

Frequently Asked Questions: Colon and Rectal Surgery

The information provided in these FAQs is meant to clarify specific questions that arise from use of the ACGME Program Requirements for Graduate Medical Education in Colon and Rectal Surgery. All section listings and line numbers refer to this document.

This is not an all-inclusive list of questions. Any other questions or concerns may be addressed to the executive director of the RRC at any time. The executive director and the RRC staff will be able to answer most questions. However, some may be referred to the Chair or Vice Chair of the RRC or may be taken up by the RRC at its next meeting. Some changes requested from a Program Director to the RRC may be provisionally approved by the Chair of the RRC, or in his/her absence by the Vice Chair. These requests will then be formally addressed at the next scheduled RRC meeting.

Question	Answer
ACGME and Review Committee Functions	
<p>What are the roles of the Accreditation Council for Graduate Medical Education (ACGME), the Review Committee, and the American Board of Colon and Rectal Surgery (ABCRS)?</p>	<p>The ACGME is a private, non-profit organization that evaluates and accredits medical residency programs in the United States. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses the educational programs under its aegis. Accreditation of general and specialty education programs is accomplished through a peer-review process utilizing 27 Residency Review Committees and an Institutional Review Committee.</p> <p>The Residency Review Committee, or Review Committee, sets accreditation standards and provides a peer evaluation of residency programs and subspecialty programs. The evaluation assesses the degree to which the program complies with the published set of educational standards (program requirements), and assists the Review Committee in conferring an accreditation status on programs with regards to how those standards have been met.</p> <p>The ABCRS identifies individual physicians as being certified in the specialty of colon and rectal surgery. It determines if candidates possess proper qualifications to take the examinations for certification or maintenance of certification; conducts examinations to determine the ability and fitness to practice the specialty of colon and rectal surgery; and awards certificates to candidates who fulfill its requirements and pass the examinations. The ABCRS also supports recertification of colon and rectal surgeons at regular intervals, the Maintenance of Certification process. This is designed to document that CRS physician specialists already certified are maintaining the skills and knowledge necessary to provide quality patient care in the specialty.</p> <p>In summary, the ACGME and Review Committee are concerned with accrediting residency and fellowship programs, while the ABCRS is tasked with certifying individual surgeons. Although their purviews are different, their ultimate goal is the same – to educate and certify surgeons who will provide a high level of quality patient care in the specialty of colon and rectal surgery.</p>

Question	Answer
How often are program requirements revised?	The ACGME requires that all program requirements be reviewed and revised at least every five years.
What will happen to programs that do not meet all of the new program requirements?	The Review Committee expects all programs to be in substantial compliance with all of the new program requirements at the time of their scheduled reviews. As per the standard protocol, citations will be issued for areas of non-compliance identified during this review, and specific dates will be determined by the Review Committee for both a response from the program, and for the next review by the ACGME.
How do programs describe a merger for the Review Committee?	Two options exist for processing planned mergers between two accredited programs: 1) the two separate residencies combine to form a third “new” program; or 2) one program absorbs the other. Contact the executive director for the Review Committee (at the ACGME) to discuss the type of merger, and what information to submit for review and approval by the Review Committee.
New Program Application	
How will case numbers be assessed for new programs applying for accreditation?	Numbers for new program applications are based on realistic estimates of what each resident will be exposed to on each rotation, not on the overall case lists of the institution(s) or faculty. These will be evaluated using information supplied in the Program Information Form (PIF) for new programs.
Review Process	
What is the average resurvey cycle for colon and rectal surgery programs?	The average resurvey cycle is four years. The current maximum cycle allowed is five years for fully accredited programs. Programs assigned to be reviewed in fewer than three years are considered by the Review Committee to have significant problems, to be of significant concern, or to be undergoing significant changes. New programs are surveyed in between one and three years.
How should programs respond when they receive citations following review by the Committee?	The Review Committee cites programs to notify them that they are not in compliance with a program requirement. Citations are not meant to be punitive; they are meant to help a program identify areas of weakness. They are the primary method the Committee has for ensuring improvements must be made in the educational program. All citations should be corrected as soon as possible, and must be corrected by the time of the individual program’s next survey. The Committee may request a Progress Report to determine how the program plans to address these issues. If major concerns persist or many citations are noted, the program’s resurvey cycle may be shortened and/or the program may receive a proposed adverse accreditation action such as Propose Withhold of Accreditation, Propose Withdrawal of Accreditation, Propose Probation or Reduction in Resident Complement. Persistence of the areas of citation, particularly without evidence of a concerted effort to correct them <i>and</i> progress toward correction, may result in loss of ACGME accreditation.

