



American College of Foot and Ankle Surgeons®

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To: Council on Podiatric Medical Education (CPME)

From: American College of Foot and Ankle Surgeons (ACFAS)

Subject: CPME 220/230 Call for Public Comments

The American College of Foot and Ankle Surgeons (ACFAS) recognizes and supports the work of the Specialty Board Recognition Committee (SBRC) of the Council on Podiatric Medical Education (CPME) in the recent revisions of their 220 and 230 documents. ACFAS is proud that many of our members participate as volunteers with the CPME in the accreditation and approval processes for not only our certifying boards, but also our podiatric medical colleges, residency training programs, and continuing medical education events. As the CPME is the accreditation authority for our profession, it is important that all national organizations participate in these procedures and acknowledge the important role of the CPME. This was certainly the case with the revision of the 220 and 230 documents, with volunteers from both the American Board of Podiatric Medicine (ABPM) and the American Board of Foot and Ankle Surgery (ABFAS) actively participating on the SBRC and contributing to the appropriate revisions in these documents which accurately reflect contemporary practice.

Standards 1.1, 1.2 and 1.4:

ACFAS specifically supports the maintenance of separate, distinct certification pathways for podiatric medicine and podiatric surgery as outlined in standards 1.1, 1.2, and 1.4. All residents graduating from contemporary residency training programs are afforded comprehensive exposure to aspects of both foot/ankle surgery and podiatric medicine. But this exposure is not equivalent to the specific knowledge, skills and abilities which define board certification. It is reasonable and logical that not everyone who graduates from a residency program has the interest or the skills to devote a substantial portion of their practice to surgery. This diversity within our profession with respect to interests and skill sets is our strength. But for those that choose to make surgery a focus, a means to identify themselves to patients as a surgical specialist should exist. Our current certification model allows for this, which should continue in the future.

Standards 1.4 and 2.2:

ACFAS specifically supports requiring a reasonable period of independent clinical practice following residency before one might become eligible for board certification. This is reflected through standards 1.4 and 2.2 of the revised 220 document. A period of autonomous practice affords candidates the opportunity to demonstrate application of the special knowledge, skills and abilities which define board certification. This concept also allows for parity with our orthopedic colleagues and their certification pathways. Further, another established and required examination in our profession (Part 3 of the APMLE) is designed for evaluation of candidates as they leave supervised residency training.

Standard 6.3:

Finally, ACFAS specifically supports requiring well-defined, rigorous, transparent, and equitable alternative pathways for initial board certification as outlined in Standard 6.3. This important change acknowledges the diverse experiences of professionals who might not have met traditional training pathways but have demonstrated expertise and commitment to the field. Again, the diversity of our profession is our strength. ACFAS believes that embracing such 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. This approach is well aligned with the strategic compass of ACFAS.

In summary, ACFAS supports the revised 220/230 documents and further encourages their immediate approval and implementation by the CPME.