COMMITTEE WELCOMES NEW MEMBERS

The Review Committee welcomes four incoming members: Dr. Donald Buck (resident member), Dr. Kevin Chung, Dr. Juliana Hansen, and Dr. Robert Webber, whose six-year terms began July 1, 2011.

The Committee extends its sincere gratitude and appreciation to Dr. Robert Havlik (chair), Dr. Gregory Borah (vice chair), Dr. Jeffrey Kozlow (resident), and Dr. Thomas Stevenson, for their exemplary dedication, commitment, and service over the last six years. Their terms concluded June 30, 2011.

Review of Committee Decisions

**Plastic Surgery – Independent**

- 71 total programs; 16 programs reviewed
  - Initial Accreditation: 2
  - Continued Accreditation: 8
  - Progress Reports: 5
  - Complement Changes: 1

**Plastic Surgery – Integrated**

- 31 total programs; 4 programs reviewed
  - Initial Accreditation: 1
  - Continued Accreditation: 2
  - Progress Reports: 1

**Craniofacial Surgery**

- 5 total programs; 2 programs reviewed
  - Initial Accreditation: 1
  - Continued Accreditation: 1

**Plastic Surgery of the Hand**

- 16 total programs; 4 programs reviewed
  - Continued Accreditation: 3
  - Progress Reports: 1

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**NOTIFICATION DEADLINES**

**5 DAYS AFTER MEETING:**

- E-mail notification of review status/cycle length automatically sent to program director and DIO.

**60 DAYS AFTER MEETING:**

- E-mail alert sent stating that letter of notification is posted in ADS.
  - Review Committee staff members are unable/not permitted to discuss the Committee’s action or specific details of the areas of non-compliance.*
COMMITTEE SUPPORT FOR ELIMINATION OF THE “COMBINED” PROGRAMS
In support of the American Board of Plastic Surgery’s (ABPS) decision to eliminate the “combined” program format, the Committee voted to amend the program requirements, eliminating PR Int.B.1.a) “At least three years of clinical education with progressive responsibility in a single ACGME- or RCPSC-accredited surgery residency program. A transitional year or rotating internships may not be used to fulfill this requirement.”

The Committee defined the implementation of conversion procedures at its May meeting. “Combined” programs may:

a. request that their programs be converted to an integrated format; OR
b. remain an independent program.

The Committee agreed on the following timeline:

• Conversions may begin as early as July 1, 2012.
• The last conversion request will have a start date of July 1, 2015.
• The last start date for residents grandfathered into the “combined” format will have a start date of July 1, 2018.

If “combined” programs and their institutions wish to convert to an integrated program format, a site visit will not be required. If programs and institutions wish to add a second program format, then a site visit will be required.

To request a conversion from a “combined” to an integrated program format, submit the following items to the ACGME offices, to the attention of Dr. Peggy Simpson, Executive Director for the Review Committee for Plastic Surgery:

1) Information regarding the proposed new complement (positions by PGY-level), an educational rationale, a new block diagram, a response to most recent citations, and a summary of major changes since the program’s last site visit.

2) A list of new participating sites which are not part of the current plastic surgery independent program rotation schedule.

3) Goals and objectives for any new rotation (e.g., PGY-1-3 rotations).

4) Curriculum vitae for any new faculty members.

5) A cover letter, co-signed by the designated institutional official (DIO) and program director, describing the requested implementation timeline, and commitment to current residents in the “combined” program.

6) Signed letters noting support for and cooperation with the converted program from involved program directors/division heads/department chairs of those new departments involved in the PG-1-3 years.

If programs in the “combined” formats wish to add both independent and integrated formats, a new program information form (PIF) application for the integrated format must be submitted to ACGME. A site visit will be required when institutions request an additional program format.

• If programs in the “combined” format wish to convert to the integrated format, the independent format would be discontinued.
• Residents currently in the “pipeline” will finish their educations under the format promised when they entered the institution.

TRANSFER CRITERIA FOR INTEGRATED PROGRAMS DEFINED
The Committee and the ABPS agreed to the following “transfer” criteria for all integrated programs.

