

Frequently Asked Questions: Colon and Rectal Surgery

Review Committee for Colon and Rectal Surgery ACGME

Question	Answer
Introduction	
Must the 12 months of residency education be completed consecutively? <i>[Program Requirement: 4.1.]</i>	The Review Committee expects residents to complete their education in 12 consecutive months. However, exceptions are permitted due to medical, personal, or military leave when such requests have been approved by the program following the policies of the Sponsoring Institution. Under those circumstances, programs should inform both the Review Committee and the American Board of Colon and Rectal Surgery (ABCRS) and update the affected resident's status in the ACGME's Accreditation Data System (ADS). The education of such residents will necessarily extend into the next academic year and may result in the program being over its approved complement. If the program will be over its approved complement for longer than one month, a temporary increase must be requested. Programs are advised to submit such requests in as timely a fashion as possible.
Can residents complete their education part time, i.e., can they take two years to complete the program instead of one? <i>[Program Requirement: 4.1.]</i>	The Review Committee does not permit part-time education in colon and rectal surgery. However, the Committee does permit a resident's education to extend beyond 12 months if the program has identified a need for remedial education, for example, if a resident has not met the minimum case requirements of either the Review Committee or the ABCRS. Programs should inform both the Review Committee and the ABCRS and update the resident's status in ADS. If the program will be over its approved complement for longer than one month, a temporary increase must be requested. Programs are advised to submit such requests in as timely a fashion as possible.

Question	Answer
Oversight	
Can a resident participate in a rotation at a facility abroad to obtain unique operative and educational experiences? <i>[Program Requirement: 1.2.</i>	The program director may allow a resident to go on a rotation of up to two weeks at an international site for a medical mission to an underserved area or for exposure to specific problems or techniques. This is counted as elective time. However, the operative experience for those cases may NOT be counted toward the required experience to be captured in the Case Log System. Because resident operative experiences during an international rotation may not be entered into the ACGME Case Log System, these rotations do not require approval of the Review Committee. The submitted block diagram should note the presence of required/elective international rotations and include a brief description.

Question	Answer
What information must be provided by the program director when requesting the addition of a participating site? <i>[Program Requirements:1.6.a. and 4.11.p.1.- 4.11.p.3.]</i>	All required and elective rotations providing experiences that will be entered into the ACGME Case Log System must be added to ADS. If the planned experience is less than one month or occasional (i.e., as relevant cases become available), the rotation months should be entered as 0.5; an explanation should be provided if the total months do not equal 12. Following notice of designated institutional official (DIO) approval, a member of the Review Committee staff will contact the program to request: • Site director CV • Copy of a properly executed hospital agreement that includes information on privileges and insurance, and that is signed by an authorized hospital official • List of faculty members at the participating site who will participate in resident education/supervision • List of all other learners present at the proposed site, to include residents from other colon and rectal surgery programs (accredited and unaccredited), residents/fellows from other surgical specialties (regardless of accreditation status), and international visitors engaged in patient care • Completed Institutional Data Report Form for the most recently completed academic year (available on the Documents and Resources page of the Colon and Rectal Surgery section of the ACGME website) • Current Block Schedule (using the Colon and Rectal Surgery specialty-specific block diagram template available on the Documents and Resources page of the Colon and Rectal Surgery section of the ACGME website) • Proposed Block Schedule (using the Colon and Rectal Surgery specialty-specific block diagram template available on the A Documents and Resources page of the Colon and Rectal Surgery section of the ACGME website) As part of the request, faculty members at the participating site who will supervise residents should be added to the physician Faculty Roster in ADS. The Committee expects that most faculty members at the requested site will be designated as core faculty members. In addition to the above information, the Case Log reports for residents graduating in each of the past three years will also be reviewed. These reports will be provided by ACGME staff members. All completed participating site requests will be reviewed on an interim basis in order to ensure timely notification to programs.

