ORTHOPAEDIC
— TRAUMA —
ASSOCIATION

Fellowship Program Accreditation Requirements for the Orthopaedic Trauma Match

---

Two distinct pathways will meet educational quality standard requirements for participation in the Orthopaedic Trauma Association (OTA) Orthopaedic Trauma Fellowship Match.
Either: (1) **ACGME Accreditation** of an Orthopaedic Trauma Fellowship Program OR
(2) **OTA Accreditation** of an Orthopaedic Trauma Fellowship Program. Fellowship Program requirements and procedures for OTA Fellowship Accreditation are outlined in this document.

PATHWAYS TO ORTHOPAEDIC TRAUMA FELLOWSHIP PROGRAM ACCREDITATION

I. ACGME Fellowship Program Accreditation

Programs receiving ACGME Fellowship Program Accreditation are eligible for the OTA Match (and need not also apply for OTA Fellowship Program Accreditation).

Procedure
In January, programs which choose to pursue ACGME accreditation for the Match must submit to the OTA a copy of the ACGME program application PIF.

Details regarding the ACGME accreditation process are available at:
http://www.acgme.org/acWebsite/home/Accreditation_Application_Process.asp
and detailed requirements for orthopaedic trauma can be reviewed here:
www.acgme.org/acWebsite/downloads/RRC_progReq/269pr702_u704.pdf

The application fee (initial) of $5,500 includes a mandatory site visit for all new fellowship programs. ACGME acknowledges it takes 6-12 months to arrange and complete the site visit and additional administrative time for formal approval. Yearly renewal costs $3,500.
(Note: fees are subject to change, check with the AGCMG for the latest information).

II. OTA Fellowship Program Accreditation

The following quality standard requirements will qualify a program as an OTA Accredited Fellowship Program.

A. Program Requirements

1) Institution is a State or ACS approved Level 1 or 2 Trauma Center

2) Program case list demonstrating a minimum of 400 operative orthopaedic cases (CPT codes) per trauma fellow (with fellow as primary or first assistant). 300 of the cases must be from the qualifying trauma case list (see attachment 1)

3) $2,000 accreditation application fee or yearly renewal fee

Procedure

In January, each training site must submit a list of qualifying orthopaedic cases performed during the prior academic year by their trauma/teaching faculty with verification letter from OR administration, medical records officer, or other similar officiate. This minimum case number reporting will be required with initial application, and with each increase of offered fellowship positions. Qualifying orthopaedic trauma cases are listed in Attachment 1.

In April, each Fellowship Program will be invoiced $2,000, for annual accreditation or annual accreditation renewal, and must submit payment and verification of trauma center level.

B. Faculty Requirements

In order to maintain high fellowship program educational standards, the faculty to fellow ratio will be 2:1 for the first fellow at each training site, with required qualifications listed in #1 below. Sites can train 1 additional fellow for each additional trauma faculty, with the required qualifications listed in #2 below.

1) The Fellowship Program Director and at least one additional faculty member must be an OTA Active Member, or alternatively must meet the following requirements:

    a) Be certified by the American Board of Orthopaedic Surgery, the American Osteopathic Board of Orthopaedic Surgery, or the Royal

College of Surgeons of Canada-Orthopaedics and hold a current certificate.

b) Be a Fellow of the American Academy of Orthopaedic Surgeons, the Canadian Orthopaedic Association or the American Osteopathic Association.

c) Be a citizen of or in practice in the United States or Canada.

d) Act as the lead author of at least one, or co-author of at least three, scientific publication(s) in the field of or related to orthopaedic trauma, published in a peer reviewed journal within the forty-eight months immediately preceding the July 1st application deadline.

e) Spend 50% of his/her professional time in clinical practice, teaching and/or research regarding matters directly related to orthopaedic traumatology.

f) Maintain a full and unrestricted license to practice medicine in the United States or Canada or give evidence of full time medical service in the federal government, which does not require licensure.

g) Must be actively participating in their hospital call panel and personally provide emergency on-call services.

