

SES013: Review Committee for Surgery Update

Sunita Srivastava, MD – Review Committee Chair
Chris Fox, PhD - Executive Director

Conflict of Interest Disclosure

Speaker(s): Sunita Srivastava, MD; Chris Fox, PhD

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

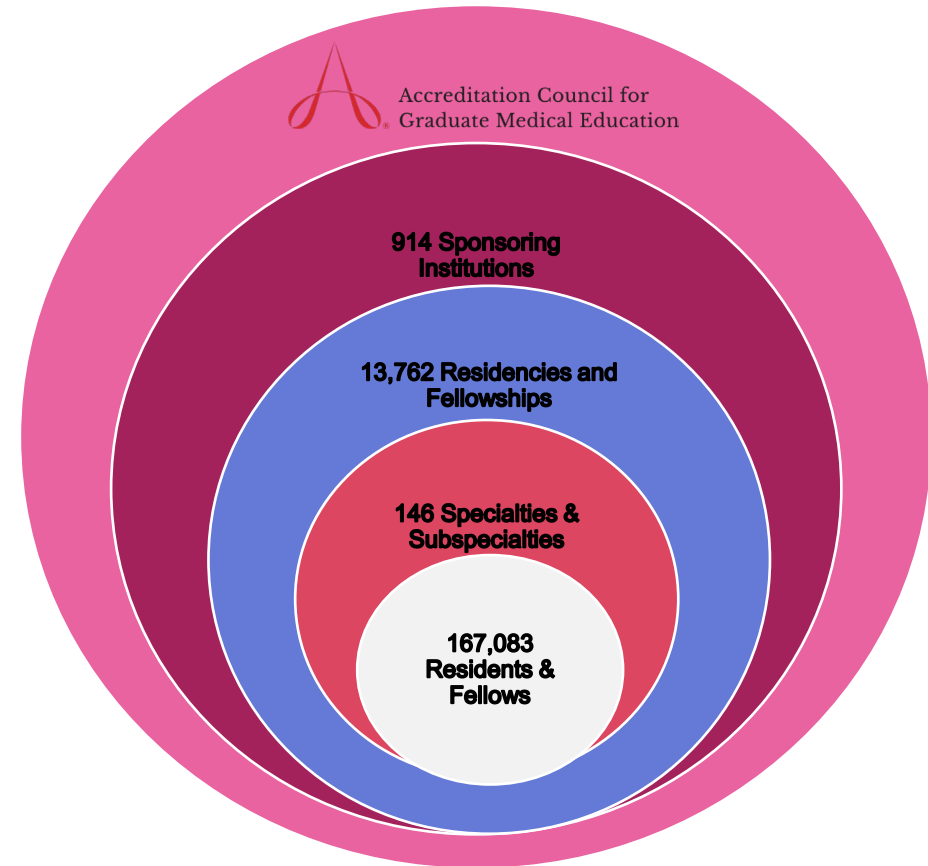
Objectives

- **Overview of the Review Committee**
- **Annual Accreditation Activity**
 - **Citations:**
 - Most Frequently Cited Areas
 - Citation Trends
 - Responding to Citations
- **Specialty Updates**
 - Complement Changes
 - Specialty Specific Questions
 - Major Revisions
 - Administrative Updates
- **ACGME Updates**
 - Field Activities
 - Additional Resources/Information

Review Committee Overview

About the ACGME

The mission of the ACGME is to improve health care and population health by assessing and advancing the quality of resident physicians' education through advancements in accreditation and education.



