

# Review Committee for Radiation Oncology Update

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#### **Conflict of Interest Disclosure**

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#### **Disclosure**

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.



## Review Committee for Radiation Oncology Members

Michael Steinberg, MD, FASTRO, FACR (Chair)

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Brian Davis, MD, PhD

Ronald Chen, MD, MPH

May Elbanna, MD (Resident Member)

Janice Kishner, RN, MSN, MBA, FACHE (Public Member)

Louis Potters, MD, FACR, FASTRO, FABS

Srinivasan Vijayakumar, MD, DMRT, DABR, FACR

Michael Yunes, MD (Ex-Officio, American Board of Radiology)

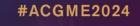




### The Stats









#### **Radiation Oncology Programs**

Academic Year	# Approved Residents	# Programs
2022-2023	809	90
2021-2022	813	90
2020-2021	819	91
2019-2020	819	91
2018-2019	825	94



### Current Radiation Oncology Programs (as of February 1, 2024)

Accreditation Status	# Programs
Continued Accreditation	82
Continued Accreditation with Warning	7
Probation	1



#### **Program Size: 2022-2023**

Number of Approved Positions	Number of Programs
1-5 Residents	22
6-10 Residents	46
11-15 Residents	14
16+ Residents	8

Filled	Number of Approved Positions
Range	4-30
Mode	8
Median	8
Mean	9

93.9% of approved positions are filled



## **Annual Review Committee Activities**

### Review Committee meets at least twice a year to review:

**Applications** 

Permanent Complement Increase Requests

**Annual Data** 

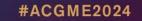
- Programs with Citations
- Programs with Annual Data Indicators

**Accreditation Site Visits** 

Complaints



### **Program Requirements**









## Section I: Specialties (June 2026 graduates and beyond)

I.B.1.a) The Sponsoring Institution must sponsor at least one hematology and medical oncology and/or medical oncology program. (Core)





## Section I: Specialties (June 2026 graduates and beyond)

I.B.1.b) The Sponsoring Institution should also sponsor or have affiliations with ACGME-accredited programs in pathology, surgical oncology, and at least one other oncologic-related discipline sufficient to foster interdisciplinary care and enhance the education and training of the radiation oncology residents. (Detail)

I.B.1.b).(1)

If the primary clinical site is not the same as the Sponsoring Institution, it must be the primary teaching institution(s) for the above-named programs. (Detail)



## Section I: Oncologic-Related Specialties (Enforced after June 2026)

Colon and rectal surgery

Complex general surgical oncology

Gynecologic oncology

Hospice and palliative medicine

Micrographic surgery and dermatologic oncology

Musculoskeletal oncology

Neurological surgery

Otolaryngology – head and neck surgery

Pathology and oncology-related subspecialties (cytopathology, dermatopathology, hematopathology, selective pathology)

Pediatric hematology-oncology

Thoracic surgery

Urology





## Section I: Participating Sites (Enforced after June 2026)

- I.B.5.a) At least 75% of the residents' educational experiences (i.e., clinical rotations and non-clinical activities) must take place at the primary clinical site; **or**, (Core)
- I.B.5.b) At least 90% of the residents' educational experiences must take place at the primary clinical site and one other participating site. (Core)

**NOTE:** Does NOT include non-clinical time after the 36 months of clinical time requirement is sufficed.



#### Section II: Program Director

II.A.2

At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE (20%) for administration of the program. (Core)





#### **Section II: Faculty Members**

In addition to the program director, minimum of four FTE radiation oncologists at the primary clinical site

#### Core faculty includes:

- Cancer/radiation biologist
  - Responsible for radiation oncology resident education and oversight and organization of on-site didactic curriculum
- Medical physicist



#### **Section II: Faculty Members**

II.B.4.b).(1)

The core clinical faculty must include a minimum of four clinical physician faculty members, defined as physicians who practice clinically and who lead or co-lead clinical rotations for residents. (Core)

