring institutions. The RRC may modify its own policies and/or recommend to the appropriate ad hoc committee modifications in standards, requirements, and procedures for residency program evaluation and approval.

Composition of the RRC includes two representatives each from ABPOPPM and ABPS, one representative from the Council of Teaching Hospitals (COTH) of the American Association of Colleges of Podiatric Medicine, one representative from residency programs at large (selected by the Council), and at least two Council members.

Although the RRC is the joint responsibility of various organizations, the Council and its staff administer the affairs of the RRC. Appropriate agreements and financial compensation are arranged among the participating organizations for the administration of the RRC.

## **APPLICATION FOR PROVISIONAL APPROVAL OF A NEW RESIDENCY PROGRAM**

### **Submission of the Application**

A residency seeking initial approval or reclassification to a new residency category must follow the procedures stated for new residencies. The Council encourages the applicant institution to contact Council staff early in the developmental stages of the program should questions arise related to the Council's standards, requirements, and procedures.

The Council recognizes that programs seeking approval do so voluntarily. Therefore, the burden of proof regarding compliance with Council standards and requirements is the responsibility of the sponsor. Submission of a new application may be required when an approved sponsoring institution or residency has undergone a change so substantial that it is essentially a new institution or program.

The applicant institution must be in operation for at least 12 months before applying for approval to assure that sufficient resources are available for the program. The institution should have an active podiatric service for at least 12 months prior to applying for approval.

An institution seeking approval of a new podiatric residency is required to submit an application fee and the appropriate number of copies of RRC form 309, *Application for Provisional Approval*, and required supplementary documentation (the requested number of copies is indicated on the application) (see Fee Policies). **The application must be submitted prior to activation of the residency, at least 12-15 months before the anticipated starting date.** The entire review process for a residency requesting approval may require a period of 12-24 months from the time an application is received in the Council office until the Council takes an approval action.

Council staff reviews the application for completeness. If the application is considered to be incomplete, Council staff corresponds with the program director and specifies the information required to complete the application. If the application, supplementary documentation, and fee are in order, Council staff forwards the institution's application to the RRC for determination of eligibility for on-site evaluation.

If the sponsoring institution ascertains that it has the capability to train more residents than the number indicated on the application, the institution must amend its application. This amendment must occur **before** eligibility for on-site evaluation has been determined. The program director must inform the Council office of the institution's intention and provide appropriate documentation substantiating the ability of the program to increase its proposed number of positions. Council staff will include this information in the materials to be presented to the RRC once the application is complete. (Alternatively, the sponsoring institution may request an increase in or reclassification of positions following the granting of provisional approval; see Authorization of Increases in Residency Positions.)

## **Determination of Eligibility for On-site Evaluation**

The RRC considers the application for provisional approval by mail ballot, conference call, or at one of its semi-annual meetings. The RRC will consider a complete application within 60 calendar days of its receipt.

The RRC reviews the application to determine whether the new residency is eligible for on-site evaluation. In determining eligibility, the RRC will not consider a number of resident positions other than that for which the institution has applied. The RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent conference call or upcoming regularly-scheduled meeting.

When the Residency Review Committee determines that a new residency is eligible for on-site evaluation, this status indicates that the institution appears to be developing a residency that has the potential for meeting the Council's standards and requirements for approval. **Neither**

**eligibility for on-site evaluation nor the conduct of an initial on-site evaluation ensures eventual approval.**

Correspondence regarding the RRC action is addressed to the program director. A copy of the letter is forwarded to the chief administrative officer of the sponsoring institution. If eligibility for on-site evaluation is confirmed, the letter includes a copy of CPME 311, *Agenda Guide*, to assist the program director in planning for the initial on-site evaluation.

If the RRC proposes denial of eligibility for on-site evaluation, justification for the action is delineated in the letter and provisions for requesting procedural reconsideration, reconsideration, and appeal are identified (see Procedural Reconsideration, Reconsideration, and Appeal). If the RRC proposes denial of eligibility for on-site evaluation, the institution is required to verify to the Council, in writing, that all program applicants selected for interview and/or incoming residents have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

**Withdrawal or Termination of the Application**

A sponsoring institution that has submitted an application for provisional approval or for which eligibility for on-site evaluation has been determined may withdraw its application at any time before the RRC takes an action on the approval status of the program.

If the sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or the RRC for information to complete the application, the application will be terminated by staff. Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the application has been terminated. The sponsoring institution may submit a new application, supplemental materials, and application fee after the application has been terminated.

**RE-EVALUATION AND CONTINUING APPROVAL OF AN EXISTING RESIDENCY PROGRAM**

Council staff regularly reviews the list of approved programs and contacts the appropriate program directors when re-evaluation is due (see Categories of Approval and Approval Period). For reasons of economic feasibility, Council staff gives consideration to the geographic proximity of institutions when developing the list of institutions to be evaluated during each evaluation cycle.

The Council may elect to deviate from the established on-site evaluation cycle by conducting either a comprehensive or focused visit to follow up on identified concerns. Circumstances that may warrant scheduling a follow-up visit include: when a program has been transferred to another institution, when a residency has undergone a substantial change, when major deterioration in the residency has occurred, and when a formal complaint against an approved residency requires on-site evaluation of the issues related to the complaint. In any event, the Council reserves the right to conduct an evaluation of the residency whenever circumstances require such review. Continuation of approval by the Council is contingent upon the findings of

the on-site evaluation. Therefore, the re-evaluation may have an impact on the previously-granted approval status.

## **Pre-evaluation Materials**

Institutions seeking continuing approval of residencies must submit CPME form 310, *Pre-evaluation Report*, along with all required supplementary documentation. If the pre-evaluation report is considered to be incomplete, the program director will be notified and requested to submit the required information. An on-site evaluation will not be conducted if this requested material is not received, which may jeopardize the approval status of the program.

## **ON-SITE EVALUATION (NEW AND EXISTING RESIDENCY PROGRAMS)**

The on-site evaluation is conducted to assess the general quality of the residency, the institution's ability to establish a curriculum that assures that each resident achieves the competencies identified by the Council, and the institution's plans for continued improvement. The evaluation team appointed to conduct the visit gathers information related to validation of the institution's application for provisional approval or pre-evaluation report. The evaluation team develops a report of its findings that includes a narrative summary that identifies program strengths and weaknesses and areas of potential noncompliance.

Evaluation team members do not act as consultants to the residency or the sponsoring institution. The team members' primary roles as fact-finders and observers are to provide the RRC an assessment of the sponsor's potential compliance with the Council's standards and requirements. With a view toward assisting the institution to understand more completely its role as related to the residency, the evaluation team report may include non-binding recommendations for improvement of the program.

## **Evaluation Team**

The Council chair appoints the evaluation team based upon a recommendation from the RRC chair and Council staff. The initial on-site evaluation is conducted by at least two evaluators, one of whom must be a podiatric physician. On-site re-evaluation of an approved residency is conducted by a team comprised of at least three persons, two of whom must be podiatric physicians. Under certain circumstances, two podiatric physicians may evaluate an approved residency.

The institution has the prerogative of rejecting any member of the proposed evaluation team when an appropriate cause related to conflict of interest can be clearly identified. In such a case, a written statement from the sponsoring institution is to be submitted to the Council office no later than 30 calendar days before the date of the on-site evaluation, affording the Council sufficient opportunity to appoint a replacement evaluator. The Council does not appoint members to the evaluation team who have any known conflict of interest in the evaluation of the

institution, including graduates and current and former faculty members or administrators of the institution.

