ACGME Program Requirements for Graduate Medical Education in General Surgery
Summary and Impact of Focused Requirement Revisions

<table>
<thead>
<tr>
<th>Requirement #: Int.B</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<tr>
<td>The practice of surgery encompasses the provision of comprehensive care to the patient with surgical disorders of the abdomen and its contents; the alimentary tract; skin, soft tissues, and breast; endocrine organs; and trauma. It provides the foundation for the surgical evaluation and management of patients with oncologic, vascular, pediatric, and intensive care disorders. Comprehensive care includes (but is not limited to) the evaluation, diagnosis, and treatment (both operative and non-operative) of surgical disorders, as well as the appropriate disposition and follow-up of the patients with those disorders. In order to provide optimal comprehensive care, the surgeon must effectively function in interprofessional and, often, multidisciplinary teams, frequently in a leadership role.</td>
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1. Describe the Review Committee’s rationale for this revision: The Program Requirements do not address the scope of continuity of care for the surgical patient from pre-operative, through intra-operative, to post-operative care within multidisciplinary teams.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The ability to function in interprofessional and multidisciplinary teams and provide comprehensive patient care should improve patient care and safety, and also upon graduation, ensure a competent independent practicing surgeon.

3. How will the proposed requirement or revision impact continuity of patient care? Continuity of care is improved when surgeons participate in comprehensive patient care, which includes evaluation, diagnosis, and treatment (both operative and non-operative) of surgical disorders, as well as the appropriate disposition and follow-up of the patients. Therefore, clarifying the expectation that programs will engage residents in the continuum of care, and therefore, establish proficiency/competency in the continuum of care will improve the continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? The proposed requirement will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs? There is no anticipated impact on other ACGME-accredited programs.
Requirement #: **Int.B.1**

Requirement Revision (significant change only):

The goal of a surgical residency program is to prepare the resident (1) to perform function as a qualified practitioner of surgery at the advanced level of performance expected of a board-certified specialist, and (2) to direct interprofessional and multispecialty teams necessary for the care of surgical patients. The education of surgeons in the performance practice of general surgery encompasses (1) both didactic instruction in the basic and clinical sciences of surgical diseases and conditions; (2) as well as education in procedural skills and operative techniques; and (3) preparation for the life-long provision of comprehensive care to surgical patients. The educational process must lead to the acquisition of an appropriate fund of knowledge and skills (including technical skills), the ability to integrate the acquired knowledge into the clinical situation, and the development of surgical judgment.

1. **Describe the Review Committee’s rationale for this revision:** The Committee is establishing clarity around the educational and training goals of a surgical residency program, which includes providing the opportunities necessary for development of competency in directing multidisciplinary and multispecialty teams, as well as preparedness for the life-long provision of comprehensive care to surgical patients.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?** The Committee believes the proposed revision will improve the training of surgical residents by further defining the expectations for resident education in order for graduates to practice competently and independently.

3. **How will the proposed requirement or revision impact continuity of patient care?** Continuity of care is improved when surgeons participate in comprehensive patient care, which includes evaluation, diagnosis, and treatment (both operative and non-operative) of surgical disorders, as well as the appropriate disposition and follow-up of the patients. Therefore, clarifying the expectation that programs will engage residents in the continuum of care, and by doing so, establish proficiency/competency in the continuum of care will improve the continuity of patient care.

3. **Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?** The proposed requirement will not necessitate additional institutional resources.

4. **How will the proposed revision impact other accredited programs?** There is no anticipated impact on other ACGME-accredited programs.
Requirement #: II.A.1.b)

Requirement Revision (significant change only):

The Review Committee must approve the qualifications of the program director. (Core)

1. Describe the Review Committee’s rationale for this revision: The addition of this requirement clarifies that although a program director is appointed by an institution, an appointee’s qualifications must be reviewed and approved by the Committee. While some may feel that the institution’s decision should prevail, the Committee has been presented with numerous program director appointments that required either reconsideration due to lack of qualifications or more information to ensure that they have the experience and ability to lead the program. The Committee feels strongly that it needs to continue to approve new program directors and to ensure that is clearly articulated in the Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? This requirement ensures that the Committee’s expectations for program director qualifications are met.

