**Annual Meeting of the**

**Surgical Critical Care Program Directors Society (SCCPDS)**

**Marriott Wardman Park, Wilson A and B Room – Mezzanine Level**

**Washington, DC**

**Tuesday, October 8, 2013, 6:00-8:00 am**

1. Call to order by Dr. Luchette
2. Approval of minutes from the Annual Meeting October 2012
	1. No corrections. The minutes were unanimously approved
3. President’s Report: Luchette
	1. Request to ACS for representative to Board of Governors.

Dr. Luchette asked the group if they felt that the SCCM Surgery Section adequately represented their interests. The consensus was no. Alternatively, the same question was asked of the APDS. Again, the sense was no. As surgical intensivists, the SCCPDS has a unique perspective not represented by other societies. A motion was unanimously passed to continue to pursue representation on the ACS Board of Governors.

* 1. Involvement with ACGME and milestone development

Drs. Luchette, Spain and Tisherman are representing the SCCPDS on the ACGME Surgical Critical Care Milestones Committee.

* 1. Participants working with CMS Critical Care Clinical Working Group (CWG)

This group is working on payment strategies for critical care services. Dr. Luchette is participating.

* 1. ABS Activities

The ABS is focusing on the following issues:

1. Strengthening Maintenance of Certification
2. Strengthening SCORE. Specifically, this includes the initiative to develop SCORE modules for surgical critical care fellows.
3. Improve surgical training. There are already sub boards for Vascular Surgery, Pediatric Surgery, Surgical Oncology, and Trauma Burns and Critical Care. They are now instituting a General Surgery Advisory Council. There is interest in moving more advanced laparoscopic skills into basic general surgery training. They also want to increase the operative experience of residents in their first 2 years with an expectation for 250 cases during those years.
4. Optimize the efficiency of board meetings
5. Succession plan for Dr. Lewis.
6. Develop an oversight plan for post-residency fellowships that currently don’t have standardized requirements, such as breast, trauma and endoscopic fellowships.
	1. Requiring programs to participate in NRMP

There was discussion about what governing body could provide a stick for requiring programs to participate in the match. Dr. Peggy Simpson (from the ACGME) reiterated that the ACGME and RRC have little they can do. Therefore, their recommendation would be to report infractions to the NRMP and local DIOs.

There was additional discussion about whether or not the Society should make an exception for EM applicants because of the complexities of the supplemental year that they are required to complete before the official SCC year. They need to be hired by the program 1 year earlier than standard SCC candidates. The consensus was that these positions should remain within the match.

A motion was made to require all programs that offer a stand alone fellowship or one with a second year of training to include all positions in the match. Following discussion about an inability to enforce such a policy, the motion was withdrawn. However, there was consensus that SCCPDS should amend the bylaws to encourage participation as a condition for membership.

1. Secretary’s Report: Tisherman
	1. Mailing list

The current mailing list for the organization includes 73 program directors who have paid dues. There are another 43 members that include other program directors and associate members. Program directors were asked to encourage other faculty at their institutions who are interested in education to become involved as associate members. They should pass on their contact information to Dr. Tisherman.

* 1. Membership in other societies

To obtain data for the Society’s application to the ACS Board of Governors, the program directors were asked to provide information regarding membership of their faculty in other organizations. Of 590 faculty, 413 are members of the ACS, 343 SCCM and 144 AAST.

1. Representative to AAST Critical Care Committee: Maxwell
	1. Abstracts for Annual Meeting

There were 143 abstracts submitted in this category and 18 total abstracts were accepted for oral presentation, two of those being for the “quick shot” session. The Critical Care Committee was also requested to submit 3 luncheon topics, one of which was selected by the Program Committee for presentation.

* 1. Critical Care Committee (CCC)

There is a sense that the AAST is de-emphasizing critical care as there is consideration for changing the Critical Care Committee to an ad hoc status. It may be important for the SCCPDS to fill the void created for surgical critical care leadership.

* 1. AAST CCC Chair

There was general agreement that the Chair of the AAST CCC should be invited to attend the annual SCCPDS meeting.

1. Treasurer’s Report: Spain
	1. Finances

The starting balance from 2012 was $16,368.68. Dues payments accounted for income of $10,600. Interest payments totaled $19.23. During the year, $675.20 was expensed for supplies and calls. The major expenditure is the annual meeting, which cost $4,227.30 for breakfast and $1,160 for AV equipment. The projected balance will then be $20,925.01.

1. Education Committee: Horst
	1. Performance/quality improvement projects

The Committee has developed a list of PI projects to be used as ideas for other programs to use.

