



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

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Disclosures

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



Objectives

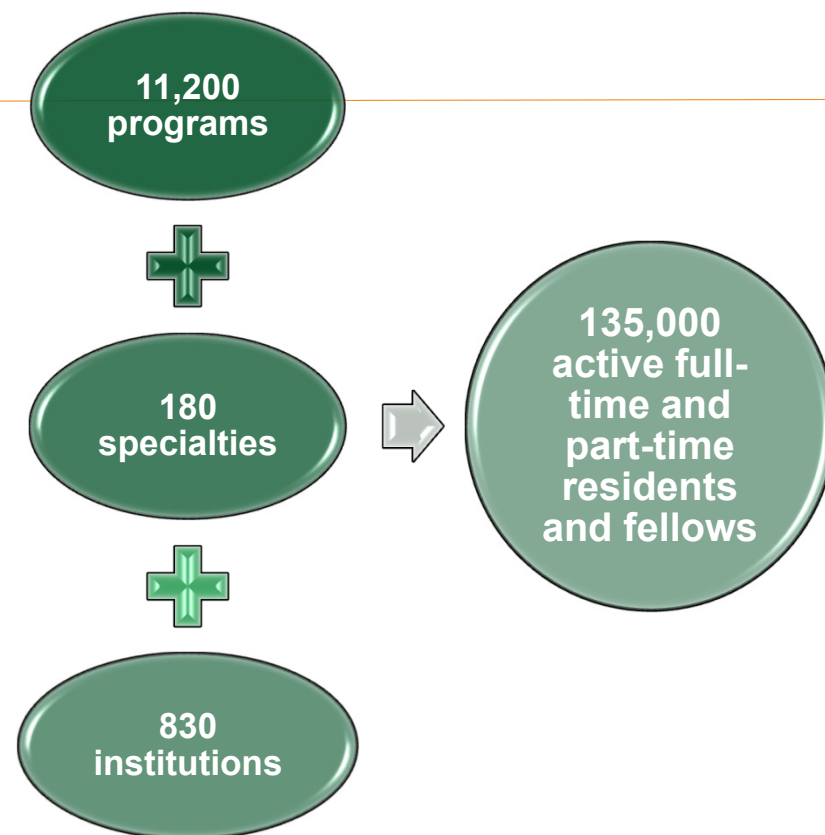
- Overview Review Committee
 - Accreditation Activity/Citation Distribution
 - Eligibility
 - Independent Practice
 - Program Requirements
 - Single Accreditation System
- ADS Changes
- Milestones 2.0



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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.”



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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



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Review Committee - Primary Function

Peer Review

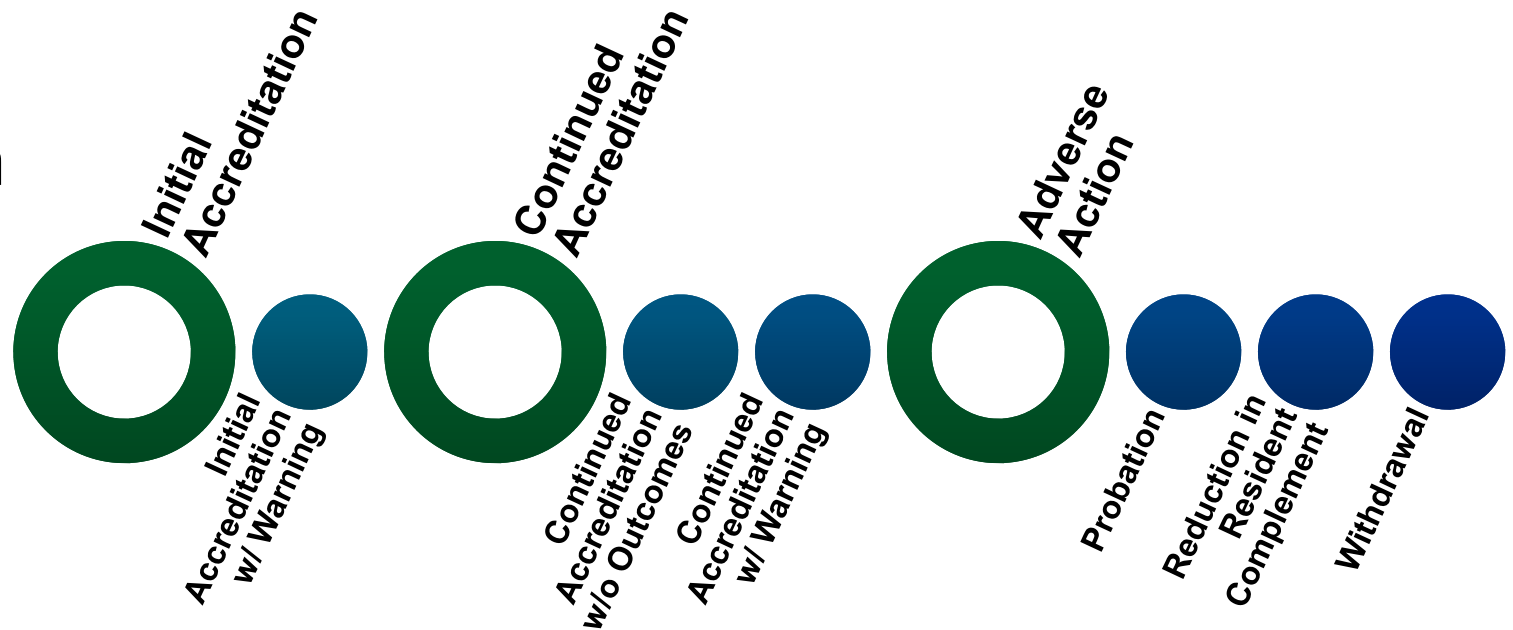
Determination of a program's "substantial compliance" against a defined set of standards.



