Specialty Update: Urology
SES034

Chad Ritenour, MD
Chair, Review Committee for Urology

Kathleen Quinn-Leering, PhD
Executive Director, Review Committee for Urology

ACGME Annual Educational Conference
March 2, 2018

#ACGME2018
Disclosures

• Fiduciary
  • Ritenour: Volunteer for ACGME
  • Quinn-Leering: Full-time employee of ACGME
• Financial
  • None
Topics

- The Review Committee (RC)
- Single Accreditation System Update
- Accreditation Process Review
- Urology RC Accreditation Update
- Urology RC News
- Reminders and Tips
- Q & A
The Review Committee (RC)
## Department of Accreditation Services

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RC Membership

- All volunteers
- 10 members nominated by ABU, ACS, AMA & AOA (6 year term)
- 1 resident member (2 year term)
- 1 public member (6 year term)
- 2 ex-officio members, one each from ABU and ACS
RC Membership

• Diverse
  • Specialty and Subspecialty
  • Gender
  • Race/ethnicity
  • Geography
RC Members

Chad W. M. Ritenour, MD  Chair
Emory University

Byron D. Joyner, MD, MPA, Vice Chair
University of Washington SOM

Laurence S. Baskin, MD
UCSF Benioff Children’s Hospital

Laurence H. Belkoff, DO, MSc
Philadelphia College of Osteopathic Medicine

Roger Dmochowski, MD, MMHC
Vanderbilt University Hospital

Elizabeth Ann Gormley, MD, FACS
Dartmouth-Hitchcock Medical Center

Misop Han, MD
Johns Hopkins Hospital

David B. Joseph, MD
Children’s of Alabama

Lori A. Pray, MBA, Public Member

Eric Mark Wallen, MD
The University of North Carolina at Chapel Hill

Mary Elizabeth Westerman, MD, Resident
Mayo Clinic

J. Christian Winters, MD
Louisiana State Univ Health Sciences Center
RC Responsibilities

- Propose new and revised program requirements
- Accredit new programs
- Review programs annually
- Review programs undergoing 10-year review
- Create & revise case logs; establish minimums
- Review complement change requests
- Follow up on resident/fellow complaints
- Provide guidance to programs on requirements
RC Meetings

- Three meetings a year
  - January, April, and August
- Each meeting includes two components
  - Program review
  - Business
RC Staff

- Kathleen Quinn-Leering, PhD, Executive Director
- Jenny Campbell, MA, Associate Executive Director
- Monica Moore, Accreditation Administrator
- John R. Potts, III, MD, Sr. Vice President, Surgical Accreditation
Single Accreditation System Update
Single Accreditation System

• Single Accreditation System began in 2014

• American Osteopathic Association (AOA) accredited programs must achieve Initial Accreditation by June 30, 2020

• 11 Urology programs were accredited by the AOA

• Update:
  • 8 programs with Initial Accreditation
  • 2 programs applied but have not yet achieved Initial Accreditation
  • 1 program working on application
Accreditation Process Review
Accreditation Process

Application for ACGME Accreditation

Initial Accreditation (1-2 yrs)

Continued Accreditation (option: Without Outcomes)

Initial Accreditation with Warning (up to 2 yrs)

Continued Accreditation (option: Without Outcomes)

Continued Accreditation with Warning

Probationary Accreditation (2 yrs max)

Withdrawal of Accreditation

Following Year & Subsequent Yrs

Site Visit

Site Visit

Site Visit

Site Visit

New!
Programs with Initial Accreditation
Programs with Initial Accreditation

Site visit in 1-2 years from effective accreditation date

Approximate Date in Accreditation Data System (ADS)
Site Visit and RC Review

• Once notified of site visit, update information in ADS
  • ADS online questions
  • Attachments, including the Specialty Specific Application
• Half-day site visit (format similar to first site visit)
• At next meeting, RC reviews information in ADS and site visitor report
• Program notified of outcome
  • Email soon after with accreditation status
  • Letter of Notification within 60 days (includes details, e.g., citations)
Site Visit Resources on acgme.org
Programs That Have Achieved Continued Accreditation
Programs that have achieved Continued Accreditation
RC Annual Review

- Clinical Case log
- Faculty Survey
- Resident Survey
- Board Pass Rate
- Attrition
- Program Change
- Scholarly Activity

RC Annual Review
RC Annual Review

• The RC Executive Committee examines
  • Programs that do not meet one or more of the RC’s established thresholds
  • Programs with existing citations
  • Programs with statuses of Continued Accreditation without Outcomes, Continued Accreditation with Warning, or Probation
On the flip side. . .