II.B.4.b).(1).(a)

Programs, regardless of size, must maintain a ratio of at least 1.5 clinical physician faculty members to each resident. (Core)



#### **Section II: Program Coordinator**

Number of Approved	Minimum
Resident Positions	FTE
1-6	0.5
7-10	0.7
11-15	8.0
16-20	0.9
21-25	1.0
26-30	1.1





### Section III: Resident Appointment

PGY-1 (fundamental clinical skills year) MUST be completed in an ACGME- or ACGME-I-accredited program

**NO** exceptions

Even if resident completed full radiation oncology program in another country, MUST have PGY-1 in accredited program

American Board of Radiology offers International Medical **Graduate Alternate Pathway** 



#### Case Log Changes

#### **2020 Requirements**

Due to COVID-19 and the fact that graduates may have already completed all clinical procedures, NO citations will be issued until class that graduates in 2024.

#### **2022 Requirements**

Disease-site minima will not be cited until January 2027 (current first-year residents).

Will appear in the ACGME Case Log System as a current requirement, but programs will not be cited.

### **Case Log Implementation**

Category	Graduates through 6/30/2024	Graduates after 7/1/2024
External Beam Radiation Therapy	450 patients	450 simulations
Brachytherapy Interstitial	<mark>5</mark>	<mark>7</mark>
Brachytherapy Intracavitary	15	15
Cylinder Procedures	0	<mark>&lt; 5</mark>
Tandem Procedures	0	<mark>10</mark>
Pediatric Solid Tumor	9	9
Pediatric Total	12	12
SRS/Brain	20	20
SBRT	10	10
Unsealed Sources	6 total	8 total
I-131 Procedures		3
Parenteral Admin		5





### IV.C.5. - Case Logs

- Each resident must perform at least 450 simulations with external beam radiation therapy
  - Holman Pathway residents must perform at least 350 simulations
  - A resident should perform no more than 350 simulations with external beam radiation therapy in any one year



## Case Log Changes (June 2024 Graduates and Beyond)

Interstitial – 7 procedures (previously 5)

Intracavitary – 15 procedures (no change to total)
Minimum of 5 tandem-based insertions for 2 patients
Maximum of 5 cylinder insertions

Radioimmunotherapy – 8 procedures (previously 6) Minimum of 5 parenteral administrations (previously 3)





## Case Log Minima (June 2026 Graduates and Beyond)

Simulation	Required Minimum
<b>Bone/Soft Tissue Sarcoma</b>	5
Post-Mastectomy Breast	11
Central Nervous System	19
Head and Neck	31
Esophagus	5
Anorectal	10
Non-Prostate Genitourinary	3
Gynecologic	10
Lymphoma	8
Non-Small Cell Lung Cancer	16



## Case Log Minima (June 2026 Graduates and Beyond)

IV.C.5.d)

At most, two cases, or up to 25 percent of each of the above site-specific minimum requirements, whichever is greater, may be logged as observed cases to meet the minimum requirement. (Outcome)

IV.C.5.e)

Holman Pathway residents must simulate at least 75 percent of each of the above sitespecific minimum requirements. (Outcome)



### Telesupervision

VI.A.2.c).(1).(b).(i)

When residents are supervised directly through telecommunication technology, the supervising physician and the resident must interact with each other, and with the patient, when applicable, to solicit the key elements related to the encounter, and agree upon the significant findings and plan of action, including components of radiation treatment planning. (Core)



#### Institutional Requirements

IV.H.1.

