

POSNA Fellowship Program Accreditation

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

Note: ACGME accredited programs will automatically qualify for POSNA accreditation. These programs need only provide proof of ACGME accreditation with the initial application and renewal along with the appropriate fees (see below).

A. Program Requirements

- 1) Program case list demonstrating a minimum of 250 operative orthopaedic cases per fellow (with fellow as primary or first assistant). At least 250 cases must be performed on patients \leq 18 years of age. (See Surgical responsibilities, Section E.)
- 2) Program should include an experience at a pediatric trauma center.
- 3) \$2,000 accreditation application fee and yearly renewal fee (\$1,000 for programs that are ACGME accredited)
- 4) Program must provide malpractice coverage (occurrence coverage or claims-made with tail coverage) for each fellow
- 5) Program must fulfill Annual Requirements for renewal.

Procedure

1. New Application for Accreditation: Required documentation:

- a. Each training site applying for **initial** accreditation must submit a list of operative pediatric orthopaedic cases performed during the prior academic year (July 1st through June 30th) by their 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.
- b. A roster of qualified faculty must be submitted. There should be an appropriate number of **both** Active and Candidate POSNA members on faculty to provide a broad educational experience for fellowship training. (Faculty Requirements, sections B1. and B2.)
- c. Detailed description of the educational curriculum (Educational curriculum, section C).
- d. Detailed description of the pediatric orthopaedic fellow's call responsibilities, inpatient and outpatient clinical activities (Clinical Responsibilities, section F).
- e. Any new application for POSNA Fellowship Accreditation must be submitted by **March 1st** for the upcoming match cycle, which begins in August that year. The POSNA Fellowship Training Committee will review all new applications and submit a decision to the program by **May 1st** each year.
- f. Once the program is approved, a \$2000 accreditation fee will be processed.

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2. Accreditation Renewal: Annual Program Requirements:

- a. POSNA Accredited Programs:
 - i. **Renewal** applications will require review of the actual case logs of the current academic year fellow(s).
 1. If the program is not currently training one or more fellows, and therefore no current case logs are available to review, an excel case list including all faculty is required from the previous academic year July 1st through June 30th. This affords review of faculty case volume and diversity of pediatric orthopaedic cases (trauma, congenital, etc.).
 - ii. **POSNA accredited programs** must submit a list of scholarly activity for all faculty completed in the previous academic year (July 1st through June 30th). This should include peer- reviewed publications, poster presentations, and presentations at national/international meetings. This is required every year during the renewal process.
 - iii. Any changes to the educational curriculum must be submitted during the renewal process. If there are NO changes to the curriculum, no documentation beyond what was described in the initial application process is required.
- b. ACGME accredited programs:
 - i. ACGME program verification letter must be submitted during the renewal process.
- c. In June, each Fellowship Program will be invoiced \$2,000, for annual accreditation renewal, and must submit payment. Programs having ACGME accreditation will be invoiced \$1,000 for initial POSNA accreditation or renewal.
- d. For **BOTH** POSNA and ACGME accredited programs, any changes to the faculty roster must be submitted during the renewal process. This includes **specifying** new faculty hires, faculty that have left the program, and faculty that have retired from clinical practice.
- e. The POSNA Fellowship committee reserves the right to request additional material from programs undergoing faculty or programmatic changes.

B. Faculty Requirements

In order to maintain high fellowship program educational standards, the faculty to fellow ratio must be at least 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 faculty, with the required qualifications listed in #2 below. Under no circumstances can trainee number (i.e. residents plus fellows) **exceed** the total number of faculty members with the required qualifications..

- 1) The Fellowship Program Director (and at least one additional faculty member) must be an **Active Member*** of POSNA, and 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. (The Fellowship Director cannot be board eligible).
 - b) 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 pediatric orthopaedics.

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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.

Please Note:

- The Fellowship Director CANNOT be a Candidate Active Member of POSNA.

