Review Committee-TS and ACGME Update

TSDA General Session
Fort Lauderdale, FL- 27 January 2018

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Executive Director  Chair, RC-TS
Disclosures

Dr. Vaporiyan

No financial conflicts to disclose

Dr. Lamb

No financial conflicts to disclose

ACGME Employee

Ex- DIO and Director of GME/Hospital Administrator/Nurse
Review Committee

RC Members

Ara Vaporciyan, MD, Chair
Jennifer Lawton, MD, Vice Chair
Leah Backhus, MD
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Luther Brewster, PhD, Public Member
Jonathan Chen, MD
Thomas D’Amico, MD
Jordan Hoffman, MD, Resident Member

Ex officio

David Fullerton, MD, ABTS
Patrice Blair, ACS
II.A.4.i) The program director must provide verification of residency education for all residents, including those who leave the program prior to completion. (Detail)

V.A.1.b).(1).(c) CCC should advise the program director regarding resident progress, including promotion, remediation, and dismissal. (Detail)

V.A.2.c) The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy. (Detail)

V.A.3.b).(3) The summative evaluation must verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. (Detail)
V.A.1.b).(1).(c): The Clinical Competency Committee should advise the program director regarding fellow progress, including promotion, remediation, and dismissal. (Detail)

V.A.2.b).(3): The program must provide each fellow with documented semiannual evaluation of performance with feedback. (Core)

V.A.2.d): The program director must meet with each fellow quarterly to review his or her surgical results and outcomes to ensure progress in obtaining the required surgical experiences and developing all required proficiencies. (Detail)

V.A.3.b): The program director must provide a summative evaluation for each fellow upon completion of the program. (Core)

V.A.3.b).(2): The [summative evaluation] must document the fellow’s performance during their education; and, (Detail)

V.A.3.b).(3): The [summative evaluation] must verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision. (Detail)
Self-Study begins in 2018

- Not an accreditation activity – Program activity
- 18-24 months before the 10-yr accreditation SV

10-year Accreditation Cycle

- Incorporates elements of the SS
- SV to verify substantial compliance with all requirements
- All programs have a 10-yr review by RC
Major Revision –
Program Requirements

ACGME Program Requirements for Graduate Medical Education
in Thoracic Surgery

Common Program Requirements are in BOLD

Where applicable, text in italics describes the underlying philosophy of the requirements and are therefore not
etable.

The “Specialty Background and Intent” text in the boxes below provide detail regarding the
intention behind specific requirements, as well as guidance on how to implement the
requirements in a way that supports excellence in residency education. Note that the Thoracic
Surgery FAQs have been integrated into this document and, where appropriate, guidance is
given on additional Review Committee resource information.

Introduction

Residency is an essential dimension of the transformation of the medical
student to the independent practitioner along the continuum of medical
education. It is physically, emotionally, and intellectually demanding, and
requires longitudinal concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is
experiential, and necessarily occurs within the context of the health care
delivery system. Developing the skills, knowledge, and attitudes leading to
proficiency in all the domains of clinical competency requires the resident
physician to assume personal responsibility for the care of individual
patients. For the resident, the essential learning activity is interaction with
patients under the guidance and supervision of faculty members who give
value, context, and meaning to those interactions. As residents gain
experience and demonstrate growth in their ability to care for patients, they
assume roles that permit them to exercise those skills with greater
independence. This concept—graded and progressive responsibility—is one
of the core tenets of American graduate medical education. Supervision in
the setting of graduate medical education has the goals of assuring the
provision of safe and effective care to the individual patient; assuring each
resident’s development of the skills, knowledge, and attitudes required to
enter the unsupervised practice of medicine; and establishing a foundation
for continued professional growth.

Thoracic surgery is a surgical specialty that encompasses the operative, pre-
operative, post-operative, and surgical critical care of patients with acquired and
congenital pathologic conditions within the chest, including the surgical repair
of congenital and acquired conditions of the heart, including the pericardium,
coronary arteries, valves, great vessels, and myocardium. In addition to
operations and management of diseases of the thoracic and thoracoabdominal
aorta, the scope of practice in thoracic surgery includes the evaluation of
vascular disease, and the exposure, cannulation, reconstruction, and treatment
of the central bronchopulmonary, hilar, diaphragm and hilar vessels. It also includes
pathologic conditions of the lung/trachea/bronchial, esophageal, foregut and chest

Thoracic Surgery for Review and Comment
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2018 ACGME
Revision of Sections I – IV

- **Timeline:**
  - Early Feb 2018 – Review & Comment
  - Mid-to-late March 2018 R&C ends
  - June 2018 ACGME Board Meeting
  - June 2018 Release Final to Public
  - July 2019 Implementation

- **Request for Review & Comment:**
  - positive comments as well as specialty-specific concerns
Eligibility

Independent Thoracic Surgery

Must complete surgery or vascular surgery residency accredited by the ACGME or general surgery, cardiac surgery, thoracic surgery, or vascular surgery residency approved by the Royal College of Physicians and Surgeons of Canada. (Core)

Congenital Cardiac Surgery

Prior to appointment in the program. Fellows must have successfully completed an ACGME-accredited program in thoracic surgery. (Core)
Accreditation Status

Osteopathic resident candidates must come from a program which has achieved either:

Initial Accreditation
Continued Accreditation
  Continued Accreditation without Outcomes
  Continued Accreditation with Warning

Program not accredited with status of:

Pre-Accreditation
Continued Pre-accreditation
Initial Contingent
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Thank you!