The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)

IV.H.1.a)

provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; (Core)

IV.H.1.b)

provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.c)

provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken: (Core)

IV.H.1.d)

ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)





## Complement Requests - Temporary

- Intended for remediation or off-cycle residents
   ONLY
- NEW For fewer than 90 days not required
- Over 90 days submit request through Accreditation Data System (ADS)
  - Request should not exceed one resident
  - Less than two years



### Complement Requests - Permanent

- Must demonstrate sufficient case volume over a multi-year period
- Not approved proactively for program enhancements, new equipment, or new faculty members not yet in place
- Considered by full Review Committee during regularly scheduled meetings
- Recommended that any citations or Areas for Improvement (AFIs) on the program be fully resolved before requesting
- Need appropriate educational rationale (i.e., not to assist program in staffing)



### Case Log User Guide



#### Case Log User Guide Radiation Oncology

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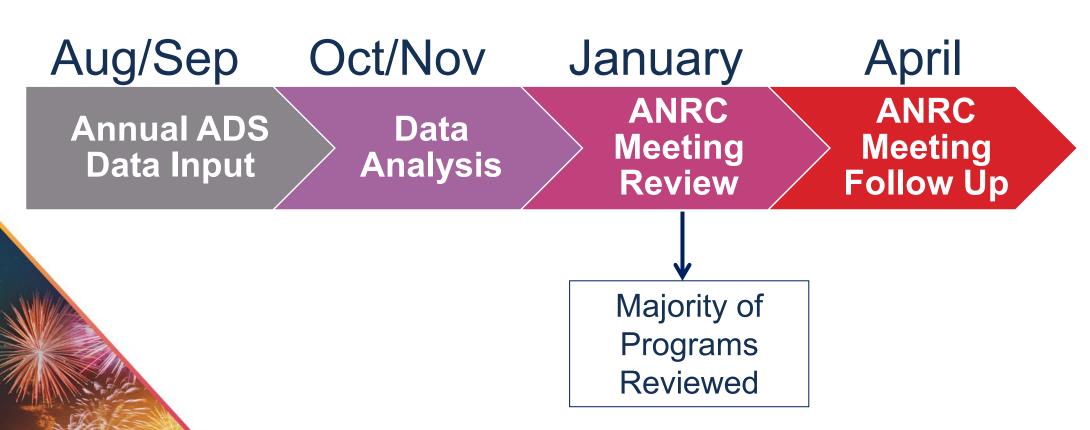
### Program Review



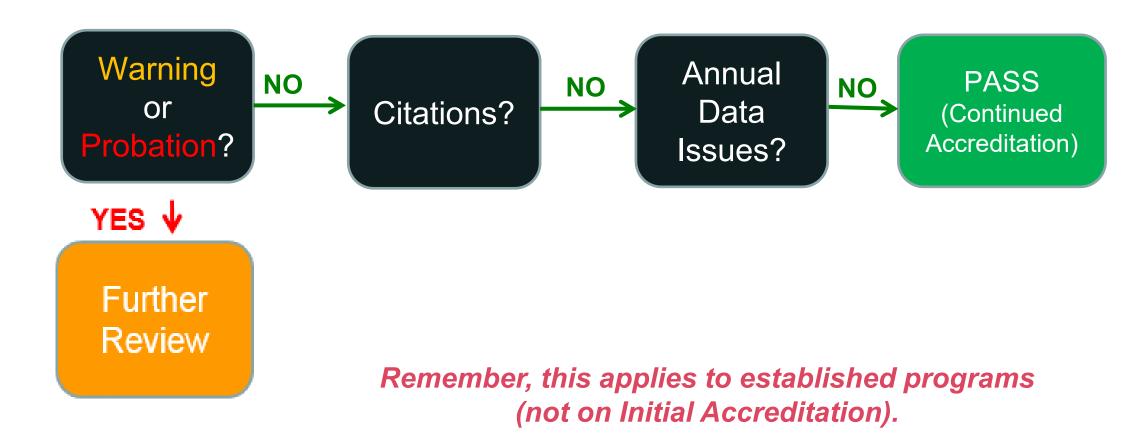




#### **Annual Timeline**



#### **Annual Data Review Process**



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#### **The Review Process**

#### **Staff Review**

Broad review of all data – concerns flagged

#### **Committee Review**

- Programs on Warning or Probation
- Programs with active citations
- Data concerns



