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RRC

***Thoracic Residency Coordinators
Overview***

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RRC Overview

1. Determines Effectiveness of Residencies
2. Major Priority is “The Care and Feeding of the Resident”
3. Manpower Needs are Not Taken into Consideration



Thoracic RRC Membership

Executive Director – Peggy Simpson, PhD

Chair – Irving Kron, MD

Vice Chair – Doug Wood, MD

Members – Dr. Bolman, Dr. Huang,
Dr. Merrill, Dr. Mill, Dr. Orringer



Review Materials

1. PIF
2. Surveyor's Report
3. Work Hours
4. ABTS Results



Mechanism of Review

1. Two Reviews Per Program
2. General Discussion
3. No Conflicts of Interest
4. Personal Knowledge about the Program
not part of the review



Potential RRC Actions

1. Best Case Scenario – 5 Year Cycle –
No Citations

2. Adverse Actions

a. Short Cycle

b. Reduction in Resident Complement

c. Proposed Probation

d. Withdrawal



Preparing For Review

1. On time Internal Review
2. Accurate PIF
3. Dealing with Surveyor



The PIF

1. Previous Citations
2. Accurate Case Numbers
3. Follow the Rules



Issues for RRC

1. Appropriate Program Director
2. Resident Satisfaction
3. Adequate Case Numbers for Residents
4. Work Hour Violations
5. Faculty Educational Effort



Dealing with Appeal

1. Must Provide Answers that Dispute Original Finding
2. New Initiatives Won't Reverse Previous Citations



Integrated Programs

1. Must have Standard Program in Good Standing
2. Need Appropriate Supporting Documentation



When in Doubt Contact RRC

Psimpson@acgme.org

ilk@virginia.edu



What's new in the RRC

Changes in ACGME

1. More specialty dependent considerations
2. Changing work hour regulation to oversight body separate from the individual RRC's



Integrated Programs vs. Standard Training

1. The RRC Supports Multiple Approaches to Thoracic Surgical Training
2. The RRC Welcomes Applications for Integrated Programs
 - Must have Thoracic Surgical Program in Good Standing
3. The RRC Plans to Study ways to Facilitate Integrated Programs



Critical Care

- RRC in conjunction with ABTS Exploring 1 Year Fellowship in Critical Care



Endovascular Case Requirement

1. 10 Endovascular Cases (3 therapeutic)
2. 5 Therapeutic Bronchoscopy Cases



Program Accreditation Status

1. Total Programs – 81

- 57 2 year/24 3 year

(8 programs have no residents)

- Integrated programs 3

- 4/3 programs – 5

2. Congenital Cardiac Surgery - 6



RRC Points of Emphasis

1. Qualified Program Directors
2. Appropriate Case Numbers
3. Training Atmosphere
4. Appropriate Institutional Support