The evaluation team represents the Council and the RRC. At least one of the members of the evaluation team is an ABPOPPM diplomate, and at least one of the members of the evaluation team is an ABPS diplomate. Potential evaluators representing the RRC are identified as a collaborative effort of the Council, RRC, ABPOPPM, and ABPS.

Evaluation team members also may include, but not be limited to, current and former members of the Council and the Council's committees and members of the Council's professional staff. Another individual (e.g., a representative of the state board for examination and licensure) may accompany an evaluation team to observe the on-site evaluation.

If the Council and/or the RRC elect to conduct a focused visit, the individual(s) appointed to conduct the visit may represent either the Council or the RRC, depending upon the reason(s) for which the visit is scheduled.

Individuals who are selected to serve on Council evaluation teams will have participated in a training session for residency evaluators. Individuals who are selected to serve as team chairs will have participated previously in on-site evaluations of residencies.

## **Preparation for On-site Evaluation**

The chair of the evaluation team determines the date of the on-site evaluation in conjunction with the program director and the other member(s) of the evaluation team. Once eligibility for on-site evaluation is determined for a new program, the evaluation is conducted in sufficient time to allow for consideration of the report of the on-site evaluation at regularly-scheduled meetings of the RRC and the Council. Ordinarily, an institution sponsoring an existing program is given approximately 45 calendar days notice prior to the on-site evaluation. The timeline for evaluating an existing program may be abbreviated when the on-site evaluation is conducted in response to RRC and/or Council concerns about major deterioration or change in the residency or when a formal complaint against an approved residency requires on-site evaluation of the issues related to the complaint.

Once the evaluation team and the sponsoring institution have agreed on the date and time of the evaluation, Council staff corresponds with the program director to confirm the names of the members of the evaluation team and the time and date of the evaluation. A copy of CPME 311, *Agenda Guide* is forwarded to the program director. Using the agenda guide, the director is required to prepare a schedule identifying personnel to be interviewed by the evaluation team. The agenda must be forwarded to the Council office at least four weeks prior to the on-site visit.

The program director of a provisionally-approved or an existing residency also must make available appropriate resident log forms to the evaluation team at least four weeks prior to the date of the evaluation. The team members review the logs to establish a list of charts that they wish to review during the on-site evaluation. The team provides this list to the director in

advance of the on-site evaluation. The evaluation team retains the prerogative of requesting additional charts on the day of the visit if warranted.

When a focused visit is scheduled, the letter informing the program director of the date of the evaluation includes specific information related to interviews to be conducted and information to be available for review by the evaluator.

## **Conduct of the On-site Evaluation**

Depending on the number of individuals and facilities involved, a minimum of one day (8 hours) is required to evaluate a podiatric residency. In order that the evaluation team may assess the curriculum content and the extent of resident supervision, the agenda for the on-site evaluation requires that key participants in the program be interviewed, as indicated in CPME 311.

As part of the on-site evaluation, the team conducts interviews with the program director, chief administrative officer, director of medical education, members of the podiatric and non-podiatric faculty, and, for provisionally-approved and existing programs only, the podiatric resident(s). The evaluation includes a tour of the physical facilities, executive sessions of the evaluation team to discuss findings and recommendations, and a concluding session with the program director and the chief administrative officer to discuss the findings. During the exit interview with institutional representatives, the evaluation team chair explains the Council's procedures for initial and/or continuing approval of residencies (specifically, the sequence of events that will follow the visit).

Failure of key participants in the residency to be available will be cause for cancellation of the on-site visit, which may jeopardize the approval status of the program.

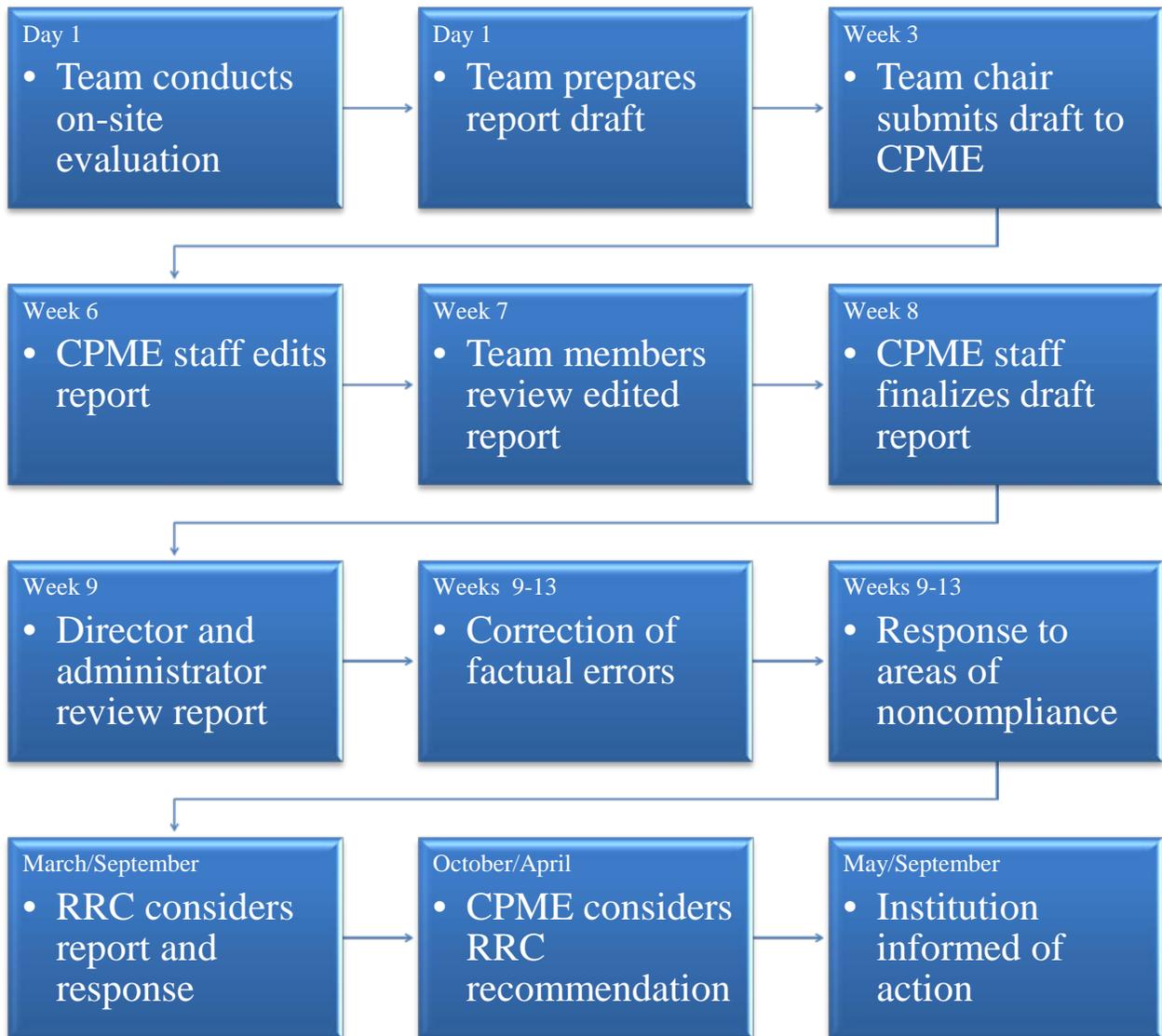
## **Preparation of the Report**

The evaluation team prepares a draft report based on observations and impressions from the on-site evaluation. The team forwards this draft report to the Council office for editing. The edited draft of the report is then returned to each member of the team for review and comments.

