



Candidate Handbook

Certification and Recertification Requirements and Procedures

October 1, 2005 through September 30, 2006

ABES

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APPENDIX

Notice

Where there is any inconsistency between the provisions of this handbook and the provisions of the ABLES Bylaws, the Bylaws provisions apply, and shall be considered determinative in the resolution of any question arising from the inconsistency.

What is Certification?

Certification is a voluntary process through which a physician may prove his competence by meeting certain performance qualifications. These qualifications have been specifically designed to probe the level of the applicants' knowledge and skills. To achieve certification through the ABLES, a physician must meet the ABLES' published eligibility requirements,

successfully complete the ABLES' written certification examination, and earn favorable critique on seventy-five documented, prior surgical cases of a diverse nature. These cases are evaluated for the quality and thoroughness of the documentation, appropriateness of treatment, clinical judgment, and treatment outcome.

American Board of Lower Extremity Surgery (ABLES)

~~The ACCPPS began operation as an independent certification board in 1987. Its first body of certificants consisted of twenty-three podiatrists previously certified by another board. The ACCPPS' first written examination was offered in March 1987.~~

Nonprofit Organization

The ABLES is a nonprofit organization incorporated in the state of Michigan.

Nondiscrimination Policy

The ABLES does not discriminate against any applicant on the basis of race, creed, color, age, sex, sexual orientation, national origin, ancestry, religion, marital status, military discharge status or income. All applicants for certification are judged solely on the ABLES' published criteria for eligibility.

Accommodations for Special Needs

The ABLES complies with all local state and federal laws for applicants with special needs. All examinations are given in barrier-free facilities. We will accommodate the special needs of any applicant who produces a statement of need with specific detail from his treating physician. Applicants requiring special accommodations must give ABLES eight weeks notice to arrange for accommodations.

Responsibility for Certification Process

The responsibility for the development of ABLES' certification process rests with its Board of Directors. In developing and maintaining the eligibility standards for certification, the ABLES reviewed the eligibility standards for other certification boards, and considered the problems presented by those standards. One such problem was pre-examination case documentation. Many podiatrists had invested great effort and expense in producing case documentation to qualify for an examination that they later failed. ABLES' innovative approach, post-exam case study submission, has now been adopted by other podiatry boards.

Oversight and Approval

~~The ABLES' eligibility standards and certification and recertification processes have been approved by the American Association of Podiatric Physicians and Surgeons (AAPPS), a national professional membership organization of podiatrists. We hold AAPPS' Certificate of Approval No. 890104002.~~

The AAPPS' educational and accrediting arm is the American Podiatry Education Council (APEC). APEC supervises the examination process, providing its own qualified proctors to maintain the security and integrity of the examination process. APEC's proctors are present from the moment examinees are seated to the moment the last examination is sealed and collected. They witness the opening of examinations and the reading aloud of instructions by ABLES staff. Once the examination is started, APEC's proctors are the only persons allowed in the room with the examinees.

Examination Development

The ABLES' written examination was created by podiatrists for podiatrists. They have knowledge of the full range of commonly encountered podiatric problems. Their combined yet diverse body of clinical experiences qualify them to determine whether any particular suggested clinical scenario can be realistically anticipated in practice.

Test items represent a mixture of essential basic science didactic material and clinical subjects. Sources for materials from which test items were developed include basic science texts, podiatric scientific journals and contemporary monographs, and actual clinical cases. Each test item is constructed in accordance with current psychometric standards for cognitive evaluation of achievement and ability. Working with an expert in test development, each individual item, and the test as a whole, have been evaluated by a panel of podiatrists to eliminate inappropriate items, and ensure the validity of the overall examination process.

Application

Eligibility: Who May Apply?

Applicants for certification by the ABLES must, prior to examination, meet the following nonappealable requirements:

Education

Applicants must have the degree M.D., D.O., or D.P.M or any of their equivalents, awarded by an institution accredited within the United States or its possessions. Those with degrees from other nations may request special consideration for admission to the ABLES.

Postdoctoral Training

Applicants who graduated from professional school after 1991 must have completed one year of residency training or three years of appropriate practice.

Professional License

Applicant must be licensed to practice (M.D., D.O. or D.P.M.). The license must be for the full scope of practice. The applicant must not be under indictment for any felony, under any current orders of discipline, restriction, suspension, supervision, or probation, or undergoing rehabilitation as an 'impaired physician' because of habituation.

Controlled Substance License

Applicant must hold currently valid state and federal licenses to prescribe controlled substances, Schedules IIN through V.

Obtaining an Application

Applications are freely available on making a request via letter, fax or telephone to:

ABLES
6421 Inkster Road, suite 102
Bloomfield Hills, MI 48301
Telephone: (248) 855-7740
Fax: (248) 855-7743

The ABLES will also accept inquiries from prospective candidates who have questions about the eligibility requirements, or who wish to inquire about obtaining endorsement for examinations undertaken in pursuit of certification by other certification boards.

