



ACGME

Orthopaedic Surgery Update

Scott E. Porter, MD, MBA
Chair, Review Committee for Orthopaedic Surgery



Conflict of Interest Disclosure

Speaker(s): Scott Porter

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.



ACGME Mission

The Mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

[ACGME Mission, Vision, and Values](#)



Discussion Topics

- ❖ Review Committee and Staff Members
- ❖ Accreditation and Program Statistics
- ❖ Review Committee Update
- ❖ Procedural Logs
- ❖ ACGME Updates
- ❖ ACGME Resources



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Review Committee Members and Staff



ACGME President and CEO



Debra F. Weinstein, MD

Dr. Deb Weinstein assumed the role of ACGME President and Chief Executive Officer (CEO) on January 1, 2025.

Most recently served as Executive Vice Dean for Academic Affairs and Professor of Learning Health Sciences and Internal Medicine at the University of Michigan Medical School, and Chief Academic Officer for Michigan Medicine.



Review Committee Members

Scott E. Porter, MD, MBA,
Chair

Gregory P. Guyton, MD

Monica Kogan, MD

M. Daniel Wongworawat,
MD, Vice-chair

MaCalus V. Hogan, MD,
MBA

Daniel E. Krenk, DO

Brian Busconi, MD

Catherine Hutchison, MD,
Resident Member

Kimberly J. Templeton,
MD

Paul B. Gladden, MD

Scott Huber, Public
Member

Ann Van Heest, MD



Incoming Members Effective July 1, 2025

Melvyn A. Harrington Jr., MD
Currently at Baylor College of Medicine,
Houston, Texas (adult reconstruction)





ACGME Review Committee Staff

Kristen Ward Hirsch, MBA
Executive Director

Citlali Meza, MPA
Associate Executive Director

Jennifer Luna
Associate Executive Director

Stephanie Lose
Accreditation Administrator

Deanna Eallonardo
Accreditation Administrator

Lucy Nicholls
Accreditation
Data System
(ADS)



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Accreditation and Program Statistics



Program Statistics

Total Programs Accredited (AY 2023 – 2024)

Core 209

Fellowships 265

Pending Applications

Core 4

Fellowships 5

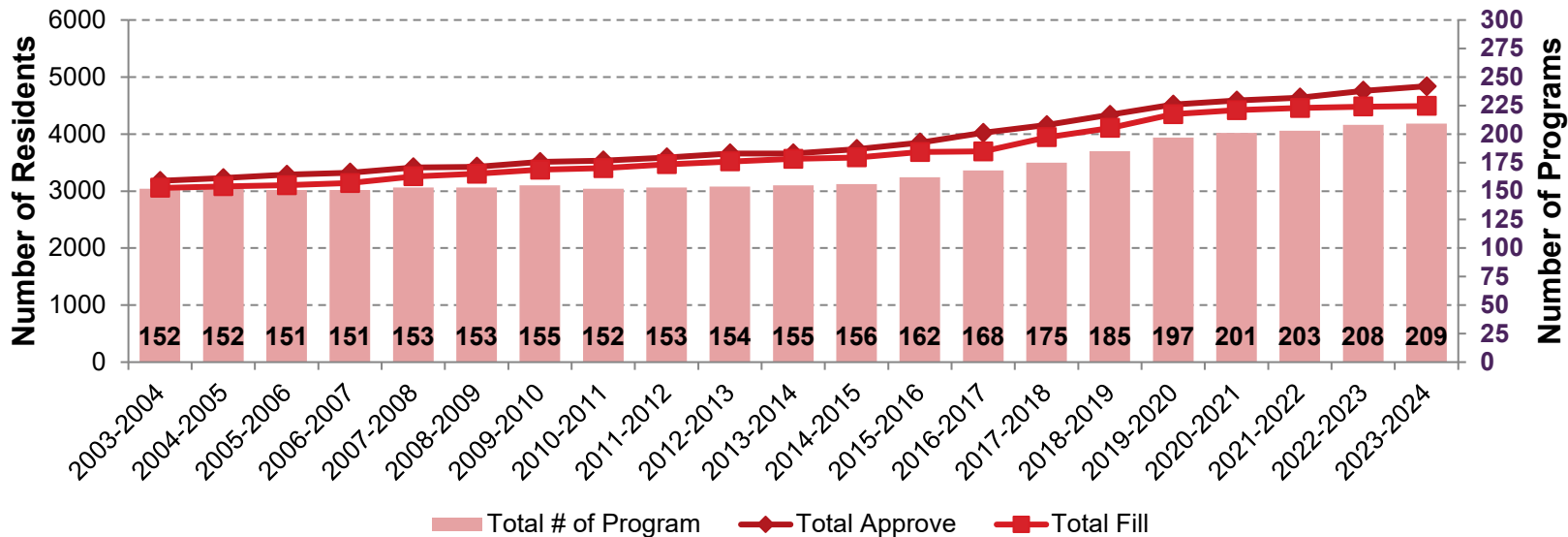


Accreditation Status (AY 23 – 24)

