

**ACGME Program Requirements for Graduate Medical Education
in Colon and Rectal Surgery
Summary and Impact of Major Requirement Revisions**

Reflecting a concentrated effort to reduce burden for the community, the proposed major revision of the Program Requirements for Colon and Rectal Surgery includes an overall reduction of 31 individual requirements.

Requirement #: **Int.B.**

Requirement Revision (significant change only):

Definition of Specialty

~~Colon and rectal surgery is the specialty that focuses on the medical, surgical, endoscopic and perioperative management of disorders involving the colon, rectum and anus, and related problems of the abdomen, pelvis and perineum.~~

Colon and rectal surgeons are physicians who have specialized training in and provide medical, surgical, and endoscopic evaluation, diagnosis, and management of disorders of the colon, rectum, and anus, and small intestine when applicable, as well as related pathologies of the abdomen, pelvis, and perineum. They analyze patient data and literature from a variety of sources, and utilize specific technologies to support patient evaluation, decision making, and treatment. They demonstrate critical thinking skills and adapt to practice in a wide variety of settings.

Colon and rectal surgeons are leaders who provide comprehensive, evidence-based patient care in collaboration with interprofessional and multidisciplinary teams. They are compassionate and empathetic with patients and their families. They effectively communicate with health care teams and systems while advocating for equitable patient care. They model professionalism and foster an environment of belonging, transparency, and collegiality.

Colon and rectal surgeons engage in self-directed learning to advance their clinical knowledge and enhance their technical skills, and participate in quality improvement to optimize outcomes. They educate patients and their families, other members of the care team, and the community at large.

1. Describe the Review Committee's rationale for this revision:
Every 10 years, the ACGME Review Committees are required to evaluate the applicable specialty-specific Program Requirements for revision. In 2017, the ACGME re-envisioned the process by which this is done. The new process, which includes scenario-based strategic planning, called for rigorous and creative consideration about what the specialty will look like in the future prior to proposing any revisions, recognizing the future is marked with significant uncertainty. Four themes emerged from the scenario planning, focus groups, and stakeholder group efforts that provided insight into the colon and rectal surgeon of the future and the practice of colon and rectal surgery:

1. **Comprehensive Training Model for Colon and Rectal Surgeons**
2. **Application of Technologies for Care Delivery**
3. **Assessment and Practice Improvement**
4. **Navigating the Practice of Medicine in Health Care Systems**

The proposed definition of a colon and rectal surgeon reflects those themes and the core functions and values of colon and rectal surgery of today and of the future.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The major revision of the Program Requirements for Graduate Medical Education in Colon and Rectal Surgery defines the competencies and educational experiences needed to graduate residents who meet this expanded definition of the specialty, with the goal of ensuring that all graduates are well prepared to meet the needs of their patients today and throughout their careers.

3. How will the proposed requirement or revision impact continuity of patient care?
This new definition has no direct impact on continuity of care but, as stated above, will support the development of programs that produce colon and rectal surgeons who provide high-quality care in the specialty.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be required.

5. How will the proposed revision impact other accredited programs?
No impact on other programs is anticipated.

Requirement #: **I.D.1.d)**

Requirement Revision (significant change only):

The program must have access to specialists in related specialties, including radiation oncology, medical oncology, gastroenterology, radiology, and pathology. (Detail)

1. Describe the Review Committee's rationale for this revision:
The Committee determined that the specialists included in this requirement are needed to ensure that residents gain experience collaborating and consulting with other specialists who contribute to the care of colon and rectal surgery patients.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The availability of these specialists is an important element of resident education and the provision of safe, high-quality care of colon and rectal surgery patients.
3. How will the proposed requirement or revision impact continuity of patient care?
No direct impact on continuity of care is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
It is expected that institutions that sponsor a residency program in colon and rectal surgery will have these specialists available; if not at the primary clinical site, they should be available for consultation. Ensuring that these individuals are accessible to the colon and rectal surgery program is not expected to require additional resources.
5. How will the proposed revision impact other accredited programs?
No impact on other programs is anticipated.

Requirement #: **III.A.3. – III.A.3.b)**

Requirement Revision (significant change only):

III.A.3. Resident Eligibility Exception

The Review Committee for Colon and Rectal Surgery will allow the following exception to the resident eligibility requirements: ^(Core)

III.A.3.a) An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1.- III.A.2., but who does meet all of the following additional qualifications and conditions: ^(Core)

III.A.3.a).(1) evaluation by the program director and residency selection committee of the applicant’s suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, ^(Core)

III.A.3.a).(2) review and approval of the applicant’s exceptional qualifications by the GMEC; and, ^(Core)

III.A.3.a).(3) verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. ^(Core)

III.A.3.b) Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. ^(Core)

1. Describe the Review Committee’s rationale for this revision:
The addition of the eligibility exception provision recognizes that programs may identify highly qualified candidates that have not completed prerequisite training accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada, or ACGME-International. Under the new requirements, programs may, with approval

of the graduate medical education committee (GMEC), appoint residents who meet the eligibility exception criteria specified in the requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The exception criteria, required GMEC approval, and Clinical Competency Committee assessment are in place to ensure that all residents appointed to a colon and rectal surgery program are well prepared to begin their training.

