

March 18, 2021

Karen Sanders, MD
Acting Chief Academic Affiliations Officer
Office of Academic Affiliations
Veterans Health Administration
810 Vermont Ave NW
Washington, DC 20420

Dear Dr. Sanders:

Resident training programs have long-standing partnerships with VA medical centers to enhance the quality care provided to veteran patients and to facilitate training of new physicians. The COVID-19 pandemic has had dramatic impact on resident training. Surgical residency training programs have been challenged due to nationwide shutdowns of elective surgical procedures during the public health emergency (PHE) with widespread variability in resumption of these services across the country. As a consequence, surgical residents have had difficulty meeting the Accreditation Council for Graduate Medical Education (ACGME) and American Board of Medical Specialties (ABMS) standards for completing their surgical training. Our organizations would like to request a meeting/conference call at the earliest opportunity to discuss the impacts of the COVID-19 pandemic on surgical resident training.

Specifically, we would welcome partnering with VA's Office of Academic Affiliations (OAA) to find flexible solutions to enhance and/or sustain surgical training during the COVID-19 pandemic. Importantly, these solutions must maintain veterans' access to the highest quality care. We encourage the VA to develop a national policy directive to provide residency programs flexibility during public health emergencies like the COVID-19 pandemic. The directive should support moving residents to alternative training sites where surgical training is available to facilitate satisfaction of ACGME and ABMS training requirements.

Surveys of residency training programs by our organizations show that VA medical centers closed elective procedures sooner and remained closed significantly longer than university and community academic hospitals. These results are most concerning, since most surgical residency training programs rely on at least one VA medical facility to provide their residents with a significant surgical educational experience. To maintain residency training, sponsoring institutions sought to rearrange rotations as needed. However, this was not always permitted by local VA medical leaders, particularly at the height of the first wave of the COVID-19 PHE. As a result, resident surgical training has decreased significantly across the country.

A paper published in the Journal of the American College of Surgeons stated: "The reduction of non-emergency operations significantly impacted the operative experience of trainees across all surgical specialties in an ACGME-stage-dependent fashion. Reductions in operative experience have been noted in general surgery as well as neurosurgery, ophthalmology, orthopedic surgery and otolaryngology. Alternatives to increase exposure to technical skills development include the use of simulation centers and cadaver labs, both of which had limited access during the pandemic."¹

ACGME-accredited programs are required to graduate only those trainees who have demonstrated the ability to adequately perform surgical procedures considered essential for their area of practice. The reduction in surgical training opportunities during the COVID-19 PHE created difficulties for surgical residency programs. Their accreditation status is bound by ACGME requirements (Attachment A) that ensure training programs meet a core set of quality standards for the resident education of the specialty or subspecialty practice(s) for which it prepares its graduates. These standards typically include a minimum number of surgical procedures that residents must perform under supervision in order for a program to meet the ACGME requirements.

¹ Ellison EC, Spanknebel K, Stain SC, et al. Impact of the COVID-19 Pandemic on Surgical Training and Learner Well-Being: Report of a Survey of General Surgery and Other Surgical Specialty Educators [published online ahead of print, 2020 Sep 12]. J Am Coll Surg. 2020; doi:10.1016/j.jamcollsurg.2020.08.766

Surgical resident training is impossible without performing surgery. If a situation arises where senior residents in one location are not performing elective surgery for an extended period, the residency Program Director, Designated Institutional Official (DIO), and Graduate Medical Education Committee (GMEC) must move these residents to alternate locations to continue their surgical education. This is what the ACGME expects and requires.

During times when elective surgery is not permitted, there is usually a concomitant decline in clinical non-surgical responsibilities, and fewer requirements for services provided by surgical residents.

The COVID-19 pandemic continues to present many challenges for our health care system. Additional disruptions to surgical care and resident training could occur absent vaccines or effective treatments. Our organizations believe that the VA's Office of Academic Affiliations should develop a national policy directive that incorporates both the OAA and ACGME resident training requirements. This policy should emphasize the educational component of the VA mission to support residency programs and encourage VA medical facilities to be flexible when extenuating circumstances like the pandemic-related PHE occur to optimize education and patient care.

Our organizations are committed to ensuring that resident training programs have surgical residents that receive the highest level of training while maintaining their commitment to provide high quality care to VA patients. We look forward to working with you and your staff on a national VA policy statement. If you have any questions or comments, please contact Rebecca Hyder with the American Academy of Ophthalmology. She will also be happy to coordinate a meeting with our organizations, and she may be reached at rhyder@ao.org or 202-737-6662.

Thank you for your consideration.

Sincerely,

American Academy of Neurological Surgery
American Academy of Ophthalmology
American Academy of Otolaryngology - Head and Neck Surgery
American Association of Neurological Surgeons
American Board of Neurological Surgery
American College of Osteopathic Surgeons
American College of Surgeons
American Society for Surgery of the Hand
American Society of Cataract and Refractive Surgery
American Society of Plastic Surgeons
Association of University Professors of Ophthalmology
Congress of Neurological Surgeons
Society for Vascular Surgery
Society of Neurological Surgeons
The Society of Thoracic Surgeons

Key Excerpts from ACGME Accreditation Requirements Attachment A

ACGME Common Program Requirements:

I.D.1. The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education.

I.D.4. The programs' educational and clinical resources must be adequate to support the number of residents appointed to the program

[ACGME Common Program Requirements](#)

ACGME Institutional Requirements:

I.A. Sponsoring Institution

I.A.1. Residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites.

I.B. GMEC

I.B.4. Responsibilities: GMEC responsibilities must include:

I.B.4.a) Oversight of:

I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs and its participating sites.

I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to the achievement of educational outcomes as identified in the ACGME Common and specialty-specific Program Requirements

[ACGME Institutional Requirements](#)