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Review Committee - Primary Function

Determination
of
accreditation
status
decision



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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

Specialty		Accredited Programs	Applications	Complement Approved	Complement Filled
General Surgery		320	11 (10 osteo)	10,080	8835
Vascular Surgery					
	Independent	108	2	304	248
	Integrated	59	1	355	292
Surgical Oncology		27	0	124	111
Pediatric Surgery		50	0	93	84
Surgical Critical Care		136	0	327	288
Hand		1	0	8	8

2019 Review Committee Activity

Specialty	Accredited Programs	Applications	Complement Approved	Complement Filled
General Surgery	320	11 (10 osteo)	10,080	8835

General Surgery Positions/Year	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Approved	3,300	2,058	1,574	1,574	1,574



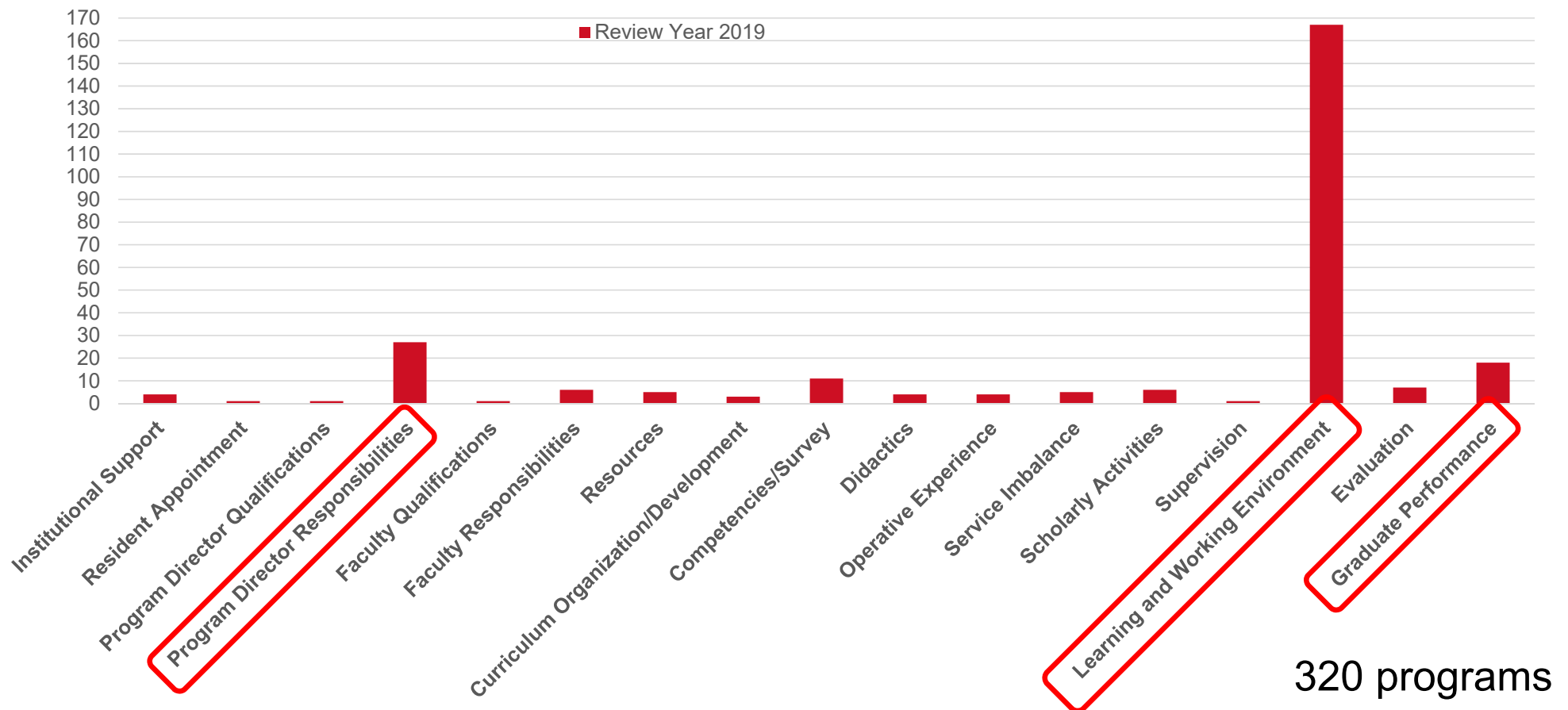
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2019 Review Committee Activity