*Which programs does the RC Executive Committee NOT examine?*

Programs that have **all** of the following:

- Meet/exceed the RC’s established thresholds
- No current citations
- Continued Accreditation status
When does the RC request clarifying information or ask for a site visit?

When additional information is needed to render an accreditation decision.
RC REVIEW

• Most programs have no significant issues and are placed on a special agenda

• Remaining programs:
  • Each program assigned to two RC members for in-depth review
  • Program discussed at an RC meeting to render an accreditation decision

• All programs notified of accreditation decision
  • Email soon after with accreditation status
  • Letter of Notification (LoN) within 60 days --includes details
Deep dive into the program every 10 years
Self-Study and 10 Year Site Visit

• Urology Self-Studies and 10 Year Site Visits have begun!
• Programs notified 6-7 months before self-study due
• Core residency and fellowship undergo process together

Dates in ADS

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Self-Study

• Program conducts comprehensive evaluation of program
• Program completes & upload a Self-Study Summary
  • Summary does *not* include agreed upon action items
10 Year Site Visit

• ~ 2 years after self-study
• 90 day notice
• Once Site Visit is announced, program:
  • Updates information in ADS as needed
  • Completes self-study related documents and upload in ADS
  • Gathers documents for Site Visitor to review (e.g., training files, goals & objectives, policies)
10 Year Site Visit

• Site Visitor will:
  • Review compliance through meetings & documents review
  • Review the self-study process

• **RC** will assess compliance with requirements & render accreditation decision

• **Department of Field Activities** will share feedback on self-study process
See acgme.org for resources

Keep in mind: Self-Study & 10 Year Site Visit process evolving as ACGME learns what works best for programs and the RCs.
In sum...

- Once a program achieves continued accreditation, the RC will review the program each academic year.

- The review may be:
  - An annual review of program data (*may involve clarifying information or a site visit*)
  - A 10 Year Site Visit review
Urology RC Accreditation Update
# Accreditation Status (as of 3/1/18)

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<th>Program</th>
<th>Initial Accred</th>
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Common Citations and Areas for Improvement (AFIs)
Common Urology Citations

- Program Director responsibilities
- Procedural experience *zero tolerance*
- Faculty scholarly activity/create environment of inquiry
- Process for dealing with resident concerns/ability to raise concerns without fear
- Research rotations not including clinical time
Common Urology AFIs

- Procedural experience (meet the minimums, but low percentiles)
- Faculty dedication to teaching (e.g., instruction, interest)
- Service/education balance
- Quality improvement/patient safety education
Urology RC News
Case Logs NEW!

- Program directors and coordinators can view the Case Log System
- ADS>Case Logs Tab>Quick Links>“View Add Case”
- Only difference from resident/fellow case log is no submit button
  - Can enter information but cannot save
Independent Subspecialties

• The RC will consider exceptions to the requirement that fellowships be residency-dependent (i.e., linked to a core program)

• Reviewed by the RC on a program-by-program basis
Proposed Revisions to Urology Requirements
What has changed?

- Medical school preparation
- Technology – residents have to learn more tools
- Shortening of General Surgery time
- Electronic medical record
- Hours worked
PGY-1: PROPOSED PROGRAM REQUIREMENTS

Int. C. The educational program in urology must be 60 months in length. (Core)

IV.A.6.a) The Program Director must be responsible for the design, implementation, and oversight of the Uro-1 (PGY-1) year. (Core)
Implications of Changes to PGY-1

• Program FTE counts may change between General Surgery and Urology
• Rotation determination (i.e. decision-making authority)
• Urology needs the clinical experience; General Surgery needs the coverage
• No need for NRMP Match in current state
• No need for verification of previous training
• Urology becomes responsible for managing evaluations of non-urology rotations
Alignment of Requirements

PROGRAM SITE

ACGME

ABU
Defined Goals of PGY-1?

- Introduction to medical practice as a physician
- Development of basic skills around care of the perioperative patient
- Development of basic technical surgical skills
- Preparation for core urological training
- Other
Other Surgical Specialties
Orthopaedics

IV.A.6.a) The PG-1 year must include: (Core)

six months of structured education on non-orthopaedic surgery rotations (specifies types of rotations)

formal instruction in basic surgical skills, which may be provided longitudinally or as a dedicated rotation

six months of orthopaedic surgery rotations
Neurosurgery

The year of fundamental skills (PGY-1) must be organized so that residents participate in clinical and didactic activities to: (Core)

...assess, plan, and initiate treatment of patients with surgical and medical problems

