Report of Activities of ACGME and Thoracic RC

Thoracic Surgery Director’s Association Meeting

27 January 2018 – Fort Lauderdale, FL

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 submit the following report of activities to the Thoracic Surgery Director’s Association for the business meeting scheduled on Saturday, 27 January 2018.

RC Report

Review Committee Membership: The Review Committee Thoracic Surgery is comprised of 8 voting members and two ex-officio members.

Ara Vaporciyan, MD, Chair
Leah Backhus, MD
Luther Brewster, PhD, Public Member
Thomas D'Amico, MD
David Fullerton, MD, ABTS, ex officio

Jennifer Lawton, MD, Vice Chair
David Bull, MD
Jonathan Chen, MD
Jordan Hoffman, MD, Resident
Patrice Blair, ACS, ex officio

Dr. D’Amico’s term will conclude on 30 June 2019.

Review Committee Activity: The RC met on 12-13 January 2018 and will meet again on 13-14 April 2018.

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>290</td>
<td>230</td>
</tr>
<tr>
<td>Integrated</td>
<td>26</td>
<td>0</td>
<td>228</td>
<td>183</td>
</tr>
<tr>
<td>Congenital Cardiac</td>
<td>12</td>
<td>1</td>
<td>12</td>
<td>11</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>Probation or Withdrawn</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>
<td>7</td>
<td>0</td>
<td>58</td>
<td>3</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Integrated</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>13</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Congenital Cardiac</td>
<td>1</td>
<td>0</td>
<td>10</td>
<td>0</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:

- Program Director Responsibilities
  - Educational environment – multiple areas of dissatisfaction on resident and faculty survey as well as responses received during site visit
  - Process to deal with problems and concerns/raise concerns without fear
- Graduate performance – Board pass rate failed to meet minimum required
- Curricular outline – Block diagram incomplete or a resident rotation schedule was submitted

The most frequent areas of non-compliance noted across Congenital cardiac fellowship programs included:

- Graduate performance – Board pass rate failed to meet minimum required

**Thoracic Surgery Program Requirement Revisions:** A major program requirement revision is complete and is pending approval of the ACGME Board of Directors at their February 2018 meeting. The new requirements are expected to be effective 01 July 2018.

**Congenital Cardiac Surgery:** Dr. Vaporciyan and Dr. Lamb met with the CCS Fellowship Committee at the April 2017 TSDA meeting to discuss the potential for offering a one or two-year curriculum. The Review Committee Thoracic Surgery advised the Fellowship Committee that requests to extend the format of ACGME-accredited training requires a formal request for review and approval. While the Review Committee was notified at the January 2018 meeting that a two-year curriculum is available through the TSDA match, it is the understanding of the Committee that programs implementing a curriculum exceeding one year are offering one accredited year and a non-accredited period of training. The Review Committee has taken no further action pending a discussion with the Fellowship Committee and the ABTS.

**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 will 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, regardless of whether they keep the ABTS case log.
- Programs should carefully review the resident’s 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 discussions 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. The subcommittee is awaiting an update from the ADS case log team regarding recommendations made in their last conference call.

**ACGME Report**

**Common Program Requirements:** ACGME released a revised Section VI of the Common Program Requirements (CPR) in March 2017, which became effective 01 July 2017. Section VI requires significant collaboration between programs and institutions. Therefore, the ACGME has determined that the majority of the new requirements will be monitored, but not cited by the Review Committee until 01 July 2019, to give institutions and programs time to establish appropriate policies and processes. An implementation table outlining new requirements may be found at http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/2017CPRSectionVIIImplementationTable.pdf.

The Phase II Taskforce focused on Sections I-V, pertaining to sponsoring institutions; participating sites; program personnel and resources; resident appointments and eligibility; educational program; evaluation of residents, faculty and program, is completing its work revising the requirements. The ACGME intend to send the revisions for public comment in February 2018 and welcomes the TSDA to review and respond to the changes.

**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 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. A complete listing of osteopathic surgery programs that have applied for ACGME accreditation and their accreditation status may be found at 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].

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:*

<table>
<thead>
<tr>
<th>Status</th>
<th>Accredited (Y/N)</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Accreditation</td>
<td>No</td>
<td>▪ Program has submitted an application, but has not been reviewed by RC.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Residents are not eligible for Ind-TS or CCS fellowships.</td>
</tr>
<tr>
<td>Pre-Accreditation Continued</td>
<td>No</td>
<td>▪ Program has been reviewed by the RC and is not in substantial compliance with the program requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Residents are not eligible for Ind-TS or CCS fellowships.</td>
</tr>
<tr>
<td>Initial Accreditation Contingent</td>
<td>No</td>
<td>▪ Program has been reviewed by the RC and, but for the Sponsor not being accredited, are in substantial compliance with the program requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Once Sponsor is accredited, program converts to Initial Accreditation.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ The program’s effective date of accreditation will be the beginning of the academic year in which the Sponsor is accredited.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Until the Sponsor is accredited, residents are not eligible for Ind-TS or CCS fellowships.</td>
</tr>
<tr>
<td>Initial Accreditation</td>
<td>Yes</td>
<td>▪ Program has been reviewed by the RC and has been determined to be in substantial compliance with the program requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Residents are eligible for Ind-TS or CCS fellowships.</td>
</tr>
</tbody>
</table>

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 Review:** Programs will begin the Self-Study process in 2018, which is anticipated to precede the 10-year site visit by approximately 18-24 months. The Self-study materials will not be used for accreditation decisions. All programs will have a 10-year accreditation site visit and review by the Review Committee regardless of their accreditation status. The 10-year site visit will assess the program against all applicable program requirements.

**Milestones:** Milestones “2.0” is underway. Drs. Vaporciyan and Steven Yang attended the summit and will serve on the taskforce. In addition to RC members and representatives, residents, organizations, and program directors will be invited to participate. More information to come from Laura Edgar, PhD.

**Advancing Innovation in Residency Education (AIRE)(ACGME P&P Subject 24.00):** AIRE is a pilot program that will enable programs to request a waiver of certain program requirements (Core and Outcome) in order to explore novel approaches to education. The goal is the attainment of educational and clinical outcomes through innovative structure(s) and process(es). Projects are expected to adopt the key principles and characteristics of competency-based medical education (CBME) and outcomes, and to be generalizable and scalable. Eric Holmboe, MD, SVP directs this initiative and may be reached at eholmboe@acgme.org with questions.

**Clinical Learning Environment Review (CLER):** Cycle 2 is underway. Cycle 2 will include Sponsoring Institutions with single and multiple programs. The protocol has been revised to include multiple sites, patient inclusion, institutional governance, and operating room visits.

**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, Chair

Donna Lamb, Executive Director