General Surgery Positions/Year	PGY-1 3,300		PGY-2 2,058		PGY-3 1,574	PGY-4 1,574	PGY-5 1,574
Filled	2,929		1,699		1,473	1,396	1333
	Cat/Prelim (1574/1728 total)		Cat/Prelim (2212/482 total)		--	--	--
	1,488	1,441	1,469	230			
Unfilled Cat/Pre	86	287	105	250	101	178	241

Specialty (701 programs)		Initial Accred.	Initial Accred. w/ Warning	Continued Accred.	Continued Accred. w/o Outcomes	Continued Accred. w/ Warning	Probation or Withdrawn
General Surgery (320)		55	2	232	14	14	2/1
Vascular Surgery							
	Independent (108)	5	0	99	3	1	0
	Integrated (59)	6	0	47	6	0	0
Surgical Oncology (27)		5	0	20	2	0	0
Pediatric Surgery (50)		1	0	44	4	1	0
Surgical Critical Care (136)		21	0	111	4	0	0
Hand (1)		0	0	1	0	0	0

Citation Distribution — General Surgery



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>



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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 $\geq 20\%$.
- Other work hour findings other than 80-hours may also have been cited.



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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)



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Citation Distribution:

Program Director Responsibilities

Program Policies

[Program Requirement: II.A.4.j)]

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)



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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)



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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)

Graduate Performance – July 1, 2019

[Program Requirements: V.C.3.a); V.C.3.c); V.C.3.e)]

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)

Graduate Performance - July 1, 2019

[Program Requirements: V.C.3.a); V.C.3.c); V.C.3.e)]

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



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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”



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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

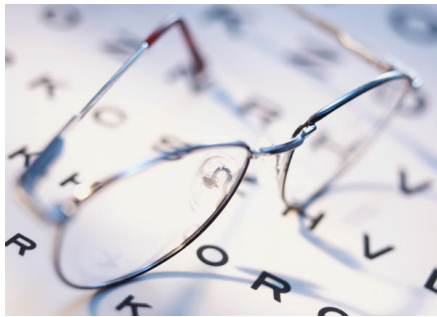


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Responses To Citations

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?



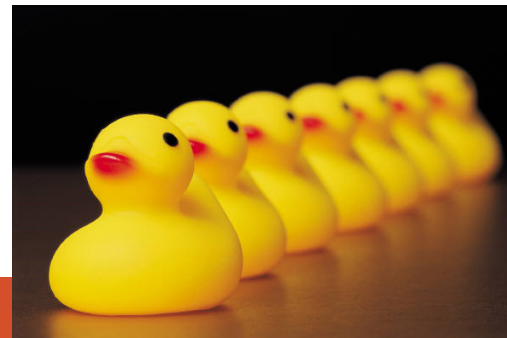
3

What remedial efforts have been implemented?