Fees

Application and written examination	\$750.00
Case study processing and review	\$ 75.00
Retesting (within 13 months)	\$250.00
Recertification	\$150.00

Filling and Submitting the Application

The application is a four-page document. The cover page contains instructions for filling out the form. The second and third pages, detailed in the appendix of this *Handbook*, contain the information entry sections. The third page includes a signature line whereby the applicant attests to the veracity of the inserted information. The back page of the application contains information and notification on the applicant's rights of examination appeal and reexamination, the requirements for submission of case studies and periodic recertification, and certificants' obligations for the payment of assessments and annual dues. This page also includes a signature line for the applicant to acknowledge these notices. Submitted applications which are unsigned on either the third or fourth pages are considered incomplete, and will be returned to the applicant.

Applications must be type filled, and they must be on the ABLES' rose-colored application form. Substitutions cannot be accepted. Handwritten or substituted application forms will be returned to the applicant. At applicant's request, the ABLES staff will type handwritten, or retype substituted forms. The applicant will be charged \$25.00 for this service.

Completed applications should be copied for personal records and loss replacement. The original application and attachments should be sent to the ABLES by some manner of receipted delivery.

Incomplete applications are returned to applicant with instructions for completion. Ineligible applicants will be informed of the reasons for their ineligibility. Eligible applicants whose applications have been properly completed will receive, within 14 days, written acknowledgment, and a reservation for the examination date elected by the applicant.

Applications must be received in the ABLES offices by the deadline date published for the examination. The deadline date is published in media advertising, and in direct mail announcements for each scheduled examination.

Withdrawing from an examination later than 14 days prior to the examination without rescheduling will result in the imposition of a cancellation fee of \$150.00.

Written Examination

There are two separate components of the certification process: a written examination, and case studies. The written examination permits the Board to ascertain the candidate's didactic and cognitive knowledge and, with some test items, clinical diagnostic skills.

Written examinations are offered twice yearly, on Saturdays in May and October, in Livonia, Michigan, a suburb west of Detroit. The six-hour, two-part test is written, and given in two 3-hour sittings in one day. The specific dates and times are published at least eight times yearly in *Podiatric Management* magazine. Special arrangements can be made, given reasonable notice, for those with special physical needs or accommodations for religious observations.

Multiple Choice Test

The first part of the written test consists of 150 multiple choice items. Each of these test items has been constructed and revised based on sound psychometric analysis. These items are constructed from subject matter uniquely podiatric and falling within the sphere of current practice in podiatric medicine and surgery as determined by survey. Each item has been evaluated in two ways: by 'testing' a panel of practicing podiatrists, and by examination of the results of prior administrations of the items. Each item has been determined to deal with appropriate subject matter within the scope of knowledge expected of competent podiatrists as determined from a survey of certified podiatrists. There is no esoteric or arcane content.

Broad content areas of the examination are: Anatomy, Biomechanics, Deformities, Emergencies, Pharmacology, Radiology, Surgery, Podiatric Medicine, and Diseases. Relative weighting of subject areas is indicated in the examination outline contained in the appendix.

Test Validity

Test validity is ensured through reliance on practicing podiatrists (with the assistance of a trained test developer) writing items for podiatrists. Each of the items was created from literature which is uniquely podiatric in nature. These materials include well-recognized and widely read texts, scientific journals and periodic monographs agreed to be relevant for podiatrists, and published and unpublished podiatric clinical cases. Through a process known as 'content validation', the test has been shown to reflect the content deemed most important for assessing the professional competence of podiatrists.

Test Reliability

The reliability of a test includes several concepts, all related to consistency. One form of reliability is 'internal consistency', based on assessment of whether the results from test-takers show that items of a test "hang together", or seem to be assessing related content. This is annually assessed by calculating both standard error of measurement and *coefficient "*. Reliability can also refer to consistency of average test performance over time. This is assessed by comparing measures of central tendency (mean score, median score) and dispersion (standard deviation, variance) for test administrations over time. The fairly constant outcomes produced over the past decade on all of these measures by candidates from geographically diverse locales, in groups of variable sizes, suggests that the test is internally consistent, that candidate test performance has remained relatively stable, and that the item content remains highly relevant to current podiatric training and practice.

Scoring the Multiple Choice Test

Scoring is a two-stage process. First, each question is scored to determine whether the test-taker selected the correct answer. The psychometric properties of each item are then assessed, and any items falling outside the accepted ranges are dropped from consideration because this variation could mean that the relevance of the item has changed since the previous administrations. Once items have been dropped from consideration, the tests are re-scored, and final grades are recorded by candidate number. Candidate identification are not known to the persons participating in the scoring of tests.

The minimum passing (cut) score for each administration of the examination is determined by psychometric statistical analyses of the group performance, and like analyses of prior administrations of the same examination. Information about appealing a test result can be found elsewhere in this handbook.

Essay Test

The essay test offers five items. Candidates are required to write essay responses for any three of the five items. The offered items are: diagnosis based on biomechanical and radiographic data; diagnosis, management and surgical repair of a trauma case; diagnosis, management, and treatment of a chronic disease case; design of a surgical procedure for specified deformities; and diagnosis and management of a nonsurgical case. The item on biomechanical

diagnoses is based on widely known, and widely accepted as definitive, angular measurements taken from x-ray images and from the foot itself. The remaining items are from actual clinical cases, determined by a panel of practicing podiatrists to fall within commonly encountered clinical scenarios, and relevant in assessing the competence of podiatrists.

