April 29, 2016

Report to the TSDA – May 2016 Meeting

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The ACGME and ACGME Review Committee for Thoracic Surgery submits the following report of activities to the Thoracic Surgery Directors Association for the business meeting scheduled on Saturday, May 14, 2016 in Baltimore, MD.

RC Report

The Review Committee Thoracic Surgery is comprised of 7 voting members and two ex-officio members. June 30, 2016 is the end of the term of Dr. Merrill as chair and Dr. Backer as vice-chair. On July 1, 2016, Dr. Ara Vaporciyan will assume the position of chair, and Dr. Jennifer Lawton will assume the position of vice-chair. We continue our search for a public member of the committee.

Review Committee Activity: For academic year 2015-2016, the RC met on December 4-5, 2015 and April 22-23, 2016.

Current programs and resident/fellow complement (as of the date of this report):

Specialty	Accredited Programs	Applications	Complement Approved	Complement Filled
Thoracic Surgery				
Independent	68	1	280	226
Integrated	27	3	228	137
Congenital Cardiac	12	0	12	12

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w/ Warning	Continued Accreditation	Continued Accreditation w/o Outcomes	Continued Accreditation w/ Warning	Probation or Withdrawn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	4	0	56	1	7	0
Integrated	4	1	13	8	0	0
Congenital Cardiac	0	0	11	0	0	1

The most frequent areas of non-compliance noted across independent and integrated thoracic surgery programs included:

- Educational Program
  - Procedural experience
  - Scholarly activities – residents/fellows
- Evaluations
  - Graduate performance – Board pass rate
  - Evaluation of program
- Patient Safety
  - Hand off processes
  - Participation in QI activities

The most frequent areas of non-compliance noted across Congenital cardiac fellowship programs included:

- Patient Safety
  - Hand off processes
  - Participation in QI activities
- Evaluations
  - Program evaluation committee

ACGME Program Requirement Revisions: A program requirement modification was submitted to the ACGME Committee on Requirements as follows. All proposed requirements will be reviewed by the ACGME Board of Directors in June 2016, and if approved, will be implemented on July 1, 2016.

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

A major program requirement revision is now underway with a planned implementation on July 1, 2018. A first call for public comment has been completed. No public suggestions were received. Upon completion of review and proposed revisions, a second call for public comment will be communicated through the ACGME and TSDA. This is expected to occur in mid-2017.

Clinical Experience/Case Logs: The Review Committee for Thoracic Surgery will begin to use resident clinical experience case log data for accreditation in January 2017. All programs will be screened for any missed minimum number of cases performed by a resident. Program reviews will be undertaken to determine if the missed minimum number of cases is substantially non-compliant.

ACGME Report

Single Accreditation System: The American Osteopathic Association currently accredits no Thoracic Surgery residency programs. However, ACGME accredited programs will be seeing candidates from core osteopathic residencies until the completion of the Single Accreditation System transition in 2020.

Accreditation status decisions for SAS programs:

Status	Accredited (Y/N)	Action
Pre-Accreditation	No	▪ Program has submitted an application, but has not been reviewed by RC. ▪ Residents are not eligible for Ind-TS or CCS fellowships.
Pre-Accreditation Continued	No	▪ Program has been reviewed by the RC and is not in substantial compliance with the program requirements. ▪ Residents are not eligible for Ind-TS or CCS fellowships.
Initial Accreditation Contingent	No	▪ Program has been reviewed by the RC and, but for the Sponsor not being accredited, are in substantial compliance with the program requirements. ▪ Once Sponsor is accredited, program converts to Initial Accreditation. ▪ The program's effective date of accreditation will be the beginning of the academic year in which the Sponsor is accredited. ▪ Until the Sponsor is accredited, residents are not eligible for Ind-TS or CCS fellowships.
Initial Accreditation	Yes	▪ Program has been reviewed by the RC and has been determined to be in substantial compliance with the program requirements. ▪ Residents are eligible for Ind-TS or CCS fellowships.