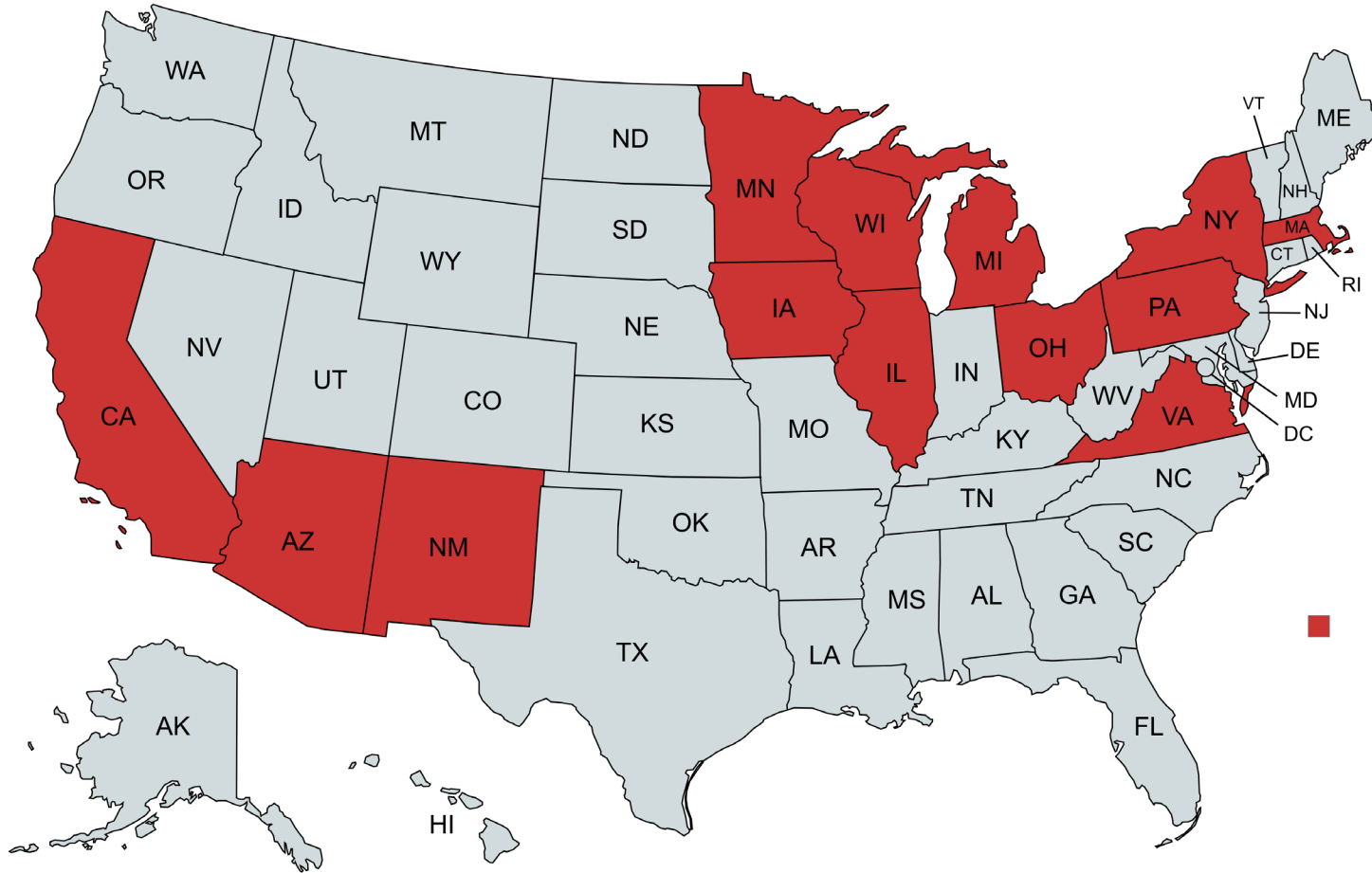
Membership

Name	Role	Name	Role
Sunita Srivastava, MD, FACS	Chair	Mary Edwards, MD, FACS	Vice-Chair
Kenneth Azarow, MD, FACS, FAAP*	Member	Russell Berman, MD, FACS	Member
Rebecca Britt, MD, FACS	Member	Sharmila Dissanaiké, MD, FACS, FCCM*	Member
Elizabeth Ferguson, MD, FACS	Member	Frederick Godley, IV, MD, MBA	Resident Member
Kenji Inaba, MD, FRCSC, FACS	Member	Kenneth Lee, MD, FACS	Member
Jeremy Lipman, MD, MHPE, FACS	Member	James McQuiston, DO, FACOS, FACS	Member
Rachael Nicholson, MD, FACS, RPVI	Member	John Rectenwald III, MD, MS, FACS, RPVI	Member
Mariela Rivera, MD, FACS	Member	Drew Weil, MPH	Public Member

*Term ends June 30, 2026

Incoming Members as of July 1, 2026: Sean Dineen, Sara Rasmussen

2026 ACGME
ANNUAL
EDUCATIONAL
CONFERENCE
*Meaning
in Medicine*



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What does the RC do?



Peer Review



**Determination of a program's
"substantial compliance" against a
defined set of standards**

How?

Through a review of program information including:



Annual Survey/
Aggregate Survey



Program
Information in
ADS



Response to
Citations



Site Visit Reports



Case Log Data



Certification
Examinations

What does the RC NOT do?



Certify Individuals



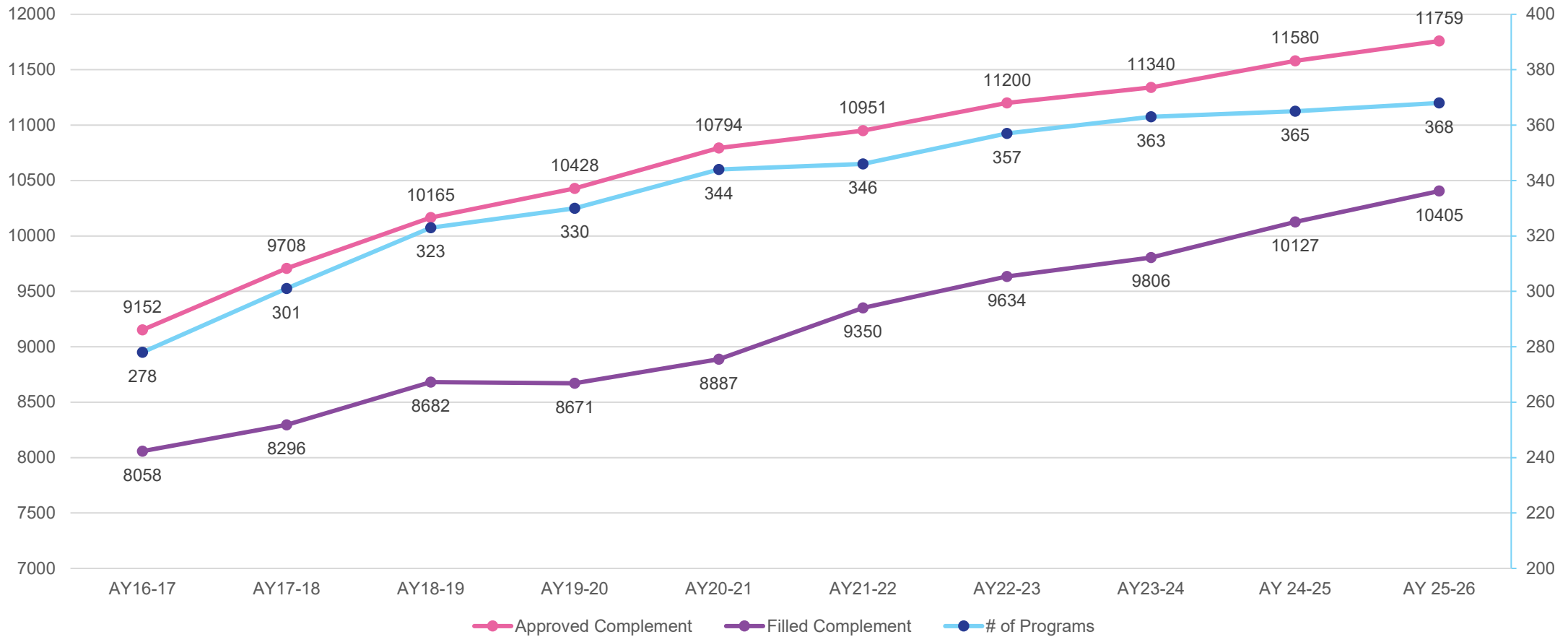
**Set requirements for
resident/fellow
compensation**