Specialty	TOTAL	Initial Accreditation	Continued Accreditation	Continued Accreditation with warning	Probationary Accreditation	Withdrawal of Accreditation
260 Orthopaedic Surgery (Residency)	209	10	193	3	1	2
261 Adult Reconstructive orthopaedics	26	3	23			
262 Foot and ankle orthopaedics	9	2	7			
263 Hand surgery (Orthopaedic Surgery)	73	1	72			
270 Musculoskeletal oncology	12		12			
268 Orthopaedic sports medicine	93	4	88	1		
267 Orthopaedic surgery of the spine	16	1	15			
269 Orthopaedic trauma	12		12			
265 Pediatric orthopaedics	24	1	23			



Program/Complement History: Orthopaedic Surgery – Core (2003-2024)

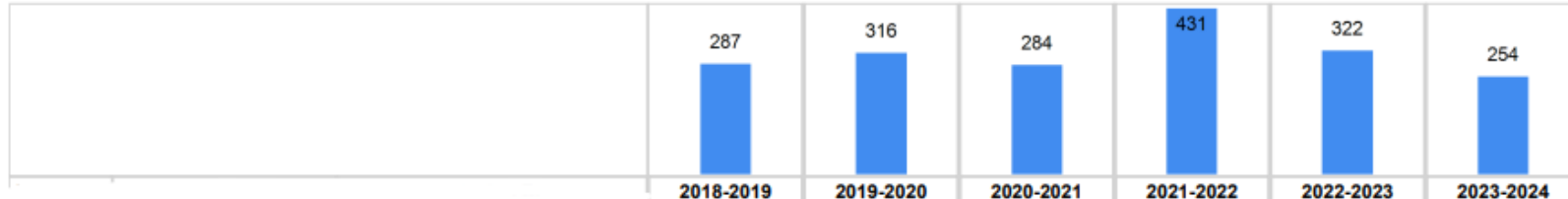




Citation Statistics by Academic Year (2018 – 2024)

Citation Statistics by Academic Year

Specialty: Orthopaedic surgery
United States





Citation Philosophy 2024-2027

- ❖ Recognition of the fact that most citations are generated from the surveys
- ❖ Surveys can be a challenge to interpret
 - Program with a real environmental or resource challenge
 - Program with an unhappy resident/fellow



Citation Philosophy 2024-2027

- ❖ Pledge to you: Greater attention to details with an intentional focus on determining what is really being presented to us through the surveys
 - Program with a real environmental or resource challenge
 - Program with an unhappy resident/fellow
 - Look at surveys in totality
 - Understand the influence of 1 resident in a 15-person residency vs. 1 in a 50-person residency
 - Intentionally identify trends or the lack thereof



Citation Philosophy 2024-2027

- ❖ Goal is fewer “unnecessary” citations allowing the RRC to focus more energy on assisting programs that truly have an issue(s)



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Review Committee Update – Procedure Log





Let's Take a Deep Breath...





Review Committee Update – Procedure Log



- ❖ Old case-log system is going away. It is being replaced by a new procedure-log system
 - **Case logs** are “anesthetic based”. Resident mentality was to log and receive credit for a case. Often this meant one case logged per patient anesthetic
 - **Procedure logs** are procedure based. A single case can generate as many procedures as was required to safely and effectively do the case.



Review Committee Update – Procedure Log



❖ Logic


- Part of continued effort to move towards a competency-based system
- Repetitions are not only the best teachers but also the best surrogates for measuring competency
- A procedure is no less important if it is done as a part of a larger patient-care episode/case
- Procedure log is a much more accurate and complete assessment of resident operative experience





Procedural Minimum Series





Orthopaedic Surgery


 [Case Minimum Changes: Part 1](#)

 [Case Minimum Changes: Part 2](#)

 [Case Minimum Changes: Part 3](#)

 [Case Minimum Changes: Part 4](#)

 [Case Minimum Changes: Part 5](#)

 [Case Log Minimums for Orthopaedic Surgery](#)

 [Case Log Statistical Reports](#)