Eligibility for osteopathic residents is as follows:

- Thoracic Surgery
    - Independent (traditional): 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)

    - 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: 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)
- Congenital Cardiac Surgery: Prior to appointment in the program, fellows must have successfully completed an ACGME-accredited program in thoracic surgery. (Core)

"Completed" an ACGME-accredited residency means that the resident must be in a program which 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 osteopathic program directors from being appointed into an equivalent position in the ACGME-accredited program. There is no change in the program director qualifications.

Self-Study and 10-year Accreditation: Some programs will begin the Self-Study process in 2018. The self-study materials will not be used for accreditation decisions. 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.

Milestones: All accredited programs have 100% compliance with reporting. Milestones are not used for accreditation with the exception of reporting compliance. The ACGME Milestones group began discussions about necessary revisions to the Milestones in December 2015, which included the need to harmonize components of the Milestones that are common across all specialties (i.e. communication). The first year's aggregate data was reported to the RC at the April 2016 meeting. This data gives a very high level overview of frequencies and outliers. No correlations or forecasts are being made from this data at this time.

Common Program Requirements: ACGME has undertaken a deliberative and scholarly review of the CPRs to assess if the current requirements are achieving their intended goal for education and to ensure patient safety and resident, fellow, and faculty well-being. A taskforce was formed in September 2015, which consists of members of the Council of Review Committee Chairs, Council of Review Committee Residents, and the ACGME Board of Directors, including one public member. There are nine surgical members of the panel.

Major revision of the CPRs will be undertaken in phases. Phase 1 of the review will focus on Section VI, which includes professionalism, personal responsibility, and patient safety; transitions of care, alertness management, and fatigue mitigation; supervision of residents; clinical responsibilities;

teamwork; and duty hours. Phase II will focus on Sections I-V, which includes sponsoring institutions; participating sites; program personnel and resources; resident appointments and eligibility; educational program; evaluation of residents, faculty and program.

Extensive efforts are underway to understand the perspective of the educational community and the general public specific to duty hours. On March 16-17, 2016, the ACGME held a Congress on the Resident Learning and Working Environment, which included public testimony of more than 50 members and constituents. Prior to the meeting, the ACGME received more than 63 formal position statements and 61 public comments. It was evident from the testimony that all components of Section VI must be addressed and not just duty hours. All of the data are being taken under advisement by the Task Force. Further communications will be forthcoming from Dr. Nasca.

Advancing Innovation in Residency Education (AIRE)(ACGME P&P Subject 24.00): A pilot program that enables programs to request a waiver of certain program requirements (Core and Outcome) in order to explore novel approaches to education. The goal is the attainment of educational and clinical outcomes through innovative structure(s) and process(es). Projects are expected to adopt the key principles and characteristics of competency-based medical education (CBME) and outcomes, and to be generalizable and scalable. As such, it is preferable that projects be developed in a consortium model.

Clinical Learning Environment Review (CLER): Cycle 1 has ended and Cycle 2 is underway. Cycle 2 will include Sponsoring Institutions with single and multiple programs. The protocol has been revised to include multiple sites, patient inclusion, institutional governance, and operating room visits.

CLER's initiative Pursuing Excellence is a 4-year initiative by 22 organizations, intended to promote transformative improvement within clinical learning environments. Funding is being made available for up to eight institutions. Applications for funding closes May 4, 2016.

Physician Well-being: November 17-18, 2015, the ACGME held the first annual Symposium on Physician Well-being. The ACGME will remain engaged in research and development of physician well-being initiatives and has committed to holding an annual symposium addressing wellness issues related to residents, fellows, and faculty.

Faculty Development Workshop: ACGME holds a multi-day workshop for program directors specific to faculty development in the evaluation of competencies. To increase access to these workshops, the ACGME is collaborating with multiple organizations and training individuals to become workshop educators. The first regional collaboration is planned with Vanderbilt University Medical Center and will be available within the year.

Respectfully submitted,

Walter Merrill, Chair

Carl Backer, Vice-Chair

Donna Lamb, Executive Director