Question	Answer
How many citations are acceptable in a program's review?	Ideally, a program will comply with <u>all</u> of the Program Requirements and receive no citations. Often, however, a few areas of concern are identified by the Review Committee and will be cited in the program's review. If these are minor in nature, the Committee expects they will be corrected as soon as possible and before the program's next survey. A progress report may be requested to determine how the program plans to address these issues. If major concerns persist or many citations are noted, the program's resurvey cycle will be shortened.
Is it better to have a Specialist site Visitor perform a program review as opposed to an ACGME Field Staff Representative?	In general, all site visits are performed by the ACGME Field Staff Representatives. Specialist Site Visitors are senior members of the specialty with experience in graduate medical education and ACGME activities. Use of an SSV is rare and is at the discretion of the Review Committee.
What is the difference between a "must" and a "should" in the Program Requirements?	Definitions for "must" and "should" are provided in the ACGME Glossary, which is available on the ACGME website: www.acgme.org .
Educational Program Duration	
<p>Can the residency last more than one year?</p> <p><i>[Program Requirement Int. B.]</i></p>	<p>The ACGME accredits only 12 months of education in colon and rectal surgery. All accreditation requirements must be met within this 12-month period. If residents complete more than 12 months of education, that additional time is considered unaccredited. If a program offers more than 12 months of education in total, those additional experiences will not be reviewed by the Review Committee and should not be described in the PIF.</p> <p>An additional year of education (e.g. for research or additional experience with laparoscopy or physiologic evaluation) may be offered by the program, but the required education must be completed during the accredited 12 months.</p> <p>The Blue Ribbon Commission of the ABCRS, with representatives from the ABCRS, the American Society of Colon and Rectal Surgeons (ASCRS), and the Review Committee, examined the possibility of increasing the duration of colon and rectal surgery education from 12 to 24 months for some or all programs. Additionally, alternate tracks to colon and rectal surgery certification were explored including a 4 + 2 track (four years of general surgery and two years of colon and rectal surgery). However, the American Board of Surgery (ABS) was not willing to consider these changes at the time. In the future, a 24 month track for colon and rectal surgery resident education may be sought from the ACGME. The need for this will depend, in part, on how well the ACGME-accredited programs are able to satisfy the new Program Requirements within the existing 12-month residency. As it stands now, all residency education must be completed within 12 consecutive months.</p>

Question	Answer
<p>Must the 12 months of residency education be completed consecutively? Can residents complete their education part-time, that is, take two years to complete residency instead of one?</p> <p><i>[Program Requirement Int. B.]</i></p>	<p>It is expected that all residency education will take place within 12 consecutive months. The program must be structured as a full-time undertaking. In very exceptional cases, such unplanned interruptions to education due to illness, pregnancy, local disasters, or program disruption, non-consecutive education will be considered on case-by-case basis. Because of the exceptional nature of such scenarios, this may be an issue more directly related to qualification of an individual for the ABCRS examination, rather than one of program accreditation. Therefore, the ABCRS may need to rule on the individual candidates' qualifications for examination.</p>
<p>What if programs are unable to provide the minimum case requirements within the 12-month time period?</p> <p><i>[Program Requirements II.D.1.]</i></p>	<p>If there is insufficient clinical volume or variety in the primary sites to satisfy the requirements, arrangements should be made with an additional participating site (or sites) to correct the deficit. If a program is unable to provide the education mandated, and cannot do so with further affiliations or a merger, then the program may lose accreditation.</p>
Participating Sites	
<p>Can a resident participate in a rotation at a facility abroad in order to obtain unique operative and educational experiences?</p> <p><i>[Program Requirement I.B.]</i></p>	<p>The program director may allow a resident to go on a short rotation of up to two weeks at an international site for a medical mission to an underserved area or for exposure to specific problems or techniques. This is counted as elective time. However, the operative experience for those cases may NOT be counted toward the required case log experience. Note: None of the certifying Boards allow for cases performed in international rotations to be counted.</p>
Program Director	
<p>Why is a percentage of the program director's time specified and not a percentage of his/her salary?</p> <p><i>[Program Requirement I.A.1-2.]</i></p>	<p>It is the expectation of the Review Committee that the program director be given ample time and support to effectively perform the administrative duties necessary to run the program. Colon and rectal surgery programs are sponsored by a number of different types of institutions, including universities, individual unaffiliated hospitals, medical foundations and private practices. The source of funding for the program director's salary varies considerably amongst the current programs. It was felt that a strong statement requiring support was needed, but the specific source and amount of that support could not be stated in the Program Requirements, allowing for situation-specific arrangements. Similarly, although salary percentages are included in several other specialties' program requirements, the salaries of colon and rectal surgery program directors vary widely and a specific percent of a salary may be too constricting and unrealistic. Nevertheless, <i>adequate</i> salary support and protected time are mandatory.</p>

