

ACGME Program Requirements for Graduate Medical Education in Thoracic Surgery (Integrated)

Summary and Impact of Focused Requirement Revisions

Due to the small number of changes, the full revised Program Requirements have not been posted on the Review and Comment page and the changes are noted only in this Impact Statement. Visit the link below to comment on the revision.

<https://forms.office.com/r/9LESiNDJGu>

Background

In June 2020, the ACGME Board approved formation of a special task force to examine the principles that should guide creation of requirements that quantify the effort required to participate in the educational programs of residents and fellows. The task force, comprised of representatives of the ACGME Board and ACGME leadership, reviewed more than 100 position papers submitted by representatives from across the medical community, data collected through the ACGME's Accreditation Data System, a comprehensive literature search, and feedback from internal and external stakeholder congresses.

The proposed requirements were posted for a 45-day public comment period in February 2021 and will be effective as of July 1, 2022.

To balance the unique needs of each specialty/subspecialty with the responsibility to maintain fair and equitable standards across specialties/subspecialties, in February 2021 the ACGME Board directed the Committee on Requirements to develop guidance for Review Committees to use in the development of specialty-specific requirements related to dedicated time for program leadership, program coordinators, and core faculty members.

The Review Committees have now been asked to review their existing requirements for consistency with the guidance from the Committee on Requirements and, where needed, to propose modifications needed to conform to the guidelines.

The guidelines for dedicated time requirements for specialties are consistent with the recent modifications to the Common Program Requirements, and take into account the minimum required for the smallest programs in each specialty, with the ability to scale up required dedicated time based on program size and complexity. It is important to note that while the Program Requirements specify the minimum dedicated time required, individual programs may determine that additional time and support is needed.

Requirement #: **II.A.2., II.A.2.a), II.A.2.b), II.A.2.c)**

Requirement Revision (significant change only):

II.A.2. The program director and, as applicable, the program’s leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. ^(Core)

II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: ^(Core)

Number of Approved Resident Positions	Minimum FTE Support Required for the Program Director
1-6	.20
7-10	.35
11-15	.40
16-20	.45
21-25	.50

II.A.2.b) Program directors who oversee both an independent and an integrated thoracic surgery program must be provided ~~a minimum of 33 percent protected time for administration of support for administration of the programs~~ based on the total number of approved positions across both programs. ^(Core)

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

II.A.2.d) The associate (assistant) program director must be provided with support equal to a dedicated minimum of 10 percent FTE for administration of the program. ^(Core)

Specialty-Specific Background and Intent:

The Review Committee recognizes that many institutions have both an independent and integrated thoracic surgery program and share one program director. The Review Committee will allow programs with the same program director across both formats to count the total number of residents/fellows in both programs to determine required dedicated time for administration of the programs. However, this time is comprehensive and not additive, so an Institution that has a total of 20 residents/fellows across both the independent and integrated programs would require 45 percent FTE for the program director and 10 percent FTE for an assistant/associate program director, for a total required leadership FTE of 55 percent.

Overseeing thoracic surgery residency programs requires oversight of the clinical, educational, and administrative aspects of the program. The Review Committee feels that the addition of an associate/assistant program director once a program director oversees more than 10

residents/fellows should provide residents/fellows with additional clinical and educational resources and augment the work of the program director.

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As reflected in the Background and Intent for Common Program Requirement II.A.2., the ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program Requirements related to administrative time and support are intended to ensure that the program director and, as applicable, the program leadership team, are able to devote a sufficient portion of their professional effort to oversight and management of the program to ensure an effective and high-quality educational program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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 requirements define the required minimum dedicated time for administration of the program based on program size. Given that most thoracic surgery independent programs have small numbers of residents, and a large number of institutions with an independent thoracic surgery program also have an integrated format at the same institution, most programs will not see a decrease in program leadership support. Some programs may, however, see an increase.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity and level of experience among the members of the program leadership team. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program

oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period, the support described above be increased as needed.

