Applying for ACGME Accreditation: Orthopaedic Surgery

J. Lawrence Marsh, MD, RRC Chair
Pamela Derstine, PhD, MHPE, Executive Director

Webinar
May 19, 2015
Overview

For basic information about ACGME structure/function, ACGME accreditation of AOA programs, Next Accreditation System, and Milestones, please review the Overview webinar/slides available at:

http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system/Pages/webinars.aspx

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The Transition to ACGME Accreditation: An Overview for AOA Programs

John R. Potts, III, MD, FACS
Senior Vice President, Surgical Accreditation
ACGME

Webinar originating from the offices of the ACGME
Chicago
1 April 2015
Applying for ACGME Accreditation: Orthopaedic Surgery

J. Lawrence Marsh, MD, RRC Chair
Pamela Derstine, PhD, MHPE, Executive Director

Webinar
May 19, 2015
Discussion Topics

- Review Committee Members and Staff
- Accreditation Statistics
- Program Director and Faculty
- Program Coordinator
- Resident Appointment and Eligibility
- Curriculum
- Case Logs
- Duty Hours and the Learning Environment
- Resources for Programs Applying
What are the biggest issues for new programs?

• General support and commitment to the program - Environment
• Sufficient faculty that will be devoted to the program
• Faculty scholarship
• Resident exposure to the breadth of OS
• Sufficient cases
• Reasonably centralized
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Review Committee Members and Staff
RRC Membership

• 10 voting members (current)
  • ABOS nominees – 3 members
  • AAOS nominees – 3 members
  • AMA nominees – 3 members
  • Resident member – 1

• 12 voting members (effective 7/1/2015)
  • Public – 1 member
  • AOA nominee – 1 member

• Leadership
  • Larry Marsh, MD, Chair
  • Terry Thompson, MD, Vice-Chair
RRC Membership (Current)

- Larry Marsh, MD **RRC Chair**
- Terry Thompson, MD **RRC Vice-Chair**
- Dale Blasier, MD
- Lynn Crosby, MD
- Jeanne Franzone, MD Resident Member
- Paul Juliano, MD
- Dawn LaPorte, MD
- Terry Light, MD
- Peter Murray, MD
- Ted Parsons, MD **RRC Chair-elect**
RRC Membership: New

Effective July 1, 2015:

Jim Carpenter, MD will replace Terry Thompson, MD

Jared Harwood, MD will replace Jeanne Franzone, MD

James Taylor, DMan, MHA, MBA: Public Member

Richard Howard, DO: AOA Member
RRC Membership: public
James Taylor

- Past President, University of Louisville Hospital
- Current CEO, University Medical Center
- Member, Community Foundation of Louisville Board of Directors
- DMan University of Hertfordshire, UK
- MHA University of Minnesota
- MBA University of Hawaii
- Fellow American College of Healthcare Executives
RRC Membership: AOA
Richard Howard

- Orthopaedic Specialists, PC, St Louis MO
- AOA Orthopaedic Surgery
- Program Director, DesPeres Orthopaedic Program
- Assistant Clinical Professor, St. Louis University SOM
- Former Chair: AOBOS; AOAO Hand CAQ test committee; AOAO Oral text committee
- Member AOAO, AOA, ASSH
- Associate Member AAOS
ACGME RRC Staff

- Pamela L. Derstine, PhD, MHPE  
  *Executive Director*
- Susan E. Mansker  
  *Associate Executive Director*
- Jennifer M. Luna  
  *Accreditation Administrator (primary)*
- Deidre M. Williams  
  *Accreditation Administrator (secondary)*

Also…..

