

Accreditation Council for Graduate Medical Education

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Memorandum

To: Physical Medicine and Rehabilitation Program Directors

From: Gerard Francisco, MD

Chair, ACGME Review Committee for Physical Medicine and Rehabilitation

Caroline Fischer, MBA

Executive Director, ACGME Review Committee for Physical Medicine and

Rehabilitation

Date: April 14, 2015

Re: Minimum Number of Physical Medicine and Rehabilitation Procedures

The Review Committee for Physical Medicine and Rehabilitation has been gathering Case Log data from residents since July 1, 2009. As was communicated to program directors at that time, it was the intent of the Review Committee to utilize these data over time to establish minimum expectations for resident performance of selected procedures. Effective July 1, 2015, the following minimums will apply:

Procedure	Minimum
EMG/NCS (Total performed and observed)	200
EMG/NCS (Performed)	150
Axial Epidural Injection (Total)	5
Axial: facet, SI joint, nerve block (Total)	5
Periph joint/intra-artic inj/tendon sheath/bursa inj (Total)	20
Periph joint/intra-artic inj/tendon sheath/bursa inj (Performed)	15
Botulinum toxin injection (Total)	20
Botulinum toxin injection (Performed)	15
Ultrasound (Total)	10

Program directors should ensure that reporting does not end once minimum numbers are achieved by a resident—these numbers do not constitute a final target number, but rather reflect what the Review Committee believes is merely an acceptable minimal exposure during residency. Residents should continue to enter all cases during their educational programs, even if they have personally achieved these minimum numbers. Achievement of the minimum numbers of listed procedures does not signify achievement of an individual resident's competence in a particular procedure. In most cases, a resident will need to perform an additional number of the listed procedures before he or she is deemed competent in each procedure by the program director. Moreover, the listed procedures represent only a fraction of the total procedural experience expected of a resident within the designated program length.

It is not the Review Committee's intent to modify the Program Requirements to include these expectations. The intent of this change is, however, to establish minimum requirements for listed procedures for accreditation purposes, without detracting from the latitude that the program director must have to determine the entire educational experience for each resident, taking into account each resident's particular abilities. This does not negate the expectation that upon a resident's completion of the program, the program director must verify that he or she has demonstrated sufficient professional ability to practice competently and without direct supervision.