2) Additional Faculty Member(s) requirements (needed to meet requirements for each additional fellow), include either OTA Active or OTA Clinical Membership, OR alternatively may meet the following requirements:

a) Be certified by the American Board of Orthopaedic Surgery, the American Osteopathic Board of Orthopaedic Surgery, or the Royal College of Surgeons of Canada-Orthopaedics and hold a current certificate.

b) Be a Fellow of the American Academy of Orthopaedic Surgeons, the Canadian Orthopaedic Association or the American Osteopathic Association.

c) Be a citizen of or in practice in the United States or Canada.

d) Spend 50% of his/her professional time in clinical practice, teaching, and/or research regarding matters directly related to orthopaedic traumatology.

e) Maintain a full and unrestricted license to practice medicine in the United States or Canada or give evidence of full time medical service in the federal government, which does not require licensure.

f) Must be actively participating in their hospital call panel and personally provide emergency on-call services

Procedure

In January, a roster of qualified faculty must be submitted with match registration materials. Special exceptions to faculty requirements can be submitted for consideration to the Match Sanctions Committee. Candidate members of the OTA will not count toward faculty as they may lack adequate experience to properly mentor fellows.

C. Educational Requirements

1. Each program will be required to provide an educational curriculum provided by the trauma faculty for the trauma fellow(s). Although fellows may participate in resident educational activities, this is not an acceptable replacement for the fellow level trauma curriculum. The curriculum should be designed to include regular educational conferences, pre and post operative conferences, as well as morbidity and mortality conferences and journal club. While residents do not need to be excluded from these conferences, the depth and breadth of the education must be at an appropriate level for fellowship training.

2. The curriculum should include, but will not be limited to, advanced instruction in principles of orthopaedic trauma including: a) basic science of trauma, b) damage control and care of the severely injured patient, c) indications for various types of internal and external fixation, d) management of severe soft tissue injuries and compartment syndrome, e) indications for limb salvage, f) diagnosis and management of complications, and g) current research methods in orthopaedic trauma. In addition, specific education on the business aspects of an orthopaedic trauma practice is strongly encouraged.

Procedure

In January, a detailed description of the educational curriculum will be submitted to the OTA Business Office, and in subsequent years, will be submitted annually with match registration renewal materials.

D. Research

Fellows should be encouraged to take an active part in ongoing or new basic science or clinical research. Research effort and education regarding critical evaluation of the literature should represent an important element of trauma training. Fellowship programs are strongly encouraged to incorporate a research requirement into their curriculum. This research should preferably culminate in projects that result in one of the following:

a. Production/submission of a publication quality manuscript

b. Production of an abstract suitable for submission to a national meeting.

c. An IRB or Animal Care Committee application completion/submission.

Procedure

While a research component is strongly encouraged, submission of research project status is not required.

E. Surgical Clinical Responsibilities of Fellows

The fellowship program will provide a large and appropriate surgical volume of orthopaedic trauma cases. Each fellow must use the OTA or the ACGME case management system to keep a complete and current log of all of the surgical cases in which they actively participate either as primary surgeon or first assistant. Each fellow must log a minimum of 400 cases (CPT codes) over the academic year. A minimum total of 300 must be from the Qualifying Trauma Cases list (see attachment 1). For all cases, an identifiable, faculty member of the orthopaedic trauma program is expected to be available for both supervision and consultation.

Procedure

Fellows participating in an OTA Accredited Fellowship Program will submit a case log to the OTA online case recording database. Fellows will record only cases in which they are primary surgeon or first assistant. For multiple procedure cases, the fellow may list each unique procedure separately. The fellowship director will enforce full compliance

with completion of this log. Completed case logs will be due August 1st of each year.

OTA staff will perform an annual review of case logs from the prior academic year at the time of Fellowship Program match enrollment to ensure compliance with the list of qualifying orthopaedic trauma cases (Attachment 1), and case distribution requirement. Programs with fellows reporting deficient case profiles will receive a letter from the Match Sanctions Committee and be given a single year to correct deficiency prior to being removed from the match.

F. Non Surgical Clinical Responsibilities

A representative clinical schedule for the fellow must be submitted to the OTA with the initial application materials. Each fellow must actively participate in trauma call. Additionally, fellows must participate in outpatient care so that outcomes of treatment can be evaluated. In both these situations, an identifiable, faculty member of the orthopaedic trauma program is expected to be available at all times for both supervision and consultation.

