Disclosure

▪ Dr. Neumeister
  ▪ No financial conflicts to disclose

▪ Dr. Lamb
  ▪ No financial conflicts to disclose
Objectives

▪ Overview Review Committee
  ▪ Accreditation Activity
  ▪ Citation Distribution
  ▪ Eligibility
  ▪ Independent Practice
  ▪ Single Accreditation System

▪ Major Revision Program Requirements
ACGME Mission

The ACGME’s Mission is “improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”

- 11,200 programs
- 180 specialties
- 830 institutions
- 135,000 active full-time and part-time residents and fellows
Review Committee (RC) Composition

- **Physician members** - 6-yr term – nominated by
  - American Medical Association
  - American Board of Plastic Surgery
  - American Osteopathic Association
  - American College of Surgeons

- **Residents** - 2-yr term – nominated by
  - Program/Institution
  - Full review and vote

- **Public member** - 6-yr term
  - Review and vote

- Ex officio members do not participate in program review and do not vote
RC Primary Function - Peer Review

Determination of a program’s “substantial compliance” against a defined set of standards.
RC Primary Function - Peer Review

“Substantial compliance” against a defined set of standards

Determination of accreditation status decision
# Review Committee Membership - current

<table>
<thead>
<tr>
<th>Chair</th>
<th>Vice Chair*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mike Neumeister, MD, Chair</td>
<td>Jim Zins, MD, Vice Chair</td>
</tr>
<tr>
<td>Mike Bentz, MD*</td>
<td>Joe Losee, MD</td>
</tr>
<tr>
<td>Nikki Burrish, MD, Resident*</td>
<td>Andrea Pozez, MD</td>
</tr>
<tr>
<td>Greg Evans, MD</td>
<td>Sheri Slezak, MD</td>
</tr>
<tr>
<td>Scott Charles Hultman, MD</td>
<td>David Song, MD</td>
</tr>
<tr>
<td>Ben Lam, DO</td>
<td></td>
</tr>
</tbody>
</table>

**Ex Officio Members**

| Keith Brandt, MD, ABPS | Patrice Blair, ACS |

*Term expires 30 June 2020*
Review Committee Membership - Transitions

▪ Nominees selected and awaiting ACGME Board approval – May 2019
  ▪ Dr. Bentz
  ▪ Dr. Zins

▪ Pending call for nominations – March 2019
  ▪ Dr. Burish

▪ Public member selected and awaiting ACGME Board approval – May 2019
# 2019 Review Committee Activity

Meetings: 25-26 January 2019 and 19-20 April 2019

<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>Plastic Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>55</td>
<td>0</td>
<td>329</td>
<td>244</td>
</tr>
<tr>
<td>Integrated</td>
<td>80</td>
<td>1</td>
<td>1065</td>
<td>904</td>
</tr>
<tr>
<td>Craniofacial Surgery</td>
<td>8</td>
<td>0</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Hand Surgery</td>
<td>16</td>
<td>1</td>
<td>23</td>
<td>23</td>
</tr>
</tbody>
</table>

*Current programs and resident/fellow complement (as of the date of this report)*
## Review Committee Activity

<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>Plastic Surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>4</td>
<td>0</td>
<td>42</td>
<td>1</td>
<td>8</td>
<td>1</td>
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<tr>
<td>Integrated</td>
<td>8</td>
<td>1</td>
<td>51</td>
<td>18</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Craniofacial</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hand</td>
<td>0</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

(1 voluntary withdrawal - 2020)
Citation Distribution – Competencies

- Total Citations: 13
- Independent: 8
- Integrated: 5
- Craniofacial
- Hand
Citation-Specific Program Requirement: Competencies

[Program Requirement: II.A.4.] The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. (Core)
Citation Distribution – Clinical Learning and Working Environment (Duty Hours)
Citation-Specific Program Requirements: Clinical Learning and Working Environment

[Program Requirement: VI.F.1.]

• Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period... (Core)

[Program Requirement: VI.F.3; VI.F.3.a); VI.F.3.a).(1); VI.F.3.a).(1).(a)]

• Clinical and educational work periods...must not exceed 24 hours of continuous scheduled clinical assignments. (Core) Up to four hours of additional time may be used for activities related to patient safety...(Core) Additional patient care responsibilities must not be assigned to a resident during this time. (Core)

[Program Requirement: VI.F.6.a) ]

• Residents do not have more than 4 consecutive weeks of night float assignment, and night float does not exceed 1 month per year. (Core)
Citation-Specific Program Requirements: Operative Experience

[Program Requirement: IV.A.5.a).(2)]  Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Outcome)

[Program Requirement: II.D; II.D.1.]  The institution and the program must jointly ensure the availability of adequate resources for resident education...(Core) ...program must have an adequate number and variety of adult and pediatric surgical patients for resident education. Experience in all 12 categories of surgical experience is important and must not be limited by excessive clinical responsibility in any one or several categories or by excessive nonclinical activities. (Core)
Responses to citations may demonstrate how faculty and residents work together to solve problems.

1. What is the problem?

2. How did you engage faculty and residents in the process of problem identification and the development of a solution?

3. What remedial efforts have been implemented?

4. How will you monitor and sustain improvement?
Use the Major Changes section of the annual update to explain great things happening in your program and to explain findings that you want to demonstrate proactive attention to or ongoing efforts toward improvement.
Eligibility – 01 July 2019

Trainees from ACGME, AOA, RCPSC, ACGME-I accredited programs are eligible for all plastic surgery programs and RC will allow the exception to the fellowship eligibility requirements [PR: III.A.1.c).(1)]

Independent/Craniofacial/Hand
Independent Practice Proposal

IV.E. Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.

IV.E.1. If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)
Independent Practice Proposal

- Previously completed residency programs;
- Demonstrated sufficient competence to enter autonomous practice within their core specialty;
- Designed to enhance fellows’ maturation and competence in their core specialty;
- Occupy a dual role in the health system: as learners in their subspecialty, and as credentialed practitioners in their core specialty; and,
- Hours worked in independent practice still fall under the clinical and educational work hour limits.
# Independent Practice Proposal – RC Decision

<table>
<thead>
<tr>
<th>Approved</th>
<th>Not Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Craniofacial Surgery</td>
<td>• Independent Plastic Surgery</td>
</tr>
<tr>
<td>• Hand Surgery</td>
<td></td>
</tr>
</tbody>
</table>
Single Accreditation System

- Transition ends 31 December 2020
- American Osteopathic Association (AOA)
  - Plastic and Reconstructive Surgery written and oral board examinations
- Program must notify recruits and trainees of Board eligibility in writing
- First-time pass rate to be assessed for both the ABPS and AOA certification examinations
Single Accreditation System

- ACGME has accredited 44 of 56 osteopathic general surgery programs
Single Accreditation System

- ACGME has accredited 44 of 56 osteopathic general surgery programs

All AOA plastic surgery fellowships are now accredited!
Major Revision of Program Requirements

▪ Multi-year process begun under the leadership of Drs. Weber and Gosain

▪ Effective 01 July 2019

▪ Not all Common Program Requirements go into effect 2019 – some are 2020 – see implementation table:

https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements
Program Requirements - Format

I.B.2.

Common Program Requirements in bold

I.B.2.a)

The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full-time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS). *(Core)*

Major changes in rotations at participating sites (i.e., sites where residents/fellows will spend three or more months over the course of their education and training) must be approved in advance of resident/fellow rotations. *(Core)*

Specialty Background and Intent: While listing a participating site and establishing a PLA are not required for elective rotations, programs may wish to do so. Listing the participating site in the Accreditation Data System (ADS) increases the accuracy of the operative Case Log. Establishing a PLA clarifies the goals and objectives of a rotation and its attendant policies, but also confirms that the participating site is aware of, and approves of, resident/fellow training there.
I.B.2. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS). (Core)

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## Changes to Specialty Program Requirements

<table>
<thead>
<tr>
<th>Issue</th>
<th>Residency</th>
<th>Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Director</strong></td>
<td><strong>Common Program Requirement (CPR):</strong> minimum 20%</td>
<td><strong>CPR: no minimum</strong></td>
</tr>
<tr>
<td><strong>Protected Time</strong></td>
<td>&gt; 21 trainees must have minimum 25% FTE (&gt; 10 hours/week)</td>
<td>≤ 6 fellows must have minimum 15% (&gt; 6 hours/week)</td>
</tr>
<tr>
<td><strong>II.A</strong></td>
<td></td>
<td>7-20 fellows must have minimum 20% (&gt; 8 hours/week)</td>
</tr>
</tbody>
</table>

For PDs with responsibility for independent and integrated programs, the requirement applies to the total number of residents in both programs.
### Changes to Specialty Program Requirements