Specialty Demographics

Current Program Information

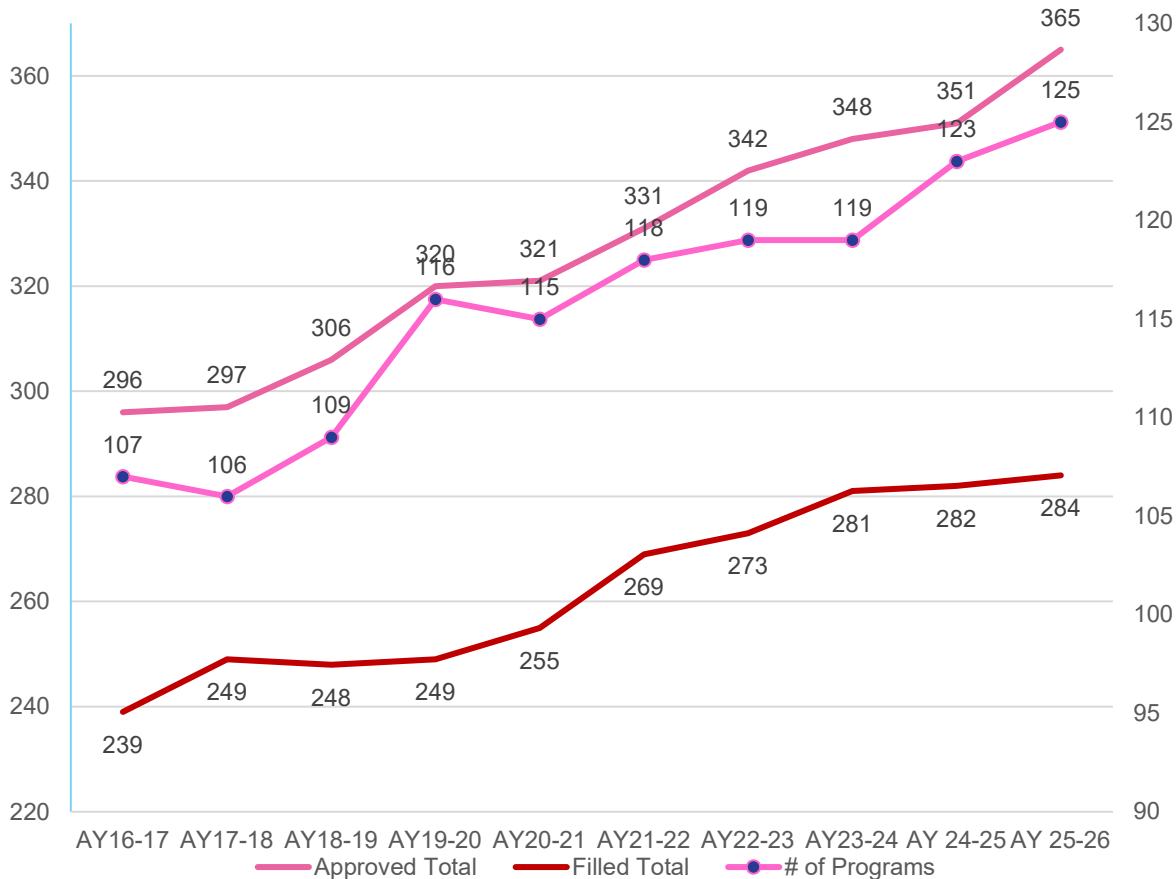
Specialty	Accredited Programs	Applications	Approved Complement 2025-2026	Filled Complement 2025-2026
Surgery	368	1	11,759	10,405 (88%)
Complex General Surgical Oncology	37	2	150	139 (93%)
Pediatric Surgery	53	1	99	89 (90%)
Surgical Critical Care	174	2	436	381 (87%)
Vascular Surgery:				
Independent	125	3	365	284 (78%)
Integrated	81	3	552	484 (88%)

Program Trends in General Surgery

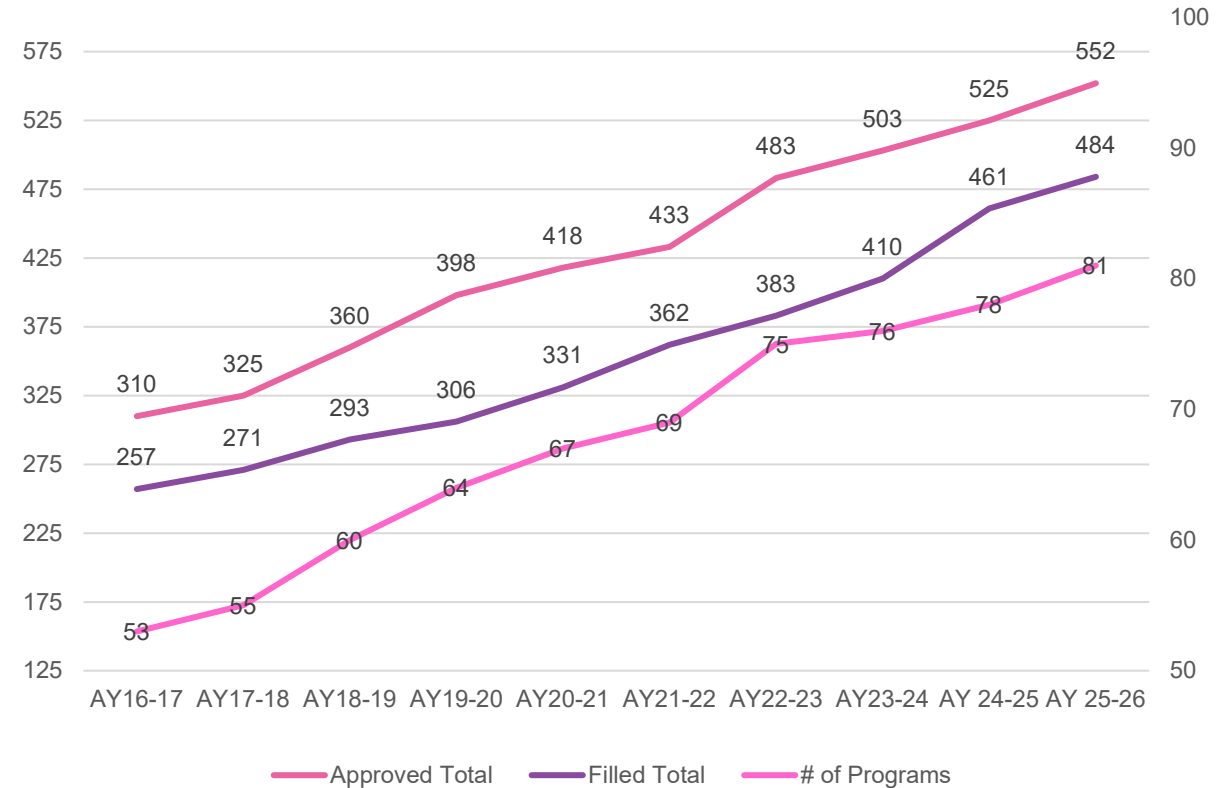


Program Trends in Vascular Surgery

Vascular Surgery-Independent



Vascular Surgery-Integrated



New Programs 2025-2026

Surgery

Mobile Infirmery Medical Center Program
Meritus Medical Center Program
HCA Healthcare Kansas City/Centerpoint Medical Center Program
Centro Medico Menonita Cayey Program
South Texas Health System GME Consortium Program

CGSO

University of Arizona College of Medicine - Phoenix Program
Texas Tech University Health Sciences Center at Lubbock Program

Pediatric Surgery

St Louis University School of Medicine Program

Surgical Critical Care

Denver Health Medical Center Program
Univ of North Dakota School of Medicine and Health Sciences Program
Charleston Area Medical Center Program