A draft copy of the report, consisting of a summary of findings, a list of interviewees, areas of potential noncompliance, and recommendations, is forwarded to the program director and the chief administrative officer of the sponsoring institution.

The sponsoring institution is encouraged to provide a substantive response to areas of potential noncompliance and recommendations identified by the evaluation team, as well as any supporting documentation, prior to consideration of the report by the RRC. The cover letter to the institution specifies the deadline for their receipt. Factual information included in the report may be corrected by the institution; however, impressions and observations based on the on-site visit will not be modified.

The following steps are included in the approval process:



## **CONSIDERATION BY THE RRC AND THE COUNCIL**

### **RRC Review**

The RRC meets prior to each of the semiannual meetings of the Council. The Committee reviews evaluation team reports, institutional responses to evaluation team reports, interim progress reports from provisionally-approved programs, progress reports from provisionally-approved and approved programs, and requests for reconsideration.

During discussions about the approval status of individual residencies, any member of the RRC who is affiliated with the institution under consideration in a governance, administrative, staff, or faculty capacity must recuse himself or herself from the deliberations. Members of the RRC who served on the most recent residency evaluation team are required to recuse themselves from voting until the Council has determined a final approval action.

### Review of Evaluation Team Reports

For each residency visit where a member of the RRC is a member of the evaluation team, the RRC member provides a verbal summary of team findings and answers any questions of the Committee. For each visit where a member of the RRC is not on the team, a member of the Committee is designated by Council staff as a “liaison” to the team. The liaison Committee member communicates the team's findings and presents the team's evaluation report to the Committee. The liaison is expected to be fully prepared for the presentation of the team report to the RRC. This includes detailed review of pre-evaluation materials, the team report, and all pertinent correspondence, such as the response(s) to the report, and consultation with the team chair after the visit. Council staff forwards the materials to the liaison Committee member.

The liaison Committee member is expected to have open communication with the team chair in order to facilitate discussion of the report. If the liaison has any questions regarding the report these should be discussed with the team chair and clarified prior to the RRC meeting at which the report is presented. In addition, the liaison should inform the team chair of the dates of the RRC meeting at which the report will be considered and obtain a telephone number where the team chair can be reached during the time frame of the meeting. Telephone contact during the meeting may be needed to clarify ambiguities or to answer questions that arise during Committee's discussion of the report.

Based upon discussion with the RRC member on the team or the RRC liaison to the team, review of the draft of the evaluation team report and any response submitted by the sponsoring institution, the RRC makes a confidential recommendation to the Council regarding the approval status of the program (see Categories of Approval and Approval Period). The confidential recommendation includes the approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas that are in noncompliance with Council standards and requirements, identification of areas of noncompliance that have been addressed in the institution's response to the evaluation team report, identification of areas that merit commendation, and a schedule for requesting progress reports, including the interim progress report required of a provisionally-approved program.

In reviewing an on-site evaluation report, the RRC has the prerogative of recommending that the Council revise the report, which may include adding, modifying, or deleting areas of potential noncompliance.

### Review of Interim Progress Reports and Progress Reports

The RRC considers interim progress reports submitted by provisionally-approved programs related to development of the proposed clinical and didactic curriculum once the resident is active in the program (see Categories of Approval and Approval Period).

The RRC also considers progress reports submitted by existing provisionally-approved and approved programs related to correction of specific areas of noncompliance and/or concerns identified by the RRC and/or the Council.

Based upon review of the progress report and/or the interim progress report, the RRC determines the extent to which the submitted information addresses previously-identified concerns and/or makes a confidential recommendation to the Council regarding the approval status of the program (see Categories of Approval and Approval Period).

The confidential recommendation includes the approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas that are in noncompliance with Council standards and requirements, identification of areas of noncompliance that have been addressed in the progress report, identification of areas that merit commendation, and a schedule for requesting progress reports. The institution may be requested to submit further documentation of progress made in addressing areas of noncompliance and/or concerns expressed by the RRC.

In reviewing an interim progress report and/or a progress report, the RRC has the prerogative to add, modify, or delete areas of noncompliance or to recommend that the Council add, modify, or delete areas of noncompliance.

### **Council Action**

At a meeting of the Council, the chair of the RRC presents for each residency program the confidential recommendation of the RRC regarding approval status, date by which the next on-site evaluation must be conducted and/or approval period, authorized number of residents, identification of areas that are in noncompliance with Council standards and requirements, identification of areas of noncompliance that have been addressed in the institution's response to the evaluation team report or in the institution's progress report, identification of areas that merit commendation, and a schedule for requesting progress reports. Areas of noncompliance determined by the Council may include, but are not limited to, those indicated by the evaluation team and the RRC. The institution may be requested to submit documentation of progress made in addressing areas of noncompliance and/or concerns expressed by the RRC or the Council.

Approval actions are taken by the Council at official meetings of the Council. Under special circumstances, mail ballots or conference calls may be used for residency approval decisions.

During discussions about the approval status of individual residencies, any member of the Council who is affiliated with the institution under consideration in a governance, administrative, staff, or faculty capacity must recuse himself or herself from the deliberations. Members of the Council who served on the most recent residency evaluation team are required to recuse themselves from discussion and voting until the final approval action has been determined.

## **CATEGORIES OF APPROVAL AND APPROVAL PERIOD**

The following approval actions are available to the Council:

- For a **new residency that has completed an initial on-site evaluation**, the Council grants provisional approval or withholds provisional approval.
- For a **provisionally-approved residency that has submitted an interim progress report and/or a progress report**, the Council extends provisional approval (with or without further progress reports) or probation with an immediate on-site evaluation.
- For a **provisionally-approved residency that has completed an on-site re-evaluation**, the Council extends approval (with or without further progress reports) or extends probation.
- For an **existing approved residency that has completed an on-site re-evaluation or that has submitted a progress report**, the Council extends approval (with or without further progress reports), extends probation, or withdraws approval (the option of withdrawal of approval applies only to a program already on probation).

The Council bases the approval action on the category and number of resident positions that each institution has requested. The Council has established the following categories of approval:

### **Provisional Approval**

Provisional approval indicates recognition of a new residency that, in general, is expected to be in substantial compliance with the Council's standards and requirements for approval upon activation of the program. Provisional approval is determined on the basis of on-site evaluation prior to activation of the residency. When the Council grants provisional approval, this status is effective on the date the action is taken by the Council (see Activation of a Provisionally-approved Residency). Provisional approval will not be considered for any training year or portion of a training year prior to the effective date of granting of provisional approval.

As a condition of continued provisional approval, the institution must provide an **interim progress report** by a date identified in the approval letter. The interim progress report allows the RRC to monitor the continued development of the program in accordance with the program's proposed clinical and didactic curriculum once the resident is active in the program. The interim progress report includes, but is not limited to, resident logs documenting participation in all relevant podiatric activities, documentation of the program's assessment of the resident's

progress in achieving the competencies identified by the Council, the formal schedule for clinical training, and the signed resident contract or letter of appointment.