If residents have completed fewer than five years of a general surgery residency, the following must take place:

• Residents may only transfer into PGY-1, PGY-2, or PGY-3 levels of a plastic surgery integrated program.
• The last four years must be completed within the same program.
• The prior program director must provide certification of completed years of education.
• Transfers beginning in the PGY-1 and -2 years must transfer from an ACGME-accredited surgery, neurological surgery, orthopaedic surgery, otolaryngology, or urology residency program.
• Transfers beginning in PGY-3 year must have competed an ACGME-accredited general surgery, thoracic surgery, or plastic surgery residency, or will require individual consideration by the Review Committee.
• The receiving program director must verify the completed curriculum of the transferring resident.
• A letter of support from the “transferring out” program director must be provided.
• Block diagrams of all completed rotations must be provided.
• The transfer must receive ABPS approval.
• If a temporary increase in complement is needed by the receiving program in order to accept the transferring resident, the request must be entered into ADS. Approval from the Review Committee must be received before the resident enters the program.
DEPARTMENT OF FIELD ACTIVITIES CONTINUES TO EXPLORE NEW APPROACHES TO THE ACCREDITATION SITE VISIT

Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities and Managing Editor, JGME

Continuation of a Pilot to Increase Resident/Fellow Input during Site Visits

To explore whether textual comments from residents and fellows could be introduced into the site visit interview process, during the spring of 2011 the ACGME Department of Field Activities (DFA) is conducting a pilot in which the field representative will ask residents/fellows to compile a single, program-level list of up to five topics (strengths and opportunities for improvements) for further discussion during the interview. The list is requested through a note to the program director. The list will be held confidential, and residents/fellows are asked to e-mail it to the field representative, or bring it to the site visit interview. This program was predated by a smaller pilot with participation by eight members of the field staff.

Residents’ Responses and Perceptions of the Pilot

The consensus lists have provided a sense of residents’/fellows’ perceptions of their programs’ strengths and areas with opportunities for improvement. The information also offers the ACGME insight into residents’ unique perspective on their program and the accreditation standards. It affirms the value of many of the questions currently asked in the Resident Survey, and may also serve to highlight areas of high relevance for possible addition to a future iteration of the survey. Resident and fellow comments have also included questions and feedback about changes to the ACGME Program Requirements, such as the new common duty hour requirements. Residents and fellows alike have commented favorably on the way the pilot has increased their engagement in the site visit process, including those in larger programs who do not participate in the site visit interview.

Other Site Visit Pilots

The DFA will evaluate the pilot through June, 2011, and will continue to explore this and other mechanisms to increase resident and fellow input. One pilot in early evaluation entails a simple change in the sequence of the site visit process to have the resident/fellow interview completed first in the day, after a brief introductory meeting with the program director. All other interviews, review of data, and tours of facilities, if conducted, will be used to verify and clarify the information obtained during the resident/fellow interview. Currently, eight members of the field staff are assessing the benefits and any drawbacks of this approach. Several small early tests of aspects of the site visit under a new accreditation model also are underway. These do not involve programs with a scheduled ACGME accreditation site visit.

DUALITY OF INTEREST TAKEN SERIOUSLY BY THE REVIEW COMMITTEE

While ‘conflict of interest’ implies a financial situation which can improperly influence the decision of the member of an organization, ‘duality of interest’ implies any other situation which can influence a decision. Examples of duality of interest for a Review Committee member can include being from the same state in which a program under review is located, having worked in an institution housing a program under review, or having a close relationship with the department chair or program director of a program under review. When reviewing programs, members of the Review Committee for Plastic Surgery recuse themselves when there is a duality of interest that might influence their decisions regarding a program’s accreditation status. Recusals always occur for those Committee members from the same state as the program under review to avoid any conflicts of interest. ACGME staff members provide periodic education on and monitoring of conflict and duality of interest for all Review Committees to ensure the policy on this issue is constantly in mind, and always governs the way in which business is conducted during meetings.

LEADERSHIP SKILLS TRAINING PROGRAMS

After three successful sessions in 2010, the ACGME is proud to announce another year of workshops directed toward incoming (“rising”) chief residents in 2011. Attendants at the 2010 ACGME Leadership Skills Training Programs described the profound effect this program had on their learning, their leadership, their work, and their lives:

“[A] revolutionary program that needs to be instituted and mandatory for all incoming chief residents. The program will definitely create a ‘ripple effect.’”--Florida attendee

“It was a really good self realization experience which I know will help me not only with my daily interactions as a chief resident, but also as an individual in life as well.”--Chicago attendee

“There was a good mix of different subjects designed to help us identify our strengths and weaknesses and this has a huge impact on how well we will function as chiefs.”--Pennsylvania attendee
Consequently, for 2011 the ACGME expanded the calendar to include five three-day workshops this spring in Chicago, Illinois (two workshops); Jacksonville, Florida; Philadelphia, Pennsylvania; and Redondo Beach, California.

