JRRRC AND CPME RESIDENCY POLICIES

The following are policies of the Joint Residency Review Committee (JRRRC) and/or the Council on Podiatric Medical Education (CPME), effective January 2009.

- A resident who completed one or more programs approved under the 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 a program in the new residency categories (CPME 330, dated July 2007), regardless of how long ago the training was completed and regardless of if the program(s) was (were) sponsored by a different institution. The volume of trauma cases, podopediatric cases, biomechanical evaluations, history and physical examinations, and surgical encounters from previous training year(s) are acceptable in contributing to and/or fulfilling the minimum activity volume requirements of the PM&S-24 and PM&S-36. Surgical procedures from the resident’s previous training year must be documented fully on the appropriate log forms in order for the director of podiatric medical education to determine if the surgical procedures are acceptable in contributing to and/or fulfilling the requirements of the PM&S-24 or PM&S-36.

- Surgical procedures from a PSR-12 or PSR-24 and a PM&S-24 or PM&S-36 cannot be added by categorical numbers.

<table>
<thead>
<tr>
<th>PSR-12 or PSR-24</th>
<th>PM&amp;S-24 or PM&amp;S-36</th>
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</thead>
<tbody>
<tr>
<td>Category 1 Soft tissue</td>
<td>Category 1 Digital Surgery</td>
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<tr>
<td>Category 2 Digital</td>
<td>Category 2 First Ray Surgery</td>
</tr>
<tr>
<td>Category 3 Lesser metatarsal</td>
<td>Category 3 Other Soft Tissue Foot Surgery</td>
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<tr>
<td>Category 4 First metatarsal</td>
<td>Category 4 Other Osseous Foot Surgery</td>
</tr>
<tr>
<td>Category 5 Rearfoot-ankle</td>
<td>Category 5 Reconstructive Rearfoot and Ankle Surgery</td>
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The director of podiatric medical education and the on-site evaluation team must carefully review which category numbers the program assigns to procedures during the next few years to avoid confusion. For example, for an on-site evaluation of a PM&S-36 that instituted Podiatry Residency Resource PM&S-36 logs as of July 1, 2003, if the first two years of the year-three resident were logged in a PSR-24 Podiatry Residency Resource program, Digital Surgery would be the sum of category 2 in the PSR-24 and category 1 in the PM&S-36 Residency Resource program. If the residency is using the Residency Resource PSR-24 logs, category 2 must be entered in the summary sheet of the PM&S-36 into category 1. (10/03)

Appropriate Completion of Residency Applications and Resident Logs

The JRRC and residency evaluation teams will not consider residency applications and/or resident logs that are handwritten; applications and logs must be typewritten or generated by computer. The JRRC and residency evaluation teams also will not consider resident logs that are not signed and dated by the director of podiatric medical education. If appropriately-completed logs are not made available to the evaluation team before or at the time of the on-site evaluation, the evaluation team report will identify all requirements related to the specialty area(s) as areas of potential noncompliance. The program may not provide logs subsequently to the evaluator. After the on-site visit, all information must be forwarded to the Council office for consideration at the next JRRC meeting. (4/04)
All columns (whether on JRRC 671 and 681 or in Podiatry Residency Resource) must be completed. (10/06)

For procedures from a PSR-12 or PSR-24 to be considered “documented fully” the PM&S or surgical log form for logged surgical activities must include information in all required columns (including resident activity level) and be verified appropriately by the director of podiatric medical education of the program in which training was completed. (7/07)

For procedures from a POR, RPR, or PPMR to be considered “documented fully” the PM&S or medicine log form for logged medicine activities must include information in all required columns and be verified appropriately by the director of podiatric medical education of the program in which training was completed. (7/07)

Co-sponsored Programs

Co-sponsoring institutions must designate one director of podiatric medical education at one site who is responsible for the entire co-sponsored residency program. This individual must be provided the authority and have the ability to oversee resident training at all sites (the Council permits appointment of on-site coordinators under specified conditions). The director is responsible for ensuring that the Council is provided requested information for all residents at all training sites, not just at one of the co-sponsoring sites (e.g., the institution at which the director is based).

