ACGME Program Requirements for Graduate Medical Education in Hand Surgery
Summary and Impact of Major Requirement Revisions

Requirement #: I.B.1.a) and I.B.1.a).(1)

Requirement Revision (significant change only):

To ensure that hand surgery education does not interfere with the education of residents in an associated residency program in orthopaedic surgery, plastic surgery, or surgery, the residency and fellowship program directors must jointly prepare and utilize a written agreement specifying the educational relationship between the residency and fellowship programs, the roles of the residency and fellowship directors in determining the educational program of residents and fellows, the roles of residents and fellows in patient care, and how clinical and educational resources will be shared equitably. (Core)

Both program directors should together closely monitor the relationship between residency and fellowship education. (Detail)

Background and Intent: A best practice is to keep the agreement on file and review it regularly, particularly when there is a change in either residency or fellowship director.

1. Describe the Review Committee’s rationale for this revision:
   Residents in the core specialties of orthopaedic surgery, plastic surgery, and surgery have requirements for clinical experiences in hand surgery and therefore the presence of a hand surgery fellowship may create competition for the number, variety, and/or level of participation in hand cases. These requirements are intended to ensure that the potential for competition of resources is anticipated and appropriately managed.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Education of both residents and fellows may be improved.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: II.A.2.a)-II.A.2.b)

Requirement Revision (significant change only):
The program director of a program with fewer than five fellows must be provided with the salary support required to devote 10 percent FTE (four hours per week) of non-clinical time to the administration of the program. (Core)

The program director of a program with five or more fellows must be provided with the salary support required to devote 20 percent FTE (eight hours per week) of non-clinical time to the administration of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee attempted to make a realistic determination of the time needed by program directors for administration of the program balanced by the goal of not creating a burden that would adversely affect clinical and teaching time.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will help to ensure timely completion of the administrative needs of the program.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   For programs that currently provide no protected time, this may create the need for additional funding support. The Committee reviewed the approved complement for the currently accredited programs and noted that only 5 of 90 are at or above five fellows. Therefore, most program directors will require support for 10 percent FTE of non-clinical time for administration of the program.

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: II.A.3.a).(1)-II.A.3.a).(1).d)

Requirement Revision (significant change only):

Prior to appointment, the program director must demonstrate the following:

- completion of an ACGME-accredited or American Osteopathic Association (AOA)-approved hand surgery fellowship; (Core)
- at least three years of clinical practice experience in hand surgery; (Core)
- at least two years as an associate program director or three years as a faculty member in an ACGME-accredited or AOA-approved orthopaedic surgery, plastic surgery, or surgery residency or hand surgery fellowship program; and, (Core)

Background and Intent: Current program directors of ACGME-accredited hand surgery fellowship programs are exempt from II.A.3.a).(1).a)-(c). Program directors appointed after the effective date of these requirements are expected to comply with these requirements.
1. Describe the Review Committee’s rationale for this revision:
   These requirements are intended to ensure that the program director is prepared as both an educator and experienced clinician in the subspecialty to mentor both faculty members and fellows, act as a role model, and discharge all administrative functions needed for an ACGME-accredited program. Current program directors are exempt as noted in the Background and Intent.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Review Committees believe that strong role models and mentorship are essential for the education of hand surgeon subspecialists who are prepared to provide safe and high quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Some institutions that have no in-house options for faculty development in education-related topics [PR II.A.3.a.(1).d)] may need to develop these or provide time and/or resources for the program director to periodically access such resources outside of the institution.

5. How will the proposed revision impact other accredited programs?
   n/a

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**Requirement #: II.A.3.b).(1)**

**Requirement Revision (significant change only):**

All program directors appointed after the effective date of these requirements must have current certification in orthopaedic surgery, plastic surgery, or surgery by an American Board of Medical Specialties (ABMS) board or AOA board, as well as subspecialty certification in hand surgery.

1. Describe the Review Committee’s rationale for this revision:
   The Review Committees wish to communicate that no current program director will be disqualified by the new requirements for program director qualifications. However, because the Committees believe that subspecialty certification is one important objective metric for future preparation as a program director, all newly appointed program directors need to have achieved certification in the both core specialty and hand surgery prior to appointment as a fellowship program director.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Board certification is one important metric for highly competent, up-to-date surgeons who operate with safety and quality in mind. Therefore board-certified
hand surgeons are better prepared to serve a role models and mentors for fellows and provide high quality, safe patient care.

