

### **Purpose:**

To provide a mechanism by which non-board certified physicians in a trauma center can be approved to care for trauma patients by using the Alternate Pathway Criteria. This applies to only those physicians who, by Pennsylvania Trauma Systems Foundation (PTSF) Standards for Trauma Center Accreditation, are required to be Board Certified.

### **Procedure:**

1. Initial Communication to PTSF
  - a. Trauma Center submits a request letter and documentation required in Attachment A to PTSF Executive Director requesting permission for a non-board certified physician to provide trauma care. This permission would enable him/her to care for trauma patients for a period not to exceed 16 months. Requirements noted in Attachment A must accompany the request.
  - b. PTSF Staff will review the material, and either request addition information or approve the request.
  - c. Notification of decision will be sent back to the requesting trauma center.
2. Communication 12-months following submission of Attachment A:
  - a. Trauma Center submits a follow-up letter requesting temporary or permanent exemption for a non-board certified physician to care for trauma patients to the PTSF Executive Director. This letter must contain requested documentation noted in Appendix B.
  - b. The PTSF Executive Director will forward the completed request to PTSF Standards Committee Chairperson for review and action by the PTSF Standards Committee.
  - c. Following review by the PTSF Standards Committee, the committee Chairman will submit the request and proposed action to the PTSF Board of Directors (Board) for review and action including final determination.
  - d. PTSF staff will inform the requesting Trauma Program Medical Director of the Board decision.
  - e. The Trauma Center will note the alternate pathway status within the Application for Survey (AFS).

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Approved by PTSF Board of Directors:

Original Date: 03/10/2004  
Revise Date: 06/27/2013  
Review Date: 04/01/2016

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*Juliet Altenburg, RN, MSN—Executive Director*

### Attachment A

Trauma Program Medical Director requesting variance:	
Name of physician being reviewed:	
Specialty of physician being reviewed:	
Institution:	
Date:	

### Part I: Initial Approval at time of hire or assignment as trauma team member

Alternative Pathway Criteria	Evidence for Meeting Criteria
<input type="checkbox"/> Temporary request	
<input type="checkbox"/> Permanent request	
<input type="checkbox"/> Number of physician specialists in community is limited.	Letter signed by Trauma Program Medical Director attesting to this fact.
<input type="checkbox"/> Evidence that the <b>US or Canadian</b> -trained surgeon/physician successfully completed a residency training program in general surgery, neurosurgery, orthopedic surgery, emergency medicine, radiology or anesthesiology.  <input type="checkbox"/> Evidence that the <b>non-US or non-Canadian</b> trained surgeon/physician successfully completed a residency training program in general surgery, neurosurgery, orthopedic surgery, emergency medicine, radiology or anesthesiology, with a time period for the residency program that is consistent with the years of training in the United States.	Residency certificate          Residency certificate and attestation from Trauma Program Medical Director that length of residency program is consistent with the years of training in the United States

# Policy AC-129

## Process for use of Non-Board Certified Physicians: Alternate Pathway

Alternative Pathway Criteria	Evidence for Meeting Criteria
<input type="checkbox"/> Evidence that the physician is licensed to practice medicine in Pennsylvania.	Copy of license.
<input type="checkbox"/> Evidence that the physician is approved for full and unrestricted privileges in the specialty by the hospital's credentialing committee.	Letter of approval from credentialing committee.
<input type="checkbox"/> Current curriculum vitae	Curriculum Vitae forwarded to PTSF
<input type="checkbox"/> Evidence that the general/trauma surgeon is an ATLS provider or instructor	
<input type="checkbox"/> Evidence of participation in an internal educational process conducted by the trauma program based on principles of practice based learning and the PIPS Program	Letter signed by Trauma Program Medical Director and sub specialist liaison if appropriate.

Alternate Pathway  
 Approved by: \_\_\_\_\_

Name

Date

**Attachment B: Staff/Board use only.**

Physician requesting variance to Board Certification: \_\_\_\_\_

Name of physician involved: \_\_\_\_\_

Institution: \_\_\_\_\_

Date: \_\_\_\_\_

**To be submitted within 12 months following initial approval (Attachment A)**

Alternative Pathway Criteria	Evidence for Meeting Criteria
<input type="checkbox"/> Evidence that the surgeon/physician is present for educational and at least 50% of the trauma performance improvement meetings during the 12-month interim period and has completed educational requirements of his specialty.  <input type="checkbox"/> Experienced in caring for trauma patients, reflected by a performance improvement assessment by the trauma medical director demonstrating that the morbidity and mortality results for patients treated by the surgeon/physician compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma call panel.	<p>Documentation of attendance at trauma educational activities and 50% of peer review meetings during the 12-month interim period.            Physician has completed educational requirements cited in Standard IV.</p> <p>Data will be presented during site survey that details morbidity and mortality and that compares physician requesting alternate pathway to other members of the trauma call panel.</p>
<input type="checkbox"/> Meets all other qualifications for members of trauma team	<p>Letter signed by Trauma Program Medical Director.</p>