FUTURE OF COLORECTAL SURGERY MEETING

December 2017
ACGME Headquarters Chicago
• Explore change to standard 5 + 1 model
2005 joint efforts ASCRS and on the ABCRS

- Colorectal fellows were graduating with suboptimal experiences
- i.e. no pouches, no exposure to surgery in Crohn’s disease
BACKGROUND

- Each year new technologies introduced
  - Laparoscopy
  - Robotic surgery
  - TaTME
  - SNS
  - TEM/TAMIS

- More time need to teach all aspects of colorectal surgery
BLUE RIBBON COMMITTEE ON RESIDENT EDUCATION

• The committee proposed a 4+2 training model to the ABS

• ABS response… NO THANKS
BLUE RIBBON UNDERGROUND

• Efforts persisted to move towards 4+2 model over past 13 years

• Change in leadership at ABS →
  • if vascular surgery can do it, why can’t colorectal surgery do it?

• Future of Colorectal Surgery Meeting in Chicago
  December 2017
<table>
<thead>
<tr>
<th>ABCRS</th>
<th>RRC</th>
<th>APDCRS</th>
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<tr>
<td>CERTIFICATION</td>
<td>OVERSIGHT OF PROGRAMS</td>
<td>CURRICULUM</td>
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<tr>
<td>BOARD DETERMINES QUALIFICATIONS</td>
<td>PROVIDES OPPORTUNITIES FOR IMPROVEMENT TO PROGRAMS</td>
<td>SIGNS OFF ON CANDIDATES TO SIT FOR BOARDS</td>
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COLORECTAL STAKEHOLDERS

- Glenn Ault
- Jen Beaty
- Gerry Isenberg
- Jan Rakinic
- Tony Senagore
- Chuck Whitlow
- Bruce Wolff
KEY STAKEHOOLDERS

- ACGME
  Jeffrey Matthews - General Surgery RRC Chair

- The American Board of Surgery (ABS)
  Jo Buyske - ABS

- Association of Program Directors in Surgery
  P. J. Schenarts - General Surgery PDA
ANY CHANGE TO STRUCTURE

• Requires agreement between the ABCRS and the ABS
COLORECTAL PD
QUALITY OF INCOMING FELLOWS
(on a good day)
OPTIONS AVAILABLE

• ESP (Early Specialization Program) 5+1 with a little extra colorectal

• FIT (Flexibility in Training) 4 ½ + 1½ with a little more extra colorectal

• Remaining 5+1

• Moving to 5+2

• Piloting a 4+2
EARLY SPECIALIZATION PROGRAM (ESP)

• With advance approval, program directors may customize **up to 12 months** of a resident's rotations in the **last 36 months** of general surgery residency to allow for "early tracking" into the resident's chosen specialty.

• No more than six months of flexible rotations are allowed in any one year.

• This is an entirely voluntary option for program directors and may be done on a selective, case-by-case basis.

• **No ACGME approval is required for this option**
• The Review Committee for Surgery will consider requests for flexible rotations during general surgery residency. To take advantage of a unique educational opportunity, programs may wish to assign residents up to six months of chief experience during the PGY-4.

• Review Committee for Surgery and American Board of Surgery (ABS) approval for this experience must be obtained in advance of implementing the plan.
• **Approval Process**

• When applying for flexible rotations during general surgery residency, a letter of request, co-signed by both the program director and the designated institutional official (DIO), must be sent to both the Executive Director of the Review Committee for Surgery and the ABS at the following addresses:
  
  • Donna Lamb
  
  • Jo Buyske
• The program will receive separate approval letters from the ABS and the Review Committee. Both approval letters must be received prior to implementation of a flexible rotation. The approval letters must be retained by the resident and submitted to the ABS along with his/her application for the ABS Qualifying Examination.

• Additional documents to be attached:
  • **Current** block diagram for PGY-4 and PGY-5 rotations
  • Two block diagrams depicting the effect of the proposed flexibility option
    • One showing the rotations of the resident(s) for whom flexibility is proposed
    • One showing the rotations for the PGY-4 and PGY-5 residents who are not participating in the flexibility option
• A block diagram outlining the specific resident's individualized rotations

• A request to assign up to six months of chief experience in PGY-4, if necessary (RC approval only). See also section below regarding chief year rotations
FIT BLOCK DIAGRAM EXAMPLE

Resident, PGY, Specialty of Interest

Jane Smith, PGY-4, Transplant
Flexible Rotations
Transplant Surgery (3 months)
Endocrine/Oncology (2 months)

Aaron Jones, PGY-5, Surgical Oncology
Colorectal Surgery (2 months)

In Lieu of:
Thoracic (1 month)
Endocrine/Oncology (2 months)
MIS (1 month)
Trauma Surgery (1 month)
<table>
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<tr>
<th>Specialty Area</th>
<th>Recommended Training/ Rotations</th>
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<tr>
<td><strong>Colorectal Surgery</strong></td>
<td>Specific training in all aspects of abdominal surgery, including open and advanced minimal invasive surgery, should be emphasized. Proficiency in open colon resection, laparoscopic colon resection and endoscopy are essential to the entering colorectal fellow.</td>
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http://www.absurgery.org/default.jsp?policyflexrotations
OUTCOMES AND OPTIONS

• **ESP now**, without ACGME approval 5+1 remains (but a few extra rotations in CR)
  • Controlled by general surgery PD and motivated general surgery resident
  • Not standardized
  • Colorectal PD not involved 😊

• **FIT application**, needs ACGME approval 4½ + 1½
  • Controlled by general surgery PD and motivated general surgery resident
  • Not standardized
  • Colorectal PD not involved 😊
4+2 PILOT

- Colorectal PD has some control 🌼🌼🌼
- General Surgery PD and Colorectal PD work together
- General surgery resident must do general surgery and colorectal at same institution
- Colorectal and general surgery programs must be in excellent standing
  - Fully accredited programs
  - Meeting all case requirements
- Cases in PGY 5 year will count towards general surgery and PGY 6 towards colorectal surgery. Case requirement #s do not change (for now).
- Data will need to be collected to assess how pilot affects other general surgery residents and colorectal fellows
4+2 PILOT

• Discussion
4+2 PILOT

• HOW?
• Curriculum?

Will discuss after lunch 😊