Tom Hackett  
*WebADS Representative*
ACGME RRC Staff

Deidre    Susan    Pam    Jennifer
Accreditation Council for Graduate Medical Education

Accreditation Statistics
# Accreditation Statistics Current

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## Annual Review Meeting Decisions

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Recent Application Outcomes

2011-2015

• 7 Orthopaedic Surgery applications reviewed
  ➢ 4 initial accreditation
  ➢ 3 withhold
Upcoming RRC Meetings

• May 29-30, 2015
  ➢ Agenda closed
• January 22-23, 2016
  ➢ Agenda closes 11/13/2015
• April 22-23, 2016
  ➢ Agenda closes 3/25/2016
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Program Director and Faculty
Program Director Qualifications

• CPR II.A.3.b)
  - must include current certification in the specialty by the ABOS, or specialty qualifications that are acceptable to the Review Committee. (Core)

RC expects all program directors to be certified and carefully reviews the submitted CV for additional qualifications (scholarly activity, administrative and educational expertise) for all new program directors regardless of certification status.
Program Director Qualifications

• CPR II.A.3.b)
  ➢ must include current certification in the specialty by the ABOS, or specialty qualifications that are acceptable to the Review Committee. (Core)

• At this time 155 of 156 current program directors are ABOS certified. It is highly unusual for a newly appointed program director who is not ABOS-certified to be approved.
Program Director Support

- This specialty does not have a requirement for program director support *per se*.
  - Sufficient protected time and support is a common program requirement and may be cited if there is evidence that the program/institution does not demonstrate substantial compliance.
Faculty

PR II.B.2.

- The physician faculty must have current ABOS certification or possess qualifications acceptable to the Review Committee. (Core)
  - The RC will accept AOA-certification in accordance with the MOU.
  - The RC routinely requests and reviews alternative qualifications for faculty not certified.
There must be a minimum of three faculty members, including the program director, each of whom devotes at least 20 hours per week to the program. These faculty members must have current ABOS certification in the specialty. (Core)
Faculty

Specialty-specific Requirement
PR II.B.2.b).

• There must be at least one FTE physician faculty member (FTE equals 45 hours per week devoted to the program), who has current ABOS certification in the specialty, for every four residents in the program. (Core)

  NOTE: One FTE can be shared among two or more ABOS-certified physician faculty, as long as the total hours equals 45 hours per week for every four residents.

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PR II.B.2.a-b) Example

- Program approved for 20 (4-4-4-4-4)
  - PR II.B.2.b) will require 225 faculty hours per week
  - PR II.B.2.a) will require program director plus 2 other faculty to each devote 20 hours per week = 60 hours
  - Therefore to comply with PR II.B.2.b), the program must have an additional 165 hours of faculty time devoted to the program. This may be 11 faculty who each devote 15 hours, or a larger number devoting a variable number of hours that total 165 hours.
Faculty

Specialty-specific Requirement
PR II.B.2.c)

- The primary provider of orthopaedic surgery education in any subspecialty area must have ABMS/ABOS certification. Other qualified and properly credentialed practitioners may participate in the education of residents as determined by the program director.

  - This requirement ensures that the primary providers of subspecialty education are experts in the area.
New Requirement, effective 7/1/2016

- There should be institutional support for a full-time equivalent orthopaedic surgery coordinator designated specifically for orthopaedic surgical education.
- Programs with more than 20 residents should be provided with additional administrative support.

FAQ
FAQ

• Institutions that do not currently provide support for an FTE program coordinator will need to provide this support. Two or more individuals may provide this support. Very small programs may provide this support by other means, as long as an acceptable explanation is provided to the Review Committee.
Resident Appointment and Eligibility
FAQ

Q. How must a request for a change in resident complement be submitted?

A. All requests for changes in resident complement, whether permanent or temporary, must be made through the ACGME’s Accreditation Data System (ADS). Note that ACGME staff members will not receive the resident complement request until the designated institutional official (DIO) has approved the request. Requests must be submitted to and approved by the RC prior to accepting additional resident(s) into the program. Permanent increase requests will only be reviewed at a regularly scheduled RC meeting.
Fellowship Eligibility

Fellows that will matriculate August 1, 2015

• Current rules: Graduates of AOA-accredited orthopaedic surgery programs are eligible if rare in a program (excluding Hand)

• Current rules Hand: graduates of ACGME, AOA or RCPSC accredited OS, PS or GS programs are eligible
Fellowship Eligibility CPR: 7/1/2016

