

# RRC NEWS

## NUCLEAR MEDICINE



ACGME

Accreditation Council for Graduate Medical Education

JULY 2009

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RRC NEWS IS A BIENNIAL PUBLICATION THAT PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR FOR SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: [KREINOLD@ACGME.ORG](mailto:KREINOLD@ACGME.ORG).

### Progress Reports to the RRC

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon specific request (within the language of the notification letter). Unsolicited progress reports will not be scheduled for review by the committee, but will be administratively acknowledged with no further action. It is also important to note that the RRC does not rescind (remove) citations from a program's history upon review of a (requested) progress report. The expectation of a progress report is to provide an update to the committee on how the program is making progress in those identified areas. Citations may only be identified as corrected at the time of a full program review when they are each thoroughly evaluated through the site visit and review of accreditation materials.

### Program Requirements Revision Process

The ACGME requires that each set of program requirements undergoes major revision at least once every five years. Approximately 18 months before the scheduled date of the next major revision for a particular set of requirements, the ACGME's Requirement Development Committee (RDC) reviews the existing requirements and program information form (PIF) and provides feedback to the Review Committee regarding potential areas for improvement. The Review Committee considers the RDC suggestions and also updates the requirements and PIF as needed based on input from the medical community. The revised requirements and PIF are then submitted to the RDC for consideration.

Upon approval from the RDC, the revised requirements are posted, along with an impact statement on the ACGME website; program directors and DIOs are notified through the ACGME weekly e-Communication that the proposed requirements are available for review and comment for a period of 45 days. At the conclusion of the review and comment period, the Review Committee reviews the comments submitted in response to the proposed requirements, considers whether additional changes to the requirements are needed in response to the comments, and prepares the final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments, the Review Committee's response to these comments, and any FAQs must accompany the requirements when they are submitted to the

### MEETING AND AGENDA CLOSING DATES

MEETING: NOVEMBER 6, 2009  
AGENDA CLOSING: OCTOBER 5, 2009

MEETING: MAY 7, 2010  
AGENDA CLOSING: MARCH 31, 2010

ACGME Board. Upon approval by the ACGME Board, the new requirements are posted to the ACGME website, along with the effective date. Program directors and DIOs are notified through the ACGME e-Communication.

A subcommittee of the RRC has been working on revising the current program requirements. At the fall meeting, the entire committee will review the proposed changes which will be available for a 45-day comment period after the first of the year. The newsletter will include updates about this process.

## Save The Date: 2010 ACGME Annual Educational Conference

Gaylord Opryland Resort  
Hotel and Convention Center  
Nashville, TN  
March 4-7, 2010

### Resident Transfers

*By Christopher J. Palestro, MD, RRC Chair-Elect*

According to the ACGME Common Program Requirements (PR III.C.1, p.11) that went into effect on July 1, 2007, "before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident." Examples of verification of previous educational experiences include a list of rotations completed, evaluations of various educational experiences, and procedural/operative experience. This documentation must be obtained for all previous programs from which the resident has transferred, and should be maintained in the resident files and be available for review by the site visitor. This documentation is not required for individuals who successfully complete another ACGME approved residency program prior to commencing nuclear medicine.

Program directors must be cognizant of the fact that the ACGME definition of "resident transfer" includes not only residents transferring from another ACGME-accredited residency program (including, but not limited to nuclear medicine programs) but also those residents who complete a transitional or preliminary year program and then enter a nuclear medicine residency. A summative competency-based performance evaluation and verification of previous educational

experiences is required for these individuals as well. Program directors are strongly urged to access the "Program Director Guide to the Common Program Requirements" on the ACGME website for more information ([http://www.acgme.org/acWebsite/navPages/nav\\_commonpr.asp](http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp)).

### Useful Resources for New Program Directors

Institutional Requirement III.B.10.e specifies that the Graduate Medical Education (GME) Committee approves new program directors prior to submission to the ACGME. Once approved, the name of the program director is entered into the ADS, which automatically generates a welcome letter to the new program director with a copy to the designated institutional official (DIO) and program coordinator. The welcome letter provides useful information about the ACGME website, as noted below, and refers the new program director to the ACGME Virtual Handbook: <http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp>.