The ACGME Leadership Skills Training Program for Chief Residents is an intense workshop that introduces a model of leadership combining a mixture of didactic and experiential learning techniques to provide a transition into the role of chief resident. The program consists of small-group sessions and exercises. Participants receive the tools, skills—and a learning environment—to enhance their understanding of interpersonal communication and group dynamics, as well as their own management strengths and weaknesses in order to excel in the role of chief resident. The workshop will enhance their abilities to effectively manage conflict, to give and receive constructive feedback, to handle stress, and to collaborate with non-physician administrators.

This program is an opportunity for rising chief residents to grow and develop, and to collaborate with chiefs across specialties, as well as promote effective teamwork among their own specialty residents.

For more information, including registration, visit the Workshop page on the ACGME website: [http://www.acgme.org/acWebsite/meetings/me_leaderskills.asp](http://www.acgme.org/acWebsite/meetings/me_leaderskills.asp).

ACGME RESIDENT CASE LOG SYSTEM

Although not an explicit requirement, the Committee encourages programs to ensure residents are directly involved in reporting their operative cases in the ACGME Case Log System. It has become more apparent that residents are not entering their own cases, and that program staff (e.g., the program coordinator) handle this responsibility. Although the ultimate responsibility for accurate and complete submission of data resides with the program director, (PR II.A.4.f)), the Committee believes this task to be a valuable learning activity for program residents.

UPDATE ON IMPACT OF APPROVED REVISIONS TO COMMON PROGRAM REQUIREMENTS ON SPECIALTY-SPECIFIC REQUIREMENTS

Revisions to the ACGME Common Program Requirements related to duty hours in the learning and working environment were approved by the ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revised Common Program Requirements include several sections that necessitate further specialty-specific requirements or definitions, several of which required immediate action by the Review Committees. A summary of the specialty-specific duty hour definitions developed by the Review Committees and approved at the February 2011 ACGME Board meeting is posted on the ACGME website at [http://www.acgme.org/acWebsite/dutyHours/Specialty-specific_DH_Definitions.pdf](http://www.acgme.org/acWebsite/dutyHours/Specialty-specific_DH_Definitions.pdf) (a direct link can be found on the home page). The remaining identified areas for Review Committee action will be developed over the next year for implementation in July 2012.

Each set of specialty-specific program requirements will be updated with the revised Common Program Requirements and specialty-specific duty-hour definitions approved at the February 2011 ACGME Board meeting, and will be posted on July 1, 2011.

Questions about this process should be directed to Review Committee staff at the ACGME (contact details are on p. 1 of this newsletter).

RESIDENT SURVEY

A new version of the Resident Survey was made available on January 12, 2011 for participation by all programs with four or more residents. There are now 34 questions, and the duty hour questions appear first. All forced yes/no questions were eliminated, and every question has been re-worded by the survey research team at the University of Wisconsin. There are now two new questions related to teamwork. Any areas identified by residents as potentially non-compliant with program requirements are specifically addressed by the site visitor. If the site visitor confirms a pre-identified area of concern, the Review Committee will cite that as an area of non-compliance with the ACGME standards in a program’s Letter of Notification following the formal review. If the site visitor cannot verify a potential area of non-compliance per the survey results, the Review Committee will consider all of the program’s accreditation materials, and while a formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs should be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for non-compliance are established based on this information. Programs across specialties that are identified as having a series of non-compliant responses (either annually or in consecutive program reviews) may be required to submit a Duty Hour or Progress Report to their Review Committee or undergo an accreditation site visit at an earlier date than stated in the program’s most recent Letter of
ACGME Resident Survey Aggregate Reports are Useful to Programs, Sponsoring Institutions, and ACGME Review Committees

A common topic facing Review Committees is the disposition of results of the Resident Survey and how the results in particular may impact a program’s accreditation status. The ACGME and its Review Committees take residents’ engaged participation in this annual survey very seriously. In response to numerous recent inquiries regarding this topic, the ACGME wanted to provide clarification on how it utilizes the information gleaned from survey responses.

