ACGME Program Requirements for Graduate Medical Education
in Colon and Rectal Surgery
Summary and Impact of Focused Requirement Revisions

Requirement #: I.B.4.a)

Requirement Revision (significant change only):

The addition of any participating site must be approved by the Review Committee prior to assigning any residents to that site. [Core]

Specialty Background and Intent: The Review Committee recognizes that certain experiences may be difficult to provide due to changes in faculty and/or patient census. Therefore, programs may use additional sites and faculty members to allow residents to gain the required experiences, as noted in IV.C.1.b). Information for site change requests is available on the Colon and Rectal Surgery section of the ACGME website: Participating Site Change Guidelines.

1. Describe the Review Committee’s rationale for this revision:
   When programs add a new site in the Accreditation Data System (ADS), they get a message that the site must be approved by the Review Committee. The participating site change guidelines, which have been available on the Colon and Rectal Surgery section of the ACGME website since 2015, also state that residents must not rotate to the proposed site until it has been approved by the Review Committee. Adding this as a program requirement will provide more transparency to programs. The language in the Background and Intent is from the current FAQ, which will be eliminated when the new requirement goes into effect.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Review of sites ensures that programs remain focused on educational and not service needs, and that resident well-being is considered. A Review Committee decision is typically made within four weeks after all required information has been received.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a

Requirement #: II.A.3.b).(1)

Requirement Revision (significant change only):
The Review Committee only accepts ABCRS colon and rectal surgery certification. *(Core)*

1. Describe the Review Committee’s rationale for this revision:  
   Current requirement II.B.4.c) already indicates the expectation that the program director have ABCRS certification. This requirement states this explicitly.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?  
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   n/a

5. How will the proposed revision impact other accredited programs?  
   n/a

**Requirement #: II.B.4.c)**

**Requirement Revision (significant change only):**

There must be a minimum of three FTE ABCRS-certified core faculty members active in the program and located at the primary clinical site, including the program director. *(Core)*

1. Describe the Review Committee’s rationale for this revision:  
   A current FAQ explains that the primary clinical site is where most of the education takes place, and therefore expectation is that the three ABCRS-certified faculty members will be located at the primary clinical site. This new requirement makes this expectation explicit. The Review Committee has considered the three required faculty members as “core faculty,” and so the new requirement also makes this explicit. The FAQ will be removed once the new requirement goes into effect.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   n/a

3. How will the proposed requirement or revision impact continuity of patient care?  
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
   n/a

5. How will the proposed revision impact other accredited programs?  
   n/a

**Requirement #: IV.B.1.b).(1).(a)**
### Requirement Revision (significant change only):

Residents must demonstrate understanding of and commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices. *(Core)*

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| 1. | Describe the Review Committee's rationale for this revision:  
**This requirement was developed in response to the requirement that each Review Committee further specify expected resident outcomes “to be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.”** |
| 2. | How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**Attention to these issues demonstrates compassion and respect, and represents an improvement in resident education.** |
| 3. | How will the proposed requirement or revision impact continuity of patient care?  
n/a |
| 4. | Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
n/a |
| 5. | How will the proposed revision impact other accredited programs?  
n/a |

### Requirement #: IV.C.1.a)

A colon and rectal surgery resident and a chief resident in general surgery or a fellow (whether the fellow is in an ACGME-accredited position or not) **should** not have primary responsibility for the same patient, except that a colon and rectal surgery resident and a critical care fellow may co-manage the non-operative care of the same patient. *(Detail) (Core)*

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| 1. | Describe the Review Committee's rationale for this revision:  
**When this requirement was developed as part of the last major revision in 2011, the word ‘should’ was used due to the inclusion of circumstances for an exception. In preparation for implementation of the Next Accreditation System in 2014, all requirements had to be categorized as core, detail, or outcome, and the Review Committee labeled ‘should’ requirements as ‘detail.’ Currently, the Review Committee considers this an essential core requirement expected of all programs at all times with the noted exception, and therefore reworded and recategorized it to make this clear.** |
| 2. | How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The requirement will ensure that colon and rectal surgery residents have all of the expected critical care patient care experiences.** |
3. How will the proposed requirement or revision impact continuity of patient care? 
n/a
4. Will the proposed requirement or revision necessitate additional institutional resources 
   (e.g., facilities, organization of other services, addition of faculty members, financial 
   support; volume and variety of patients), if so, how? 
n/a
5. How will the proposed revision impact other accredited programs? 
n/a

**Requirement #: IV.C.7**

Requirement Revision (significant change only):

**Related pathology and radiology studies should must be presented during these conferences** 
when available. *(Detail) (Core)*

1. Describe the Review Committee’s rationale for this revision: 
   *These studies are an essential part of case review and discussion.*

2. How will the proposed requirement or revision improve resident/fellow education, patient 
   safety, and/or patient care quality? 
   *Incorporation of pathology and radiology studies on a regular basis will improve 
   resident education.*

3. How will the proposed requirement or revision impact continuity of patient care? 
n/a

4. Will the proposed requirement or revision necessitate additional institutional resources 
   (e.g., facilities, organization of other services, addition of faculty members, financial 
   support; volume and variety of patients), if so, how? 
n/a

5. How will the proposed revision impact other accredited programs? 
n/a

**Requirement #: IV.D.1.b).(1)**

Requirement Revision (significant change only):

**The program should must provide support for residents involved in research, including** 
research design, technical support and statistical analysis. *(Detail) (Core)*

1. Describe the Review Committee’s rationale for this revision: 
   *In order for residents to be prepared for doing research, they need the related basic 
   knowledge, skills, and support.*

2. How will the proposed requirement or revision improve resident/fellow education, patient 
   safety, and/or patient care quality?
Ensuring these resources will make it possible for interested residents to participate in scholarly activity involving a structured research project.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Institutions that do not have these resources in-house may need to add them. Alternatively, such institutions may provide access to publically available (e.g., online) resources.

5. How will the proposed revision impact other accredited programs?
   n/a

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<td>Requirement Revision (significant change only):</td>
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<td>Programs should evaluate residents within six weeks following entry into the program for expected entry-level skills so that additional education and training can be provided in a timely manner to address identified deficiencies. (Core)</td>
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**Specialty Background and Intent:** Use of the Colon and Rectal Surgery Milestones for the early evaluation of residents by the program director or designee (not to include the Clinical Competency Committee (CCC) process) is recommended as a best practice. In addition to identifying resident gaps early in the program, the use of the Milestones may also assist the CCC to recognize delays/advances in development at the midpoint of education.

1. Describe the Review Committee’s rationale for this revision:
   Because colon and rectal surgery programs are only 12 months in length, it is important for programs to identify any deficiencies early so that sufficient time is available for these to be successfully addressed prior to initiating formal subspecialty education.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Early identification and correction of deficiencies is a well-recognized educational principle that will lead to better educational outcomes.

3. How will the proposed requirement or revision impact continuity of patient care?
   n/a

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   n/a

5. How will the proposed revision impact other accredited programs?
   n/a
Requirement #: V.A.1.a).(4).(a)

Requirement Revision (significant change only):

The results should must be reviewed in a debriefing session with each resident in which the program director or delegated faculty member provides feedback regarding identified gaps in knowledge and helps the resident develop strategies to resolve these deficiencies.  

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<td>1. Describe the Review Committee’s rationale for this revision:</td>
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<td>This requirement is related to the requirement for using a specialty-specific examination as one method of evaluating resident education. Its categorization was changed from detail to core to ensure that this important area is addressed. This may help some residents do better on their board certification exam after they graduate.</td>
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