



# Thoracic Surgery Review Committee Update

Chris Fox, PhD, Executive Director  
Review Committee for Thoracic Surgery

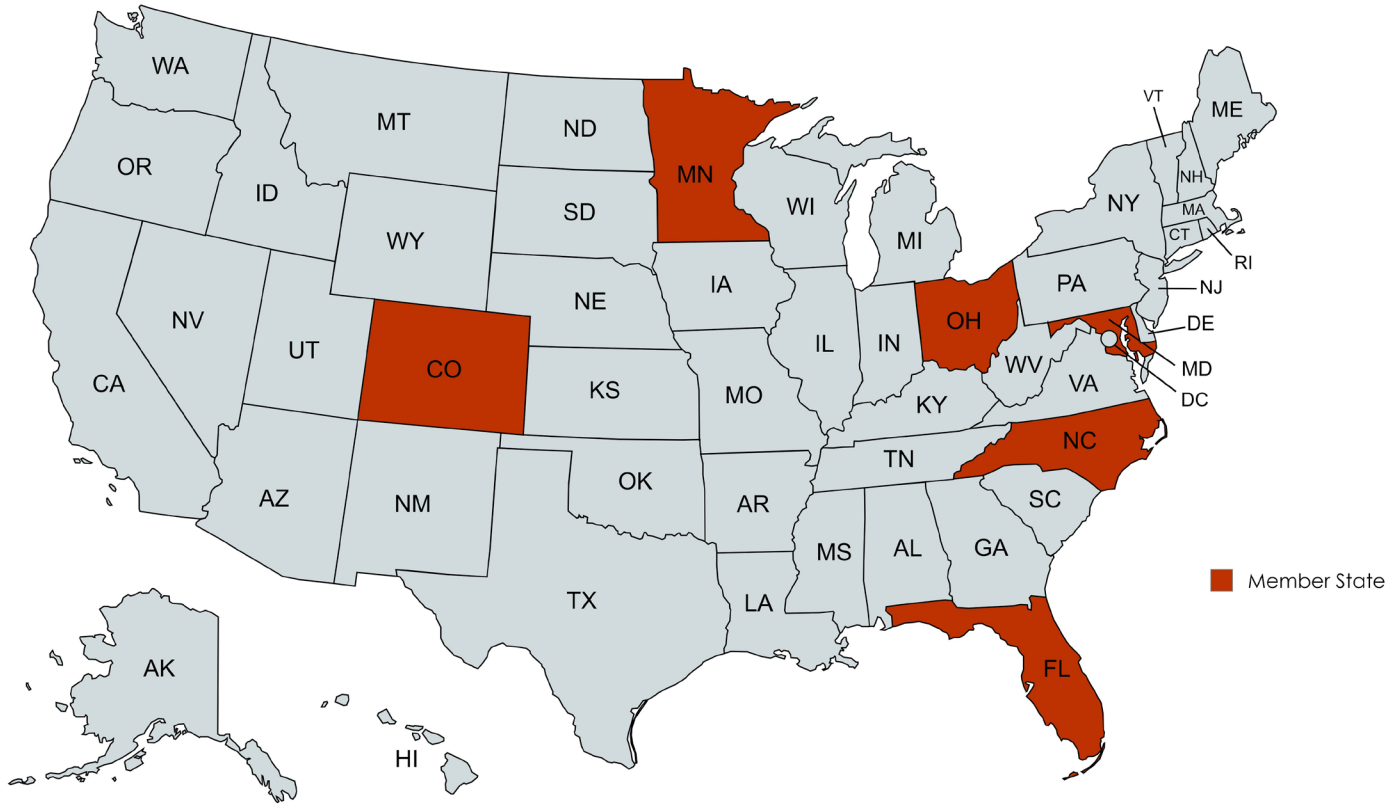
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# RC Membership