The co-sponsoring institutions must submit a single copy of CPME 340, Annual Report for Residencies in Podiatric Medicine, 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 signature of the director of podiatric medical education and the signatures of the chief executive officers of each of the co-sponsoring institutions. (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 program for which it is the sole sponsor.)

The resident(s) is to be provided one contract that includes the names of each of the co-sponsoring institutions. The contract must be signed and dated by the chief administrative officer of each co-sponsoring institution, the director of podiatric medical education, and the resident.

The resident(s) is to be provided one certificate upon completion of the entire residency program. The certificate must include the names of each of the co-sponsoring institutions and be signed by the chief administrative officers of each of the co-sponsoring institutions.

The Council has revised the format of CPME publication 300, Approved Residencies in Podiatric Medicine, to include the names of the co-sponsoring institutions, the addresses of each of the institutions that co-sponsor the program, and the name of the single director of podiatric medical education. The mailing address of the co-sponsored residency program is that of the institution at which the director is based (although administrators of all co-sponsoring institutions will continue to receive copies of correspondence from the Council). The institution at which the director is based is identified as such in CPME 300. (4/04)

Addendum to Pre-Evaluation Report

The following policy was included in the Council’s March 2003 Implementation Plan for the July 2003 editions of CPME 320 and 330:
All residents participating in the training program during the year in which it is evaluated will have the option of completing all of the requirements for the new model (including the time required) and receiving a certificate indicating completion of the new program category OR being granted a certificate in the category(ies) in existence at the time in which he/she entered the residency. This policy remains in effect until all programs have been evaluated using the new residency documents.

Included in CPME 310, Pre-Evaluation Report, is an addendum which requires each resident to indicate which certificate the resident will receive upon successful completion of the residency. A resident may change his or her choice of the certificate indicated on the addendum by submitting a written request up to the date of the meeting of the Committee. Thereafter, the JRRC will consider requests on a case-by-case basis. (9/04)

Extensions of Approval

The JRRC will consider extensions of approval on a case-by-case basis. A six-month extension may be granted with an additional extension possible depending on the approval status of the program and the documentation provided by sponsoring institution. (2/05)

Inactive Programs

The JRRC will not consider extensions of approval for inactive programs that have reached the end of their approval period. (2/05)

Inactive Positions

Position(s) in an approved residency that are temporarily inactive will be considered eligible for continued approval for a period not to exceed four years immediately following completion of the last full year of training. If a residency position(s) is not reactivated within four years, the sponsoring institution must submit JRRC form 345, Application for Increase in Positions, and the application fee if and when the position(s) are to be reactivated. (2/05)

Transfer Policy Related to Institutions

When institutional sponsorship of a training program is transferred from one institution to another, a confirming letter from the former sponsoring institution is required documentation for Committee consideration of a program transfer. (2/05)

Intra VA Affiliation Agreements

The JRRC determined that a Memorandum of Understanding (MoU) should exist between two Veterans Administration facilities. The only difference between the requirements of the VA for a MoU and the CPME’s requirements for an affiliation agreement is the MoU does not delineate financial support. (2/05)

Resident Certificates

A resident may retain a certificate issued for training completed (e.g., RPR, POR, PPMR, PSR-12, and/or PSR-24) when this training is counted towards the requirements of a new program into which the resident has transferred. (10/06)
Effective with the 2007-2008 training year, the last page of the online report now only needs certification by the chief administrative officer; the signature of the director of podiatric medical education is no longer needed.

The Council reminds programs that approval in the new PM&S-24 and PM&S-36 categories is not “automatic” but rather is based on on-site evaluation and formal Council actions to approve the program in the new categories. If the institution has undergone an on-site evaluation to convert to a PM&S-24 and/or PM&S-36 during the 2006-2007 training year, the institution must report in the PM&S category in which it was approved.