As a further condition of continued provisional approval, the institution also may be requested to provide one or more **progress reports** at specified intervals, as indicated in the approval letter. The progress report(s) is to demonstrate correction of specific areas of noncompliance in meeting one or more requirements and/or to address concerns identified by the RRC and/or the Council. Customarily, the institution is provided at least six months from the time of the on-site evaluation or submission of the most recent progress report to correct areas of noncompliance.

Provisional approval extends no longer than 24 months beyond the designated length of the program.

The approval letter includes the date by which the next scheduled on-site evaluation will occur. Ordinarily, on-site re-evaluation of a **new** provisionally-approved podiatric residency is conducted during the program's fourth year of operation. The RRC and/or the Council may schedule an earlier on-site re-evaluation should significant concerns become evident from review of the program's progress report(s).

## **Approval**

Approval indicates recognition of an existing residency that, in general, is in substantial compliance with the Council's standards and requirements for approval. In granting an extended period of approval, the Council expresses its confidence in the abilities of the institution to continue providing adequate support and implementing ongoing improvements in the residency.

As a condition of continued approval, the institution may be requested to provide one or more progress reports at specified intervals, as indicated in the approval letter. The progress report(s) is to demonstrate correction of specific areas of noncompliance in meeting one or more requirements or to address concerns identified by the RRC and/or the Council. Customarily, the institution is provided at least six months from the time of the on-site evaluation or submission of the most recent progress report to correct areas of noncompliance.

The approval letter includes the date by which the next scheduled on-site evaluation will occur. Re-evaluation of an existing program is scheduled no later than six years from the date of its previous evaluation. The RRC and/or the Council may schedule an earlier on-site re-evaluation should significant concerns become evident from review of the program's progress report(s).

## **Probation**

Probation indicates that a residency is in noncompliance with the Council's standards and requirements for approval to the extent that the quality and effectiveness of the residency are in jeopardy. This category serves as a strong warning to the institution that serious problems exist that could cause the residency to fail. When probation is extended, the residency is considered to be a candidate for withdrawal of approval. The RRC and/or the Council have the prerogative of adding to the probationary action the requirement that no new residents or transfers enter the

residency until areas of noncompliance have been addressed to the satisfaction of the RRC and the Council.

The program must provide evidence of significant progress in correction of areas of noncompliance within a specified period. Customarily, the institution is provided at least six months from the time of the on-site evaluation or submission of the most recent progress report to correct areas of noncompliance. Probation may not extend for more than two years. This category applies only to previously-approved programs (including provisionally-approved programs) and is a published approval status. A decision to extend probation is not subject to the Council's procedures for procedural reconsideration, reconsideration, or appeal.

The institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

### **Administrative Probation**

Administrative probation indicates that a residency has failed to submit information or fees following two separate requests. The category of administrative probation may be activated automatically without vote by the Council based upon a lack of response by the institution to requests related to progress reports, annual or pre-evaluation reports, payment of annual assessment or on-site evaluation fees, resident transfers (releasing and accepting institutions) or other information about the program. The following procedures apply to administrative probation:

- The institution will be notified in writing that materials and/or fees are past due and that the Council will consider placing the residency on administrative probation if no response is received within 30 calendar days.
- If no response is received within 30 calendar days, the institution will be notified in writing that materials and/or fees remain past due and that the Council will place the residency on administrative probation if no response is received within 15 calendar days.
- The program will be placed on administrative probation if materials and/or fees are not received within 15 calendar days.
- Administrative probation is removed when all requested materials and/or fees are received.
- If no response is received from the institution, the Council will withdraw approval of the program at its next scheduled meeting. Withdrawal of approval is based upon the perception that the institution no longer desires to be recognized by the Council and voluntarily withdraws from approved status. The action is viewed as a voluntary decision of the institution; it is not subject to the Council's procedures for procedural reconsideration, reconsideration, or appeal.

This category applies only to previously-approved programs (including provisionally-approved programs and programs approved on a probationary basis) and is a published approval status. A decision to grant administrative probation is not subject to the Council's procedures for procedural reconsideration, reconsideration, or appeal.

The institution is required to verify to the Council, in writing, that all current and incoming residents and program applicants selected for interview have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

### **Withholding of Provisional Approval**

Withholding of provisional approval is determined in the event that a new program seeking provisional approval evidences substantial noncompliance with the Council's standards and requirements for approval. When the Council proposes withholding provisional approval of a residency, factors that have a significant impact on the effectiveness of the program are identified as the basis for the action. A decision to withhold provisional approval will not become final or be published until the processes of procedural reconsideration, reconsideration, and appeal are exhausted (see Procedural Reconsideration, Reconsideration, and Appeal).

When the Council proposes to withhold provisional approval of a program, the institution is required to verify to the Council, in writing, that all program applicants selected for interview and/or prospective incoming residents have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

### **Withdrawal of Approval**

Withdrawal of approval is determined under any one of the following conditions:

- A program on probation has failed to correct one or more areas of noncompliance, or a new area(s) of noncompliance has emerged, and therefore the program evidences substantial noncompliance with the Council's standards and requirements for approval.
- An institution withdraws voluntarily from resident training. Actions to withdraw approval voluntarily are not subject to the Council's procedures for procedural reconsideration, reconsideration, and appeal.
- Two or more programs merge into a single new program, resulting in the loss of identity of a previously-approved program.
- An institution that has been placed on administrative probation does not provide requested materials and/or fees.
- A program has remained inactive for a period of more than two consecutive training years (see Inactive Status).

When the Council considers an action to withdraw approval, factors that have a significant impact on the effectiveness of the residency are identified as the basis for the action. The RRC and/or the Council have the prerogative of adding to the action to withdraw approval the requirement that no new residents/transfers enter the residency until areas of noncompliance have been addressed to the satisfaction of the RRC and the Council. A decision to withdraw approval will not become final or be published until the processes of procedural reconsideration, reconsideration, and appeal are exhausted. Reconsideration and appeal are available only to sponsors on probation that have failed to correct areas of noncompliance (see Procedural Reconsideration, Reconsideration, and Appeal).

When the Council proposes to withdraw approval of a program, the institution is required to verify to the Council, in writing, that all current and incoming residents, and program applicants selected for interview have been notified of this approval status (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

## **NOTIFICATION OF ACTION**

Within a reasonable period following each of the Council's two meetings, an approval letter indicating the Council action is forwarded to each institution currently under consideration. Confidential correspondence regarding Council actions is addressed to the program director. A copy of the letter is forwarded to the chief administrative officer of the sponsoring institution.

When the Council action is to place the program on probation, to continue probation, to place the program on administrative probation, to withhold provisional approval, or to withdraw approval, the letter to the director is sent by certified mail, with a return receipt requested. Letters to withhold provisional approval or to withdraw approval are forwarded to the director within 30 calendar days of the Council action.

Each letter indicates the approval status of the program and the number of authorized positions, including identification of the number of added credential positions. When the Council takes an action that requests submission of an interim progress report and/or a progress report, the letter identifies the reason(s) for taking the action. The letter outlines the necessary information that must be submitted for the RRC and Council to review the approval status of the program at future scheduled meetings, as well as the date on which this information is due in the Council office.