The Nuclear Medicine RRC reviews information about program director changes at each meeting, and the RRC Executive Director provides a final letter of approval to the program director with a copy to the DIO. Other useful webpages and information are:

*Residency Review Committee (RRC) webpage* ([http://www.acgme.org/acWebsite/navPages/nav\\_200.asp](http://www.acgme.org/acWebsite/navPages/nav_200.asp)) contains periodic updates from the Review Committee, FAQs, staff members' contact information by subject, program requirements, program information forms, a "Program Directors' Guide to the Common Program Requirements."

**Program Directors & Coordinators** link contains information about Case logs, Resident Duty Hours, Resident Survey, policies.

**ACGME Manual of Policies and Procedures**, Section II, Accreditation Policies and Procedures contains a complete explanation of accreditation statuses awarded to programs and the policies to which program directors must adhere.

**About ACGME, Staff Listing, Staff listing by Department** provides an overview of the four departments within ACGME, including the Department of Accreditation Committees, which houses all of the RRC staff, and the phone and email contact information for all ACGME staff.

**Key to the Standard Notification Letter** provides

explanations for the common sections of accreditation letters.

**Outcome Project** webpage provides comprehensive information about the general competencies.

**ID and password** to access the Accreditation Data System and Resident Case Log System (if applicable).

The welcome letter also informs the new program directors that the DIO and the GME Committee of the sponsoring institution and the specialty-specific Program Directors Association are other important resources, and encourages the new program directors to contact these groups for more information.

## Notable Practices

A notable practice is a process or practice that an RRC or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. A notable practice is not a requirement, which is a minimum standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.

Many committees have begun to identify notable practices and are making these available to programs in the specialty through the RC webpage. Potential notable practices may be identified in several ways: comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or RC member based on their knowledge of the program, or an unsolicited submission sent to the executive director or RC member. The potential notable practice is viewed and discussed by all RC members and if approved, will be made available through both the RC webpage and the All RC Notable Practices website.

Programs in other specialties may find some of these practices useful, and could adapt them for their specialty-specific program needs as relevant. The "All Review Committees Notable Practices" webpage will be available soon through the RRC webpage.

## Faculty Participation in Maintenance of Certification

*By J. Anthony Parker, MD, RRC Member*

Maintenance of Certification (MOC) is an ongoing

process of maintaining excellence in nuclear medicine. The American Board of Medical Specialties, the umbrella organization for specialty boards, has defined four parts to MOC.

Part I is professional standing, currently documented by a valid, unrestricted medical license and a review of all disciplinary actions. Part II is lifelong learning and self-assessment including both traditional continuing medical education and also self-assessment. This can be documented through self-assessment modules provided by specialty organizations such as the Society for Nuclear Medicine and the Radiological Society of North America. Part III is cognitive expertise that is documented through a secure, computer-based, MOC examination; the MOC examination takes the place of the recertification examination. Part IV is assessment of one's own practice.

Performance assessment is a cyclical process of planning, data collection, evaluation, and improvement, followed by reevaluation. It emphasizes comparison of one's own practice with national benchmarks and evidence-based or consensus recommendations. It can be done through a local program or through a program provided by our specialty organizations.

Most of us are already taking part in these activities as a part of good medical practice. Documenting our activity by participating in board-sponsored MOC processes informs the public of our efforts to remain up-to-date and of our continuing effort to improve our practices.

For physicians with time-limited certificates, participation in MOC is required for recertification. There is an effort on the part of third-party payors and state licensure boards to require that all physicians participate in these types of activities. Participation through medical board-defined MOC processes provides a degree of professional control, which should keep requirements more relevant to good medical practice and good patient care.

Physicians with non-time-limited certificates, who generally have not taken an exam for decades, tend to be particularly concerned about the MOC examination. However, the American Board of Nuclear Medicine has shown that physicians taking the MOC examination have done extremely well. Comparing equivalent questions, MOC exam takers have outperformed first-time certification exam takers. Rather than declining knowledge, it appears that practicing

nuclear medicine actually improves one's knowledge base – a result that is certainly pleasing to those of us in practice.

Residency program faculty should participate in and support MOC since it is a valuable example of professionalism for their residents and this complies with the ACGME program requirements that the program director and faculty “must have current certification in the specialty by the American Board of Nuclear Medicine” (PR II.A.3; II.B.2). Faculty also serve as examples of physicians in practice. Providing a degree of professional control of certification will be good for physicians, but even more importantly, it will be good for our patients. It is important for the MOC process to be accepted for reimbursement, certification, and licensing, but this will only happen if there is broad acceptance of MOC by physicians. Our program faculty should lead the way.

