News from the ACGME – Case Minimum Changes

Part 2: Setting Case Minimum Numbers (second of three-part series)

As stated in part one of this series, the goal with new case minimum requirements is to establish a framework of required surgical case volumes/types for orthopaedic surgery residency program surgical training. The goal of these minimums is to train surgeons with **depth** of training such that they are independently able to perform core procedures as well as **breadth** of exposure to orthopaedic surgery subspecialties. Neither of these goals was reflected in the previously existing case minimum requirements, which contained both a low total number of cases and limited scope of case categories.

After establishing the two domains of case requirements, 3C procedures (core, common, competent) and anatomic areas, we then established new minimum requirements. The domains are further detailed in Part 1 of this three-part series.

A year-long process was initiated to establish case minimums. Several resources were available for the RRC to review, including existing case log numbers by CPT code obtained through the ACGME ADS portal. Additionally, work had been done to survey residency program directors and early practice surgeons (Ref 1), comparing case log volumes during residency compared with case logs from ABOS Part 2 applications (Ref 2), as well as data regarding residents' independence for performing common orthopedic procedures (Ref 3).

1. Stotts AK, Kohring JM, Presson AP, Millar MM, Harrast JJ, Van Heest AE, Zhang C, Saltzman CL. Perceptions of the Recommended Resident Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons. J Bone Joint Surg Am. 2019 Jul 3;101(113):e63. doi: 10.2106/JBJS.18.00149. PMID: 31274728; PMCID: PMC6641477.

2. Kohring JM, Bishop MO, Presson AP, Harrast JJ, Marsh JL, Parsons TW 3rd, Saltzman CL. Operative Experience During Orthopaedic Residency Compared with Early Practice in the U.S. J Bone Joint Surg Am. 2018 Apr 4;100(7):605-616. doi: 10.2106/JBJS.17.01115. PMID: 29613930; PMCID: PMC6372220.

3. Kohring JM, Harrast JJ, Stotts AK, Zhang C, Millar MM, Presson AP, Saltzman CL. Resident Independence Performing Common Orthopaedic Procedures at the End of Training: Perspective of the Graduated Resident. J Bone Joint Surg Am. 2020 Jan 2;102(1):e2. doi: 10.2106/JBJS.18.01469. PMID: 31567668.

Focus groups were assembled from AOA-CORD to provide guidance to the RRC as the process moved forward. Now the proposed case logs are under open review for all AOA/CORD member residency programs until May 30, 2024.

Figure 1 shows the current case minimums by category for both CCC and anatomic area subgroups. Part three of this series will discuss updated policy regarding case logging and the way in which cases will be counted toward minimum categories.

Figure 1

Breadth of Orthopedic Surgery (Anatomic and Subspecialty areas)	**Depth of Orthopedic Surgery (3C procedures)**
Pelvis/Hip (285)	Operative management of Femoral Neck/IT fracture (60)
Femur/Knee (300)	Knee arthroscopy (60)
Leg/Ankle/Foot (155)	Primary TKA (50)
Shoulder (150)	Primary THA (50)
Humerus/Elbow (65)	Shoulder arthroscopy (50)
Forearm/Wrist/Hand (200)	Femur/Tibia IM nailing (50)
Spine (50)	Operative management of radius and/or ulna fracture (30)
	Operative management of rotational ankle fracture (30)
	Carpal tunnel decompression (20)
Pediatrics* (150)	Operative management of pediatric distal humerus fracture (15)
Oncology* (25)	Lower extremity major tendon repair (10)
	Lower Limb amputation (5)
	Fasciotomy (5)
	Prophylactic fracture fixation (5)
	Closed management of fracture/dislocation with manipulation* (150)
	Irrigation and Debridement (fractures, joint/arthroplasty sepsis)*(50)
	Deep metal removal* (25)
	Application of external fixator*(5)

*These cases do not count towards anatomic areas. All other 3C cases do also count toward anatomic areas.

Importantly, the increased total case volume with the new minimums are not because the ACGME review committee believes that residencies are not currently providing residents with adequate surgical training and case volume. Instead, the RC wants case minimums to reflect the appropriately high standards for orthopedic surgery training already in place and ensure that any new programs are able to meet these same standards.

As with any new metric, revisiting the results is, in many ways, more important than initial benchmarks. Therefore, we plan to have ongoing evaluation of these new minimums over the next few years to ensure that they represent high but attainable benchmarks for residency training programs. The orthopedic RC will not initially be issuing citations based on case minimums and will be using logging data to determine any necessary changes to the new minimums.

This article is the second of a three-part series outlining the upcoming changes addressing the new ACGME orthopaedic surgery case minimum requirements. Please join us at the 2024 Summer CORD Conference in St. Louis for further review and discussion.

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