When the Council considers withholding provisional approval or withdrawing approval, the letter advising the institution of the proposed action contains: (a) the specific reason(s) for taking the proposed action, (b) the date the action becomes effective unless a request for procedural reconsideration or reconsideration is received from the institution, (c) the right of the institution to request procedural reconsideration, reconsideration, and appeal and the date by which such a request must be received by the Council, and (d) the institution's obligation to inform current residents, incoming residents, and program applicants selected for interview regarding the approval status of the program.

When a residency is placed on administrative probation, the program director and the chief administrative officer of the institution receive notification from Council staff that the institution has failed to respond to at least two requests for information or payment of fees. The institution is informed of its responsibility to notify current residents, incoming residents, and program applicants selected for interview of the approval status of the program. The letter to the institution also describes the consequence of withdrawal of approval if immediate attention is not directed to responding to the Council's previous requests.

When the approval action is based on the report of an on-site evaluation, a final copy of the report is enclosed with the approval letter. The report reflects the residency program as it existed at the time of the on-site evaluation. The final report does not, therefore, reflect program modifications made subsequent to the on-site evaluation that may have been described in the institution's response to the draft report. The institution may distribute the final report as it wishes and is encouraged to provide as wide a distribution as possible to the faculty members who participate in the program.

The Council awards a certificate to institutions sponsoring programs recognized in the categories of provisional approval and approval.

## **RESIDENT NOTIFICATION OF ACTION**

When the Council or the RRC takes or proposes certain actions, the sponsoring institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been notified (applicants must be notified in writing prior to the interview). Current residents, incoming residents, and program applicants must be notified of denial of eligibility for initial on-site evaluation, probation, administrative probation, withholding of provisional approval, withdrawal of approval, denial of an increase in positions, and voluntary termination of the program.

The institution must submit a copy of the letter sent to the applicant/incoming resident/current resident. The institution also must submit either the applicant's/incoming resident's/current resident's written acknowledgment of the status of the program or verifiable documentation of this individual's receipt of the institution's letter (i.e., signed copies of return receipts for certified mail). These materials must be received in the Council office within 50 calendar days of the director's receipt of the letter informing the institution of the action taken by the RRC or the Council.

## **ACTIVATION OF A PROVISIONALLY-APPROVED RESIDENCY**

As stated previously, when the Council grants provisional approval, this status is effective on the date the action is taken by the Council. Provisional approval will not be considered for any training year or portion of a training year prior to the effective date of granting of provisional approval.

The Council recognizes that a residency may have an effective date of provisional approval that is later than the customary starting date of July 1. The Council permits the sponsoring institution

to begin its second complement of residents on its preferred starting date (e.g., July 1) during the program's second year of operation.

The Council will withdraw provisional approval if the residency is not activated within two calendar years of the effective date of provisional approval. This action is not subject to the Council's procedures for reconsideration, reconsideration, or appeal.

## **PROCEDURAL RECONSIDERATION, RECONSIDERATION, AND APPEAL**

The following reconsideration and appeal procedures are available for each of the following proposed adverse actions.

If the RRC proposes **denial of eligibility for on-site evaluation**, the institution may request one of the following:

- Procedural reconsideration, followed by reconsideration, followed by appeal, **or**
- Reconsideration, followed by appeal.

If the RRC proposes **denial of either an increase in positions or reclassification of positions**, the institution may request one of the following:

- Procedural reconsideration, followed by reconsideration, **or**
- Reconsideration.

If the Council proposes **withholding provisional approval or withdrawing approval**, the institution may request one of the following:

- Procedural reconsideration, followed by reconsideration, followed by appeal, **or**
- Reconsideration, followed by appeal.

**A request to initiate the processes of procedural reconsideration, reconsideration, or appeal will be accepted for cause and will not be accepted solely on the basis of dissatisfaction with the proposed adverse action, nor will it be accepted on the basis of modifications made subsequent to the determination of the adverse action.** A residency that conforms to Council standards, requirements, and/or procedures following determination of an adverse action (resulting in withholding of provisional approval or withdrawal of approval) will be viewed as a new residency and will be required to follow the application procedures described earlier in this publication.

The institution receives formal written notification of the adverse action following the action of the RRC or the Council. The basis for the adverse action and the institution's right to request

procedural reconsideration, reconsideration, and appeal are stated clearly in the notification letter.

When the RRC or the Council considers an adverse action, the action does not become final, nor is it published, until the institution has been afforded opportunity to complete the processes related to procedural reconsideration, reconsideration, and/or appeal. If the institution does not initiate the procedural reconsideration, reconsideration, or appeal processes, the institution's rights to due process through the Council are viewed to be exhausted.

During this due process period, the approval status of the residency reverts to the status prior to the adverse action. If the Council sustains an action to withdraw approval, the final action becomes effective at the conclusion of the academic year in which the action is sustained.

## **Procedural Reconsideration**

Procedural reconsideration is the process that allows the institution the opportunity to request that the Council review the proposed adverse action for the purpose of determining whether the Council, the RRC, or the evaluation team failed to follow Council procedures described in this publication. Because procedural reconsideration is designed for the review of errors in the application of Council procedures, matters of disagreement related to issues of substance will not be reviewed within the procedural reconsideration process. Such matters, however, may be identified as the basis for a request for reconsideration and/or appeal.

A request for procedural reconsideration must be submitted within 15 calendar days following receipt of the notification letter. If such a request is not submitted and postmarked within this 15-day period, the Council considers the institution to have waived all rights to procedural reconsideration. The sponsoring institution is encouraged to submit its written request to the Council office by certified mail, with a return receipt requested.

The request for procedural reconsideration must identify the procedure(s) in question and describe in detail the institution's claim that the procedure(s) was not followed, including any documentary evidence to support the claim. Following receipt by Council staff, the request for procedural reconsideration is considered by the Council's Executive Committee by conference call or actual meeting. The Council acknowledges in writing the receipt of all procedural reconsideration materials.

Based on a recommendation of the Executive Committee, a decision may be made by the Council, either by conference call or meeting to: (1) sustain the previous action, (2) rescind the previous action and refer the matter for additional review by the RRC, or (3) defer action and conduct a new on-site evaluation. If a new evaluation is conducted, the cost of the evaluation is shared equally by the institution and the Council. The program director and the institution's chief administrative officer are notified of the action taken with respect to the procedural reconsideration no later than 30 calendar days following the next scheduled meeting of the Council following the original determination of the action that led to the request for procedural reconsideration.

## **Reconsideration**

Reconsideration is the process that allows the institution the opportunity to request that the RRC and/or the Council review the proposed adverse action for the purpose of determining whether any error or omission occurred in making the decision.

A written request for reconsideration must be received in the Council office within 30 calendar days following receipt of the notification letter. If a request for reconsideration is not received within this 30-day period, the Council considers the institution to have waived all rights to reconsideration and subsequent appeal. The sponsoring institution is encouraged to submit its written request to the Council office by certified mail, with a return receipt requested.

The request must include specific facts and reasons for which the institution contends the adverse action should not be taken, as well as an appropriate number of copies of substantiating materials. Council staff acknowledges in writing the receipt of all reconsideration materials. Following receipt by Council staff, the materials are considered by the RRC by conference call or at its next scheduled meeting. Reconsideration related to denial of eligibility for on-site evaluation or an increase in positions may be considered by the RRC by conference call or at its next scheduled meeting. Reconsideration related to withholding of provisional approval or withdrawal of approval must be considered by the RRC at its next meeting.

