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

Requirement Revision (significant change only):

To provide an adequate interdisciplinary educational experience, the institution that sponsors the orthopaedic program should also participate in ACGME-accredited programs in general surgery, internal medicine, and pediatrics. (Core)

To request an exception, programs should submit a plan for how the intent of the requirement will be met. (Core)

Specialty Background and Intent: The intent of this requirement is to promote and ensure interdisciplinary education, since these specialties are regularly involved in the collaborative care of the same patients. Residents who learn together also learn the value that each discipline contributes to each patient’s care, and the result is more team-based care, a national goal espoused not only by the ACGME, but also the Institute of Medicine (IOM) and other organizations.

1. Describe the Review Committee’s rationale for this revision:
   The requirement for the three identified ACGME-accredited specialty programs has been a long-standing requirement to ensure interdisciplinary education, and generally is interpreted to mean that the Sponsoring Institution must also sponsor ACGME-accredited programs in those three specialties. The Review Committee will consider other approaches to providing this learning environment. Because each program's situation is unique, there are no hard rules for what would be an acceptable alternative proposal.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The intent of the requirement is to promote and ensure interdisciplinary education and thus to inculcate a team-based approach to patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   A team-based approach to patient care is expected to positively impact 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?
   Programs applying for accreditation will need to ensure the availability of residents from the listed specialties. Currently accredited programs that make changes in participating sites where the sites are providing the required exposure to residents from other specialties may need to submit a plan for how the intent of the requirement will be met.

5. How will the proposed revision impact other accredited programs?
None anticipated


Requirement Revision (significant change only):

There must be an educationally necessary benefit available exclusively at a distant site to justify a rotation there. *(Core)*

Residents at distant participating sites must attend and participate in regularly scheduled and held teaching rounds, lectures and conferences. On average, there must be at least four hours of formal teaching activities each week. *(Detail)(Core)*

There must be local faculty present and facilitating all didactics for the four-hour-per week requirement. *(Core)*

The program director must be located at a site that allows direct and frequent interaction with all residents. *(Core)*

The addition of any participating site must be approved by the Review Committee prior to assigning any residents to that site. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   These requirements clarify expectations for criteria regarding the use of distant sites. New requirement I.B.5.a) was derived from a current FAQ. Current requirements IV.C.6.c) and IV.C.6.c).1) (both categorized as Core requirements) already specify that faculty members and residents must attend and participate in didactics and that there must be at least four hours of formal teaching activities each week. The change in categorization from Detail to Core for current requirement I.B.5.b) and new requirement I.B.5.b).1) clarify that didactics at distant sites must also meet similar requirements. New requirement I.B.6. reiterates the message that pops up when a new site is added in the Accreditation Data System (ADS). Adding this as a requirement will provide more transparency to programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This is expected to improve resident education by ensuring the quality of didactics with participation of faculty members during rotations to distant sites.

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 #: I.D.4.a)-I.D.4.a).1)
**Requirement Revision (significant change only):**

There must be cases distributed across all anatomic areas that are of sufficient volume for residents to meet requirements for the breadth, depth, acuity, and pathology of patient care experiences and outcomes.  

This must include pediatric cases and oncology cases.

1. Describe the Review Committee’s rationale for this revision:  
   While the Committee has always required evidence of clinical resources, there currently is no related resource requirement. These new requirements address this deficiency.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   The requirement will ensure sufficient clinical resources that will improve resident education.

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 receive a citation for insufficient resources may need to provide additional resources, such as new faculty members or services.

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

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**Requirement #: II.A.2.a)-(II.A.2.a).(1)**

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

Programs approved for a total complement of more than 25 residents must have an associate program director.

The associate program director must be provided with salary support required to devote five percent of non-clinical time for the administration of the program for each additional 10 residents.

1. Describe the Review Committee’s rationale for this revision:  
   The related Common Program Requirement states that the program director must be provided with salary support for 20 percent FTE of non-clinical time for program administration. The new requirement for an associate program director with salary support for larger programs recognizes that larger programs require more administrative time, and that a busy orthopaedic surgeon functioning as a program director is unlikely to be able to devote more than 20 percent time to the program and still maintain a busy clinical practice and reasonable work-life balance.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Ensuring sufficient administrative support for the program is expected to ensure high quality resident education.

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 with larger programs will need to provide financial support for an associate program director.

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

n/a

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

Requirement Revision (significant change only)

CPR II.A.3 Qualifications of the program director:

The Review Committee for Orthopaedic Surgery accepts only ABOS and AOBOS certification for the program director. (Core)

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

The committee believes that certification is one important objective metric for future preparation as a 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 residents 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.4.c)-II.B.5.

Requirement Revision (significant change only):
There must be at least one certified orthopaedic surgeon core faculty member located at the primary clinical site for every four active residents in the program. (Core)

An associate program director, if present, must have current certification in the specialty by the ABOS or the AOBOS, or be on a path to 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 resident education. This is particularly important for faculty members the program director designates as “core faculty,” since these individuals are critical to the success of resident education. The associate program director – like the program director – serves as a role model and mentor for residents, and therefore is expected to be certified or be on a path towards achieving certification.