- Requires completion of either ACGME-accredited or RCPSC-accredited core specialty residency
- Exception clause:
  - Completed non-ACGME-accredited core specialty residency
  - Demonstrated clinical excellence compared to peers throughout training
  - Additional: e.g., additional clinical or research training; demonstrated scholarship; demonstrated leadership; completion of ACGME-I accredited residency
- OS RC will permit the exception
Fellowship Eligibility

Fellows that will matriculate August 1, 2016

- AOA OS program has applied for ACGME accreditation by 8/1/2016: current eligibility rules apply
  - AOA OS graduates permitted as long as they are rare
- AOA OS program has NOT applied for ACGME accreditation by 8/1/2016
  - AOA OS graduates must meet exception requirements for OS fellowships
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Curriculum
To provide an adequate interdisciplinary educational experience, the institution that sponsors the orthopaedic program should also participate in ACGME-accredited programs in general surgery, internal medicine, and pediatrics. (Core)
If the sponsoring institution does not sponsor one or more of these programs, the program director must submit a formal request to the Review Committee and provide an educational rationale for the lack of these programs, detailing how experiences and exposures to these specialty areas will be provided to the residents.

In general, such a rationale would include rotations at participating sites that sponsor ACGME-accredited programs that are not sponsored by the sponsoring institution.
Participating sites should be in close enough proximity to the primary site to facilitate resident participation in program conferences and rounds. FAQ

Residents at distant participating sites must attend and participate in regularly scheduled and held teaching rounds, lectures and conferences. On average, there must be at least four hours of formal teaching activities each week.
FAQ

• There must be an educationally necessary benefit available exclusively at the distant site to justify a rotation there. For example, one rationale for choosing a distant site rather than a more geographically proximate site would be that the availability of a specific required resident experience is not available locally.
These resources must include:

PR II.D.1

- Workspace for residents that includes ready access to computers at all clinical sites.

PR II.D.2.

- Current technological resources for production of presentations, manuscripts, or portfolios.

PR II.D.3.

- A dedicated space to facilitate basic surgical skills training.
PR II.E.1.

- Residents must have internet access to appropriate full-text journals and electronic medical reference resources for education and patient care at all participating sites.
Curriculum

Didactic Curriculum
• See PR IV.A.3.a) – IV.A.3.e)

Clinical Curriculum
• PGY1: 6 months of structured education on non-orthopaedic surgery rotations and 6 months of orthopaedic surgery rotations

  ➢ Types of non-orthopaedic surgery rotations are specified
    ❖ Rotations must each be at least one month in length and must not exceed two months in any one non-orthopaedic service
Clinical Curriculum

• PGY1: 6 months of structured education on non-orthopaedic surgery rotations and 6 months of orthopaedic surgery rotations

  ➢ Expectations for orthopaedic surgery rotations: foster proficiency in basic surgical skills, general care of orthopaedic patients both as inpatients and in outpatient clinics, management of orthopaedic patients in the emergency department, cultivation of an orthopaedic knowledge base.
Clinical Curriculum

- **PGY1**: required formal instruction in basic surgical skills
  - May be a dedicated rotation or equivalent time provided longitudinally
  - Curriculum components specified in PR IV.A.6.a).(2).(b) (goals and objectives, skills for injured patients and basic surgical skills)

- **PGY1**: other required experiences specified in IV.A.6.b).(1-4) (Adult and pediatrics, critically ill, emergencies, anesthesia)
Clinical Curriculum

- PGY2-5
  - Required 36 months of rotations on orthopaedic services
  - Non-orthopaedic rotations during the remaining 12 months are permitted (e.g., plastic surgery, physical medicine and rehabilitation, rheumatology, neurological surgery)

- Final 24 months of education must be obtained in a single program
Clinical Curriculum

- Required experiences
  - Diagnosis and management of adult and pediatric orthopaedic disorders
  - Non-operative outpatient diagnosis and care, including all orthopaedic anatomic areas
    - must have at least one half day per week and should have two half days per week outpatient clinical experience with a minimum of 10 patients per session on all clinical rotations; opportunities for resident involvement in all aspects of outpatient care of the same patient should be maximized
  - Inpatient and outpatient experience with all age groups
Some members of the faculty should also demonstrate scholarship by one or more of the following:

- Peer-reviewed funding
- Publication of original research or review articles in peer-reviewed journals, or chapters in textbooks
- Publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings
- Participation in national committees or educational organizations
FAQ

• At least half the physician faculty should demonstrate scholarly activity.