Co-sponsoring institutions must submit a single copy of the Annual Report 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 signature of the chief administrative officer at the institution in which the director of podiatric medical education spends the majority of his/her time.

Approved programs that are inactive are required to submit an annual report and annual fee. An inactive program must complete Section 1 of the report to indicate the anticipated reactivation date for the program. (7/07)

Inter-institutional Affiliation Agreements

If the institution that sponsors a residency program is part of a health system with one board of directors and one chief executive officer, then affiliation agreements between the sponsoring institution and the other institutions within the system are not required. (7/07)

Appropriate Completion of Resident Logs

Post-operative patient rounds cannot be counted as patient encounters in resident logs. (9/03)

Composition of On-site Evaluation Teams

The Council approved the following revision to CPME 330 relative to the composition of on-site evaluation teams:

The Council chair appoints the evaluation team based upon a recommendation from Council staff. The initial on-site evaluation is conducted by at least two evaluators, one of whom must be a podiatrist. On-site re-evaluation of an approved residency is conducted by a team comprised of three persons, two of whom must be podiatrists. Under special circumstances, one podiatrist may evaluate an approved residency. (7/04)

Change in Program Classification After an On-Site Evaluation Visit

The Committee and the Council have adopted the following policy related to reclassification of a Podiatric Medicine and Surgery (PM&S) program after an on-site evaluation visit:

- A PM&S program can reclassify from a 36-month program to a 24-month program after the on-site visit but prior to consideration by the Committee and the Council. The institution would need to request this reclassification in writing to the Council office.
• A PM&S program cannot be reclassified from a 24-month program to a 36-month program after the on-site visit but prior to consideration by the Committee and the Council. (9/04) (This section rescinded, effective April 2006. Information included under Changes to PM&S Programs after Approval by the Council.)

Reclassification of a Provisionally-Approved Program

A provisionally-approved program cannot be reclassified to a different PM&S category after consideration by the Committee and the Council. The sponsoring institution must submit both a letter terminating the program voluntarily and an application for provisional-approval as a new program. (9/04)

Extension of Time Required to Complete a PM&S Program

If after on-site evaluation and approval from the Council, a PM&S-24 program requiring 24 months to complete and/or a PM&S-36 program requiring 36 months to complete may extend the length of time required for completion by all residents to either 36 or 48 months by submitting an application for authorization to increase residency positions prior to extending the length of the curriculum. (2/05)

Role of the Director of Podiatric Medical Education during On-Site Evaluations

The director of podiatric medical education must be available to the team at all sites during on-site evaluations to programs co-sponsored by two or more institutions. (9/05)

One-Time Certificate for Podiatric Medicine and Surgery (PM&S) Programs

Institutions that sponsor podiatric residency programs may request a one-time certificate for a resident in a residency in Podiatric Medicine and Surgery (PM&S) in the following circumstances:

• A resident in a Podiatric Medicine and Surgery-36 (PM&S-36) who cannot complete the full 36 months.
• A resident in a Podiatric Medicine and Surgery-24 (PM&S-24) that requires 36 months to complete who only completes 24 months.
• A resident in a PM&S-36 that requires 48 months to complete who only completes 36 months. (9/05)

Changes to PM&S Programs after Approval by the Council

The Committee and the Council have adopted the following policy related to reclassification of a PM&S program after an on-site evaluation:

• A PM&S-36 can reclassify to a PM&S-24 after the on-site evaluation but prior to review by the Committee and determination of an approval action by the Council. The institution must request this reclassification in writing to the Council office.
• A PM&S-24 cannot be reclassified to a PM&S-36 after the on-site evaluation but prior to review by the Committee and determination of an approval action by the Council.
• After approval by the Council, a PM&S-24 or a PM&S-36 may request to extend from 24 to 36 months or from 36 to 48 months. The institution must submit an application for an increase in positions prior to
extending the length of time of the residency along with the documentation required in the application and the fee. The following additional documentation is required: an explanation to clarify/justify the increase in training time, a schedule for each resident’s clinical training, copies of revised contracts for each resident, completed affiliation agreements with training sites added since the on-site evaluation, a sample of the revised certificate to be awarded upon completion of training, the revised curriculum for the entire training time, and a letter from each resident indicating that he or she is aware of the change and accepts that he or she will be in the program longer.