Scoring the Essay Test

Model essays: A panel of distinguished, highly experienced, practicing podiatrists selected the subject matter of the essay items to represent a broad range of moderately complex clinical scenarios. Each member of the panel agreed that each of these items presents problems that are well within the knowledge, if not experience, of most competent practicing podiatrists. Having created the scenarios, the panel also created model essay responses, each a consensus of the panel members. Legibility is of utmost importance. Essays which are difficult to read will lose points simply because the reviewers cannot confidently interpret the writing. Candidates' essays are scored based on their correspondence with the model essays on specific clinical features, diagnoses, treatment plans and prognostic concerns considered to be of primary and secondary importance. The appropriateness and thoroughness with which the candidate addresses these issues is determinative of the score. An essay presenting a sound and appropriate clinical approach that is well justified, although flowing from a reasonable diagnosis that differs from the model essay, may still earn a high point count even though it does not correspond well with model essays.

Candidates' essay responses are independently read by at least two different reviewers, each of whom determines whether the essay is "acceptable" or "unacceptable". If they disagree on any essay response, they discuss it to reach a consensus. If the reviewers cannot reach a consensus, the opinion of a third reviewer will be determinative. Each candidate's three essay responses must each be considered "acceptable" to pass this test. Information on appealing an essay test result is on page XX.

Report of Scores

Candidates will be notified by mail of their scores within six weeks. The score report will provide individual and group performance statistics on each subject area of the multiple choice test, and the candidate's essay results ("pass" or "fail"). The essay and multiple choice tests are mutually independent. Candidates must pass both tests to earn certification.

Examination Appeals

Candidates who receive a failing score on either, or both, of the two parts of the written examination may appeal the grading of his examination. Appeals must be written, and must be received by ABLES within 30 days of the grade notification date. The request must be sent by some manner of traceable, receipted delivery.

Appealing the Multiple Choice Test

Candidates who do not achieve a passing grade on the multiple choice test may request that their papers be reviewed. The reviews will be limited to confirming the paper was properly scored. In the event that errors are discovered during such a review, the test will be rescored only if it will result in a passing score for the appealing candidate. If the error was one which produced a deleterious effect on the test scores of other candidates, those tests will be rescored. Only those previously failing scores which thus become passing scores will be reported. A candidate whose appeal on the multiple choice does not produce a favorable result is not entitled to further appeal on that test. Multiple choice score appeals will be decided within three weeks.

Appealing the Essay Test

Any candidate whose essays received unfavorable review may, on appeal, take the opportunity to show that his essay responses merit a passing score.

Upon submitting a written appeal, the appealing candidate will be sent copies of the essay questions and his responses. The candidate is required to have his written response for each appealed item transcribed to typewritten form, and write a second essay (argument), also typewritten, supporting the original response. Supporting arguments shall not add to the original essay responses. Arguments are limited to presenting the candidate's interpretations of the essay questions and his responses, and to show that the essay responses were clinically accurate, that they were sufficiently thorough to assure that his approach in such a clinical encounter would fall within the standard-of-practice, and that his essay responses were sufficiently scholarly as to merit a passing grade. The transcribed essays and typed arguments must be returned to ABLES by some manner of receipted delivery. Appeals will be evaluated and decided within three weeks. Candidates will be provided with annotated appeals results.

An unfavorable result on appeal is final. There are no other levels of appeal available.

Reexamination

Candidates who fail either part, or both parts of the test may retake the failed test or tests at a reduced fee if reexamination is undertaken at either of the two examination offerings within the 13 month period immediately following the failed attempt. The fee is \$250.00. A new application must be submitted. Reexamination later than 13 months after the failed attempt requires complete examination at full fee.

What to Expect on Test Day

The dates, times and locations of the next two examinations are detailed in the cover letters mailed out with applications to prospective applicants. The ACCPPS, upon receipt of a completed application with proofs of eligibility from an applicant, will send the applicant an acknowledgment and reserve a seat for the applicant at the examination.

Sign-in

Candidates are required to report to the examination site one half hour prior to the posted examination time. Each candidate who presents two acceptable articles of identification, one of which bears a full face photograph, will be allowed to sign in and be given an entry pass bearing a unique candidate number for the examination. This routine is followed for both parts of the written examination. No person will be admitted unless he has been preregistered, and presents acceptable identification.

Entry to Test Room

Candidates presenting entry passes and proper identification will be admitted to the room. Each takes a seat marked by his candidate number. In place at each numbered seat is a sealed examination envelope marked with the same candidate number, and two pencils for use during the test. Once all candidates are

seated, they are instructed to extract the instruction sheets from their test envelopes. This sheet, containing information on the format of the test, the manner of marking answers, the process to be followed in the event that a candidate must leave the room for any reason, the manner of protecting the security of their papers, and the manner of sealing and submitting the examination to the proctor, is read aloud to the candidates. An opportunity is provided for candidates to ask questions on procedural matters. That done, the examination is begun. Time is called at the expiration of three hours, and all papers are collected.

