



From: John R. Potts III, MD, FACS
Senior Vice President, Surgical Accreditation
ACGME

Re: COVID-19: Special Communication to Surgical Program Directors,
including Case Log Guidance

Date: March 27, 2020, updated April 2, 2020

The first obligation of every person in the United States is mitigation/control of the COVID-19 pandemic. The moral obligation of all physicians during the pandemic is to do their part in the treatment of its victims. The accreditation of programs should be a distant consideration to those obligations but inevitably arises in the minds of residents/fellows, faculty members, and program directors. The ACGME has published general guidance for resident/fellow education and training in the face of the pandemic on its website (<https://acgme.org/COVID-19>). This guidance emphasizes that residents/fellows should receive proper training in the use of personal protective equipment (PPE), should be appropriately supervised in their clinical activities, and must continue to adhere to ACGME work hour requirements. The latter is important, even in these most challenging times, because the best available data from surgical programs has clearly documented that exceeding the 80-hour-per-week limit results in increased risk of patient harm *and* increased risk of self-harm, such as needle sticks. Transposed to the current pandemic, that self-harm due to exhaustion could result in infection with the virus due to lapses in isolation protocols, and in use of PPE and other mechanisms of self-protection. Case Logs, though, are not specifically addressed in the guidance and are of major concern to surgical residents, fellows, and program directors.

In discussing Case Logs, and particularly Case Log minima, it is important to recognize that the ACGME case minima were established for program accreditation. They are used by the surgical Review Committees to determine whether a given program offers a volume and variety of cases (certainly operative cases, but in some instances non-operative cases as well) sufficient for education of the complement of residents/fellows for which the program is accredited. The ACGME Case Log minima were not designed to be a surrogate for the procedural competence of an individual program graduate and are not used in that manner by the Review Committees.

The pandemic is *far* beyond the control of the programs that the ACGME accredits and will clearly reduce the number of elective operations performed by the residents/fellows in those programs for the foreseeable future. This communication aims to answer some of the questions from surgical residents/fellows and programs about the impact of those reductions.

Impact on the Individual Resident/Fellow

ACGME-accredited programs are obligated to graduate only those residents/fellows who have demonstrated the ability to perform the medical, diagnostic, and surgical procedures considered essential for the area of practice. It is up to the program director, with input from the program's Clinical Competence Committee, to assess the procedural competence of an individual resident/fellow as one part of the determination of whether that individual is prepared to enter autonomous practice. A given individual who has *not* met all case minima *may* be deemed by the program director to be surgically competent and be allowed to complete the program, as scheduled. Another individual who has *exceeded* all case minima *may not* be deemed by the program director to be surgically competent and be required by the program to extend the educational program until competence can be demonstrated. **These considerations apply at all times.**

As a result of the COVID-19 pandemic and its effects on elective surgery, it is certainly possible that some programs will find it necessary to extend the period of residency/fellowship for some residents/fellows. And of course, the longer the pandemic impacts elective surgery, the more residents'/fellows' periods of residency/fellowship will be extended. Extension of the educational program as a result of the current circumstances must not be viewed as, in any way, reflecting poorly on the affected residents/fellows. It would be a reflection of the program's obligation to the public, the ACGME, and the residents/fellows themselves, in response to circumstances beyond their control.

The ACGME accredits programs. It does not certify individuals. What an extension of residency/fellowship would mean for a given individual in terms of the board certification process can only be answered by the appropriate certifying board.

Impact on Programs

The ACGME and its Review Committees use the standard of *substantial* compliance, rather than absolute compliance, in making accreditation decisions. Accreditation decisions include the accreditation status of the program but also include the levying of citations and areas for improvement. In making accreditation decisions, the Review Committees thoughtfully consider all available information from and about a program (e.g., Case Logs, Resident/Fellow and Faculty Survey results, and the program Annual Update completed in the Accreditation Data System [ADS]). Specific to Case Logs, the minima will not be waived by the Review Committees in response to the pandemic. But the Case Logs of graduates of a program who were on duty during the pandemic (particularly those in their ultimate or penultimate years) will be judiciously considered in light of the impact of the pandemic on that program. The program can delineate for the Review Committee how it was affected by the pandemic in the Major Changes and Other Updates section of ADS during the next Annual Update.