Question	Answer
<p>What specialty qualifications are acceptable to the Review Committee if the program director does not have current certification in colon and rectal surgery by the ABCRS?</p> <p><i>[Program Requirement II.A.3.b)]</i></p>	<p>This statement is part of the Common Program Requirements. Approval by the Review Committee of the appointment of a program director who is <i>not</i> ABCRS-certified would be extremely unlikely. However, should the situation arise, application may be made to the Review Committee for an exception, and will be handled on an individual basis.</p>
<p>Why does the Review Committee require the program director to have been in practice for three years and to have faculty experience?</p> <p><i>[Program Requirements II.A.3.d-e)]</i></p>	<p>The program director is responsible for all aspects of the program, including administration, organization, education, counseling, monitoring progress, providing feedback, and managing resources and personnel. The Review Committee feels that <i>at least</i> three years of experience in practice and education is critically important to prepare a colon and rectal surgeon to function in this capacity.</p>
Faculty	
<p>What qualifies as faculty scholastic inquiry?</p> <p><i>[Program Requirement II.B.5.e)]</i></p>	<p>Scholastic inquiry may include clinical or basic science research projects, scientific presentations at national or international meetings, articles in peer-reviewed publications, publishing books or book chapters, or contributing current standards papers to medical publications.</p>
<p>Why are three full-time equivalent (FTE) faculty members required?</p> <p><i>[Program Requirement II.B.6)]</i></p>	<p>Upon review of the case volumes of the existing programs, the number of faculty in each program, and the new case number requirements, the Review Committee concluded that it would be extremely unlikely that two full-time faculty would be able to provide the breadth and depth of experience required regularly every year. Additionally, in a program with only two faculty members, there are frequently significant periods when only one faculty member is active, including planned events such as vacations and meetings, and unplanned events such as illness, relocation, resignation, or changes in partnership.</p>
<p>Can a general surgeon with extensive experience in colon and rectal surgery be one of the three FTE faculty members?</p> <p><i>[Program Requirement II.B.6)]</i></p>	<p>The primary teaching of residents in ACGME-accredited programs must be performed by faculty members who are Board-certified in the respective specialty. Additional faculty may be part of the program when they bring certain expertise; for example, a gastroenterologist who provides supplemental case volume for training in endoscopic procedures may be considered part of the program, but this individual cannot be counted in the three FTE faculty members required for compliance.</p>