Procedure

In April, the following information will be submitted by each Fellowship Program with match registration materials.
(1) Monthly call schedule from the prior academic year
(2) Call schedule of the trauma fellow
(3) Template of a daily schedule for the trauma fellow (including time for clinical responsibilities)

G. Evaluation Process

1. Evaluation of the Fellow

   The fellowship director must conduct a confidential evaluation of each fellow on a semi-annual basis, using objective assessments of patient care, medical knowledge, and technical skills. In addition, the fellowship director must provide a final evaluation upon completion of the program. The evaluations will be maintained at each training site as part of the fellow's permanent record, and must be accessible for review by the fellow in accordance with institutional policy, as well as by the OTA Fellowship Committee or Sanctions Committee upon request.

2. Evaluation of the Faculty
   Each fellow must evaluate individual faculty members on an annual basis. This should include a review of teaching abilities, commitment to the educational program, professionalism, and commitment to research.

3. Evaluation of the Program
   The fellowship director must complete an annual evaluation of the program to include volume of cases, as well as resources the institution makes available to the program. The fellow(s) must also complete an evaluation of the program on completion of the fellowship year.

Procedure

All faculty and program evaluations will be maintained by the director and made available for review by the OTA Fellowship Committee and the OTA Fellowship Sanctions Subcommittee. Completion of all evaluations is required prior to receipt the OTA Fellowship Diploma.

H. Fellowship Program Graduation

Each graduating class will be announced at the Annual OTA meeting (October) and diplomas will be available following the meeting. To be on the list the fellows must have submitted their case logs, have provided confirmation of passing ABOS Part 1 exam, or equivalent certifying board exam, and have verification from their program director of completion of all required evaluations.

Procedure

In August, the OTA Business Office will send an on-line form which must be completed verifying completion of the above.

I. Implementation Timeline (see current year timeline at: www.ota.org)

April 2012 – Fellowship Programs notified of inaugural accreditation process/match requirements

April– Fellowship Programs register for the forthcoming match cycle **(i.e.,** register in April 2013 for match in 2014, for training beginning 2015), and must submit/meet all new program requirements. Programs who do not meet requirements will be notified they are not in compliance, and will be permitted to participate in the forthcoming match cycle, but will be on match probation.

April – Any Fellowship Program not ACGME or OTA Accredited will not be permitted to register for the match (for training beginning).

Attachment 1: Qualifying Trauma Cases

11010 Debridement (incl f.b) of open fx/dislocation; skin & subcutaneous tissue
11011 Debride (incl f.b) of open fx/dislocation; skin, subcu tissue, muscle fascia & muscle
11012 Debride (incl f.b) of open fx/dislocat; skin, subcu tissue, muscle fascia, muscle & bone
15100 Split thickness autograft, trunk, arms, legs; 1st > 100 sq. cm.

GENERAL
20690 Application of uniplane, unilateral external fixation system
20692 Application of multiplane, external fixation system, eg. Ilizarov

GRAFTS AND MISC.
20900 Bone graft, small or dowel (for other than spine)
20902 Bone graft, any donor area, major or large (for other than spine)

SHOULDER
23480 Osteotomy clavicle without bone graft
23485 Osteotomy clavicle with bone graft
23515 Open Rx of clavicular fracture, ± internal/external fix
23550 Open Rx of acromioclavicular dislocation, acute/chronic
23585 Open Rx of scapula fx, ± internal fixation
23615 Open Rx of proximal humeral fracture ± tuberosities, ± fixation
23616 Open Rx of proximal humeral fracture ± tuberosities, w/ prosthesis
23630 Open Rx of greater tuberosity fracture, ± internal/external fixation
23900 Upper extremity forequarter amputation
23920 Shoulder disarticulation

HUMERUS AND ELBOW
24000 Elbow arthrotomy
24343 Repair lateral collateral ligament, elbow, with local tissue
24344 Repair lateral collateral ligament, elbow, with graft
24345 Repair medial collateral ligament, elbow, with local tissue
24346 Repair medial collateral ligament, elbow, with graft
24430 Repair humeral nonunion without bone graft
24435 Repair humeral nonunion with bone graft
24515 Open Rx of humeral shaft fx, w/ plates/screws, ± cerclage
24516 Open Rx of humeral shaft fx, w/ IM nail, ± cerclage, ± screws
24538 Percutaneous fixation supracondylar or transcondylar humeral fracture
24545 Open Rx humeral supracondylar (not intercondylar) fx, ± internal/external fix.
24546 Open Rx humeral supra- or intercondylar fx, ± internal/external fixation
24579 Open treatment humeral condyle facture, medial or lateral
24586 Open Rx periarticular fx / disloc elbow
24615 Open Rx Elbow Dislocation
24635 Open Rx Monteggia fx dislocation, ± internal/external fixation
24665 Open Rx radial head/neck fx
24666 Open Rx radial head fx, prosth implant
24685 Open Rx of proximal. ulnar fx (olecranon), ± internal/external fixation
24900 Amputation, arm through humerus, primary closure
24920 Guillotine amputation, arm through humerus, open, circular
24930 Amputation, arm through humerus, re-amputation

