ACGME Program Requirements for Graduate Medical Education in General Surgery

Summary and Impact of Focused Requirement Revisions

Requirement #: Int.B.

Requirement Revision (significant change only):

Int.B. Definition of Specialty

The practice of surgery encompasses the provision of comprehensive care to the patient with surgical disorders of the abdomen and its contents, the alimentary tract, skin, soft tissues, and breast, endocrine organs, and trauma. The practice of surgery provides the foundation for the surgical evaluation and management of patients with oncologic, vascular, pediatric, and intensive care disorders. The practice of surgery must convey adequate knowledge and experience for the initial assessment and emergency treatment of severe conditions of the cardiothoracic, urologic, gynecologic, neurologic, and otolaryngologic systems and indications for specialty consultations. Comprehensive care includes (but is not limited to) the evaluation, diagnosis, and treatment (both operative and non-operative) of surgical disorders, as well as the appropriate disposition and follow-up of the patients with those disorders. In order to provide optimal comprehensive care, the surgeon must effectively function in interprofessional and, often, multidisciplinary teams, frequently in a leadership role.

1. Describe the Review Committee’s rationale for this revision:
   These additions were made because general surgery residents routinely assess and (initially) manage patients with these conditions when on call and/or when covering the emergency department.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   It will ensure the program provides curriculum/didactics that are specific to the needs of initial management of these patients.

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?
   The proposed revision is intended to positively impact programs in cardiothoracic surgery, emergency medicine, neurological surgery, obstetrics and gynecology, otolaryngology, and urology by improving the ability of general surgeons to provide initial assessment and treatment in emergency situations when specialists are not immediately available, and to improve interprofessional/multidisciplinary communication in such situations.

Requirement #: II.A.2.c).(1)-(3)
### Requirement Revision (significant change only):

II.A.2.c) In programs with more than 20 residents, including categorical and preliminary residents, the program director must appoint an associate program director for programs with more than 20 categorical residents. *(Core)*

II.A.2.c).(1) The associate program director's initial appointment should be for at least three years. *(Detail)*

II.A.2.c).(2) In programs with more than 50 residents, including categorical and preliminary residents, the program director must appoint a second associate program director. *(Core)*

II.A.2.c).(3) Each associate program director must be provided with a minimum of 10 percent protected time, which may take the form of direct salary support or indirect support, such as release from clinical activities provided by the institution. *(Core)*

1. Describe the Review Committee's rationale for this revision:

   The change for II.A.2.c) adds only the specification that categorical and preliminary residents count in the maximum of 20 residents. While this was implicit in the requirement, the intent is to provide clarity.

   II.A.2.c).(1)-(3) further define expectations around the associate program director position. The Committee's intent is to encourage programs to establish continuity in program leadership through the development and support of the associate program director position. Requesting a minimum time commitment for the individual in the role helps to establish their tenure, and the establishment of protected time supports the execution of duties. The request for some pre-requisite experience encourages programs to ensure the appointed individual is prepared for additional leadership and educational responsibilities. The requirement for an additional associate program director for large programs is to ensure there are sufficient leadership personnel available and prepared to lead resident education and training.

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

   This will help establish continuity of leadership, will encourage succession planning, will allow for the division of program leadership responsibility, and will provide resources that enable the program to appoint the most qualified and appropriate individual.

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?

   The Committee noted that for programs with GME funding, this is a component of the indirect GME funding and may not be an unfunded mandate.