Question	Answer
<p>Can a resident work with a surgeon who is not ABCRS-certified to gain experience with specific, required colon and rectal surgery procedures, if the faculty is not able to provide enough such experience?</p> <p><i>[Program Requirement II.B.2]</i></p>	<p>Yes. However, whenever possible, ABCRS-certified surgeons should be utilized in this supplementary capacity.</p>
Other Program Personnel	
<p>Why is only 10% of a program coordinator's time specified?</p> <p><i>[Program Requirement II.C.1.]</i></p>	<p>Support of an ACGME-accredited colon and rectal surgery residency program requires a certain amount of administrative support. A dedicated effort by administrative personnel in the form of a program coordinator is mandatory; however, it is difficult to say how much is enough. Furthermore, the amount of effort and time needed will vary considerably during the year, with more needed during interview periods, during rotation transitions, and at the beginning and end of the year. The source of this support will also vary greatly with the type of sponsoring institution and individual program setting. Again, it is the Review Committee's intention to ensure that the program director, faculty, and residents in the program have ample administrative support.</p>
Resident Appointment	
<p>May non-US or non-Canada applicants be appointed to fill ACGME-accredited positions in colon and rectal surgery residencies?</p> <p><i>[Program Requirements III.A. and III.D.]</i></p>	<p>Non-US or non-Canada residents, who are certified by the Educational Commission for Foreign Medical Graduates, and who have sufficient experience in surgery to fulfill the assigned duties can be:</p> <ul style="list-style-type: none"> • appointed to un-matched positions; or, • appointed to a position for colon and rectal surgery education outside of the NMRP. It is strongly suggested that only one position be used for this purpose each year. With this, the ACGME-accredited complement of residents should be reduced by one, so as to not impact the volume of cases available to the ACGME-accredited residents. <p>As stated by the ABCRS, non-US or non-Canada residents will not be eligible for the ABCRS examinations, even after residency education in an ACGME-accredited program. They may receive a letter from the institution stating that they have served as an advanced learner on the colon and rectal service.</p>

Question	Answer
<p>Is a program permitted to have both ACGME- and non-ACGME-accredited residency/fellowship positions?</p> <p><i>[Program Requirement III.D.]</i></p>	<p>Programs can have learners in activities not currently accredited by the ACGME, such as minimal invasive colon and rectal surgery or pelvic floor physiology, as long as these learners do not interfere with the educational experiences available to residents in the accredited colon and rectal surgery program. Additional non-ACGME-accredited positions in colon and rectal surgery are not allowed unless the compliment of ACGME-accredited residents is decreased so that the total remains the same. This is because each program is approved for a specific number of residents based on the information provided in its PIF, and from the site visit, including case volume. Increasing the resident complement is not allowed unless specifically approved by the Review Committee. Note: These learners are outside of the rules and requirements that govern ACGME residencies. It is clearly incumbent upon the program director to ensure that the colon and rectal surgery residents have primacy in the experience provided in all colon and rectal surgery-related educational opportunities.</p>
<p>Is a program permitted to have both ACGME- and non-ACGME-accredited residency/fellowship positions?</p> <p><i>[Program Requirement III.D.]</i></p>	<p>Programs can have learners in activities not currently accredited by the ACGME, such as minimal invasive colon and rectal surgery or pelvic floor physiology, as long as these learners do not interfere with the educational experiences available to residents in the accredited colon and rectal surgery program. Additional non-ACGME-accredited positions in colon and rectal surgery are not allowed unless the compliment of ACGME-accredited residents is decreased so that the total remains the same. This is because each program is approved for a specific number of residents based on the information provided in its PIF, and from the site visit, including case volume. Increasing the resident complement is not allowed unless specifically approved by the Review Committee. Note: These learners are outside of the rules and requirements that govern ACGME residencies. It is clearly incumbent upon the program director to ensure that the colon and rectal surgery residents have primacy in the experience provided in all colon and rectal surgery-related educational opportunities.</p>
Educational Program	
<p>Can the curriculum developed by the Association of Program Directors for Colon & Rectal Surgery (APDCRS) be used to satisfy the requirements regarding the educational program and competency-based goals and objectives?</p> <p><i>[Program Requirements IV.A.1.a) and IV.A.2.]</i></p>	<p>The curriculum developed by the APDCRS may be used as a model, but should only be a starting point. As the requirements state, there must be an overall curriculum for the program, and each rotation must have an established and communicated set of goals and objectives derived from it. Each program's curriculum must be specific to that program, and must be integrated into the overall educational structure. Therefore, simply reproducing the APDCRS curriculum is not sufficient.</p>