FOREARM AND WRIST
25020 Decompression fasciotomy, forearm ± wrist, flexor &/or extensor compartments
25360 Osteotomy Ulna

25400 Repair nonunion/malunion, radius OR ulna; w/o graft
25400 Repair nonunion/ malunion radius OR ulna without bone graft
25405 Repair nonunion/ malunion radius OR ulna with allograft
25415 Repair nonunion/ malunion radius AND ulna without bone graft
25420 Repair nonunion/ malunion radius AND ulna with allograft
25515 Open Rx radial shaft fx, ± internal/external fixation
25525 Open Rx Galeazzi fx and closed or percutaneous Rx distal radio-ulnar jt.
25545 Open Rx of ulnar shaft fracture, ± internal/external fixation
25574 Open Rx radius OR ulnar fx in a both bone fx; ± internal/external fixation
25575 Open Rx of radius AND ulnar fxs in a both bone fx; ± internal/external fixation
25606 Percutaneous fixation distal radius fracture
25608 Open treatment intraarticular distal radius fracture, internal fix of two fragments
25609 Open treatment intraarticular distal radius fracture, internal fix of three or more fragments
25900 Amputation forearm, through radius and ulna
25905 Guillotine amputation, forearm through radius and ulna, open, circular
25909 Amputation forearm, through radius and ulna, revision
25920 Disarticulation through wrist
25924 Disarticulation through wrist, re-amputation
25927 Transmetacarpal amputation
25931 Transmetacarpal amputation, re-amputation
26037 Hand fasciotomy

PELVIS AND HIP

27025 Fasciotomy buttock
27027 Decompression Fasciotomy(ies), pelvic (buttock), unilateral
27122 Girdlestone rocedure, acetabuloplasty, resection femoral head
27215 Open Rx iliac spine, tuber or wing fx (no ring disrupt), w/ internal fix
27216 Percutaneous fixation post pelvic ring fx/dislocation
27217 Open Rx anterior pelvic ring fx, w/ internal fixation
27218 Open Rx posterior pelvic ring fx, w/ internal fixation
27226 Open Rx post or ant acetabular wall fx, w/ internal fixation
27227 Open Rx one column or transverse acetabular fx, w/ internal fixation
27228 Open Rx both column, T-type or 1-column+wall acetabular fx, w/internal fix
27235 Percutaneous fixation femoral neck fx (fx not visualized)
27236 Open Rx femoral neck fx, w/ internal fixation or hemiarthroplasty
27244 Open Rx inter/per/sub-trochanteric femur fx, w/plate, screws, ± cerclage
27245 Open Rx inter/per/sub-trochanteric femur fx, w/IM nail, ± screws, ± cerclage
27248 Open Rx of greater trochanteric fracture, ± internal/external fixation
27254 Open Rx of hip dislocation w/acetabular wall fx, ± fixation

FEMUR AND KNEE

27146 Osteotomy iliac, acetabular or innominate bone
27165 Intertrochanteric/ Subtrochanteric osteotomy
27269 Open Rx of femoral fx, proximal end, head; includes internal fixation when performed
27290 Hemipelvectomy
27295 Disarticulation at hip
27310 Knee arthrotomy
27380 Suture of infrapatellar tendon; primary
27385 Suture of quadriceps or hamstring muscle rupture; primary
27430 Revision quadriceps - quadricepsplasty (eg, Bennett or Thompson type)
27470 Repair,nonunion or malunion,femur,distal to head & neck; without graft
27472 Repair,nonunion or malunion,femur,distal to head & neck; with graft
27496 Decompression fasciotomy thigh/knee, one compartment
27498 Decompression fasciotomy thigh/knee, multiple compartments
27502 Closed Rx femur shaft fx + manip, w or w/o skin or skeletal traction

