

RRC NEWS

PLASTIC SURGERY



ACGME

Accreditation Council for Graduate Medical Education

NOVEMBER 2010

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RRC NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

Review of Committee Decisions October 2010

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Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program 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 definitions. Several of these areas, as denoted by an asterisk below, require immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

Areas that Require Specialty-Specific Definitions to be Developed by Each Committee:

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).

MEETING AND AGENDA CLOSING DATES

MEETING:	MAY 20-21, 2011
AGENDA CLOSING:	MARCH 11, 2011
MEETING:	OCTOBER 13-14, 2011
AGENDA CLOSING:	AUGUST 4, 2011
MEETING:	MAY 10-11, 2012
AGENDA CLOSING:	MARCH 1, 2012

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.

UNTIL THE OFFICIAL LETTER 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.

2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).*
6. Define circumstances when "senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).*
7. Review Committees may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).*

** must be defined or specified by the Review Committees for review at the June 2011 ACGME Board meeting.*

Review Committees will develop these definitions by December 15, 2010 and submit them to the ACGME for review and approval at the February 2011 ACGME meeting. The approved definitions will be posted shortly after the ACGME meeting and, as already mentioned, will become effective July 1, 2011.

Site Visit Evaluations

After the conclusion of an accreditation site visit for programs or sponsoring institutions, the ACGME site visitor completes his or her report and submits it to the ACGME's Department of Field Activities (DFA). The report is logged, and then, along with the program information form (PIF) sent by the program or institution, transmitted to the Review Committee team for assignment to reviewers.

Once the Site Visit Report has been received and logged into the DFA database, the system that manages site visit scheduling generates an e-mail to the program director, indicating that s/he has an opportunity to complete an evaluation of the site visitor's knowledge, preparation, interpersonal conduct and other relevant elements of the visit. The evaluation is completed online, and programs are provided with instructions for how to access and complete it. The form is made available to program directors only after the Site Visit Report has been filed and cannot be altered. One of the reasons for this is to ensure that programs may candidly comment on all aspects of their site visit, without concerns that this may influence the Site Visit Report or the Review Committee's subsequent review. Completed site visit evaluations are aggregated; members of the field staff periodically are provided with an aggregate report that

compares their performance to that of their 30 colleagues.

The e-mail notice asking for a program's evaluation of the site visit may arrive up to several weeks following the actual site visit. Consequently, program directors may not recognize, or appreciate that the e-mail received is soliciting their comments on both their site visit and the performance of their assigned field representative. However, this feedback is extremely valuable to the ACGME and the members of the field staff in improving the site visit process. The ACGME relies on programs' honest responses, and strongly encourages program directors to look for these messages, and to take advantage of this opportunity to provide input on the accreditation process.

Resident Survey and the Accreditation Process

A common topic facing Review Committees across specialties deals with the disposition of the Resident Survey and how the results in particular may impact a program's accreditation status. This is an area of high importance to all specialties, and as such, is covered specifically in the ACGME's Common Program Requirements, which can be reviewed online at http://acgme-2010standards.org/pdf/Common_Program_Requirements_07012011.pdf. There are numerous reasons to utilize and value residents' input, and the ACGME and its Review Committees take their engaged participation in this annual survey very seriously. The following is a very general overview addressing some of the more common questions handled by both Review Committees and their staff at the ACGME.

The most recent Resident Survey results are an important factor in program accreditation reviews. Once the ACGME site visitor assigned to review your program receives your completed PIF, he/she can view the (most recent) resident survey results in order to prepare for the on-site survey. Any areas highlighted as noncompliant are specifically addressed by the site visitor. If the site visitor determines validation for a pre-identified area of concern, the Review Committee will cite that as an area of noncompliance with the ACGME standards in your 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 look closely, 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 also be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for noncompliance are established based on this data. (For additional reference, see [“The ACGME Resident Survey Aggregate Reports: An Analysis and Assessment of Overall Program Compliance”](#) by Holt and Miller; *Journal of Graduate Medical Education*, Dec. 2009, Vol. 1, No. 2, 327-333.)