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 residents 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.C.2.a)-c)

Requirement Revision (significant change only):
Common Program Requirement II.C.2. At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time. (Core)

For programs with an approved complement of more than 10 residents, there should be institutional support for a full-time equivalent orthopaedic surgery program coordinator designated specifically for orthopaedic surgery residency program surgical education. (Core)

Programs with an approved complement of 10 or fewer residents seeking to assign to the coordinator limited additional duties unrelated to program administrative needs must first obtain approval from the Review Committee. (Core)

Programs with more than 20 residents should be provided with additional administrative support. (Detail)(Core)

1. Describe the Review Committee’s rationale for this revision:
This requirement revision specifies that the full-time equivalent coordinator must be designated for the residency program. New requirement II.C.2.a).(1) is derived from a current FAQ that recognizes the special challenges that smaller programs have with limited resources.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirements are intended to ensure the program has sufficient administrative support for all aspects of resident education.

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 may need to provide additional support if they do not currently provide support for a full-time coordinator.

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

Requirement #: IV.B.1.b).(2).(b).(iv)

Requirement Revision (significant change only):
PR IV.B.1.b).(2).(b) Residents must demonstrate competence in their ability to:

provide health care services aimed at preventing health problems or, including opioid addiction in the management of acute and chronic pain, and maintaining health. (Core)

1. Describe the Review Committee’s rationale for this revision:
Common Program Requirement IV.C.2. requires that programs provide instruction and experience in pain management, including recognition of the signs of addiction. Review Committees are allowed to further specify. Because pain management is a critically important aspect of the practice of orthopaedic surgery, the Review Committee chose to further specify in the form of a required patient care competency.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed requirement will ensure that residents are competent in the medical aspects of pain management.

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)-IV.C.1.c)

Requirement Revision (significant change only):
Common Program Requirement IV.C.1. The curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity. (Core)

The program must provide opportunities for graduated responsibility with a consistent group of supervising surgeons who have repeated clinical relationships with residents over the course of their educational program. (Core)

The program structure should promote opportunities for near-peer learning by encouraging mentee-mentor relationships between more junior and senior residents on most rotations. (Core)

Schedules with isolated residents at the junior level on a service must be avoided. (Core)

Each clinical rotation during PGY-2-5 should be at least two months in length, and must be at least six weeks in length. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The Committee has been using guidelines that were developed for reviewing the curriculum structure of new program applications. The guidelines were intended to ensure that residents have the required non-operative outpatient experiences, supervised by faculty members, that are already specified in long-standing current requirements for clinical experiences (IV.C.7.b)-IV.C.7.b).(3)). These guidelines were converted into new proposed requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Attention to the learning environment will improve resident education by ensuring resident well-being and patient safety by ensuring adequate supervision.

3. How will the proposed requirement or revision impact continuity of patient care?
   By requiring a longer rotation length for PGY-2-5 rotations, residents are more likely to have opportunities to follow the same patients throughout the continuum of 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.C.5.c)

Requirement Revision (significant change only):
The program must provide disaster preparedness and mass casualty education and training. 

(Core)

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

   Mass casualty events and disasters occur with increasing frequency. Broadening the base of personnel who understand the fundamentals of disaster response will serve to mitigate the potential damage. Some of those exposed to this training will then likely pursue further involvement. Hospitals are already required to have disaster management plans. Integrating orthopaedic surgery into these plans will make the response to orthopaedic casualties more effective. The new requirement is intended to ensure that orthopaedic surgery residents (and by extension the members of the faculty) get exposure to at least the fundamentals of disaster management before a disaster occurs. The committee will provide a short list of suggested resources for programs to use to incorporate disaster response into education and training as part of the professionalism and medical knowledge curriculum.

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

   Resident education will be enhanced and residents’ ability to provide better patient care in the event of a disaster/mass casualty event will improve.

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?

   None anticipated

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

   n/a

Requirement #: IV.C.5.d)

Requirement Revision (significant change only):

The program must provide each resident with at least 60 days of protected time for research.

(Core)

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

   There have been long-standing requirements for resident scholarly activity (see current Program Requirements IV.D.3.a).(1)-IV.D.3.a).(1).(d), but there have not been requirements for programs to provide time for scholarly activity. This created the possibility that residents – especially those in very clinically busy environments – have had to meet the scholarly activity requirements by using time outside of the work hour limits, with a potential negative impact on their well-being. The proposed new requirement specifies a minimum of 60 days that can be provided in a variety of ways by programs according to their unique circumstances.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
By ensuring that all programs provide identified protected time for research, resident well-being is expected to improve.

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?
   The addition of physician extenders may be needed by some programs to cover busy clinical services in order to provide protected time for resident research.

