



American Board of Podiatric Orthopedics and Primary Podiatric Medicine

ABPOPPM

Fall 2011

ABPOPPM RESIDENT NEWSLETTER - INAUGURAL ISSUE

To all active residents...

As residents in podiatric medicine and surgery you should be well informed about the academic and professional community of which you are to become an integral part. We hope that this newsletter will help you become a better informed resident and future practitioner. We also hope that it will foster a greater sense of awareness of your professional community, and build morale as you take pride in your accomplishments.

ABPOPPM will be available in an advisory capacity to assist resident trainees throughout their postgraduate educational program regarding the importance of board certification in general and about the ABPOPPM certification process in particular.

Message From The President

On behalf of the Board of Directors and Diplomates of the ABPOPPM, welcome to the community of Doctors of Podiatric Medicine. As a resident in a podiatric postgraduate educational training program you have met the competencies necessary for hand-off from the pre-doctoral four years of professional education, which required supervised experiences in patient care and management, to measured levels of unsupervised patient care management experience, with increasing responsibilities. It is a maturation process that you will vividly remember for the remainder of your professional life.

The **American Podiatric Medical Association (APMA)** recognizes, through the **Joint Committee on the Recognition of Specialty Boards (JCRSB)**, two certifying boards – the **American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM)**, and the **American Board of Podiatric Surgery (ABPS)**. Those certifying boards are recognized, in large part for the following reasons:

- The respective specialties having been defined by the APMA House of Delegates years ago
- The presence of concurrent specialty colleges that promote education in the specialties in which the boards examine
- The extensive input that these certifying boards provide to the Council on Podiatric Medical Education (CPME) in both the development of residency training standards and, through CPME appointed committees, in the assessment of residency program compliance with those standards
- The APMA recognized certifying boards have also had a long history of representation in the “podiatric community of interest,” through projects such as Vision 2015, residency development, etc.

Along that pathway the need for demonstrating continuous competence in your area of specialization will come through the achievement of board qualification and then board certification. And, it doesn't end there, as you will be required to show continued competency through the re-certification process

This newsletter affords the residents a conduit of information. Knowledge is the key to success. It is of the ultimate importance that residents understand all there is to know about the pathways that are available to them that will illustrate the direction toward a successful future in the profession.

As a result, the **APMA**-recognized certifying boards enjoy a significant level of credibility both within the profession and with respect to professional acceptance into the medical community at large.

Along the path that you will travel toward board certification, I expect that the **American Board of Podiatric Orthopedics and Primary Podiatric Medicine** will be a strong consideration. It has been a great asset to my career and to the thousands of **ABPOPPM** diplomates over the years.

Fraternally,
Lester J. Jones, DPM, MS
President, ABPOPPM



ELIGIBLE, QUALIFIED, OR CERTIFIED?

The terms **Board Eligible**, **Board Qualified** and **Board Certified** describe where, along the path to being awarded the status of Diplomate by a recognized certifying Board, one has traveled.

Board Eligible is a term used by certification boards to describe or delineate those individual residents who have completed residency training in a given area of specialization and have completed the requirements for admission to a medical specialty board examination, but who have not as yet undergone the examination process for the specialty board.

With respect to the profession of podiatric medicine, residents are, by way of completion of a residency training program approved by the Council of Podiatric Medical Education immediately eligible to sit for the qualification examinations of either, or both, of the certifying boards recognized by CPME. Once this exam is passed the candidate will become **Board Qualified**.

Board Certified is a term used by certification boards to describe members that have "completed" all aspects of the examination process to be recognized as a "Diplomate" by the respective Board. Ongoing and continuing competence in the specialty is required by the Board (see Maintenance of Certification article).

WHY IS IT IMPORTANT TO BECOME BOARD CERTIFIED?

Board Certification is a measure of competency and accomplishment. As a “Board Certified” physician, you are recognized by your peers as having achieved excellence in your specialties. But it is more than just a matter of peer recognition. There are specific advantages to being board certified.

