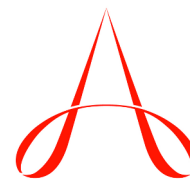


RRC NEWS

ORTHOPAEDIC SURGERY



ACGME

Accreditation Council for Graduate Medical Education

FEBRUARY 2011

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RRC NEWS PROVIDES REVIEW
COMMITTEE AND ACGME UPDATES. PLEASE
CONTACT THE EDITOR WITH SUGGESTIONS
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Institutions Sponsoring a Single Residency Program

For those institutions that are a single-program institution (e.g., an institution sponsoring only a fellowship program, such as sports medicine or pediatric orthopaedics), the institutional review will be conducted in conjunction with the program review. Programs in this category are to provide short written responses [to be included with the submitted program information form (PIF)] to the following:

1. Provide an institutional statement that commits the necessary financial, educational, and human resources to support the GME program(s) and provide documentation that the statement has been approved by the governing body, administration, and teaching staff.
2. Describe the formal method by which a periodic evaluation of the program's educational quality and compliance with the program requirements occurs. Explain how residents and faculty in the program are involved in the evaluation process.
3. Describe how the institution complies with the Institutional Requirements regarding "Resident Eligibility and Selection" and the development of appropriate criteria for the selection, evaluation, promotion and dismissal of residents in accordance with the Program and Institutional Requirements.
4. Summarize how the institution complies with the ACGME Institutional Requirements regarding resident support, benefits and conditions of employment to include the details of the resident contract or agreement as outlined in the ACGME Institutional Requirements. (Do not append the resident contract/agreement to the PIF but state when it is given to the residents and applicants. Have a copy available for verification by the site visitor on the day of the survey with the various items required by the ACGME numbered according to the Institutional Requirements.)
5. Describe in detail the grievance (due process) procedure(s) that is available to residents, including the composition of the grievance committee, and mechanisms for handling complaints and grievances related to actions that which could result in dismissal, non-renewal of a resident's contract, or other actions that could significantly threaten a resident's intended career development.

(cont. p.2)

MEETING AND AGENDA CLOSING DATES

MEETING: JUNE 25-26, 2011
AGENDA CLOSING: APRIL 29, 2011
MEETING: JANUARY 13-14, 2012
AGENDA CLOSING: NOVEMBER 1, 2011

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.*

(cont. from p.1)

The Review Committee would like to remind single-site sponsors that they are accountable for substantial compliance with the ACGME's Institutional Requirements, as well as with the respective Program Requirements for the specialty, and that the combined responsibilities for a single-site sponsor will be reviewed in detail by the site visitor and are taken very seriously by the Committee.

Review Committee Action

The following table reflects recent Review Committee accreditation decisions:

Program Accreditation Statistics January 2011 Meeting Review Committee for Orthopaedic Surgery	
ORS (core) – 152 Accredited Programs Total 10 Programs Reviewed	
Continued Accreditation	9
Initial Accreditation	1
ORS – Adult Reconstructive – 22 Accredited Programs Total 4 Programs Reviewed	
Continued Accreditation	2
Initial Accreditation	1
Proposed Withhold	1
ORS - Foot and Ankle – 10 Accredited Programs Total 1 Program Reviewed	
Initial Accreditation	1
ORS - Hand Surgery – 59 Accredited Programs Total 4 Programs Reviewed	
Continued Accreditation	3
Proposed Withhold	1
ORS - Pediatric Surgery – 23 Accredited Programs Total 4 Programs Reviewed	
Continued Accreditation	4
ORS - Spinal Surgery – 18 Accredited Programs Total 3 Programs Reviewed	
Continued Accreditation	2
Initial Accreditation	1
ORS - Sports Medicine – 98 Accredited Programs Total 15 Programs Reviewed	
Continued Accreditation	8
Initial Accreditation	1
Continued Initial Accreditation	2
Proposed Withhold (new applications)	3
Confirmed Withhold (new application)	1
ORS - Trauma – 11 Accredited Programs Total 1 Program Reviewed	
Proposed Withhold (new application)	1
ORS - Musculoskeletal Oncology – 11 Accredited Programs Total 0 Programs Reviewed	

Primary Certification Dates in ADS (PIF, Part 1)

The Review Committee would like to remind program directors of the responsibility to ensure information regarding Certification and Recertification Dates is adequately reflected in the Physician Faculty Roster of the PIF. Many programs have been cited for this due to a lack of attention to the detail in this area. The "Primary" field refers to initial certification by the American Board of Orthopaedic Surgery (ABOS), and not to subsequent ABMS-CSQ (e.g., hand). The Review Committee closely reviews all information presented in the PIF, and such

instances of incomplete or incorrect information *will* be cited as noncompliant with the standards (program director responsibilities in particular) in the letter of notification sent following a program's review.

For your reference:

FACULTY DATA: List alphabetically and by site all physician faculty who devote at least 15 hours a week to resident education. In addition, complete a CV for each faculty listed using our CV editor below.