3. How will the proposed requirement or revision impact continuity of patient care? This has been the routine and expected practice of the Committee for many years. This simply codifies the requirement. No impact is expected.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? The proposed requirement will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs? There is no anticipated impact on other ACGME-accredited programs.

Requirement #: II.A.4.w)

Requirement Revision (significant change only):

The program director must ensure that each resident has at least 750 major cases across the five years of training. This must include a minimum of 150 major cases in the resident’s chief year; (OutcomeCore)

1. Describe the Review Committee’s rationale for this revision: The revision is only to change this requirement from a Core Requirement to an Outcome Requirement. The Committee has determined that the use of minimum case requirements constitutes objective and measurable criteria. Graduate resident case log data is used by the Committee to determine substantial compliance of the program in ensuring that residents achieve the minimum required operative experience during training. This data is also reported to the American Board of Surgery and is used in their determination of resident eligibility to sit for the board examination. The Committee’s review of the ACGME definitions of Core and Outcome confirm that Outcome Requirements are “Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education,” whereas Core Requirements are
“Statements that define structure, resource, or process elements essential to every graduate medical educational program.” The Committee feels that meeting minimum requirements constitutes objective measurable criteria and propose that this requirement be categorized as such.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **No change is expected.**

3. How will the proposed requirement or revision impact continuity of patient care? **No impact is expected.**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **The proposed requirement will not necessitate additional institutional resources.**

5. How will the proposed revision impact other accredited programs? **There is no anticipated impact on other ACGME-accredited programs.**

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<th>Requirement #: II.A.4.z</th>
<th>Requirement Revision (significant change only):</th>
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<td></td>
<td>The program director must, along with the physician faculty members, ensure that residents have experiential learning in the provision of all elements of the comprehensive care of surgical patients. <strong>(Core)</strong></td>
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1. Describe the Review Committee’s rationale for this revision: **The Committee believes that it is the responsibility of the program director and the members of the physician faculty to ensure that the program prepares the resident for comprehensive care to surgical patients.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **The provision of experiential learning will enhance residents’ educational experience, as well as enable them to develop the ability to provide comprehensive care, which will ultimately help them become competent independent practicing surgeons.**

3. How will the proposed requirement or revision impact continuity of patient care? **The requirement for experiential learning will enhance the residents’ ability to provide comprehensive care to surgical patients, which will improve continuity of patient care.**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **The proposed requirement will not necessitate additional institutional resources.**

5. How will the proposed revision impact other accredited programs? **There is no anticipated impact on other accredited programs.**
**Requirement #: II.B.6.**

**Requirement Revision (significant change only):**

Faculty members, including the program director, must regularly participate in faculty development activities related to resident education, including evaluation, feedback, mentoring, supervision, or teaching. **(Core)**

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<tr>
<th>1.</th>
<th>Describe the Review Committee's rationale for this revision: <strong>The Committee feels that it is important for faculty members to regularly engage in faculty development activities specific to resident education and training. As such, the Committee determined that there should be a requirement for faculty members to participate in these activities in addition to the program's responsibility to monitor faculty development efforts during the annual program review.</strong></th>
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<td>2.</td>
<td>How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? <strong>Faculty development that is focused on resident education and training will work to establish a baseline level of competency for all faculty educators. Skills acquisition by faculty members will benefit residents in improved teaching techniques; improved evaluation and feedback skills; improved understanding of appropriate supervision of residents based on the resident's levels and abilities; and expanded mentoring ability through a more thorough understanding of how to guide residents in clinical care, self-directed and life-long learning skills, and issues related to wellness and balance.</strong></td>
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<td>3.</td>
<td>How will the proposed requirement or revision impact continuity of patient care? <strong>This may indirectly affect continuity of care through improved communication. Otherwise, no impact is expected.</strong></td>
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<td>4.</td>
<td>Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? <strong>Resource needs will be organization-dependent. If an organization provides for faculty development and has access to curriculum for resident education, then the resource need will be less than for those organizations that do not have access to or provide for faculty development.</strong></td>
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<td>5.</td>
<td>How will the proposed revision impact other accredited programs? <strong>There is no anticipated impact; however, if such programs utilize the surgery faculty, then they too will benefit from a more robust educational curriculum for faculty members.</strong></td>
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### Requirement #: IV.A.5.a).(2).(b)