All forms of scholarly activity should be evident among the core program faculty.
PR IV.B.2.
Each resident must demonstrate scholarship through at least one or more of the following:

- Participation in sponsored research
- Preparation of an article for a peer-reviewed publication
- Presentation of research at a regional or national meeting
- Participation in a structured literature review of an important topic

All forms of scholarly activity should be evident among the residents.
Curriculum Milestones

Patient Care
- ACL
- Ankle Arthritis
- Ankle Fracture
- Carpal Tunnel
- Degenerative Spine
- Diabetic Foot
- Diaphyseal Femur and Tibia Fracture
- Distal Radius Fracture

Medical Knowledge
- ACL
- Ankle Arthritis
- Ankle Fracture
- Carpal tunnel
- Degenerative Spine
- Diabetic Foot
- Diaphyseal Femur and Tibia Fracture
- Distal Radius Fracture

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Curriculum Milestones

Patient Care
- Adult Elbow Fracture
- Hip and Knee Osteo Arthritis
- Hip Fracture
- Metastatic Bone Lesion
- Meniscal Tear
- Pediatric Septic Hip
- Rotator Cuff Injury
- Pediatric Supracondylar Humerus Fracture

Medical Knowledge
- Adult Elbow Fracture
- Hip and Knee Osteo Arthritis
- Hip Fracture
- Metastatic Bone Lesion
- Meniscal Tear
- Pediatric Septic Hip
- Rotator Cuff Injury
- Pediatric Supracondylar Humerus Fracture
Curriculum Milestones

Other Competency Domains

• Interpersonal and Communication Skills – Teamwork
• Interpersonal and Communication Skills – Communication
• Professionalism – Compassion, integrity, respect
• Professionalism – Accountability
• PBLI – Self-directed learning
• PBLI – Evidence-based practice
• SBP – Systems thinking, including cost-effective practice
• SBP – Interprofessional teams to enhance patient safety and quality care
• SBP – Use of technology for safe healthcare delivery

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PR V.C.2.c). (2)

- 75% of a program’s eligible graduates from the preceding five years taking Part I and Part II of the ABOS certifying examination for the first time should pass.
Case Logs
Case Log Components

PR IV.A.6.e)

- Clinical experience for PGY1-5 residents must be tracked in the ACGME Case Log System
  - Each graduating resident must log between 1000 and 3000 procedures
Case Log Components

- Case Log numbers are an indicator of cumulative resident surgical experience.
- Assistant / Primary / Supervising roles are a reflection of progressive responsibility.
- Milestones are an indicator of progressive resident competence.
- All are included in the NAS RRC annual program reviews.
Case Log Guidelines

- **Level 1 - Primary or Supervising resident surgeon** – The resident is scrubbed on the case and participates in preoperative assessment and planning.
  - Primary – the resident performs key portions of the procedure.
  - Supervising – the resident surgeon guides another resident through key portions of the procedure.
- When a resident acts as a supervising surgeon and another resident is the primary surgeon both of the residents may log the case as Level 1.
- **Level 2 - Assisting resident surgeon** – The resident is scrubbed on the case and participates in preoperative assessment and planning and assists a more senior surgeon in the key portions and may participate in opening or closing or other non-key portions.

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Residents should log procedural experiences as either Level 1 or Level 2. They should not log the procedure if they participate at less than these levels. All procedures at both levels require appropriate faculty supervision and participation in the case.

