



**Report of Activities of ACGME and Thoracic Review Committee**

**Thoracic Surgery Directors Association Meeting**

**Boston, MA – 29 April 2017**

Ara Vaporciyan, MD, Chair, Thoracic Surgery Review Committee

Donna L. Lamb, DHSc, MBA, BSN, Executive Director, ACGME

**RC Report**

**Review Committee Membership:** The Review Committee Thoracic Surgery is comprised of 7 voting members and two ex-officio members.

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|----------------------------------|--|
| Ara Vaporciyan, MD, Chair        | Jennifer Lawton, MD, Vice Chair        |
| Leah Backus, MD                  | Carl Backer, MD                        |
| Thomas D’Amico, MD               | Robert Higgins, MD                     |
| Elizabeth Stephens, MD, Resident | David Fullerton, MD, <i>ex officio</i> |
| Patrice Blair, <i>ex officio</i> |  |

Drs. Backer, Higgins, and Stephen’s terms end on 30 June 2017. Dr. Jonathan Chen, MD from University of Washington Medical Center Seattle Children’s Hospital, Dr. David Bull from University of Utah, and Dr. Jordan Hoffman (resident) from University of Washington, Seattle will replace the terminating members. The Committee has identified a public member of the committee, which will be reviewed by the ACGME Board of Directors in June 2017.

**Review Committee Activity:** The RC met on 06-07 January 2017 and on 07-08 April 2017.

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

<b>Specialty</b>	<b>Accredited Programs</b>	<b>Applications</b>	<b>Complement Approved</b>	<b>Complement Filled</b>
<b>Thoracic Surgery</b>				
Independent	69	0	282	227
Integrated	27	0	234	162
<b>Congenital Cardiac</b>	13	0	13	7

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

Specialty	Initial Accreditation	Initial Accreditation w/ Warning	Continued Accreditation	Outcomes w/o	Continued Accreditation w/ Warning	Continued Accreditation w/ Warning	Probation or Withdrawn
<b>Thoracic Surgery</b>							
Independent	7	0	54	0	6		2
Integrated	1	0	12	12	0		2
<b>Congenital Cardiac</b>	1	0	11	0	0		1

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

- Educational Program/Environment
  - Process to deal with problems and concerns/raise concerns without fear
  - Faculty interest in residency education
  - Service over education
- Evaluations
  - Program uses evaluations to improve
  - Feedback
- Program Director Responsibilities
  - Correct Information – Certification lapses

**Thoracic Surgery Program Requirement Revisions:** A major program requirement revision has been completed by the Review Committee and is now being prepared for the 45-day review and comment period. This second call for public comment will be communicated through the ACGME eCommunication and the TSDA.

**Clinical Experience/Case Logs:** The Review Committee for Thoracic Surgery began using resident clinical experience case log data for accreditation decisions beginning with the January 2017 meeting. These case log data represent the program’s most recent graduates (i.e. graduates in 2016).

- The ACGME submits to the ABTS annually each graduating resident’s raw data and the summary report for the purpose of verifying training.
- At this time, all residents should be using the ACGME case log system.
- Programs should carefully review the residents case logs to ensure they are listed in the proper “track” (i.e. thoracic or cardiac) to ensure proper alignment with the case minimum requirements documentation.

In response to discussion with multiple stakeholders pertaining to the utilization of the ACGME case logs, the RC Thoracic Surgery has formed a taskforce, which includes external members, to undertake a careful assessment of the CPT codes and how they are mapped in the ACGME case log system to the ABTS case requirements. Thomas D’Amico, MD chairs this taskforce, which began its work in the summer of 2016. The goal is to ensure the proper mapping of cases through the case log system to ensure a comprehensive record of all operative experience for all trainees.

## ACGME Report

**Common Program Requirements:** ACGME posted the revisions to Section VI of the Common Program Requirements (CPR) on 10 March 2017. These new requirements become effective 01 July 2017. When the new CPRs are posted, the current specialty-specific requirements will be inserted into the requirements. Please note that the new sections within Section VI, and some of the new requirements within the existing Section VI, will not be used for accreditation (i.e. cited) until July 2019; however, programs may receive Areas for Improvement on the new requirements. The existing requirements may still be cited.