Use in Program Evaluation: Review Committees, programs, and sponsoring institutions consider residents’ evaluations of their programs important sources of information about program quality (CPR V.C.). Since the implementation of the annual ACGME Resident Survey in 2004, many programs and sponsoring institutions have used its results to focus improvement efforts, and as one method of gathering resident input. After the survey window closes, the program director and DIO can assess an aggregate summary of the results for their individual program or sponsoring institution, and implement an action plan to address issues of concern. In addition, many programs and institutions use their own survey to assess programs that are not eligible to complete the ACGME survey (i.e., fellowship programs with fewer than four fellows) or to explore topics of local or institutional relevance.

Use during Accreditation Site Visits: During site visits, the ACGME field staff representatives use the results of the ACGME Resident Survey, along with other information provided by the program or institution, to verify and clarify issues during this part of a program's accreditation assessment. Information from the site visit, along with all other accreditation documents, is considered by the Review Committee to determine accreditation outcomes.

Use by the ACGME and Review Committees: Beginning in 2007, the ACGME and its Review Committees initiated standardized follow-up with programs and institutions when the results of the Resident Survey exceeded an established ACGME compliance threshold for duty hours (these plans were communicated to the GME community in a special message from Dr. Thomas Nasca in September 2008, as well as through individual Review Committee newsletters). Then, in 2009, the Council of Review Committees and ACGME senior leadership discussed methods for aggregating data from multiple areas of interim (between site visits) information about programs and sponsoring institutions. Additionally, the aggregation of individual survey questions into domains of program functioning (faculty, evaluation, educational content, resources, duty hours) offers a way to learn about areas and patterns of noncompliance that may be present in a program.

Results Available in ADS: DIOs and program directors are encouraged to continue using the results of the ACGME Resident Survey as an ongoing quality improvement tool. Multiple reports are available to provide this resource to programs and institutions via ADS:

• Programs can view the 2010 Resident Survey National Data Overall report by selecting “Resident/Fellow Survey” from the left-hand menu, and then clicking on “National Data.” DIOs can view this same report selecting “Reports” from the left-hand menu, clicking on “Reporting Tools,” and then clicking on “Resident Survey National Data Overall.”

• DIOs can view the Aggregate 2009-2010 Institution Level Resident Survey report for each sponsoring institution by selecting “Reports” from the left-hand menu, clicking “Reporting Tools,” and then clicking the “Institution Level Resident Survey Results” link and selecting the 2009-2010 academic year.

• 2009-2010 Resident Survey individual reports have been reposted with a new column that displays the “National Noncompliance Rate.” Programs can view the report by selecting “Resident/Fellow Survey” from the left-hand menu, and then clicking on “Aggregate Report.” DIOs can view this report by selecting “Program & Resident Info” from the left-hand menu, clicking “View and Update Sponsored Programs,” and then selecting the report link for each program under the “Resident/Fellow Survey Report” column.

• Programs can view the Aggregate 2007-2010 Combined Resident Survey Results report for programs with fewer than four active residents: by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “Aggregate Report.” DIOs can view this report by selecting “Program & Resident Info” from the left-hand menu, clicking on “View and Update Sponsored Programs,” and selecting the report link for each program under the “Resident/Fellow Survey Report” column.

• The 2010 Resident Survey National Data for Specialty-Specific Questions report is only
available for specialties that have a specialty-specific survey section. Programs can view the report by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “National Data—Specialty-Specific Questions.” DIOs can view this report by selecting “Reports” from the left-hand menu, clicking on “Reporting Tools,” selecting “Resident Survey National Data—Specialty-Specific Questions,” and then selecting the 2009-2010 academic year.

• Programs can view the **2010 Resident Survey National Data by Core Specialty** report by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “National Data by Core Specialty.” DIOs can view this report by selecting “Reporting Tools” from the left-hand menu, clicking on “Reporting Tools,” and then selecting “Resident Survey National Data by Core Specialty.”

**THE RESIDENT REVIEW**

Periodically, you may see a link in the weekly e-Communication to the newest issue of Resident Review, the ACGME’s online newsletter for residents. The newsletter, which has been published twice annually since 2006, includes news articles, opinion pieces and lists of useful websites and upcoming meetings.

*Resident Review* was developed to educate residents about the purpose and function of the ACGME, and to provide a forum for members of the Council of Review Committee Residents (CRCR) and other residents to pen opinion pieces. Residents have written about such topics as intergenerational communication among physicians, the importance of getting involved in organized medicine, and how to develop leadership skills, among others.

In addition to the resident-written columns, *Resident Review* includes brief news articles on subjects of interest to residents. Over the past four years, we have published articles on the role of DIOs, how the Office of Resident Services helps residents, summaries of CRCR meetings, what residents can expect during a site visit, and the experiences of residents testing the ACGME Learning Portfolio.