Name	Role	Name	Role
<b>Mark Iannettoni, MD, MBA, FACS, FCCP*</b>	Chair	<b>Sandra Starnes, MD, FACS, FCCP</b>	Vice-Chair
Akshitha Alvarez, MD*	Resident Member	Thomas Beaver, MD MPH	Member
James Jagers, MD, FACS	Member	K. Robert Shen, MD, FACS, FCCP	Member
Mark Swofford, PhD, MHA, FACHE	Public Member	Stephen Yang, MD, FACS, FCCP	Member
Cameron Wright, MD	Ex-Officio, ABTS	Patrice Blair, DrPH, MPH	Ex-Officio, ACS

\*Term Ends June 30, 2025





# Program Info

Specialty	Accredited Programs	Applications (01/23/25)	Complement Approved (24-25)	Complement Filled (24-25)
Thoracic Surgery				
Independent	79	0	324	257
Integrated	36	0	342	266
Congenital Cardiac Surgery	17	0	17	11



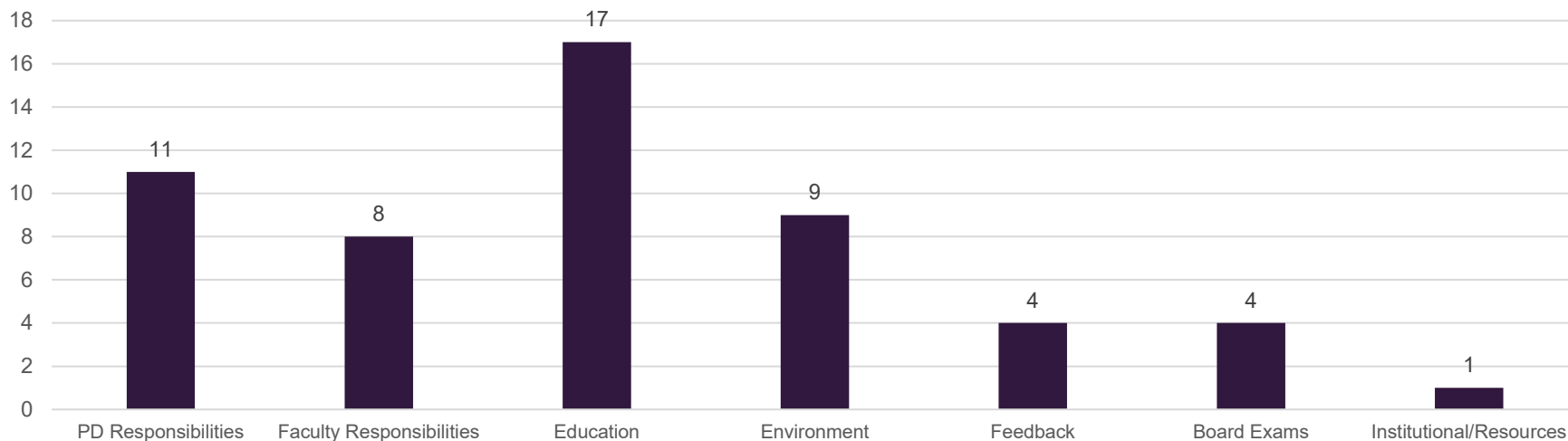
# Program Status

Specialty	Initial Accreditation	Continued Accreditation	Continued Accreditation with Warning	Probation/ Withdrawal
Thoracic Surgery				
Independent	5 (6%)	71 (90%)	2 (3%)	1 (1%)
Integrated	3 (8%)	31 (86%)	1 (3%)	1 (3%)
Congenital Cardiac Surgery	2 (12%)	15 (88%)		