Programs must bear in mind that they have an obligation, not just to the ACGME, but to public and to their residents/fellows to graduate only those residents/fellows who they believe able to autonomously perform the medical, diagnostic, and surgical procedures considered essential for the area of practice. A program that graduates residents/fellows who have multiple substantial deficiencies in their graduate Case Logs may be viewed by the Review Committee as not having met that obligation.

Impact on Residents/Fellows and Programs

We find ourselves in a health crisis which is unprecedented in the recent history of our nation. This pandemic has and will have a profound impact on the personal lives of every person in the

country. In residency and fellowship programs, it has and will disrupt annual, monthly, weekly, daily, and even moment-to-moment scheduling. It has and will disrupt the availability of personnel, equipment, and supplies. It has and will disrupt the number and types of operations performed. It has and will threaten not only the well-being, but the very lives of the residents/fellows, program directors, faculty members, coordinators, and other individuals associated with our programs. But despite all of those very real, unfortunate, and, in some instances, devastating effects of the COVID-19 pandemic, there are opportunities that are truly unique, at least in our lifetimes. In coping with this historic challenge, residents/fellows and faculty members will witness the value of preventative care and coordinated public health systems. They will, by necessity, grow through interdisciplinary and interprofessional teamwork in ways never before possible. They will experience in real time the extreme boundaries of systems-based care. And, they will develop deep, lifelong friendships that are born through mutual adversity. When this passes, as it inevitably will, our world will be changed. But, our health care systems, our programs, and each of us will be better on the other side.

COVID-19 Surgical Case Log Guidance

Question: Our Sponsoring Institution has declared a “Stage 3: Pandemic Emergency Status.” Will the 2020 graduates of our program have to meet the case minima established by the Review Committee?

Answer: The Review Committee uses the Case Log minima as one metric in determining the accreditation status of a program. Case Log data has been and will be collected throughout the years a resident/fellow is in the program. Therefore, despite most program requirements being suspended for the duration of a Pandemic Emergency Status, the Review Committees will not waive Case Log minima in making accreditation decisions. Rather, they will be interpreted and applied in light of the impact of the pandemic on a program as expressed in the “Major Changes and Other Updates” section in the Accreditation Data System (ADS) during the program’s Annual Update.

Whether or not a resident/fellow has achieved all the case minima, the program director (with input from the Clinical Competence Committee (CCC)) must decide whether that individual is ready to graduate from the program by virtue of being capable of practicing safely without supervision.

Question: Our program is in “Stage 2: Increased Clinical Demands.” Will the 2020 graduates of our program have to meet the case minima established by the Review Committee?

Answer: The Review Committee uses the Case Log minima as one metric in determining the accreditation status of a program. Case Log data have been and will be collected throughout the years a resident/fellow is in the program. The Case Log minima will not be waived by the Review Committees in making accreditation decisions. Rather, they will be interpreted and applied in light of the impact of the pandemic on a program as expressed in the “Major Changes and Other Updates” section in ADS during that program’s Annual Update.

Whether or not a resident/fellow has achieved all the case minima, the program director (with input from the CCC) must decide whether that individual is capable of practicing safely without supervision.

Question: During this time of crisis, do the residents/fellows in surgical programs need to continue to enter their cases in the ACGME Resident Case Log System?

Answer: Yes. Case Logs were created, and minima were established, for the purpose of program accreditation. Review Committees will continue to use the Case Logs of 2019-2020 graduates and the minima in accreditation decisions in 2021. Those data will be interpreted and applied in light of the impact of the pandemic on a program as expressed in the “Major Changes and Other Updates” section in ADS during that program’s Annual Update.

Although they were created for program accreditation, the Case Logs have secondary uses beyond that purpose. A small but growing number of certifying boards use resident Case Logs in determining eligibility for the certification process. Graduates of surgical programs also use their residency/fellowship Case Logs in applications for hospital and other clinical privileges.

Whether they are to be used in accreditation, certification, or privileging, it is therefore highly desirable for residents/fellows to track all the procedures they perform. This would seem particularly important during this pandemic, when many types of cases that are normally available are so diminished in number.

Question: Can a resident/fellow graduate from a surgical program without having achieved all the case minima?