### Useful ACGME Website Links

- Virtual PD handbook: <http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp>
- ACGME Data book: [https://www.acgme.org/acWebsite/dataBook/dat\\_index.asp](https://www.acgme.org/acWebsite/dataBook/dat_index.asp)
- Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by Specialty: <http://www.acgme.org/adspublic/>. Click on Search programs and sponsors.
- Resident Survey National Data Report - available in ADS for Program Directors: log into ADS, click Resident/Fellow Survey, click National Data; DIOs select Reporting Tools, click Resident Survey National Data Overall.
- Resident Survey Institutional Data Report for each sponsoring institution's programs – available in ADS for DIOs: log into ADS, select Reporting Tools, click Institution Level Resident Survey Results
- Faculty development resources for competency-based education, a series of four PowerPoint presentations with facilitator's manuals (introduction to competency-based resident education, practical implementation of the competencies, developing an assessment system, developing a competency-based curriculum) - [http://www.acgme.org/outcome/learn/e\\_powerpoint.asp](http://www.acgme.org/outcome/learn/e_powerpoint.asp)

### ACGME Resident Survey Results

From March through June 2008, residents from 71 programs were surveyed, and 568 of 628 residents completed the survey for a 90% response rate. The survey results indicate highly engaged learning between faculty and residents. An average of 92% of the residents indicated that faculty members provide sufficient supervision and participation in conferences. An average of 96% of the residents reported opportunities to participate in research or scholarly activities, as well as opportunities to assess the residency program for the purposes of program improvement. Of the residents who responded, an average of 98% reported having met ACGME duty hour requirements for the work week, one day free from all program responsibilities, in-house call, and working within the 24+6 hour continuous on-duty limit. The survey results do suggest one area for program improvement. Twenty-three percent of the residents reported that they could not speak freely about issues and problems in their residency program without fear of intimidation or retaliation.

In a complex learning environment, it is possible that structures may not necessarily be in place to elicit resident input. Successful programs, however, value resident input and gather resident opinions in many different ways. One example is a resident led forum that focuses on what works well and what can be improved. Programs then incorporate this input into the annual review of program effectiveness and improvement, which is a required accreditation process. Programs with other innovative ways of engaging residents and minimizing fear of intimidation are invited to share their ideas. The committee will review the concepts received and share selected strategies on the “Notable Practices” section of the nuclear medicine webpage.

### Call for Nominations - RRC Resident Representative

*By Joanna Fair, MD, PhD, RRC Resident Member*

The RRC is soliciting resident member nominations from program directors and faculty. The term is for two years beginning July 1, 2010. Residents at any level of education are eligible (including residents beginning nuclear medicine residency in July 2010). The *ACGME Manual for Policies and Procedures* states that resident members may not serve more than one year beyond completion of residency or fellowship (I.M3.e.3).

The resident member serves as a full voting member on the committee and is involved in all committee activities, including program reviews and program requirement revisions. In addition, the resident serves on the Council of Review Committee Residents (CRCR).

The selected resident must attend two RRC meetings each year and two CRCR meetings each year. The resident must also attend an orientation session (March 2010) as well as an RRC meeting (May 2010) prior to the beginning of his/her term. The resident must be currently enrolled in or beginning an ACGME-accredited nuclear medicine residency in good standing. For more information about review committee membership, access "Appointment Process for ACGME Review Committee Members (PDF)" at [http://www.acgme.org/acWebsite/navPages/AppointmentProcess\\_ACGMERCMembers.pdf](http://www.acgme.org/acWebsite/navPages/AppointmentProcess_ACGMERCMembers.pdf)

To nominate a resident, please submit:

- a current curriculum vitae
- two letters of recommendation summarizing the candidate's qualifications
- a statement from the candidate about his/her interest and willingness to serve
- a letter of support from the chair or program director (granting the resident release time to attend RRC and CRCR meetings).

Nominations must be received by August 1, 2009. All nominations should be submitted to:

Becky Thielen  
ACGME  
515 North State Street, Suite 2000  
Chicago, IL 60654

Alternatively, nominations may be sent by email to [bthielen@acgme.org](mailto:bthielen@acgme.org).

If there are any questions about this position, the current resident member, Dr. Joanna Fair, can be contacted at [joannafair@gmail.com](mailto:joannafair@gmail.com).