27506 Open Rx of femur shaft fx w/IM nail, ± screws/cerclage/external fixation
27507 Open Rx of femur shaft fx w/plate/screws, ± cerclage
27509 Percutaneous fixation supra/trans/intercondylar femur fx
27511 Open Rx supra/transcondylar (not inter) femur fx ± internal/ external fixation
27513 Open Rx intercondylar femur fx, ± internal/ external fixation
27514 Open Rx femoral fx, distal end, med/lat condyle, ± internal/external fixation
27524 Open Rx patellar fracture, repair ± internal fix, ± part/complete excision
27532 Closed Rx tibial plateau fx; ± manipulation/traction
27535 Open Rx unicondlyar tibial plateau fx, ± internal/external fixation
27536 Open Rx biocidal tibial plateau fx, ± internal/external fixation
27540 Open Rx of intercondylar spine/tuberosity fx of knee, ±internal/external fix.
27590 Amputation, thigh, through femur, any level
27594 Amputation, thigh, through femur, any level; secondary closure or scar revision
27598 Disarticulation at knee
27598 Disarticulation at knee

LEG AND ANKLE
27602 Fasciotomy, leg anterior/lateral & posterior compartments
25607 Open treatment extraarticular distal radius fracture
27640 Partial excision (craterizaion, sauceization or diaphysectomy) bone; tibia
27650 Achilles tendon repair
27652 Achilles tendon repair with graft
27707 Osteotomy, fibula
27720 Repair of nonunion or malunion, tibia; w/o graft
27722 Repair nonunion tibia with sliding graft
27724 Repair of nonunion or malunion, tibia; with graft
27725 Repair nonunion tibia synostosis with fibula
27726 Repair nonunion fibula
27758 Open Rx tibial shaft ± fib fx, w/plate/screws, ± cerclage
27759 Open Rx tibial shaft ± fib fx, w/IM nail/screws, ± cerclage
27766 Open Rx medial malleolus fx, ± internal/external fixation
27769 Open Rx of posterior malleoulus fx, w/ internal fixation when performed
27784 Open Rx proximal fibula or shaft, ± internal/external fixation
27792 Open Rx of lateral malleolus, ± internal/external fixation
27814 Open Rx of bimalleolar fx, ± internal/external fixation
27822 Open Rx trimalleolar ankle fx, med & lat malleoli only, ± internal/external fix
27823 Open Rx trimalleolar ankle fx, including posterior malleolus, ± internal/external fix
27825 Closed Rx pilon fx, w/ traction or manipulation
27826 Open Rx pilon fx, internal/external fixation of fibula ONLY
27827 Open Rx pilon fx, internal/external fixation of tibia ONLY
27828 Open Rx pilon fx, internal/external fixation of tibia AND fibula
27829 Open Rx distal tibial-fibular syndesmosis, ± internal/external fixation
27832 Open RX proximal tibiofibular joint dislocation, w or w/o fixation or with excision
27880 Amputation leg, through tibia and fibula
27881 Amputation leg, with immediate cast, includes first cast
27882 Guillotine Amputation, leg, thru tibia & fibula; open, circular
27886 Amputation leg, through tibia and fibula, re-amputation
27888 Amputation ankle, through malleoli (Syme amputation)

FOOT AND TOES
28008 Foot fasciotomy
28406 Percutaneous skeletal fixation of calcaneal fx, with manipulation
28415 Open Rx calcaneal fx, ± internal/external fixation
28445 Open Rx of talus fx, ± internal/external fixation
28465 Open Rx of tarsal bone fx (not calcaneus or talus), ± internal/external fix, each

28476 Percutaneous pinning of metatarsal fx, w/manipulation, each
28485 Open Rx of metatarsal fracture, ± internal/external fixation, each
28496 Percutaneous pinning great toe fx, w/manipulation
28505 Open Rx of great toe fx, ± internal/external fixation
28525 Open Rx of phalangeal fx, lesser toes, ± internal/external fix, each
28555 Open Rx of tarsal bone dislocation, w or w/o internal/external fixation
28585 Open Rx of talotarsal joint dislocation, w or w/o internal/external fixation
28606 Percutaneous skeletal fx of tarsometatarsal joint dislcation, with manipulation
28615 Open Rx tarsometataral jt. dislocation (Lisfranc), ± internal/external fixation
28645 Open Rx of metatarsophalangeal joint dislocation, w or w/o internal/external fixation
28805 Amputation, foot; transmetatarsal