Related to proposed actions to deny eligibility for on-site evaluation or to deny an increase in positions, the RRC has the options of rescinding or sustaining the proposed action. Reconsideration of the adverse action is completed no later than the next scheduled meeting of the RRC following the original determination. The program director and the institution's chief administrative officer are notified of the RRC action.

Based on a recommendation of the RRC, a decision to sustain or rescind a proposed action to withhold provisional approval or withdraw approval is considered by the Council at its next scheduled meeting. A recommendation may be made by the RRC and/or the Council to assess the request for reconsideration by conducting an on-site evaluation of the residency. The on-site evaluation is designed to evaluate the particular issues or concerns related to the adverse action. When an on-site evaluation is conducted, action is deferred to the second scheduled meeting following the original determination of the adverse action. The program director and the institution's chief administrative officer are notified of the Council's action.

During the reconsideration process, a representative(s) of the institution under reconsideration may request in writing the opportunity to provide a statement to the RRC regarding the proposed adverse action. Any additional information that is to be brought to the attention of the RRC must be submitted to the Council office prior to the meeting. The institution must provide an appropriate number of copies of all written materials.

## **Appeal**

Following completion of the procedural reconsideration and/or reconsideration processes, the institution may appeal the decision to a hearing committee. The appeal process followed by the

Council is articulated in CPME 935, *Guidelines for the Conduct of Appeal Hearings*. The institution is free to pursue a substantive and/or procedural claim.

## **REAPPLICATION FOLLOWING WITHHOLDING OR WITHDRAWAL OF APPROVAL**

An institution seeking approval of a residency program that has had provisional approval withheld or approval withdrawn is expected to follow the procedures outlined for new residencies (see Application for Provisional Approval of a New Residency Program and Fees). With respect to re-evaluation of a program that has had provisional approval withheld or approval withdrawn, the RRC will focus principal attention on those areas that were of greatest concern in the original decision to withhold provisional approval or withdraw approval.

## **AUTHORIZATION OF INCREASES IN RESIDENCY POSITIONS**

Increases in residency positions are considered and authorized by the RRC. Applications for increases are considered by mail ballot, conference call, or at a regularly-scheduled meeting of the RRC. The RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent mail ballot, conference call, or upcoming regularly-scheduled meeting.

Institutions seeking authorization of increases in positions in provisionally-approved and/or approved residencies are required to submit RRC form 345, *Application for Increase in Positions*, required supplemental materials, and an application fee (see Fee Policies). The application must be submitted prior to activation of the residency position(s), preferably at least six months before the anticipated starting date. A six-month lead time is necessary should additional information be required. The RRC will consider the request for an increase within 60 calendar days of receipt of a complete application.

**The effective date of granting an authorization of increased residency positions by the RRC will be no earlier than the date on which the program has both authorization of the increase and the additional resident(s) in place.**

In order to determine whether the institution has the appropriate resources for an increase in residency positions, the RRC will review the following information:

- The last on-site evaluation report, pertinent progress report materials, and most recent approval letter.
- Pertinent section(s) of annual report(s) submitted since the most recent on-site evaluation.
- A completed *Application for Increase in Positions*, RRC form 345. The application provides information regarding the rationale for the proposed increase with supporting documentation to justify the increased number of positions.

**The RRC will not consider an application for an increase submitted by a program on probation.** If a program on probation increases positions without authorization, the Council will withdraw approval of the program at its next scheduled meeting.

If the new positions have already been activated in an approved program and authorization is denied, the RRC will mandate, by placing the program on probation, a reinstatement of the number of positions existing prior to the increase, effective at the beginning of the next residency year.

If the RRC proposes denial of the increase in positions, the institution is required to verify to the Council, in writing, that all current and incoming residents and program applicants selected for interview have been notified of the proposed denial (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

If the sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or the RRC for information to complete the application, the application will be terminated by staff. Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the application has been terminated. The sponsoring institution may submit a new application, supplemental materials, and application fee after the application has been terminated.

## **RECLASSIFICATION OF APPROVED POSITIONS**

Applications for reclassifying approved positions are considered by mail ballot, conference call, or at a regularly-scheduled meeting of the RRC. The RRC has the prerogative of taking no action on the application in order to request further information from the sponsoring institution and/or to discuss the application during a subsequent mail ballot, conference call, or upcoming regularly-scheduled meeting.

A program may request reclassification of one or more non-added credential positions to added credential positions in provisionally-approved and/or approved residencies by submitting RRC form 346, *Application for Reclassifying Positions*, required supplemental materials, and an application fee (see Fee Policies). The application must be submitted prior to reclassification of the residency position(s), preferably at least six months before the anticipated change. A six-month lead time is necessary should additional information be required. The RRC will consider the request for an increase within 60 calendar days of receipt of a complete application.

In order to determine whether the institution has the appropriate resources for the reclassification of residency positions, the RRC will review the following information:

- The last on-site evaluation report, pertinent progress report materials, and most recent approval letter.
- Pertinent section(s) of annual report(s) submitted since the most recent on-site evaluation.

- A completed *Application for Reclassifying Positions*, RRC form 346. The application provides information regarding the rationale for the proposed increase with supporting documentation to justify the increased number of positions.

**The RRC will not consider an application for a reclassification submitted by a program on probation.** If a program on probation reclassifies positions without authorization, the Council will withdraw approval of the program at its next scheduled meeting.

If the RRC proposes denial of the reclassification in positions, the institution is required to verify to the Council, in writing, that all current and incoming residents and program applicants selected for interview have been notified of the proposed denial (applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

If the sponsoring institution fails to respond in writing within six months to written requests from Council staff and/or the RRC for information to complete the application, the application will be terminated by staff. Council staff will correspond with the program director and the institution's chief administrative officer to inform them that the application has been terminated. The sponsoring institution may submit a new application, supplemental materials, and application fee after the application has been terminated.

## **INACTIVE STATUS**

A residency or position(s) in an approved residency that are temporarily inactive will be considered eligible for continued approval for a period not to exceed two years immediately following completion of the last full year of training. A residency that is not reactivated within two years must follow the application procedures for new programs if and when training is reinitiated. If a residency position(s) is not reactivated within two years, the sponsoring institution must submit RRC form 345, *Application for Increase in Positions*, and the application fee if and when the position(s) are to be reactivated. (An inactive program or position is one in which funding, staffing, or available training resources have been interrupted or in which a suitable or interested candidate for the residency has been unavailable.)

Institutions with inactive, approved programs are required to submit annual report forms and annual assessment fees throughout the recognized period of inactivation.

## **RESIGNATION, TERMINATION, OR SUSPENSION OF THE RESIDENT**

If a resident resigns from or is terminated or suspended from a residency for any reason, written notice must be sent to the Council office within 30 calendar days of the termination date. It is the responsibility of the program director to notify the Council of any resignation, suspension, or termination of a resident, regardless of the approval status of the program.

If the resident's appointment is suspended or terminated, the notice must indicate the general cause for the termination but need not contain a statement of specific facts. The notice also must contain a description of the process by which the suspension or termination decision was reached to assure that institutional due process procedures were followed.

## TERMINATION OF THE PROGRAM

If an institution with an approved residency closes or if for any other reason the program is discontinued, the Council will withdraw approval of the program based on voluntary termination by the sponsoring institution, effective on the date of closure or termination of the residency.

It is the responsibility of the program director and the chief administrative officer to notify the Council in writing of termination of the residency. Additionally, the institution is required to verify to the Council, in writing, that all current residents, incoming residents, and program applicants selected for interview have been informed of the voluntary termination of the program (when possible, applicants must be notified in writing prior to the interview) (see Resident Notification of Action).

