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October 28, 2016

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 N. Michigan Ave
Suite 2000
Chicago, Illinois 60611

RE: Request for Review of Common Program Requirements Phase 2

Dear Dr. Nasca,

The American Orthopaedic Association and its Council of Orthopaedic Residency Directors (CORD) program appreciate the opportunity to comment on the ACGME Common Program Requirements (CPR). CORD is the home for educators involved in orthopaedic residency training with over 160 programs represented. Our goals encompass program director development and education, support for residency program staff, and the advancement of orthopaedic curricula and improvement of orthopaedic residency education. Our interests include medical students as they progress through medical school education and the fine-tuning of technical and patient care skills in the specific surgical disciplines covered by orthopaedic fellowships after residency. We recognize and appreciate our Orthopaedic Residency Review Committee (RRC) and its process for determining further specifications beyond the CPR.

Our specialty shares all the training needs outlined in the CPR with the other medical specialties. It is often said that surgical/technical specialties are "different" and we recognize that there is a specific need for procedural standards, attention to direct supervision issues, and the development of useful performance measures. Developing independent practice skills is progressive and requires significant attention to systems issues, such as sufficient patient management, procedural experiences and faculty oversight. Our suggestions are created with this need in mind.

What areas currently addressed in Sections I-V should be common across all specialties without the option of additional requirements for individual specialties?

Additional requirements should be allowed in all areas of the Common Program Requirements under the direction of the specialty residency review committees.

What issues or topics that are, or should be, common to all specialties are missing from the current Requirements?

IV.A.5.a) (2) The ability to develop technical skills when required (procedures, operative cases, etc.) needs the same educational attention as the acquisition of medical knowledge and the ability to provide patient care. Changes in our health care system and increased logistical demands limit the ability to allow and assess graduated responsibility with respect to technical skills. Currently there are specific examples specified by individual resident review committees in technical disciplines; we recommend expanding this approach to the Common Program Requirements.

Should the ACGME develop a truncated set of Common Program Requirements that would be applied to all fellowship programs?

Fellowship education is varied among medical disciplines but this does not preclude development of fellowship-related program requirements. Orthopaedic program directors are in favor of modification of the current general requirements to reflect needs at the level of highly specialized training. There are significant opportunities to decrease administrative burden and improve fellow evaluation through fellowship-level Common Program Requirements.

Our learners in orthopaedic fellowships have already completed five years of training and are American Board of Orthopaedic Surgery (ABOS) eligible. Fellowships are pursued to increase specific skills, and further develop appropriate indications and judgement, and are generally based on anatomic regions or a specific technical domain. Orthopaedic fellowships that participate in the ACGME certification process require completion of an ACGME approved residency prior to matriculation. Orthopaedic fellows are expected to act as they would as a first year attending surgeon in many ways.

Considering that, we have the following requests if a fellowship specific document is considered:

- II.A.4 j. (1,2,3 &4), II.A.4.k, and II.A.4.l Should be removed to allow modification to accommodate for fellowship structure. We recognize that this shifts the responsibility to each residency but feel this is appropriate given the specialized needs within technical fellowships.
- Remove language regarding appointment of “other learners” or modify to better express concerns in a fellow role. A fellow is expected to learn how to teach residents and learn to work with other medical specialties as part of their training in orthopaedics.
- There is a lack of clarity around the role of the Clinical Competency Committee (CCC) with respect to fellowships specifically, as fellows tend to be exposed to a much smaller number of faculty. We recommend considering an exception to the CCC requirement and continue only with the formative, summative, and faculty evaluations as already written. CCC should not formally be evaluating the fellow for the reasons noted. The CCC should discuss the role of the fellow and

their impact/involvement with resident education, interaction and feedback that the resident may have.

- The PEC should apply itself to fellowships in the same way it does for residencies. The fellowship director should be a required member of a PEC focused on fellowship issues.

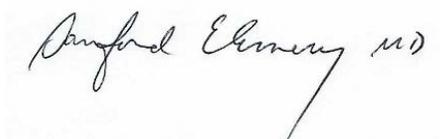
Additional Suggestions:

We have one further request that relates to both a specific fellowship document and the current common program requirements (listed under the fellowship section):

- III.A.2.a) We recommend clarity related to providing individual skill assessments from the core residency program. The ability to maintain the confidentiality of the resident with respect to their training record and the ability of programs to objectively assign assessments should be considered. Milestones scores are an assessment of the program and global specialty or even program average scores are a preferable metric. Orthopaedic program directors do not feel milestones and other training records should be released in that circumstance.

Thank you for considering our input on the Common Program Requirements. We look forward to working with the ACGME soon. If you have any questions, please feel free to contact Kristin Olds Glavin, Esq., Executive Director, at glavin@aoassn.org.

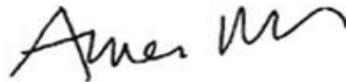
Sincerely,



Sanford E. Emery, MD, MBA
President, The American Orthopaedic Association



Gerald R. Williams, Jr., MD
President, American Academy of Orthopaedic Surgeons



S. Elizabeth Ames, MD
AOA CORD/Academics Committee Chair



Kristin Olds Glavin, Esq.
AOA Executive Director

cc: Myria A. Stanley, AOA Education Manager