Answer: Yes. The case minima were established, and are used for purposes of program accreditation. They were never intended to stand as a surrogate for the technical competence of an individual and should not be used in that way. Whether or not a resident/fellow has achieved all the case minima, the program director (with input from the CCC) must decide whether that individual is capable of practicing safely without supervision.

Please note that while graduation from an ACGME-accredited program is required for an individual to enter the certification process, simply graduating does not ensure that the individual will meet all criteria to enter the certification process. Questions regarding eligibility to enter the certification process should be directed to the appropriate certifying board.

Question: Could my program be given a status of Continued Accreditation with Warning because the residents/fellows did not achieve some of the case minima as a result of the pandemic?

Answer: A Review Committee’s decision to confer a status of Continued Accreditation with Warning is based on a thorough review of *all* available program data and the conclusion that a program has areas of non-compliance that may jeopardize its accreditation status. The Case Log minima are one metric used in determining the accreditation status of a program, but in 2021 they will be reviewed in light of the impact of the pandemic on a program as expressed in the “Major Changes and Other Updates” section in ADS during that program’s Annual Update.

Question: Elective surgery has already been cancelled in our institution for two weeks and may not be resumed for months. The vast majority of the cases that our residents usually record are elective. The number of cases recorded by our graduating residents will be lower this year than at any time in the past and most of them will not achieve all case minima. Will our program be put on probation because of that?

Answer: The decision of a Review Committee to confer Probationary Accreditation to a program is based on a thorough review of *all* available program data and the conclusion that a program has *failed to demonstrate substantial compliance with the requirements*. It is typically the result multiple serious deficiencies extending over multiple years. The Review Committees recognize that the impact of the pandemic is unprecedented, time-limited, and far beyond the control of the program. The Case Log minima will not be waived by the Review Committees in making accreditation decisions, but the Case Logs of 2020 graduates will be reviewed in light of the impact of the pandemic on a program as expressed in the "Major Changes and Other Updates" section in ADS during that program's Annual Update.

Question: The only cases available to our residents right now are occasional emergency operations. The residents who are scheduled to graduate in 2020 have already done more than enough cases. My concern is that the residents scheduled to graduate in 2021 will not even be able to achieve the minimums. Will our program be cited if they don't?

Answer: Graduate Case Logs are used in making accreditation decisions for established programs. Those Case Logs, of course, contain operations performed throughout all years of the program. The Review Committees are aware of the impact of the COVID-19 pandemic on the number of elective operations now available and that the absence of those cases will, to a greater or lesser extent, affect the number of operations performed by residents in every PGY level. Thus, the effects of even a small number of months of absence of elective operations may cascade through a few years of graduate Case Logs. In making accreditation decisions (including the issuance of citations), each Review Committee will consider the impact of the pandemic on a program as expressed in the "Major Changes and Other Updates" section in ADS during that program's Annual Update. Whether or not a resident/fellow has achieved all the case minima, the program director (with input from the CCC) must decide whether that individual is ready to graduate from the program by virtue of being capable of practicing safely without supervision.

Question: The vast majority of the cases that our residents perform are elective. It appears likely that elective surgery at our institution will not be resumed for several months. Should we start thinking about recruiting fewer residents in 2021 so that our current residents and those starting in July will have enough cases to meet their minima in future years?

Answer: The current priority is for residents, fellows, and faculty members to fulfill their moral obligation as physicians to do their part in treating the victims of the pandemic. The decision about the number of residents/fellows to recruit in 2021 is (at this writing) several months in the future. By the time that decision must be made, the program will be much more able to assess the impact of the pandemic on the volume and variety of cases performed by currently enrolled residents/fellows and the cascading effects on future enrollees.

Question: Once surgical volume begins to increase as the pandemic abates, how do we balance the educational needs of the core residency program with those of the co-located fellowship programs?

Answer: These are decisions that can only be made at the program level based on resources (i.e., cases) available and competing interests (i.e., programs, residents, and fellows) for those resources. The program director of the core residency program and the program director(s) of the fellowship program(s) should work together to thoughtfully prioritize the assignment of operative cases as they become available. In doing so, they should consider maximizing the learning opportunities by allowing fellows to act in the role of teacher for the residents whenever appropriate. Of paramount importance is that the program directors have an obligation to the public and to the residents/fellows to graduate only those whom they can verify as having demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.