Programs across specialties that are identified as having a series of noncompliant responses (either annually or in consecutive program reviews) may be required to submit a duty hour or progress report to their Review Committees. In the very rare case of a program’s significant non-compliance, the Review Committee may shorten that program’s review cycle. Should a program be asked to submit a follow-up report on the basis of the Resident Survey results (either in conjunction with a full survey, or upon annual review), the program director should contact the Review Committee staff at the ACGME directly with questions or concerns about how to reply to these requests. Peggy Simpson or Cathy Ruiz are happy to answer your questions. (Contact information can be found on p.1 of this newsletter.)

ACGME Resident Survey Results

The annual resident survey for Plastic Surgery residents was administered during January and February, 2010. A total of 101 programs, and 664 residents participated in the survey.

The survey results indicate highly engaged learning between faculty and residents.

Content Area	National Average— All Specialties	PS Independent Programs Average N= 71 programs, 334 residents (97% of all residents)	Average PS Integrated Programs Average N= 30 programs, 330 residents (99% of all residents)
Faculty	96%	96.55%	96.90%
Evaluation	97%	98.36%	99.64%
Educational Content	91%	95.20%	96.68%
Resources	85%	88.45%	91.15%
Duty Hours	97%	92.27%	95.41%

Faculty Roster in Program Information Forms Includes Four Educational Activity Categories

In order to be consistent among all specialties, the ACGME has revised the Faculty Roster in the Common PIF, by expanding the ‘Average hours/week devoted to Resident Education’ to include four categories - clinical supervision, administration, didactic/teaching, and research. The PIF for Plastic Surgery already includes these areas so no modification is necessary. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a ‘mouse over’).

Category of Resident Education	Examples of Resident Educational Activities
Clinical supervision	Bedside rounds; outpatient precepting; operative supervision
Administration	Program oversight; curriculum development; faculty, resident and program evaluation; career counseling
Non-clinical didactics/teaching	Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident
Resident research	Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations

Progress Reports to the Review Committee

The Review Committee continues to remind program directors that progress reports should only be submitted for review upon request, as noted 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 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 the accreditation, e.g., accreditation status and approximate of next site visit). Services provided by these outside vendors have no guarantee in regards to a program's accreditation status.

Useful Resources for New Program Directors

Institutional Requirement III.B.10.e specifies that the Graduate Medical Education Committee (GMEC) approves a new program director prior to his/her confirmation with the ACGME. Once approved, the program director's name is entered into the Accreditation Data System (ADS), which automatically generates a welcome letter to the new program director, with copies sent to the Designated Institutional Official (DIO) and program coordinator. The welcome letter provides useful information about the ACGME [website](#), as noted below, and refers the new program director to the [ACGME Virtual Handbook](#). The welcome letter also informs the new program director that the DIO and GMEC of the sponsoring institution, and the specialty-specific Program Directors Association are other important resources, and encourages the new program director to contact these groups for more information.

Some Review Committees approve new program

director appointments; in such a case, the Committee reviews the information at its next meeting, and the Committee's executive director provides a final letter of approval to the program director, sending a copy to the DIO.

Other useful resources and information include:

- The Review Committee [web page](#) contains periodic updates from the Review Committee, as well as links to FAQs, staff members' contact information by subject, program requirements, PIFs, and a [Program Director Guide to the Common Program Requirements](#).
- The [Program Directors & Coordinators link](#) contains information about Case Logs, Resident Duty Hours, the Resident Survey, and policies.
- The [ACGME Manual of Policies and Procedures](#), Section II, Accreditation Policies and Procedures, contains a complete explanation of accreditation statuses awarded to programs and the policies to which program directors must adhere.
- In the *About ACGME-->Staff Listing-->Staff listing by Department* link (from the [homepage](#)), you'll find an overview of the four departments within the ACGME, including the Department of Accreditation Committees—which houses all Review Committee staff—and phone and e-mail contacts for all ACGME staff.
- The [Key to the Standard Notification Letter](#) (also on the Review Committee web page) provides explanations for the common sections of accreditation letters.
- The [Outcome Project web page](#) provides comprehensive information about the general competencies.
- Please Note: You will need an ID/password to access ADS and Resident Case Log System (if applicable).

Save the Date:
2011 ACGME Annual
Educational Conference
Beyond Boundaries

Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee
March 3-6, 2011

[click here](#) for more information; [registration](#) now open