#### **Annual Data Indicators**

- Surveys Resident/Fellow and Faculty
- Board Pass Rates
- Clinical Experience and Case Logs
- Scholarly Activity Faculty and Resident/Fellow
- Attrition
- Information Omission
- Major Changes / Responses to Citations



#### **Accreditation Status**

**Continued Accreditation** 

Continued Accreditation with Warning

**Probation** 

Withdrawal of Accreditation





#### **Continued Accreditation**

Substantial compliance with requirements

Programs may or may not have citations or AFIs issued

Review Committee will continue annual review of indicators

Programs can innovate around "Detail" requirements (not "Core" or "Outcome" requirements)



# Continued Accreditation with Warning

Areas of non-compliance jeopardize accreditation

No increase in complement

Status is published on ACGME website

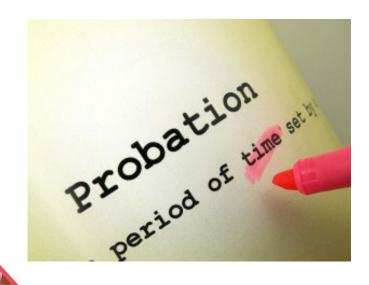
Do NOT need to inform residents





### Probation

Must have a site visit **before** conferring this status



- No increase in complement
- Status is published on ACGME website
- Must inform residents and applicants in writing



### Letter of Notification

#### **Citations**

- More serious concerns than AFIs
- Linked to Program Requirements
- Require written response in ADS
- Review Committee will review again the following year (extended or resolved)



### Letter of Notification

### **Areas for Improvement (AFIs)**

- Concerns do not reach level of citation (trends)
- No written response required
- Should be reviewed with Program Evaluation Committee
- Committee will review again following year
- Unresolved AFIs may become citations



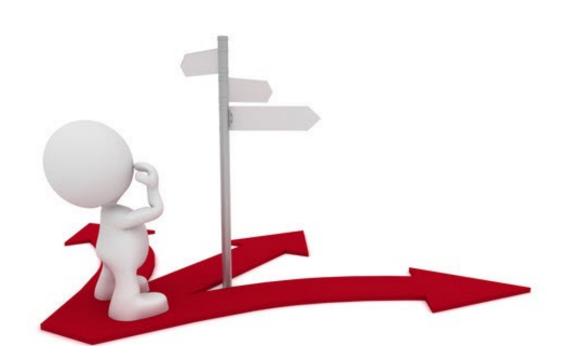
## **Faculty Certification**

Certification information is automatically pulled from American Board of Medical Specialties (ABMS) certification information

Any additional certifications, including American Osteopathic Association (AOA), still need to be updated manually during the annual update



# Tips





#ACGME2024



# **Common Review Committee Concerns**

## Inaccurate/incomplete information in ADS Annual Update

- Faculty licensure, qualifications
- Faculty / resident scholarly activity
- Response to citations
- Lack of documentation (when requested)
- Block diagram information / format



### Website Information

- Block diagram instructions
- FAQs
- Video shorts
  - Avoiding Common Errors in the ADS Annual Update
  - Completing an Application for ACGME Accreditation



# How to Respond to Citations

- Look at citation with an open mind
  - It's not personal!
  - Citations are based on the information the Review Committee sees
- If it's not written, it didn't happen
- Have others read responses for tone strive for objectivity



# How to Respond to Citations

- Provide the information requested
  - If data is requested, provide the data
  - If you don't understand, call or email
- Thoroughly respond to each concern within the citation and beyond
  - If there are multiple concerns, show how they've been resolved or are being resolved



# How to *Really* Respond to Citations to Resolve Them

- How did you engage residents and faculty in investigating the issue?
- What is the issue?
- What actions will/have you implemented to correct the issue?
- How will you monitor and sustain the improvement?





