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Re: COVID-19: Special Communication to Surgical Program Directors

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The first obligation of every person in the United States is mitigation/control of the COVID-19 pandemic. The moral obligation of all physicians during the pandemic is to do their part in the treatment of its victims. The accreditation of programs should be a distant consideration to those obligations but inevitably arises in the minds of residents/fellows, faculty members, and program directors. The ACGME has published general guidance for resident/fellow education and training in the face of the pandemic on its website (https://acgme.org/COVID-19). This guidance emphasizes that residents/fellows should receive proper training in the use of personal protective equipment (PPE), should be appropriately supervised in their clinical activities, and must continue to adhere to ACGME work hour requirements. The latter is important, even in these most challenging times, because the best available data from surgical programs has clearly documented that exceeding the 80-hour-per-week limit results in increased risk of patient harm and increased risk of self-harm, such as needle sticks. Transposed to the current pandemic, that self-harm due to exhaustion could result in infection with the virus due to lapses in isolation protocols, and in use of PPE and other mechanisms of self-protection. Case Logs, though, are not specifically addressed in the guidance and are of major concern to surgical residents, fellows, and program directors.

In discussing Case Logs, and particularly Case Log minima, it is important to recognize that the ACGME case minima were established for program accreditation. They are used by the surgical Review Committees to determine whether a given program offers a volume and variety of cases (certainly operative cases, but in some instances non-operative cases as well) sufficient for education of the complement of residents/fellows for which the program is accredited. The ACGME Case Log minima were not designed to be a surrogate for the procedural competence of an individual program graduate and are not used in that manner by the Review Committees.

The pandemic is far beyond the control of the programs that the ACGME accredits and will clearly reduce the number of elective operations performed by the residents/fellows in those programs for the foreseeable future. This communication aims to answer some of the questions from surgical residents/fellows and programs about the impact of those reductions.
Impact on the Individual Resident/Fellow

ACGME-accredited programs are obligated to graduate only those residents/fellows who have demonstrated the ability to perform the medical, diagnostic, and surgical procedures considered essential for the area of practice. It is up to the program director, with input from the program’s Clinical Competence Committee, to assess the procedural competence of an individual resident/fellow as one part of the determination of whether that individual is prepared to enter autonomous practice. A given individual who has not met all case minima may be deemed by the program director to be surgically competent and be allowed to complete the program, as scheduled. Another individual who has exceeded all case minima may not be deemed by the program director to be surgically competent and be required by the program to extend the educational program until competence can be demonstrated. These considerations apply at all times.

As a result of the COVID-19 pandemic and its effects on elective surgery, it is certainly possible that some programs will find it necessary to extend the period of residency/fellowship for some residents/fellows. And of course, the longer the pandemic impacts elective surgery, the more residents’/fellows’ periods of residency/fellowship will be extended. Extension of the educational program as a result of the current circumstances must not be viewed as, in any way, reflecting poorly on the affected residents/fellows. It would be a reflection of the program’s obligation to the public, the ACGME, and the residents/fellows themselves, in response to circumstances beyond their control.

The ACGME accredits programs. It does not certify individuals. What an extension of residency/fellowship would mean for a given individual in terms of the board certification process can only be answered by the appropriate certifying board.

Impact on Programs

The ACGME and its Review Committees use the standard of substantial compliance, rather than absolute compliance, in making accreditation decisions. Accreditation decisions include the accreditation status of the program but also include the levying of citations and areas for improvement. In making accreditation decisions, the Review Committees thoughtfully consider all available information from and about a program (e.g., Case Logs, Resident/Fellow and Faculty Survey results, and the program Annual Update completed in the Accreditation Data System [ADS]). Specific to Case Logs, the minima will not be waived by the Review Committees in response to the pandemic. But the Case Logs of graduates of a program who were on duty during the pandemic (particularly those in their ultimate or penultimate years) will be judiciously considered in light of the impact of the pandemic on that program. The program can delineate for the Review Committee how it was affected by the pandemic in the Major Changes and Other Updates section of ADS during the next Annual Update.

Programs must bear in mind that they have an obligation, not just to the ACGME, but to public and to their residents/fellows to graduate only those residents/fellows who they believe able to autonomously perform the medical, diagnostic, and surgical procedures considered essential for the area of practice. A program that graduates residents/fellows who have multiple substantial deficiencies in their graduate Case Logs may be viewed by the Review Committee as not having met that obligation.

Impact on Residents/Fellows and Programs

We find ourselves in a health crisis which is unprecedented in the recent history of our nation. This pandemic has and will have a profound impact on the personal lives of every person in the country. In residency and fellowship programs, it has and will disrupt annual, monthly, weekly,
daily, and even moment-to-moment scheduling. It has and will disrupt the availability of personnel, equipment, and supplies. It has and will disrupt the number and types of operations performed. It has and will threaten not only the well-being, but the very lives of the residents/fellows, program directors, faculty members, coordinators, and other individuals associated with our programs. But despite all of those very real, unfortunate, and, in some instances, devastating effects of the COVID-19 pandemic, there are opportunities that are truly unique, at least in our lifetimes. In coping with this historic challenge, residents/fellows and faculty members will witness the value of preventative care and coordinated public health systems. They will, by necessity, grow through interdisciplinary and interprofessional teamwork in ways never before possible. They will experience in real time the extreme boundaries of systems-based care. And, they will develop deep, lifelong friendships that are born through mutual adversity. When this passes, as it inevitably will, our world will be changed. But, our health care systems, our programs, and each of us will be better on the other side.