SURGERY
General—Vascular—Pediatric—Surgical Critical Care

RRC News

ACGME

Accreditation Council for Graduate Medical Education

Summer 2007

Critical Updates for Vascular Surgery Programs

Vascular Training Pathways

At its June 28-29, 2007 meeting, the Residency Review Committee for Surgery (RRC) approved the following:

1. *Parallel vascular surgery training pathways may co-exist in the same institution.*
   a) Prior approval from the RRC is required before initiating any new training pathway.
   b) 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.
2. *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.
3. *The same person must be the program director for all of the vascular surgery training pathways in a given institution.*
4. *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.*

Vascular Case Log

Also at its June meeting, the RRC for Surgery approved a revised case log for vascular and endovascular procedures. Key elements of the reorganized case log include:

1. Incorporation of all new CPT codes available at that time, e.g., thoracic endovascular procedures, spine exposures, etc.;
2. Elimination of the “endovascular therapeutic” category; all cases in that category—including stent-grafts, angioplasty, stent placement and atherectomy—have been moved into the appropriate section, such as aneurysm repair, cerebrovascular cases, etc.; and,
3. Rearrangement of cases between and within categories for more intuitive organization.

Vascular and Endovascular Surgery Defined Category Cases

The RRC for Surgery also reviewed the current distribution of defined category cases and approved the following:

For Vascular Trainees

1. No change in the minimum required number of cases in the categories of abdominal, cerebrovascular, peripheral and complex;
2. An increase in the required minimum number of endovascular-diagnostic cases from 50 to 100;
3. An increase in the required minimum number of endovascular-therapeutic cases from 50 to 80;
4. A change in the “endovascular-graft” category to “endovascular aneurysm repair”, and an increase in the required minimum

number of cases from 5 to 20; and,
5. Counting all endovascular therapeutic cases towards the required major case minimum.

To bring the minimum required number of total major operations into line with the above changes, the RRC proposes an increase in the required major case minimum number from 200 to 250. The RRC will initiate the process for revising this requirement by soliciting feedback from program directors.

These decisions were based on a review of current (2005-06) 10th percentile vascular and endovascular procedural data.

The RRC expects that the new case requirements will become effective in July 2009. That is, all residents completing vascular surgery training in July 2009, regardless of pathway, will need to meet these new guidelines. The Surgical Operative Log system will be updated to reflect these increases. This change will occur when processing of the 2006-2007 data will be completed.

RRC Raises Minimum Numbers of Procedures for Laparoscopy, Endoscopy

The minimum number of procedures for basic laparoscopy has been raised from 34 to 60. The minimum number for complex laparoscopic procedures has been set at 25. All residents completing training in June 2008 must meet these new guidelines for laparoscopy. The minimum for endoscopy has been raised from 29 to 85 (35 endoscopic and 50 colonoscopy). The revised guidelines for endoscopy are effective for all residents completing training in June 2009.

Actions from the June 28-28, 2007 RRC for Surgery Meeting

Surgery

Initial Accreditation	02
Continued Accreditation	22
Proposed Probation	04
Probation	02
Deferral	01
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	10

Vascular Surgery

Initial Accreditation	01
Continued Accreditation	08
Proposed Probation	01
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	09

Pediatric Surgery

Applications	
Initial Accreditation	01
Withheld	01
Continued Accreditation	02

Surgical Critical Care

Initial Accreditation	01
Continued Accreditation	06
Other requests (progress reports, temporary increases, changes to participating sites, etc.)	06

TOTAL AGENDA ITEMS	78

The next RRC for Surgery meeting will take place on October 25-26, 2007. The deadline for special requests is August 17, 2007.

ADS Administrative Update

Requests for Complement Changes

All requests for changes in resident complement, whether permanent or temporary, must be made through the Accreditation Data System (ADS). While some program directors also wish to send separate correspondence to support their requests, these letters are considered supplemental material; the formal request must come through ADS. RRC staff use the ADS system to track and compile all requests for the RRC meeting agenda. Even when the RRC Executive Committee approves an interim request, this information becomes part of the official consent agenda of an upcoming meeting. The ADS system also provides all necessary program data for the RRC reviewer in assessing the context of the program.

Accreditation Notification Letters

A new feature in ADS will enable users to

access RRC accreditation notification letters retrospective to meetings after July 1, 2004. Copies of letters prior to that date must be requested through RRC staff.

Accreditation Data Available on ACGME Website

Many program directors and coordinators are unaware of valuable accreditation information available on the ACGME website. Information such as frequency of accreditation statuses, average cycle length by accreditation status, and other helpful reports can be found by accessing www.acgme.org/adspublic. Select the "Accreditation Decisions" link at the bottom of the report list and use the pull-down menu at the top of the page under the title "Accreditation Decisions." This data is available only for core specialties.

ACGME Annual Education Conference Update

The ACGME Annual Education Conference will be held in Dallas, Texas at the Gaylord Palms Resort on February 28—March 1, 2008. Registration information will be available on the ACGME website this fall. Multiple sessions at this conference focus on professional development for program directors, program coordinators, designated institutional officials, and other medical educators with an interest in graduate medical education.

RRC Members

At its June 2007 meeting, the RRC elected Linda M. Reilly, MD, Chief, Division of Vascular Surgery at the University of California, San Francisco as its new chair; Thomas V. Whalen, MD, Chair of the Department of Surgery at Lehigh Valley Hospital in Allentown, PA was elected the new vice chair. The current RRC membership includes:

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
Donald L. Kaminski, MD
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, American College of Surgeons*
Frank R. Lewis, Jr., MD, *ex-officio American Board of Surgery*

ACGME Appoints RRC Executive Director

The ACGME has announced the appointment of Margaret (Peggy) Simpson as the Executive Director, Review Committees for Surgery, Plastic Surgery and Thoracic Surgery. Dr. Simpson earned her EdD in Educational Administration from the University of Cincinnati. Her most recent work has been as Director of Licensing and Accreditation for an international education firm. Dr. Simpson has also worked as Division Administrator, Vascular Surgery at Northwestern University Medical School. Dr. Pat Surdyk will continue to assist the RRC as interim Executive Director during the transition.

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REMINDERS!

- *The revised Program Requirements for General Surgery go into effect on January 1, 2008.*
- *The revised Program Requirements for Pediatric Surgery went into effect on July 1, 2007.*