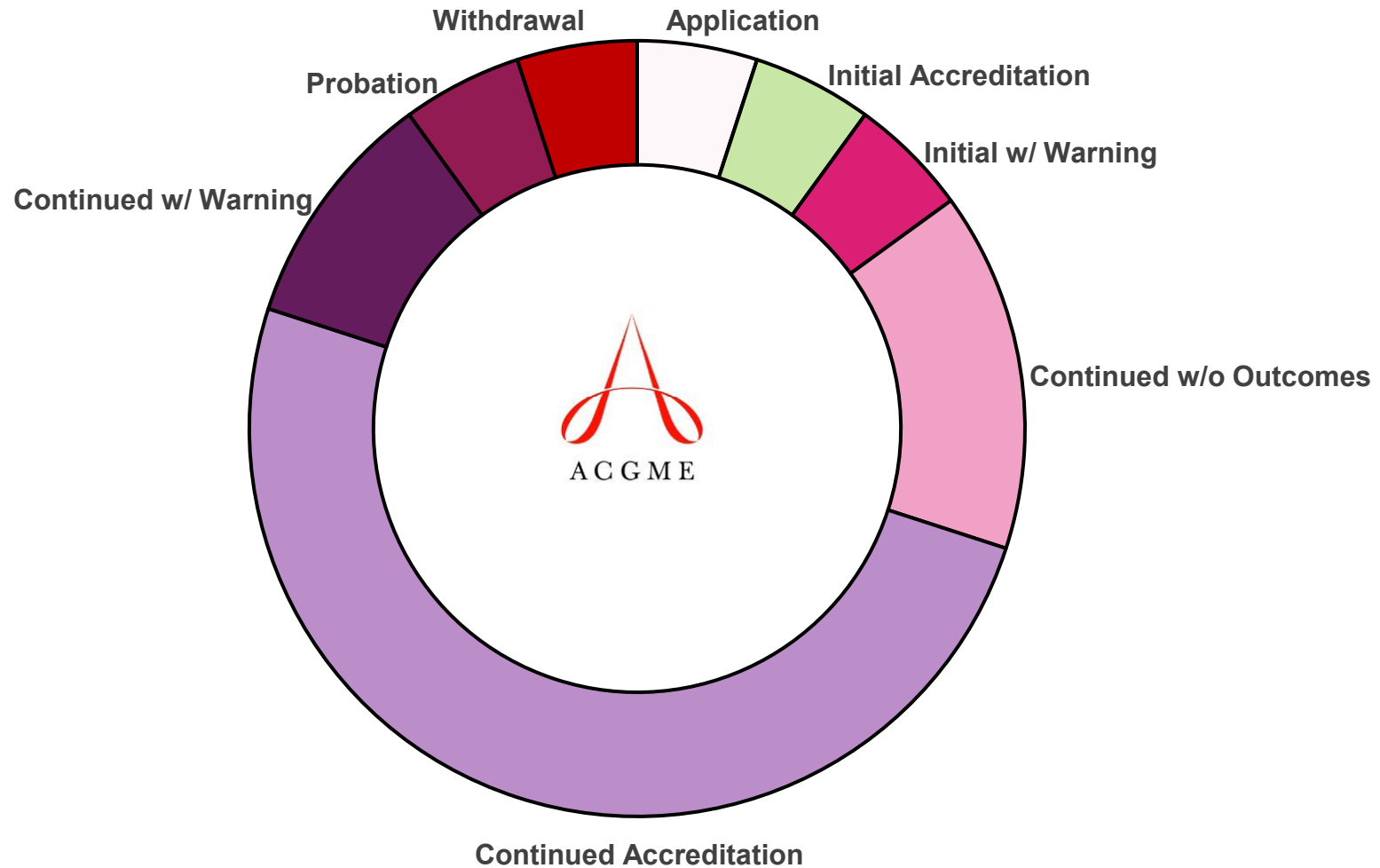
Vascular – Independent

Trinity Health Ann Arbor Hospital Program
St. David's Healthcare Graduate Medical Education Program