4

How will you monitor and sustain improvement?



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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.

Graduate Case Log Requirements: Defined Category Minimum Numbers for General Surgery Residents and Credit Role Review Committee for Surgery

Beginning with the January 2019 ACGME Annual Program Review, the defined categories (blue) will be used to assess the graduate case logs. Beginning with the January 2020 ACGME Annual Program Review, the Committee will use the defined categories and the discrete cases within the defined categories (white) to assess graduate case logs.

Category	Minimum
Skin, Soft Tissue	25
Breast	40
Mastectomy	5
Axilla	5
Head and Neck	25
Alimentary Tract	180
Esophagus	5
Stomach	15
Small Intestine	25
Large Intestine	40
Appendix	40
Anorectal	20
Abdominal	250
Biliary	85
Hernia	85
Liver	5
Pancreas	5
Vascular	50
Access	10
Anastomosis, Repair, or Endarterectomy	10
Endocrine	15
Thyroid or Parathyroid	10
Operative Trauma	10
Non-operative Trauma	40
Resuscitations as Team Leader	10
Thoracic Surgery	20
Thoracotomy	5
Pediatric Surgery	20
Plastic Surgery	10
Surgical Critical Care	40
Laparoscopic Basic	100
Endoscopy	85
Upper Endoscopy	35
Colonoscopy	50
Laparoscopic Complex	75
Total Major Cases	850
Chief Year Major Cases	200
Teaching Assistant Cases	25



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Case Mapping Update - Surgery

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)



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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



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Administrative Issues for Discussion



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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

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Primary Site											
Rotation Name	Endocrine	Transplant	General-Chief	General-Chief	Bariatrics	General-Chief	Trauma-Chief	Trauma-Chief	General	Thoracic	CRS	Pediatrics
% OP	10	10	10	10	10	10	0	0	10	10	10	10
% Research	5	20	5	5	5	5	5	5	5	5	5	5

PGY-5

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Primary Site											
Rotation Name	Vascular-Chief	Vascular-Chief	General-Chief	General-Chief	CRS-Chief	CRS-Chief	General-Chief	Transplant	Transplant	Transplant	Transplant	Transplant
% OP	10	10	10	10	10	10	10	10	10	10	10	10
% Research	5	5	5	5	5	5	5	20	20	20	20	20

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



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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



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Upcoming Changes in ADS

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



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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.



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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



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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)



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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).



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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.



Physician	Non-Physician	Osteopathic	PMIDs
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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.

	Dissemination Methods							
Domains	PMIDs	Other Publications	Conference Presentations	Other Presentations	Chapters/Textbooks	Grant Leadership	Leadership or Peer-Review Role	Formal Courses
	Pub Med Ids (assigned by PubMed) for articles publ... show more	Articles without PMIDs, non-peer reviewed publicat... show more	Abstracts, posters, and presentations at internati... show more	Other presentations (grand rounds, invited profes... show more	Chapters or textbooks published between 7/1/{0} an... show more	Grants for which faculty member had a leadership r... show more	Active leadership role (such as serving on committ... show more	Responsible for seminars, conference series, or co... show more
Research in basic science, education, translational science, patient care, or population health	<input type="checkbox"/>	<input type="checkbox"/>	Other presentations (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/{0} and 6/30/{1}{2}.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-reviewed grants	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality improvement and/or patient safety initiatives	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to professional committees, educational organizations, or editorial boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovations in education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> None (checkbox that disables all other checkboxes on the screen and is stored in the database)							

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)

Research	Creation of curricula, assessment tools, didactic/educational activities, or electronic education materials
Peer-Reviewed Grants	Contribution to professional committees, educational organizations, or editorial boards
Quality Improvement/Patient Safety Initiatives	Innovations in education
Systematic reviews, meta-analysis, review articles, chapters in medical textbooks, case reports	

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:

PMID	Chapters/Textbooks
Other Publications	Grant Leadership
Conference Presentations	Leadership/Peer-Review Role
Other Presentations	Formal Courses

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



ADS Changes: Questions

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.



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ADS Changes: Questions

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



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Milestones 2.0 - Surgery

Beginning the 2020-2021 academic year

First reporting is December 2020

Start thinking about the transition



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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



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Questions?



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