Question	Answer
<p>Why is there a required faculty attendance level at conferences?</p> <p><i>[Program Requirement IV.A.3.b)]</i></p>	<p>Faculty members must regularly attend and participate in colon and rectal residency-related conferences at their primary site and, whenever possible, at the sponsoring institution, for educational purposes, specifically to discuss their own complications and those of the other members of the faculty; to provide perspective and insight at journal clubs; and to discuss the clinical relevance of imaging and pathological findings. It has been noted that some faculty members are routinely unavailable to discuss their own complications at such conferences/activities. The Review Committee considers this is a critical activity of peer-review, and the absence of these faculty members is unacceptable, and sets a poor example for residents.</p>
<p>What type of “rounding” satisfies the requirement that responsible faculty conduct formal teaching rounds on each rotation at least weekly?</p> <p><i>[Program Requirement IV.A.3.e)]</i></p>	<p>A formal clinical and educational discussion of patients on the service during the past week must be part of the regular activities of each clinical rotation. This should include presentation of interesting patients seen in the clinics and on the wards, and review of relevant imaging studies, pathology and literature. This may be walk-rounds on the wards, but also may be sit-down rounds with the clinical team.</p>
<p>What is the difference between essential disorders and procedures and substantially familiar disorders and procedures?</p> <p><i>[Program Requirements IV.A.5.a.(1)-(2) and IV.A.5.b).(3)- (4)]</i></p>	<p>Essential disorders and procedures are those that are integral to the practice of colon and rectal surgery and are explicitly the province of colon and rectal surgeons. They are common enough that all residents should have formal instruction in and clinical experience with them during their 12 months of education, leading to proficiency.</p> <p>Substantially familiar disorders and procedures refers to those that are within the province of colon and rectal surgery, but which not all residents will not have the opportunity to actually see during their residency. The Program Requirements specify that residents must be educated about these problems and procedures. Residents must become familiar with these entities so that, if encountered in clinical practice, they will recognize them and will be able to deal with them directly or by referral. These less common entities are not included in the Minimal Case Numbers since they may or may not be encountered during any particular year of residency education.</p>
<p>How may the requirements addressing substantially familiar disorders and procedures be satisfied?</p> <p><i>[Program Requirements IV.A.5.b).(3)-(4)]</i></p>	<p>These requirements may be satisfied through at least one of the following: didactic teaching, conference presentations and, when possible, clinical experience. It is the responsibility of the program director to ensure and document this requirement is met.</p>

Question	Answer
<p>Why do the minimum numbers used by the Review Committee differ from those used by the ABCRS?</p> <p><i>[Program Requirement IV.A.6.]</i></p>	<p>The Review Committee's minimum case numbers will be used as part of the assessment of residency programs' ability to educate residents in colon and rectal surgery and also examine specific issues that relate to residency education programs. The ABCRS is developing its own set of minimum case numbers to be used to assess the qualification of candidates for admission to the Board examinations. The ABCRS numbers are being evaluated prospectively at this time. These numbers, although closely related, are independent, as required by the ACGME.</p>
<p>Can a resident rotate to another institution to gain experience with procedures such as laparoscopic colectomies, pouch procedures, anorectal procedures or physiologic testing and interpretation when there is not enough volume available within the program?</p> <p><i>[Program Requirements IV.A.6.]</i></p>	<p>This is acceptable within the following framework:</p> <ul style="list-style-type: none"> • The program director may arrange for short-term rotations of one month or less to correct acute, temporary clinical volume problems. • If this rotation will be needed for more than one year, the program director must request Review Committee-approval for a new participating site. Whenever possible, ABCRS-certified surgeons should be utilized in this supplementary capacity. • If there is insufficient clinical volume or variety at the primary site to satisfy the requirements, arrangements should be made for affiliation with an additional participating site to correct the deficit. These new, permanent parts of the program must be added to the program description and detailed in the PIF for the next program review. • Elective rotations of two weeks or less may be arranged at the discretion of the program director and at the request of the resident for a special experience such as exposure to pediatric colorectal surgery, or seeing methods of treatment that are new or not regularly available within the program, such as TEM.
<p>Why are the "settings" identified in the requirements for patient evaluation and care opportunities required for the organization of the program curriculum, and are there any limitations on where they may be physically located?</p> <p><i>[Program Requirements IV.A.6.a).(1)-(5)]</i></p>	<p>Since a significant portion of colon and rectal surgery practice occurs in the outpatient/clinic/office setting, residents in colon and rectal surgery programs must spend a substantial amount of time seeing patients in these settings. This experience must include evaluation and management of patients as well as office procedures, as it is direct preparation for practice following the completion of the educational program.</p> <p>The physical location of these experience and activities can be part of a hospital site, an ambulatory surgery center, or a free-standing clinic or office suite. The site itself is not as important as is the type of clinical activity. So ambulatory or out-patient surgery may be performed in a hospital operating suite, or in a separate ambulatory surgery center. Similarly, endoscopy may be performed in any accredited site where moderate sedation and appropriate recovery capabilities are available. Also, physiologic testing may be performed in a dedicated laboratory space, a clinical office, or in a hospital or ambulatory surgery of endoscopy center.</p>

