ACGME Requirements
Review and Comment Form

Title of Requirements	Sections I-V of the Common Program Requirements (Residency) and Common Program Requirements (Fellowship)

Commenter Information

Name	Regis J. O'Keefe, MD, PhD, FAOA; Kristin Olds Glavin, Esq
Title	President; Executive Director
Organization	American Orthopaedic Association

Select [X] only one	
Organization (consensus opinion of membership)*	☒
Organization (compilation of individual comments)*	☐
ACGME Review Committee or Council	☐
Designated Institutional Official	☐
Program Director in the Specialty	☐
Resident/Fellow	☐
Other (specify):	☐

*An organization submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Consent

As part of the ongoing effort to encourage the participation of the graduate medical education community in the process of revising requirements, the ACGME may publish some or all of the comments it receives on the ACGME website. By submitting your comments, the ACGME will consider your consent granted. If you or your organization do not consent to the publication of any comments, please indicate such by checking the box below.

I do not give the ACGME consent to publish my comments ☐

Comments

The ACGME welcomes all comments, including support, concerns, or other feedback, regarding the proposed requirements.

Specific Comments

Comments related to (a) particular requirement(s) must be referenced by requirement number; any specific comments without an appropriate reference will not be considered. Add rows to the comment table as necessary.

Special Instructions for Common Program Requirements: The ACGME invites the community to comment on both the Residency and Fellowship versions of the Common Program Requirements. You may choose to comment on just one version, or to give feedback on both; ***please use only one form***. Note that in some areas, the exact language may not be the same between the two versions, and some requirements appear in only one version.

Please use the checkboxes in the table below to indicate for each comment whether your feedback is related to the Residency version, the Fellowship version, or both versions. (For example, you should check both boxes if you wish to comment on a difference between the two versions.) This will ensure that your feedback is attributed to the correct version.

If all of your comments relate to only one version, you may indicate here which version you have used in your review rather than checking the boxes separately in each row:

Residency version only ☐
Fellowship version only ☐

Note that Section VI of the Common Program Requirements is not open for comment. Only comments on Sections I-V will be reviewed.

Comments on Requirements		
Requirement Number(s)	**Version(s)**	**Comment/Rationale**
I.B	Residency ☒ Fellowship ☒	The PLA renewal every I0 years is an improvement but requires clarification. Consider an additional statement about the renewal process such as a timeline for notification about non-renewal or clarity that the renewal is automatic without notification at time X.
I.C V.C2	Residency ☒ Fellowship ☒	There is philosophical agreement with the principle but it is unclear why this should be included as a "core requirement".
ID I.D.2.c) I.D.3	Residency ☒ Fellowship ☒	The requirement should be for programs to act as advocates; the actual assignment of space is often out of programmatic control. They should not carry the end responsibility. This particularly applies to requirement I.D.2.c) (lactation support) which should be left to the Sponsoring Institution. Residency and fellowship programs could be required to provide evidence that they have tried to affect change where necessary. The significant concern for orthopaedic programs at all levels include adequate procedural resources (ex: dedicated space to facilitate skills training) and reasonable proximity to program conference sites to facilitate resident participation in education activities. Access for fellows applies for those programs where fellows carry a significant downward teaching role. Text for access to electronic medical literature should clarify whether this access is required while the resident is on site or on

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		an on-demand basis to reflect electronic security concerns.
I.F	Residency ☒ Fellowship ☒	We agree the adoption of Integrated Care Units necessitates the change in language to clarify roles at all levels of care. There should be clear standards set for the definition of "interference with the appointed fellow's education". At a minimum that should be available to RRC further specification.
II.A II.A.3.d)	Residency ☒ Fellowship ☒	The requirement of 20% FTE salary support is gratefully acknowledged, and we agree that attention to continuity and program stability is required. We benefit from our RRC requirement for experience as an associate program director or active faculty member in an ACGME-accredited program before taking the role of PD. We are pleased to see that adopted generally. II.A.3.d) should reflect a standard for time in clinical practice specifically as a faculty member (ie: must include a minimum of XX years of clinical practice in the specialty) or should clearly define "ongoing clinical activity" but should not be left as currently written.
II.A.4.a)5 & 6 II.A.4.a)9 II.A.4.a)15	Residency ☒ Fellowship ☒	We appreciate the language change from "approve" to "have the authority to…." in 5 &6. We would appreciate clarity for 9: is this providing residency applicants exactly the way the program meets eligibility requirements, or the % of graduates who exit the program Board Eligible? #I5 should clarify that this is the ACGME Program Director Guide (specialty, institutional or departmental varieties also exist) and provide a link to its location assuming that is the intent of the changes.
II.B.2.e)	Residency ☒ Fellowship ☐	"At least annually" should be changed to reflect the intent – faculty are required to pursue self-education in that role every year, and programs are required to report faculty development activities pursued by individual faculty members as part of the APE. The addition of the four domains is helpful, but it is not clear as to