When an institution voluntarily discontinues a residency prior to completion of the training cycle, arrangements may be made to transfer the resident(s) to another approved residency (see Resident Transfer).

## RESIDENT TRANSFER

Situations such as the following may arise and require completion of a resident transfer: (1) a resident cannot complete a provisionally-approved or an approved residency because the sponsoring institution has ceased operations or discontinued the program; (2) a resident is released from a provisionally-approved or an approved residency; (3) a resident who has successfully completed an approved residency may wish to transfer into another approved residency to obtain additional training.

The charts below indicate acceptable resident transfers across residency categories. The following abbreviations for previous and new residency categories are utilized:

### Previous categories

RPR (Rotating Podiatric Residency)

PPMR (Primary Podiatric Medical Residency)

POR (Podiatric Orthopedic Residency)

PSR-12 (12-month Podiatric Surgical Residency)

PSR-24 (24-month Podiatric Surgical Residency)

PM&S-24 (Podiatric Medicine and Surgery-24)

PM&S-36 (Podiatric Medicine and Surgery-36)

The Podiatric Medicine and Surgery Residency is a program into which a resident would not ordinarily transfer. However, positions in PMSR programs may be vacant and graduates of residencies approved under the previous categories may seek additional training. In such instances, the following resident transfers are permitted:

- **For RPR, PPMR, POR, and PSR-12 programs:** The resident may receive up to one year of training credit (with program director discretion.) A resident who completed one or more programs approved under former residency categories (CPME 320, dated April

2000) may receive a maximum of one year of credit from an approved non-surgical residency program, and a maximum of one year of credit from an approved PSR-12 program towards the podiatric residency.

- **For PSR-24 programs:** The resident may receive up to two years of training credit (with program director discretion.)
- **For PM&S-24 programs:** The resident may receive up to two years of training credit (with program director discretion.)

If the resident has been active in but has **not yet completed a PM&S-24**, he or she may transfer into a PM&S-36 or Podiatric Residency and receive credit for all training received to date, pending review by the program director at the institution accepting the resident of the competencies attained by the resident (see below).

- If the resident has been active in but has **not yet completed either a PM&S-36 or a Podiatric Medicine and Surgery Residency**, he or she may transfer into a PM&S-36 or Podiatric Medicine and Surgery Residency and receive credit for all training received to date, pending review by the program director at the institution accepting the resident of the competencies attained by the resident (see below).

If acceptance of the resident transfer constitutes an increase in residency positions, the sponsoring institution must apply for authorization of the increase (see Authorization of Increases in Residency Positions).

The RRC and the Council expect that the resident will be appointed to another provisionally-approved or approved residency within a reasonable time period. The director of the program releasing the resident must submit written notification to the Council office within two weeks of the resident's departure. The director of the program releasing the resident must submit the following information in a timely manner to the director of the provisionally-approved or approved program accepting the resident:

- Training schedule.
- Signed assessments validating the resident's progress in achieving prescribed performance indicators and competencies.
- Signed resident logs from the resident's starting date in the program to the date on which the resident was released from the program.

The director of the program accepting the resident must submit the application fee (see Fee Policies) and the following information to the Council office within 30 days of the resident's official acceptance:

- Confirmation that all required materials have been submitted by the institution releasing the resident and have been reviewed. The review by the director of the program

accepting the resident must ascertain the acceptability of all previous educational experiences as based upon the resident's progress toward and successful achievement of competencies and assigned activities that have been validated formally by written assessment.

- Comprehensive training schedule that allows for achievement of all prescribed competencies specific to the residency category. (If the resident has not successfully completed a previous program, the director must confirm that the length of the resident's time in the new program will be extended to provide training for the appropriate completion of the training period.)

Once Council staff has determined that the transfer request is complete, it is forwarded to the RRC chair for consideration. If, in consultation with Council staff, the RRC chair approves the transfer, the institution to which the resident has transferred may grant a certificate indicating successful completion of a residency. The institution is authorized to grant only a certificate of completion for the residency category in which it is approved by the Council. A resident may retain a certificate issued for training completed (e.g., RPR, POR, PPMR, PSR-12, PSR-24, and/or PM&S-24) when this training is counted towards the requirements of a new program into which the resident has transferred.

If the Council's procedures for resident transfers are not followed, the resident involved may not be granted a certificate of completion by any residency.

## **PROGRAM TRANSFER**

Institutional sponsorship of a training program may be transferred from one institution to another under certain circumstances. The program director should contact the Council office to determine whether transfer of the program is appropriate or whether reapplication as a new program is necessary. A request for transfer of institutional sponsorship should be submitted as early in the training year as possible should reapplication and on-site evaluation be necessary.

The following documentation is required in all cases (i.e, the program transfer involves institutions owned by the same corporate entity and retaining the same administrative staff and podiatric and non-podiatric medical faculty, or the former sponsoring institution has closed or has changed to such an extent as to preclude providing the necessary resources for residency training):

- Letter of intent from the chief administrative officer of the new sponsoring institution.
- Letter from the chief administrative officer of the original sponsoring institution acknowledging the transfer.
- For institutions owned by the same corporate entity: written acknowledgement that all administrative staff and podiatric and non-podiatric medical faculty are retained from the original sponsor. If there are any changes, listings are required of the names of the administrative staff and podiatric and non-podiatric medical faculty retained from the original sponsor as well as any new administrative staff and podiatric and non-podiatric medical faculty (with educational and professional qualifications).

- For new institutions: listing of any new administrative staff and podiatric and non-podiatric medical faculty (with educational and professional qualifications).
- Copy of the signed contract with each resident and each resident's schedule for the entire training time.
- Curriculum vitae of the program director (if new).
- Copies of affiliation agreements (if applicable).
- Curriculum.

A full or focused on-site evaluation may be required. The institution to which the program is transferred must grant a certificate to each resident who successfully completes the program. The certificate must be appropriate for the resident's entire training sequence and the type of program that is approved by the Council.

## **ANNUAL REPORT**

Completion of an annual report form, CPME 340, is required of each institution sponsoring an approved residency beginning with the program's first year of provisional approval. The annual report provides the Council current information for CPME publication 300, *Approved Podiatric Medicine and Surgery Residencies*. As part of the annual report, the Council requests the names of residents completing the program and the residents selected for the next training year.

Co-sponsoring institutions must submit a single copy of CPME 340 that provides information about the program as a whole, rather than each individual co-sponsor submitting its own annual report. The annual report for the co-sponsored program is to include the signatures of the program director and of the chief executive officers, or their designees, of each co-sponsoring institution. (If an institution is involved in a co-sponsorship and also sponsors a separate residency program, the institution is required to participate in preparation of the annual report for the co-sponsored program and to submit a separate annual report for the residency for which it is the sole sponsor.)

If extenuating circumstances exist relative to resident completion of a training year, the program director must provide this information in the annual report. Examples of extenuating circumstances include, but are not limited to, an extension of a resident's training period to address instances of unsatisfactory performance and or to complete a portion of the training year that the resident was unable to fulfill due to illness and/or disability.

The Council requests specific quantitative information related to clinical experiences. This information is reviewed by the RRC and may be consulted in determining increases in authorized residency positions and/or approval status, as well as in preparation for on-site evaluation.