Question	Answer
<p>How were the minimum operative numbers determined?</p> <p>[Program Requirements IV.A.6.f)-g)]</p>	<p>The Review Committee for Colon and Rectal Surgery, along with a number of other procedure-oriented Review Committees, has decided that a set of minimum case numbers will be used as part of their assessment of programs' ability to educate residents in colon and rectal surgery. While the Committee recognizes that achievement of minimum numbers does not ensure individual competency, the minimums serve as a surrogate for measurement of adequacy of surgical volume offered by a program to its residents. If a resident never sees patients with a particular disorder or never sees a particular procedure, he or she can hardly be expected to become proficient in the treatment of such a patient or performance of that procedure. These numbers will be used as one of several criteria for accreditation.</p> <p>The Review Committee developed these numbers as part of the overall revision of the Program Requirements for Colon and Rectal Surgery between 2008 and 2010. These numbers were derived from multiple sources, including national averages and ranges of residents finishing colon and rectal surgery residency during the last five years; numbers developed by expert panels of colon and rectal surgeons; volumes felt to be acceptable for adequate residency education by the members of the Review Committee; the recommendation of the Blue Ribbon Committee of the ABCRS; and the developing requirements for entrance into the examinations of the ABCRS. Older methods such as a threshold of one or two standard deviations below the annual mean are not believed to be valid criteria for adequate education and are no longer used. This is an evolving process. Evaluation of adequacy of case volumes for purposes of ACGME accreditation is solely determined by the Residency Committee.</p> <p>These numbers will be reviewed annually and will be revised at least every five years along with the Program Requirements, and more often as determined by the Review Committee.</p>
<p>Does the Review Committee expect residents to demonstrate competence in performing procedures they are required to perform only one, two, or three times?</p> <p>[Program Requirements IV.A.6.f)-g)]</p>	<p>The Review Committee recognizes that residents may not achieve <i>competency</i> after only performing a particular procedure a few times, but it requires a bare minimum exposure on which residents can build their professional experience. Many procedures, such as coloanal anastomosis and ileal pouch-anal anastomosis, overlap, and skills taught with one can be transferable to others. Yet residents need to see each particular procedure at least a few times to understand the details and some of the variations. Note: these are <i>minimum</i> numbers; it is anticipated that most residents will exceed these minima substantially during the course of their educational programs. Ultimately, it is the program director and the faculty who are the final arbiters of an individual resident's competency in a given procedure.</p>