# Other Initiatives







## Coordinator Timelines

- Developed by the ACGME Coordinator Advisory Group
  - Residency
  - **Fellowship**
  - Institutional
- Orientation Manual for Coordinators (Summer 2024)



#### The ACGME's Online Learning Portal

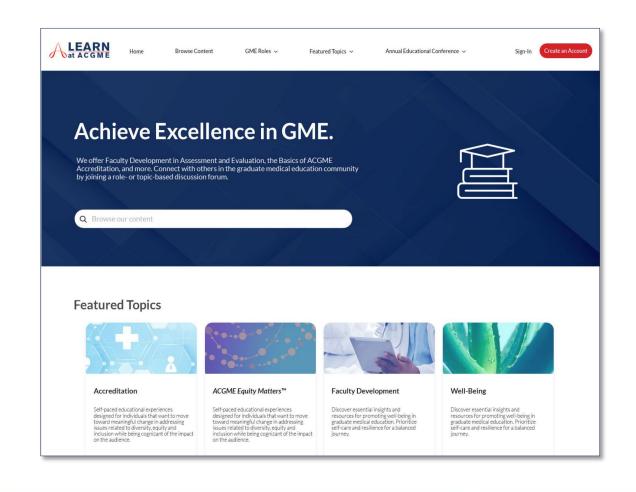
## Learn at ACGME Redesign Coming Soon!

Visit <u>dl.acgme.org</u> or scan the QR code.



Have a question or need assistance? Contact us!

desupport@acgme.org





#### Remediation Toolkit



- 11 modules authored by renowned experts in the field
- Equips participants with tools for addressing needs of struggling learners
- > CME offered after completion

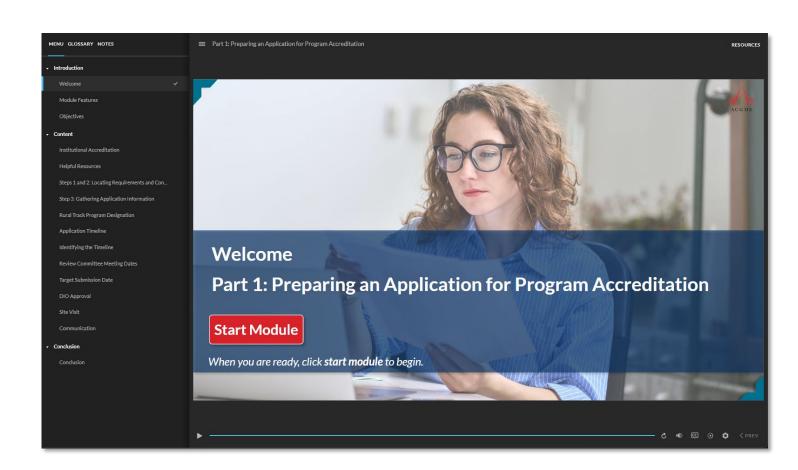
The ACGME designates this enduring material for a maximum of **5.25 AMA PRA Category 1 Credits** ™





#### **Applying for Program Accreditation Course**

- Three-part course and step-bystep guide
- For those new to the process, as well as a refresher for experienced users
- Explanation of key steps, timeline, and the review process after submission

