



Report for the Thoracic Surgery Directors Association January 23, 2016

Walter Merrill, MD, Chair, Review Committee

Carl Backer, MD, Vice-Chair, Review Committee

Donna L. Lamb, MBA, Executive Director ACGME

The ACGME and ACGME Review Committee for Thoracic Surgery respectfully submit the following annual report to the Thoracic Surgery Directors Association.

Review Committee:

The Review Committee is comprised of seven (7) voting members and two (2) ex-officio members. Dr. Elizabeth Stephens, Resident Member, began in July 2015. Dr. David Fullerton replaces Dr. William Baumgartner as the American Board of Thoracic Surgery *ex-officio* member as of January 1, 2016.

Dr. Walter Merrill’s term as Chair and Committee member and Dr. Carl Backer’s term as Vice-Chair will end on June 30, 2016.

For the 2016 appointment cycle, the Review Committee is seeking nominees from the American Medical Association, and we are seeking a nominee for the Public Member. For the 2017 appointment cycle, the Review Committee will seek nominees from the American Medical Association, the American College of Surgeons, and a new Resident Member.

ACGME:

Donna L. Lamb, MBA, BSN assumed the role of Executive Director December 1, 2015. June Thiel assumed the role of Assistant Administrator June 22, 2015. Cathy Ruiz continues as Associate Executive Director.

Review Committee Activity:

Academic year 2014-2015 meetings were held on January 9-10, 2015 and July 17, 2015. Academic year 2015-2016 meeting dates are December 4-5, 2015 and April 22-23, 2016.

Academic Year 2014-2015 programs and resident/fellow complement (as of the date of this report):

Specialty	Accredited Programs	Applications	Complement Approved	Complement Filled
Thoracic Surgery				
Independent	67	1	273	221
Integrated	27	1	216	117
Congenital Cardiac Surgery	12	0	12	9

Accreditation status summary (as of the date of this report):

Specialty	Initial Accreditation	Initial Accreditation w/ Warning	Continued Accreditation	Continued Accreditation w/o Outcomes	Continued Accreditation w/ Warning	Probation or Withdrawn
Thoracic Surgery						
Independent	3	0	66	2	8	0
Integrated	5	2	14	6	0	0
Congenital Cardiac Surgery						
	0	0	12	0	0	0

The most frequent areas of non-compliance noted across all specialties of Thoracic Surgery included:

- Responsibilities of the program director
- Evaluations
 - Resident
 - Program
- Educational program
 - Procedural experience (based on resident survey of graduates)
 - Goals and objectives
- Board pass rate

ACGME Program Requirement Revisions:

V.C.2.c).(1) At a minimum, for the most recent five-year period, 65 percent of the program’s graduates must pass each of the qualifying written and oral examinations of the American Board of Thoracic Surgery on the first attempt. (Outcome)

Clinical Experience/Case Logs:

Once in the final portion of their training, residents in the Joint Surgery/Thoracic Surgery (4 + 3) programs will begin to have the ability to log their general surgery cases, which count towards thoracic surgery minimums, after January 1, 2016. The process for this will be determined and communicated under a separate communication.

Milestones:

All accredited programs have now implemented Milestones. There is 100% compliance with reporting. Milestones are not used to assist with accreditation decisions at this time, and there is no anticipated date when they will be implemented. The ACGME Milestones group began discussions about possible revisions to the Milestones in December 2015.

Annual Program Data Reporting:

In an effort to assist programs in their Annual Program Evaluation (APE), the ACGME has determined that annual accreditation decisions will be made by May 1 of each year. This will necessitate that

programs receive the resident and faculty surveys earlier, and programs will receive their accreditation decision and citations, if there are any, before the end of the academic year. The ACGME hopes this will allow the programs to incorporate these data into the APE and the program's actions plans with a goal of continuous improvement.

Self-Study and 10-year Accreditation:

Some programs will begin the Self-Study process in 2016. The Self-Study materials will not be used for accreditation decisions. There has been no assignment of dates for the 10-year accreditation site visits. All programs will have a 10-year accreditation site visit and review by the Review Committee regardless of their accreditation status. The 10-year site visit is for the purpose of accreditation and will assess the program against all applicable program requirements.

Competency-based Education:

No additional action has been taken by the ACGME to formalize this initiative.

Single Accreditation System:

In April and July 2015, sponsoring institutions and osteopathic programs (respectively) began applying for ACGME-accreditation. By December 31, 2020, the American Osteopathic Association (AOA) will cease to accredit graduate medical education and will only accredit osteopathic medical schools and grant certification post-residency. The AOA accredits one (1) Thoracic Surgery fellowship program; however, there is not a trainee in this program, and no graduates have taken the certification examination(s) recently.

Eligibility for all residents is as follows:

- Thoracic Surgery
 - Independent Program (traditional format): Two years of thoracic surgery education, preceded by a successfully completed surgery, or vascular surgery residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or general surgery, cardiac surgery, thoracic surgery, or vascular surgery residency approved by the Royal College of Physicians and Surgeons of Canada. (Core)
 - Programs wishing to provide a three-year curriculum must document an educational rationale for the program, which must be approved in advance by the Review Committee. (Core)
 - Joint Surgery/Thoracic Surgery Program (the 4+3 program): All seven years of the program must be completed in the same institution, and all of the years must be accredited by the ACGME. Assuming successful completion of the programs, this format provides the graduate with the ability to apply for certification in both surgery and thoracic surgery. (Core)
 - Integrated Program: Six years of thoracic surgery education (completed in one institution) following completion of an MD or DO degree from an institution accredited by the Liaison Committee of Medical Education (LCME). Graduates of medical schools from countries other than the United States or Canada must present evidence of final certification by the Education Commission for Foreign Medical Graduates (ECFMG). (Core)

The Review Committee for Thoracic Surgery does not allow exceptions to the Eligibility Requirements.

“Completed” an ACGME-accredited residency means that the resident must be in a program that has achieved “Initial Accreditation” prior to their graduation in order to have “completed” an ACGME-accredited residency program. The terms “Pre-Accreditation,” “Pre-Accreditation-Continued,” or “Initial Accreditation – Contingent” are not synonymous with “Initial Accreditation.” Residents must be in an ACGME-accredited residency program at the time of application to be eligible for transfer.

Osteopathic program directors: The Review Committee determined that not holding certification by the American Board of Thoracic Surgery would not preclude an osteopathic program director from being appointed into an equivalent position in an ACGME-accredited program. There is no change in the program director qualifications.