Annual Accreditation Activity

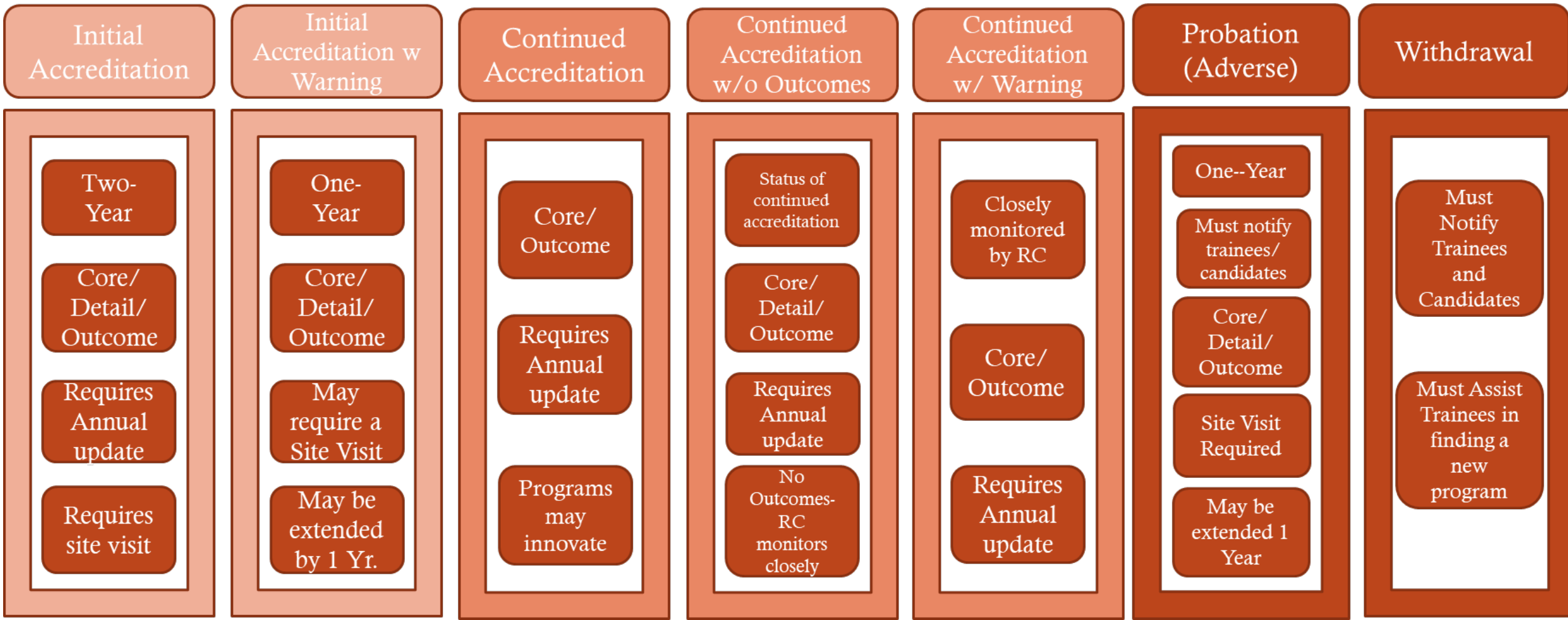
Accreditation Status



Program Accreditation Status

2024-2025 Academic Year

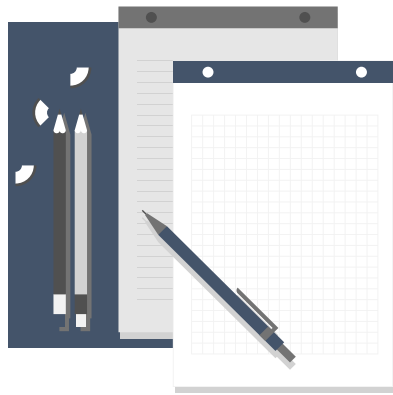
Specialty	Initial Accreditation	Continued Accreditation	Continued Accreditation with Warning	Probation/Withdrawal
Surgery	27	316	16	6 (4P/2W)
Complex General Surgical Oncology	3	30	1	1
Pediatric Surgery	1	48	3	0
Surgical Critical Care	16	152	3	0
Vascular Surgery:				
Independent	8	109	6	0
Integrated	12	66	3	0



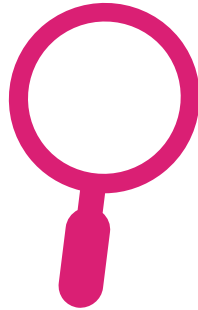
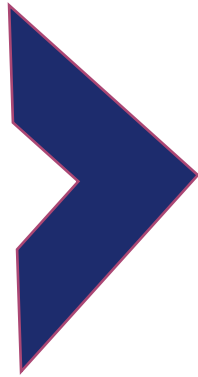
Not Appealable

Appealable

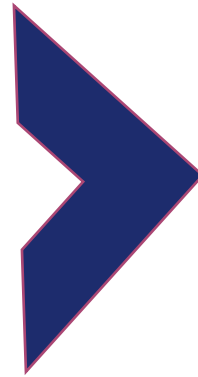
Annual Review Cycle



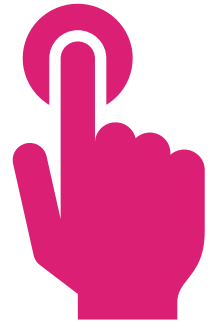
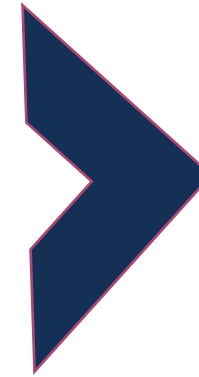
Data Collection
(July - September)



**RC Executive
Committee
Review**
(November)



**RC Review &
Decision**
**(January, April,
September)**



Citations and Areas for Improvement

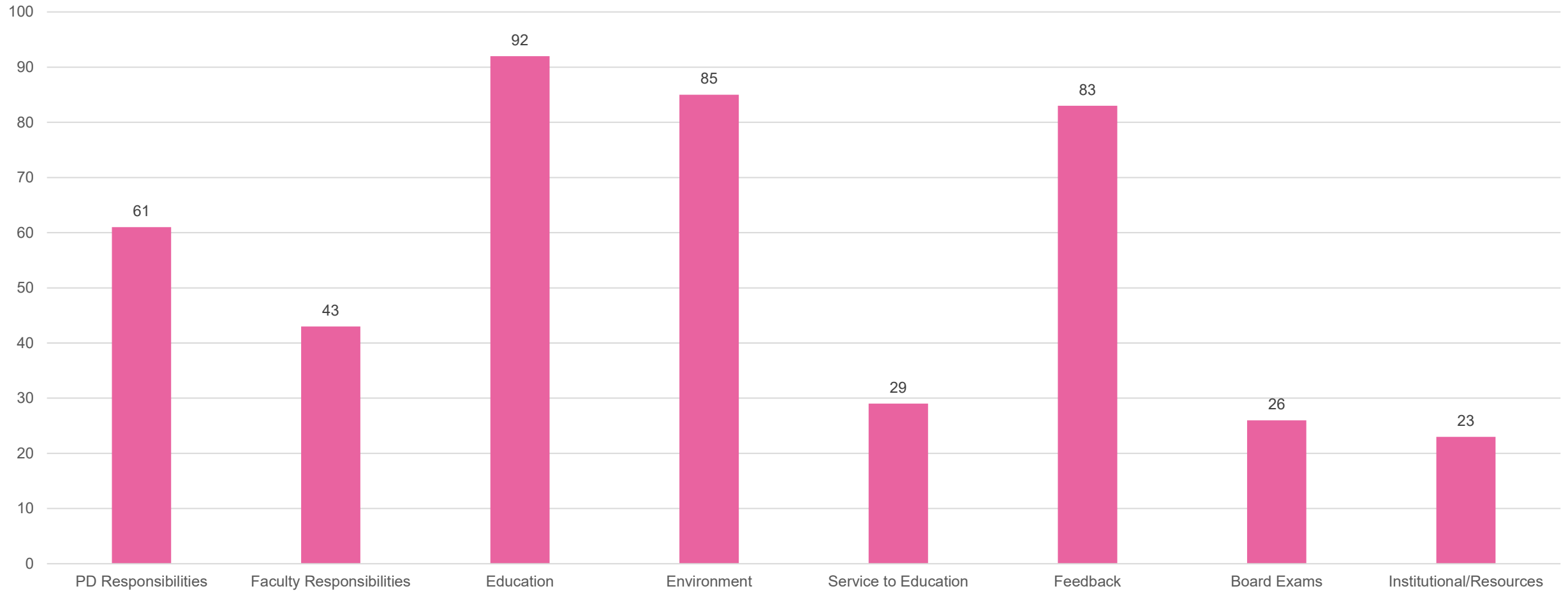
Citation:

- Failure to substantially comply with program requirement
- **Always** linked to a specific requirement