3. How will the proposed requirement or revision impact continuity of patient care?  
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   n/a

5. How will the proposed revision impact other accredited programs?  
   n/a

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<tr>
<td>Requirement Revision (significant change only):</td>
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<td>Physician faculty members who are hand surgeons should <strong>must</strong> have completed an ACGME-accredited or AOA-approved hand surgery fellowship and be certified in hand surgery by an ABMS board or American Osteopathic AOA board, or be on a pathway towards achieving such certification or equivalent.</td>
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1. Describe the Review Committee’s rationale for this revision:  
   The Committees believe that board certification is one important and objective metric for preparation of faculty members to supervise and mentor fellow education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   **Board certification is one important metric for highly competent, up-to-date surgeons who operate with safety and quality in mind. Therefore board-certified hand surgeons are better prepared to serve a role models and mentors for fellows and provide high quality, safe patient care.** This requirement communicates the expectation that hand surgeon faculty members should be actively seeking board certification.

3. How will the proposed requirement or revision impact continuity of patient care?  
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   **Institutions that have not previously required faculty to be board certified or be tracking towards board certification may need to add faculty.**

5. How will the proposed revision impact other accredited programs?  
   n/a

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<td>Requirement Revision (significant change only):</td>
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There must be at least two core physician faculty members who are orthopaedic surgeons, plastic surgeons, or surgeons with hand surgery experience, including the program director, who have completed an ACGME-accredited or AOA-approved fellowship in hand surgery and have certification in hand surgery by an ABMS board or AOA Board, and who are actively involved in the instruction and supervision of fellows during the 12 months of accredited education. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement will ensure there are at least two board-certified core faculty members who have completed a fellowship in this subspecialty and who will be available as role models and mentors for fellows.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Faculty members who have completed a fellowship program and are certified in this subspecialty will have a better understanding of the requirements and should be prepared to provide the expected supervision and mentoring. At least two faculty members with experience in the subspecialty has been a long-standing requirement. These two faculty members will now also need to have completed the subspecialty board certification process. Programs may have additional faculty members who are actively seeking board certification.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Institutions that have not previously required at least one faculty member in addition to the program director to have completed a fellowship in this subspecialty and attained subspecialty board certification will need to add faculty members.

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: IV.B.1.c).(1).(a)-IV.C.1.c).(1).(g).(vii)

Requirement Revision (significant change only):
[Fellows must demonstrate competence in their knowledge of:]

osteonecrosis, including Kienböck’s disease; (Core)

- tumors (benign and malignant); (Core)

- Dupuytren’s disease; (Core)

- congenital deformities, including syndactyly, polydactyly, radial aplasia, and others; (Core)

- thermal injuries; and, (Core) [Moved from IV.B.1.c).(1).(e)]
rehabilitation and therapy; *(Core)* [Moved from IV.B.1.c).(1).(f)]

major disorders and conditions, including: *(Core)*

acquired conditions (tumor, Dupuytren’s, tenosynovitis, vascular, contractures); *(Core)*

arthritis; *(Core)*

congenital; *(Core)*

nerve; *(Core)*

bone and joint trauma; *(Core)*

soft tissue trauma and infections; and, *(Core)*

tendon; *(Core)*

| 1. Describe the Review Committee’s rationale for this revision:          |
| These requirements reflect the subspecialty milestones for medical knowledge that have been in use since 2015. The Milestones were developed by subspecialists outside of the Review Committees and represent their best thinking regarding the essential areas of knowledge fellows should develop during their fellowship. |

| 2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? |
| The addition of requirements connected to the subspecialty medical knowledge milestone expectations will help to ensure these areas are included in the curriculum and reinforce the importance of monitoring each fellow’s progressive development of competence in these key areas. |

| 3. How will the proposed requirement or revision impact continuity of patient care? |
| n/a |

| 4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? |
| n/a |

| 5. How will the proposed revision impact other accredited programs? |
| n/a |

**Requirement #: IV.C.1.a)**

**Requirement Revision (significant change only):**

Each fellow must continue to provide care for his or her post-operative patients until discharge or until the patient’s post-operative conditions are stable and only non-surgical. *(Core)*

| 1. Describe the Review Committee’s rationale for this revision:          |
| This requirement will reinforce the importance of ensuring that all fellows regularly participate in comprehensive patient management. |
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The Review Committees believe that surgeons should manage their patients post-operatively and ensure that all surgical issues are appropriately addressed before handing responsibility for their patients to others to manage. This practice is associated with high quality patient care.

