ACGME Program Requirements for Graduate Medical Education
in Vascular Surgery (Integrated)
Summary and Impact of Focused Requirement Revisions

Requirement #: I.D.1.a).(1)-(3)

Requirement Revision (significant change only):
I.D.1.a) These resources must include:

I.D.1.a).(1) a common office space for residents that includes a sufficient number of
computers and adequate workspace at the primary clinical site; (Core)

I.D.1.a).(2) software resources for production of presentations, manuscripts, and portfolios;
and, (Core)

I.D.1.a).(3) online radiographic and laboratory reporting systems at the primary clinical site
and all participating sites. (Core)

1. Describe the Review Committee’s rationale for this revision:
The Committee believes that residents should have access to the educational
resources for the discipline of vascular surgery, which must include but not be
limited to those stated in the requirements. These represent minimally necessary
resources to support clinical activities, didactics, and scholarly activities.

2. How will the proposed requirement or revision improve resident/fellow education, patient
safety, and/or patient care quality?
The requirement will support resident education outside the clinical setting,
providing residents a dedicated resource to use to conduct academic work, support
evidence-based medicine, and facilitate patient care.

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?
Additional funding and/or space may be necessary to meet the full scope of the
requirement.

5. How will the proposed revision impact other accredited programs?
This will not affect other accredited programs.

Requirement #: I.D.4.b)-(c)

Requirement Revision (significant change only):
I.D.4.b) In addition, these institutions must include facilities and staff members for a variety of
other services that provide a critical role in the care of patients with vascular conditions,
including cardiovascular services, critical care services, general surgery services, nephrology
services, neurology services, and radiology services. There must be the capability to perform both open and endovascular procedures of sufficient breadth and volume to support the program. (Core)

I.D.4.c) The institutional volume and variety of open and endovascular operative experience must be adequate to ensure a sufficient number and distribution of complex cases (as determined by the Review Committee) for each resident in the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   
   The Review Committee wants to clarify that an institution that sponsors an integrated vascular surgery residency must be one that routinely cares for patients with a broad spectrum of vascular diseases. The Committee believes that facilities and staff for other services that provide critical roles in the care of patients with vascular conditions should be available and accessible for the vascular surgery residency training program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   
   Ensuring that the Sponsoring Institution has an adequate patient volume (with a broad spectrum of vascular diseases and access to complementary specialty services) is essential for ensuring residents have a robust environment in which to learn and train as competent vascular surgeons.

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 requirement may necessitate additional services; additional sites may be needed if the primary clinical site does not provide sufficient case resources for resident education.

5. How will the proposed revision impact other accredited programs?
   
   This will not affect other accredited programs.

Requirement #: II.A.2.a)-b)

Requirement Revision (significant change only):

II.A.2.a) Program directors who oversee both an independent and an integrated vascular surgery program which, combined, have 10 or more residents/fellows must appoint an associate program director. (Core)

II.A.2.b) Program directors must devote at least 50 percent of his or her time to program management and administration. (Core)

1. Describe the Review Committee’s rationale for this revision:
   
   The Committee is aware that many program directors are responsible for both independent and integrated vascular surgery programs. In recognition of that, the
Committee revised the requirement ensure that program directors have sufficient support to manage the total number of learners under their authority.

Directing vascular surgery programs is a complex undertaking that requires oversight of the clinical, educational, and administrative program components. For program directors who are responsible for 10 or more residents/fellows, the Committee feels that additional program leadership is necessary.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Committee feels that greater support is necessary for those individuals who direct vascular surgery programs in two different formats and/or have ultimate responsibility for the education of 10 or more residents/fellows.

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?
   Appropriate support of an individual who directs vascular surgery programs in two formats and/or directs the education of 10 or more residents/fellows may add expenses for some institutions.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

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**Requirement #: II.B.4.c)-(d). (2)**

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

II.B.4.c) In addition to the program director, there must be a minimum of four board-certified vascular surgeons and one board-certified general surgeon designated as core faculty members. *(Core)*

II.B.4.d) For programs with 10 or more approved residency positions, there must be, in addition to the program director, a minimum of one core faculty member for each approved position. *(Core)*

II.B.4.d).(1) The majority of those core faculty members must be board-certified vascular surgeons. *(Core)*

II.B.4.d).(2) There must be a minimum of one board-certified general surgeon designated as a core faculty member. *(Core)*

1. Describe the Review Committee’s rationale for this revision:
   During the first two to three years of the program, the integrated vascular surgery curriculum requires many rotations in general surgery and related specialties. For programs with 10 or more residents, specifying the number of required faculty members per resident position ensures that a sufficient number of qualified vascular
surgery faculty members and general surgery faculty members are appointed to educate the residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirement will ensure that appropriately qualified faculty members are supervising, educating, and evaluating the integrated vascular surgery residents during all required rotations.

