

### Purpose:

To provide a process by which non-board certified physicians can be approved to care for trauma patients. This applies to only those physicians who, by Pennsylvania Trauma Systems Foundation (PTSF) Standards of Accreditation, are required to be board certified but are not, excluding the Trauma Program Medical Director (TPMD).

- General/trauma surgeons (all)
- Neurosurgeons (all, not limited to liaisons)
- Orthopedic surgeons (all, not limited to liaisons)
- Emergency physicians (all, not limited to liaisons)
- Anesthesiology liaison
- Radiology liaison

### Procedure:

1. Application for Alternate Pathway, Phase 1
  - A. Hospital identifies a non-board certified physician at the time of hire or assignment as a trauma team member and initiates the PTSF Alternate Pathway process.
  - B. Hospital submits the Alternate Pathway Phase 1 Form (Appendix A) and required supporting documentation to the PTSF Accreditation Coordinator via email.
    - i. Required documentation as applicable:
      - a. Alternate Pathway Phase 1 Form
      - b. Letter signed by TPMD attesting:
        - (1.) The number of physician specialists in the community is limited.
        - (2.) The quality and length of the residency program completed by the physician is consistent with the years of training in the US (if not completed in the US).
        - (3.) The physician's participation in an internal educational process and the PIPS program.
      - c. Curriculum vitae
      - d. Pennsylvania medical license
      - e. Residency certificate
      - f. ATLS certificate
      - g. Letter of approval from institution's credentialing committee
      - h. Evidence of membership in at least one national or regional trauma organization
  - C. PTSF review of submitted documentation
    - i. If the reason for Alternate Pathway request is the physician is non-U.S./non-Canadian trained:
      - a. A PTSF staff member will review the submitted material and determine if additional information is needed.
      - b. The PTSF staff member shall either:
        - (1.) Grant temporary approval of the Alternate Pathway
        - (2.) Deny approval of the Alternate Pathway
    - ii. If the reason for Alternate Pathway request is the physician completed U.S./Canadian residency, is no longer board eligible, or other:

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

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- a. Requests will be initially reviewed by a PTSF staff member, redacted, then presented to the Standards Committee and/or the Executive Committee to determine if additional information is required and make a recommendation to the PTSF Board of Directors (Board).
  - b. The Board shall either:
    - (1.) Grant temporary approval of the Alternate Pathway
    - (2.) Deny approval of the Alternate Pathway
  - iii. Temporary approval enables this provider to care for trauma patients for a period not to exceed 16-months.
  - iv. Notification of decision will be communicated to the requesting hospital and will include the expiration date of the temporary approval and the due date of the application for Phase 2.
2. Trauma Performance Review Cycle
  - A. During the period between the temporary approval and the Phase 2 submission date, approximately 12-16 months, the trauma program will review all trauma care provided by the physician through the performance improvement process.
  - B. It is expected that the morbidity and mortality results for patients treated by the physician compare favorably with the morbidity and mortality results for comparable patients treated by other members of the trauma team.
3. Application for Alternate Pathway, Phase 2
  - A. Hospital submits the Alternate Pathway Phase 2 Form (Appendix B) and required supporting documentation to the PTSF Accreditation Coordinator via email.
    - i. Required Documentation:
      - a. Alternate Pathway Phase 2 Form
      - b. Letter signed by the TPMD attesting that the physician meets all other qualifications for members of the trauma team.
      - c. Documentation demonstrating at least 50% participation in the trauma performance improvement/peer review meetings,.
      - d. CME documentation, this must include the title of the event and the number of hours related to trauma care., Completion of 12 hours annually during the previous 12-month review period.
      - e. Current ATLS certificate
      - f. Evidence of active membership in at least one national or regional trauma organization
      - g. Evidence of attendance at one national or regional trauma organization member meeting
      - h. Morbidity and mortality data, and performance improvement assessment by the TPMD.
    - ii. Submitted forms and documents will be redacted then reviewed by the PTSF Standards Committee and/or Executive Committee for recommendation to the Board.
    - iii. The Board shall either:
      - a. Grant permanent approval of the Alternate Pathway
      - b. Deny permanent approval of the Alternate Pathway
    - iv. PTSF will notify the requesting TPMD and Trauma Program Manager of the Board's decision.
    - v. Permanent approval enables this provider to care for trauma patients at the requesting institution.

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

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#### 4. Ongoing Monitoring

- A. The hospital will disclose the alternate pathway within the Application for Survey (AFS) on all future submissions.
- i. Physicians participating in an alternate pathway approved prior to January 1, 2026, must maintain the following:
    - a. Evidence of 36 hours in three years or 12 hours annually of trauma-related CME
  - ii. Physicians participating in an alternate pathway approved on or after January 1, 2026, must maintain the following:
    - a. Evidence of 36 hours in three years or 12 hours annually of trauma-related CME during the survey cycle. For pediatric trauma care, nine of 36 hours must be pediatric-specific CME.
    - b. Evidence of current ATLS certification.
    - c. Evidence of active membership in at least one national or regional trauma organization
    - d. Evidence of attendance at one national or regional trauma organization member meeting during the reporting period.
    - e. Trauma multidisciplinary PIPS committee meeting attendance rate of 50 percent or more during the reporting period.
- f. Attestation that the processes and outcomes of care are comparable to that of other physicians. B. The hospital will identify the medical records chosen for survey medical record review that includes care by the alternate pathway provider(s) using the PTSF template, Alternate Pathway Provider Medical Record Form, available on the PTSF website in the Trauma Accreditation Site Survey section.
- i. The completed template will be electronically submitted to the identified PTSF Staff Lead one week prior to the survey visit.
  - ii. On survey day, the surveyors will review and comment on the alternate pathway providers' care in the medical record review.
  - iii. During deliberations, the Board will be alerted to medical records that include care by an alternate pathway provider.