5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: **II.C.2.a), II.C.2.b), II.C.2.c)**

Requirement Revision (significant change only):

II.C.2. The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)

~~II.C.2. II.C.2.a)~~ At a minimum, the program coordinator must be supported at 50 percent FTE for the administration of the program provided with the dedicated time and support specified below for administration of the program. (Core)

Number of Approved Resident Positions	Minimum FTE
1-6	.30
7-10	.40
11-15	.50
16-20	.60
21-25	.70

~~II.C.2.a) Program coordinators who manage a single thoracic surgery program or thoracic surgery programs in multiple formats with 20 or more combined total residents/fellows must be provided additional administrative support. (Core)~~

~~Specialty-Specific Background and Intent: Residency coordinators play an essential role in the function and operation of residency/fellowship programs. They must be provided with sufficient resources to support program operations, the program director, residents/fellows, and faculty members. The Review Committee recognizes that some residency coordinators support large programs and some support multiple programs, including in other specialties. Some residency coordinators also support non-graduate medical education functions within their institutions. 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 residency coordinators have sufficient support for performing those functions, the Review Committee limited the number of residents/fellows that a single coordinator should manage to 20 (in all programs, combined). Additional administrative support can take many forms, such as an additional coordinator, an assistant coordinator, or an administrative assistant. The allocation of percentage of full-time equivalency for the additional administrative support is not specified by the Review Committee, but should be based on the responsibilities of the residency coordinator.~~

The Review Committee recognizes that many program coordinators support both an Integrated and an independent thoracic surgery program. Administrative support for coordinators who support both formats is additive. For example, a program with two fellows in the independent program and seven residents in the integrated program would require a total of 70 percent FTE for program coordinator support across both programs (30 percent FTE for the independent program + 40 percent FTE for the integrated program).

It is suggested that program coordinators assigned to non-thoracic surgery programs should support only other surgical specialties as these specialties have more similarities in their execution than would specialty in another area. Trying to cover programs under multiple hospital departments/specialties decreases the coordinator's effectiveness with the thoracic surgery residents/fellows.

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The program coordinator plays a key role in developing and maintaining a high-quality educational program, and the Common and specialty-specific Program Requirements are intended to ensure that the FTE support for the coordinator is sufficient to meet the administrative needs of the program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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 requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for others they represent an increase. It is important to note that the FTE support defined in the requirements must be devoted exclusively to responsibilities related to the accredited program. Time spent by a coordinator related to other duties, such as providing support for unaccredited fellowships or other departmental responsibilities, must not be counted toward the required FTE. Coordinators may support more than one accredited program only if the total FTE required across programs does not exceed 1.0 FTE.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity, the administrative responsibilities delegated to the coordinator, and the coordinator's level of experience. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

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

Not applicable

Requirement #: **III.C.**

Requirement Revision (significant change only):

III.C. Resident Transfers

The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. ^(Core)

III.C.1. Resident transfers into an integrated thoracic surgery program must be approved in advance by the Review Committee. ^(Core)

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)

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 thoracic surgery program, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated vascular surgery and a minimum of one year in an ACGME-accredited integrated thoracic surgery program. ^(Core)

III.C.4. No resident may transfer into an integrated thoracic surgery program during the PGY-4, -5, or -6.

III.C.5. This summative evaluation must include an assessment of each resident's performance to date, a summary of the evaluations of the resident by faculty members and other evaluators, a current Milestones assessment, assessment of the operative Case Logs, and the resident's comprehensive rotation schedule listing all rotations completed during the educational program. ^(Core)

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

The Review Committee has not previously outlined transfer requirements. The Committee recognizes there are many reasons why residents may request a transfer into an integrated thoracic surgery program and believes it is necessary to specify transfer eligibility requirements by post-graduate year to ensure consistent education and training of a competent thoracic 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 thoracic 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.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
Not applicable