

ACGME Welcomes New CEO



Thomas J. Nasca, MD, MACP, has been named chief executive officer of the Accreditation Council for Graduate Medical Education.

Dr. Nasca comes to the ACGME from Thomas Jefferson University in

Philadelphia where he was dean of the Jefferson Medical College, senior vice president for academic affairs, and president of Jefferson University Physicians. Dr. Nasca is a board-certified internist and nephrologist, and brings 26 years of graduate medical education experience to the ACGME.

“I am honored to have the opportunity to join the ACGME and to succeed its outstanding and visionary leader for the past 10 years, David C. Leach, MD,” said Dr. Nasca in an ACGME news release announcing his appointment. “I hope to enhance the ACGME’s legacy of excellence and sustain our commitment to improve the health of the public through outstanding graduate medical education for the future physicians of the United States.”

He succeeds Dr. Leach, who retired in Fall 2007.

RRC Welcomes New Chair and Vice-Chair

Irving L. Kron, MD, began his term as chair of the Thoracic Surgery RRC at the January 2008 meeting. Douglas L. Wood, MD, began his new term as vice chair at the January meeting as well.

Integrated Program Format

Program directors considering adding the integrated program format as a new pathway for their residents will find a guidelines document on the updated Thoracic Surgery RRC webpage (www.acgme.org). A new PIF is also available. The new PIF has incorporated requests for the data necessary to evaluate a program’s readiness to implement an additional educational (training) pathway.

When making decisions about the readiness and capability to add the integrated pathway, the RRC looks closely at the following, among the many program constructs it considers:

- Current program status—Good standing (not in a “proposed” or “confirmed” adverse action status)
- Robust operative experiences for current residents
- Free of Duty Hour violations
- Evidence of strong partnerships with Surgery programs
- Evidence of strong relationships with

participating sites/institutions

The process for requesting the additional integrated pathway consists of submitting a PIF. A site visit will be required if the program has not had a recent site visit. ACGME staff will notify programs if a site visit will be required and/or on which RRC meeting agenda the proposal for an integrated pathway will appear.

“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. RRC members, RRC staff, ACGME field staff, and program directors across specialties all provided review and input into the development of the document. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: Guide@acgme.org.

Reporting Program Director Changes

Designated Institutional Officials (DIO), program directors, and program coordinators are reminded of the following program requirements:

PR II. A.1. There must be a single program director with the authority and accountability for the operation of the program. The sponsoring institution’s GMEC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.

- a) **Specialty expertise and documented educational and administrative experience (PR II.A.3.a.)**
- b) **Current certification in the specialty by the ABTS, or specialty qualifications that are acceptable to**

the RRC (PR II.A.3.b.)

- c) **Current medical licensure and appropriate medical staff appointment (PR IIA.3.c.)**

Programs that do not report changes in a timely manner may receive a citation at the time of the next program review.

Residents in Research Year

Residents in research years at sponsoring institutions and integrated sites are not included in the resident allotment as approved by the Thoracic 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.
- If the RRC determines that a newly appointed program director does not meet the requirements, the DIO will be contacted.

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. Hard copy letters of requests are no longer accepted. The following change requests must be submitted via ADS:

- 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 or 312/755-7456.

Case Log System

For residents who started their training on or after July 1, 2007

Residents who started their residency program on or after July 1, 2007 can choose either the Cardiothoracic Pathway or the General Thoracic Pathway. Residents must meet the operative numbers entirely from one pathway.

Cardiothoracic Pathway	Requirements	General Thoracic Pathway
20 10 10	Congenital Heart Disease Primary First Assistant	10* *All cases can be as First Assistant
150 50 80 15 5 15	Adult Cardiac Acquired Valvular Heart Myocardial Revascularization Re-Operations Aorta Other	75 20 40 5 0 15
50 30 20	Lung, Pluera, Chest Wall Pneumonectomy, lobectomy, Segmentectomy Other	100 50 50
5	Mediastinum (resection)	10
15 10 0 5	Esophageal Resection Benign Esophageal Disease Other	30 20 5 5
15	VATS	30
255	Total	255
40 20 10 10	Endoscopy Bronchoscopy Esophagoscopy Mediastinoscopy	90 40 25 25
100 50 50	Consultative Experience New Patients Follow-up	100 50 50

RRC Accreditation Decisions

The RRC meets twice a year. Below is a summary of the most frequent citations for both core and subspecialty programs from January 1, 2007 through December 31, 2007.

Core Programs Reviewed in January 1, 2007 through December 31, 2007 for a Status Decision Total of 67 Citations	
1. Institutional Support	5
2. Resident Appointment	4
3. Program Personnel & Resources	6
4. The Education Program—Goals and Objectives	2
5. The Education Program Curricular Development	4
6. The Education Program—ACGME Competencies	1
7. The Education Program—Didactic Experience	2
8. The Education Program—Patient Care Experience	2
9. The Education Program—Procedural Experience	16
10. The Educational Program—Service to Education Imbalance	1
11. The Educational Program—Scholarly Activities	5
12. The Education Program--Supervision	3
13. The Education Program—Duty Hours	5
14. Evaluation	15

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.

Role of Unaccredited Fellows in Residency Programs

Unaccredited fellows in thoracic surgery programs can assist in balancing the service role of accredited fellows as well as provide an avenue for ensuring compliance with duty hours. The RRC reminds program directors and Designated Institution Officials that the number of unaccredited fellows in the program must not adversely affect the opportunities for education, training, and opportunities to achieve procedural minimum requirements for accredited fellows.

Upcoming Meetings and Agenda Book Closing

Meeting: July 18-19, 2008
Agenda Closing: May 9, 2008

Meeting: January 9-10, 2009
Agenda Closing: October 31, 2008

Accreditation Decisions

Thoracic Surgery – 79 Accredited Programs

14 Agenda Items

- 1 Propose Continued Probation
- 2 Propose Probation
- 6 Continued Accreditation
- 1 Duty Hour Progress Reports and/or Exceptions
- 1 Six-year Integrated Program Format
- 3 Other Administrative

Actions/program format
changes/participating institutional
changes

Congenital Cardiac Surgery – 3 Accredited
Programs

5 Agenda Items

- 1 Propose Withhold
- 3 Accreditation
- 1 Deferral

Residency Review Committee

Patrice Blair, MPH, ACS, *Ex-officio*
R. Morton Bolman, III, MD
William Gay, MD, ABTS, *Ex-officio*
James Huang, MD, *Resident*
Irving L. Kron, MD, *Chair*
Walter H. Merrill, MD
Michael R. Mill, MD
Mark B. Orringer, MD
Douglas E. Wood, MD, *Vice Chair*

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