



**ORTHOPAEDIC
— TRAUMA —
ASSOCIATION**

Fellowship Program Accreditation Requirements for the 2014 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

By January 2013, programs which choose to pursue ACGME accreditation for the 2014 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 application and yearly renewal fee

Procedure

By January 2013, 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.

By April 2013, each Fellowship Program must submit with the registration materials, the annual match participation fee of \$2,000, 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

By April 2013, 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

By January 2013, 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 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

By April 2013, 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 of 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

By August 2014, the OTA Business Office will send an on-line form which must be completed verifying completion of the above.

I. Implementation Timeline

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

April 2013 – Fellowship Programs register for the 2014 match (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 2014 match, but will be on match probation.

April 2014 – Any Fellowship Program not ACGME or OTA Accredited will not be permitted to register for the 2015 match (for training beginning 2016).

Attachment 1: Qualifying Trauma Cases

Acetabular fractures 27226-27228

Open treatment hip dislocation with ORIF acetab. wall 27254

Pelvic ring fractures 27215 to 27218

Long bone fractures

femur 27506, 27507 (ORIF)

tibia 27759, 27758 (ORIF)

humerus 24515, 24516 (IM nail)

both bone forearm fractures 25575, one bone of BB forearm 25574

Radius 25515

Ulna 25545

Proximal femur

Hip fractures/dislocations 27244-45

Fem neck fracture 27235 and 27236

Girdlestone 27295

Femoral Head 27269

Greater trochanter 27248

Upper extremity periarticular fractures

Periarticular elbow 24586

Open rx elbow dislocation 24615

Proximal humerus 23615-20

Prox humerus fx hemi 23616

Clavicle 23515

Scapula 23585

Monteggia 24635

Radial Head/neck 24665-66

Galeazzi 25525

Distal radius 25606-9

Olecranon/coronoid 25685

Distal humerus 24545 (supracondylar), 24546 (intracondylar)

Lower extremity periarticular fractures

Distal femur 27511-27514

Proximal tibia 27535-27536

Patella 27524

Pilon 27826-27-28

ORIF prox tib/ fib joint 27832

ORIF intercondylar spine/ tuberosity 27540

Foot and ankle fractures

Calcaneus 28415, 28406 (perc. Calc)

Talus 28445

Tarsal 28465
Tarsal dislocation 28555
Talogtarsal dislocation 28585
Tarsometatarsal dislocation 28615, 28606 (perc)
Ankle 27766, 27769 27792, 27814, 27822, 27823 (trimal with post. Mal) 27829
Metatarsal fx 28476 (perc), 28485 (open)
Great toe fx 28496 (perc), 28508 (open)

Upper and lower extremity nonunions and deformity corrections

clavicle 23485
humerus 24430-35
radius and ulna 25400-05-15-20
pelvis 27146
perthrochanteric 27165
femur 27470-72
tibia and fibula 27720-22-24-25-26
Fibular ostectomy 27707

Soft tissue management cases

STSG 15000-101
Gastroc flap 15738
I&D open fx 11011-2
Quad and patellar tendon 27380-85
Foot fasciotomy 28008
Lower leg fasciotomy 27602
Thigh fasciotomy 27025
Buttock/pelvis fasciotomy 27027
Hand fasciotomy 26037
Forearm fasciotomy 25020
Elbow ligaments 24343-45
Achilles repair 27650
Knee and ankle ligament reconstructions 27405-07-09, 27427-28-29, 27556-57-58,
27695-96-98, 29888-89

Pediatric fractures

supracondylar 24539
lateral condyle 24579

Amputations-Lower extremity

Hemipelvectomy 27290
Hip disartic 27295
AKA 27590
Revise AKA 27594
BKA 27880
BKA with cast 27881
Guillotine 27882
Ankle disartic 27888

Trans met 28805

Upper Extremity

Forequarter 23900

Shoulder disartic 23920

Humerus 24900, 24920, 24930

Forearm 25900, 25905, 25909

Wrist 25920, 25925

Hand 25927, 25931

Quadricepsplasty 27430

External fixation, uniplanar, multiplanar, revision 20690, 20692, 20693, 20694, 20696

Knee and elbow arthrotomy 24000, 27310