Report of Activities of ACGME and Review Committee Thoracic Surgery

Thoracic Surgery Director Association Meeting

May 4, 2019

Ara Vaporciyan, MD, MBA, Chair, Thoracic Surgery Review Committee
Donna L. Lamb, DHSc, MBA, BSN, Executive Director, ACGME

The ACGME and the Review Committee for Thoracic Surgery respectfully submit the following report of activities.

RC Report

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

Ara Vaporciyan, MD, Chair**  Jennifer Lawton, MD**
Leah Backhus, MD, Vice Chair***  David Bull, MD
Luther Brewster, PhD, Public Member  Jonathan Chen, MD
Thomas D’Amico, MD*  Jordan Hoffman, MD, Resident*
David Fullerton, MD, ABTS, ex officio  Patrice Blair, ACS, ex officio

Incoming 01 July 2019:  Mark Iannettoni, MD, MBA

Matthew Henn, MD Resident Member

* Term ending 30 June 2019.
**Term ending 30 June 2020

- Stephen Yang, MD will replace Dr. Lawton beginning 01 July 2020
- Sandra Starnes, MD will replace Dr. Vaporciyan beginning on 01 July 2020

Dr. Vaporciyan’s chair term will conclude on 30 June 2019 and Dr. Backhus will assume the chair position with a term of 01 July 2019 through 30 June 2022.

Dr. Bull will assume the vice chair position with a term of 01 July 2019 through 30 June 2021.

***Term ending 30 June 2022: AMA nominated member, Dr. Backhus.

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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Accredited Programs</th>
<th>Applications</th>
<th>Complement Approved</th>
<th>Complement Filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>72</td>
<td>0</td>
<td>299</td>
<td>236</td>
</tr>
<tr>
<td>Integrated</td>
<td>27</td>
<td>0</td>
<td>240</td>
<td>190</td>
</tr>
<tr>
<td>Congenital Cardiac Surgery</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Initial Accreditation</th>
<th>Initial Accreditation w/ Warning</th>
<th>Continued Accreditation</th>
<th>Continued Accreditation w/o Outcomes</th>
<th>Continued Accreditation w/ Warning</th>
<th>Continued Accreditation Withdrawn or Probation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent</td>
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<td>54</td>
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<td>7</td>
<td>1</td>
</tr>
<tr>
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<td>0</td>
<td>12</td>
<td>11</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Congenital Cardiac Surgery</td>
<td>1</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

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

- Graduate performance – Board pass rate failed to meet minimum required
  - Primarily Independent programs
- Program Director Responsibilities
  - Educational environment – generally results from the resident and faculty survey noting multiple areas/domains of dissatisfaction
    - Both Independent and Integrated programs
- Evaluations
  - Responsibilities of the Clinical Competency Committee, semiannual, and summative evaluation
    - Primarily Independent programs

**Congenital Cardiac Surgery**: The Review Committee considered the TSDA’s request to allow the addition of a two-year format for the educational program. The Committee determined that the program should have the ability to determine which educational format is appropriate for their needs, that programs are already engaged in two-year training using unaccredited time that provides for no accreditation oversight, and that some fellows will benefit from the additional time due to the operative
resources available. To add an additional educational format, a proposed focused revision of the program requirements will be published for Review and Comment. Once the Review and Comment period concludes, the revision will be sent to the BOD for approval.

**ACGME Report**

**Single Accreditation System (SAS):** The American Osteopathic Association accredits no active Thoracic Surgery residency programs. However, it does certify osteopathic physicians in cardiothoracic surgery. ACGME accredited Independent Thoracic Surgery programs will begin to see candidates from osteopathic surgery residencies who apply for fellowships. As of the date of this report, there are 50 ACGME-accredited osteopathic general surgery programs. Please note that with the change in eligibility beginning 01 July 2019, residents from AOA-accredited general surgery and vascular surgery programs will be eligible for Independent TS programs. These residents/fellows may not be eligible for the ABS or ABTS examinations, but they are eligible for the AOA examinations. Programs will be required to educate trainees about their certification eligibility.

Please contact Dr. Lamb directly with questions about program accreditation or resident eligibility [direct line 312.755.5499 or dlamb@acgme.org].

**Self-Study and 10-year Accreditation Review:** Programs have begun the Self-Study process and thoracic surgery programs are beginning to undergo 10-year site visits. Due to leadership changes in the field staff office, programs can anticipate some delays/changes in the mandated self-study dates. These changes will be announced soon.

**Milestones 2.0:** Drs. Vaporciyan, Bull, and Varghese will serve on the taskforce.

**Program Director Summit:** The ACGME is convening a broad group of individuals to draft a document specific to program director competency. The thoracic surgery representatives will include Drs. Vaporciyan and Dr. Starnes.

**Physician Well-being:** The ACGME is 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 has begun with Vanderbilt University Medical Center.

Ara Vaporciyan, MD, Chair
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