



Summer 2008

New Program Requirements

At its June 2008 meeting, the ACGME Board of Directors approved the request for changes to the Plastic Surgery residency programs. The program requirements will be effective July 1, 2009.

Four major areas of change are included:

1. Standardized program formats
2. Revisions to didactic content areas
3. Program director protected time
4. Program coordinator institutional support

1. Standardized program formats

All independent program formats will consist of 36 months. All integrated program formats will consist of 72 months. The first classes of residents affected by these requirement changes are those residents who match in Spring 2010 and begin their plastic surgery education on July 1, 2011.

To request a change in program format (i.e., change from a 2- to a 3-year independent format or from a 5- to a 6- year integrated format), follow the instructions provided on the Plastic Surgery RRC website:

http://www.acgme.org/acWebsite/RRC_sharedDocs/sh_Program.asp.

2. Revisions to didactic content areas

The revisions to the didactic content areas are available in the program requirements (http://www.acgme.org/acWebsite/RRC_360/360_prIndex.asp). When requesting a change in program format, demonstrating

the program's plan to comply with these requirements is essential.

3. Program director protected time

The Program requirement I.A.1.b) addresses the new requirement for institutional support, stating:

"The sponsoring institution must provide the program director with a minimum of 15% protected time, which may take the form of direct or indirect salary support, such as release from clinical activities provided by the institution for programs with one to six residents. Programs with more than six residents shall provide the program director with a minimum of 25% protected time."

4. Program Coordinator Support

Program requirement II.C.1 states:

There must be institutional support for a program coordinator, as follows:

- 0.5 full-time equivalent for programs with up to six residents; and,
- 1.0 full-time equivalent for programs with more than six residents.

RRC Actions: May 2008 Meeting

Initial Accreditation	04
Continued Accreditation	17
Propose Probation	01
Deferral	03

Other requests (Progress reports, temporary increases, changes to participating sites, etc.) 05

ACGME Resident Survey

Every two years, all programs with four or more residents complete the ACGME Resident Survey. Results of this survey are made available to the program and the DIO for programs with a 70% or greater response rate. Programs with less than 70% response rates are resurveyed the following year.

The Resident Survey is used by the site visitor to spotlight key areas of concern as well as program strengths that the residents identified; the site visitor also uses the Resident Survey to help determine serious non-compliance with duty hour standards. Increasingly, compliance with duty hours, adequate supervision, and limiting excessive service are noted as key factors that contribute to a high-quality learning environment for residents.

The RRC has requested that site visitors provide more detailed information regarding the verification of negative comments made in the numerical or comment sections of the Resident Survey, specifically, when the site visitor records that a concern is “not an issue” or “could not be verified.”

Results of resident surveys can be used as heuristic tools by program directors to improve the quality of residency education. National averages of resident surveys can be viewed on the ACGME website www.acgme.org, within the ADS section, and should be reviewed by individual programs during annual and mid-cycle internal reviews so that resident issues are identified and addressed in a timely manner.

Innovation and Experimentation at the Program Level

Program directors may wish to implement an innovative project. The [Program Experimentation and Innovative Projects Proposal Form](#) is located on the Plastic Surgery website. The DIO must sign the proposal indicating review and approval of the sponsoring institution’s Graduate Medical Education Committee. Proposals should not exceed five pages in length; attach additional documents as numbered appendices.

“Program Director Guide to the Common Program Requirements”

To help clarify the meaning and expectations of the common program requirements, there is a “Program Director Guide to the Common Program Requirements” available on www.acgme.org. The guide has been very helpful to both new program directors and those who are more experienced. Please email comments and suggestions to: Guide@acgme.org.

Program Review

The RRC meets twice a year, usually in the spring and in the fall to review programs. These meetings are about six months apart. Before each meeting, two RRC members are assigned to review each program. The paperwork is distributed over a two to three month period prior to the RRC meeting, and RRC members are expected to complete their reviews within 30 days of receiving a program. All reviews must be received in the ACGME office eight weeks prior to the meeting to allow incorporation into the reviewer book. The reviewer book is sent to the RRC members before the meeting so that RRC members may read all the reviews, and compare the two reviews for

each program.

After the RRC meeting, the ACGME staff prepare the notification letters for the program directors regarding the accreditation decisions reached by the RRC. Before these are posted on ADS, however, the chair of the RRC has to review each communication and compare it with a worksheet generated during the RRC meeting, make corrections as necessary, and then certify the entire process by signature. The purpose of this review is to make absolutely certain the citations and final accreditation decisions reflect the decisions of the RRC.

Because of this process, some survey results completed in the month or so just before an RRC meeting will likely not be reviewed at that meeting, but will be delayed until the next RRC meeting six months later.

The RRC asks program directors to be mindful of this somewhat lengthy interval between a site visit and the receipt of a final accreditation decision.