Currently, the ACGME depends on program directors, program coordinators, and DIOs to distribute the newsletter to residents. We hope that you forward the link to *Resident Review* from the e-Communication to your residents, or print copies and post them in an area where residents gather.

The latest issue can be viewed [here](#).

Article ideas and comments are welcome. Please send ideas or suggestions to the editor, Julie A. Jacob, manager of corporate communications, juliej@acgme.org, or to Marsha Miller, associate vice president of resident services, mmiller@acgme.org.

**REQUESTS FOR VOLUNTARY WITHDRAWAL MUST BE SUBMITTED THROUGH ADS**

ACGME policy permits a program or sponsoring institution to request voluntary withdrawal of accreditation when a decision has been made by that program or institution to discontinue participation in ACGME accreditation. Requests for voluntary withdrawal of accreditation must be submitted using ADS. Review Committee staff will not accept letters requesting this action sent directly to them. The program director initiates the request within ADS by answering a series of questions, including: the proposed effective date which should coincide with the end of the current academic year; the reason for program closure; and a plan to place all active residents in other programs. Once submitted, ADS automatically generates an e-mail to the DIO requesting approval. Once the DIO approves the request, ADS notifies the Review Committee staff. After a staff member processes the request, the program director and DIO receive official notification, and the accreditation status is changed to voluntary withdrawal.

DIO approval of this request for voluntary withdrawal of the program or sponsoring institution finalizes the request, which means the program:

1. **may not** accept new residents/fellows
2. **may not** request “reversal” of the action (regardless of the proposed effective date)

The program or institution **may seek** accreditation at a future date by undergoing the application process pursuant to ACGME policy. See “How to Apply for Accreditation in Seven Easy Steps” on the Program Director & Program Coordinator area of the ACGME website for an overview.

**ACGME POLICY ON OUTSIDE VENDORS**

Intermittently, the ACGME is made aware of an increased effort by software vendors, accreditation consultants, former employees, former Review Committee members, and other organizations, to solicit business from ACGME-accredited residency/fellowship programs and sponsoring institutions. The ACGME does not endorse any vendors of software, newsletters, educational services, consulting services or other products. We provide no information to these entities other than that which is publicly available on
our website (accessed by going to: www.acgme.org; clicking “Search Programs/Sponsors”; clicking “Accredited Programs”; selecting the specialty/program; then click “View Details” to see the program’s contact information and general information about its accreditation, including accreditation status and approximate date of next site visit). Services provided by these outside vendors have no guarantee with regards to a program’s accreditation status.

PROGRESS REPORTS TO THE COMMITTEE
The Review Committee continues to remind program directors that progress reports should only be submitted for review upon request, as noted specifically in the accreditation notification letter. The Committee will not review unsolicited progress reports. Such reports will be administratively acknowledged with no further action. It is also important to note that the Review Committee does not rescind (remove) citations from a program’s history upon review of a (requested) progress report. A progress report should update the Committee on how the program is addressing those areas identified for comment in the Committee’s request for the report. Citations can only be identified as corrected at the time of a full program review when they are thoroughly evaluated through the site visit and review of accreditation materials.

ACGME.ORG QUICK LINKS
• ACGME Duty Hour Standards information and resources
• Virtual Program Director Handbook
• FAQs on Master Affiliation Agreements and Program Letters of Agreement
• Case Log Tutorials, or follow these steps from the ACGME home page:
  1. Click “Data Collection Systems” from the left-hand main menu
  2. Click “Resident Case Log System” from the next drop-out menu
  3. Click “Case Log Information” from the next drop-out menu
  4. Select the top link on the next page (“New Resident Case Log System Tutorials Web page”)
• ACGME Data Book

Save the Date:
Basics of Accreditation for New Program Coordinators
November 14, 2011
ACGME Headquarters, Chicago, IL
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more information and registration details at: www.acgme.org/acWebsite/meetings/me_adminwork.asp

Save the Date:
2012 ACGME Annual Educational Conference
March 1-4, 2012
Walt Disney World Swan and Dolphin
Orlando, Florida

**more information to follow**

We’d like to know how we’re doing. The ACGME’s Department of Accreditation Committees has been working to improve newsletter content. Please e-mail the editor (mschwab@acgme.org) with feedback on articles in recent issues -- were they useful? interesting? informative? what are we missing? what would make them better? Thank you for your input!