MEMORANDUM

TO: Directors of Podiatric Residency Programs (Applicant and Approved Programs)
Chief Administrative Officers of Sponsoring Institutions (Applicant and
Approved Programs)
American Association of Colleges of Podiatric Medicine
American Board of Podiatric Orthopedics and Primary Podiatric Medicine
American Board of Podiatric Surgery
American College of Foot and Ankle Orthopedics and Medicine
American College of Foot and Ankle Surgeons
APMA Board of Trustees
American Podiatric Medical Students’ Association
American Society of Podiatric Surgeons
Colleges of Podiatric Medicine
Council of Teaching Hospitals
Department of Veterans Affairs
Residency Review Committee
Residency On-Site Evaluators
Other Interested Parties

FROM: Council on Podiatric Medical Education

SUBJECT: Full Reimbursement from the Centers for Medicare and Medicaid Services

On September 21, 2011, a “blast email” from APMA informed the profession that the Centers for Medicare and Medicaid Services (CMS) has approved full Graduate Medical Education (GME) funding for the three-year Podiatric Medicine and Surgery Residency (PMSR), effective July 1, 2013.

This increase enables 100 percent funding in both the direct and indirect funds for all three years of podiatric residency training. (Currently, only the first two years of podiatric residency training are funded at 100 percent.) Given the variability in GME reimbursement nationwide, each program director should contact the individual responsible for overseeing GME funding at his/her institution to determine the actual increase for the PMSR.

The increase from two to three years in postgraduate training for podiatric medicine and surgery residencies is in line with fulfilling Objective 1.2 of Vision 2015, that all graduates of colleges of podiatric medicine complete a three-year, comprehensive residency. The transition to the three-year, competency-based, comprehensive PMSR started July 1, 2011, when the new residency model became effective. Unlike past conversions to new models of residency training, the council will convert all programs in two years, rather than the six years required by the last
conversion process. Programs have been notified of conversion via on-site evaluation or a document submission process, as detailed in the Implementation Plan on the council’s website. Programs that convert via document submission will still be scheduled for on-site evaluation as a PMSR, in the normal course.

The American Board of Podiatric Surgery (ABPS) and the American Board of Podiatric Orthopedics and Primary Medicine (ABPOPPM), in coordination with the new residency model, determined three years as the minimum period of residency training required for initial board eligibility to certification in pediatric medicine and surgery. APMA and CPME, with support from ABPS and ABPOPPM, effectively communicated these changes to CMS, thus leading to full funding for the three-year PMSR programs.

Prior to CMS’ approval, the Council informed residency directors in June 2011 that no new PM&S-24 residents may begin training, effective July 1, 2012. Residents entering programs in 2012 will be required to complete at least three years of training.

Please do not hesitate to contact the Council office if additional information is needed.