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To: Council on Podiatric Medical Education (CPME)

From: American Board of Foot and Ankle Surgery (ABFAS)

Subject: CPME 220/230 Call for Public Comments

The American Board of Foot and Ankle Surgery's (ABFAS) Board of Directors thanks the members of the SBRC Ad Hoc Committee for their thoughtful efforts in drafting new rules governing the recognition of specialty boards in podiatry.

In 2021, the American Podiatric Medical Association (APMA) House of Delegates approved changes to the APMA administrative rules to reflect acceptance of the 2019–2020 Blue Ribbon Panel's recommendations. This resulted in granting CPME autonomy in its work with full responsibility for the oversight of the board recognition process and removing the Joint Committee on the Recognition of Specialty Boards (JCRSB) as an APMA standing committee. The panel also recommended keeping the policy of recognizing only one certifying board for each unique area of clinical practice (specialty). ABFAS continues to support these recommendations and the subsequent creation of the SBRC to replace the JCRSB.

ABFAS was pleased to learn that the Ad Hoc Committee researched and incorporated standards from the American Board of Medical Specialties (ABMS) and the National Commission for Certifying Agencies (NCCA). Developing standards that mirror those associated with the greater healthcare community will demonstrate to the public, hospitals, and surgery centers, that CPME-recognized boards adhere to high standards in their examination processes and in board governance.

Below are ABFAS' comments on the documents.

***Document 220 Standards and Requirements for Recognition of a Specialty Board for Podiatric Medical Practice***

ABFAS overall supports the document as it affirms the direction of the Blue-Ribbon Task Force. The reordering of the document provides a better flow and understanding.

- 1.0 Justification of Need – Support this section.
- 2.0 Eligibility for Initial Recognition as a Specialty Board – Support this section.
- 3.0 Process Related to Initial Board Recognition for Founders – Support this section.
- 4.0 Goals and Objectives – Support this section. Although there are new requirements, e.g., Diplomate survey every 3 years, they will result in increased transparency.
- 5.0 Organizational Integrity – Support this section and agree with the recommendation to add a public member to the Board of Directors. This is consistent with most certification boards. The new

requirement for the board to evaluate its board of directors and its committees' structures and members is a good governance standard for non-profit associations.

Standard 5.3 is a basic tenet of good governance.

#### 6.0 Certification of Candidates – Support this section.

Standard 6.3 allows for alternative pathways for those who completed less than 3-year residency programs, which we support.

Please note grammar correction to 6.5 – the correct word is abilities, not attitudes.

#### 7.0 Examination – Support this section. Suggest adding the word “independent” into the first sentence: “safe, effective and independent performance”. That is a typical definition of competency. This section outlines important steps in the examination development process and will help support the credibility of the specialty board’s certification.

Please note 7.1 – grammatical error. Change to “should adequately reflect.”

#### 8.0 Certification and Recognition of Diplomates – Support this section.

#### 9.0 Continuing Certification, Denial, or Loss of Certification – Support this section. ABFAS’ LEAD program is the continuing certification process. ABFAS currently checks licensing status for all Diplomates and Board Eligible/Qualified.

#### 10.0 Public Information – Support this section.

#### 11.0 Reporting to the SBRC – Support this section.

#### 12.0 Subspecialty Certification – Support this section. ABFAS has opposed Certificates of Added Qualification as there were no additional educational/training requirements. The subspecialty certification process requires fellowship training in the subspecialty. As the field of podiatry is not that wide, ABFAS recommends that the specialty boards and CPME unanimously support the addition of the subspecialty certification before implementation; that approval is not limited to only CPME and the requesting specialty board but to CPME and all CPME-recognized specialty boards.

#### 13.0 Professionalism – Support this section. As stated above, ABFAS currently verifies licenses and checks for disciplinary actions.

#### 14.0 Continuous Certification – Support this section. ABFAS’ LEAD program addresses this.

#### General standards

ABFAS generally supports this section but has concerns regarding 14.15 Improving Health and Healthcare. The Quality Improvement process has been a long-time component of ABMS’ boards, but we are unsure of the practicality to implement the efforts at this point in time. It will be an extra burden on Diplomates and on the Board itself. We are unsure of the benefits to the public.

## **Document 230 Procedures for Recognition of a Specialty Board for Podiatric Medical Practice**

In general, ABFAS supports the changes reflect in the draft document. Below are areas of concerns, however.

Responsibilities of the Specialty Board Recognition Committee – ABFAS strongly supports the statement, “*the SBRC and the CPME have the authority to investigate and act on any issue related to the specialty board’s recognition.*” We have concerns, however, with the next statement: “*The SBRC meets at least once a year to review (1) applications submitted by applicant boards seeking initial recognition and (2) continuing compliance of specialty boards.*” While it does state “at least once,” for the SBRC to timely address any issues, especially if there are non-compliance issues, there may need to be more frequent meetings. An additional sentence that SBRC will schedule additional meetings to address urgent matters will provide confidence that SBRC would be more responsive if necessary.

Boards Seeking Initial Recognition – Support this section.

Continuing Recognition – Support this section.

Notification of Action – Support this section.

Procedural Reconsiderations, Reconsideration, and Appeal – Support this section as it provides for due process.

Loss of CPME Recognition of a Specialty Board – Support this section.

Reapplication Following Denial or Withdrawal of Recognition – Support this section.

Substantive Changes to be Reported for Continued Recognition – Support this section.

New Subspecialty Certification – Support this section. Agree that boards seeking CPME recognition cannot offer certificate of added qualification, focused areas of practice, or other forms of recognition.

Extension and Transition of Residency Program Requirements and Board Certifications Policies – Support this section. ABFAS currently has an extension policy. It also supports the Alternative Pathways for those who completed a less than three-year residency program.

Confidentiality – Support this section.

Disclosure – Support this section. Neither this section nor the section on probation provide a timeframe for when a board put on probation needs to inform its Diplomates of the action. There should be a timeframe in the rules.

Statement of Recognition Status – Support this section.

Review of Formal Complaints – Support this section.

Nondiscrimination Policy – Support this section.

Document Reviews – Support this section.

Fees – CPME should directly notify the specialty board’s executive director six months prior to an adjustment to the fee schedule. It should not solely post on the website as that would not necessarily inform the specialty board.