

Fall 2007

## Updates: ADS, Case Logs, and CPT Codes

### ADS Annual Update

- Surgery program and resident information must be updated between October 25, 2007 and December 7, 2007.
- Critical Care, Hand, Pediatric and Vascular surgery program and resident information must be updated between November 15, 2007 and January 11, 2008.
- If you have technical difficulties please contact Emilio Villatoro at [webADS@acgme.org](mailto:webADS@acgme.org).

### Case Logs

- It is important to clearly identify residents in the correct category: categorical, non-categorical, designated preliminary and non-designated preliminary. This step at the beginning ensures that program reports contain correct data for your PIFs and for comparison purposes.
- Minimum case log numbers for laparoscopic and endoscopic procedures were included in the Program Requirements for Surgery effective July 1, 2007. Residents who began their program on July 1, 2007 are the first class of residents expected to meet these new minimum numbers.
- The laparoscopic minimum requirements have increased. The case log reports will be updated no later than December 1,

2007 to reflect the new minimum. More information is available on the Case Log login page.

### CPT Codes

- The revised vascular surgery CPT code mappings will be implemented no later than December 3, 2007. It is extremely important for residents who use the handheld version of the software to synchronize their PDAs prior to this implementation. If synchronization does not occur before December 3, 2007, you will experience time-consuming technical difficulties uploading your data.
- Pediatric surgery CPT code mappings are being reclassified and updated. Watch for further announcements about the implementation of this effort.

## Applications for Additional Pathways in Vascular Surgery

At its June 28-29, 2007 meeting, the Surgery RRC approved the following:

*Parallel vascular surgery training pathways may co-exist in the same institution.*

Prior approval from the RRC is required before initiating any new training pathway.

The RRC will carefully review each proposal with the expectation that each institution will be able to provide an adequate clinical volume, including a procedural case load, to support the request for an additional training pathway.

*No more than two vascular surgery training pathways will be approved for the same institution.*

The 4+2 pathway is NOT included in this limit. This means, for example, that an institution may be approved to have a traditional training pathway (5+2), an independent training pathway (0+5), and a 4+2 training pathway.

*The same person must be the program director for all of the vascular surgery training pathways in a given institution.*

*Residents enrolled in one vascular surgery training pathway may not transfer to a different vascular surgery training pathway, except by enrolling at the beginning of the new vascular surgery training pathway.*

If a program is adding a pathway, a PIF must be completed because the additional pathway, if approved, will increase the program's total complement of residents.

Approved Vascular Training Pathways include:

<u>Format (in Years)</u>	<u>Surgery Portion</u>	<u>Vascular Surgery Portion</u>
Traditional	5	2
Early Specialization	4	2
Integrated	0	5
Independent	3	3

## New "Program Director Guide to the Common Program Requirements"

To help clarify the meaning and expectations of the common program requirements, the "Program Director Guide

to the Common Program Requirements" is available on [www.acgme.org](http://www.acgme.org). RRC members, RRC staff, ACGME field staff, and program directors across specialties all provided review and input. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: [Guide@acgme.org](mailto:Guide@acgme.org).

## Residents in Research Year

Residents in research years at sponsoring institutions and integrated sites do not "count" in the resident allotment as approved by the Surgery RRC and the ACGME. However, these institutions/sites are still responsible for these residents. Here are two examples:

- There must be an overall strategic plan to accommodate these residents as they are scheduled to re-enter their clinical years.
- Scholarly activity of the residents alone, especially if it is gained outside of the sponsoring institution and integrated sites, does not substitute for the requisite scholarly activity of the faculty.

## Communicating with the RRC

Programs are reminded that change requests are required to be submitted via the Accreditation Data System (ADS) [www.acgme.org/ads](http://www.acgme.org/ads). Hard copy letters of requests are no longer accepted. The following change requests may be submitted:

- Program Director Changes
- Requests for permanent and/or temporary increases in resident complement
- Additions/deletions of participating sites.

For ADS log-in assistance, please contact the ADS helpdesk at [WebADS@acgme.org](mailto:WebADS@acgme.org) or 312/755-7456.

## RRC Accreditation Decisions

The Committee meets three times a year. Below is a summary of the most frequent citations for both core and subspecialty programs from July 1, 2006 through June 30, 2007.

<b>Core Programs:</b> <i>Core Programs Reviewed in July 1, 2006 through June 30, 2007 for a Status Decision Total of 340 Citations – about 4.25 citations/program</i>	
1. Institutional Support	46
2. Resident Appointment	17
3. Program Personnel & Resources	57
4. The Education Program—Goals and Objectives	16
5. The Education Program Curricular Development	22
6. The Education Program—Progressive Resident Responsibility	2
7. The Education Program—Didactic Experience	9
8. The Education Program—Patient Care Experience	11
9. The Education Program—Procedural Experience	53
10. The Educational Program—Service to Education Imbalance	4
11. The Educational Program—Scholarly Activities	32
12. The Education Program--Supervision	3
13. The Education Program—Duty Hours	31
14. Evaluation	37

<b>Subspecialty Programs:</b> <i>Programs Reviewed in July 1, 2006 through June 30, 2007 for a Status Decision Total of 101 citations – about 1.46 citations/program</i>	
1. Institutional Support	13
2. Resident Appointment	2
3. Program Personnel & Resources	11
4. The Education Program—Goals and Objectives	6
5. The Education Program Curricular Development	10
6. The Education Program—Progressive Resident Responsibility	0
7. The Education Program—Didactic Experience	1
8. The Education Program Patient Care Experience	6
9. The Education Program—Procedural Experience	13
10. The Educational Program—Service to Education Imbalance	0
11. The Educational Program—Scholarly Activities	4
12. The Education Program--Supervision	2
13. The Education Program—Duty Hours	8
14. Evaluation	25

## Residency Review Committee

Linda M. Reilly, MD, Chair  
Thomas V. Whalen, MD, Vice Chair  
Adeline M. Deladisma, MD (resident)  
G. Patrick Clagett, MD  
Paul M. Colombani, MD  
Peter J. Fabri, MD  
Jerry Goldstone, MD  
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Mark A. Malangoni, MD  
J. Patrick O'Leary, MD  
Bradley M. Rodgers, MD  
Charles W. Van Way, III, MD  
Marc K. Wallack, MD  
Patrice G. Blair, MPH, ex-officio, ACS  
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## RRC Staff

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## New Committee Members

Congratulations to the following new RRC members, whose terms will begin July 1, 2008:

George W. Holcomb, III, MD

James C. Hebert, MD

Linda M. Harris, MD

## Importance of Correct Email Addresses in ADS

Please check that email addresses are current in ADS for program directors and program coordinators. Correct email addresses allow your program to receive important ACGME communications.

## Upcoming Meetings and Agenda Book Closing

Meeting: February 21-24, 2008  
Agenda Closing: December 7, 2007

Meeting: June 26-27, 2008  
Agenda Closing: April 11, 2008

Meeting: October 23-24, 2008  
Agenda Closing: August 5, 2008

## ACGME Educational Conference

**February 28, 2008 through March 2, 2008**

The ACGME Educational Conference will be held in Grapevine, Texas at the Gaylord Palms Resort. Registration will be available on the ACGME website in December 2007. This conference is an excellent opportunity for program directors, program coordinators, and educators in GME to learn more about ACGME accreditation processes.