

Joint Surgery/Thoracic Surgery Program Review Committees for Surgery and Thoracic Surgery

I. Introduction

The joint surgery/thoracic surgery program is approved by both the American Board of Surgery (ABS) and the American Board of Thoracic Surgery (ABTS). The program allows for completion of all general surgery program accreditation requirements and requirements for ABS certification eligibility; all requirements for ABTS certification eligibility will be met when a fellow completes the PGY-7. The joint program enhances a fellow's thoracic surgical education without diluting the general surgery educational requirements. Sixty months of general surgery residency *are* required prior to ABS certification, and the ACGME Program Requirements for Graduate Medical Education in Surgery apply. The joint candidate must be a general surgery resident and be listed on the surgery program's Resident Roster in the Accreditation Data System (ADS) for the five years of residency; all the cases performed by the resident must be entered into the ACGME Resident Case Log System. The underlying concept is that the PGY-4 and -5 in the general surgery residency are transitional or "cross training" years that will simultaneously fulfill the required general surgery curriculum and begin thoracic surgical education for a thoracic surgery fellowship. The enhancement in this program format is an alteration of the clinical assignments during the last 24 months of the general surgical experience (PGY-4 and PGY-5) to include specific rotations within general surgery that are directly applicable to the practice of thoracic surgery.

Note: The American Osteopathic Board of Surgery (AOBS) does not require pre-approval of osteopathic residents/fellows who participate in a joint surgery/thoracic surgery program and who intend to take AOBS certifying examinations. Program directors will be required to attest that an osteopathic resident/fellow has completed all education and training required to be eligible for AOBS certification.

II. Candidate Eligibility

A (prospective) resident may apply as early as the fourth year in medical school but must apply before completion of the PGY-3 in surgery.

Applicants must spend all five years of general surgery residency and thoracic surgery fellowship at the same institution.

Applicants must be in good standing, and not subject to any current disciplinary actions.

The general surgery program director must attest and ensure that the applicant will receive a balanced experience in the principal content areas of surgery throughout the five years of general surgery education.

After initial approval of the program format at an institution, the thoracic surgery program director must inform the Review Committee for Thoracic Surgery every time an individual is accepted into the thoracic surgery fellowship using this joint program format. The informational correspondence must include:

1. details about the resident's eligibility, including all previous graduate medical experience (GME) experience;
2. details about the resident's/fellow's proposed graduation from both the general surgery program and the thoracic surgery program; and,
3. confirmation that the program does not require an increase in complement to include the resident/fellow in the program.

III. Eligibility for Certification

ABS

Following successful completion of the surgery program and meeting ABS requirements, residents may apply to take the qualifying examination. Candidates who are successful in the qualifying examination may sit for the ABS certifying exam.

ABTS

Eligibility for ABTS certification will not occur until the end of the PGY-7, following successful completion of the thoracic surgery program. All ABS and ABTS rules and procedures apply.

AOBS

Following successful completion of the surgery and thoracic surgery program and meeting AOBS requirements, residents/fellows may apply to take the qualifying examination.

IV. Oversight

Any general surgery and thoracic surgery programs meeting the requirements outlined below may apply for approval of a joint program. The progress and success of the programs will be continually evaluated to ensure the equivalency or superiority as compared with conventional residencies.

The review and approval of program applications will be the sole responsibility of the Review Committees for Surgery and Thoracic Surgery. Program directors will be asked to report any problems to the applicable Review Committee and following implementation, also report the performance of resident/fellow participants on the in-service, qualifying, and certifying examinations.

V. Outcome Measures

Specific outcome measures are used to judge a program's success, including:

1. first-time pass rates on the qualifying exam and certifying exam of the ABS and ABTS for graduates of these programs compared with their peers in conventional programs;
2. first-time pass rates on the qualifying exam and certifying exam of the AOBS examinations for general surgery and cardiothoracic surgery for graduates of these programs compared with their peers in conventional programs;
3. operative experience records of graduates of these programs as compared with those of other residents in the same institution (Note: all residents/fellows in these programs must meet the minimum requirements of both Review Committees and Boards regarding the volume, variety, and breadth of operative experience); and,

4. measures of resident/fellow satisfaction, including the attrition rate of residents/fellows in these programs compared to their peers in conventional residencies.