Accreditation Data System

The ACGME's online ADS alerts the RRC to changes in programs. Program directors should update ADS to:

- Notify the RRC of any changes in their program (i.e., new program director or adding or deleting a site)
- Request a change which needs RRC approval (i.e., an increase in resident complement). The request for a permanent increase in the resident complement must include a copy of the institutional data for all participating sites. Only one academic or one calendar year of data is necessary.
- Submit the academic year "Annual Update" (ADS staff will e-mail the

deadline for updating faculty and resident rosters)

- Prepare for an upcoming site visit (the ADS will populate many sections of the PIF with the data entered)

Address your questions or concerns about ADS to the ADS representative at webADS@acgme.org.

ACGME Learning Portfolio

A number of resources are available for programs that want to become more familiar with the ACGME Learning Portfolio (ALP). http://www.acgme.org/acWebsite/portfolio/cbpac_faq.pdf: The Frequently Asked Questions (FAQs) (updated April 2008) include a description of the portfolio and its benefits to both residents and program directors, in addition to common concerns about using an online portfolio system. An updated timeline for development provides additional information on the alpha and beta testing phases.

http://www.acgme.org/acWebsite/portfolio/cbpac_revisedtimeline.pdf. A narrated demonstration of the portfolio can be found at <http://www.acgme.org/acWebsite/portfolio/AlphaDemonstration.wmv>.

More information is available on the ACGME Learning Portfolio website: http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp

This newsletter will feature additional information from the beta phase as it becomes available. More information is available on the ACGME Learning Portfolio website:

http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp

Description of a DIO

DIO refers to the Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited

GME programs. The DIO signs the PIF and also receives a copy of the program's accreditation status. The DIO is required to co-sign most correspondence between the institution and the ACGME.

Voluntary Withdrawal Requests

Programs must now enter requests to voluntarily withdraw accreditation (VW) using ADS only.

Programs initiate the request by answering a series of questions, including the proposed effective date, the reason for program closure, and presenting a plan to place any active residents in other programs. The request is emailed to the DIO for approval. After the DIO/GMEC approves the request, the RRC staff designee is emailed. After the program receives official notification from the RRC and the accreditation status is changed to VW, the request will automatically be removed from the report.

ACGME Educational Conference 2008 Recap

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours. This year's conference theme "Building Community, Improving Quality" emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

Post-conference information is available at: http://www.acgme.org/acWebsite/meetings/me_EducConf_08.asp

Save the date for the 2009 ACGME Annual Educational Conference, March 5-8, in

Grapevine, TX.

"Red Flags" Help Programs Recognize Potential Issues

In the February 2008 issue of the [ACGME e-Bulletin](#), an article entitled "Nine 'Red Flags' in Accreditation Site Visits and Reviews" by members of the ACGME Field Staff provides observations that may raise questions about program quality and compliance with program and institutional requirements. This may be of particular interest to programs preparing for upcoming site visits.

Internal Reviews

The sponsoring institution is required to conduct an internal review of each residency program under its purview at approximately the midpoint of the accreditation cycle (the time between the date of the most recent accreditation action and the next scheduled site visit). The institution assembles an internal review committee, which must include at least one faculty member and at least one resident, who cannot be from the program that is being reviewed. The process involves interviews with the program director, key faculty members, peer-selected residents from each level of training, and other individuals as appropriate. Frequently it includes review of data, such as how the program has addressed the citations from the last accreditation survey.

The goal of the internal review is a thorough and candid review that identifies the program's strengths and opportunities for improvement, and allows resolution of any concerns or problems before the program's next accreditation site visit. The responsibility for timing and conduct of the internal review lies with the sponsoring institution. At the same time, program directors and residents should be familiar with the process as they may be asked to

participate in internal reviews.

Neither the site visitor nor the RRC reviewer sees the data from the internal review, which is not included with the program information form (PIF). Verification of the internal review during the site visit covers the date, the participants, and then the review presented to the institution's graduate medical education committee (GMEC). This information is obtained verbally or in writing. The site visitor does not look at the results of the internal review, to ensure a review that honestly assesses the program's strengths and opportunities for improvement.

Preparing for a Site Visit

To help ensure a successful site visit, program directors are advised to prepare thoroughly. The ACGME Field Staff recommend that program directors should be aware of changes in requirements and the site visit process; the ACGME web site, DIO News, ACGME Bulletin, and the RRC/IRC Executive Director are good resources for the most current information. Program directors should also ensure that an internal review occurs at the mid-point between the last review and the next visit date. This candid feedback can help improve and strengthen the program.

Further pre-planning for a site visit should ensure that the program director, Chair, Chief, DIO, key faculty and peer-selected residents (as a group) are available for interview. Program directors should plan appropriately for the site visitor to review documents, tour the facility, and allow time for clarification and concluding the session. Site visitors expect that the education and training competencies are aligned, and that goals and objectives for the program and for each rotation are sequenced in competency format.

Ultimately, program directors are

encouraged to invest time and effort to produce a consistent, fully completed, and accurate PIF.

RRC Meeting and Agenda Closing Date

Meeting: October 3-4, 2008

Agenda Closing: August 1, 2008

Meeting: May 7-8, 2009

Agenda Closing: February 13, 2009

Meeting: October 8-9, 2009

Agenda Closing: August 7, 2009

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