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

   N/A
Requirement #: **II.B.4.d)**

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

II.B.4.d) The associate program director(s) must be designated as core faculty. (Core)

1. Describe the Review Committee’s rationale for this revision:
   **This ensures that the associate program director participates in all essential processes of the program (e.g., annual Faculty Survey, Clinical Competency Committee, Program Evaluation Committee).**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   **This reinforces the need for the associate program director to be an integral member of the faculty and program leadership.**

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

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Requirement #: **II.C.2.a) – II.C.2.a).(1)**

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

II.C.2.a) There must be a full-time surgery program coordinator designated specifically for surgical education. The amount of program coordinator support provided must be based on the size of the program as follows: (Core)

II.C.2.a).(1) Programs with more than 20 residents should be provided with additional administrative personnel. (Core)

<table>
<thead>
<tr>
<th>Number of Residents</th>
<th>Minimum FTE Coordinator Support</th>
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</thead>
<tbody>
<tr>
<td>0-19</td>
<td>1.0</td>
</tr>
<tr>
<td>20-29</td>
<td>1.5</td>
</tr>
<tr>
<td>≥30</td>
<td>2.0</td>
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</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
   **With regard to II.C.2.a).(1) the prior requirement only stated that the coordinator must have additional assistance. This designation of FTE ensures coordinators have sufficient administrative assistance to aid in their daily program duties.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This will ensure administrative support to the program, which supports 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?
Depending on how the Sponsoring Institution and program are currently structured, additional resources may be required. However, the Committee believes that the benefit outweighs the cost.

5. How will the proposed revision impact other accredited programs?
Depending on how the Sponsoring Institution and program is currently structured, this revision could require resource realignment.

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Requirement #: II.D.1.

Requirement Revision (significant change only):

II.D.1. Personnel should be available for administration of program components, including support for faculty member and resident scholarly activity, and for simulation. (Core)

1. Describe the Review Committee’s rationale for this revision:
This requirement addresses the Committee's expectation that Sponsoring Institutions and programs will ensure that support personnel (e.g., research coordinator, biostatistician, technicians, etc.) are available to support the program’s scholarly activity and simulation needs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Provision of resources will support the program’s underlying educational needs.

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?
Depending on the structure and resources of the Sponsoring Institution and program, additional resources may be required, the degree to which should be assessed against the program’s mission and aims.

5. How will the proposed revision impact other accredited programs?
N/A

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Requirement #: III.B.1.a).(2).(c)

Requirement Revision (significant change only):
III.B.1.a).(2).(c) The experience of the preliminary resident(s) must largely resemble that of the categorical residents; deviations in rotation schedule are acceptable when it is in the best interest of the preliminary resident’s education and career goals. (Core)

1. Describe the Review Committee’s rationale for this revision:
   It is not uncommon for preliminary residents to report that they have not received a comparable education to the categorical residents, because there was no plan or intention to retain them in the program. This is detrimental to the preliminary residents because they may then not be prepared, and therefore competitive, as similar residents interviewing for categorical positions. The preliminary years also count in the consideration for board eligibility and for the new requirement that residents conduct a minimum of 250 cases before the PGY-3. Preliminary residents who have not had a similar operative experience may not meet the eligibility requirements and programs may not be in compliance with the Program Requirements. The Committee recognizes that residents whose preliminary year is specific to their acceptance into another specialty (e.g., anesthesia, orthopaedic surgery) may require a different pathway, which has been provided for in the requirement.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   **This requirement ensures continuity of surgical education and training.**

3. How will the proposed requirement or revision impact continuity of patient care?
   **This requirement ensures continuity of resident education and preparation for patient care across preliminary and categorical residents.**

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?
   **This requirement should not necessitate additional resources.**

5. How will the proposed revision impact other accredited programs?
   N/A

Requirement #: IV.C.1.a)

Requirement Revision (significant change only):

IV.C.1.a) Resident experiences should be for a minimum of four weeks in duration, with some extended experiences (particularly in PGY-4 and -5) to enhance supervisory continuity and the development of conditional/appropriately supervised independence. (Core)

1. Describe the Review Committee’s rationale for this revision:
   **This requirement supports the common practice of four-week rotations, but also encourage programs to provide longer rotations that allow residents to have greater exposure to the faculty members and patients of the rotations where this may be beneficial. The Committee believes this will benefit the education and training of residents through a more longitudinal experience, will benefit the evaluation process, will allow for appropriate autonomy as the residents and faculty members become more familiar with each other, and the resident’s skills.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The Committee believes that extended rotations have some benefit for the educational experience, supervision, evaluation, and continuity of care.