Candidate Conduct

Candidates are not permitted to carry any documents, notes, books or other articles of reference, whether published or personally produced, into the test room. Each article brought into the test room is subject to inspection, and on demand, shall be left in the care of the proctor during the test.

Candidates shall use no telephones or other signaling devices, radio receivers, ear pieces other than hearing aids, or computers during the test unless such device has been authorized as an accommodation for a special physical need. Paper and pencils necessary for the test will be provided by the ACCPPS.

Candidates shall not communicate with each other by any means during the tests. Candidates shall not engage the proctor in any discussion other than on procedural matters.

Candidates shall remove nothing from the test room at any time before, during or after the examination unless he is the rightful possessor of such article. Under no circumstances shall a candidate, at any time, remove from the room any papers, tablets, or envelopes provided by the ACCPPS for the test. Infractions by any candidate will be cause for removing him from the room and zero-scoring his test.

Case Studies and Case Documentation

Case studies provide reliable proof of the range of the candidate's surgical experiences in a broad range of surgical procedures. They present the Board with indicators of the candidate's skills in making physical examinations, establishing diagnoses, selecting appropriate surgical procedures, clinical expertise, and clinical documentation.

Overview

Candidates who successfully complete the written examination receive, with their grade letters, a Case

Documentation Transmittal Form and instructions for submitting cases. Initially, each candidate submits, with a case review fee of \$75.00, a list of 75 cases on the Case Documentation Transmittal Form. These cases must have been performed by the candidate, or by a resident podiatrist under the direct supervision of the candidate. Candidate must have in his possession, for each case, all the necessary documentation, as enumerated in the Required Documentation section. The ACCPPS selects, and identifies for the candidate, ten cases for full documentation, and provides a binder

for the submission. Cases are reviewed for completeness of documentation, and other features described in the next section. If all ten cases are found acceptable and meritorious, certification will be granted. If any of the cases are found unacceptable for any reason, the candidate is informed of the defects and will be required to repair the defects, or replace the defective cases, the choice resting with the ACCPPS' Credentials Committee. Defect repairs and case replacements must be completed by the time specified under **TIME FOR SUBMISSION**. Unexcused later submissions may necessitate additional remedial work.

Case Documentation Transmittal Form

The initial case submission is a simple list of cases **presented on the ACCPPS' Case Documentation Transmittal Form**. This form must be typewritten and bear the indicated header information and specific case information. Candidates should not list any case for which they do not have all the items of documentation indicated in the next section. Candidates should make and retain a copy of the form, and mail the form and required fee check for \$75.00 to the ACCPPS with receipted delivery. After receiving the form and fee, the ACCPPS will notify the candidate which cases to submit, and will provide a binder for the submission.

Required Documentation ❶

- | | |
|--------------------------|--------------------------|
| 1. History & Physical | 6. Postoperative X-rays |
| 2. Preoperative X-rays | 7. Progress Notes |
| 3. Rationale for Surgery | 8. Pathology Report Ẽ |
| 4. Lab Studies | 9. Hospital Face Sheet Ề |
| 5. Operative Report | 10. Discharge SummaryỀ |
- ❶ Nonresidency cases
 - ❷ For tissue removed during case, even if not related to the procedure for which credit is sought.
 - ❸ Required only for cases performed in a hospital or surgery center.

Documentation Details

The standards of practice require proper record keeping. So do the standards for certification. Following are the details expected in the required documentation.

HISTORY AND PHYSICAL EXAMINATION

H & P must be written. Circles on diagrams are not acceptable descriptions for lesions, deformities, or their locations. If the H&P contain abbreviations, a defining list must be supplied. A biomechanical examination is required for each case where surgery is employed to correct an osseous deformity or rotational deformity, even if the procedure is limited to soft tissues. The H&P must contain thoroughly detailed chief complaint and physical findings justifying the surgery.

X-RAYS

X-rays may be substituted with Xeroradiographs or photographs of x-rays. They must be sufficiently detailed to confirm the diagnoses and the procedures performed. They must be readable with the unaided eye or on a standard x-ray view box. X-rays or other media requiring high intensity illumination, special viewers or magnifying lenses are unacceptable.

RATIONALE FOR SURGERY

A rationale statement need not be contained in your original records. If it isn't, write one. It must state the indications for surgery, the basis for choosing the procedures performed, the considerations given the patient's occupation, life style and personal choices, and a statement why nonsurgical approaches were inappropriate, ineffective, or undesirable.

OPERATIVE REPORTS

Op reports must be sufficiently detailed to permit the reader to visualize the procedure. They should be written for a reader who knows nothing about the specific procedures in the report. They should indicate locations and sizes of incisions and osteotomies, indicate the sizes of bone fragments removed, provide details on osteotomy procedures, intraoperative observations of corrections achieved. They must contain preoperative and postoperative diagnoses, the name of the surgeon, and they must be signed. Template-style reports are not acceptable.

PROGRESS NOTES

Progress notes must be legible. If they are handwritten and illegible, they must be transcribed, and submitted with the transcriptions. Progress notes must contain, for each patient visit, a chief complaint, a limited physical examination as circumstances permit (a surgical case warrants a full physical examination performed within a reasonably short time before surgery), the results of prior treatment, and the treatment rendered for the visit being documented. Progress notes must contain written recitations of x-ray, laboratory and physical features and how they served as a basis for actions taken or not taken. The mere presence x-rays, lab reports or physical examination record are not sufficient. SOAP format is encouraged.

