

PURPOSE OF ALTERNATE PATHWAY (AP)

All physicians caring for trauma patients must be currently board certified or eligible for certification through the American Board of Medical Specialties (ABMS). However, physicians who have trained outside the United States or Canada may participate in the trauma program if approved by the Alternate Pathway (AP). Surgeons who were inducted as a Fellow of the American College of Surgeons (FACS) **prior** to January 1, 2017 are exempt from the AP process.

Physicians eligible to be reviewed by the AP:

- Trauma surgeons
- Neurosurgeons
- Orthopaedic surgeons
- Emergency medicine physicians
- Anesthesiologist liaison (only)

HOW TO APPLY FOR THE ALTERNATE PATHWAY PROCESS

Provide the name of the physician seeking review by the AP on the online site visit [application](#).

To determine eligibility for review by the AP, the following documents must be submitted following submission of the online site visit application to COTVRC@facs.org:

1. Copy of the physician's Curriculum Vitae
2. A letter from the program director demonstrating the physician's residency is consistent with the years of training in the United States or Canada:
 - Successful completion of the training program
 - Summary of the rotations during the residency program
 - Length of training for each rotation
3. In addition to the above documentation, Orthopaedic surgeons must submit letters of recommendation from the following personnel at the current institution:
 - Trauma Medical Director
 - Chief of Surgery/Medical Director or surgeon in charge of the operating room
 - Orthopaedic Trauma Leader/Orthopaedic Trauma Division Head/Chair of Orthopaedic Surgery

All above documentation will be reviewed by the respective specialty group of reviewers. Based on their review, notification will be sent to the TPM of the physician's eligibility.

There is a fee of an additional \$3,000 per specialty for the physician(s) who will be reviewed on-site for the AP process. There is no fee for the Anesthesia liaison AP process (this is not an on-site review).

ON-SITE ALTERNATE PATHWAY REVIEW

The Alternate Pathway Criteria (APC) requires the following:

- APC documents 1 through 7 must be available on-site to be reviewed by the respective specialty reviewer

1. Letter from the program director attesting that the physician successfully completed a residency training program that is consistent with the years of training in the United States or Canada.
2. Documentation of current status as a provider or instructor in the Advanced Trauma Life Support (ATLS) program.
3. A list of the 12 hours of internal and/or external trauma-related continuing medical education (CME) during the reporting year or prorated based on date of hire.
4. Documentation that the physician attends at least 50% of the trauma performance improvement meetings.
5. Documentation of membership and attendance at local, regional, or national trauma meetings during the reporting year.
6. Performance improvement assessment report by the TMD demonstrating that the morbidity and mortality (M&M) results for patients treated by the physician compare favorably with the M&M results for comparable patients treated by other members of the trauma call panel.
7. Documentation that indicates license to practice medicine and approval for full and unrestricted surgical privileges by the hospital's credentialing committee.

- The TPM must email a list of de-identified trauma patients that were treated during the reporting year to the specialty reviewer and the VRC staff (COTVRC@facs.org) within 30 days of the scheduled site visit. The list must include the accompanying Injury Severity Score and outcome data. The specialty reviewer will select medical records they would like prepared for the site visit. The TPM will only be required to prepare the medical records that were selected by the specialty reviewer. This is not applicable to Anesthesia liaison.
- The AP physician must be available for questions. This time can be scheduled between the AP physician and the specialty reviewer.
- For the anesthesia liaison, an on-site review is not required; however, all above documents, except for #6, must be emailed to the [VRC Office](#) within 30 days of the scheduled site visit. This will be evaluated prior to the scheduled site visit by the COT-VRC anesthesia specialty liaison.

PREVIOUSLY APPROVED AP PHYSICIANS

The following is applicable to physicians previously approved by the AP:

- If the physician is at the same institution where they applied for the AP, they do not need to reapply for the AP process; however, the physician must demonstrate evidence of 36 hours of external or internal trauma-related CME.
- If the physician has moved to a new institution (different from where they applied for the AP), they must reapply for the AP process at the new institution (if at an ACS-verified trauma center).
- If the physician is covering multiple institutions and the physician was previously approved for AP at one of the institutions, they do not need to reapply for the AP process.