At this time both Level 1 and Level 2 participation will count towards meeting the minimum number requirements.
# Case Log Minimum

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<tr>
<td>Knee Arthroscopy</td>
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<td>Ankle Fracture Fixation</td>
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<tr>
<td>Shoulder Arthroscopy</td>
<td>20</td>
<td>Closed Reduction Forearm/Wrist</td>
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<td>ACL Reconstruction</td>
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<td>Ankle/Hind/Mid Foot Arthrodesis</td>
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<td>THA</td>
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<td>Supracondylar Humerus Perc</td>
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<td>TKA</td>
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<td>Femur/Tibia Intramedullary Fixation</td>
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<td>Hip Fractures</td>
<td>30</td>
<td>All Pediatric Procedures</td>
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<td>Carpal Tunnel Release</td>
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<td>All Oncology Procedures</td>
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<tr>
<td>Spine Decompression / Posterior Spine Fusion</td>
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Case Log Guidelines

- Residents may enter as many codes as applicable for each case but must identify the primary code.
- Multiple index procedures done during a single patient operation may be logged as separate cases.
- Two residents participating in a bilateral case should each log the case separately, indicating the appropriate level of participation.
Case Log Guidelines

- Minimum Number Reports for all graduating residents are reviewed but not cited at this time.
- Case Log Percentile Program Reports for graduating residents are also reviewed and may be cited.
- Total procedures logged by each graduating resident are reviewed to determine compliance with the requirement for 1000-3000 procedures.
Case Log Resources

• Documents on RRC website
  - Case Log Minimum Numbers
  - Case Log Guidelines (contains definitions, logging rules, explanation of CPT code for credit, patient type definitions; FAQs; reports available in case log system and suggestions for their use)
  - Case Log Statistical Reports (national data reports)

• Documents within the Case Log System
  - Program User Guide (pdf)
  - Resident User Guide (pdf)
  - Definitions (pdf)
Duty Hours and the Learning Environment
Duty Hours and the Learning Environment

Please consult the FAQs for answers to the following:

• Who may provide direct supervision to PGY1 residents?
• What is indirect supervision “with supervision immediately available”?
• For which tasks may PGY1 residents be supervised indirectly, and for which tasks should PGY1 residents have direct supervision until competence is demonstrated?
• How does the Review Committee determine program compliance with respect to optimal clinical workload?
Please consult the FAQs for answers to the following:

- Who should be included in interprofessional teams?
- Must every interprofessional team include representation from every professional listed above?
- What roles must residents have in the interprofessional health care team?
Resources for Programs Applying for Accreditation
Email addresses and phone numbers can be obtained by clicking on the symbols next to each person’s name.
Milestones
- Orthopaedic Surgery
- Orthopaedic Trauma Milestones
- Foot and Ankle Milestones
- Pediatric Orthopaedic Surgery Milestones
- Adult Reconstructive Surgery Milestones
- Musculoskeletal Oncology Milestones
- Orthopaedic Sports Medicine Milestones
- Spinal Orthopaedic Surgery Milestones
- Hand Surgery Milestones

New Applications
New program applications must use the online application process within ADS. For further information, review the "Application Instructions" located under Common Resources.

RC Submission Deadlines
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Presentations
- 2015 ACGME Update: Orthopaedic Surgery Sports Medicine Program Directors
- 2015 ACGME Fellowship Overview, Board of Specialty Societies Special Forum
- RRC Update ARCOS March 2015

Common Resources
- ACGME Glossary of Terms
- Appointment Process for ACGME Review Committee Members
- Application Instructions
- CLER
- Common Program Requirements (includes General Competencies)
- Common Program Requirements FAQs
- Eligibility Exception Decisions by Specialty
- Key To Standard Notification Letter
- Milestones
- Notable Practices
- Program Directors' "Virtual Handbook"
- Resident Duty Hours
- Review and Comment
- Selection Process - Review Committee
- Slide Presentations for Faculty Development
- Specialty and Subspecialty Program
- ...
The annual program director meeting (CORD) takes place in conjunction with the annual meeting of the American Orthopaedic Association (usually at the end of June). The annual meeting of program coordinators (ARCOS) takes place in conjunction with the annual meeting of AAOS (usually in March). Program directors and coordinators from AOA programs are welcome to attend.
Please contact the Executive Director with any questions or concerns:

pderstine@acgme.org
312-755-5083
Thank You!