LABORATORY STUDIES

Lab reports must be included, with abnormal results indicated thereon, and referenced in the progress notes. Actions taken or deferred because of lab findings must be stated. There must be indicated a clinical approach to dealing with abnormal laboratory levels. Lab studies should bear physician's initials and date of review.

PATHOLOGY REPORTS

Pathology reports should be initialed and dated by candidate to indicate familiarity with the report, and should be referenced in the progress notes. Any action taken, or planned action not taken because of a pathological finding must be documented in the progress notes. A pathology report is required for each tissue specimen removed during a procedure. Op reports must indicate whether tissues were removed and retained for lab analysis, tissues were destroyed in situ (as for example by laser ablation), or tissues removed but discarded, and why discarded.

Case Requirements

Case Ageing

Cases must have been performed within ten years of the date of case list submission, and not the date of the written examination. See the section **Time for Submission** for further details.

Case Diversity

The ACCPPS does not require candidates to perform any specific type of case. We do, however, require cases to exhibit a high degree of diversity. The Limitations on Case Submissions tables in appendix provide the limits on specific case types.

Case Count

The number of required cases is 75 separate surgical encounters. Although a case may encompass multiple procedures falling in different categories, each case can be counted for only a single procedure. The procedure to be considered is determined by the candidate. The procedure selected need not be the primary procedure in the case.

Residency Cases

A maximum of forty (40) Residency cases may be submitted. Each such case listed on the Case Documentation Transmittal Form must be identified by providing a separate, typewritten list of these cases, supplemented by an operative report identifying the candidate as the first assistant. Candidate must also submit a copy of his complete residency surgical log, signed by the Residency Program Director. The log must include the submitted cases, must indicate candidate's level of participation (category C only) for each case, and must contain a key for all abbreviations and symbols used. These cases will not be selected for full documentation.

Documentation Defects

The Case Documentation Transmittal form should list only those cases for which the candidate has the

required documentation. If the required documentation for any case cannot be produced on demand, the candidate will be required to submit a fresh case list. If a review of the cases reveals the absence of a required document, the candidate may produce it if he has it. The only document that may be created for case submission is the required rationale statement. Candidates are not otherwise permitted to create documents to rectify omissions. Date errors, such as a pathology report date that is inconsistent with the surgery date may require replacement of the case if the error cannot be satisfactorily resolved otherwise.

Time for Submission

The ACCPPS will select, from the candidate's Case Documentation Transmittal form, ten cases to be fully documented by the candidate. Once informed of the ten cases to be documented, candidate will have 45 days to assemble and submit the documentation. Deadline extensions for reasonable cause may be granted, at the discretion of the ACCPPS, upon receipt of a written request with an explanation detailing the reason for seeking an extension. Unexcused late submissions will necessitate reexamination as well as completion of the case studies to gain surgery certification.

If the case study work is completed within three years of the candidate's written examination date, certification will be granted. If case documentation is completed at a later date, the candidate will be required to take an additional written examination.

Because recertification is required every five years, clocked from the date of the successfully completed written examination, late case submission will result in overlapping of certification and recertification efforts.

Credentials Verification

The ACCPPS verifies the eligibility credentials of each of its members with the bodies issuing the credentials. We verify education, residency training and other postdoctoral education, and professional and drug licenses, including disciplinary actions taken. Verification of credentials is undertaken before certification, and before recertification. Candidates are required to sign an Authorization and Request to Release Information form to facilitate credentials verification. A candidate's failure to sign the form when requested will halt the certification process, but the clock for case submissions continues to run. Denial of certification based on our inability to verify a candidate's eligibility, for falsified application, or for our discovery of undisclosed prior discipline may be appealed.

Certification

The ACCPPS has two levels of certification credentials: Certification in Podiatric Medicine, and Certification in Podiatric Medicine and Surgery. Each successful candidate is issued a certificate, inscribed with his name, level of certification, expiration date, a unique certificate number, and the corporate seal.

Podiatric Medicine

Certification in podiatric medicine is granted to those candidates who have fulfilled all the eligibility requirements, paid all the requisite fees, and have achieved passing grades on the the two-part written examination. The certificate expires on the fifth anniversary of the written examination. See section on Recertification.

Podiatric Medicine and Surgery

Certification in podiatric medicine and surgery is granted to those candidates who have met all the requirements for certification in podiatric medicine, paid all the requisite fees, and gained favorable critique on their case studies. Certificate expires on the fifth anniversary of the written examination.

Advancement in Certification

One who is certified in podiatric medicine may advance to certification in podiatric medicine and surgery by completing the case study requirements. If the case study requirements are completed within three years of the written examination date, no written examination is required. After the third anniversary of his examination date, one whose certification in podiatric medicine is then currently valid may advance to certification in

podiatric surgery by sitting for, and passing, a written essay examination and completing the original case study requirements. The cases used must have been performed within the ten year period immediately preceding case submission, and must meet the case limitation requirements as detailed in the appendix.