3. How will the proposed requirement or revision impact continuity of patient care?

No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

No additional resources, beyond GMEC review of an exceptional candidate, will be required.

5. How will the proposed revision impact other accredited programs?

No impact is anticipated.

Requirement #: **IV.B.1.b).(1).(b)**

Requirement Revision (significant change only):

Residents must demonstrate joint decision making with patients and effectively communicate to patients any potential treatment risks and side effects. ^(Core)

1. Describe the Review Committee's rationale for this revision:

Colon and rectal surgeons must be prepared for joint decision making with patients and effectively communicate potential treatment risks and side effects to patients. It is essential that residents develop the knowledge required to do so effectively during training.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

This requirement is intended to increase resident readiness to manage joint decision making and effectively communicate potential treatment risks and side effects, which will result in improved care for surgical patients.

3. How will the proposed requirement or revision impact continuity of patient care?

Strengthening resident education related to joint decision making and effectively communicating potential treatment risks and side effects to patients is intended to result in improved care for patients experiencing surgical complications. During the Review Committee's research as part of the major revision, patients interviewed specifically noted improved communication and joint decision making was imperative from the patient perspective.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be required.
5. How will the proposed revision impact other accredited programs?
No negative impact on other programs is anticipated.

Requirement #: **IV.B.1.c).(3)**

Requirement Revision (significant change only):

Residents must demonstrate knowledge required to evaluate and manage surgical complications, such as surgical site infection, anastomotic leak, injury to the ureter and other abdominal structures, and presacral hemorrhage. (Core)

1. Describe the Review Committee's rationale for this revision:
Colon and rectal surgeons must be prepared to evaluate and manage surgical complications in their patients, and it is essential that residents develop the knowledge required to do so effectively during training.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This requirement is intended to increase resident readiness to manage surgical complications, which will result in improved care for surgical patients.
3. How will the proposed requirement or revision impact continuity of patient care?
As above, strengthening resident education related to management of surgical complications is intended to result in improved care for patients experiencing surgical complications.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources will be required.
5. How will the proposed revision impact other accredited programs?
No impact on other programs is anticipated.

Requirement #: **IV.C.6.c) – IV.C.6.c).(1)**

Requirement Revision (significant change only):

IV.C.6.c) [Regular conferences must include:] multidisciplinary tumor board conference, held at least monthly, at which all complications occurring on the colon and rectal service(s) are presented for peer review and follow-up; (Core)

IV.C.6.c).(1) Cases must be presented by the colon and rectal surgery resident(s). The involved faculty members must be present and other colon and rectal surgery faculty members should participate. (Core)

1. Describe the Review Committee's rationale for this revision:
Advances in the multidisciplinary management of patients with colon and rectal cancer include formal multidisciplinary tumor board discussion of these patients prior to implementing treatment. Resident participation should include presenting cases to that conference. Treating colon and rectal cancer requires coordination of multiple specialists. Involving residents in the planning process with a focus on communication is critical for optimal patient outcomes.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The availability of a multidisciplinary tumor board conference is an important element of resident education and the provision of safe, high-quality care of patients with colon and rectal cancer. Active participation in the multidisciplinary tumor board will increase resident knowledge in colon and rectal cancer management skills that prepare the resident to effectively care for these patients following residency. Improved patient outcomes are attributed to quality tumor board patient presentations with robust participation from all subspecialties. These outcomes include but are not limited to overall survival, disease-free survival, and quality of life measures.
3. How will the proposed requirement or revision impact continuity of patient care?
No direct impact on continuity of care is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
It is expected that institutions that sponsor a residency program in colon and rectal surgery will have these specialists available. Ensuring that these individuals are accessible to the colon and rectal surgery program is not expected to require additional resources. It is recognized that these conferences may occur virtually in many locations.
5. How will the proposed revision impact other accredited programs?
No negative impact is anticipated. Shared knowledge and management skills for programs with accredited gastrointestinal and medical oncology fellowships may provide positive impact.