Council staff reviews annual reports and brings concerns to the attention of the RRC at its next scheduled meeting. Council staff may correspond with the program director to request that the sponsoring institution provide specific information for consideration at the RRC meeting.

Failure to submit the annual report and/or annual fee is cause for the Council to place the sponsor on administrative probation and subsequently to consider withdrawal of approval. The RRC

and/or Council reserve the right to request additional materials to clarify information in the annual report.

## **CONFIDENTIALITY AND DISCLOSURE POLICIES**

All reports and communications regarding residencies are confidential within the Council, RRC, appeal committees, evaluation teams, and Council staff. On-site evaluators, RRC members, and Council members sign a confidentiality statement on a periodic basis, confirming that privileged information will not be disclosed in any manner.

Because of the tripartite relationship of accreditation, certification, and licensure, the Council has the prerogative of providing confidential information regarding the approval status of residencies to the appropriate Council-recognized specialty boards and to state boards for examination and licensure, upon the specific written requests of these organizations.

All proceedings of the RRC and the Council with respect to determining residency recommendations and actions are held in executive session.

The Council office, the RRC, and the Council will not release or confirm the following information in any form:

- The name or status of a sponsoring institution that has initiated contact with the Council office concerning an application for provisional approval, increase in positions, or reclassification of approved positions.
- The name or status of a sponsoring institution that has applied for provisional approval or an increase in positions but has not yet been apprised of a decision; or
- The name or status of a sponsoring institution that has applied for and been denied eligibility for on-site evaluation or authorization of an increase in or reclassification of approved positions (prior to exhaustion of the procedural reconsideration, reconsideration, and appeal processes, as applicable).
- The name or status of a sponsoring institution that has had provisional approval withheld or approval withdrawn (prior to exhaustion of the procedural reconsideration, reconsideration, and appeal processes).

All inquiries as to the approval status of a specific sponsoring institution will be answered by referral to the published directory of podiatric residencies or to the institution in question.

The Council publishes a directory of residencies on an annual basis and makes a frequently-updated version of the directory available on its website. The directory identifies residencies that are eligible for on-site evaluation, residencies holding provisional approval, residencies that are approved, and residencies approved on a probationary basis (including administrative probation). Areas of noncompliance, as reflected by standard and requirement numbers, will be included in the probationary information.

Denial of eligibility for on-site evaluation, withholding of provisional approval, and withdrawal of approval are published following exhaustion of the entire process of procedural reconsideration, reconsideration, and appeal or following the institution's indication that it does not wish to pursue these processes. Denials of increases in or reclassification of residency positions are published following exhaustion of the entire process of procedural reconsideration and reconsideration or following the institution's indication that it does not wish to pursue these processes.

### **THIRD-PARTY COMMENT**

The Council provides opportunity for individuals or organizations to submit written comments concerning an institution's qualifications for provisional or continued approval. The Council will publish notices in the *APMA News* and on its website regarding its plans to conduct either a focused evaluation or a comprehensive evaluation of an institution that seeks provisional approval or continuation of approval. The notice will indicate the deadline for receipt of third-party comments.

Third-party comments must be signed, address substantive matters relating to the quality of the program and the CPME standards and requirements, and be received 30 days prior to the program's scheduled visit date. Comments will be forwarded to the evaluation team, and to the program director for response if appropriate, during the evaluation visit process. An updated list that includes the date of each visit will be maintained on the Council's website.

### **REVIEW OF FORMAL COMPLAINTS**

A mechanism exists for reviewing formal complaints against approved residencies. The Council reviews only those complaints related to the alleged noncompliance of a program with the Council's standards and requirements. The mechanism for reviewing formal complaints is specified in CPME publication 925, *Complaint Procedures*.

### **STATEMENTS OF APPROVAL STATUS**

An institution sponsoring a provisionally-approved residency must use the following statement in reference to its approval status:

The (category of program) sponsored by (name of institution) has been granted provisional approval by the Council on Podiatric Medical Education. Provisional approval is the recognition accorded a new residency that is determined to be in substantial compliance with established standards and requirements. The Council is an independent, specialized accrediting agency that provides accreditation and approval services for the American Podiatric Medical Association.

An institution sponsoring an approved residency must use the following statement in reference to its approval status:

The (category of program) sponsored by (name of institution) is approved by the Council on Podiatric Medical Education. Approval is the recognition accorded a residency that is determined to be in substantial compliance with established standards and requirements. The Council is an independent, specialized accrediting agency that provides accreditation and approval services for the American Podiatric Medical Association.

An institution sponsoring a residency that is approved on a probationary basis must use the following statement in reference to its approval status:

The (category of program) sponsored by (name of institution) is approved on a probationary basis by the Council on Podiatric Medical Education. Probation indicates that a residency is in noncompliance with the Council's standards and requirements for approval to the extent that the quality and effectiveness of the residency are in jeopardy. The Council is an independent, specialized accrediting agency that provides accreditation and approval services for the American Podiatric Medical Association.

No other statements regarding approval by the Council may be used without the permission of the Council.

## **ASSESSMENT OF EVALUATOR EFFECTIVENESS**

The effectiveness of the on-site evaluation process is assessed formally by the institution and the evaluation team. The Collaborative Residency Evaluator Committee (CREC) monitors the effectiveness of on-site evaluators by reviewing evaluation questionnaires completed by institutions regarding the performance of on-site evaluators, as well as those completed by the team leaders and other team members. CREC forwards a report of its review, identifying areas requiring follow-up and evaluators who might require remediation or dismissal to the Executive Committee of the Council for its review. CREC is the collaborative effort of ABPOPPM, ABPS, and the Council to develop, implement, and review procedures to select, train, and assess podiatric residency evaluators and team chairs.

In reviewing evaluation team reports, the RRC may forward comments about individual evaluators to the Council's Executive Committee. To assure objectivity in its approval recommendations, the RRC is never provided the post-evaluation questionnaires completed by the sponsoring institution and evaluation team members.

The Council commends effective evaluators and provides remediation for ineffective evaluators. The RRC, CREC, and/or the Executive Committee may suggest to the Council that evaluators who demonstrate repeated ineffectiveness be removed from the list of residency evaluators.

## **NONDISCRIMINATION POLICY**

The Council prohibits discrimination in accord with federal, state, and local regulatory guidelines and policies in the election and appointment of members, students, and public representatives to the Council and its committees and in the selection of evaluation team members, consultants, employees, and others involved in its activities.

## **FEE POLICIES**

Application fees have been established for institutions seeking provisional approval of a new program, reclassification of the approval category, and for institutions requesting authorization of increased residency positions, resident transfers, and one-time residency certificate authorizations.

All costs related to on-site evaluations of new and approved programs are borne by the sponsoring institution. The Council requires pre-payment of a specified on-site evaluation fee. Following the on-site evaluation, the Council office bills the sponsoring institution for the remainder of the full cost of the visit.

Institutions that have had provisional approval withheld or approval withdrawn and subsequently reapply must submit a reapplication fee.

The Council has established an annual fee assessed each institution sponsoring an approved residency or residencies. The Council assesses a per-program fee and a per-resident fee. A late fee is assessed related to submission of the annual assessment fee.

Institutions requesting appeals of adverse actions are assessed a portion of the anticipated actual costs prior to the appeal. Institutions are billed the remainder of any additional actual costs after the appeal.

The fees are nonrefundable. The Council reserves the right to revise established fees.

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