#### Requirement Revision (significant change only):

Residents must develop competence in and execute **comprehensive** patient care plans appropriate for the resident’s level, including management of pain. *(Outcome)*

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<tr>
<td>1.</td>
<td>Describe the Review Committee’s rationale for this revision: <strong>The only change in the requirement was to add comprehensive to ensure that the surgical resident is developing competency across the continuum of care of surgical patients, which includes the establishment and maintenance of a patient’s plan of care. The Committee believes that developing progressive competence in comprehensive patient care appropriate for each year of training is critical for general surgery residency.</strong></td>
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<td>2.</td>
<td>How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? <strong>Surgical residents are expected to learn to establish an appropriate diagnosis, to develop a surgical or non-surgical plan of care appropriate for the patient and his/her condition in a patient-centered manner, and to execute that plan in a manner that considers all aspects of the patient’s health/surgical needs. Establishing the learning expectations at each level will assist the resident in understanding and focusing his/her educational needs, assist the members of the faculty in assessing the resident's level and progression of proficiency, and support the ongoing development of the resident as he/she works toward the attainment of competency.</strong></td>
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<td>3.</td>
<td>How will the proposed requirement or revision impact continuity of patient care? <strong>Ensuring that residents can establish, implement, monitor, and modify a patient’s plan of care is essential for their competency in the continuum of care. The residents’ ability to develop progressive competence in comprehensive care will improve continuity of patient care.</strong></td>
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<tr>
<td>4.</td>
<td>Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? <strong>The proposed requirement will not necessitate additional institutional resources.</strong></td>
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<tr>
<td>5.</td>
<td>How will the proposed revision impact other accredited programs? <strong>There is no anticipated impact on other accredited programs.</strong></td>
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Requirement #: IV.A.5.e).(7)

Requirement Revision (significant change only):

Residents are expected to demonstrate a commitment to continuity of comprehensive patient care.  (Outcome)

1. Describe the Review Committee’s rationale for this revision: The Committee would like to reinforce that residents are expected to demonstrate a commitment to continuity of comprehensive patient care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Continuity of comprehensive patient care includes (but is not limited to) the evaluation, diagnosis, and treatment (both operative and non-operative) of surgical disorders, as well as the appropriate disposition and follow-up of the patients. Focus on the continuum of patient care throughout a resident’s education will result in improved quality of care, improved patient safety, and an improved educational experience.

3. How will the proposed requirement or revision impact continuity of patient care? The requirement that residents demonstrate a commitment to comprehensive patient care will, by its very nature, improve patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? The proposed requirement will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs? There is no anticipated impact on other accredited programs.

Requirement #: IV.A.5.f).(9)

Requirement Revision (significant change only):

Residents are expected to demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management, and actively participate in interprofessional and multispecialty teams.  (Outcome)

1. Describe the Review Committee’s rationale for this revision: General surgery residents’ ability to actively participate in multidisciplinary and multispecialty team-based care and activities will improve the residents’ development and competence in systems-based practice.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Actively participating in multidisciplinary and multispecialty teams will improve resident education to better prepare the surgeon to practice independently after graduation.