Certificate Ownership

The issued certificates remain the property of the ACCPPS at all times. Upon the termination of one's certification for any reason other than retirement, the holder is required to return the it to the ACCPPS, or produce convincing evidence that it has been either destroyed or defaced as to render it visibly invalid.

Certification Verification Service

On receipt of a written inquiry from any interested party, accompanied by an appropriate information release executed by the certificate holder, the ACCPPS will confirm in writing the status of the certificant. The information provided will be the date of examination, the date of certification, the level of certification, the dates of prior recertifications, and the anticipated date of the next recertification.

In the event an inquiry is received about a person whose certification has lapsed or been revoked, the ACCPPS will respond by indicating that it cannot confirm the individual's certification.

In the event that an inquiry is received about a person who has never been certified by the ACCPPS, the response will be a denial of certification.

Recertification

The ACCPPS requires each of its certificants to be recertified every five years to maintain his certification. A certificant's recertification cycles are clocked from the date of his written examination, regardless of the actual date of initial certification. The ACCPPS sends to each certificant, six months prior to each of the fifth, tenth, fifteenth and twentieth anniversaries of his written examination, a notice of the approaching expiration of his certification, and an application for recertification. On receipt of his application with the recertification fee of \$150.00, the ACCPPS will send to certificant the necessary forms and instructions for pursuing recertification. Each candidate for recertification must meet all requirements for certification as detailed elsewhere in this handbook, meet all requirements for recertification, and must be a member in good standing, with membership account fully paid.

Recertification applications and fees must be submitted by certificant within 90 days of his receipt of the application and notice. Later submission may be penalized by the imposition of a late submission fee. Extensions for reasonable cause may be granted, without waiver of late fees, upon written request. Recertification applications received after certification has expired are ineffective, and certification has lapsed. One whose certification has lapsed may petition for reinstatement, as provided for in the *Due Process* section of this handbook.

Recertification Process

Candidates for recertification are required to submit documentation on ten cases, and receive favorable critique on those cases and on a grand-rounds-style oral interview on two of the cases.

Case documentation

The cases are documented on recertification case forms provided by the ACCPPS. Details of the case forms are presented in the appendix. The completed forms are to be supplemented with excerpts from the certificant's office records as specified on the case forms. When progress notes are required, they must, for each entry, indicate the patient's complaint, brief physical examination and findings appropriate for the complaint, results of prior treatment, diagnoses consistent with the complaint and findings, and treatment rendered on the visit being documented. The documentation will be reviewed for readability and sense, quality of content, organization and thoroughness. Recertification case examiners are required to critique the records and note various characteristics of those records. A copy of the examiner's critique guide is presented in the appendix.

Case documentation must be submitted by certificant within 45 days of his receipt of the forms and instructions. Late submissions may be penalized by the imposition of late submission fees. Extensions for reasonable cause may be granted, without waiver of late fees, upon written request. Cases submitted after expiration of certification, unless under grant of extension, are ineffective, and certification will be deemed lapsed. One whose certification has so lapsed may petition for reinstatement (See *Due Process*.)

Documentation defects

Defects which render a case unacceptable range from deficient documentation to clinical inappropriateness. For cases with such defects, the certificant will be required to either repair the documentation deficiencies or replace the case as determined by the recertification examiner.

Podiatric Medicine cases

Candidates for recertification in Podiatric Medicine may use nonsurgical cases. Nonsurgical cases must present a course of clinical management extending over a period of time falling within the five year period immediately preceding recertification. The clinical course must encompass a minimum of six visits representing a continuous course of treatment for a particular problem, even though additional problems may come under treatment during that clinical course. Routine care cases consisting of periodic reduction of hyperkeratotic lesions, nail debridement, and nail avulsion are not acceptable. Candidates for recertification in Podiatric Medicine may use surgical cases, including minor procedures.

Podiatric Surgery cases

The cases required for recertification in Podiatric Medicine and Surgery are surgical. Six of the ten cases must be osseous procedures. Soft tissue cases involving superficial excisions must penetrate superficial fascia, and utilize primary closure. Only procedures listed in the Limitations on Case Submissions tables are acceptable. The surgical procedures must have been performed within the five year period immediately preceding recertification.

Grand Rounds Interview

The certificant will be given written notice of the cases to be discussed, an appointment date, time, telephone number and recertification examiner's name for the grand rounds interview. Rescheduling can be accommodated for reasonable cause. Discussion will follow standard grand-rounds-style patterns. The examiner may at his discretion, rather than reject defective cases, require the candidate for recertification to supplement the case work by conducting a brief literature search, and producing a one page report on a procedure or treatment modality used by the candidate, or on another procedure or treatment modality considered more appropriate under the standard of care.

In the event that a recertification examiner finds the case work or grand rounds interview of a certificant do not merit recertification, the documentation and grand rounds interview responsibility are reassigned to a different recertification examiner. The documentation is again reviewed, and if necessary, the grand rounds interview repeated. If the two examiners reach a consensus, recertification will either be granted, conditionally granted, or denied as they agree. If the two examiners are unable to reach a consensus, the opinion of a third examiner will be determinative.

