NO DISCLOSURES
The RRC pays particular attention to:

• Duty hours

• Resident Survey Responses
  – Service vs education
  – Ability to raise concerns without fear and intimidation
  – Appropriate supervision
• Evaluations
  – Timely submission by faculty
  – Feedback from faculty
Operative Logs

• Semi Annual review of case logs and milestones by program Director
Participating Sites

- The list of participating sites in ADS must align with the block diagram. If site is listed on the block diagram, it must be listed in ADS.
Faculty Roster

• Must not have any outdated entries,
  – License
  – ABPS Certification must be up to date
  – If not ABMS certified, than an explanation of why not
Common Program Requirements

• Subject to Citation July 1, 2019
  – Program must have a structure that promotes safe, interprofessional, team cased care
  – Programs must provide formal educational activities that promote safety related goals, tools and techniques
  – Residents, fellows, faculty members and other clinical staff must be provided with summary information of their institutions patient safety reports
Common Program Requirements

– Residents must participate as team members in real and or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

– All residents must receive training in how to disclose adverse events to patients and families

– Residents should have the opportunity to participate in the disclosure of patient safety events, Real or simulated
Common Program Requirements

- Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.
- Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.
- Residents must have the opportunity to participate in interprofessional quality improvement activities – This should include activities aimed at reducing health care disparities.
Common Program Requirements

– The program must provide policies and programs that encourage optimal residents and faculty well-being

– The program in partnership with the sponsoring institution must encourage faculty and residents to alert the program director or other designated personnel when they are concerned about another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal intentions and the potential for violence
Common Program Requirements

- The program along with the sponsoring institution must provide access to appropriate tools for self screening.

- The program along with the sponsoring institution must provide access to confidential, affordable mental health assessment, counseling, and treatment including access to urgent and emergent care 24 hours a day, 7 days a week.
Plastic Surgery Program Requirements

• One set of requirements for both independent and integrated programs.

• Effective July 1, 2019
Program Coordinator

• Program Coordinator
• II.C.1. There must be a program coordinator. (Core)
• II.C.2. At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time. (Core)
• II.C.2.a) There must be institutional support for a program coordinator, as follows: (Core)
  • II.C.2.a).(1) fifty percent FTE (20 hours per week) for programs with up to six residents; (Core)
  • II.C.2.a).(2) one hundred percent FTE (40 hours per week) for programs with seven to 20 residents; (Core)
  • II.C.2.a).(3) one hundred percent FTE program coordinator and fifty percent FTE administrative support for programs with 21 to 30 residents; and, (Core)
  • II.C.2.a).(4) one hundred percent FTE program coordinator and one hundred percent FTE administrative support in programs with 31 or more residents. (Core)
Program Coordinator

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- II.C.3. For coordinators with responsibility for other programs (including a program in another plastic surgery format and programs in other specialties/subspecialties), regardless of specialty(ies), the requirement for support applies to the total number of residents in all programs.
- Background and Intent: Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with learners, faculty and other staff members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.
The program coordinator is a member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management. Program coordinators are expected to develop unique knowledge of the ACGME and Program Requirements, policies, and procedures. Program coordinators assist the program director in accreditation efforts, educational programming, and support of residents.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth. Programs with fewer residents may not require a full-time coordinator; one coordinator may support more than one program.