Name	Degree	Based Mainly at Inst. #	Primary and Secondary Specialties / Fields					No. of Years Teaching in This Specialty	Average Hours Per Week Devoted to Resident Education
			Specialty / Field	Cert (Y/N)	Original Cert Year	Cert Status	Re-cert Year		
(Program Director)	MD	1	ORS	Y	1992	R	2009	19	32
			Hand	Y	1999	R	2009		

Certification in the primary specialty refers to ABMS Board Certification. Certification for the secondary specialty refers to sub-board certification. If the secondary specialty is a core ACGME specialty (e.g., internal medicine, pediatrics, etc.), the certification question refers to ABMS Board Certification.

Certification Status:

- R — Re-Certified
- O — Original Certification Currently Valid
- L — Certification Lapsed
- N — Time-unlimited certificate/no Re-Certification

Requests for Permanent Increases in Resident Complement

At its June 2010 meeting, the Review Committee for Orthopaedic Surgery approved a change in policy whereby requests for permanent increases (core), will be reviewed without a site visit, effective July 1, 2010. The Committee adds, however, that should a program already have a site visit scheduled, the prudent decision would be to wait to include the request at that time.

The Committee also notes that approved programs may transition increases at the PGY-1 and PGY-2 levels only. Exceptions will need to be justified and approved in advance.

ACGME Resident Case Log System

Although not an explicit requirement, the Committee encourages programs to ensure residents are directly involved in reporting their operative cases in the ACGME Case Log System. It has become increasingly apparent that residents are not logging their own cases, and that program staff (e.g., the program coordinator) handle this responsibility. The Committee believes this task to be a valuable learning activity for residents. Although the ultimate responsibility for accurate and complete submission of data resides with the program director, (PR II.A.4.f)), the Committee encourages that residents be directly involved.

Major Revisions to the Program Requirements for Core Orthopaedic Surgery and Fellowships

The process for major revisions to the Program Requirements for Orthopaedic Surgery is well underway. The final draft of the requirements (as well as the PIFs and an updated Frequently Asked Questions (FAQ) document) will be reviewed by the ACGME's Committee on Requirements during its September, 2011 meeting.

Additionally, each of the eight accredited sets of fellowship program requirements will undergo the requisite five-year major revision process, beginning in April of 2011. Details on the opportunity for review and comment by the community will be included in the summer 2011 edition of this newsletter, as well as via the ACGME's weekly *e-Communication*.

New Requirement for New Program Applications

Effective February 2011, the Review Committee for Orthopaedic Surgery will require a site visit prior to reviewing new program applications for orthopaedic subspecialty (fellowship) surgery programs. It has been

the Committee's experience that the use of an on-site surveyor better illustrates the overall "blue print" of a program, as opposed to a paper review alone. Designated institutional officials (DIOs) are reminded that the sponsoring institution's Graduate Medical Education Committee (GMEC) is to review and approve all applications for ACGME accreditation of new programs, prior to submission to the ACGME.

Site Visit Evaluations

After the conclusion of an accreditation site visit for programs or sponsoring institutions, the ACGME site visitor completes his or her report and submits it to the ACGME's Department of Field Activities (DFA). The report is logged, and then, along with the PIF sent by the program or institution, transmitted to the Review Committee team for assignment to reviewers.

Once the Site Visit Report has been received and logged into the DFA database, the system that manages site visit scheduling generates an e-mail to the program director, indicating that s/he has an opportunity to complete an evaluation of the site visitor's knowledge, preparation, interpersonal conduct and other relevant elements of the visit. The evaluation is completed online, and programs are provided with instructions for how to access and complete it. The form is made available to program directors only after the Site Visit Report has been filed and cannot be altered. One of the reasons for this is to ensure that programs may candidly comment on all aspects of their site visit, without concerns that this may influence the Site Visit Report or the Review Committee's subsequent review. Completed site visit evaluations are aggregated; members of the field staff periodically are provided with an aggregate report that compares their performance to that of their 30 colleagues.

The e-mail notice asking for a program's evaluation of the site visit may arrive up to several weeks following the actual site visit. Consequently, program and directors may not recognize, or appreciate that the e-mail received is soliciting their comments on both their site visit and the performance of their assigned field representative. However, this feedback is extremely valuable to the ACGME and the members of the field staff in improving the site visit process. The ACGME relies on programs' honest responses, and strongly encourages program directors to look for these messages, and to take advantage of this opportunity to provide input on the accreditation process.

Faculty Roster in Program Information Forms Includes Four Educational Activity Categories

In order to be consistent with all other specialties, the ACGME has revised the Faculty Roster in the Common PIF for the following specialties: anesthesiology, colon and rectal surgery, dermatology, family medicine, medical genetics, nuclear medicine, obstetrics and gynecology, orthopaedic surgery, pathology-anatomic and clinical, pediatrics, physical medicine and rehabilitation, and radiation oncology, as well as for the transitional year. The revision expanded the 'Average hours/week devoted to Resident Education' to include four categories - clinical supervision, administration, didactic/teaching, and research. NOTE: the total number of hours worked previously entered for each faculty member has been stored; however, the data for these four categories will initially appear as zeros. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

Category of Resident Education	Examples of Resident Educational Activities
Clinical supervision	Bedside rounds; outpatient precepting; operative supervision
Administration	Program oversight; curriculum development; faculty, resident and program evaluation; career counseling
Non-clinical didactics/teaching	Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident
Resident research	Mentoring and/or working with residents/fellows; 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