News from the ACGME: Case Minimum Changes
Part 2: Setting Case Minimum Numbers
May 2024

As stated in Part 1 of this series, the goal with new case minimum requirements is to establish a framework of required surgical case volumes/types for orthopaedic surgery residency programs. The goal of these minimums is to produce orthopaedic surgeons with **depth** of education and training such that they are independently able to perform core procedures as well as **breadth** of exposure to orthopaedic surgery subspecialties. Neither of these goals was reflected in the previously existing case minimum requirements, which contained both a low total number of cases and limited scope of case categories.

After establishing the two domains of case requirements, 3C procedures (core, common, competent) and anatomic areas, the Review Committee for Orthopaedic Surgery then established new minimum requirements. The domains are further detailed in Part 1 of this four-part series.

A year-long process was initiated to establish case minimums. Several resources were available for the committee to review, including existing Case Log numbers by CPT code, obtained through the ACGME Accreditation Data System (ADS). Additionally, work had been done to survey residency program directors and early practice surgeons (Stotts et al. 2019), comparing Case Log volumes during residency compared with Case Logs from American Board of Orthopaedic Surgery (ABOS) Part 2 applications (Kohring et al. 2018), as well as data regarding residents' independence for performing common orthopaedic surgery procedures (Kohring et al. 2020).

1. Stotts, AK, JM Kohring, AP Presson, et al. 2019. "Perceptions of the Recommended Resident Experience with Common Orthopaedic Procedures: A Survey of Program Directors and Early Practice Surgeons." *Journal of Bone and Joint Surgery* 101(113): e63. doi: 10.2106/JBJS.18.00149. PMID: 31274728; PMCID: PMC6641477.

2. Kohring JM, MO Bishop, AP Presson, et al. 2018. "Operative Experience During Orthopaedic Residency Compared with Early Practice in the U.S." *Journal of Bone and Joint Surgery* 100(7): 605-616. doi: 10.2106/JBJS.17.01115. PMID: 29613930; PMCID: PMC6372220.

3. Kohring JM, JJ Harrast, AK Stotts, et al. 2020. "Resident Independence Performing Common Orthopaedic Procedures at the End of Training: Perspective of the Graduated Resident." *Journal of Bone and Joint Surgery* 102(1): e2. doi: 10.2106/JBJS.18.01469. PMID: 31567668.

Focus groups were assembled from the American Orthopaedic Association's (AOA) Council of Orthopaedic Residency Directors (CORD) to provide guidance to the Review Committee as the process moved forward. The proposed Case Cogs were posted for review by all AOA/CORD member residency programs in the spring of 2024.

Figure 1 shows the current case minimums by category for both 3C procedures and anatomic area subgroups. Part 3 of this series will discuss updated policy regarding logging cases and the way in which cases will be counted toward minimum categories.

Figure 1

Breadth of Orthopaedic Surgery (Anatomic and Subspecialty Areas)	**Depth of Orthopaedic 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)

All cases will count toward anatomic area minimums, except for those indicated with *.

Importantly, the increased total case volume with the new minimums is not because the Review Committee believes that residencies are not currently providing residents with adequate surgical training and case volume. Instead, the committee wants case minimums to reflect the appropriately high standards for orthopaedic surgery education and training already in place and to ensure that any new programs can meet these same standards.

As with any new metric, revisiting the results is, in many ways, more important than initial benchmarks. Therefore, the Review Committee plans to have ongoing evaluation of these new minimums over the next few years to ensure that they represent high but attainable benchmarks for residency programs. The Review Committee for Orthopaedic Surgery will not initially be issuing citations based on case minimums and will be using Case Log data to determine any necessary changes to the new minimums.

This article is the second of a four-part series outlining the upcoming changes addressing the new ACGME orthopaedic surgery case minimum requirements.

ACGME Review Committee for Orthopaedic Surgery (2023- 2024 Academic Year)
Elise Ames, MD, FAOA (Chair); John Gorczyca, MD (Vice Chair); Scott Porter, MD, FAOA (incoming Chair); W. Daniel Wongworawat, MD (incoming Vice Chair); Paul Gladden, MD; Gregory Guyton, MD; MaCalus Hogan, MD, FAOA; Scott Huber, MD; Catherine Hutchison, MD; Daniel Krenk, DO, FAOAO,; Kimberly Templeton, MD; Ann Van Heest, MD, FAOA; David Martin, MD, FAOA (ex-officio); Jim Mason, DO, FAOAO, FAOA (ex-officio); Kristen Ward Hirsch, MBA (Executive Director, ACGME staff); Brian Busconi, MD (incoming member); and Monica Kogan, MD (incoming member)