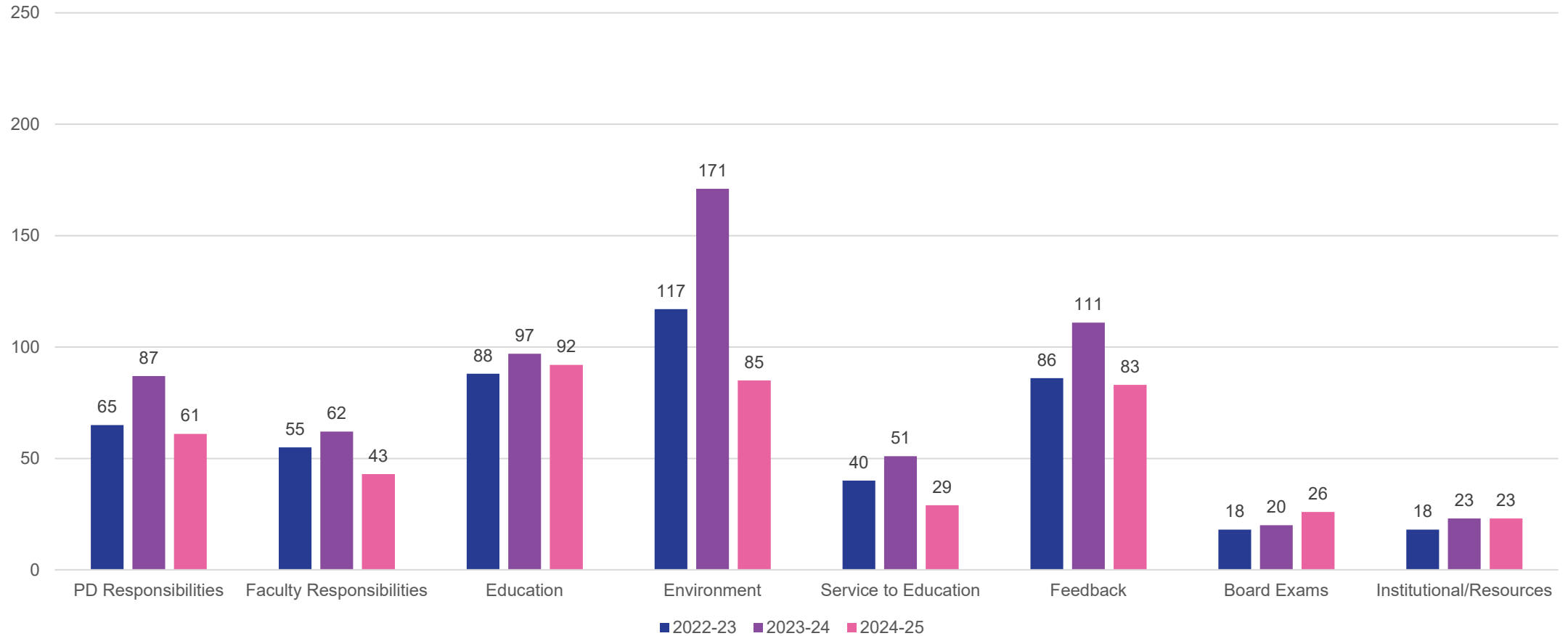
Area for Improvement or AFI:

- Area of concern, concerning trend, tip and/or “heads up” about issue that could turn into a citation
- Not necessarily linked to a requirement

Surgery 2024-25 Citations (442 Total)



General Surgery 3-Year Citation Trend



Surgery - Top 5 Citations

- Evaluation of Residents (72)
- Fear of Retaliation (59)
- Faculty Interest in Education (42)
- Supervision (36)
- 80 hours (34)

Significant Changes

	2023-2024		2024-2025
Supervision	19	→	36
PD Responsibilities	86	→	59
Progressive Responsibility	18	→	3
Service to Education	51	→	29
1 day in 7	30	→	14
Evaluation of Residents	107	→	72
Responsibilities of Faculty	62	→	42
80 hours	55	→	34

2024-25 Vascular Citations

INDEPENDENT (120 TOTAL)	INTEGRATED (91 TOTAL)
Responsibilities of PD (20)	Responsibilities of PD (15)
Feedback (20)	Feedback (10)
80 hours (13)	1 day in 7 (9)
Board Exams (10)	80 Hours (7) Responsibilities of Faculty (7)
Responsibilities of Faculty (9)	Supervision (7)

Responding to Citations

When reviewing responses to citations, the Review Committee considers:

- Does the program **understand the reason** why they are not in compliance?
- Is there an explicit statement of how the program engaged the faculty/residents/fellows/institution in the **identification of the problem(s)** and **creation of an action plan**?
- Are there **actionable items** implemented by the program and/or institution that directly addressed the program requirement(s) out of compliance?
- Is there an explicit identification of how the program will **monitor and sustain improvement**?

Citation responses are taken into consideration along with supporting materials

Board Pass Rate - Fifth Percentile (2025)

The Board Pass Rate will CHANGE each year

Must achieve higher than the fifth percentile **OR** 80%

Surgery:

ABMS Written: 75%

ABMS Oral: 62%

Pediatric Surgery:

ABMS Written: 67%

ABMS Oral: 41%

Surgical Critical Care:

ABMS: 65%

Vascular Surgery:

Integrated:

ABMS Written: 79%

ABMS Oral: 67%

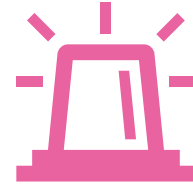
Independent:

ABMS Written: 50%

ABMS Oral: 72%

Specialty Updates

Complement Changes



Approval not required if 90 days or less

Permanent and Temporary Complement increases:

- Temporary requests are reviewed on an ad hoc basis
- Permanent requests are reviewed only at RC Meetings

Complement approved by PGY level for Categorical positions

- Not interchangeable between PGY levels

Total complement for Preliminary positions

- May be used in either the PGY-1 or PGY-2 year

Permanent Complement Requests

Only programs with a status of Continued Accreditation may request a permanent complement increase

All permanent complement increases must be accompanied by an institutional data form

Should include a thoughtful, detailed analysis of case volumes available for the trainees

Temporary Complement Requests

Programs on all other statuses may request temporary increases

May take up to 30 days to process request once all required information is received.



