

RRC NEWS

ORTHOPAEDIC SURGERY



Accreditation Council for Graduate Medical Education

AUGUST 2011

REVIEW COMMITTEE MEMBERS

STEPHEN A. ALBANESE, MD, CHAIR
DALE R. BLASIER, MD
CHRISTOPHER J. DY, MD
SHEPARD R. HURWITZ, MD, EX-OFFICIO
MICHELLE A. JAMES, MD, VICE CHAIR
LAWRENCE J. MARSH, MD
TERRANCE D. PEABODY, MD
VINCENT D. PELLEGRINI, MD
CRAIG S. ROBERTS, MD
LISA A. TAITSMAN, MD
TERRY L. THOMPSON, MD

REVIEW COMMITTEE STAFF

EILEEN ANTHONY, MJ
EXECUTIVE DIRECTOR
312.755.5047
EANTHONY@ACGME.ORG

BETH MURPHY
ACCREDITATION ADMINISTRATOR
312.755.5035
EMURPHY@ACGME.ORG

GLORIA ROUSE-LARUE
ACCREDITATION ASSISTANT
312.755.5012
GJR@ACGME.ORG

DUTY HOUR EXCEPTIONS UPDATE

Due to the fact that requests for duty hour exceptions are extremely rare, the Review Committee will no longer approve any duty hour exception requests. Any questions/concerns regarding the new policy may be directed to Review Committee staff (see contact information on the left side of this page).

PGY-1 RESIDENTS LOGGING CASES INTO ACGME CASE LOG SYSTEM

Effective with the July 1, 2011 academic year, PGY-1 residents must prospectively log cases into the ACGME Case Log System during the entirety of their residency experience. The expectation is that only orthopaedic cases must be entered into the Case Log System and not cases completed on other services (e.g., neurological surgery, etc.). As such, the 2011-2012 National Data Reports will include data entered for PGY-1-5 (those reports were previously generated by data entered for the PGY-2-5 only).

DUALITY OF INTEREST TAKEN SERIOUSLY BY THE REVIEW COMMITTEE

While '*conflict of interest*' implies a financial situation which can improperly influence the decision of the member of an organization, '*duality of interest*' implies any other situation which can influence a decision. Examples of duality of interest for a Review Committee member can include being from the same state in which a program under review is located, having worked in an institution housing a program under review, or having a close relationship with the department chair or program director of a program under review. When reviewing programs, members of the Review Committee for Orthopaedic Surgery recuse themselves when there is a duality of interest that might influence their decisions regarding a program's accreditation status. Recusals always occur for those Committee members from the same state as the program under review to avoid any conflicts of interest. ACGME staff members provide periodic education on and monitoring of conflict and duality of interest for all Review Committees to ensure the policy on this issue is constantly in mind, and always governs the way in which business is conducted during meetings.

NOTIFICATION DEADLINES

5 DAYS AFTER MEETING:

E-MAIL NOTIFICATION OF REVIEW STATUS/CYCLE LENGTH AUTOMATICALLY SENT TO PROGRAM DIRECTOR AND DIO

60 DAYS AFTER MEETING:

E-MAIL ALERT SENT STATING THAT LETTER OF NOTIFICATION IS POSTED IN ADS.

UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.

MEETING AND AGENDA CLOSING DATES

MEETING: JANUARY 13-14, 2012
AGENDA CLOSING: NOVEMBER 1, 2012
MEETING: JUNE 6-7, 2012
AGENDA CLOSING: APRIL 16, 2012

ACGME
515 NORTH STATE STREET
SUITE 2000
CHICAGO, ILLINOIS 60654
312.755.5000
WWW.ACGME.ORG

DEVELOPMENT OF ORTHOPAEDIC SURGERY MINIMUM NUMBER REQUIREMENTS

After two years of thorough data collection and analysis, the Review Committee has identified the procedures considered most important to use for assessing procedural competence of resident physicians who complete orthopaedic surgery education. Additionally, using the national averages per graduating resident for the past three academic years (2007-2008, 2008-2009, 2009-2010), and based on the collective expertise and professional judgment of the Committee members, minimums for each procedure were suggested. Programs whose graduate case volumes average below the minimums listed in four of the 15 categories may be cited for non-compliance.

As this is a new way of reviewing Case Log data for compliance, the Committee will NOT cite programs for non-compliance during the 2011-2012 academic year. The Committee will, however, begin to cite programs based upon the 2012-2013 data. Until that time, the Committee will continue to cite programs for inadequate operative experience based upon currently applied peer-review.