Requirement #: **IV.C.17.**

Requirement Revision (significant change only):

The operative experience for each resident must be diverse and of sufficient volume to meet the minimum case numbers as determined by the Review Committee. (Core)

1. Describe the Review Committee's rationale for this revision:

This requirement replaces the procedure minimum previously listed in the Program Requirements. The Review Committee is in the process of reviewing and updating the case minimums and will add the updated minimum numbers as Specialty-Specific Background and Intent for the requirement listed above.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The required case minimums are intended to ensure that every colon and rectal surgery resident is provided with a sufficient breadth and volume of procedural experience to support the development of the procedural competencies needed to provide safe, high-quality patient care to colon and rectal surgery patients.
3. How will the proposed requirement or revision impact continuity of patient care?
This requirement does not have a direct impact on continuity of care.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
It is not anticipated that additional resources will be required.
5. How will the proposed revision impact other accredited programs?
No impact on other programs in anticipated.

Requirement #: **IV.B.1.f).(3) and IV.C.19.**

Requirement Revision (significant change only):

IV.B.1.f).(3) Residents must demonstrate an understanding of the basic principles of the business of medicine (e.g., billing, coding, and practice management). ^(Core)

IV.C.19. Residents must be provided with exposure to components of coding and documentation, regulations/laws impacting the practice of surgery, common methods of physician reimbursement, and clinic management. ^(Core)

Specialty-Specific Background and Intent: It is the program's responsibility to prepare residents for their practice after completion of the program. Because colon and rectal surgeons in many settings are required to engage in tasks related to the business of medicine, such as coding and management of clinics, it is important for them to obtain the skills and knowledge required to perform these tasks during residency.

1. Describe the Review Committee's rationale for this revision:
During the major revision process, a series of interviews with recent graduates of colon and rectal surgery residency programs was conducted. These recent graduates reflected on their experience transitioning to practice after leaving residency and noted that they were not prepared for the business aspects of their practice. The proposed requirement is intended to address this deficiency and to ensure that graduates are better prepared to manage the business of medicine.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

No direct impact on patient care is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact on continuity of care is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
While all residency programs and their institutions have a process for billing, coding, and practice management, the pathways to these processes vary among programs. If not already in place, some programs may have to provide a pathway to these institutional practice business resources that allow effective resident education in billing, coding, and practice management.
5. How will the proposed revision impact other accredited programs?
No impact on other programs is anticipated.

Requirement #: **IV.D.3.a).(1)**

Requirement Revision (significant change only):

Each resident must participate in at least two of the following activities: ^(Core)

- virtual or in-person didactic presentations;
- quality improvement;
- ~~one or more~~ ongoing research studies with ~~the faculty~~ members; ^(Detail)
- ~~one or more~~ resident-initiated research project with faculty member supervision; ^(Detail)
- ~~one or more~~ scientific presentations at local, regional, national, or international meetings; ^(Detail)
- preparation/submission of an ~~one or more~~ articles for ~~peer reviewed~~ publications; ^(Detail) ~~or,~~
- preparation/submission of a book chapter;
- serving as a journal reviewer; or,
- serving on a regional or national committee.
- ~~writing one or more book chapters or current standards papers.~~ ^(Detail)

1. Describe the Review Committee's rationale for this revision:
The requirement expands the list of acceptable scholarly activities and recognizes that the previous requirement omitted important scholarly contributions in the areas listed above.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The revision to this requirement preserves the expectation that residents participate in scholarly activity, with the goal of developing a scholarly approach to evidence-based patient care, while broadening the range of acceptable activities.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No additional resources are required.
5. How will the proposed revision impact other accredited programs?
No impact on other programs is anticipated.

Requirement #: **VI.A.1.a).(3).(b)**

Requirement Revision (significant change only):

Residents must be provided exposure to systems-based metrics of quality, safety, patient experience and cost, and where appropriate, service- and department-related data. (Detail)

Specialty-Specific Background and Intent: Because organizations are making much greater use of data systems and reporting that provide evaluative performance metrics to individual surgeons, it is important for residents to have exposure to these types of reports during training. The Review Committee understands that resident-specific data is most likely not available in a one-year program and due to the fact that performance data is generally reported for the responsible faculty member and not the resident. However, it is essential to share program faculty member data with residents and teach them to understand the implications and how to use this data for quality improvement.

1. Describe the Review Committee's rationale for this revision:
As described in the Specialty-Specific Background and Intent, organizations are making much greater use of data systems and reporting that provide evaluative performance metrics to individual surgeons. Therefore, it is important for residents to have exposure to these types of reports during training.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Providing residents with exposure to these metrics is intended to prepare them to use this type of data to assess and improve the quality of care they provide throughout their careers.
3. How will the proposed requirement or revision impact continuity of patient care?
As above, the goal of preparing residents to assess and improve the quality of care they provide is expected to positively impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
As described in the Specialty-Specific Background and Intent, use of faculty data already available to the program will satisfy the requirement and, therefore, no additional resources are required. While most programs likely have access to quality improvement data, some programs may need to consider improving data access methods to satisfy this requirement.
5. How will the proposed revision impact other accredited programs?
No impact on other programs is anticipated.