The application for a joint program must address the following areas:

I. Program Format Requirements

1. Only those institutions currently possessing both an ACGME-accredited surgery residency program and an ACGME-accredited thoracic surgery fellowship program are eligible to participate. The designated institutional official (DIO) of the Sponsoring Institution must submit a letter of commitment and support for the joint program with the application. The application must be co-signed by the DIO, the general surgery program director, and the thoracic surgery program director.
2. The program directors of both programs must provide documentation of their individual commitment and ability to meet the requirements.
3. The Sponsoring Institution, the general surgery program, and the thoracic surgery program must be in substantial compliance with the ACGME Institutional and applicable and Program Requirements. Both residency programs must possess Continued Accreditation status. (The Review Committees will review the accreditation histories of the Sponsoring Institution and both programs; this information is routinely appended to an application by ACGME staff members.)
4. Documentation must be submitted to show that both programs' pass rates for first-time takers for the ABS and ABTS certifying exams, and where applicable, the AOBS examinations, meet or exceed requirements.
5. The application must include a specific curriculum for all years that has been approved by both program directors. The curriculum must clearly identify the required components as explained below. This curriculum will be reviewed and approved by both Review Committees.
6. **General Surgery Content Areas**
The rotations denoted below with an asterisk (*) have been identified by the ABTS as areas of expertise specifically applicable to the education of a thoracic surgeon. It is in these areas that appropriate "cross training" can occur within the last 24 months of general surgical residency. These specific areas are already included within the content of a standard general surgery residency.

a. Principal Content Areas

Abdomen
Alimentary tract*
Critical care*
Endocrine surgery
Head and neck
Pediatric surgery
Skin, soft tissue, and breast
Surgical oncology*
Transplantation*
Trauma/burns
Vascular surgery*

b. Secondary Content Areas

Endoscopy*
Plastic surgery
Thoracic surgery*

c. Technical Experiences

Laparoscopy
Advanced laparoscopy*

d. Other Specialty Areas

Anesthesia
Gynecology
Neurological surgery
Orthopaedic surgery
Urology

7. Requirements by PGY

- a. Thirty-six of the first 48 months of the general surgery program must be documented in areas 6a, b, and c above.
- b. Twelve additional months will be spent in the principal content areas in the PGY-4 and -5 (6a above).
- c. During the PGY-4 and -5, a minimum of 12 months must be spent as a chief resident in general surgery in the principal content areas (6 above). Thus, the total Content Area time will be 48 of the 60 general surgery months.
- d. The majority of the chief year must occur during the PGY-5.
(Note: A chief resident rotation is defined as one in which the resident is the most senior resident on the service, is directly responsible for overseeing all patients on that service, and reports directly to the responsible attending physician. The chief resident must be responsible for pre-operative, operative and post-operative care of patients on that service. The volume and complexity of cases performed must be appropriate for the chief resident level).
- e. No more than six of the 24 months in the PGY-4 and -5 may be devoted exclusively to any one of the principal content areas in general surgery.
- f. Those rotations designated as important to the preparation of a thoracic surgeon may comprise a minimum of eight months, but no more than 12 months, of the PGY-4 and -5. Some of these rotations will be primary content areas (e.g., vascular surgery, surgical critical care), some will be secondary components (e.g., thoracic surgery, endoscopy, laparoscopic surgery), and some will be in areas not currently classified in the general surgery curriculum (e.g., cardiac surgery). All cases performed during this time must be entered into the surgery Case Log. Some of the thoracic cases may not count for surgery requirements. When the resident becomes a thoracic surgery fellow (PGY-6), a request should be made to ADS to transfer the thoracic surgery cases performed during this time to the thoracic surgery Case Log.

It is anticipated that these eight to 12 months of thoracic surgery educational preparation will be assigned throughout the PGY-4 and -5; however, the majority of these assignments must occur in PGY-4.
- g. All 24 months of the PGY-4 and -5 must be spent in clinical assignments and cannot include research rotations.

8. Attestations Regarding Resident Classification and Supervision
 - a. During the PGY-1-4, the general surgery program director will be directly responsible for joint program residents regarding evaluation and supervision.
 - b. During the PGY-5, the two program directors will share these responsibilities.
 - c. Residents must be classified as categorical general surgery residents on the surgery roster during the PGY-1-5.
 - d. In the PGY-6-7, the thoracic surgery program director will assume these responsibilities, and fellows will be on the thoracic surgery roster as thoracic surgery fellows.
 - e. The general surgery program director will be required to provide signature attestation of these residents' successful completion of the surgery program.

Submit all materials via email to:

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