SES 009 - Review Committee for Surgery

Orlando, Florida

March 8, 2019

David Han, MD
Vice Chair, Review Committee for Surgery

Donna L. Lamb, DHSc, MBA, BSN
Executive Director

#ACGME2019
Disclosures

- Dr. Han
  - No financial conflicts to disclose
- Dr. Lamb
  - No financial conflicts to disclose
Objectives

- Overview Review Committee
  - Accreditation Activity/Citation Distribution
  - Eligibility
  - Independent Practice
  - Program Requirements
  - Single Accreditation System

- ADS Changes

- Milestones 2.0
ACGME Mission

The ACGME’s mission is to “improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”

11,200 programs

180 specialties

830 institutions

135,000 active full-time and part-time residents and fellows

#ACGME2019
Review Committee Composition

- **Physician members** - 6-yr term – nominated by
  - American Medical Association; American Board of Surgery
  - American Osteopathic Association; American College of Surgeons
- **Resident physicians** - 2-yr term – nominated by
  - Program/Institution; full review and vote
- **Public member** - 6-yr term
  - Open call/Recommendations; review and vote
- **Ex-officio members**
  - Do not participate in program review and do not vote
Review Committee - Primary Function

Peer Review

Determination of a program’s “substantial compliance” against a defined set of standards.
Review Committee - Primary Function

Determination of accreditation status decision

- Initial Accreditation
- Continued Accreditation
- Adverse Action
- Probation
- Reduction in Resident Complement
- Withdrawal
Review Committee Membership

Jeffrey B. Matthews, MD*, Chair
Chandrakanth Are, MD
Robert Cromer, MD
Mary Fallat, MD
George Fuhrman, MD*
Stephanie Heller, MD
Pamela Lipsett, MD
Fred Luchette, MD
Joseph Mills, MD*

David Han, MD, Vice Chair
David Rubenstein, Public Member
Bruce Schirmer, MD
Joseph Stella, DO**
Richard Thirlby, MD*
Thomas Tracy, MD*
James Valentine, MD

Ex-Officio:  Jo Buyske, MD, ABS
Kim Loomis, MD, AAMC
Patrice Blair, ACS

*Term expires June 30, 2020
**Term expires June 30, 2021
Review Committee Transitions

- Nominees to replace Drs. Matthews, Thirlby, and Tracy selected and awaiting approval by ACGME Board in May 2019

- New Resident member, Samantha Baker, MD will begin her term July 1, 2019

- Awaiting nominee from ACS to replace Dr. Mills
# 2019 Review Committee Activity

Meetings: January 17-18, 2019 and April 4-5, 2019

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Accredited Programs</th>
<th>Applications</th>
<th>Complement Approved</th>
<th>Complement Filled</th>
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<td>10,080</td>
<td>8835</td>
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<td>Integrated</td>
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<td>Pediatric Surgery</td>
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<td>Hand</td>
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## 2019 Review Committee Activity

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<th>Specialty</th>
<th>Accredited Programs</th>
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<td>10,080</td>
<td>8835</td>
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</table>

### General Surgery Positions/Year

<table>
<thead>
<tr>
<th>PGY-1</th>
<th>PGY-2</th>
<th>PGY-3</th>
<th>PGY-4</th>
<th>PGY-5</th>
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<td>3,300</td>
<td>2,058</td>
<td>1,574</td>
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</table>
## 2019 Review Committee Activity

<table>
<thead>
<tr>
<th>General Surgery Positions/Year</th>
<th>PGY-1 3,300</th>
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<th>PGY-4 1,574</th>
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<td>(2212/482 total)</td>
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<td>Continued Accred. w/o Outcomes</td>
<td>Continued Accred. w/ Warning</td>
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<td>General Surgery (320)</td>
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<td>Vascular Surgery</td>
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<td>Surgical Oncology (27)</td>
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<tr>
<td>Pediatric Surgery (50)</td>
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<td>Surgical Critical Care (136)</td>
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<td>Hand (1)</td>
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</table>
Citation Distribution — General Surgery

Review Year 2019

320 programs
Citation Distribution:
Learning and Working Environment (Work Hours)

January 9, 2019 letter from Dr. Nasca, President and CEO

http://www.acgme.org/Newsroom/Newsroom-Details/ArticleID/7855/Well-Being-and-Work-Hour-Requirements
Citation Distribution:
Learning and Working Environment (Work Hours)

- Compliance with the 80-hour requirement will be strictly monitored and programs will receive citations where violations are identified

- > 1 resident/fellow indicated “often” or “very often” on annual/aggregate (multi-year) survey or > 20%.

- Other work hour findings other than 80-hours may also have been cited.

http://www.acgme.org/Newsroom/Newsroom-Details/ArticleID/7855/Well-Being-and-Work-Hour-Requirements
Citation Distribution: Program Director Responsibilities

Educational Environment

[Program Requirement: II.A.4.]