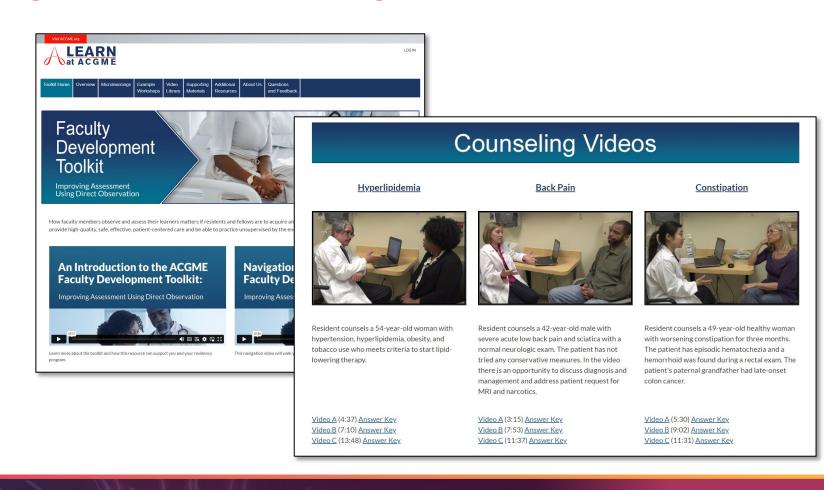






## Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around direct observation and feedback
- Evidence-based video prompts
- Answer keys and facilitator guides
- Microlearning lessons with associated slides and guides

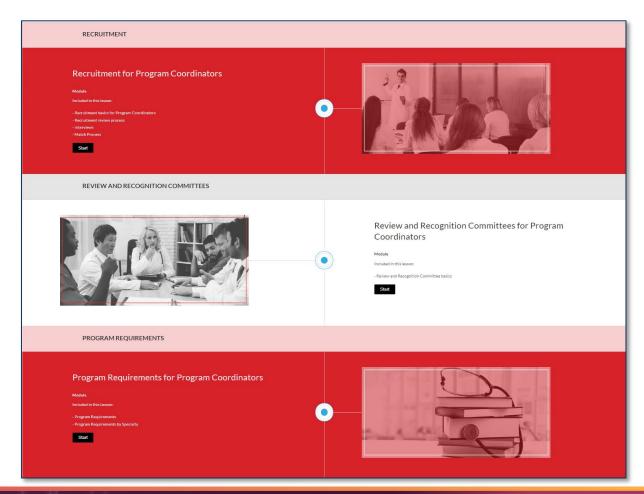






## **Program Coordinator Course**

- > For **new and seasoned** coordinators
- Covers a wide range of topics important to program coordinators
- > Videos from working coordinators
- > Summer 2024

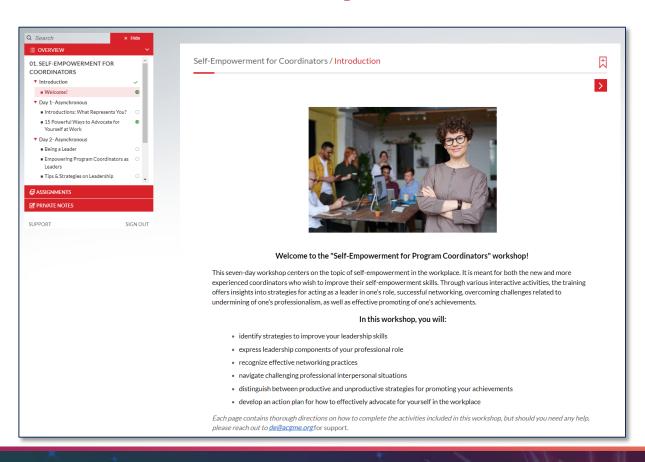






## **Virtual Workshop**

#### **Self-Empowerment for Program Coordinators**



- Seven-day workshop for new and experienced program coordinators
- Interactive activities and virtual synchronous workshop
  - Leadership strategies
  - Networking opportunities
  - Asserting your professionalism
- > April 15-21, 2024
- > Registration required









- Funding opportunity for resident-/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

**DEADLINE: APRIL 22, 2024** 

















The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline: Wednesday, March 27, 2024

For additional information and to download nomination materials:

https://www.acgme.org/ initiatives/awards/

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# CONTACT US We want to help!

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- Program Requirements
- Letters of Notification
- Complement requests
- Case Log content

#### **ADS Staff**

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- ADS
- Surveys
- Case Log System

#### **Field Activities Staff**

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Site Visits





## Thank You!

Questions?