Philosophy



- ❖ The previous minimums were a dipping of the toe into establishing minimums
 - Not an extensive list
 - Not a very high bar
 - No recognition of any facet of a procedure beyond the binary yes/no, it was done



Philosophy



- ❖ New procedure logs recognize that “competence” may be attained by exposure to a wide spectrum of procedures and to a group of key procedures to a greater depth than simple exposure



Philosophy



- ❖ This breadth of orthopaedic surgery is analogous to a liberal arts education, allowing a broad exposure to many areas of knowledge. Similarly,
 - Every resident should have exposure to every subspecialty area and anatomic area treated
 - No need to become an expert in each area
 - Exposure is necessary to help determine future subspecialty, cross-pollination of surgical specialties, well-rounded education



Philosophy



- ❖ Additionally, residents should also gain greater depth of experience in key procedures common to all of orthopaedics.
 - Common orthopaedic procedures that are core to our profession
 - Ideally, every resident should be competent in each of these at the time of graduation.
 - This group of **common**, **core**, and **competent** procedures are the **3C procedures**, which require a demonstration of depth of surgical skill for each orthopaedic surgery resident.



Biggest changes



VS

Category	Minimum
Knee arthroscopy	30
Shoulder arthroscopy	20
ACL reconstruction	10
THA	30
TKA	30
Hip fractures	30
Carpal tunnel release	10
Spine decompression/posterior spine fusion	15
Ankle fracture fixation	15
Closed reduction forearm/wrist	20
Ankle and hind and mid-foot arthro	5
Suprachondylar humerus perc	5
Operative treatment of femoral and tibial shaft fractures	25
All pediatric procedures	200
All oncology procedures	10

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)



Early Data



- ❖ Right now, there are 1994 total CPTs available in the case log system for orthopaedic surgery. They break down as follows:
 - 129 are in the list of “common” procedures
 - 797 are mapped to the core and/or anatomic categories
 - 797 are mapped to the pediatric category and eligible for pediatric credit if appropriate age is selected.



Timeline



- ❖ January 2025 – Release of the new procedure log template
 - Programs can review old data mapped to the new template
 - Nothing actionable
- ❖ July 2025 – Residents collect new procedures that are mapped to the new procedure log program in realtime
 - Simultaneous procedure data entry into the ACGME procedure log program **AND** the ABOS's KSB program



Timeline



- ❖ January 2026 – Ortho RRC winter meeting
 - First look at the data in the new system
 - ***NOTHING ACTIONABLE WILL RESULT FROM THIS DATA***
- ❖ July 2026 – Solid year of data collection in new system
- ❖ January 2027 – Ortho RRC winter meeting
 - Programs not in compliance will receive AFI's only



Timeline



- ❖ July 2027– 2 years of data collected in the system
- ❖ January 2028 – Ortho RRC winter meeting
 - Programs not in compliance will begin to receive AFI's vs. citations based upon factors to be determined at that time
 - Not meant to suggest ambivalence. Rather meant to allow flexibility in the issuance of AFI vs. citation.



Summary Points?

- No one has a true idea of what the residents are going to log in this new system going forward; the only thing anyone can be sure of is that the numbers are going to change
 - Procedures vs. cases
 - Unbundling will undoubtedly be (and should be) encouraged
 - KSB+ app makes logging the cases amazingly simple
- The system was amazingly thought-out though at times it may not appear as such



Summary Points?

- Time should be given to everyone to determine what their data will show: new data collection in an old environment
- Nonoperative cases are nonoperative...they do not fit into an operative procedure log
- Pediatric minimums do count towards the anatomic minimums; surgery is surgery and the anatomy of a child is often more closely aligned with classic study



New Procedural Log Minimums for Core Programs, FAQs, and Implementation

Scan for
details





Where to go for help?

Review Committee Staff

Kwardhirsch@acgme.org

cmeza@acgme.org

slose@acgme.org

- Program Requirements
- Letters of Notification
- Complement requests
- Procedural Log content

Milestones Staff

milestones@acgme.org

- Milestones

ADS Staff

ADS@acgme.org

- ADS
- Surveys
- Case Log System

Field Activities Staff

fieldrepresentatives@acgme.org

- Site Visit
- Self-Study



Upcoming Review Committee Meetings

❖ April 25-26, 2025 (deadline: March 14, 2025)
(Applications with completed site visits and non-accreditation status requests accepted)

❖ Fall TBD
(Applications and Initial Accreditation with completed site visits and increase in complement requests accepted)

Future meeting dates will be posted to the Orthopaedic Surgery webpage: <https://www.acgme.org/specialties/orthopaedic-surgery/overview/>



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Questions?
