

**ACGME Program Requirements for Graduate Medical Education  
in Thoracic Surgery  
Summary and Impact of Major Requirement Revisions**

Requirement #: Int.C.4	
Int.C.4.	<u>The Review Committee must be informed of training credit granted by the American Board of Thoracic Surgery (ABTS), which affects the required length of training in the thoracic surgery program.</u> <sup>(Core)</sup>
1.	Describe the Review Committee’s rationale for this revision: <b>Programs are required to provide a specified length of training depending on their approved educational format. At the time of annual review by the Review Committee, programs whose residents have obtained training credit from the ABTS appear not to have met the training month requirement and some program data appears to have not met the minimum requirements (i.e., Case Logs). This has inadvertently resulted in unnecessary program scrutiny and citations when the Review Committee was not aware of the training credit. The purpose of the revision is to ensure that all programs/residents/fellows who receive approval of training credit submit the documentation to the ACGME to ensure a complete program file.</b>
2.	How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? <b>N/A</b>
3.	How will the proposed requirement or revision impact continuity of patient care? <b>N/A</b>
4.	Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? <b>N/A</b>
5.	How will the proposed revision impact other accredited programs? <b>N/A</b>
Requirement #: I.A.1-I.A.1.b)	
I.A.1.	<del>The sponsoring institution must ensure an administrative and academic structure that provides for educational and financial resources dedicated to the needs of the program, including the appointment of teaching faculty members and residents, support for program planning and evaluation, the assurance of sufficient ancillary personnel, and the provision for patient safety and the alleviation of resident fatigue.</del> <sup>(Core)</sup> <u>Institutions applying for an integrated program format must:</u>
I.A.1.a)	<u>sponsor an ACGME-accredited independent thoracic surgery program and an ACGME-accredited general surgery program, each with a status of Continued Accreditation; and,</u> <sup>(Core)</sup>
I.A.1.b)	<u>maintain both program formats after an integrated program is approved, at least until the integrated program has residents filling the PGY-1-4.</u> <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision: **This language is in the integrated Thoracic Surgery Program Application instructions, but was not established as a formal requirement. However, the Review Committee has applied this as criteria for approval of a new program. After careful review, the Review Committee has determined that an accredited general surgery program in a Sponsoring Institution applying for an integrated thoracic surgery program is required to ensure that residents achieve a diverse core surgery experience. The thoracic surgery program director is expected to work closely with the general surgery program director to ensure alignment with the education and training goals, objectives, and requirements for both programs. The Review Committee also believes that having fellows (i.e., more senior trainees in thoracic surgery) is critical to the success of integrated thoracic surgery residents as the program matures. Once the integrated thoracic surgery program is mature, institutions may withdraw the independent thoracic surgery program if they choose.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Since the proposed requirement has been the established expectation of the Review Committee (as outlined in the application document) this is not expected to change resident education, patient safety, and/or patient care quality. This requirement will reinforce the resources required to begin and maintain an integrated thoracic surgery program.**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **No, this is already an expectation.**
5. How will the proposed revision impact other accredited programs? **N/A**

Requirement #: II.A.4.y)-II.A.4.y).(1)

The program director must:

II.A.4.y) appoint an associate program director for any program with 10 or more residents/fellows. (Core)

II.A.4.y).(1) program directors who oversee residency and fellowship programs with 10 or more trainees in both programs combined must appoint an associate program director. (Core)

1. Describe the Review Committee's rationale for this revision: **Overseeing thoracic surgery residency/fellowship programs is a complex undertaking that requires oversight of the clinical, educational, and administrative aspects of the program. The Review Committee feels that additional program leadership will provide more support to the residents/fellows in the program(s) and allow the program director to have more time to focus on the administration of the program.**
2. How will the proposed requirement or revision improve resident/fellow education, patient

safety, and/or patient care quality? **The addition of an associate program director once a program director oversees more than 10 residents should provide residents/fellows with additional clinical and educational resources and should augment the work of the program director.**

3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **This is not expected to require additional resources; however, this is dependent on the institution's relationship with the program director and faculty.**
5. How will the proposed revision impact other accredited programs? **N/A**

Requirement #: II.C.1.a)

II.C.1.a) Residency coordinators who manage a single thoracic surgery program, multiple thoracic surgery programs, or other specialty programs (e.g., surgery, plastic surgery) with 20 or more residents/fellows in all programs combined must be provided additional administrative support.<sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision: **Residency coordinators play essential roles in the function and operations of residency/fellowship programs. They must be provided with sufficient resources to support program operations, the program director, resident/fellows, and faculty members. The Review Committee recognizes that some residency coordinators support large programs and some support multiple programs, including in other specialties. Some residency coordinators also support non-graduate medical education functions within their institution. Support of large and/or multiple programs requires a facile working knowledge of each specialty's requirements, as well as the ability to manage the day-to-day requirements of large/multiple programs and their required data. To ensure that residency coordinators have sufficient support in performing those functions, the Review Committee limited the number of residents/fellows that a single coordinator should manage to 20 (in all programs, combined).**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Provision of additional administrative assistance where appropriate should increase the effectiveness of the residency coordinator's work within the program.**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **The addition of administrative personnel may increase the required resources of a program and/or institution. Additional administrative support can take many forms, such as an additional coordinator, an**

**assistant coordinator, or an administrative assistant. The allocation of percentage of full time equivalent (FTE) for the additional administrative support is not specified by the Review Committee, but should be based on the responsibilities of the residency coordinator.**

5. How will the proposed revision impact other accredited programs? **If institutions have assigned a residency coordinator to more than one program, and the total number of residents exceeds 20 or more, then affected programs may gain additional administrative assistance or institutions may have to reassign personnel to ensure that all accredited programs have appropriate residency coordinator support.**

Requirement #: IV.A.6.g)-IV.A.6.g).(3)

IV.A.6.g)	<u>Elective rotations must be limited to a maximum of six months in the final years of the program, including:</u> <sup>(Core)</sup>
IV.A.6.g).(1)	<u>a maximum of three months each in the second and third years of a three-year program;</u> <sup>(Core)</sup>
IV.A.6.g).(2)	<u>a maximum of three months each in the PGY-5 and PGY-6 of an integrated program; or,</u> <sup>(Core)</sup>
IV.A.6.g).(3)	<u>a maximum of three months each in the second and third years of thoracic surgery training in a 4+3 program.</u> <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision: **This further clarifies the prior requirement IV.A.6.e).(1).(a), which was not specific to the multiple types of educational format. The Review Committee recognizes the benefits of elective rotations in the final two years of training and international rotations (any year) when sound educational rationale and collaborative relationships conducive to residency/fellowship training are demonstrated. These requirements clarify the circumstances under which programs may request approval from the Review Committee.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **N/A**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**
5. How will the proposed revision impact other accredited programs? **N/A**