A conditional grant of recertification is employed when the recertification examiners find that a candidate, whose quality of care is otherwise acceptable, but exhibits documentation habits or patterns of practice that fall below the standard of care. The objectionable behavior is identified for the candidate, who is given a specified period of time, during which his certification is continued (6 months maximum), to show that he has made the necessary corrections. When the examiners are confident that the candidate has corrected the problem, recertification will be extended to the five year mark. If a candidate fails to make the requisite changes, his certification will expire at the end of the conditional recertification.

Certificate

Successful Recertified members will be issued new certificates with expiration dates coinciding with the next fifth anniversary of their original written

examination. The certificates will be inscribed with the certificant's name, the title "Diplomate", the level of certification, the corporate seal, and signatures of the Board of Directors. Duplicate and replacement certificates are available at nominal cost.

Due Process

The ACCPPS Bylaws contain provisions for the imposition of sanctions against certificants for cause. Such sanctions range from simple reprimand to revocation of certification. Causes for the imposition of sanctions include, but are not limited to, falsified application for certification or recertification, falsified case documentation, revocation of a professional license, conviction of a crime, inordinate numbers of professional liability claims, calumny, unethical behavior, and nonpayment of fees and assessments.

If the complaint warrants action by the Board of Directors, the certificant will be given written notice and a copy of the complaint. The certificant will be required to respond in writing. On receipt of the certificant's response, the Board of Directors may deliberate the matter, and either find no cause for discipline, or convene a hearing and command the certificant to appear. Upon completion of the post-hearing deliberations, the Board of Directors may find no cause for discipline, or impose appropriate sanctions.

Notice and Hearing

A certificant against whom the imposition of a sanction is anticipated will be given written notice by receipted delivery. The certificant shall have 30 days to request a hearing before the Judiciary Committee. Such hearing shall be convened at the next semi-annual meeting of the Board of Directors. Certificant may be represented by counsel, present witnesses, and examine witnesses. Unfavorable results may be appealed to the full Board of Directors.

The ACCPPS will provide a written response to acknowledge each written complaint received. It will also provide information to the complainant on the final action taken by the Board of Directors on the complaint.

Complaints by Colleagues

Revocation of Certification Without Hearing

The Judiciary Committee may, without granting a hearing, revoke the certification of a certificant who has failed to request a hearing when given notice, has failed to appear at a hearing which he requested, or has failed to respond to demands for payment of required annual fees and assessments.

On receipt of a written complaint about a certificant from a physician, the Board of Directors will determine whether the complaint impacts on those attributes enumerated in the section on Third Party Complaints. Similar procedures are followed for colleague complaints, except that a complaining ACCPPS member is required to attend any hearing convened to investigate the matter.

Third Party Complaints

On receipt of a written complaint about a certificant from a consumer-patient, health care corporation, third party payer, hospital, surgery center, or other agency, the ACCPPS Board of Directors shall determine whether the nature of the complaint is of interest to the ACCPPS. The Board of Directors must investigate any third party complaint that bears on the certificant's honesty, integrity, professionalism, and clinical judgment and skills, or that creates a negative public impression of the ACCPPS.

Reinstatement

One whose certification has lapsed because of account arrearage may seek administrative reinstatement by submitting a letter of petition and payment of the arrearage. When certification has lapsed or been revoked for any other reason, reinstatement requires petitioner to appear before the Board of Directors. The petitioner is given the opportunity to present evidence and argument in which the Board of Directors may find an appropriate reason for reinstatement. Denial of reinstatement at this level is not appealable. One denied reinstatement may seek certification as a new applicant after the passage of two years from the date reinstatement was denied.

MISCELLANY

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Written Examination Topics

ANATOMY (lower extremity) (12%)

- Childhood / adulthood
- Normal and abnormal development

BIOMECHANICS (8%)

- Normal and abnormal spatial relationships
- Static and dynamic biomechanical defects
- Biomechanical basis for surgical procedures

PHARMACOLOGY (10%)

- Commonly used antiinfective agents
 - General indications and cross sensitivity
 - Aminoglycosides / Cephalosporins / Penicillins / Tetracyclines / Sulfonamides
 - Antifungal agents
- Analgesics and interactions
 - Narcotics
 - Acetaminophen
 - NSAIDS
 - Salicylates
 - Local anesthetics
- Common anticoagulants
- Gastrointestinal antiinflammatory agents
 - Implications and drug interactions
- Gout preparations
- Psychotherapeutic agent interactions
 - Benzodiazepines
 - MAO Inhibitors
 - Tricyclic antidepressants
 - Phenothiazines
- Steroids
 - Parenteral and topical
- Antihypertensives

PODIATRIC MEDICINE (12%)

- Medical / podiatric history
- Physical examination
- Diagnosis and treatment
 - Implications of pedal keratoses
 - Nail diseases and disorders
 - Pedal deformities of children and adults
 - Common dermatoses
- Injuries
 - Lacerations / Fractures
 - Chemical / thermal
- Infections
- Clinical Laboratory
 - Serology
 - Implications of abnormal values
 - Culture and sensitivity

EMERGENCY MEDICINE (8%)

- Diagnosis and treatment
 - Unconsciousness / anaphylactic shock
 - hemorrhage / shock
- CPR