The Phase II Taskforce is now working 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.

**Single Accreditation System (SAS):** The American Osteopathic Association accredits no Thoracic Surgery residency programs. However, ACGME accredited Independent Thoracic Surgery programs will have candidates from osteopathic surgery residencies who apply for fellowship. As such, it is imperative for program directors to know if the program has achieved accreditation and to understand these residents' eligibility prior to recruitment.

Residents who graduated, or will graduate, from a program that has an accreditation status of "Initial Accreditation" at the time of graduation will be considered to have "completed" an ACGME-accredited residency. This report will update following each Surgery Review Committee meeting (i.e. 19-20 January 2017; 13-14 April 2017; 28-29 September 2017). The "live" report may be found at the following link: <https://apps.acgme.org/ads/Public>. Please contact Dr. Lamb directly with questions about program accreditation or resident eligibility [direct line 312.755.5499 or [dlamb@acgme.org](mailto:dlamb@acgme.org)].

Please note that "completing" an ACGME-accredited residency program affects the resident's eligibility for certain fellowships, but does not imply eligibility for the ABS or ABTS examinations. Residents who have completed an ACGME-accredited surgery program, but have not met the ABS or ABTS requirements for eligibility to take the qualifying and certifying examination may be eligible for the osteopathic board examinations for general surgery and cardiovascular surgery.

Residents must be in an ACGME-accredited residency program at the time of application to a residency program to be eligible for transfer into a fellowship program or into an Integrated Thoracic Surgery program.

Below is an outline of the meaning of accreditation status decisions and eligibility criteria for thoracic surgery and congenital cardiac surgery training programs.

*Accreditation status decisions for SAS programs:*

Status	Accredited (Y/N)	Action
Pre-Accreditation	No	<ul style="list-style-type: none"> <li>▪ Program has submitted an application, but has not been reviewed by RC.</li> <li>▪ Residents are not eligible for Ind-TS or CCS fellowships.</li> </ul>
Pre-Accreditation Continued	No	<ul style="list-style-type: none"> <li>▪ Program has been reviewed by the RC and is not in substantial compliance with the program requirements.</li> <li>▪ Residents are not eligible for Ind-TS or CCS fellowships.</li> </ul>
Initial Accreditation Contingent	No	<ul style="list-style-type: none"> <li>▪ Program has been reviewed by the RC and, but for the Sponsor not being accredited, are in substantial compliance with the program requirements.</li> <li>▪ Once Sponsor is accredited, program converts to Initial Accreditation.</li> <li>▪ The program’s effective date of accreditation will be the beginning of the academic year in which the Sponsor is accredited.</li> <li>▪ Until the Sponsor is accredited, residents are not eligible for Ind-TS or CCS fellowships.</li> </ul>
Initial Accreditation	Yes	<ul style="list-style-type: none"> <li>▪ Program has been reviewed by the RC and has been determined to be in substantial compliance with the program requirements.</li> <li>▪ Residents are eligible for Ind-TS or CCS fellowships.</li> </ul>

The terms “Pre-Accreditation”, “Pre-Accreditation-Continued” or “Initial Accreditation – Contingent” are not synonymous with “Initial Accreditation.”

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)

**Self-Study and 10-year Accreditation:** Some programs will begin the Self-Study process in 2018, which is anticipated to precede the 10-year site visit by 12-18 months.

**Milestones:** Milestones “2.0” is underway. On 14-15 December 2016, a summit was held to discuss the preparation of revisions to the Milestones. Drs. Vaporciyan and Steven Yang attended the summit and will serve on the taskforce going forward. In addition to RC members and representatives, residents, organizations, and program directors have also been invited to participate. More information to come.

**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 has begun with Vanderbilt University Medical Center.

Ara Vaporciyan, Chair

Donna Lamb, Executive Director