

# RRC NEWS

## OTOLARYNGOLOGY



ACGME

Accreditation Council for Graduate Medical Education

APRIL 2010

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RRC NEWS PROVIDES REVIEW  
COMMITTEE AND ACGME UPDATES.  
PLEASE CONTACT THE EDITOR WITH  
SUGGESTIONS OR COMMENTS ABOUT THIS  
NEWSLETTER: [MSCHWAB@ACGME.ORG](mailto:MSCHWAB@ACGME.ORG).

### Key Indicator Cases

The Committee established Key Indicator Cases in an effort to ensure a uniform residency education experience across the spectrum of otolaryngology–head and neck surgery practices. Program Directors should be aware of which cases recorded by their residents in the ACGME Case Log System constitute these Key Indicator Case categories.

For clarification purposes, listed below are the current Key Indicator Cases followed by the relevant CPT codes. For more detailed information, please see “Available CPT Codes by Area and Type for Otolaryngology” on the reports tab within the ACGME Case Log website.

\*Note that CPT codes 31630 and 31635 count in both the bronchoscopy and the airway Key Indicator Case categories.

#### Congenital Neck Masses

42810 / 42815 / 30124 / 30125 / 38550 / 38555 / 60280 / 60281

#### Bronchoscopy

31623 / 31624 / 31625 / 31630\* / 31631 / 31635\* / 31636 / 31638 / 31640 / 31641 / 31656 / 31615 / 31622

#### Airway – Pediatric and Adult

31520 / 31577 / 31578 / 31400 / 31527 / 31528 / 31529 / 31530 / 31531 / 31545 / 31546 / 31561 / 31570 / 31571 / 31599 / 31580 / 31582 / 31587 / 31588 / 31630\* / 31635\*

#### Ethmoidectomy

31254 / 31255 / 31200 / 31201 / 31205

#### Thyroid / Parathyroidectomy

60500 / 60502 / 60512 / 60220 / 60225 / 60240 / 60252 / 60254 / 60260

#### Laryngectomy (all types)

31390 / 31395 / 31367 / 31368 / 31370 / 31375 / 31380 / 31382 / 31420 / 31360 / 31365

#### Neck Dissection (all types)

38700 / 38724 / 41153 / 60252 / 31365 / 31368 / 31390 / 31395 / 38720 / 41135 / 41145 / 41155 / 42426 / 60254 / 69155

(continued on p.2)

### MEETING AND AGENDA CLOSING DATES

Meeting: August 6-7, 2010  
Agenda Closing: June 7, 2010

Meeting: February 10-11, 2011  
Agenda Closing: January 3, 2011

### Parotidectomy

42410 / 42415 / 42420 / 42425 / 42426

### Mastoidectomy (all types)

61530 / 61596 / 69501 / 69502 / 69505 / 69511 /  
69530 / 69601 / 69602 / 69603 / 69604 / 69605  
69635 / 69636 / 69637 / 69641 / 69642 / 69643 /  
69644 / 69645 / 69646 / 69670 / 69955

### Stapedectomy / Ossiculoplasty

69632 / 69633 / 69636 / 69637 / 69642 / 69644 /  
69646 / 69650 / 69660 / 69661 / 69662

### Tympanoplasty (all types)

69604 / 69610 / 69620 / 69631 / 69632 / 69633 /  
69635 / 69636 / 69637 / 69641 / 69642 / 69643  
69644 / 69645 / 69646

### Flaps

15756 / 15757 / 15758 / 20969 / 20970 / 14020 /  
14021 / 14040 / 14041 / 14060 / 14061 / 14300  
15572 / 15574 / 15576 / 15610 / 15620 / 15630 /  
15731 / 15732 / 15734

### Mandible / Midface Fractures

21440 / 21445 / 21450 / 21451 / 21452 / 21453 /  
21454 / 21461 / 21462 / 21465 / 21470 / 21345  
21346 / 21347 / 21348 / 21355 / 21356 / 21360 /  
21365 / 21366 / 21385 / 21386 / 21387 / 21390  
21395 / 21400 / 21401 / 21406 / 21407 / 21408 /  
21421 / 21422 / 21423 / 21431 / 21432 / 21433  
21435 / 21436

### Rhinoplasty

30400 / 30410 / 30420 / 30430 / 30435 / 30450 /  
30460 / 30462

## **New Members**

At its last meeting on February 12, 2010, the Committee welcomed five new members whose terms will begin July 1, 2010: Michael Cunningham, MD, program director at the Massachusetts Eye and Ear Infirmary/Harvard Medical School program; Terance Tsue, MD, DIO and former program director at the University of Kansas School of Medicine program; Lloyd Minor, MD, Chancellor at the Johns Hopkins University; Randal Weber, MD, of the University of Texas, MD Anderson Cancer Center; and Noel Jabour, MD, the Committee's new resident member, from the University of Minnesota.

The Committee thanks the outgoing members for their outstanding contributions to Review Committee work and to graduate medical education as a whole. Leaving the Committee after June 30, 2010 are

Brian Burkey, MD, Chair; Donald Leopold, MD; Ellen Friedman, MD; and Esther Cheung, MD, the Committee's outgoing resident member.

## **Program Requirements Revision Process**

The ACGME requires that each set of program requirements undergoes major revision at least once every five years. Approximately 24 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 and others in the GME community 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 necessary FAQs must accompany the requirements when they are submitted to the 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's weekly e-Communication.

## **Program Requirements**

Proposed revisions for the Program Requirements for Otolaryngology, Pediatric Otolaryngology and Neurotology will be available for review and comment soon. The ACGME's weekly e-Communication message will direct program directors and the GME community of interest on how to offer comments regarding the requirements once they are posted. The Committee will review and consider all comments.

## New Format for Citations

“Citations” – areas of non-compliance that a Review Committee identified during its review of a program – have a new format. Citations now have the following five components:

- (1) Citation Heading – summary of issue being cited
- (2) Program Requirement
- (3) Program Requirement Reference
- (4) Citation
- (5) PIF, Site Visitor Report, or Board Reference (if proposed adverse action)

*An Example of New Citation Format Using a Common Program Requirement:*

Faculty/Qualifications/Specialty Certification

Common Program Requirement: II.B.2.

The physician faculty must have current certification in the specialty by the American Board of Allergy and Immunology, or possess qualifications acceptable to the Review Committee.

The information provided was incomplete.

No information was provided for two of the ten physician faculty listed.

Program Information Form pp. 2,8

## Progress Reports to the Review Committee

The Review Committee continues to remind program directors that progress reports should only be submitted for review upon request, as noted specifically in the accreditation notification letter. The Committee will not review unsolicited progress reports. Such reports will be administratively acknowledged with no further action. It is also important to note that the Review Committee does not rescind (remove) citations from a program's history upon review of a (requested) progress report. A progress report should update the Committee on how the program is addressing those areas identified for comment in the Committee's request for the report. Citations can only be identified as corrected at the time of a full program review when they are thoroughly evaluated through the site visit and review of accreditation materials.