...surgical and medical emergencies, multiple organ system trauma, and nervous system injuries and diseases

...care of critically-ill surgical and medical patients

...pre-, intra-, and post-operative care of surgical patients

...basic surgical skills and understanding of surgical anesthesia
Otolaryngology

IV.A.6.b) *The PG-1 year must include:*

six month of structured education on non-otolaryngology rotations (Core)

*must include a surgical or medical intensive care rotation* (Core)

six months of otolaryngology rotations (Core)
Potential Benefits of PGY-1 Integration

- Better control of curriculum
- Better connectivity with Urology team
- More time for progressive urological education
Challenges of PGY-1 Integration

- Faculty members have to more actively teach basic skills
- May need more direct supervision
- More individuals to manage
## PGY-1

### Under Proposed Requirements

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Urology
Recommendations

• Engage General Surgery Program Director early for discussions
  • Residents still need core general surgery training
  • Discuss how resident FTEs will best be shared
  • Determine how “unassigned” 3 months of PGY-1 year will be allocated
Recommendations

• Determine benchmarks of what a PGY-1 resident should look like
  • Measurable goals
  • Didactic knowledge versus technical skills
  • Opportunity to “standardize” and study pre- and post-change
Take Home Points

• Integration of PGY-1 year into accredited Urology programs will likely occur on July 1, 2019

• Start discussions early with your associated General Surgery programs

• Determine goals for what PGY-1 residents should achieve

• Opportunity for academic urology community to create standardized program resources that can deployed to individual programs
Proposed Urology Revision: Other Notable Changes
Program Director

- Program Director
- Minimum of 4 years experience in urology post-residency
- Must devote at least 20% of time to the program
- Must review case logs with each resident semi-annually
Program Coordinator

• Must devote a minimum of 20% of time devoted to urology program for every 5 residents
Sites

- No more limit to four sites BUT:
  - New sites must be based on sound educational rationale
  - New sites for required rotation must be approved the RC
- No longer a requirement for fellows at participating sites to keep operative logs
Faculty

• No more requirement that residents have clinical interaction with faculty members with expertise in geriatrics, infectious disease, renovascular disease, renal transplantation, trauma, interventional radiology, plastic surgery, and medical oncology

• **Core Faculty**: Resident ration of at least 1:2 (excluding Program Director)
Didactic Curriculum

- Didactic conferences must include M&M, urological imaging review and journal review
  - No longer must have M&M at each site
  - Urologic pathology conferences no longer required
- Didactics must include geriatric urology and urologic trauma
Research

- Specifics being finalized
Proposed Revisions to Pediatric Urology Requirements
Highlights

• Program Director requirements consistent with residency (four years post-residency, six years in role)
• One faculty per fellow (not including Program Director)
• New section: Curricular Organization and Fellow Experiences
• Clarification of scholarly activity that is acceptable during the clinical year
Proposed Urology and Pediatric Urology Requirements must still be approved by the ACGME Board
Proposed Revisions to the Common Program Requirements
Common Program Requirements

- Section VI: Revised and Effective July 1, 2017
  - Learning and Working Environment
  - No citations for most requirements related to patient safety, quality improvement, and well-being until 2019
  - Can receive an AFI
  - Programs should be working on addressing these requirements
Common Program Requirements

• Sections I-V: Proposed revision posted for Review and Comment
  • Institutions
  • Program Personnel and Resources
  • Resident/Fellow Appointments
  • Educational Program
  • Evaluation
Highlights

- One set of requirements for residencies and one for fellowships
- Alignment with Institutional Requirements
- Almost all requirements categorized as “core”
- Philosophy, Background, Intent added throughout
- RC may further specify only where indicated
Highlights

• Specific requirements for program director and coordinator time
• “Core” faculty defined
• Changes to faculty scholarly activity expectations
• Residents to have individualized learning plans
• Tracking of written and oral board performance as well as resident certification rate
To comment: acgme.org

Deadline 3/22/18
Reminders & Tips
Milestones

Urology RC will not be participating in Milestones 2.0 until next year at the earliest.

But in the meantime...
Practical Tips for Milestones

- Share and discuss the pertinent Milestones set with residents and fellows at the beginning of the program.
- Have residents and fellows complete individualized learning plans, using the Milestones as an important guide.
- Consider having residents and fellows complete a self-assessment of their Milestones that they can compare and contrast, with a trusted advisor.
- Enable residents and fellows to seek out assessment from faculty members.
Why Can’t Milestones Be Used for Regular Evaluations?