3. How will the proposed requirement or revision impact continuity of patient care? Surgical residents are often called upon to work with physicians from other specialties and a variety of other health care providers, including physician extenders. Development of
team-based skills will improve the surgical residents’ ability to work within, and lead, these teams, which will improve the quality, safety, and continuity of care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? The proposed requirement will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs? There is no anticipated impact on other accredited programs.

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<th>Requirement #: IV.A.6.b).(4)</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<td>When justified by experience, a PG 4 or PG 5 (chief) resident may act as a teaching assistant (TA) to a more junior resident with appropriate faculty supervision. Up to 50 cases listed by the chief resident as TA will be credited for the total requirement of 750 cases. TA cases may not count towards the 150 minimum cases needed to fulfill the operative requirements for the chief resident year. The junior resident performing the case will also be credited as surgeon for these cases.</td>
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1. Describe the Review Committee’s rationale for this revision: The proposed requirement will now align with the American Board of Surgery requirement.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? No impact is expected.

3. How will the proposed requirement or revision impact continuity of patient care? No impact is expected.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? The proposed requirement will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs? There is no anticipated impact on other accredited programs.
**Requirement #: V.C.2.b).(1)**

The program must provide documentation of faculty member participation in annual faculty development activities relating to resident evaluation and teaching. (Core)

1. **Describe the Review Committee’s rationale for this revision:** The current requirement only states that the Program Evaluation Committee must monitor faculty development. The Committee feels this is insufficient. Faculty development around resident evaluation and teaching is an integral part of developing and growing academic faculty members, and of ensuring appropriate supervision, evaluation, mentoring, and teaching of residents. Furthermore, numerous resources are readily available, and programs can provide this type of development through a variety of means, which may also coincide with the Annual Program Evaluation and may become part of the program’s action plan.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?** Faculty development that is focused on evaluation and teaching will improve resident education through an increase in faculty members’ teaching skills and a focus on resident education. Documentation of faculty development activities will help the program and institution identify those faculty members who are taking steps to continuously improve their teaching skills and aptitude.

3. **How will the proposed requirement or revision impact continuity of patient care?** No impact is expected.

4. **Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?** Documentation of faculty development will not require additional resources; however, the Committee is aware that the provision of such education/development may, if the institution/program has no structured or available program of faculty development. Given the availability of resources, and the importance of faculty development, the Committee feels that a more hands-on approach to faculty development should be taken.

5. **How will the proposed revision impact other accredited programs?** There is no anticipated impact on other accredited programs.
Required #: V.C.2.c).(1) – V.C.2.c).(1).(b).(ii)

Requirement Revision (significant change only):

V.C.2.c).(1) The performance of program residents and graduates on the certification examination should be used as one measure of evaluating program effectiveness. At minimum, for the most recent five-year period, 65% of the graduates must pass each of the qualifying and certifying examinations on the first attempt. (Outcome)

V.C.2.c).(1).(a) For programs with residents and graduates taking the American Board of Surgery examinations:

V.C.2.c).(1).(a).(i) a minimum of 65 percent of residents or graduates who have taken the General Surgery Qualifying Examination during the most recent five-year period must have passed on the first attempt; and, (Outcome)

V.C.2.c).(1).(a).(ii) a minimum of 65 percent of residents or graduates who have taken the General Surgery Certifying Examination during the most recent five-year period must have passed on the first attempt. (Outcome)

V.C.2.c).(1).(b) For programs with residents and graduates taking the American Osteopathic Board of Surgery – Surgery examinations:

V.C.2.c).(1).(b).(i) a minimum of 65 percent of residents and graduates who have taken the Qualifying Examination during the most recent five-year period must have passed on the first attempt; and, (Outcome)

V.C.2.c).(1).(b).(ii) a minimum of 65 percent of residents and graduates who have taken the Certifying Examination on the first attempt during the most recent five-year period must have passed on the first attempt. (Outcome)

1. Describe the Review Committee’s rationale for this revision:

The Committee issues citations separately for performance on the American Board of Surgery (ABS) Qualifying and Certifying Examinations and therefore believes that the Program Requirements should also be listed separately.

