American College of Foot and Ankle Surgeons®

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ACFAS Recognized Fellowship Initiative: Minimal Criteria for an 'ACFAS Recognized Fellowship'

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FELLOWSHIP DEFINED

020 Definition **October 2021**

Fellowship represents an additional 12 months of subspecialty training and should be hands-on, involving direct patient care, not merely observation.

Fellowship Training, as defined by ACFAS:

- Fellowship training represents an experience that exceeds that of residency training, offering distinctly unique educational experience(s).
- Fellowship training is not merely an extension or continuation of residency training and is not merely the professional grooming or under glorification of an associate physician.
- Each fellowship program must, as objectively as possible, define and uphold the distinctly unique educational experiences identifying their program as a fellowship.
- Generally ACCEPTED examples of distinctly unique educational experience(s) include but are not limited to instances of: surgical/clinical complexity and/or diversity, specialty training/certification, multi-faceted faculty mentorship, unique practice environment(s)/resources, unique patient population(s).
- Generally REJECTED examples of distinctly unique educational experience(s) include but are not limited to instances of: high surgical and/or clinical volume, independent fellow on-call, independent fellow clinic, independent fellow rounds, independent fellow academia.

030 Program Length **November 2019**

Committee recommendation on program length is 12 months minimum, as is standard in orthopedics and/or other surgical sub-specialties.

FELLOWSHIP DESIGN

100 Program Design **July 2021**

Fellowship is designed to be an education and training endeavor with clear goals and objectives and not merely an apprenticeship.

i. Fellowships are not required to be affiliated with single teaching hospitals and/or residency training programs.
ii. When residents and fellows are being educated in the same institution, the residency director and the Fellowship Director must jointly prepare and approve a written agreement specifying the educational relationship between the residency and fellowship programs. This agreement must be signed prior to receiving ACFAS status, and also on an annual basis.
iii. Fellowship programs are strongly encouraged to work collaboratively with local residency programs to foster further foot and ankle surgical education.
iv. There should be clear designation of the faculty serving in educational and supervisory roles, their degrees and contact information, responsibilities and specific content of education experience to be provided.
v. There should be a Fellowship Director designated responsible for the program and who is accountable.
vi. Director should have well documented educational and administrative abilities.
vii. The fellow position should not exist solely as a revenue generator for the practice.
viii. The fellowship program may only matriculate candidates who have completed, in good standing, a CPME-approved residency program.

110 Fellow Evaluations August 2022

There should be at minimum quarterly evaluations and review with the Fellow on academic, surgical and patient management skills. These documents must be co-signed by both the fellowship director and the fellow being reviewed. Surgical and clinical volume should be reviewed and attested by the fellowship director. This documentation may be subject to review by ACFAS.

120 Conflicts of Interest November 2019

It is the responsibility of the fellowship director to avoid any conflicts of interest when the fellowship director is same as the residency director. In these cases, the Chair of the fellowship committee will directly interview this program and such program will be monitored and evaluated during the annual compliancy review. Should conflicts arise, compliance measures will be administered and recommendations made to the fellowship program to maintain either its Recognition status or its removal.

130 Program Support November 2019

Fellowship programs must be sponsored by a teaching institution/hospital/multi-specialty group/large foot & ankle group to allow for sufficient faculty and case volume and to avoid any commercial, private or personal corporation conflict of interests.

Research programs must be sponsored by a university-based academic institution/hospital (i.e.; Harvard University, School of Podiatric Medicine) to avoid any commercial, private or personal corporation conflict of interests.

135 Program Director Requirements August 2022

A single faculty member must be identified as the program director. The program director is responsible for:

- Ensuring the program maintains requirements with the ACFAS Minimal Criteria, and all required documentation from ACFAS is completed in a timely fashion.
- Overseeing and ensuring complete and accurate case log documentation by the fellow.
- Ensuring 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.
- Ensuring and securing a stable funding source for the fellow(s).
- Running their fellowship program in an ethical and integral manner.

140 Certification/Membership Requirements August 2022

1. Fellowship Program Director must be an ACFAS Fellow Member in good standing and maintain Board Certified Status with the American Board of Foot and Ankle Surgery (ABFAS). If the program director is an MD/DO, they must be certified by their recognized subspecialty surgical board.
2. 50% or more of all ABFAS qualified or certified podiatric faculty must be ACFAS members in good standing.
3. Current program DPM Post Graduate Fellow(s) must be an ACFAS member in good standing during their time matriculating in the program.

150 Workplace Support November 2019

Workspace and support staff/clerical personnel must be provided to support the program/ fellow.