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Approved by PTSF Board of Directors and/or Executive Committee:

Original Date: 03/10/2004

Revise Date: 06/27/2013, 12/07/2018, 07/11/2019, 09/16/2021, 12/11/2025

Review Date: 04/01/2016, 07/01/2019, 02/13/2023

**Appendix A: Application for Alternate Pathway, Phase 1**

*Submit at time of hire or assignment as trauma team member*

Trauma Program Medical Director requesting variance:	
Institution:	
Name of physician requiring Alternate Pathway:	
Specialty of physician requiring Alternate Pathway:	
Is this physician serving as the subspecialty liaison?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of request:	
Date physician begins assignment as trauma team member:	
Reason for Alternate Pathway Request:	<input type="checkbox"/> non-U.S./non-Canadian trained <input type="checkbox"/> completed U.S./Canadian residency, no longer board eligible <input type="checkbox"/> other, specify

Alternate Pathway Criteria	Evidence Submitted to PTSF
Number of physician specialists in community is limited.	<input type="checkbox"/> Letter signed by Trauma Program Medical Director (TPMD) attesting: <ul style="list-style-type: none"> <li>• The number of physician specialists in the community is limited.</li> <li>• The quality and length of the residency program completed by the physician is consistent with the years of training in the US (If not completed in the US).</li> <li>• The physician’s participation in an internal educational process and the PIPS program.</li> </ul>
Evidence of participation in an internal educational process conducted by the trauma program based on principles of practiced-based learning and the PIPS program.	
Evidence that the <b>non-U.S. or non-Canadian trained</b> 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	

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

Alternate Pathway Criteria	Evidence Submitted to PTSF
<p>program that is consistent with the years of training in the United States.</p> <p><i>N/A for U.S. or Canadian trained physicians</i></p>	<p><input type="checkbox"/> Copy of residency certificate</p>
<p>Current curriculum vitae.</p>	<p><input type="checkbox"/> Copy of curriculum vitae</p>
<p>Evidence that the physician is licensed to practice medicine in Pennsylvania.</p>	<p><input type="checkbox"/> Copy of license</p>
<p>Evidence that the <b>U.S. or Canadian-trained</b> physician successfully completed a residency training program in general surgery, neurosurgery, orthopedic surgery, emergency medicine, radiology or anesthesiology.</p> <p><i>N/A for non-U.S. or non-Canadian trained physicians</i></p>	<p><input type="checkbox"/> Copy of residency certificate</p>
<p>Evidence that the physician is a current ATLS provider or instructor.</p>	<p><input type="checkbox"/> Copy of ATLS certificate</p>
<p>Evidence that the physician is approved for full and unrestricted privileges in the specialty by the hospital's credentialing committee.</p>	<p><input type="checkbox"/> Letter of approval from hospital's credentialing committee</p>
<p>Evidence of active membership in at least one national or regional trauma organization</p>	<p><input type="checkbox"/> Copy of membership in a national or regional trauma organization</p>

**Appendix B: Application for Alternate Pathway, Phase 2**

Submit by due date indicated on Phase 1 Temporary Approval letter

Trauma Program Medical Director requesting variance:	
Institution:	
Name of physician requiring Alternate Pathway:	

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

Specialty of physician requiring Alternate Pathway:	
Date of temporary approval letter:	

Alternate Pathway Criteria	Evidence Submitted to PTSF
Meets all other qualifications for members of the trauma team.	<input type="checkbox"/> Letter signed by the TPMD.
Evidence that the physician participated in at least 50% of the trauma performance improvement/peer review meetings during the previous 12-month review period	<input type="checkbox"/> Documentation demonstrating attendance and participation.
Evidence that the physician has completed trauma-related continued education <ul style="list-style-type: none"> <li>• 12 hours CME annually in the previous 12-month review period</li> <li>• For pediatric trauma care, three of 12 hours must be pediatric-specific</li> </ul>	<input type="checkbox"/> Documentation of CME completion, including the title of each event and the number of hours
Evidence that the physician is a current ATLS provider or instructor.	<input type="checkbox"/> Copy of ATLS certificate
Evidence of active membership in at least one national or regional trauma organization	<input type="checkbox"/> Copy of membership in a national or regional trauma organization
Evidence of attendance at one national or regional trauma organization member meeting during the review period.	<input type="checkbox"/> Copy of attendance certificate at a national or regional trauma organization member meeting
Experience in caring for trauma patients, reflected by a performance improvement assessment by the TPMD demonstrating that the morbidity and mortality results for patients treated by the physician compare favorably with the morbidity and mortality results for	<input type="checkbox"/> Documentation of performance improvement assessment by the TPMD, and data that details morbidity and mortality comparing the physician requiring Alternate Pathway to other members of the trauma team.

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

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Alternate Pathway Criteria	Evidence Submitted to PTSF
comparable patients treated by other members of the trauma team.	