



AMERICAN BOARD OF
FOOT AND ANKLE SURGERY®

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ABFAS Positions on APMA Propositions

SUMMARY

These proposed changes, which seek to split the autonomy of the CPME, threaten the integrity of podiatric medical education. Maintaining an independent body to govern all aspects of education—including residencies, fellowships, specialty boards, and continuing medical education—is essential to maintaining standards, ensuring compliance with regulations, and protecting the future of the profession. The podiatric community must advocate for the preservation of this autonomy to safeguard the quality and integrity of education and training.

PROPOSITION A-25: ESTABLISHMENT OF A SPECIALTY AREA OF PODIATRY

In 2019, the Blue-Ribbon Task Force recommended changes to ensure CPME's autonomy. The HOD voted to adopt the report and approved the new bylaws clarifying CPME's role. Proposition A-25 is the last bylaw related to the changes.

Recommendation: APPROVE

PROPOSITIONS G-25, H-25, I-25, J-25, K-25

As we have asserted—and continue to assert—propositions with impacts on the profession of this magnitude must undergo research, study, and discussion at all levels before presentation to the HOD. In this case, in particular, unbiased analysis should be conducted to determine the credibility of the proposition(s) and the impacts to the profession overall.

CPME has provided their assessment of the impacts of these propositions.

BELOW ARE OUR CONCERNS:

PROPOSITION G-25: CPME OVERSIGHT

This proposition's impact on the profession is dangerous and unprecedented. It also claims, without evidence, that CPME is not following HOD's guidance.

The HOD gave CPME their autonomy as a result of the Blue-Ribbon Task Force study, resulting in bylaws amendments adopted by the HOD in 2019.

Members of the HOD may not be knowledgeable or up to date in areas related to residency and fellowship programs, continuing education requirements, and specialty board standards (e.g., the HOD delegates/alternates include only five residency directors). The profession is best served by the institutional knowledge and subject matter expertise that has been—and continues to be—provided by the DPMs who comprise CPME and its committees.

Recommendation: REJECT

PROPOSITION H-25: PROCESS FOR RECOGNITION OF A SPECIAL AREA OF PRACTICE

Transferring specialty board recognition back to the HOD would reverse the Blue-Ribbon Task Force's work and would misalign podiatry with our allopathic and osteopathic medicine counterparts. Specialty board recognition should have independent, not politicized, approval practices—practices which mirror how other medical professions function. In addition, their specialty boards cannot offer any type of certification or certificates that are not formally recognized. Best practice is best for a reason. This proposition will push us farther away from parity with allopathic/osteopathic counterparts.

Recommendation: REJECT

PROPOSITION I-25: APMA AUTHORITY OVER STANDARDS FOR RESIDENCY AND FELLOWSHIP PROGRAMS, SPECIALTY BOARDS AND CONTINUING EDUCATION PROGRAMS

This proposition is not a system of checks and balances but puts authority into the APMA BOT and the HOD, politicizing processes that should be independent and based on the needs of the profession. CPME has an existing process to gather input from communities of interest. Allopathic/osteopathic medicine have independent organizations set the standards for these areas, not their respective Houses of Delegates.

(See chart below and [APMA reference document](#).)

Recommendation: REJECT

PROPOSITION J-25: GRADUATE MEDICAL EDUCATION – RESIDENCY PROGRAMS

• **CPT CODES:** The American Medical Association owns the CPT codes and requires licensing fees for their use. At this point, it’s unknown what the cost would be for podiatry to use them, and who would bear that cost. Additionally, the current logging codes reflect the needs of the profession for evaluating residents. Not mentioned in the proposition’s impact—but of significant concern—would be the development of the crosswalk between the CPT codes and current logging codes, plus the cost of reprogramming PRR, a cost that may be passed down to the residency programs.

• **MILESTONES:** While we understand that CPME has developed milestones for programs’ use, allopathic residencies are in the process of establishing Entrustable Professional Activities (EPAs) to use with milestones, as they have found that milestones themselves are not sufficient on their own for assessing residents’ knowledge, skills, and abilities.

Recommendation: REJECT

PROPOSITION K-25: GRADUATE MEDICAL EDUCATION – FELLOWSHIP PROGRAMS

If there is concern that current fellowships are duplicative of residency programs, the rewrite of the CPME Documents 820/830 could address that concern. In addition, the Residency Review Committee, which includes two ABPM representatives, provides an established avenue for further evaluation of potential concerns.

Recommendation: REJECT

	PODIATRY	ALLOPATHIC	OSTEOPATHIC
College Accreditation	Council on Podiatric Medical Education	Liaison Committee of Medical Education, Sponsored by the Association of American Medical Colleges (AAMC) and American Medical Association (AMA)	Commission on Osteopathic College Accreditation of the American Osteopathic Association (AOA)
Residency Programs	Council on Podiatric Medical Education	Accreditation Council for Graduate Medical Education <i>Independent 501(c)(3)</i>	Accreditation Council for Graduate Medical Education <i>Independent 501(c)(3)</i>
Continuing Education	Council on Podiatric Medical Education	Accreditation Council for Continuing Medical Education <i>Independent 501(c)(3)</i>	Bureau of Osteopathic Education <i>Independent Body of AOA</i>
Fellowship Programs	Council on Podiatric Medical Education	Accreditation Council for Continuing Medical Education <i>Independent 501(c)(3)</i>	Accreditation Council for Graduate Medical Education <i>Independent 501(c)(3)</i>
Specialty Board Recognition	Council on Podiatric Medical Education	American Board of Medical Specialties (ABMS) New Specialties Approved by ABMS and AMA Council on Medical Education (CME)	Bureau of Osteopathic Specialists <i>Independent Body of AOA</i>