Accreditation Actions

At its March 22-23, 2012 meeting, the Review Committee for Radiation Oncology reviewed 18 programs. The chart and graph below outline the decisions reached by the Committee as a result of those reviews.

**Accreditation Council for Graduate Medical Education**

**RRC NEWS**

**Radiation Oncology**

June 2012

**REVIEW COMMITTEE MEMBERS**

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**A Message from the Chair**

W. Robert Lee, MD, MS, ME

The march towards the Next Accreditation System (NAS) continues. As chair of the Review Committee for Radiation Oncology, I also sit on the Council of Review Committees (CRC), a larger ACGME committee that includes the chairs of all of the Review Committees. The broad outlines of the NAS were discussed at both the September 2011 and March 2012 CRC meetings. While the NAS will not be implemented for (continued p.2)

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**MEETING AND AGENDA CLOSING DATES**

MEETING: SEPTEMBER 10-11, 2012
AGENDA CLOSING: JULY 9, 2012
MEETING: MARCH 21-22, 2013
AGENDA CLOSING: JANUARY 18, 2013

**NOTIFICATION DEADLINES**

5 DAYS AFTER MEETING:
E-MAIL NOTIFICATION OF REVIEW STATUS/CYCLE LENGTH AUTOMATICALLY SENT TO PROGRAM DIRECTOR AND DIO.

60 DAYS AFTER MEETING:
E-MAIL ALERT SENT STATING THAT LETTER OF NOTIFICATION IS POSTED IN ADS.

"UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE’S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE."
our specialty until July 2014, I wanted to make program directors and coordinators aware of some of its key components.

Under the NAS:

- Programs will enter program data into a central ACGME database. Some information will be entered at least annually, while other information will be entered semi-annually. Review Committees will annually review program information, to include case logs, resident surveys, faculty member surveys, board score data, and milestones.
- Programs will no longer be required to complete a PIF for self-study site visits, which will now be scheduled at up to 10-year intervals.
- Programs judged to be performing well by the Review Committee will receive ‘maintenance of accreditation’ status.
- Programs of concern to the Review Committee may be asked to provide additional information, and in rare cases a focused site visit may be required.
- Programs judged to be performing in an exemplary fashion will be commended.

In short, the entire accreditation process will be significantly different.

The information entered into the ACGME data collection systems will include core faculty members, any significant program changes, and, most importantly, assessment of resident milestones. A Milestone Working Group comprised of representatives from the Review Committee, as well as radiation oncology program directors and residents, among others, have held two meetings in Chicago, and a draft of the milestones is nearly complete. By early June we will begin testing the defined milestones (resident performance markers). A small group of programs (five-to-10 in all) will be asked to pilot the draft milestones and give constructive feedback to the Working Group.

I ask every program that receives the invitation to participate in this pilot program to strongly consider contributing to this important process. After this pilot, the radiation oncology milestones will be circulated to the entire community for public comment; hopefully in late summer of 2012. The Working Group will meet once more to consider the public comments and I hope to arrange a session to discuss the milestones at the 2012 American Society for Radiation Oncology (ASTRO) meeting in Boston.

Changes in Review Committee Membership

The Committee welcomes Julia Compton, MD as its newest resident member; her term will begin July 1 and extend through June 30, 2014. Dr. Compton is a radiation oncology resident at Indiana University in Indianapolis, Indiana. She is a medical school graduate of Indiana University School of Medicine, and has also earned a Master of Science degree in physiology from Georgetown University. Dr. Compton received the NCCN Fellows Award in 2011, as well as the Clarian Patient Safety and Quality Award in 2010. Currently, Dr. Compton serves on the Executive Committee of the Association of Residents in Radiation Oncology (ARRO).

New FAQ

The Review Committee has recently developed a new FAQ, and a draft preview is provided below.

Q: What is the requirement for resident participation in Quality Improvement activities? [CPR IV.A.5.c).(4)]:

A: The Review Committee expects that residents should participate in a formal Quality Improvement (QI) project at least once during their residency programs. The Committee’s thinking on the critical elements of this expectation is as follows:

Participation: The resident has a well-defined and meaningful role in the project design, data collection, data analysis, and presentation of the results to other members of the department. Multiple residents should not occupy the same role in the project and simply observing or understanding the project is not a meaningful role.

Formal QI project: A project in which data is evaluated before and after a QI intervention to determine the effect of the intervention on system quality or patient safety.