RADIOLOGY (10%)

- Normal tissue characteristics
- Normal anatomy / acquired deformities /
- Artifacts / illusions

Foreign body

- Biomechanical features
- Other imaging
 - Indications and normal features
 - Bone scans / CT scans / MRI
- Arthrogram indications and techniques

SURGERY (15%)

- General principles of surgery
 - Perioperative management
 - Maintenance / preop medication
 - Intraoperative management
 - Intraoperative techniques
 - Execution of osteotomies
 - Tenoplasty / tendon transfers
 - Tissue flaps / grafts / Autografts
 - Fracture reduction / fixation
 - Foreign body isolation
 - Excisions of masses
 - Amputations
 - Postoperative management
 - Medications
 - Wound care
 - Immobilization / remobilization
 - Complications
 - Diagnosis / Treatment / Prognosis
- Specific surgical procedures
 - Classical procedures
 - Forefoot, midfoot, rearfoot, ankle
 - Indications and contraindications
 - Techniques and instrumentation

DISEASES (15%)

- Diseases with common pedal manifestations
 - Metabolic
 - Gout
 - Diabetes
 - Malabsorption syndromes
 - Connective Tissue
 - Arthritides
 - Bone lesions
 - Von Recklinhausen's
 - Neurological, affecting gait / sensorium
 - Upper / lower motor neuron
 - Peripheral neuropathies
 - Neuromuscular diseases
 - Dermatological -- common lesions
 - childhood / adulthood
 - Vascular
 - Arteriosclerosis obliterans
 - Monckberg's
 - Leg edema
 - intravascular lesions
 - Vascular dermatoses

DEFORMITIES (10%)

- Classical Newborn / childhood / adulthood
 - Treatment / surgical reduction
 - contraindications
- Iatrogenic deformities
 - Common causes
 - Treatment / surgical reduction

EXAMPLE MULTIPLE CHOICE QUESTIONS

1. The facing surfaces of the first and second toes are served by which of the following nerves?
 - a. Branches of the superficial peroneal and first common plantar digital nerves.
 - b. Branches of the superficial peroneal and second common plantar digital nerves.
 - c. Branches of the deep peroneal and first common plantar digital nerves.
 - d. Branches of the deep peroneal and second common plantar digital nerves.

2. Counted from superficial to deep, the second plantar layer of intrinsic muscles includes which of the following muscles?
 - a. *Lumbricales* and *Adductor Hallucis*
 - b. *Lumbricales* and *Quadratus Plantae*
 - c. *Quadratus Plantae* and *Abductor Hallucis*
 - d. *Adductor Hallucis* and *Abductor Hallucis*

3. A patient has chronic low level pain with chronic soft tissue edema posterior to the ankle and anterior to the achilles tendon, causing no gait abnormalities. Which of the following conditions is the most likely cause of this problem?
 - a. Partially torn Achilles tendon.
 - b. Torn tibiofibular intraosseous membrane.
 - c. Fracture of posterior process of the talus.
 - d. Tibialis posterior and flexor hallucis longus tendons displaced from their normal positions posterior to the talus.

4. Gower's sign is observed in which of the following conditions?
 - a. Muscular dystrophy
 - b. Multiple sclerosis
 - c. Myositis ossificans
 - d. Peroneal muscle atrophy (Charcot-Marie-Tooth disease)

5. The presence of discrete tylomas under the first and fifth metatarsal heads eliminates which of the following diagnoses?
 - a. forefoot equinus + long 5th metatarsal
 - b. forefoot varus + dorsally hypermobile 1st ray
 - c. ankle equinus + short 2nd metatarsal
 - d. forefoot valgus + short 1st metatarsal

6. Which of the following x-ray features is least likely found in the presence of all the others?
 - a. First ray declination angle 22E lateral view
 - b. Calcaneal inclination angle 22E lateral view
 - c. Talocalcaneal angle 18E on D-P view
 - d. 1st IM angle 21E on D-P view.

7. The primary closed kinetic chain function of the posterior muscle group of the leg during gait is to:
 - a. Decelerate forward motion of the leg
 - b. Provide propulsion at heel off phase of gait
 - c. Assure forefoot ground clearance at toe-off.
 - d. Oppose the pronatory effects of the peroneal group during single limb stance phase.

8. The differential diagnoses for heel pain in a young adult male least likely includes which of the following?
 - a. Bursitis
 - b. Calcaneal fracture
 - c. Ankylosing spondylitis
 - d. Sever's disease

9. Reversal of the normal unguophalangeal angle is most frequently associated with which of the following diseases?
 - a. Pulmonary diseases
 - b. Cardiac diseases
 - c. Renal diseases
 - d. Hepatic diseases

10. The Lapidus procedure is used primarily for
 - a. Reduction of abnormally high metatarsus adductus angle.
 - b. Stabilization of the medial pillar.
 - c. Correction of peroneal spastic flatfoot
 - d. Transfer weak tibialis anterior to enhance function.

ANSWERS

- | | | |
|-------|------|------|
| | p .8 | 4. a |
| | 7. a | 3. c |
| 10. b | 6. d | 2. b |
| 9. a | 5. b | 1. c |