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RRC 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
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
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