Orthopaedic Surgery Minimum Numbers (effective 2012-2013)

(Note: manipulations must be recorded with procedures in the Case Log System)

Category	Minimum
Knee arthroscopy	30
Shoulder arthroscopy	20
ACL reconstruction	10
THA	30
TKA	30
Hip fractures	30
Carpal tunnel release	10
Spine decompression/posterior spine fusion	15
Ankle fracture fixation	15
Closed reduction forearm/wrist	20
Ankle & hind & mid-foot arthro	5
Supracondylar humerus perc	5
Femur and tibia intramedullary fixation	25
All pediatric procedures	200
All oncology procedures	10

CPT Codes in Each Category

Knee arthroscopy (29850, 29851, 29855, 29856, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887)

Shoulder arthroscopy (29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828)

ACL reconstruction (29888)

THA (27130, 27132, 27134, 27137, 27138)

TKA (27442, 27443, 27445, 27446, 27447, 27487)

Hip fractures (27235, 27236, 27244, 27245)

Carpal tunnel release (64721)

Spine decompression lumbar spine/posterior spine fusion thoracic or lumbar (22612, 22630, 22800, 22802, 22804, 63005, 63012, 63017, 63030, 63042, 63047)

Ankle fracture fixation (27766, 27769, 27792, 27814, 27822, 27823, 27826, 27827, 27828, 27829)

Closed reduction forearm and wrist fractures (25505, 25520, 25535, 25565, 25605, 25624, 25690, 25680, 25675)

Ankle and hind and mid-foot arthrodeses (27870, 28705, 28715, 28725, 28730, 28735, 28737)

Supracondylar humerus percutaneous treatment (24538, 24566, 24582)

Femur and tibia intramedullary fixation (27506, 27759)

NOTABLE PRACTICES

A notable practice is a process or practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. A notable practice is not a requirement, which is an accreditation standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.

Many committees have identified notable practices within their specialties, and these are available to programs in the specialty through the Review Committee web page, as well as to other interested parties through the "All Review Committees Notable Practices" link. Potential notable practices may be identified in several ways: a comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or a Review Committee member based on knowledge of the program, or an unsolicited submission sent to the executive director or to a Review Committee member. The potential notable practice is viewed and discussed by all committee members, and if approved, will be made available online.

Programs in other specialties may find some of these practices useful, and could adapt them for their specialty-specific program needs as relevant. A link to the [“All Review Committees Notable Practices” page](#) can be found on the [Review Committee web page](#), and is a collection of all the notable practices from all of the Review Committees’ pages, organized by topic.

PROGRESS REPORTS TO THE REVIEW COMMITTEE

The Review Committee continues to remind program directors that progress reports should only be submitted for review upon request, as noted specifically in the accreditation notification letter. The Committee will not review unsolicited progress reports. Such reports will be administratively acknowledged with no further action. It is also important to note that the Review Committee does not rescind (remove) citations from a program’s history upon review of a (requested) progress report. A progress report should update the Committee on how the program is addressing those areas identified for comment in the Committee’s request for the report. Citations can only be identified as corrected at the time of a full program review when they are thoroughly evaluated through the site visit and review of accreditation materials.

Program Accreditation Statistics June 2011 Meeting Review Committee for Orthopaedic Surgery	
Orthopaedic Surgery (core) 153 Total Accredited Programs 9 Programs Reviewed	
Continued Accreditation	9
Orthopaedic Surgery – Adult Reconstructive 21 Total Accredited Programs Total 1 Program Reviewed	
Continued Accreditation	1
Orthopaedic Surgery – Hand Surgery 60 Total Accredited Programs 8 Programs Reviewed	
Continued Accreditation	6
Initial Accreditation	2
Orthopaedic Surgery – Pediatric Surgery 22 Total Accredited Programs 2 Programs Reviewed	
Continued Accreditation	2
Orthopaedic Surgery – Sports Medicine 97 Total Accredited Programs 10 Programs Reviewed	
Continued Accreditation	8
Confirmed Withhold (new application)	2

Save the Date: 2012 ACGME Annual Educational Conference

March 1-4, 2012

Walt Disney World Swan and Dolphin
Orlando, Florida

more information to follow

We’d like to know how we’re doing.

Please e-mail the editor (mschwab@acgme.org) with feedback on newsletter content -- were they useful? interesting? informative? what are we missing? what would make them better? Thank you for your input!

RRC NEWS PROVIDES TIMELY AND CURRENT REVIEW COMMITTEE AND SPECIALTY UPDATES, AS WELL AS GENERAL ACGME INFORMATION AND EXPLANATIONS OF ITS SYSTEMS, POLICIES, AND PROCEDURES. IT ALSO SERVES AS A VEHICLE FOR COMMUNICATION BETWEEN THE REVIEW COMMITTEE AND ITS CONSTITUENTS.

PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

NEWSLETTERS ARE TYPICALLY AVAILABLE FOLLOWING A REVIEW COMMITTEE MEETING, BETWEEN ONCE AND THREE TIMES PER YEAR.