Question	Answer
Personnel	
Can a general surgeon with extensive experience in colon and rectal surgery be identified as a core faculty member and supervise colon and rectal surgery residents? <i>[Program Requirement: 2.11.]</i>	The Committee expects that the primary teaching of residents in ACGME-accredited programs will be performed by ABCRS-certified faculty members. Additional faculty members may be part of the program when they bring certain expertise; for example, a gastroenterologist who provides supplemental case volume for training in endoscopic procedures may be considered part of the program and may be designated as a core faculty member at the discretion of the program director, but this individual cannot be counted in the three FTE core faculty members required for compliance with the Program Requirements.
Resident Appointments	
When a resident transfers to another colon and rectal surgery program, what information regarding verification of previous educational experiences must be provided to the receiving program director? <i>[Program Requirement: 3.5.]</i>	In the unusual circumstance of a resident transfer to another colon and rectal surgery residency program, the current program director must provide verification of the resident's educational experiences up to the date of transfer. In addition to a list of completed rotations, conferences, and evaluations, this must include a detailed review of all cases the resident has logged in the ACGME Case Log System. Prior to the intended transfer date, the current program director should generate the "Resident Full Detail Report" from the Case Log System (use all default settings) and review all information. Any concerns should be discussed with the resident prior to the resident's departure so that any needed corrections can be made. A PDF copy of the reviewed (or updated) report should be generated, signed by both the program director and the resident, and sent to the receiving program director as part of the resident's verified educational experiences.
Educational Program	
Can the curriculum developed by the Association of Program Directors for Colon and Rectal Surgery (APDCRS) be used to satisfy the requirements regarding the educational program and competency-based goals and objectives? <i>[Program Requirements: 4.2.b.]</i>	The curriculum developed by the APDCRS may be used as a model, but should only be a starting point. Each program's curriculum is specific to that program, and therefore requires a set of competency-based goals and objectives for each rotation that is unique to the program and linked to the program's unique aims. Therefore, simply reproducing the APDCRS curriculum is not sufficient.

Question	Answer
What is the difference between essential disorders and procedures and substantially familiar disorders and procedures? <i>[Program Requirements: 4.5.a., 4.5.b., and 4.6.c.-4.6.d.]</i>	Essential disorders and procedures are those that are integral to the practice of colon and rectal surgery and are explicitly the province of colon and rectal surgeons. They are common enough that all residents should have formal instruction in and clinical experience with them during their 12 months of education, leading to development of competence. Substantially familiar disorders and procedures refers to those that are within the province of colon and rectal surgery, but with which not all residents will not have the opportunity to actually gain clinical experience during their residency education. The Program Requirements specify that residents must be educated about these problems and procedures. Residents must become familiar with these entities so that, if encountered in clinical practice, they will recognize them and be able to deal with them directly or by referral. These less common entities are not included in the Colon and Rectal Surgery Minimum Case Numbers since they may or may not be encountered during any particular year of residency education.
How can the requirements addressing substantially familiar disorders and procedures be satisfied? <i>[Program Requirements: 4.6.c.- 4.6.d.]</i>	These requirements can be satisfied through at least one of the following: didactic teaching; conference presentations; and, when possible, clinical experience.
Why are the settings identified in the requirements for patient evaluation and care opportunities required for the organization of the program curriculum, and are there any limitations on where they can be physically located? <i>[Program Requirements: 4.11.h.1.- 4.11.h.5.]</i>	Since a significant portion of colon and rectal surgery practice occurs in the outpatient/clinic/office setting, residents in colon and rectal surgery programs must spend a substantial amount of time seeing patients in these settings. Essential experiences in these settings include evaluation and management of patients, as well as office procedures, in order to prepare residents for practice following the completion of the educational program. The physical location of these experiences and activities can be part of a hospital site, an ambulatory surgery center, or a free-standing clinic or office suite. The site itself is not as important as is the type of clinical activity. Ambulatory or outpatient surgery may be performed in a hospital operating suite or in a separate ambulatory surgery center. Similarly, endoscopy may be performed in any accredited site where moderate sedation and appropriate recovery capabilities are available. Physiologic testing may be performed in a dedicated laboratory space, a clinical office, or in a hospital or ambulatory surgery of endoscopy center.