The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. (Core)
The program director must implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting. (Core)
Citation Distribution:
Program Director Responsibilities

Accuracy of Data

[Program Requirements: II.A.4.g); II.A.4.g).(1)]

The program director must prepare and submit all information required and requested by the ACGME. (Core) This includes but is not limited to the program application forms and annual program updates to the ADS, and ensure that the information submitted is accurate and complete. (Core)
Citation Distribution:
Graduate Performance – First time takers

[Program Requirements: V.C.2.c).(1).(a).(i) through V.C.2.c).(1).(b).(ii)]

...a minimum of 65 percent of residents or graduates who have taken the General Surgery Qualifying Examination during the most recent five-year period must have passed on the first attempt; and, (Outcome)

...a minimum of 65 percent of residents or graduates who have taken the General Surgery Certifying Examination during the most recent five-year period must have passed on the first attempt. (Outcome)
Oral and Written Examinations: …in the preceding three years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)
Oral and Written Examinations: …in the preceding three years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)

For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)
Eligibility – July 1, 2019

Residents from ACGME-, AOA-, RCPSC-, ACGME-I-accredited programs are eligible for all fellowship programs
Eligibility – July 1, 2019

Residents from ACGME-, AOA-, RCPSC-, ACGME-I-accredited programs are eligible for all fellowship programs.

Review Committee will not allow the exception to the fellowship eligibility requirements [PR: III.A.1.c).(1)]

i.e., “Exceptional Candidate”
Eligibility – July 1, 2019

Residents from ACGME-, AOA-, RCPSC-, ACGME-I-accredited programs are eligible for all fellowship programs

Osteopathic-trained residents are eligible for the AOA Board examinations

Osteopathic-trained residents do not have to be eligible for the ABS Board examinations
Responses To Citations

1. What is the problem?

2. How did you engage faculty and residents in the process of problem identification and the development of a solution?

3. What remedial efforts have been implemented?

4. How will you monitor and sustain improvement?
Case Logs

Discrete cases (white boxes) within the defined categories (blue boxes) are in effect and will be used for the January 2020 Review Committee review.
Multiple codes are now mapped to defined categories:

- Laparoscopic paraesophageal hernia repair (AT-Esoph, Lap-C)
- Open paraesophageal hernia repair (AT-Esoph)
- Laparoscopic sleeve gastrectomy (AT-Stom, Lap-C)
- Backbench preparation of donor liver (Abd-Liver)
Independent Practice Proposal

IV.E.  Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.

IV.E.1.  If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year.  (Core)
Independent Practice Proposal

- Occupy a dual role in the health system: as learners in their subspecialty, and as credentialed practitioners in their core specialty; and,

- Hours worked in independent practice still fall under the clinical and educational work hour limits.
Independent Practice Proposal
Review Committee Decision

Programs not approved for independent practice

- Fellows need the concentrated time in the program and with the program faculty
- May cause fellow to drop below the minimum time required for board eligibility
Administrative Issues for Discussion
Interim Program Director

- Used only when a qualified program director cannot be immediately appointed or there is a temporary absence (e.g., deployment)

- Action plan must be submitted with request
  - Institutional Support to be provided to interim program director
  - Recruitment plan with anticipated timeline

- Progress report every six months until permanent program director appointed
Faculty Qualifications

- Faculty members who are not ABMS or AOA certified must be approved by the Review Committee.
  - Submit letter requesting approval to Dr. Lamb.
  - Include current faculty CV.
  - Note “equivalent qualifications” in faculty demographic data in ADS.
Flexibility in Training

- Three primary purposes
  - Focused education during which Chief will have more than six months of essential content in one area during the PG-5 year, including chief and non-chief rotations
  - Unique educational opportunities for residents to have up to six months of chief experience in the PG-4 year
  - Establishment of an education “track” (e.g., rural, burn) where only some residents elect to complete a structured “track” curriculum
Flexibility in Training

- Must be requested in advance
- May request for specific rotation/specific resident
- Chief rotations must be in essential content
- Current and proposed block diagram to be submitted
- Must also be approved by ABS
## Flexibility in Training

### PGY-4

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<td>Primary Site</td>
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<tr>
<td>Rotation Name</td>
<td>Endocrine</td>
<td>Transplant</td>
<td>General-Chief</td>
<td>General-Chief</td>
<td>Bariatrics</td>
<td>General-Chief</td>
<td>Trauma-Chief</td>
<td>Trauma-Chief</td>
<td>General</td>
<td>Thoracic</td>
<td>CRS</td>
<td>Pediatrics</td>
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<td>% OP</td>
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### PGY-5

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<td>Primary Site</td>
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<td>General-Chief</td>
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<td>Transplant</td>
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<tr>
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</table>
Resident Complement

This specialty approves:

- Permanent and temporary increases
- Complement by PGY level for categorical positions
  - Not interchangeable between PGY levels
- Complement in total for preliminary positions
  - May be used in either the PG-1 or PG-2 year
Single Accreditation System

- Transition ends December 31, 2020
- American Osteopathic Association (AOA) will continue to offer Board of Surgery examinations
  - General Surgery
  - Vascular Surgery
  - Surgical Critical Care
- Notify recruits and trainees of Board eligibility in writing
Single Accreditation System

- First-time pass rate to be assessed for both the ABS and AOA certification examinations

- ACGME has accredited 44 of 56 osteopathic general surgery programs
Upcoming Changes in ADS

Working to align the information collected with the Common Program Requirements going into effect July 1, 2019.
Upcoming Changes in ADS

Changes will be published after June 24, 2019

Accredited programs will be required to respond to new/updated questions in the Annual Update.
ADS Change: Site Director Identification

I.B.3.a) At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)

Live now in ADS Participating Sites tab
ADS Change: Designation of Core Faculty

Designate faculty as “Core” on the Faculty Roster

II.B.4. Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)
ADS Change: Faculty Certification

After the ADS Annual Update, all programs will enter the expiration date of their faculty members’ certification (original, time-unlimited, re-certification, MOC).
ADS Change: Faculty Scholarly Activity

IV.D.1.a) The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)

Residency programs will report all faculty scholarly activity as a program (not individual) in a grid.
## Faculty Scholarly Activity

For the previous academic year (programmatically show July 1, YYYY – June 30, YYYY), select the methods that all faculty in your program have demonstrated in the dissemination of scholarly activity. If none, select none.

<table>
<thead>
<tr>
<th>Domains</th>
<th>PMIDs</th>
<th>Other Publications</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters/Textbooks</th>
<th>Grant Leadership</th>
<th>Leadership or Peer-Review Role</th>
<th>Formal Courses</th>
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<tr>
<td>Research in basic sciences, education, translational science, patient care, or population health</td>
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<td>☐</td>
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<tr>
<td>Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Contribution to professional committees, educational organizations, or editorial boards</td>
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<td>Innovations in education</td>
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</table>

(checkbox that disables all other checkboxes on the screen and is stored in the database)

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Not Final – Subject to Change
### ADS Change: Faculty Scholarly Activity

**IV.D.2.a)** Among their scholarly activity, programs must demonstrate accomplishments in **at least three** of the following domains (Core)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
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<tbody>
<tr>
<td>Research</td>
<td>Creation of curricula, assessment tools, didactic/educational activities, or electronic education materials</td>
</tr>
<tr>
<td>Peer-Reviewed Grants</td>
<td>Contribution to professional committees, educational organizations, or editorial boards</td>
</tr>
<tr>
<td>Quality Improvement/Patient Safety Initiatives</td>
<td>Innovations in education</td>
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<tr>
<td>Systematic reviews, meta-analysis, review articles, chapters in medical textbooks, case reports</td>
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</table>
**ADS Change: Faculty Scholarly Activity**

*IV.D.2.b) The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:*

<table>
<thead>
<tr>
<th>PMID</th>
<th>Chapters/Textbooks</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Formal Courses</td>
</tr>
</tbody>
</table>
ADS Change: Faculty Scholarly Activity (Fellowship Programs)

- Programs will continue to report scholarly activity by individual faculty member.
- Categories of scholarly activities will match the table of dissemination methods.
- Programs will also report domains (e.g., research, QI, grants) of scholarly activity for all faculty in the program.
EX: Provide the program’s mission statement.

*The mission statement is a written statement of a program’s core purpose. This statement should clarify the focus of the educational program (e.g., academic/research focus, community care focus, etc.), what community the program will serve and how that will be accomplished, and how the program’s mission aligns with the larger mission of the Sponsoring Institution.*
EX: Provide the program aims (e.g., goals/objectives) that are guided by the program’s mission statement.

The program’s aims (i.e., goals, objectives) should describe what the program has the intention of achieving in accordance with the Common Program Requirements. The program aims should be consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates serve, and the distinctive capabilities of its graduates (e.g., leadership, research, public health).
ADS Changes

Multiple revisions to specialty-specific documents likely between July 2019 and July 2021.

Watch for the *e-Communication* emails
Milestones 2.0 - Surgery

Beginning the 2020-2021 academic year

First reporting is December 2020

Start thinking about the transition
Milestones: Differences

There are now 5 levels demonstrating what a resident is able to do

Critical Deficiencies have been deleted

Level 4 is the graduation target

Level 5 is aspirational and not expected
Milestones: Differences

Patient Care and Medical Knowledge have two options outside of the levels:

- Not yet completed Level 1
- Not yet rotated
Supplemental Guide

Overall intent of each topic
Examples for Levels 1-5
Assessment methods
Resources
Available with the intent of the development group and as a Word document for use in your CCC
Questions?
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