

International Advanced Specialty Program Requirements Summary of Requirements for a Newly Accredited Subspecialty ACGME-I

Advanced Specialty Requirements for: **Orthopaedic Surgery of the Spine**
Proposed Effective Date: **15 September 2026**

Comments are currently being solicited on Program Requirements for a newly accredited subspecialty. To aid those providing comment, the following table summarizes and provides a rationale for the unique elements of these new Program Requirements.

The Review Committee-International will use the comments provided to determine the final Program Requirements that will be posted on the ACGME-I website.

Requirement	Line Number	Rationale
<p>I.B.1. When orthopaedic residents and fellows are being educated at the same participating site, the residency director and fellowship director must jointly prepare and utilize a written agreement specifying the educational relationship between the residency and fellowship programs, including a) the roles of the residency and fellowship directors in determining the educational program of residents and fellows; b) the roles of the residents and fellows in patient care, and c) how clinical and educational resources will be shared fairly.</p>	34-44	<p>The intent of the requirement is that there is a working, synergistic relationship between the residency and fellowship leadership that enhances each program. The program directors of the residency and fellowship programs should seek interactions that will enhance understanding of the Program Requirements, implement the competency-based education program in a coordinated manner across the programs, and ensure that consideration is given to the potential impact of changes in one program on the other.</p>
<p>II.A.1. The program director must demonstrate the following qualifications a) documented completion of an orthopaedic surgery of the spine fellowship or its equivalent.</p>	53-56	<p>The Review Committee-International understands that the program director may not have completed a fellowship in orthopaedic surgery of the spine. When judging qualifications, the committee will consider the program director's current practice and the length of time practicing in orthopaedic surgery of the spine. The committee will also consider scholarly activity in the subspecialty.</p>

<p>II.D.3. Resources must include close cooperation with all clinical services available for the education of fellows including a) anesthesiology; b) critical care; c) infectious disease; d) laboratory medicine; e) neurological surgery; f) neurology; g) oncology; h) pathology; i) physical medicine and rehabilitation; and j) radiology</p>	<p>83-104</p>	<p>These clinical services will provide fellows with a breadth of education in orthopaedic surgery of the spine and help ensure comprehensive patient care. The clinical services listed in the requirement can be at the primary clinical site or at a participating site that provides a required rotation.</p>
<p>IV.B.3. The program must include instruction and experience in multimodal pain treatment, including non-narcotic pain medications and alternative pain reducing modalities.</p>	<p>21-263</p>	<p>Although a separate rotation in pain management is not required, programs should ensure that there are dedicated experiences in multimodal pain treatment. These educational experiences should provide structured opportunities to learn diagnostic principles, treatment strategies, and communication techniques for managing pain in the context of peri-operative pain care. Safer prescribing practices, multimodal analgesic planning, physical and occupational therapy, and psychological support are examples of the types of care that can be provided in a multidisciplinary, multimodal approach.</p>
<p>IV.C.5.a) Fellows must continue to provide care for their own post-operative patients until discharge or until the patients' post-operative conditions are stable and the episode of care is concluded.</p>	<p>291-293</p>	<p>Continuing care experiences provide fellows with opportunities to manage care for a variety of problems in orthopaedic surgery of the spine over a course of treatment, including observing and managing the benefits and adverse effects of surgical and nonsurgical therapies. This is best achieved by ensuring that fellows care for patients in pre- and post-operative settings.</p>
<p>V.A.1. Programs must evaluate fellows within six weeks following entry into the program for expected entry-level skills so that additional training can be provided in a timely manner to address identified deficiencies.</p>	<p>340-342</p>	<p>The program should develop assessment strategies using structured evaluation tools and techniques designed to determine fellows' entry-level operative and decision-making skills. Examples include OSCE evaluations, assessment using simulation, and direct faculty observation during</p>

		procedures. The curriculum should allow for individualized remediation based on this assessment.
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