-In unique circumstances, the fellowship program director may be an Associate or Affiliate member of POSNA. This must be approved by the POSNA Fellowship committee, based upon the program directors' credentials and extensive experience in the field of pediatric orthopaedics.

2) Additional Faculty Member(s) requirements (needed to meet requirements for each additional fellow), include POSNA Membership (Active, Affiliate, Candidate Active and Associate members), AND should 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 or be board eligible.

****Foreign Medical Graduates:** Orthopaedic surgeons trained outside of the United States or Canada are required to be in practice for 5 years before reaching board eligibility. They may be considered an acceptable faculty member if they have completed a POSNA accredited Pediatric fellowship training year and are on the Academic Pathway for future board certification (per ABOS rules).

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

c) Spend a **minimum 50%** of his/her professional time in clinical practice, teaching and/or research regarding matters directly related to pediatric orthopaedics.

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.

Fellowship Director Responsibilities:

In addition to the prerequisites listed above, each Program Director has the following responsibilities:

- Ensure compliance with all POSNA program requirements. The Program Director must oversee and ensure complete and accurate case log documentation by the fellow.
- Complete all required documentation as requested by POSNA in a timely manner.
- Ensure that the fellow's educational experience is not hindered by other learners, and that the fellow does not negatively impact the education of other learners such as residents, fellows, and students.
- Maintain an environment of scholarly inquiry and opportunity.
- Comply with the POSNA and SF Match Code of Conduct.

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- Notify the POSNA Fellowship committee about significant changes in the program within 1 month of the occurrence. This includes but is not limited to change in program director, addition/subtraction of core faculty, or fellow withdrawal.
- Notify matched applicants about loss of core faculty or any significant change to the educational program within 1 month. If significant changes occur after the interview but before the match, the program director must notify all applicants who interviewed.
- Clearly specify eligibility requirements to matriculate at the program. If the institution, fellowship, or state has specific requirements regarding licensing, privileging, malpractice insurance eligibility, visas, or other similar issues, this must be made clear to all applicants where possible, and when not immediately possible resources instead made available for fellows to access this up-to-date information.
- Clearly specify expectations regarding extent of independent practice. Applicants must be informed about expectations of serving in an attending capacity. Direct supervision, Indirect Supervision, and Oversight requirements for fellowship training must be defined, and ensured as per institutional policy at all times.

C. Educational Requirements

1. Fellows must complete a minimum of one full fellowship year in a POSNA accredited fellowship program. This year must include at least 46 weeks of clinical care and/or research. If the fellow is unable to complete the full year, the POSNA Fellowship Accreditation committee must be notified by the respective fellowship program. In such cases, the program must also submit an action plan designed for the fellow to fulfill any remaining fellowship obligations, which must also be approved by the POSNA Fellowship Accreditation committee.

2. Each program will be required to provide an educational curriculum provided by the pediatric orthopaedic faculty for the pediatric orthopaedic fellow(s). Although fellows may participate in resident educational activities, this is not an acceptable replacement for the fellow level 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. Fellow conferences should be held at a minimum of one day per week.

3.. The curriculum should include, but not be limited to, advanced instruction in the evaluation and management of pediatric orthopaedic conditions including a) normal growth and development, b) congenital and developmental MSK conditions, c) skeletal dysplasia's and genetic disorders, d) systemic conditions with MSK implications, e) neuromuscular conditions with MSK implications, f) MSK infections, g) MSK oncology, h) trauma and fractures, i) sports medicine, and j) region-specific diagnoses and treatments including spine, upper extremity, hip, lower extremity, and foot and ankle.