3. How will the proposed requirement or revision impact continuity of patient care?
Extended time on appropriate rotations increases a resident’s ability to participate in the peri- and intra-operative care of patients.

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.2.a)

Requirement Revision (significant change only):

IV.C.2.a) Instruction must include the application and principles of local and regional anesthesia and conscious sedation for the mitigation of peri-procedural pain. (Core)

1. Describe the Review Committee’s rationale for this revision:
This requirement provides clarification of the foundation for instruction as it pertains to pain management.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This requirement provides formal instruction to residents about pain management technical skills, risks, and benefits.

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?
If the program has no pain management curriculum or guidelines, this will need to be developed and provided.

5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: IV.C.3. and IV.C.5.

Requirement Revision (significant change only):
IV.C.3. The program must implement a level-specific, simulation-based curriculum that complements clinical rotations in the development of technical and non-technical skills. (Core)

IV.C.5. The program must identify and designate an individual to manage the portfolio of simulation activities. (Core)

1. Describe the Review Committee’s rationale for this revision:
Simulation lab and competency-based evaluation have always been required. This restructuring of the requirement ensures that programs develop simulation that is specific to each level of resident and is appropriate for the skills and competencies required at each level of training, whether those be technical or non-technical skills. The requirement for a designated individual ensures that a qualified individual has been identified and is appointed to manage the program’s simulation needs, faculty training and engagement, curriculum development and implementation, and resident evaluation processes.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This will provide for a dedicated individual who will ensure there is appropriate curriculum and evaluations for the simulation sessions. This will work to ensure that staff and faculty members experienced in simulation are conducting sessions that benefit the residents at each level of 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?
If the institution does not have a qualified staff person or faculty member, this requirement will necessitate the resources to hire someone qualified. However, currently all surgery programs are required to provide simulation lab experience, so this should already be provided for in some manner through the program, Sponsoring Institution, or an affiliated organization providing simulation laboratory services.

5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: IV.C.8.c).(7)

Requirement Revision (significant change only):

IV.C.8.c).(7) Chief residents must have sufficient opportunity to demonstrate the ability to operate independently with indirect supervision for the more frequent types of core operations, including appendectomy, cholecystectomy, hernia repair, adhesiolysis, and intestinal anastomosis. (Core)

1. Describe the Review Committee’s rationale for this revision:
This requirement provides clarity on the types of procedures that chief residents should be able to perform with appropriate autonomy and supervision. This also aligns with the expectations of the American Board of Surgery’s Entrustable Professional Activities initiative.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This requirement ensures residents are prepared for autonomous practice as required in the final evaluation.

3. How will the proposed requirement or revision impact continuity of patient care?
This requirement will help ensure qualified surgeons graduate from surgery programs, which will benefit patient care.

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

<table>
<thead>
<tr>
<th>Requirement #:</th>
<th>IV.C.8.d).(3).(a)-(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
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<tr>
<td>IV.C.8.d).(3) The program must ensure that each resident has at least 850 major cases across the five years of training education—This, which must include a minimum of: (Outcome)</td>
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<td>IV.C.8.d).(3).(a) 250 operations by the beginning of the PG-3 year; (Outcome)</td>
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<td>IV.C.8.d).(3).(b) 25 cases as Teaching Assistant; and, (Outcome)</td>
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1. Describe the Review Committee’s rationale for this revision:
This serves to clarify the Review Committee’s expectations that were implemented two years ago in a Case Log guidance document. This also aligns with the eligibility requirements of the American Board of Surgery. Since these requirements exceed those of the American Board of Osteopathic Surgery, there will be no conflict.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These updates support existing case minimums and board eligibility requirements.

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