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II.C.2: Residency		whether they are suggested or required, and if all four are required every year. Examples of acceptable internal or external activities in the ACGME Program Director Guide and providing a reference to it here would help. Adding the definition of core faculty is extremely useful. In our opinion this section does not go far enough to support program coordinators. We appreciate that the RRC can add very specific language but there should be some universal work standards. The work of a program coordinator depends largely on the number of residents, the number of faculty, and protected time to complete required administration and reporting. Program coordinators should also be allowed protected time for personal development similarly to PDs or faculty. Hourly standards should be set using the number of residents in a program as a scaled time requirement above 50% FTE.
II.C.2: Fellowship	Residency ☐ Fellowship ☒	There is no specified %FTE salary for Fellowship Directors in the CPR. The effort required by FDs is directly proportional to the number of fellows. Please consider a metric to recommend protected time in this area. We recommend universal work standards for Fellowship Administrators. Their work depends on the number of fellows, number of faculty, and whether they have shared responsibilities with residency programs. We suggest that in any situation they have specific support requirements for fellowship related activities.
III.C	Residency ☒ Fellowship ☒	It is our opinion that a summative competency-based performance includes milestones performance within the past six months. Milestones are discipline specific. We appreciate that the milestones scores reflect the program design and do not “grade” an individual, but they do reflect the training and curricular exposure the prospective transfer has experienced to date. This information is part of a summative evaluation and should be

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		important to determining the best fit into the intended program's curriculum. If the language is intended to ensure that milestones are current upon actual start of the new position the guideline should state that updated milestones have to be provided prior to matriculation.
V	Residency ☒ Fellowship ☒	We appreciate the specificity included in this section. The one place that would benefit from clarification is the listing of programmatic standards for meeting scholarly activity requirements – what applies, and what does the program have to report: communal activity, or individual? Intent to place the requirement at the programmatic level rather than towards individual faculty would be a significant improvement. We recognize and endorse the extended definition of independent practice for the fellowship community. It recognizes the advanced status of a fellow rather than a resident, as well as their capabilities and need for a strong technical skills component; it also allows our learners to continue to build their overall skills while pursuing more advanced training on one area of orthopaedics. This has been a significant issue in our specialty and this change is appreciated.
V.A.1.b)		**Resident and Fellow Evaluation:** A small point: we recommend matching V A.I.b).I & 2 to three months to avoid duplication of work.
V.A.1.d)		V.a.I.d).(3): Does this require formal documentation other than the semi-annual evaluation? Guidance in the CPR as to minimal requirements would be helpful. "Intervention" can mean a lot of things and clarity is extremely important to both the individual resident and the program.
V.B.1		**Faculty Evaluation:** There is no specific reference to the Program Director although previously the wording has changed to reflect a role for the PD in determining faculty roles (II.a). Clarification that this is a program leadership responsibility (Chairman, Vice Chair, PD, etc) as the language suggests would be helpful.
V.C.4.f)		**Program Evaluation:** Please consider a shift to 75% pass rate in V.C.4.f) to accommodate for smaller programs with less than 5 learners/year. The 80% disproportionately impacts that group.

General Comments

Please include only general or overall comments in this box. Comments about specific requirements must be included in the requirement comment table above and referenced by requirement number in order to be considered by the ACGME.

Overall concept thoughts:

There are clear improvements in the proposed Common Program Requirements consistent with everything known about the effective use of the Next Accreditation System. We appreciate language that allows individual programs to meet overall educational goals rather than responding to prescriptive curricular and other requirements. We would continue to support more attention to the diversity of residency programs with respect to the level of technical skills training but recognize that this version does more than previous iterations.

Diversity in educational approach is particularly important to orthopaedic fellowships. There are a wide variety of fellowship types and models within our specialty. We also benefit from a broader accreditation design and recognizing that our fellows are advanced learners relative to our clinical certification pathway.

The overall orthopaedic concern with the new Common Program Requirements for fellowships is the challenge inherent in that design. The lack of defined parameters for these requirements provides little clarity for what needs to be done which is a challenge for administration of smaller programs. This reverberates to the residency programs, where there is a sense of increased burden placed upon program directors and program coordinators.

These are laudable goals from a philosophical perspective, but the lack of defined parameters for these requirements provides no clarity for what needs to be done, which particularly overloads everyone involved in program administration. The new requirement that program directors carry clinical responsibilities suggests a perceived risk that the position is shifting to a purely administrative job; a better approach would be guarding against increasing process requirements that make it impractical to do both. The goal is to bridge the gap between reality and ideals.

Submission

All comments must be submitted via e-mail to cprrevision@acgme.org by II:59 p.m. Central on March 22, 20I8. Specific comments must reference the requirement(s) by number (per the applicable version of the document) as described above. All comments must be submitted using this form; comments submitted in another format will not be considered. For more information, see the ACGME Common Program Requirements In Revision page on the ACGME website.