The Review Committee wishes to inform programs of the pass rate requirement for residents who take the American Osteopathic Board examinations. This determination was made after analyzing the current Board pass rate of osteopathic-trained residents certifying through the American Osteopathic Board of Surgery-Surgery (AOBS-S). Re-review of the ABS pass rate was also undertaken to reaffirm that the ABS pass rate is still relevant for the national trend over the preceding five years. Since the AOBS-S pass rate is similar to that of the ABS, it was determined to be appropriate to apply the same standard to both examinations.

2. How will the proposed requirement or revision improve resident/fellow education, patient
safety, and/or patient care quality?

No change is anticipated for patient safety, and/or patient care quality. The proposed requirement clarifies the Review Committee’s expectations regarding program graduates’ Board pass rates for programs.

3. How will the proposed requirement or revision impact continuity of patient care?
The proposed requirement is not expected to affect continuity of care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The proposed requirement does not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
There is no anticipated impact on other accredited programs.

Requirement #: VI.E.1.

Requirement Revision (significant change only):

The workload associated with optimal clinical care of surgical patients is a continuum from the moment of admission to the point of discharge. The provision of optimal care is a continuum from the initial encounter with the patient until follow-up appropriate to that patient’s surgical disorder(s) is complete.

1. Describe the Review Committee’s rationale for this revision: The Committee would like to improve the definition of optimal care provision to ensure that residents are focused on the continuum of care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? The proposed revision will provide a clearer understanding, for program directors, faculty members, and residents, of the Committee’s expectations for provision of optimal care. Therefore, the revised requirement should improve resident education.

3. How will the proposed requirement or revision impact continuity of patient care? The revised program requirement should improve continuity of care due to a clearer understanding of its continuum.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? The proposed requirement does not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs? There is no anticipated impact on other accredited programs.
## Requirement #: VI.F.1

### Requirement Revision (significant change only):

Effective surgical practices entail the involvement of members with a mix of complementary skills and attributes (physicians, nurses, and other staff). Success requires both an unwavering mutual respect for those skills and contributions, and a shared commitment to the process of patient care. Care of the surgical patient requires the effective involvement of nurses, therapists, and other personnel, and often requires the involvement of physicians from other disciplines. Residents must demonstrate an unwavering respect for the skills and contributions of other members of the surgical care team, as well as commitment to the optimal comprehensive care of the patient. *(Core)*

1. Describe the Review Committee’s rationale for this revision: The Committee would like to state the importance of involvement of other members of the surgical care team and its expectations of residents’ acceptance of their involvement in the care of the surgical patient.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? *This continues to focus the resident on systems-based practice, where all members of the health care team work collaboratively to ensure continuity, quality, and comprehensiveness of care.*

3. How will the proposed requirement or revision impact continuity of patient care? The Committee does not anticipate any impact on continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? *The proposed requirement does not necessitate additional institutional resources.*

5. How will the proposed revision impact other accredited programs? *There is no anticipated impact on other accredited programs.*
### Requirement #: VI.F.2

**Requirement Revision (significant change only):**

Residents must collaborate with fellow surgical residents, and especially with faculty, other physicians outside of their specialty, and non-traditional health care providers, to best formulate treatment plans for an increasingly diverse patient population. (Detail) Residents must collaborate with attending surgeons, other residents, and other members of interprofessional and multidisciplinary teams to formulate treatment plans for a diverse patient population. (Core)

1. Describe the Review Committee’s rationale for this revision: The proposed revision specifically clarifies expectations regarding surgical residents’ collaboration, incorporating the Common Program Requirement wording regarding teamwork.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Collaboration with other health care professionals and disciplines will innately improve patient safety and quality.

3. How will the proposed requirement or revision impact continuity of patient care? The Committee does not anticipate any impact on continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? The proposed requirement does not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs? There is no anticipated impact on other accredited programs.