Basic Standards for
Fellowship Training in
Musculoskeletal Oncology

American Osteopathic Association
and
American Osteopathic Academy of Orthopedics
Basic Standards for Fellowship Training in Musculoskeletal Oncology

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Basic Standards for
Osteopathic Fellowship Training in Musculoskeletal Oncology

This is an amendment to the American Osteopathic Association (AOA) Basic Standards for training in Orthopedic Surgery, which governs and defines orthopedic surgical training. The Basic Standards are, therefore, incorporated into this document.

**Article I – Introduction**
These are the Basic Standards for Fellowship training in Musculoskeletal Oncology as established by the American Osteopathic Academy of Orthopedics (AOAO) and approved by the AOA. These standards are designed to provide the osteopathic fellow with advanced and concentrated training in musculoskeletal oncology and, if offered, to prepare the fellow for examination for certification in Orthopedic Musculoskeletal Oncology by the American Osteopathic Board of Orthopedic Surgery (AOBOS).

**Article II – Mission**
The mission of the Osteopathic Orthopedic Musculoskeletal Oncology training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional Osteopathic Orthopedic Musculoskeletal Oncologic Surgeons.

**Article III – Educational Program Goals**
Refer to the core competencies in the Basic Standards for Residency Training in Orthopedic Surgery.

**Article IV – Institutional Requirement**
4.1 The training program must be conducted at a medical facility (hospital or institution) that offers scope, volume and variety of patients affected with neoplastic musculoskeletal diseases as well as a full scope of complimentary services necessary to care for these patients including full laboratory and pathology services, medical imaging, diagnostic and interventional services, nuclear medicine facilities, magnetic imaging facilities, full medical, surgical and radiation oncology services.

4.2 Complimentary supportive services including oncologic orthopedic nursing, rehabilitative, pharmacy, hospice and palliative care and social services must be available within the institution for consultation and participation in multidisciplinary patient care and educational conferences concerning orthopedic oncologic patient care.

4.3 Written agreement must be available specifying the clinical and educational relationship between the fellowship program and the coexisting orthopedic residency at the institution to determine the relationship of all parties in patient care.

4.4 The administration of the institution, the program director and the supportive faculty must provide resources and facilities to emphasize education over institutional service.

**Article V – Program Requirements and Content**
5.1 The general educational content of the orthopedic musculoskeletal oncology fellowship shall include:
5.1.1 Training to qualify an individual to take the Certificate of Added Qualification Examination in Musculoskeletal Oncology administered by the American Osteopathic Board of Orthopedic Surgery, if available.

5.1.2 Progressive orthopedic oncology training based on current orthopedic literature in periodicals, electronic medical records and publications, surgical anatomy of common orthopedic musculoskeletal oncologic procedures.

5.1.3 Adherence to the AOA approved Core Competencies in postgraduate medical education.

5.1.4 Training to enable the fellow to become familiar with the use of orthopedic oncologic operating room techniques and technology, adjunctive therapies, prosthetics and orthotics as well as the application of all these modalities.

5.2 Specific Program Requirements:

5.2.1 The orthopedic musculoskeletal oncology fellowship shall be one year (12 consecutive months) in duration.

5.2.2 The fellow shall spend educational time in the department of medical imaging reviewing musculoskeletal studies in conference with the radiologists and/or other orthopedic surgeons who are credentialed, trained and skilled in oncologic orthopedic imaging.

5.2.3 There must be a minimum of five (5) scheduled and published hours each week dedicated exclusively to education via lecture and training sessions during which time the fellow will be excused from all other clinical or service duties.

5.2.4 Programmatic rotations must include the following: orthopedic and surgical oncology, radiation oncology, diagnostic imaging and interventions, oncologic surgical pathology and medical oncology.

5.2.5 At least one (1) board certified orthopedic oncologic fellowship trained physician must be a member of the institutional orthopedic attending full active staff.

