



American College of Foot and Ankle Surgeons®

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CPME 220/230 ACFAS Comment Guide for Members

Online Survey: Support for the Recognition Process

- Support of CPME as the accreditation authority for our profession and for the structured recognition process for specialty boards as outlined in CPME 220 and 230. Clear criteria and procedures are essential for maintaining the high standards of our profession.
- The revision of the 220 and 230 documents included volunteers from both the American Board of Podiatric Medicine (ABPM) and the American Board of Foot and Ankle Surgery (ABFAS) actively participating on the Specialty Board Recognition Committee (SBRC) and contributing to the appropriate revisions in these documents which accurately reflect contemporary practice.

Support for the Separate, Distinct Certification Pathways

- Support of the maintenance of separate, distinct certification pathways for podiatric medicine and podiatric surgery.
- All residents graduating from contemporary residency training programs are exposed to aspects of both foot/ankle surgery and podiatric medicine, although not all graduating residents have the interest/ability to devote a substantial portion of their practice to surgery.
- For those that choose to make surgery a focus, a means to identify themselves to patients as a surgical specialist should exist.

Revised standards: 1.1, 1.2, and 1.4

Support for Independent Clinical Practice Following Residency

I support requiring a reasonable period of independent clinical practice following residency before becoming eligible for board certification. A period of autonomous practice allows the opportunity to demonstrate the knowledge, skills and abilities which define board certification, allowing for parity with our orthopedic colleagues and their certification pathways. Further, Part 3 of the APMLE is designed for evaluation of candidates as they leave supervised residency training.

Proposed standards supporting this theme: 1.4 and 2.2 of the revised 220 document

Support for Alternative Pathways to Board Certification

I support requiring well-defined, rigorous, transparent, and equitable alternative pathways for initial board certification. This acknowledges the diverse experiences of professionals who might not have met traditional training pathways but have demonstrated expertise and commitment to the field. Embracing flexibility in certification processes not only widens the gateway for qualified professionals to contribute effectively within the field, but also enhances the standards of care provided to patients.

Proposed standards supporting this theme: 6.3