* 1. Recommended procedures/experiences for fellows

The Committee developed a list of recommended procedures and experiences for surgical critical care trainees. The list has been forwarded to the ABS.

* 1. SCORE

A total of 21 topics have been suggested and categorized as either broad or focused. Dr. Horst asked for volunteers to work on various topics.

1. ERAS and NRMP: Tisherman
	1. ERAS

A majority of 42 program directors and 13 fellows surveyed were in favor of using ERAS for the application process. Concerns were raised about the timing of using ERAS and the fact that fellowship applicants need to re-enter all information into the system. There was also a concern that the system does not alert programs when an application is submitted. A motion was made to discontinue participation in ERAS and to develop a standardized application form. The motion passed unanimously. There was further discussion that such a form could be placed on the website for download or a web-based form could be developed with the website developers.

* 1. NRMP

Once the decision was made to discontinue use of ERAS, there was no further discussion of changing the timing of the recruitment season or match.

1. Emergency physician training in surgical critical care: Tisherman
	1. Supplemental Education Program in Surgery for Emergency Physicians

Dr. Tisherman stated that this white paper, with curricular recommendations, is available online and should be out in print soon.

1. Special Presentations:
	1. Next Accreditation System (NAS) 101: Surgery RRC Executive Director Peggy Simpson

Dr. Simpson presented data on SCC fellowship programs: 107 programs, 246 positions, 203 (82%) filled. There is interest in utilizing the ACGME operative log to evaluate fellowship experience. The ABS has proposed a joint ABS/RRC working group to explore this.

Regarding the Next Accreditation System, Dr. Simpson referred to the paper published by Dr. Nasca (Nasca TJ, Philibert I, Brigham T, Flynn TC: N Engl J Med 2012; 366:1051-1056). She commented on how the annual program evaluation (faculty and fellow surveys) will be the most important information the RRC will review. Citations will still occur, but they can be resolved at any time with the appropriate response and progress report. They will also be looking at larger units, i.e., the general surgery program and all sub-specialties, at the same time. They will be looking at outcome data, including board pass rates.

All programs should have received a letter stating that they are now enrolled in the NAS with an expected date for the self-study visit for the core program. There will be annual letters from the RRC stating the accreditation status for the program and any outstanding citations or need for additional information.

The Program Requirements have been revised to reflect: 1) Outcome – expected measurable and observable attributes at key stages of GME. 2) Core – defines structure, resource, or process elements essential to every GME program, and 3) Detail – specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs that are in good standing are free to innovate as long as outcomes remain good.

* 1. ABS Milestone Project: ABS Associate Executive Director Mark Malangoni

Dr. Malangoni mentioned the members of the SCC Milestones Committee (Drs. Luchette, Spain, Tisherman, Brasel, Stain, and Herndon). The Committee elected to focus on common diseases in the ICU rather than domains for patient care and medical knowledge. For the most part, the Committee utilized the “soft” competencies drafted for general surgery. The plan is for implementation by July, 2015. There will be α and β testing. In addition, the current draft milestones will be distributed to program directors for comment before the next meeting of the Committee in December.

1. Report from Webmaster, Information Management Committee: Chiu
	1. Website update

There are now links to 51 programs. Any programs not listed can contact Dr. Chiu to be added.

* 1. Website logo

The logo was designed by the web developer, inspired by the art of compassion and the science of health care. This was utilized to design the SCCPDS letterhead.

* 1. Unmatched positions after the match

Dr. Chiu will post unmatched positions if desired by the program.

* 1. Call for web content contributions

The Committee has developed forms to be used for submitting materials for the website to avoid copyright issues.

* 1. Future directions

Future plans for the website include the addition of the Education Committee Evaluation Toolbox, members only section, outcome after fellowship project. Webmaster duties will be transferred in part to Dr. Chiu’s assistant, Dora Russell.

1. Governance Committee: Cocanour/Spain
	1. Bylaws changes

The Committee suggested that the bylaws be changed so that the president would serve a 2-year term. In addition, a position of president-elect would be initiated. A motion to make these changes was passed unanimously. The Committee will draft the changes and then distribute them to the membership for approval. There was also discussion of adding co-chairs to the committees in order to have better continuity. There may be a role for developing a standard operating procedure for the Society that would have more detail than the bylaws and would more readily be revised in the future.

1. Nominations Committee: Cioffi
	1. The committee will meet in the near future. The election will be conducted electronically.
2. New Business

No additional business was conducted.

1. Adjourn

The meeting was adjourned at 8:15 am.

Respectfully submitted,

Samuel A Tisherman, MD

Secretary, SCCPDS