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D. Research/Scholarly Activity

Fellows should be encouraged to take an active part in ongoing or new projects, in the areas of basic science, clinical research, or quality improvement. Research effort and education regarding critical evaluation of the literature should represent an important element of pediatric orthopaedic 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

1. 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 pediatric orthopaedic cases. Each fellow must use a case management system to keep a complete and current log of all the surgical cases in which they actively participate either as primary surgeon (Level 1) or first assistant (Level 2). Each fellow must log a minimum of 250 cases over the academic year on patients ≤ 18 years of age*. For all cases, an identifiable, faculty member of the pediatric orthopaedic program is expected to be available for both supervision and consultation.

Procedure

Fellows participating in a POSNA Accredited Fellowship Program will submit a case log online. Fellows will record only cases in which they are primary surgeon (Level 1) or first assistant (Level 2). For multiple procedure cases, the fellow may list each procedure separately (CPT code), but each case will be considered unique. The fellowship director will enforce full compliance with completion of this log. Completed case logs will be due **July 1st** of each year, but fellows are required to log cases from August 1st through July 31st.

*Please note: The majority of cases logged must be for patients ≤ 18 years of age. However, as many pediatric orthopaedic fellowship programs and faculty care for patients between 18-21 years, fellows should include these cases in their case logs.

POSNA staff will perform an annual review of case logs from the prior academic year to ensure compliance.

F. Non-Surgical Clinical Responsibilities

A representative clinical schedule for the fellow must be submitted to POSNA with initial application materials. Fellows must participate in outpatient care so that outcomes of treatment can be evaluated. The outpatient experience should be a minimum of one full day per week. Fellows should also have an active trauma experience, ideally one which includes trauma call. In both these situations, an identifiable, pediatric orthopaedic faculty member is expected to be available at all times for both supervision and consultation.

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G. Evaluation Process

1. Evaluation of the Fellow by faculty

The fellowship director (and faculty) must conduct a evaluation of each fellow on a semi-annual basis, using objective assessments of patient care, medical knowledge, and technical skills. This evaluation should be discussed directly with the fellow in order to provide constructive feedback during the training process and at completion of the fellowship. The evaluations will be maintained at each training site as part of the fellow's permanent record for a minimum of 5 years, and must be accessible for review by the fellow in accordance with institutional policy, as well as by the POSNA Fellowship Committee or Fellowship Accreditation Oversight Committee upon request.

2. Evaluation of the Faculty by fellow

Each fellow must evaluate individual faculty members in a confidential manner on a minimum of an annual basis. This should include a review of teaching abilities, commitment to the educational program, professionalism, and commitment to research. The evaluations will be maintained at each training site for a minimum of 5 years and must be accessible for review by the POSNA Fellowship Committee or Fellowship Accreditation Oversight Committee upon request.

3. Evaluation of the Program by faculty

The fellowship director and faculty must complete an annual evaluation of the program to include educational program, volume of cases, as well as resources the institution makes available to the program. The evaluations will be maintained at each training site for a minimum of 5 years and must be accessible for review by the POSNA Fellowship Committee or Fellowship Accreditation Oversight Committee upon request.

4. Evaluation of the Program by fellow

Near the completion of the fellowship, each fellow must submit an evaluation of his or her program directly to the POSNA office for review by the fellowship committee. These anonymous evaluations will be administered directly by POSNA itself and will be in addition to any evaluations of the program requested by the program itself. These evaluations forms will be made available to each program after review by the committee.

We strongly advocate for an internal program evaluation/exit interview with your graduating fellows to discuss and facilitate any changes.

Procedure

Evaluations of the fellow by the faculty, evaluations of the faculty by the fellow, and evaluations of the program by the faculty will be maintained by the director and made available for review by the POSNA Fellowship Committee upon request.

Completion of the POSNA administered evaluation of the program by the fellows is required prior to receipt the POSNA Fellowship Diploma. Near completion of the fellowship, the fellowship director must

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complete and sign a letter for each fellow certifying proper completion of the fellowship program and readiness for graduation.