# Citations - Independent

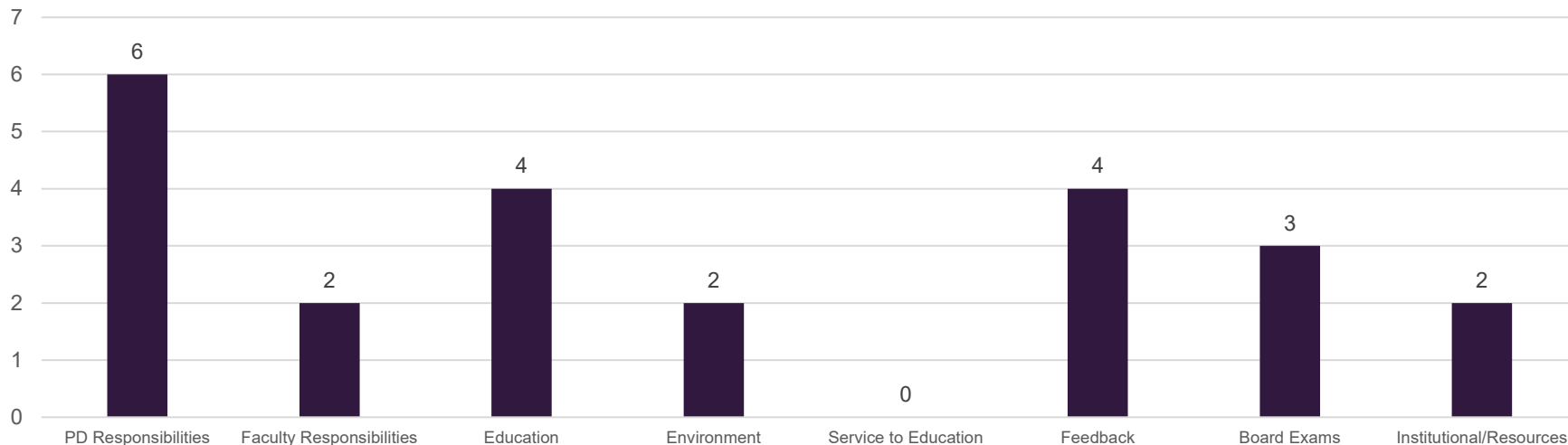
**Thoracic Surgery Independent  
2023-24 Citations (54 Total)**





# Citations - Integrated

**Thoracic Surgery Integrated  
2023-24 Citations (23 Total)**





# 3 Pathways

Requirements	Existing Thoracic Pathway		Existing Cardiothoracic Pathway		New Cardiac Pathway	
	Subtotal	Total	Subtotal	Total	Subtotal	Total
<b>CONGENITAL HEART DISEASE</b>						
<b>Congenital Heart Disease</b>		<b>10</b>		<b>20</b>		<b>20</b>
Primary Surgeon			5		5	
First Assistant	10		15		15	
<b>ADULT CARDIAC</b>						
<b>Acquired Valvular Heart Disease</b>		<b>30</b>		<b>60</b>		<b>90</b>
Aortic Valve Repair/Replacement	15		25		25	
Mitral Valve Repair/Replacement	5		15			
Mitral Valve Repair					10	
Mitral Valve Replacement					5	
Tricuspid Valve Repair/Replacement, Annuloplasty	5		5		5	
TAVR as primary			5		20	
TAVR as assistant	5		10		20	
Transcatheter Mitral/Tricuspid Intervention					5	





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# Pathways

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Review Committee will issue an automatic citation for missed minimums

- ENSURE CORRECT PATHWAY IS SELECTED



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# Transfers - Integrated

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- III.C.3. To be eligible for transfer at the PGY-3 level, residents must have satisfactorily completed a minimum of two years in an ACGME-accredited integrated thoracic surgery program, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated vascular surgery and a minimum of one year in an ACGME-accredited integrated thoracic surgery program. (Core)
- III.C.4. No resident may transfer into an integrated thoracic surgery program during the PGY-4, -5, or -6.



# Milestones

? The patient care subcompetencies' levels might be difficult to achieve for the 1st and 2nd year integrated residents given their lack of exposure early in their curriculum to advanced cardiac and thoracic.

- Direct observation is the primary and overarching method to assess patient care and procedural skills. It's acceptable for someone to not have achieved their training level, or not be assessable.
- “Not Yet Rotated”/“Not Yet Assessable” may be used when a resident/fellow has not had an opportunity to demonstrate or be observed demonstrating a specific subcompetency. “Not Yet Completed Level 1”/“Critical Deficiencies” may be used to indicate that a resident/fellow is not performing as expected at entry into the program – strongly suggesting that the resident/fellow may require remediation.