- After approval by the Council, a PM&S-24 may request reclassification to a PM&S-36. The institution must request this reclassification in writing to the Council office, and provide copies of each resident’s logs for the entire training period, completed affiliation agreements with training sites added since the on-site evaluation, copies of the addendum for each resident indicating that the resident is requesting a PM&S-36 certificate, an explanation to clarify/justify the reclassification of the residency, a schedule for each resident’s clinical training, copies of revised contracts for each resident, a sample of the revised certificate to be awarded upon completion of training, and the revised curriculum for the entire training time. A focused on-site evaluation may be required; the Committee will determine this on a case-by-case basis. (9/05)

Changes in Categories 6 and 7 (Other Procedures and Biomechanics, respectively) in Podiatry Residency Resource

The Committee discussed the renaming of categories 6 and 7 (other procedures and biomechanics, respectively) in Podiatry Residency Resource to diagnostic medicine and other procedures and orthopedics and biomechanics, respectively. The Committee and the Council determined that the additional subcategories in the renamed categories (621-633, and 76-77) are not required by the Council as related to resident logging of procedures. Directors of podiatric medical education should check with the American Board of Podiatric Surgery and the American Board of Podiatric Orthopedics and Primary Podiatric Medicine to determine if this information is required for the resident to become board-qualified and board-certified. (9/05)

Credit for Completion of Prior Training

At its March 2004 meeting, the Committee determined that a resident could receive up to one year of credit for training completed in an approved non-surgical program (RPR, POR, or PPMR) and one year of credit for training completed in an approved PSR-12 program, upon review of appropriate documentation (verified logs) by the director of podiatric medical education. At its September 2005 meeting, the Committee determined that a resident could receive up to two years of credit for training completed in an approved PSR-24 program, upon review of appropriate documentation (verified logs) by the director of podiatric medical education. (9/05)

Review of Resident Logs

Members of the JRRC review the clinical logs of residents for various reasons (concerns cited in team reports from on-site evaluations and in annual reports, progress reports, applications for an increase in positions, etc.). The Committee established the following policies related to resident logs:

- Upon team review of resident logs prior to conducting the on-site evaluation visit, if it is determined the logs are grossly inaccurate, the team is to cite all requirements related to logs in the team report and request that the logs be revised and submitted to the Committee for review at its next meeting.
• Upon Committee members’ review of resident logs prior to its meeting, if it is determined the logs are grossly inaccurate, the Committee will contact the program’s staff liaison in the Council office to request from the program’s director of podiatric medical education revised logs. If revised logs are submitted, they will be reviewed at the Committee’s meeting. If revised logs are not submitted, the Committee will cite the program for all requirements related to logs. (9/05)

**Trauma Cases**

The JRRC has adopted the following related to trauma cases:

• Surgical management of foot and ankle trauma may count towards requirement 6.11 related to 25 of the 50 trauma cases even if the resident is only active in the immediate perioperative care of the patient.

• This data may be counted as both a surgical case and a trauma case by one resident or one resident may log the surgery and one resident may log the trauma.

• Trauma cases may be related to any procedure. Only one resident may take credit for the encounter.

• The resident must participate at a C-level for the surgery to count towards the requirement. (2/05)

• Medical histories and physical examinations are components of trauma cases and can be counted towards the volume of required cases.

• The resident may treat and/or operate on the patient to count it as a trauma case. (7/07)

**Category 6 Procedures**

Entries under Category 6, Other Procedures, do not require the name of the attending. If the name is not provided, the Faculty/Degree column must state N/A. (4/06)

Surgical cases performed outside of the United States may be logged as category 6, other procedures. These procedures cannot be counted toward the minimum procedure requirements, but will allow residents to have these procedures in their logs for possible future reference. (12/08)