3. How will the proposed requirement or revision impact continuity of patient care?

Fellows may increase the time they provide for post-operative patient care of some patients.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

n/a

5. How will the proposed revision impact other accredited programs?

n/a

Requirement #: IV.C.2.a)

Requirement Revision (significant change only):

This must include instructional experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities. (Core)

1. Describe the Review Committee’s rationale for this revision:

This requirement identifies expected instruction and experiences related to pain management.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Surgical procedures cause pain and fellows must learn a variety of methods for pain management that includes those not typically associated with addiction.

3. How will the proposed requirement or revision impact continuity of patient care?

n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

n/a

5. How will the proposed revision impact other accredited programs?

n/a

Requirement #: IV.C.5.-IV.C.5.c); IV.C.6-IV.C.6.d)

Requirement Revision (significant change only):
A periodic morbidity and mortality conference and journal club must be included. \[\text{(Core)}\] The program must regularly hold subspecialty conferences with active faculty member and fellow participation, including at least: \[\text{(Core)}\]

one weekly teaching conference; \[\text{(Detail)}\]

one monthly morbidity and mortality conference; and \[\text{(Detail)}\]

one monthly journal club in hand surgery. \[\text{(Detail)}\]

A list of the conferences should be maintained and available for review at the time of the site visit. \[\text{(Detail)}\] \[\text{Moved from IV.C.4.d}\]

Conferences should be attended by both the fellows and faculty members, and such attendance should be documented. \[\text{(Detail)}\] \[\text{Moved from IV.C.4.e}\]

Conferences should be organized and led by faculty members to ensure that sufficient educational experience is provided. Fellows assigned to participating institutions other than the sponsoring institution should attend the hand surgery conferences at those sites. \[\text{(Detail)}\] \[\text{Moved from IV.C.4.f}\]

Fellows should make presentations at conferences and actively participate in conference discussions. Adequate time for fellow preparation should be permitted to maximize the educational experience. \[\text{(Detail)}\] \[\text{Moved from IV.C.4.g}\]

Didactic activity should include the evaluation of practices that ensure and improve patient safety as well as instruction in established patient safety measures. \[\text{(Core)}\] \[\text{Moved from IV.C.4.h}\]

1. **Describe the Review Committee’s rationale for this revision:**
   
   These requirements are intended to ensure that each program has a structured didactic curriculum. A subspecialty-specific teaching conference will reinforce development of required medical knowledge. Morbidity and mortality conferences will provide a formal venue for case-based learning related to patient safety and patient care quality. The journal club will help fellows to keep up with the latest advances in the subspecialty. Details regarding the conduct of conferences were removed as these are sufficiently addressed in other requirements.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   
   An expectation for a structured didactic curriculum will help to increase consistency in the education of fellows in ACGME-accredited programs. Fellows will have a formal venue for case-based learning related to patient safety and patient care quality.

3. **How will the proposed requirement or revision impact continuity of patient care?**
   
   n/a

4. **Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?**
   
   n/a
5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: IV.C.7.a)-IV.C.7.a).(1)

Requirement Revision (significant change only):

Clinical Components [Moved from IV.C.5] The educational program should provide experience must include: (Core) [Moved from IV.C.3]

in the repair, resection, and reconstruction of defects of form and function of the hand, including vascular and neurologic defects resulting from trauma or tumor reconstruction; (Core) [Moved from IV.C.3]

1. Describe the Review Committee’s rationale for this revision:
   This requirement emphasizes the need for clinical experience in vascular and neurologic defects resulting from trauma or tumor reconstruction.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Fellows completing a hand surgery program should be better prepared to care for patients with these deficits.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: IV.C.8.

Requirement Revision (significant change only):

There must be an annually collect, compile, and retain a comprehensive record of the operative procedures performed by each hand surgery fellow completing the program. This information must be provided in the form and format specified by the Review Committee. This record must be signed by the hand surgery fellow and the program director, attesting to its accuracy; and, (Core) [Moved from IV.C.5.d)] Fellows must document their operative experience in a timely manner by reporting all cases in the ACGME Case Log System. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement clarifies that the record of operative experiences must be maintained by logging the cases in the ACGME Case Log System.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
A complete and accurate record of fellow cases will provide important information to the Review Committees on program quality.