160 Fellow Oversight August 2020

All patient care should be overseen by qualified faculty. The program director must ensure adequate supervision. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

NUMBER OF FELLOWS

200 Number of Fellows — November 2019

The number of fellows should be such that each fellow is provided a complete and thorough training experience without undue dilution of this experience.

210 Increase from One to Two Fellows — August 2022

Specific rules are required for a program to increase from one to two fellows. Demonstration of a higher case volume will be required to offset the potential for a diluted educational experience.

a. The program must successfully matriculate one fellow and hold Recognized Status with ACFAS for one full fellowship year before considering addition of a second fellow.
b. With one fellow, the program must demonstrate the ability to have access to 1,000 cases minimum for the program before adding a second fellowship position.
c. If the fellowship educates residents at the same institution, the fellowship director should provide a co-signed letter of agreement with the residency director that they are supportive of the additional fellow position(s).
d. When an additional fellow is added, the program will remain in Conditional status for one year until the program has its next review, to ensure all criteria are being met.

220 Increase from Two to Three Fellows — November 2019

Specific rules are required for those programs wishing to matriculate three or more fellows. Further demonstration of a higher case volume will be required to offset the potential for a diluted educational experience.

a. The program must successfully matriculate two fellows simultaneously for three consecutive years before considering the addition of a third fellow. With two fellows, there should be a demonstrated ability to have access to 1,500 cases minimum for the program. Cases must come from hospitals and/or SurgiCenters that are US-based.
b. The director will be interviewed by the Fellowship Committee to determine the rationale for taking more than two fellows.
c. If the fellowship educates residents at the same institution, the fellowship director should provide a co-signed letter of agreement with the residency director that they are supportive of the additional fellow position(s).
d. The program must be held in full Recognized Status.
e. The program must have a funding source aligned, and a written commitment of funding for at least 12 months.
f. All other criteria, including research, must be met on an annual basis for each fellow.
g. Double-scrubbed cases count for only one fellow.
h. For more every additional fellow, demonstrated ability to have access to an additional 500 cases.
i. When an additional fellow is added, the program will remain in Conditional status for one year until the program has its next review, to ensure all criteria are being met.

CASE VOLUME AND RESEARCH REQUIREMENTS

300 Reporting Operative Case Volume — November 2019

The fellowship will be required to provide all operative case volume for its fellows each year in its updated listing. This documentation may be subject to review by ACFAS.

It is recommended to use a web based or other surgical logging tool, i.e. PRR or an Excel spreadsheet, that is HIPAA Compliant.

310 Surgical Program Caseload Requirement August 2022

Surgical programs must perform a minimum of 300 foot and ankle surgical cases, per fellow, in a fellowship year.

a. Cases are defined as operative patients only: multiple procedures on a single patient count as one case. A program's case volume is subject to verification by the case log. Only cases that are performed at an accredited hospital/SurgiCenter facility within the US count toward the required caseload.
b. At least 250 cases must be high level as determined by a panel of surgical expert peers. Cases such as verruca excision, matrixectomy and wound debridement will not be counted for this case load criterion.
c. When questions arise regarding fellow or resident first assist, programs should refer to CPME 320 guideline "*Appendix, D: Programs with Multiple Residents or Fellows*" for case logging requirements.

320 Humanitarian Work November 2019

Any humanitarian work, including mission trips, are fully independent of the ACFAS fellowship initiative, program review process and caseload count, and will not be considered as part of the fellow's overall experience in fellowship.

330 Scholarly Peer-Reviewed Publications August 2022

Each fellowship program must report ongoing peer-reviewed scholarly research, and programs must publish their research within three years in a peer-reviewed publication: the *Journal of Foot & Ankle Surgery (JFAS) and FASTRAC are* strongly recommended. Textbook chapters will meet the requirement when peer-reviewed by an editorial panel.

- Surgical programs must publish at least one article within three years.
- Research programs must have at least three ongoing projects annually and have three published articles every three years.
- Industry white papers, non-peer reviewed periodicals and research posters are not accepted.
- All publications must include authorship by the fellow, and director or program faculty. The publication author list shall reflect the involvement of each party fairly and follow guidelines for authorship, as defined by the International Committee of Medical Journal Editors (ICMJE).

340 Presentation at ASC August 2020

Fellows are required to attend the Annual Scientific Conference (ASC). Research and scholarly publication should be encouraged to be presented.

350 Research Facilities November 2019

The fellowship must have access to adequate facilities such as outpatient and inpatient facilities as well as research resources to support education and training missions.