Updated Specialty-Specific Survey Questions – General Surgery



- My program provides appropriately graduated supervision in the operating room, progressing from direct supervision of beginning residents to oversight of the activities of residents in the final years of education.
- My program provides appropriately graduated supervision in non-operative patient care (wards, ICUs, Emergency Department, outpatient facilities, etc.) progressing from direct supervision of beginning residents to oversight of the activities of residents in the final years of education.
- The outpatient clinic/clinical office experience in my program regularly provides me with the opportunity to participate in all aspects of patient care, including but not limited to diagnosis, pre-operative planning, post-operative follow-up and continuity of care.
- My program has, or will have by graduation, adequately prepared me to perform abdominal procedures.
- My program has, or will have by graduation, adequately prepared me to perform robotic procedures.
- My program has, or will have by graduation, adequately prepared me to perform laparoscopic procedures.
- Upon graduation, my program will have provided me with the appropriate breadth and depth of experience to practice competently and independently without additional training.



Updated Specialty-Specific Survey Questions – Vascular Surgery

- My program provides appropriately graduated supervision in the operating room, progressing from direct supervision of beginning residents to oversight of the activities of residents in the final years of education.
- My program requires sufficient experience as an assistant in the operating room before allowing residents to act as surgeon.
- My program encourages more senior residents to act as teaching assistant to more junior residents in the operating room.
- My program provides appropriate graduated supervision in non-operative patient care (wards, ICUs, Emergency Department, outpatient facilities, etc.) progressing from direct supervision of beginning residents to oversight of the activities of residents in the final years of education.
- The outpatient clinic/clinical office experience in my program regularly provides me with the opportunity to participate in all aspects of patient care, including but not limited to diagnosis, pre-operative planning, post-operative follow-up, and continuity of care.
- On average, the number of half-day sessions that I spend in the outpatient clinic per week in my program is:
- I feel well prepared, or will be well prepared, to perform without supervision upon graduation the following:
 - Open aortic aneurysm repair
 - Endovascular aortic procedures
 - Mesenteric bypass procedures
 - Carotid endarterectomy
 - Carotid stenting
 - Open lower extremity bypass
 - Percutaneous lower extremity procedures
- Given the breadth and depth of experience that I received in my program, I am confident that I will be able to practice this specialty competently and independently without additional training.



Major Revision of Requirements



Vascular Surgery (Independent)

-  [Program Requirements Effective 9/3/2025](#) 



-  [Specialty-Specific Application](#) 



Vascular Surgery (Integrated)

-  [Program Requirements Effective 9/3/2025](#) 

-  [Specialty-Specific Application](#) 

Vascular Surgery (Integrated and Independent)

-  [Program Requirements Effective **7/1/2026**](#) 

-  [Program Requirements \(TCC\) Effective **7/1/2026**](#) 



Currently revising CGSO and SCC Requirements

International Rotations

Programs must hold a status of Continued Accreditation or Continued Accreditation with Warning

No longer allowing Continued Accreditation without Outcomes

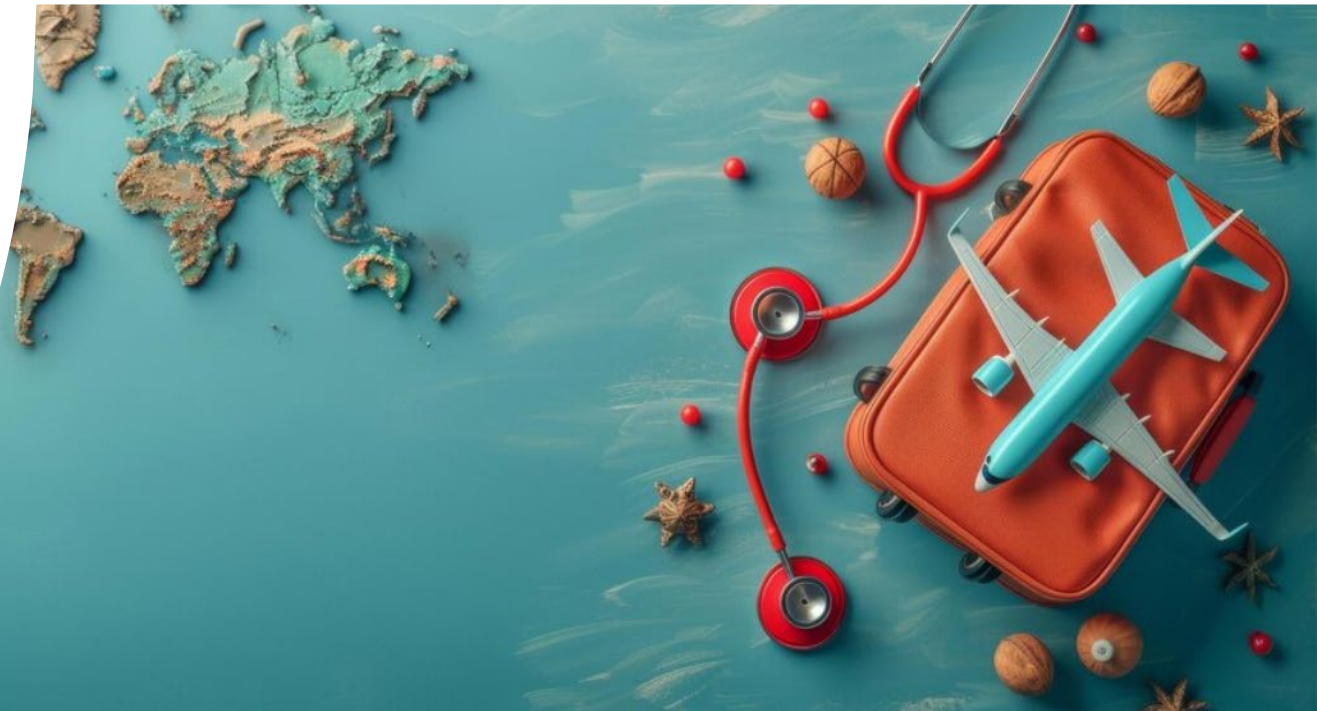
Now allowing programs on Continued Accreditation with Warning

Must have an ABMS-certified supervising faculty or equivalent (as determined by the RC)

Must be approved by both the RC and ABS

Sites need to be approved once; all rotators require approval

Checklists available online



Future Meeting Dates & Deadlines



April 16-17, 2026

New Application: October 31, 2025

Agenda Close: Feb. 13, 2026



August 27-28, 2026

New Application: March 27, 2026

Agenda Close: June 26, 2026



January 14-15, 2027

New Application: August 14, 2026

Agenda Close: Nov. 19, 2026



ACGME Updates

Projected Common Program Requirement (CPRs) Major Revision Timeline

Residency CPRs:



Fellowship CPRs:



Recent Requirement Revisions

Focused Revision to Common Program Requirements

Faculty qualifications

- Removes specialty-specific language that does not allow for alternate qualifications

Resident transfers

- Removes restrictions from specialty requirements that do not allow transfers

Accreditation and Recognition Site Visits

- Assurance site visits will continue for programs that have not been visited for ten or more years
- Random selection / Percentage per specialty, For 2026:
 - 4 Surgery
 - 1 Surgical Critical Care
 - 3 Pediatric Surgery
 - 2 Complex General Surgical Oncology
 - 2 Vascular – Independent
 - 2 Vascular - Integrated
- In-person and virtual modalities will continue

Introducing ACGME Cloud

Reducing Burden. Reimagining GME.