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

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

Requirement Revision (significant change only):

Resources must be sufficient to ensure that faculty members are involved in scholarly activity that is disseminated through peer-reviewed publications, chapters, or grants. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The proposed requirement reflects the current expectation for dissemination of faculty scholarship. The topics that are the subject of scholarly activity may be any of those domains listed in Common Program Requirement IV.D.2.a), and dissemination may include other methods in addition to peer-reviewed publication, as indicated in Common Program Requirements IV.D.2.b).(1)-(2).

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Continued emphasis on a scholarly approach to learning by both faculty members and residents will ensure the realization of the Review Committee’s goals for residency education: the development of technical competence; the ability for self-analysis of practice; and the preparation for lifelong continuous quality improvement.

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?
   Programs that do not currently provide sufficient resources for scholarly activity may need to obtain such resources. Examples include adding a director of research, providing on-site statistical expertise, or developing a local Institutional Review Board (IRB).

5. How will the proposed revision impact other accredited programs?
Resources provided for an orthopaedic surgery program might be shared with other programs and improve their scholarly activity.

### Requirement #: IV.D.3.a).(2)

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

At least 25 percent of residents must be involved annually in scholarly activity that is disseminated through peer- or non-peer reviewed publications, chapters, abstracts, or presentations. *(Core)*

1. **Describe the Review Committee’s rationale for this revision:**
   
   The proposed requirement reflects the current expectation for dissemination of resident scholarship and is much lower than that expected of faculty members. All currently accredited programs meet these criteria for resident scholarly activity.

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

   Continued emphasis on a scholarly approach to learning by both faculty members and residents will ensure the realization of the Review Committee’s goals for residency education: the development of technical competence; the ability for self-analysis of practice; and the preparation for lifelong continuous quality improvement.

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?**

   Programs that do not currently provide sufficient resources for scholarly activity may need to obtain such resources. Examples include adding a director of research, providing on-site statistical expertise, or developing a local IRB.

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

   Resources provided for an orthopaedic surgery program might be shared with other programs and improve their scholarly activity.

### Requirement #: V.A.1.b).(3)

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

Residents’ Case Logs must be monitored quarterly and should be monitored more frequently to ensure residents are entering cases into the ACGME Case Log System in a timely manner. *(Core)*

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

   Frequent monitoring of resident case logs will ensure a more timely and accurate record of resident procedural experience.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   **Accurate case logs for program graduates will provide better data for the Review Committee to use in its annual assessment of programs.**

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 #: V.A.1.d).(1).(a)**

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

Semiannual assessment must include a review of case volume and breadth and non-surgical clinical experience, and must ensure that residents are entering cases into the ACGME Case Log System in a timely manner. (Core)

1. Describe the Review Committee's rationale for this revision:
   The new requirement reflects the importance that the Review Committee places on the development of non-surgical clinical competence as part of resident education. Current requirements IV.C.7.b)-IV.C.7.b).(3) requires these experiences but assessment is required in order to ensure the quality of the experiences and development of related competencies.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   **Frequent assessment will identify learning gaps and recognize progression in non-surgical competence.**

3. How will the proposed requirement or revision impact continuity of patient care?
   **The need for improved continuity of patient care may be identified through assessment of non-surgical clinic experiences of residents.**

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 #: VI.E.2.a)**

**Requirement Revision (significant change only):**
As members of the interprofessional health care team, residents must have key roles in diagnostic work-up, operative procedures, treatment decisions, measurement of treatment outcomes, and the communication and coordination of these activities with program faculty members and referring sources. *(Care)*

**Specialty Background and Intent:** Physicians from other specialties, such as infectious disease, neurological surgery, and physical medicine and rehabilitation; advanced practice nurses; certified registered nurse anesthetists (CRNAs); child-life specialists; discharge planners; nurses; nutritionists; OR technicians; pharmacists; physical and occupational therapists; physician assistants; psychologists; radiology technicians; cast technicians; orthotists; respiratory therapists; and social workers are examples of professional personnel who may be part of interprofessional teams. The Review Committee recognizes that the needs of specific patients change with their health statuses and circumstances. The Review Committee’s intent is to ensure that the program has access to these professional and paraprofessional personnel, and that interprofessional teams be constituted as appropriate and as needed, not to mandate that all be included in every case/care environment.

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

   The Common Program Requirement revision of Section VI (approved in 2017) included specific requirements for teamwork, and Review Committees were asked to specify expectations for teams to address such issues as team composition, education, and/or resident role(s) in teams. The Review Committee did this in an FAQ. The part of the FAQ that specifies expectations for the role of residents in interprofessional teams was converted to a requirement, since teamwork is an essential aspect in the care of orthopaedic surgery patients and therefore an essential skill to be learned and practiced by residents. The remaining part of the FAQ was placed into the Requirements document as Background and Intent to ensure this important element is considered by programs in planning their curriculum.

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

   Emphasizing the importance of teamwork experiences will improve resident education and the quality of 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