<table>
<thead>
<tr>
<th>Issue</th>
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<th>Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty II.B.</td>
<td>Specialty Background and Intent:</td>
<td>The Faculty Roster is not restricted to plastic surgeons and may include physicians from other specialties (i.e., general surgery, internal medicine, surgical oncology)...</td>
</tr>
<tr>
<td></td>
<td>...the Committee suggests that the Faculty Roster in ADS include all physician faculty members and other designated non-physician faculty members with whom residents interact on a regular basis.</td>
<td></td>
</tr>
</tbody>
</table>
### Changes to Specialty Program Requirements

<table>
<thead>
<tr>
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<th>Residency</th>
<th>Fellowship</th>
</tr>
</thead>
</table>
| **Program Coordinator II.C.** | ▪ ≤ 6 trainees must have 50% (20 hours/week) FTE  
▪ 7-20 trainees must have 100% FTE  
▪ 21-30 trainees must have 100% FTE and 50% FTE admin. assistance  
▪ > 31 trainees must have 100% FTE and 100% FTE admin. assistance | For coordinators with responsibility for other programs (in addition to a single plastic surgery program), regardless of specialty(ies), the requirement of support applies to the total number of trainees in all programs. |
# Changes to Specialty Program Requirements

<table>
<thead>
<tr>
<th>Issue</th>
<th>Residency</th>
<th>Fellowship</th>
<th>Complement requests must be made in advance.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility III.A.</td>
<td>No change</td>
<td>Completed residency in general surgery, neuro surgery, ortho surgery, otolaryngology, thoracic surgery, urology, or vascular surgery.</td>
<td>RC must be informed of all training credit granted by the ABPS.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Degree + completed residency OMS approved by ADA and &gt; 2 in general surgery residency</td>
<td></td>
</tr>
</tbody>
</table>
## Changes to Specialty Program Requirements

<table>
<thead>
<tr>
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<th>Residency</th>
<th>Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elective Rotations: International, Domestic, and Observational IV.C.</td>
<td>Minimum of five working days on site</td>
<td>No more than 12 weeks</td>
</tr>
</tbody>
</table>
| Elective | • Clinical/surgical experience in an area of interest  
  • Time counts toward training  
  • Operative experience may be entered in ACGME Case Log  
  • Domestic = U.S. or its territories  
  • International = outside of U.S. or territories | |
| Observation | • Non-clinical/non-surgical rotation  
  • Time counts toward training | |
## Changes to Specialty Program Requirements

<table>
<thead>
<tr>
<th>Issue</th>
<th>Residency</th>
<th>Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scholarly Activity IV.D.</strong></td>
<td>Faculty: No minimum but all faculty count (not just core)</td>
<td>Faculty: 70% of core faculty must demonstrate annual scholarship</td>
</tr>
<tr>
<td></td>
<td>Resident: Two or more forms of scholarship annually</td>
<td>Fellows: Participate in research and demonstrate annual scholarship</td>
</tr>
<tr>
<td></td>
<td>Residents and fellows must participate and present educational material at conferences</td>
<td></td>
</tr>
</tbody>
</table>

- Faculty: No minimum but all faculty count (not just core) must demonstrate annual scholarship.
- Resident: Two or more forms of scholarship annually must be presented annually.
- Fellows: Participate in research and demonstrate annual scholarship.
- Residents and fellows must participate and present educational material at conferences.
Peer-reviewed publications

Textbook chapters

Scientific presentations, including abstract and posters

Grant leadership (i.e. principle investigator, co-principle, site director)

Analyzing or reviewing clinical practice

Quality improvement

Participation in national, regional, or local plastic surgery meetings

Formal Presentations and teaching formal instructional courses

Service on committees of national, regional, or local PS organizations

Leadership role

Scholarly Activity
## Changes to Specialty Program Requirements

<table>
<thead>
<tr>
<th>Issue</th>
<th>Residency</th>
<th>Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluations V.A.1.</td>
<td>Must be provided a copy of the written evaluation at the completion of each assignment</td>
<td>Must be provided a written semiannual evaluation that includes an assessment of operative experience, Milestones, etc.</td>
</tr>
<tr>
<td></td>
<td>Summative/Final evaluation should include a comprehensive assessment of training that includes an assessment of operative experience - consider clearly stating whether program will verify eligibility for Board certification</td>
<td></td>
</tr>
</tbody>
</table>


Contact Information:

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