5.2.6 Faculty to fellow ratios.

5.2.6.1 Osteopathic orthopedic musculoskeletal oncology fellowship programs shall have a maximum of two (2) fellows per certified oncologic orthopedic surgeon (either AOA or ABMS fellowship trained) for educational and clinical supervisory purposes.

5.2.6.2 In the event that the faculty to fellow ratio drops below the minimum 1:2 ratio due to illness, death, or resignation, the fellow shall be permitted to complete the training year, however, the institution will not be able to contract with any new fellows until the training ratio of 1:2 is once again established.

5.2.8 There shall be a minimum of 250 orthopedic musculoskeletal oncology cases per year per fellow which must include at least 30 sarcoma cases.
5.2.9 If the number of cases performed by a fellow in an affiliated institutional consortial arrangement is to be included in the total procedures performed, a written affiliation agreement between the base training institution and the consortium institution(s) must be established and maintained in current fashion.

**Article VI - Program Director/Faculty Requirements**

6.1 Program Director: In addition to all program director requirements as listed in the *Basic Standards for Residency Training in Orthopedic Surgery*, the following are applicable:

6.1.1 The program director must be certified by AOA or ABMS and have completed an orthopedic musculoskeletal oncologic fellowship approved by either the AOA or ACGME and must have a minimum of two (2) years practice experience in musculoskeletal oncology.

6.1.2 The program director shall be a practicing oncologic orthopedic surgeon, educationally and philosophically qualified to conduct the training program and shall have a minimum of two (2) years of clinical experience in orthopedic musculoskeletal oncology.

6.2 Faculty Requirements

6.2.1 The orthopedic musculoskeletal oncology training faculty shall include general orthopedic surgeons, medical oncologists, clinical pathologists, radiologists and radiation oncologists as well as allied health professionals involved in oncologic orthopedic patient care.

6.2.2 The faculty shall demonstrate skills and accomplishments in the area of orthopedic musculoskeletal oncology referable to their specialty with a commitment to participating in education and teaching.

**Article VII – Fellow Requirements**

7.1 To be eligible for fellowship training in osteopathic orthopedic musculoskeletal oncology, the fellow, in addition to those requirements listed in the Basic Standards for Residency Training in Orthopedic Surgery, must have completed an AOA accredited orthopedic surgical residency program.

7.2 Must be certified or board eligible by the AOA through the AOBOS.

7.3 Must attend a minimum of one (1) AOAO Postgraduate Seminar or one (1) Annual meeting of the AOAO during the fellowship year.

7.4 Must attend a CME Course, of the Musculoskeletal Tumor Society.

7.5 Must review the orthopedic/oncologic literature as to surgical and non-surgical procedures, exposures, techniques and pathology on all cases.

7.6 On each operative case, the fellow must conduct a pre-surgical evaluation in writing and enter same on the patient chart in addition to attending notes and evaluations.

7.7 Must act as first assistant or primary surgeon on all orthopedic musculoskeletal oncology surgical cases assigned by program director.
7.8 Must provide a quarterly summary of fellow’s educational activities to the DME/Program Director.

7.9 Each fellow must participate in scholarly activities such as bench/clinical research, research protocols and cooperative group trials.

7.10 Fellow must complete and submit a scientific paper of publishable quality during the year of orthopedic oncologic fellowship training pertaining to orthopedic oncology.

**Article VIII - Evaluations**

8.1 Objective assessment of core competencies shall include all methods described in the Basic Standards for Residency Training on Orthopedic Surgery.

8.2 The fellow shall complete, and electronically submit an annual fellow report found on the AOAO case log system to the AOAO within fifteen (15) days of the completion of the training program.

8.3 The program director shall complete and electronically sign and submit the annual program directors report found on the AOAO case log system at the completion of the training program.

8.4 Fellows must submit, at the conclusion of the training program, an evaluation signed by the program director.

8.5 Fellows must evaluate their program director and the program by completing and electronically signing the fellow’s annual evaluation report of the program director and the program within fifteen (15) days of the completion of the training program.