### Requirement #: I.B.1.a).(1); I.E.2.

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

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

There must be close monitoring of the interface between residency and fellowship education. It is imperative that orthopaedic fellowship education not interfere with the education of residents. Lines of responsibility for the orthopaedic resident and the fellow must be clearly defined. In addition, the Fellows should maintain a close working relationship with orthopaedic residents and other fellows in orthopaedic surgery and in other disciplines when present. **(Core)**

1. **Describe the Review Committee’s rationale for this revision:**
   - This is not a new requirement. It replaces the deleted wording in PR I.E.2. that required close monitoring of the interface between residency and fellowship education.

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

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 none 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

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<tr>
<th>Requirement #: II.A.3.a).(1)-II.A.3.a).(1).(d)</th>
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<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
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<tr>
<td>Prior to appointment, the program director must demonstrate:</td>
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<tr>
<td>completion of a musculoskeletal oncology fellowship; (Core)</td>
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<tr>
<td>at least three years of clinical practice experience in musculoskeletal oncology; (Core)</td>
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<tr>
<td>at least two years as an associate program director or three years as a faculty member in an ACGME-accredited or American Osteopathic Association (AOA)-approved orthopaedic surgery residency or musculoskeletal oncology fellowship program; and, (Core)</td>
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<tr>
<td>evidence of periodic updates of knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of fellows. (Core)</td>
</tr>
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</table>

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.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The Review Committee believes that strong role models and mentorship are essential for the education of orthopaedic 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

Restriction #: II.A.3.b).(1)

Requirement Revision (significant change only):

All program directors appointed after the effective date of these requirements must have current ABOS or AOBOS certification in orthopaedic surgery. (Core)

1. Describe the Review Committee’s rationale for this revision:  
The Review Committee wishes to communicate that no current program director will be disqualified by the new requirements for program director qualifications. However, because the Committee believes that certification is one important objective metric for future preparation as a program director and there is no certification for this subspecialty, all newly appointed program directors need to have achieved certification in the core specialty of orthopaedic 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 orthopaedic surgeons are better prepared to serve as 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
Requirement #: II.B.3.b).(1).(a)

Requirement Revision (significant change only):

Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Committee believes 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 orthopaedic 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 orthopaedic 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 members to be board certified or be tracking towards board certification may need to add faculty members. At this time, the Review Committee is not aware of any program that is deficient in this area.

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

Requirement #: II.B.4.c)

Requirement Revision (significant change only):

There must be at least two core physician faculty members who are orthopaedic surgeons with experience in musculoskeletal oncology, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in musculoskeletal oncology, and are actively involved in the instruction education 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 that 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 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 need to have completed the 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 board certification will need to add faculty members.

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

Requirement #: IV.B.1.b).(2).(a)-IV.B.1.b).(2).(a).(i).(f)

Requirement Revision (significant change only):

Fellows must demonstrate competence in their ability to perform skillfully the performing operative and non-operative procedures required for the practice of the subspecialty musculoskeletal oncology. (Core)

This must include:

management of bony lesions and tumors of the spine and pelvis; (Core)

soft tissue resections and reconstruction; (Core)

complex reconstructions and limb salvage; (Core)

surgical management of complications; (Core)

surgical management of metastatic disease; and, (Core)

pediatric oncologic cases involving management of bony lesions and tumors of the spine and pelvis, soft tissue resections, complex reconstructions, and limb salvage. (Core)

1. Describe the Review Committee’s rationale for this revision:
   These new requirements reflect the defined case categories for this subspecialty that were published in 2015 and incorporated into the Case Log System. Program Case Log Reports are reviewed annually as one important indicator of the quality of each program’s educational curriculum.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Subspecialty-specific defined case categories ensure all ACGME-accredited programs graduate subspecialty surgeons who have had experience in those defined procedures and are better prepared to provide safe, high quality patient care in those 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?
   Because these defined case categories have been used for annual program reviews since 2016, programs have received feedback when needed on any noted areas for improvement. On investigation, some programs may determine that resources are deficient or that fellows are deficient in recording cases. Some programs may need to provide additional resources; others may need to more closely monitor fellow Case Logs.