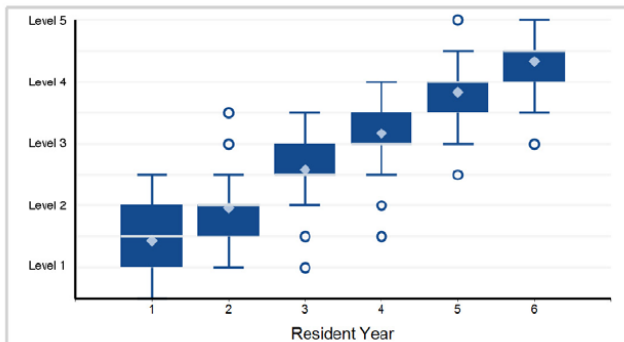
Integrated milestones national report is available online:

<https://www.acgme.org/globalassets/pdfs/milestones/specialty-specific/thoracic-surgery---integrated-2024-milestones-national-report.pdf>

TABLE 147: SPECIALTY: Thoracic Surgery - Integrated

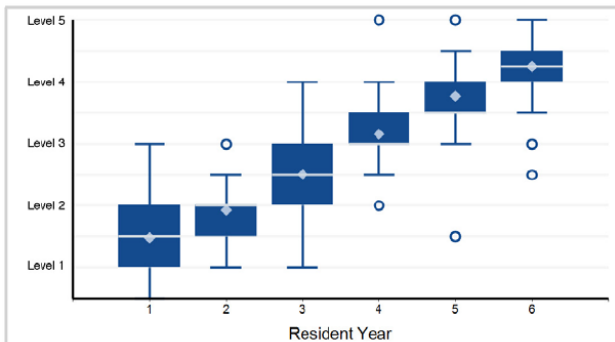
Resident Year	1	2	3	4	5	6	Total Residents
# of Residents	49	49	46	44	33	32	253

1. Patient Care - Patient Care 1: Ischemic Heart Disease



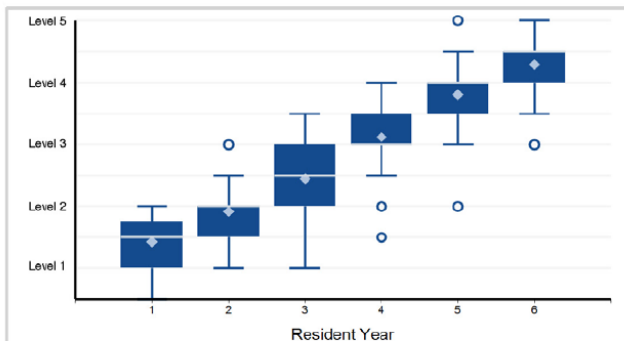
Note: 3 of 253 residents have a status of "Not Yet Assessable" and are not included in the analysis.

2. Patient Care - Patient Care 2: Mechanical Circulatory Support



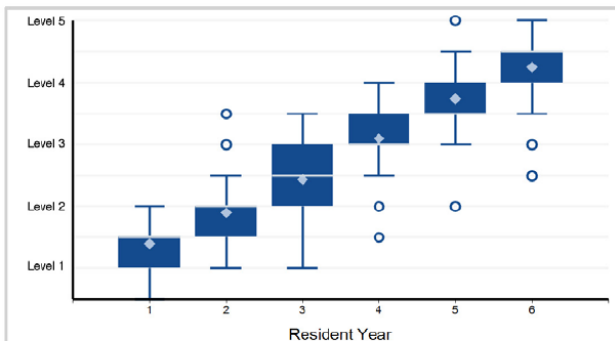
Note: 3 of 253 residents have a status of "Not Yet Assessable" and are not included in the analysis.

3. Patient Care - Patient Care 3: Valvular Disease



Note: 3 of 253 residents have a status of "Not Yet Assessable" and are not included in the analysis.