- A repository for other assessments
- Not every Milestone can or should be evaluated on every rotation
- Not everything that should be evaluated is included in the Milestones
Milestone Resources

Milestones webpage (acgme.org>What We Do>Milestones)
Milestones FAQs
Clinical Competency Committee Guidebook  UPDATED!
Milestones Guidebook
Milestones Guidebook for Residents and Fellows  NEW!!
Milestones Annual Report 2017
Complement Increase Requests

• Temporary increase requests < 90 days: educational rationale

• Temporary increase $\geq$ 90 days and Permanent increase requests: educational rationale, proposed block diagram and institutional procedural data

*Might* not be required for temporary increases—under discussion
Complement Reminders

• Temporary are reviewed by RC Executive Committee and turn around is typically under 3 weeks.

• Permanent are reviewed by full RC.

• For urology residencies: Requests are required for increase in a given year even if the program will not exceed total complement.

• Clearly outline reasoning in educational rationale - ensure it will make sense to someone outside of the program.
Proposed Block Diagrams

- Include block diagrams for each year until:
  - Temporary: increase ends
  - Permanent: full complement realized
- Label each year (e.g., 2019-2020)
- More about block diagrams in a moment...
Supervision Policy

• There must be a program-specific policy

• Use ACGME classification terms (e.g., direct supervision) to describe progressive responsibility in each setting

• *Suggestion:* Include guidelines for circumstances and events when residents must communicate with faculty
Why does completing ADS correctly matter?
Information in ADS tells the RC if your program:

- Has qualified faculty
- Has residents who meet eligibility requirements
- Provides adequate procedural experience
- Provides residents and faculty with timely feedback
- Teaches residents about quality improvement
- Prepares residents to pass the board exams
- Provides opportunities for scholarly activity
Strong Citation Responses are . . .

- Accurate
- Clear

- Succinct
Major Changes

• *Not just for major changes!*
• Use this area to directly communicate to the RC
• Outline how program is addressing ANY area of concern (e.g., AFI, recent survey results, faculty attrition)
Faculty Roster

- ABU Certified = ABMS
- AOBS Certified = AOA
- Over 10 years old? Cannot be Original. . .
  - Use Time Unlimited, Lapsed, Recertified, Maintenance of Certification (MOC) or Osteopathic Continuous Certification (OCC) New!
- Use Recertified or MOC/OCC consistently
Faculty Roster

• If faculty member is not board certified (and not in the process), can ask RC to consider qualifications
  • Letter from program director and Designated Institutional Official (DIO) to RC with faculty CV (send to jcampbell@acgme.org)
Faculty Roster

- Use resources in ADS to complete roster correctly
- Reorder button puts the faculty in order by site and alphabetically
Scholarly Activity

Expectation:

• Most core faculty members have at least two scholarly products/activities each year.

• At least half of residents/fellows have at least two scholarly products/activities each year.
# Faculty Scholarly Activity

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Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

**Number of other presentations given** (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012. Articles without PMIDs should be listed in this section. This will include publications which are peer reviewed but not recognized by the National Library of Medicine.

**Had an active leadership role** (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012.

**Between 7/1/2011 and 6/30/2012, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participant’s performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.**
# Resident/Fellow Scholarly Activity

## Resident Scholarly Activity

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- **Number of chapters or textbooks published between 7/1/2011 and 6/30/2012**
- **Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012**
- **Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012**
Block Diagram

Strongly recommend following the instructions in ADS
Block Diagram

- It is a block diagram, *not the residents’ schedules*

- Use the same site numbers as on the Site Tab in ADS
  - Site information on Site Tab must be consistent with block diagram

- Include notes at bottom for site number/names, abbreviations, vacation, and any other helpful information
Remember. . .

Should be easy for someone **not at your institution** to understand the block diagram
Use the Handy Dandy Summary!

Approximate Date of Next Site Visit: No Information Currently Present
Self Study Date (Approximate): December 01, 2017

Program Summary

View Summary
Print Summary PDF
Whom to contact with questions?

RC Staff
- Program requirements
- Notification letters
- Complement requests
- Case Log content

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Whom to contact with questions?

- ADS/Surveys/Case Log System:
  ADS@acgme.org or Tessa Banks at tbanks@acgme.org / 312-755-7443

- Site Visit or Self-Study:
  Fieldrepresentatives@acgme.org
Upcoming RC Meetings

- April 12-13, 2018 (Agenda closed)
- August 24, 2018 (Agenda closes June 22, 2018)
- January 17-18, 2019 (Agenda closes November 15, 2018)
- April 29-30, 2019 (Agenda closes February 10, 2019)
- August 23, 2019 (Agenda closes June 21, 2019)
Questions?
Thank you!