- **One has a significantly better chance for inclusion to HMO’s, PPO’s and hospital staffs that are only available to board qualified and certified individuals**
- **Board Certified physicians who are enrolled in a Centers for Medicare and Medicaid Services (CMS) approved Maintenance of Certification Program may be eligible for an increased reimbursement level for their Medicare and Medicaid patients**

MAINTENANCE OF CERTIFICATION (MOC)

Although it may seem way off in the distance, your achievement of board qualification and board certification will most likely occur in a few short years. Once attained, that certification carries with it the responsibility of remaining current within the specialty. The gold standard of re-credentialing for almost all areas of medical specialization is the **Maintenance of Certification process**.

For several years the **MOC** process has been the method of choice for re-credentialing for most ABMS-affiliated allopathic certifying boards, and some non-allopathic certifying boards as well.

A certifying board utilizing a well-designed and implemented **MOC** program will be providing its physicians with the ability to demonstrate maintenance of, and often improve, their competencies through the physician’s **MOC** program. Credentialing healthcare organizations or licensing bodies will be looking for and accept **MOC**-based Diplomate activity.

As an example the **Centers for Medicare and Medicaid Services (CMS)** has recognized this fact and has recently instituted a **.5% reimbursement incentive** for certifying boards who have obtained approval from **CMS** of their **MOC** programs.

To date, only 9 certifying boards have been granted such approval from **CMS**. **The ABPOPPM is among them and is the only podiatric certifying board that has achieved such approval.**



IN-TRAINING EXAMINATIONS

In-training examinations are an important part of the postgraduate medical education process. They are useful to the resident and residency director as an effective assessment tool to track resident attainment of expected competencies. They are also useful for you as a resident to evaluate your accomplishments throughout your educational process.

The importance of the In-training Examination process has been recognized by the Council on Podiatric Medical Education (CPME). The current CPME document 320, was implemented in July 2011. This document states (Section 7.2):

“The program should require that the resident take In-training examinations as prescribed by JCRSB-recognized specialty boards. If the resident is required to take an in-training examination(s), the sponsoring institution must pay any fees associated with the examinations. Examination results are used as a guide for resident remediation and as part of the annual self-assessment of the program.”

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The ABPOPPM In-training Examination consists of five modules:

- 1. Orthopedics**
- 2. Medicine**
- 3. Wound Care**
- 4. Biomechanics**
- 5. Surgical Criteria**

IN-TRAINING EXAMINATION SUB-COMMITTEE
Edwin W. Wolf, DPM – New York, NY; Chair
Cheri Choate, DPM – Oakland, CA
John Grady, DPM – Chicago, IL
Stephen Geller, DPM – Phoenix, AZ
Lee Rogers, DPM – Van Nuys, CA
Christopher Bibbo, DPM – Marshfield, WI

The modules may have subsection content, (e.g. the Medicine module contains questions in endocrinology, neurology, rheumatology, dermatology, etc.) Each module is administered via electronic media.

The examinations are administered in November and May of each academic year.

The total exam consists of the completion of all of the modules. Residents may register to take all five modules at once or specific modules to assess their particular level of competency in the area. As an example, if you as a resident have gained sufficient competency in general medicine after month 5 of your 36 month program you may schedule only those modules to be taken at the next test administration. If you are not yet ready to take those modules until after month 23, that too, is acceptable.

The correct answers and suggested readings to the examination are published shortly after the administration of the exam and will be available to all examination registrants. This is done for the educational value of allowing residents and directors to review, analyze and use the questions as a springboard for learning. The actual results of those who took the examination will be returned to the residents and their directors shortly thereafter. Access is available only to those individuals who paid for and took the examination.

The ABPOPPM feels that taking the In-training Examination is an important process for outcomes assessment in your postgraduate education. It is a valuable tool for you to monitor your personal and institutional progress.

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