

CPOS Paediatric Orthopedic Fellowship Program Accreditation

Fellowship Accreditation Application Form

Accreditation cycle: **July 2027** start date (submission deadline: September 1, 2026)

Submit completed application by email to: CPOS@canorth.org

1. Program Information

Please complete all fields. If a field does not apply, write "N/A". Attach additional pages if required and label them clearly (e.g., "Appendix – Clinical Exposure, Page 1").

Institution / Primary Site:	
Program Name:	
Program Director:	
Email:	
Phone:	
Administrative Contact (if any):	
Fellowship Length:	<input type="checkbox"/> 1-year <input type="checkbox"/> Other (specify):
Number of Fellowship Positions / year:	

2. Accreditation Checklist

Incomplete applications will be returned for completion without review.

Before submission, confirm that each item below is included. Incomplete applications may not be reviewed.

- Completed Fellowship Accreditation Application Form (this document).
- Anonymized case log(s) for the preceding 1 year per fellow, OR site case log for new programs.
- Faculty list with fellowship training and required confirmations.
- Description of feedback process (including semi-annual meetings).
- Orientation plan (including required written communications).
- Safe work environment and mistreatment reporting mechanism (with documentation of communication).

3. Clinical Exposure

In alignment with POSNA guidelines, a minimum operative exposure of 250 cases in patients <18 years old (per fellow; as first assist or primary operator) is required. A minimum of 46 weeks of clinical duties is required to consider a 1-year fellowship complete.

3.1 Case Log

Attach the anonymized case log(s) . Do not include any patient identifiers.

Number of fellows:	
Number of cases:	

3.2 Trauma Exposure (300 words or less)

Describe call requirements and/or access to daytime trauma slates, including frequency and supervision structure.

Response:

3.3 Exposure to Basic Paediatric Orthopedic Conditions (300 words or less)

Describe clinical exposure ensuring breadth across core conditions (e.g., DDH, clubfoot, leg length discrepancy, coronal plane malalignment, normal variants). Include approximate frequency/clinic structure.

Response:

3.4 Subspecialty Clinical Experiences (300 words or less)

List subspecialty clinic opportunities available on-site and off-site (e.g., limb reconstruction, hip preservation, hand/upper limb, oncology, neuromuscular, sports, complex foot/ankle). If not available locally, describe how opportunities are arranged.

Response:

3.5 Clinic Frequency and Teaching Rounds

At minimum, the fellow should attend clinic once per week and fellow teaching rounds should occur at least biweekly.

Average clinics attended by fellow per week:	
Teaching rounds frequency:	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
Teaching rounds format:	
Average weeks of clinical duties per year:	

4. Faculty

In alignment with POSNA guidelines, the ratio of attending surgeons to fellowship trainees should be no less than 2:1. Regular faculty must be active CPOS members and Fellows of the Royal College practicing >50% Paediatric Orthopedics, and have at least 1 year of paediatric orthopedic and/or paediatric spine fellowship training.

4.1 Faculty-to-Fellow Ratio

Number of regular faculty:	
Number of fellows:	
Faculty-to-fellow ratio:	: 1
Meets 2:1 minimum:	<input type="checkbox"/> Yes <input type="checkbox"/> No (complete section 4.3)

4.2 Faculty List

List all regular faculty members. Add rows as needed.

Name	Fellowship training (type/year)	Active CPOS member (Y/N)	>50% Pediatric Ortho practice (Y/N)	RCPSC Fellow (Y/N)

4.3 If Faculty-to-Fellow Ratio is < 2:1 (300 words or less)

Provide a detailed explanation outlining educational enrichment and/or clinical exposure augmentation to assure appropriate learning opportunities.

Response:

5. Feedback

Semi-annual progress meetings between the fellow and Fellowship Director are required. Fellows must complete an Annual Program Evaluation due June 1 each year.

Semi-annual progress meetings occur:	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain):
Annual Program Evaluation used:	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain):

6.0 Orientation (300 words or less)

Prior to the start date, the following must be communicated to the fellow in writing: (1) changes to the program after interview, (2) additional costs (College registration, CMPA, university fees/tuition), (3) health insurance availability, (4) conference funding availability. Programs are encouraged to provide a structured orientation at the start of the fellowship.

Describe your orientation plan (in-person and/or written), including expectations for clinical duties, call, research, teaching, and attendance at educational rounds OR attach orientation document.

Response:

7. Safe Work Environment

A mechanism for anonymous reporting of learner mistreatment through the local university must be available. Provide details and documentation that this information is communicated to incoming fellows.

Anonymous reporting mechanism exists:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reporting mechanism (describe/link/title):	
How information is provided to fellows:	

8. Attestation and Signature

By signing below, the Program Director attests that the information provided is accurate and that the program meets (or will meet) the CPOS Fellowship Program Accreditation requirements for the applicable accreditation cycle.

Program Director Name:	
Signature:	
Date (YYYY-MM-DD):	