360 Major Medical Library November 2019

The fellow must have access to major medical library either directly or nearby and be allowed adequate time to devote to scholarly research and investigation.

370 Journal Club November 2019

There should be at least monthly review of peer-reviewed literature relevant to the specialty training.

FELLOW MANUAL AND BENEFITS

400 Duty Hours November 2019

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include preparation time spent away from the duty site.

a. Duty hours should be limited to 80 hours per week, averaged over a four- week period, inclusive of all in-house call activities.
b. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

410 Benefits August 2022

The fellowship must provide the following benefits:

a. The fellowship must assist the fellow and pay any related dues in regard to staff privileges at affiliated hospitals and outpatient care centers.
b. The fellowship must provide the time and financial support for the fellow to attend the ACFAS Annual Scientific Conference (ASC). This includes registration fees and travel expenses.
c. The fellowship must provide its fellow(s) with medical and dental coverage, paid vacation time, sick time, and medical education time: amounts to be determined by the individual programs.
d. The fellowship must provide its fellow(s) with professional liability insurance that is effective when training commences and continues for the duration of the training program. This insurance must cover all training experiences at all training sites and must provide protection against awards from claims reported or filed after the completion of training (i.e., tail) if the alleged acts or omissions of the fellow were within the scope of the fellowship. The sponsoring institution must provide the fellow proof of coverage.

420 Fellowship Manual November 2019

The fellowship will create, maintain and disperse to its fellow(s) a 'fellowship manual' containing: written goals and outlines for the program, expected skill sets and techniques to master by way of the fellowship training, and specific descriptions of didactic and clinical curriculum.

The fellowship manual should clearly address the following topics:

a. Contact information with description of location, training sites and training staff involved in fellowship training.
b. Statement of purpose and goals.
c. Specific training requirements.
d. The use of objective measures to assess elevating levels of clinical/ surgical/ research training during the fellowship.
e. Description of curriculum with goals and objectives.
f. Description and methods of fellow evaluation process as well as tracking/logging of fellow work efforts and surgical volume.
g. Faculty and fellowship evaluation forms.
h. Description and schedule of didactic activities.

430 Program Interview Process November 2019

The fellowship must conduct a process of interviewing and selecting fellows in a fair and ethical manner. The selection criteria and requirements shall be made known as part of the application process.

440 Equal Employment Opportunities November 2019

All fellowship programs with ACFAS status should provide equal employment opportunities to all prospective and current fellows. They should prohibit discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

450 Fellowship Program Completion April 2021

The program director must provide appropriate documentation to fellows upon completion of the program.

a. Final evaluation: This evaluation must include a review of the fellow's performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.
b. Standard certificate or diploma: Fellowships should have a standard certificate or diploma provided to fellows after successfully completing the fellowship in either surgery or research. This is to provide an assurance that all criteria and minimal requirements of an "ACFAS Recognized Fellowship" have been met.
c. If the fellow did not successfully complete the fellowship year, the director must notify the fellow that they will not be receiving a certificate of completion.
d. If the fellow does not successfully complete the fellowship, the Fellowship Committee may request quarterly evaluations to be reviewed.
e. If the fellowship program overlaps a residency program, a co-signed collaborative agreement must be submitted to ACFAS on an annual basis. If the Fellowship Director and Residency Director are the same person, this agreement must be co-signed by an Assistant Program Director.

PROGRAM OVERSIGHT

500 Annual Compliance Review July 2021

The fellowship program will be reviewed during the Annual Compliance Review process. Any program not meeting these criteria will be evaluated and recommendations made for compliancy and/or change/removal of recognition status.

a. The director and fellow annual fellowship exit surveys must be completed separately from each other.
b. When a fellowship program exists alongside a CPME-approved residency program, the fellowship director will provide a co-signed agreement with the residency director noting that they are supportive of the fellowship program and the educational opportunities it provides to its residents. If the fellowship and residency directors are the same person, the agreement will be signed by an assistant director of the residency program. This document will be provided annually. Failure to submit this co-signed agreement may result in an offer of mediation or, if necessary, termination of ACFAS Status.

510 Status Maintenance November 2019

The fellowship program will abide by the application process and minimal criteria review to maintain status, along with annual maintenance dues.

a. Annual maintenance dues fee will be agreed upon by the Chair and committee and is currently set at $300. The program application fee is currently set at $1,000.

520 ACFAS Brand Protection November 2019

A program's application for status, or those programs with existing status, with ACFAS may be rejected for circumstances related to the fellowship program that, in the opinion of the Fellowship Committee, may damage the good name or good will of ACFAS.