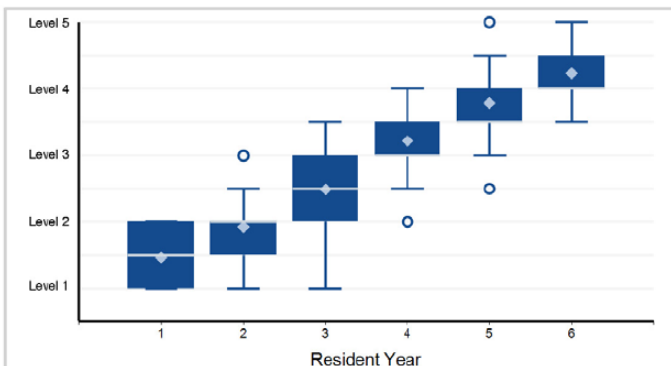
4. Patient Care - Patient Care 4: Great Vessel Disease



Note: 3 of 253 residents have a status of "Not Yet Assessable" and are not included in the analysis.

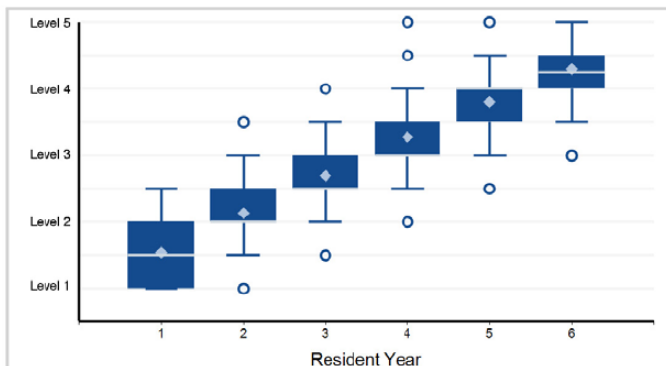


7. Patient Care - Patient Care 7: Chest Wall/ Pleura/Mediastinum/Diaphragm



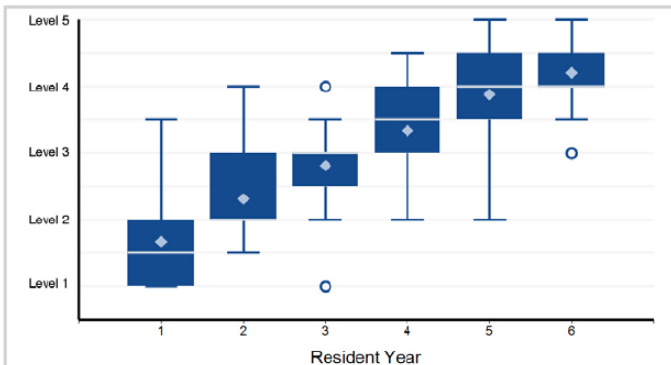
Note: 2 of 253 residents have a status of "Not Yet Assessable" and are not included in the analysis.

8. Patient Care - Patient Care 8: Critical Care



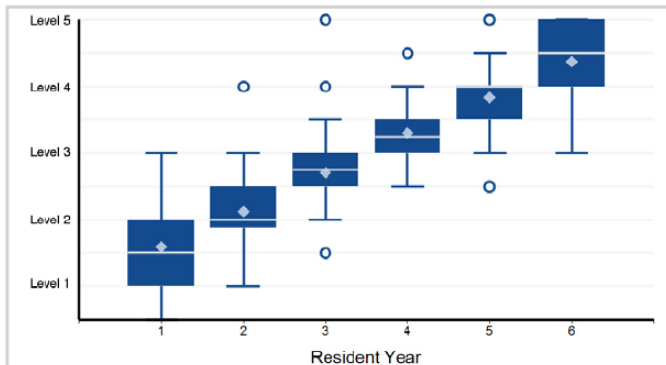
Note: 2 of 253 residents have a status of "Not Yet Assessable" and are not included in the analysis.

9. Patient Care - Patient Care 9: Technical Skills for General Surgery



Note: 1 of 253 residents have a status of "Not Yet Assessable" and are not included in the analysis.

10. Medical Knowledge - Medical Knowledge 1: Cardiovascular Surgical Knowledge



Note: 2 of 253 residents have a status of "Not Yet Assessable" and are not included in the analysis.





# Site Visits



Combination of Virtual and In-person



Assurance site-visits have begun



What should programs do for now?

Continue to conduct and document high quality annual program evaluations.



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# Thank You!

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# Questions?



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