H. Fellowship Program Graduation

Each graduating class will be announced at the Annual POSNA meeting and diplomas will be available after completion of the fellowship. To receive a diploma, fellows must have submitted their case logs and their evaluations of the fellowship program. Verification from their program director demonstrating completion of all program requirements is also necessary.

Procedure

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

I. Inactive Programs

For programs that choose not to have a fellow for a year or more but want to maintain POSNA accreditation.

Cost

\$250 for both ACGME and non-ACGME programs.

Procedure

Before inactive programs can resume accepting fellows, they must:

- a. Complete renewal form
- b. Update any faculty changes
- c. Re-submit faculty cases for the preceding academic year
- d. Remit accreditation fee (\$1000 for ACGME programs, \$2000 for non-ACGME programs).

J. Penalties for violations of accreditation and/or match process

In the event that a program is found to have an accreditation deficiency, or is in violation of the match process, programs will first be cited and then placed on probation. There will be a withdrawal of accreditation if deficiencies are not resolved.

Citation

Warning of violation. The Fellowship Training/Qualifications committee will provide a detailed list of concerns/violations to the program in violation, as well as necessary steps to correct these violations. This includes violations of the match process, and deficiencies in the core requirements: 1) program requirements; 2) faculty requirements; 3) educational requirements; 4) research requirements; 5) surgical clinical responsibilities; 6) non-surgical clinical responsibilities; 7) the program evaluation process; and 8) case logs.

A specified deadline will be given to the program, and a review of their actions will be undertaken by the Fellowship Training/Qualifications committee.

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1. If appropriate corrections have been made, the citation will be removed and full accreditation restored.
2. If corrections have not been made, program may go into a period of Probation.
3. If a second violation of noncompliance is given to a program within 5 years, the program will automatically be placed on Probation.

Probation

Probationary period to last one year. Programs on probationary status must list this status on the SF match and POSNA websites. Necessary actions to correct violations will be delineated to the program by the POSNA Fellowship Training/Qualifications committee.

1. At the completion of one year of probation, the program is required to submit a new application for POSNA accreditation. The program will be reviewed formally. If violations are addressed to the satisfaction of the Fellowship Training/Qualifications committee and Fellowship Accreditation Oversight Committee, the program will come off probationary status and go back to full accreditation.
2. If corrections are not resolved during the one-year probationary period, and the program found to remain in violation, then accreditation may be withdrawn (see below).
 - a. During the probationary year, the program on probation may participate in the SF match but must list probationary status on the SF match and POSNA websites.
 - b. A second year of probationary status may be proposed if the documented violations can be corrected within the upcoming year. If the documented violations cannot be resolved, program accreditation will be withdrawn. This is dependent upon formal review by the Fellowship Training/Qualifications committee, the Fellowship Accreditation Oversight committee, as well as the POSNA Presidential Line
 - c. Continued failure to comply with POSNA accreditation standards after two years of probation will result in withdrawal of program accreditation.
3. A program may appeal its probationary status in writing. Full documentation should be provided to the Fellowship Accreditation Oversight committee.

Withdrawal of Accreditation

Programs that do not rectify violations/ deficiencies, or remain non-compliant during the probationary period, will have an official review before authorizing withdrawal of accreditation. The following entities will conduct the formal program assessment: Fellowship Training/Qualifications committee and the Fellowship Accreditation Oversight committee with oversight from the POSNA Presidential Line.

1. A written report documenting withdrawal of accreditation will be sent to the Orthopaedic Chair and Institutional academic compliance officer.
2. Programs losing accreditation will be required to contact current and incoming fellow(s) and notify them of the program's loss of accreditation.

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- a. If fellow wishes to leave the matched fellowship program, the program must release the fellow from his or her commitment and allow that individual to find another fellowship position.
 - b. If fellow wishes to remain with the fellowship program, they will be allowed to complete their training year (as accredited fellows).
3. Should the program desire to gain accreditation in the future, it will need to re-apply as a new fellowship program.

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