- The project should be described in writing with categories that identify its main elements, such as: title, directors (the resident should be a director), purpose, rationale, methods, and endpoints for analysis.
- For most projects, it will be desirable to avoid words like “investigator” and “study” that are typically associated with research activities that require approval by an Internal Review Board (IRB).
- The scope and size of the project may be small and focused on a highly specific endpoint.
- The results of the project should be
Examples of QI projects that could be done with resident participation include:

- confirming that the pathology report documenting malignancy is in the radiation oncology medical record and affirms the expected diagnosis prior to starting radiation therapy in patients who are supposed to have a tissue diagnosis;
- decreasing the no-show rate for radiation oncology clinic appointments; or,
- a system for confirming correct-side setup when delivering radiation therapy to lateralized targets.

A common topic facing Review Committees is the disposition of Resident Survey results and how these results may impact a program’s accreditation status. The ACGME and its Review Committees consider residents’ engaged participation in this annual survey both important and valuable.

Use of Resident Survey Data

The ACGME Resident Survey, along with other information provided by the program or institution, is an important source of information about program quality. Since the implementation of the annual ACGME Resident Survey in 2004, many programs and sponsoring institutions have used its results to focus improvement efforts. After the survey results have been aggregated, program directors, and designated institutional officials (DIOs) can view a summary of the results for their individual programs or institutions, and implement action plans to address issues of concern.

Use during Accreditation Site Visits: During site visits, ACGME field staff representatives use the results of the ACGME Resident Survey, along with other information provided by the program or institution, during resident interviews and to identify potential issues for inclusion in the site visit report.

Use by the ACGME and Review Committees:

Beginning in 2009, the Council of Review Committees and ACGME senior leadership discussed methods for aggregating data from multiple areas of the survey as a way for Review Committees to assess interim (between site visits) information about programs and sponsoring institutions. Aggregation of individual survey questions into areas of program functioning (faculty, evaluation, educational content, resources, duty hours) offers a way to learn about areas and patterns of non-compliance that may be present in a program, and that are not driven by any single item.
Results Available in the ACGME Accreditation Data System (ADS): DIOs and program directors are encouraged to continue using the results of the ACGME Resident Survey as an ongoing quality improvement tool. Multiple reports are available within ADS to provide this resource to programs and institutions:

- **Resident Survey Individual Program Reports**
  These also display the national non-compliance percentages for all residents.
- **Resident Survey National Data Overall**
- **Aggregate Institution Level Resident Survey Reports**
- ** Aggregate 2007-2010 Combined Resident Survey Results** (updates include 2011 data as of 12/2011)
- **Resident Survey National Data by Core Specialty**—along with national data for specialty-specific questions for all residents within a given specialty.

**A Moment of Reflection: the ACGME’s Courage to Teach Award**

The ACGME’s Parker J. Palmer Courage to Teach Awards Program was created by the ACGME’s former Chief Executive Officer Dr. David C. Leach to: 1) honor and celebrate program directors; 2) bring about renewal in education so that program directors reclaimed their teaching roles; 3) create a safe place for reflective practice and contemplation for medical educators; and, 4) encourage program directors to start movements revitalizing teaching in graduate medical education within their own institutions. Current CEO Dr. Thomas J. Nasca supports these ideals and carries on the good work of recognizing outstanding physician educators.

During its Annual Educational Conference on March 2, 2012, in Orlando, Florida, the ACGME recognized the 10 outstanding program directors who received the 2012 ACGME Parker J. Palmer Courage to Teach Award at a special awards luncheon and ceremony. The ACGME and its Review Committees congratulate the awardees, and wish to call attention to the specialties that have had program directors receive this prestigious award. There are many exceptional program directors across specialties that the GME community wishes to honor and celebrate—they just need to be nominated!

Over the past 11 years, the ACGME has recognized 112 outstanding program directors with its Parker J. Palmer Courage to Teach Award. Following are the 2012 recipients:

Felix Ankel, MD  
Program Director for Emergency Medicine, Health Partners/Region Hospital, St. Paul, Minnesota

Stephanie Call, MD  
Program Director for Internal Medicine, Virginia Commonwealth University, Richmond, Virginia

Grace Caputo, MD  
Program Director for Pediatrics, Phoenix Children’s Hospital/ Maricopa Medical Center, Phoenix, Arizona

David Gantt, MD  
Program Director for Cardiovascular Disease, Texas A&M University, Temple, Texas

Waguih IsHak, MD  
Program Director for Psychiatry, Cedars-Sinai Medical Center, Los Angeles, California

Alan Louie, MD  
Program Director for Psychiatry, San Mateo County Behavioral Health and Recovery Service, San Mateo, California

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**Save the Date**

**2013 ACGME Annual Educational Conference**

February 28-March 3, 2013  
Walt Disney World Swan and Dolphin  
Orlando, Florida

**more information to follow**