I. Introduction

The Joint Surgery/Thoracic Surgery program is approved by both the American Board of Surgery (ABS) and the American Board of Thoracic Surgery (ABTS). The program allows for completion of all accredited general surgery program requirements and requirements for ABS certification eligibility; all requirements for ABTS certification eligibility will be met when the PGY-7 level is completed. The joint program enhances a resident’s thoracic surgical education without diluting the general surgery educational requirements. Sixty months of general surgery residency are required prior to ABS certification, and the ACGME Program Requirements for Graduate Medical Education in Surgery apply. The underlying concept is that the PG-4 and -5 years in the general surgery residency are transitional or "cross training" years which will simultaneously fulfill the required general surgery curriculum and begin thoracic surgical education for a thoracic surgery residency. The enhancement in this program format is an alteration of the clinical assignments during the last 24 months of the general surgical experience (PGY-4 and PGY-5) to include specific rotations within general surgery that are directly applicable to the practice of thoracic surgery.

II. Candidate Eligibility

A resident applicant may apply as early as the fourth year in medical school, but must apply before completion of the PG-3 surgery year.

Applicants must spend all years of general surgery residency and thoracic surgery residency at the same institution.

Applicants must be in good standing, and not subject to any current disciplinary actions.

The general surgery program director must certify that the applicant will receive a balanced experience in the Principal Content Areas of Surgery throughout the five years of general surgery education.

After initial approval of the program format at an institution, the thoracic surgery program director must inform the Review Committee for Thoracic Surgery every time he or she accepts an individual into the thoracic surgery residency using this joint program format. The informational correspondence must include:

1. details about the resident’s eligibility, including all previous GME experience;
2. details about the resident’s proposed graduation from both the general surgery program and the thoracic surgery program; and,
3. confirmation that the program does not require an increase in complement to include the resident in the program.

III. Eligibility for Certification

ABS
Following successful completion of the surgery program and meeting ABS requirements, residents may apply to take the Qualifying Examination (QE). Candidates who are successful in the QE may sit for the ABS Certifying Exam (CE).

ABTS
Eligibility for ABTS certification will not occur until the end of the PG-7 year, following successful completion of the thoracic surgery residency program. All ABS and ABTS rules and procedures apply.

IV. Oversight

Any general surgery and thoracic surgery programs meeting the requirements outlined below may apply for approval of a joint program. The progress and success of the programs will be continually evaluated to ensure the equivalency or superiority as compared with conventional residencies.

The review and approval of program applications will be the sole responsibility of the Review Committees for Surgery and Thoracic Surgery. Program directors will be asked to report any problems to the applicable Review Committee at and following implementation, and also to report the performance of resident participants on the in-service, qualifying, and certifying examinations.

V. Outcome Measures

Specific outcome measures are used to judge a program’s success, including:

1. first-time pass rates on the QE and CE of the ABS and ABTS for graduates of these programs compared with their peers in conventional programs;

2. operative experience records of graduates of these programs as compared with those of other residents in the same institution (Note: all residents in these programs must meet the minimum requirements of both Review Committees and Boards regarding the volume, variety, and breadth of operative experience); and,

3. measures of resident satisfaction, including the attrition rate of residents in these programs compared to their peers in conventional residencies.

The application for the joint program must address the following areas:

I. Program Format Requirements

1. Only those institutions currently possessing both an ACGME-accredited general surgery residency program and an ACGME-accredited thoracic surgery residency program are eligible to participate. The designated institutional official (DIO) of the sponsoring institution must submit a letter of commitment and support for the joint
program with the application. The application must be co-signed by the DIO, the general surgery program director, and the thoracic surgery program director.

2. The program directors of both programs must provide documentation of their individual commitment and ability to meet the requirements.

3. Both the general surgery and thoracic surgery residency programs and the sponsoring institution must be in substantial compliance with the ACGME Program and Institutional Requirements. Both residency programs must possess a Continued Accreditation status. (The Review Committees will review the accreditation histories of both programs and the institution; this information is routinely appended to an application by ACGME staff members.)

4. Documentation must be submitted to show that both programs' pass rates for first-time takers for the ABS and ABTS examinations meet or exceed requirements.

5. The application must include a specific curriculum for all years that has been approved by both program directors. The curriculum must clearly identify the required components as explained below. This curriculum will be reviewed and approved by both Review Committees.

6. General Surgery Content Areas
   *Those rotations denoted with an asterisk have been identified by the ABTS as areas of expertise specifically applicable to the education of a thoracic surgeon. It is in these areas that appropriate "cross training" can occur within the last 24 months of general surgical residency. These specific areas are already included within the content of a standard general surgery residency.

   a. **Principal Content Areas**
      - Abdomen
      - Alimentary tract*
      - Head and neck
      - Skin, soft tissue and breast
      - Endocrine surgery
      - Surgical oncology*
      - Trauma/burns
      - Critical care*
      - Vascular surgery*
      - Pediatric surgery
      - Transplantation*

   b. **Secondary Content Areas**
      - Plastic surgery
      - Thoracic surgery*
      - Endoscopy*

   c. **Technical Experiences**
      - Laparoscopy
      - Advanced laparoscopy*

   d. **Other Specialty Areas**
      - Anesthesia
      - Gynecology
      - Neurological surgery
      - Orthopaedic surgery
      - Urology

7. Requirements by PG Year
a. Thirty-six of the first 48 months of the general surgery program must be documented in areas 6a, b, and c above.

b. Twelve additional months will be spent in the Principal Content Areas in the PG4 and 5 years (6a above).

c. During the PG4 and 5 years, a minimum of 12 months must be spent as a chief resident in general surgery in the Principal Content Areas (6 above). Thus, the total Content Area time will be 48 of the 60 general surgery months.

d. The majority of the chief year must be spent in the PG5 year. (N.B.: A chief resident rotation is defined as one in which the resident is the most senior resident on the service, is directly responsible for overseeing all patients on that service, and reports directly to the responsible attending physician. The chief resident must be responsible for pre-operative, operative and post-operative care of patients on that service. The volume and complexity of cases performed must be appropriate for the chief resident level).

e. No more than six of the 24 months in the PG4 and 5 years may be devoted exclusively to any one of the Principal Content Areas in general surgery.

f. Those rotations designated as important to the preparation of a thoracic surgeon may comprise a minimum of eight months, but not more than 12 months, of the PG4 and 5 years. Some of these rotations will be Primary Content Areas (i.e., vascular surgery, surgical critical care), some will be Secondary Components (i.e., thoracic surgery, endoscopy, laparoscopic surgery) and some will be in areas not currently classified in the general surgery curriculum (i.e., cardiac surgery).

It is anticipated that these eight-12 months of thoracic surgery educational preparation will be assigned throughout the PG4 and 5 years; however, the majority of these assignments must occur in PG4 year.

g. All 24 months of the PG4 and 5 years must be spent in clinical assignments and cannot include research rotations.

8. Attestations Regarding Resident Classification and Supervision

a. During the PG-1-4 years, the general surgery program director will be directly responsible for joint program residents regarding evaluation and supervision.

b. During the PG-5 year, the two program directors will share these responsibilities.

c. Residents will be classified as categorical general surgery residents on the surgery roster during the PG1-5 years.

d. In the PG6 and 7 years, the thoracic surgery program director will assume these responsibilities, and residents will be on the thoracic surgery roster as thoracic surgery residents.
e. The general surgery program director will be required to sign attesting to these residents’ successful completion of the surgery program.

Submit all materials in one package to:

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Address questions or concerns to: dlamb@acgme.org or 312.755.5499.