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

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**Requirement #: IV.B.1.c).(1).(b)**

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

the natural history of musculoskeletal neoplasia, and the effectiveness of therapeutic programs, and the role of palliative care and hospice in patient management; **Core**

1. Describe the Review Committee’s rationale for this revision:
The provision of the continuum of care for musculoskeletal oncology patients will frequently involve palliative care and hospice.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Knowledge of this aspect of patient care will help to improve the quality of patient care by facilitating a timely and appropriate handoff of patients to practitioners that provide such 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
### Requirement #: IV.B.1.c).(1).(e)-IV.B.1.c).(1).(e).(v)

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

[Fellows must demonstrate competence in their knowledge of:]

- **musculoskeletal oncology disorders and conditions including:** *(Core)*
  - primary malignant bone *(primary)*; *(Core)*
  - metastatic bone lesion; *(Core)*
  - benign bone tumor; and, *(Core)*
  - malignant soft tissue tumor; and, *(Core)*
  - benign soft tissue tumor. *(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 Committee 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 milestones will 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 patients’ post-operative conditions are stable and only non-surgical issues remain. *(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 Committee believes 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

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<th>Requirement #: IV.C.2.a)</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<tr>
<td>This must include instruction and experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities. (Core)</td>
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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.4.a)-(IV.C.4.a).(5) |
Requirement Revision (significant change only):

Fellows and faculty members must participate in a journal club. The program must regularly hold subspecialty conferences with active faculty member and fellow participation, including at least: (Core) [Moved from IV.C.5.d]]

one weekly teaching conference; (Detail)

one monthly morbidity and mortality conference; (Detail)

one monthly journal club in musculoskeletal oncology to include reviews of current literature in medical, pediatric, and radiation oncology on at least a monthly basis; and, (Detail) [Moved from IV.C.5.d](1)]

There should be a one monthly multi-disciplinary tumor conference involving pathologists and radiologists, as well as radiation, and medical, and pediatric oncologists. (Core) [Moved from IV.C.5.c]]

Pediatric oncologists should be included as appropriate. (Detail)

Didactic activity should include the evaluation of practices that ensure and improve patient safety as well as instruction in established patient safety measures. (Core) [Moved from IV.C.5.e]]

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 in required medical knowledge. Morbidity and mortality and interdisciplinary tumor 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. The deleted requirement is redundant with other requirements related to patient safety.

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.5; IV.C.5.a); and IV.C.5.d)
### Requirement Revision (significant change only):

**Clinical Components**

Clinical experience must include: [Moved from IV.C.6.b)]

- a major role in the continuing care of adult and pediatric patients, to include progressive responsibility for patient assessment, decisions regarding treatment, pre-operative evaluation, operative experience, non-operative management, post-operative management, and rehabilitation; *(Core)*
- performing operative procedures related to benign and malignant bone and soft tissue tumors, metabolic musculoskeletal disease, and complex reconstruction with an oncologic diagnosis; *(Core)*

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| 1. | Describe the Review Committee’s rationale for this revision:  
**These two new requirements clarify the expectation for clinical experiences across the continuum of patient care, and inclusion of both adult and pediatric patients, and types of tumors (consistent with Case Log requirements), and emphasize the importance for fellows to have broad procedural experiences.** |
| 2. | How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**A broadly defined set of common expectations for clinical experience will improve consistency across programs for preparing fellows to provide 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?  
n/a |
| 5. | How will the proposed revision impact other accredited programs?  
n/a |

### Requirement #: IV.C.6.

**Fellows must document their operative experience in a timely manner by reporting all cases in the ACGME Case Log System.** *(Core)*

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| 1. | Describe the Review Committee’s rationale for this revision:  
**This requirement will ensure that a record of operative procedures is 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 Committee 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

### Requirement #: IV.C.7.

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

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)*

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 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

### Requirement #: IV.D.1.b).1)

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

Protected time for fellow research activities should be a minimum of two days per month, averaged over the 12-month program. *(Detail)*

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

Requirement #: IV.D.2.a)

Requirement Revision (significant change only):

Faculty members must demonstrate dissemination of scholarly activity through peer-reviewed publications, chapters and/or grant leadership. (Core)

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 to not be overly prescriptive. That is, there is no minimum number or percent of the faculty specified and the Committee reviews three-year aggregate reports rather than annual reports of faculty 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 ensure that faculty members serve as 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?
5. How will the proposed revision impact other accredited programs?

n/a

Requirement #: IV.D.3.b)-c)

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). \(^{(\text{Outcome})}\)

Fellows must learn to design, implement, and interpret research studies under supervision by qualified faculty members. \(^{(\text{Outcome})}\) [Moved from IV.D.3.b]

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee wishes to communicate to all programs that at this time, the data collection methods for orthopaedic fellowship programs are very limited since publication of fellow scholarly activity most often occurs after 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 to the Review Committee an important indicator for 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

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 Committee’s 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. \(^{(\text{Core})}\)
1. Describe the Review Committee’s rationale for this revision:
   The Review Committee agrees 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 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 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.

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<th>Requirement #: V.A.1.a).(1)</th>
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<tr>
<td><strong>Requirement Revision (significant change only):</strong></td>
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<tr>
<td>[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)]</td>
</tr>
<tr>
<td>This must include review of fellow cases logged in the ACGME Case Log System. (Core)</td>
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</table>

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