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 requirement should not require additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   Some core faculty in the general surgery program will spend time supervising, mentoring, and evaluating vascular surgery residents.

Requirement #: II.C.2.a)-b)

Requirement Revision (significant change only):

II.C.2.a) The program coordinator must be supported at 1.0 FTE (at least 40 hours per week) for a program with 10 or more residents. (Core)

II.C.2.b) A program with 20 or more residents must provide the program coordinator with additional administrative support. (Core)

1. Describe the Review Committee’s rationale for this revision:
   Program coordinators fill an essential role in the function and operation of a residency/fellowship program. They must be provided with sufficient resources to support program operations, the program director, resident/fellows, and faculty members. The Committee recognizes that some coordinators support large programs and/or multiple programs, including in other specialties. Support of large and/or multiple programs requires a facile working knowledge of each specialty’s requirements, as well as the ability to manage the day-to-day requirements of large/multiple programs and their required data. To ensure that coordinators have sufficient support in performing those functions, the Committee limited the number of residents/fellows a single coordinator should manage to 19 (in all programs, combined). The Committee believes that coordinators who support 20 or more residents/fellows must have additional administrative support.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Provision of additional administrative support where appropriate should increase the effectiveness of a coordinator’s work within the program. The allocation of percentage of full-time equivalent (FTE) for the additional administrative support is
not specified by the Review Committee, but should be based on the responsibilities of the coordinator.

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 addition of administrative personnel may impact the required financial and personnel resources of a program, multiple programs, and/or institution.

5. How will the proposed revision impact other accredited programs? 
   This will not affect other accredited programs.

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<th>Requirement #: III.C.1.-4.</th>
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<tr>
<td>Requirement Revision (significant change only):</td>
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<tr>
<td>III.C.1. Resident transfers into an integrated vascular surgery program must be approved in advance by the Review Committee. (Core)</td>
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<td>III.C.2. To be eligible for transfer at the PGY-2 level, residents must have satisfactorily completed a minimum of one year in an ACGME-accredited program in surgery, integrated vascular surgery, or integrated thoracic surgery. (Core)</td>
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<td>III.C.3. To be eligible for transfer at the PGY-3 level, residents must have satisfactorily completed a minimum of two years in an ACGME-accredited integrated vascular surgery program, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated thoracic surgery and a minimum of one year in an ACGME-accredited integrated vascular surgery program. (Core)</td>
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<td>III.C.4. To be eligible for transfer at the PGY-4 level, residents must have satisfactorily completed a minimum of three years in an ACGME-accredited integrated vascular surgery program, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated thoracic surgery and a minimum of two years in an ACGME-accredited Integrated Vascular Surgery program. (Core)</td>
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1. Describe the Review Committee’s rationale for this revision: 
   Transfer requirements have not previously been outlined by the Committee. The Committee recognizes there are many reasons why residents may request a transfer into an integrated vascular surgery program, and believes it is necessary to specify transfer eligibility requirements by PGY level to ensure consistent education and training of a competent vascular surgery resident.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? 
The requirement will ensure consistency of requirements for transferring integrated vascular surgery residents. Additionally, outlining transfer requirements will assist
the accepting program to ensure a transferring resident has received appropriate education and training to enter the requested PGY level.

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?
   No additional institutional resources are expected.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: IV.C.1.a)

Requirement Revision (significant change only):

IV.C.1.a) Residents' clinical rotations must be a minimum of four weeks in duration. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The requirement reflects the need for programs to consider the impact of frequent rotational transitions, such as occur when residents are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care, and on education. The requirement is also intended to address the negative impact of assigning supervising faculty members for very brief assignments.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The requirement will address the lack of supervisory continuity on patient care and resident education that results with frequent rotations transitions.

3. How will the proposed requirement or revision impact continuity of patient care?
   With the emphasis on supervisory continuity, it is expected that this requirement will have a positive impact on continuity, quality, and safety of 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?
   No additional institutional resources are expected.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.