Question	Answer
Does the Review Committee expect residents to demonstrate competence in performing procedures they are required to perform only one, two, or three times? <i>[Program Requirement: 4.11.p.]</i>	The Review Committee recognizes that residents may not achieve competence after only performing a particular procedure a few times, but it requires a bare minimum exposure on which residents can build their professional experience. The technical and judgmental aspects of many procedures—such as coloanal anastomosis and ileal pouch-anal anastomosis—overlap, and skills taught with one can be transferable to others. Yet residents need to experience each particular procedure at least a few times to understand the details and some of the variations. Note: these are <i>minimum</i> numbers; it is anticipated that most residents will exceed these minima substantially during the course of their educational program. Ultimately, it is the program director and the members of the faculty who are the final arbiters of an individual resident's competence in any procedure.
What are ways a program can provide support for statistical analysis if a resident needs it for research? <i>[Program Requirement 4.13.a.1.]</i>	If a program does not have such support available locally, there are several online resources available and that can be found through an Internet search. There are also many free online statistics calculators in addition to those provided with most office software for computers.
Evaluation	
Does each resident have to meet the minimum operative numbers to complete the program? <i>[Program Requirements: 5.1.j.4.]</i>	The program director determines whether an individual resident can graduate at the end of the 12-month program. It is the program director's responsibility to determine if each resident has demonstrated sufficient competence to enter practice without supervision. The Review Committee reviews the numbers of diagnoses and cases that each resident documents as part of the Annual Program Evaluation, not for assessing the competence of the individual resident. The ABCRS, in assessing readiness for the certifying examinations, determines if a graduate is qualified to enter the Board certification process.
How will case numbers be used to evaluate programs? <i>[Program Requirement: 5.1.j.4.]</i>	Resident case numbers are one tool by which a program can evaluate itself. The Review Committee may cite a program for any deficiencies in resident case numbers.

Question	Answer
Does completion of a residency in colon and rectal surgery qualify a graduate for admission to the examinations of the ABCRS leading to “Board certification?” <i>[Program Requirement: 5.6.]</i>	The criteria for admission to the ABCRS examinations are determined by the ABCRS and not by the Review Committee or the ACGME. Completion of an ACGME-accredited residency in colon and rectal surgery is one of several criteria the ABCRS uses to determine qualification for examination. These criteria are listed on the ABCRS website at http://www.abcrs.org/qualifications/.
Other	
What are the roles of the ACGME, the Review Committee, and the ABCRS?	The ACGME and Review Committee are concerned with accrediting residency and fellowship programs, while the ABCRS is tasked with certifying individual surgeons. Although their purviews are different, their ultimate goal is the same – to educate and prepare surgeons who will provide a high level of quality patient care in the specialty of colon and rectal surgery.
What procedures must be followed by programs that are planning to merge?	Two options exist for processing planned mergers between two accredited programs: 1) the two separate residencies combine to form a third “new” program; or, 2) one program absorbs the other. Contact the Review Committee Executive Director at the ACGME to discuss the type of merger, and what information to submit for review and approval by the Committee. Read more: FAQs About the Accreditation of New Programs and Sponsoring Institutions, Program Mergers, and Changes in Sponsorship
What resources are available to assist program directors and coordinators?	The Colon and Rectal Surgery section of the ACGME website includes links to many resources, including: • ACGME Glossary of Terms • Common Program Requirements FAQs • Self-Study and Site Visit • Key to Standard Notification Letter • Milestones • Webinars Links to the ACGME Bylaws and Policies are located in the Program Directors and Coordinators menu in the main navigation, or under About Us in the top navigation, on the Policies and Related Materials page. As these resources may be updated occasionally following ACGME Board meetings, programs are advised to access them online when policy questions arise.