Accreditation Data System (ADS)

The Accreditation Data System (ADS) is a data collection system to collect, organize, and maintain information for accreditation and recognition purposes. It is the main tool used to communicate between the ACGME and Sponsoring Institutions and programs.



Analytics

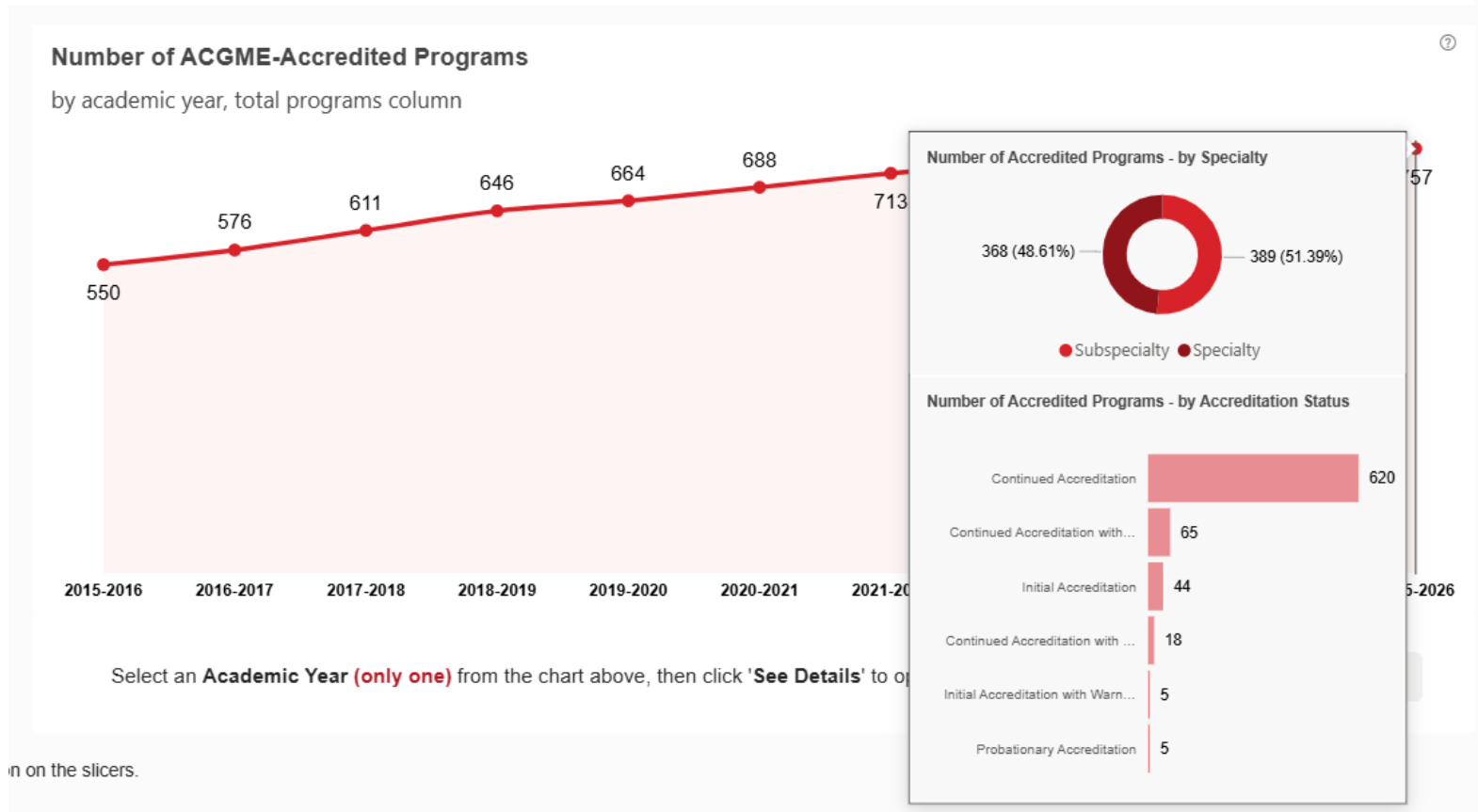
Personalized, self-service access to data, analytics, reports, dashboards, and data exploration capabilities. Analytics for designated institutional officials, program directors, and program coordinators will be available in Q2 of 2025.



Training

Registration for live courses and workshops, as well as access to pre-recorded material, all designed to build mastery of using ACGME Cloud products and tools in your role. Important step-by-step how-to guides and short topical videos are available in ACGME Cloud's Support section.

ACGME CLOUD





 Listening  Information  News  Collaboration

Register today! After registering you'll receive a confirmation with "Add to Calendar" option

Your monthly connection to ACGME updates and collaboration

- ✓ Stay informed on important updates and initiatives
- ✓ Engage in interactive activities
- ✓ Provide feedback and share ideas
- ✓ Visit the page on [acgme.org](https://www.acgme.org/education-and-resources/acgme-linc/) to view upcoming sessions and register: <https://www.acgme.org/education-and-resources/acgme-linc/>



[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)



Rural and Underserved GME Resource Center

#ACGME2026

Welcome to the Rural and Underserved GME Resource Center! This center is intended for use by GME community members who are involved in addressing the needs of medically underserved areas (MUAs). MUAs are places or communities in which groups of people have unmet health or health care needs. GME community members are encouraged to use this space to share and solve for common challenges and to share and access helpful knowledge and resources related to MUAs.

Select a Category



Do you have resources to share? Email underserved@acgme.org

Meet Your Surgery Accreditation Team



Chris Fox, PhD
Executive Director



Kelsey Sill, MHA
Associate Executive
Director



Aimee Morales
Associate Executive
Director



Caleb Mitchell
Senior Accreditation
Administrator



Colleen Morris
Accreditation
Administrator

Who should I contact?



Accreditation Council for
Graduate Medical Education

Develops and maintains accreditation standards for **programs** and evaluates programs against those standards



THE AMERICAN
BOARD OF SURGERY



AMERICAN OSTEOPATHIC
BOARD OF SURGERY

Develops and Maintains certification standards for **individuals** and evaluates individuals against those standards.



Contact Information

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Thank you!