3. How will the proposed requirement or revision impact continuity of patient care?  
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   n/a

5. How will the proposed revision impact other accredited programs?  
   n/a

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<td>Requirement Revision (significant change only):</td>
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<td>Programs should evaluate fellows within six weeks following entry into the program for expected entry-level skills so that additional education and training can be provided in a timely manner to address identified deficiencies. (Core)</td>
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1. Describe the Review Committee’s rationale for this revision:  
   **Because orthopaedic surgery fellowship programs are only 12 months in length, it is important to identify any deficiencies early so that sufficient time is available for these to be successfully addressed prior to initiating formal subspecialty education and training.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   **Early identification and correction of deficiencies is a well-recognized educational principle that will lead to better educational outcomes.**

3. How will the proposed requirement or revision impact continuity of patient care?  
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   n/a

5. How will the proposed revision impact other accredited programs?  
   n/a

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<th>Requirement #:</th>
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<td>Requirement Revision (significant change only):</td>
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<td>Protected time for fellow research activities should be a minimum of two days per month, averaged over the 12-month program. (Detail)</td>
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1. Describe the Review Committee’s rationale for this revision:
   The requirement to provide protected time and facilities is not a new one (current PR IV.D.1.b). The new requirement is intended to communicate a minimum expectation for such time to ensure that research activities are not minimized or overlooked. The requirement is worded to provide maximum flexibility to programs for scheduling such time. For example, time could be provided in one or more blocks of time, a day or half-days during some rotations, etc.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Fellows may choose to focus on patient safety/patient care quality as research topics.

3. How will the proposed requirement or revision impact continuity of patient care?
   A research topic could be to study opportunities in the subspecialty to define and/or improve continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

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<td>Requirement Revision (significant change only):</td>
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<tr>
<td>Faculty members must demonstrate dissemination of scholarly activity through peer-reviewed publications, chapters/textbooks, or grant leadership. (Core)</td>
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1. Describe the Review Committee’s rationale for this revision:
   The Review Committee believes that faculty members must be role models for all expected outcomes. Scholarly activity is an important fellow outcome and therefore it is important for faculty members to demonstrate scholarship, and through that activity provide opportunities for fellow involvement. The requirement is worded so to not be overly prescriptive. That is, there is no minimum number or percent of the faculty specified and the Committees review three-year aggregate reports rather than annual reports of faculty members’ scholarly activity.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The expectation for dissemination of scholarly activity by faculty members will help to ensure that faculty members are role models for fellows in this area.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   n/a

5. How will the proposed revision impact other accredited programs?  
   n/a

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**Requirement #: IV.D.3.a**

**Requirement Revision (significant change only):**

Each fellow should demonstrate scholarship during the program through one or more of the following: peer-reviewed publications; abstracts, posters, or presentations at international, national, or regional meetings; publication of book chapters; or lectures or formal presentations (such as grand rounds or case presentations).  

1. Describe the Review Committee’s rationale for this revision:  
   The Review Committees wish to communicate to all programs that at this time, the data collection methods for hand surgery fellowship programs are very limited since publication of fellow scholarly activity most often occurs after the fellows graduate. Therefore, the most common (and acceptable) form of dissemination is presentations.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   The expectation for dissemination of scholarly activity by fellows will provide the Review Committees with an important indicator of program quality.

3. How will the proposed requirement or revision impact continuity of patient care?  
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   n/a

5. How will the proposed revision impact other accredited programs?  
   n/a

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**Requirement #: IV.E.-IV.E.1.**

**Requirement Revision (significant change only):**  
*Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.*

[The Review Committees’ proposal to allow the independent practice option is part of the focused revision and is subject to public comment.]

*If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)*
1. Describe the Review Committee's rationale for this revision: The Review Committees agree with the task force that developed this common program requirement: “This option is designed to enhance fellows’ maturation and competence in their core specialty. This enables fellows to occupy a dual role in the health system: as learners in their subspecialty, and as credentialed practitioners in their core specialty.”

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Fellows who are able to take advantage of this option will be able to maintain their core skills in orthopaedic surgery, plastic surgery, or surgery and advance their progressive autonomy.

3. How will the proposed requirement or revision impact continuity of patient care? n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? Since this is an optional requirement, programs that wish to offer it will need to work with their institutions to determine if additional resources are needed and can be provided.

5. How will the proposed revision impact other accredited programs? Fellowship programs that use sites that are also used by orthopaedic surgery, plastic surgery, or surgery residency program(s) will need to carefully monitor fellow independent practice activities to ensure that residents’ access to cases is not negatively affected either in number or in the appropriate level of resident participation in cases.

Requirement #: V.A.1.a).(1)

Requirement Revision (significant change only): [Common Program Requirement V.A.1.a) Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)]

This must include review of fellow cases logged in the ACGME Case Log System. (Core)

1. Describe the Review Committee’s rationale for this revision: This requirement reinforces the need to ensure that fellows are regularly and accurately logging their cases.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Timely faculty member feedback on surgical performance is an established educational principle correlated with better educational outcomes.

3. How will the proposed requirement or revision impact continuity of patient care? n/a
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a