Question	Answer
<p>Why can the minimum overall case numbers include no more than 50% endoscopic procedures?</p> <p><i>[Program Requirements IV.A.6.g)]</i></p>	<p>The Review Committee has noted that residents in certain programs list a very large number of endoscopic procedures in the Case Log System. Invariably, these residents also are low in other areas such as abdominal or anorectal cases. The Committee feels that a balance must be maintained between the different essential areas of experience required. The resident only has 12 months to complete the colon and rectal surgery program, and has a large number of requirements to satisfy in that time. Service of a large clinical endoscopy load should not be allowed to interfere with residents' educational needs.</p>
<p>Which colonoscopies may be counted as interventional procedures?</p> <p><i>[Program Requirement IV.A.6.g).(3)]</i></p>	<p>The 30 required interventional procedures should include snare polypectomies, injection/lifts techniques, placement of stents, control of bleeding, and hot biopsy polypectomies. Random biopsies and tattoo injections are not counted as interventional procedures.</p>
Residents Scholarly Activities	
<p>How may the faculty contribute to resident scholarship?</p> <p><i>[Program Requirement IV.B.3.a)]</i></p>	<p>Programs are expected to create an environment of scholarship and provide role models and opportunities for residents. Although faculty members should regularly participate in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes inquiry and scholarship, that alone is not adequate to satisfy this requirement. Faculty members should offer guidance in the interpretation of relevance of studies reviewed, and should encourage resident participation in research. Some members of the faculty must be able to involve residents directly in research. The program should provide support for residents involved in research, including research design, technical support, and statistical analysis.</p>
Evaluation	
<p>How will the ACGME Case Log System be changed to track the essential diagnoses and procedures?</p>	<p>The ACGME Case Log System is currently being upgraded by the Review Committee and the ABCRS jointly to address this issue. Further details will be provided via the ACGME's weekly <i>e-Communication</i> and the <i>RRC News for Colon and Rectal Surgery</i> as they become available.</p>
<p>Does each resident have to meet the minimum operative numbers to complete the program?</p> <p><i>[Program Requirements V.A. 1.a).(2).(d)]</i></p>	<p>The program director determines whether an individual resident is able to complete the program at the end of the 12-month program. It is the program director's responsibility to determine if each resident has demonstrated sufficient competence to enter practice without direct supervision. The Review Committee reviews the numbers of diagnoses and cases that each resident documents as part of its assessment of the adequacy of the program, not the competence of the individual resident. The ABCRS, in assessing readiness for the certifying examinations, determines if a graduate is qualified for Board certification.</p>

Question	Answer
<p>How should we evaluate resident competence?</p> <p><i>[Program Requirements V.A. 1.b)-(3)]</i></p>	<p>Each program is expected to identify and use a number of general and specialty-specific evaluation methods to assess resident performance and knowledge. Examples include those developed by the ACGME (see the 'Outcomes Project' link from the homepage of the ACGME website, www.acgme.org), the APDCRS and other specialties. Development or endorsement of specific evaluation instruments is not within the purview of the Review Committee.</p>
<p>How will the case numbers be used to evaluate programs?</p> <p><i>[Program Requirement V.C.]</i></p>	<p>Resident case numbers provide one tool by which a program can evaluate itself. The Review Committee may cite a program for any deficiencies in resident case numbers.</p>
<p>Does completion of a residency in colon and rectal surgery qualify a graduate for admission to the examinations of the ABCRS leading to "Board certification?"</p> <p><i>[Program Requirement V.C. 1.d).(3)]</i></p>	<p>The criteria for admission to the ABCRS examinations are determined by the ABCRS and not by the Review Committee. Completion of an ACGME-accredited residency in colon and rectal surgery is one of several criteria that the ABCRS uses to determine qualification for examination. These criteria are listed on the ABCRS website at http://www.abcrs.org/certification/qualificationsofcandidates.htm.</p>
<p>Why is the Review Committee using ABCRS attempt rates and pass rates to evaluate program quality?</p> <p><i>[Program Requirements: V.C. 1.d).(3)-(4)]</i></p>	<p>Although the Review Committee for Colon and Rectal Surgery and the ABCRS are separate and independent organizations, they do share the same ultimate goal - to produce surgeons who will provide a high level of quality patient care in the specialty of colon and rectal surgery. The ability of graduates of colon and rectal surgery residency programs to pass the ABCRS examinations is one additional parameter by which programs may be evaluated. The Review Committee recognizes that programs cannot require their graduates to take the ABCRS examinations. Yet, residents who complete an ACGME-accredited colon and rectal surgery residency are <i>expected to take and pass these examinations</i>. Programs directors must strongly urge their graduates to take these examinations and to do so in a timely manner. Although there will be graduates who cannot take the ABCRS examinations because they have not passed their general surgery examination, the Review Committee expects this rate to be very low as all residents admitted to colon and rectal surgery programs should be of a high enough caliber that they can pass these exams. Therefore, after detailed analysis of pass rate trends and the effect of various parameters on the number of graduates participating, the Review Committee has set these expectations for the rate of ABCRS examination and passage. Data regarding the eligibility of graduates for ABCRS examination, the number of individuals from each program who take the exams, and the pass rates will be gathered in the PIFs, and obtained from the ABCRS annually.</p>