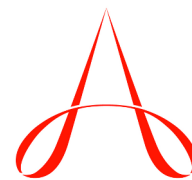


RRC NEWS

OTOLARYNGOLOGY



ACGME

Accreditation Council for Graduate Medical Education

OCTOBER 2009

REVIEW COMMITTEE MEMBERS

PATRICE BLAIR, MPH, EX-OFFICIO

BRIAN B. BURKEY, MD, CHAIR

BRADLEY F. MARPLE, MD, VICE-CHAIR

GERALD S. BURKE, MD

DAVID W. EISELE, MD

ELLEN M. FRIEDMAN, MD

ESTHER J. CHEUNG, MD, RESIDENT

DONALD LEOPOLD, MD

JESUS MEDINA, MD

ROBERT H. MILLER, MD, EX-OFFICIO

RICHARD T. MIYAMOTO, MD

STEPHEN S. PARK, MD

Summary of Actions, August 2009 Otolaryngology-103 Accredited Programs 22 Agenda Items

Proposed Probation	1
Proposed Withdraw	0
Continued Accreditation	17
Other Administrative Decisions	4
Voluntary Withdrawal	0

RRC STAFF

PATRICIA B. LEVENBERG, PHD

EXECUTIVE DIRECTOR

312.755.5048

PLEVENBERG@ACGME.ORG

EILEEN ANTHONY, MJ

ASSOCIATE EXECUTIVE DIRECTOR

312.755.5047

EANTHONY@ACGME.ORG

LINDA ROQUET

ACCREDITATION ASSISTANT

312.755.5494

LROQUET@ACGME.ORG

ACGME

515 N STATE ST

STE 2000

CHICAGO, IL 60654

WWW.ACGME.ORG

ACGME Duty Hours Congress

On June 11-12, 2009, the ACGME held an invitational symposium. Thomas Nasca, MD, CEO of the ACGME, and the entire Duty Hours Task Force were present to hear testimony from all the recognized medical specialties, as well as a number of other national entities, including the AMA, various resident and student organizations, and the Veterans Administration. Brian Burkey, MD, Chair of the Otolaryngology RRC, and SUO leadership (Terry Tsue, MD, Christine Franzese, MD, Joel Goebel, MD, Chris McMains, MD, Anna Pou MD, and Mark Zacharek MD) submitted letters to Dr. Nasca; these were part of the official testimony-briefing book. The Duty Hour Task Force created in response to the IOM recommendations met in September, and will meet throughout 2010. The Task Force is composed of 16 members, including the CEO of the ACGME; nine RC Chairs from the following specialties: diagnostic radiology, anesthesiology, neurological surgery, internal medicine, pediatrics, obstetrics & gynecology, family medicine, emergency medicine, and general surgery; four members of the ACGME Board of Directors, including the Board Chair and one of the Board resident members; and two members of the Council of Review Committee Residents. Additional information about the recommendations of the Duty Hour Task Force will be included in upcoming newsletters.

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

Save the Date:
2010 ACGME Annual Educational Conference
Gaylord Opryland Resort
Hotel and Convention Center
Nashville, Tennessee
March 4-7, 2010

MEETING AND AGENDA CLOSING DATES

Meeting: February 11-13, 2010
Agenda Closing: December 28, 2010

Meeting: August 6-7, 2010
Agenda Closing: June 1, 2010

SUO

The Society of University Otolaryngologists-Otolaryngology Program Directors Organization (SUO-OPDO) will hold its second annual meeting on Friday, November 6, 2009. Last year's meeting was a great success, and this has been an extremely busy year as the organization continues to strengthen and tackle some very challenging projects. Recently, a survey was fielded by the ACGME to all program directors and department chairs regarding program director time and support. There was a strong response from both parties and the official results will be reviewed at the meeting. Survey results were used to construct a position statement on program director time and support. The membership will review the position and vote on its presentation to the RRC. At the November 6 meeting, SUO-OPDO will hold the Program Coordinators Exploratory Meeting to determine the amount of interest in forming a Program Coordinators Organization. If enough interest exists, it will form a steering committee and commence with the process.

RRC Leadership Elections

At its August 2009 meeting, RRC members confirmed Bradley Marple, MD to serve as their chair-elect; he will serve as chair from June 30, 2010 through June 30, 2013. Stephen Park, MD was elected RRC vice chair. Dr. Park will serve in that capacity through June 30, 2012. New policies approved by the ACGME Board of Directors in February 2009, extend RRC chair terms to three years in length. As the RRC, leadership begins to transition in accordance with these new policies, both the current RRC chair, Dr. Brian Burkey and Dr. Marple will both attend the ACGME Council of Review Committees meeting in February 2010.

Goodbye and Welcome

At its August 2009 meeting, the RRC bid farewell to Jesus Medina, MD. In addition to conducting excellent program reviews, both staff and committee members appreciated Dr. Medina's hard work and the well-reasoned comments offered during RRC discussions. Randal Weber, MD joined the Committee effective September 1, 2009.

Progress Reports to the Residency Review Committee (RRC)

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted upon explicit request (within the language of the notification letter) from the RRC. The RRC will not review unsolicited progress reports, but will administratively acknowledge these 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. A progress report should 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.

Resident Survey

A national report for the resident survey that summarizes all otolaryngology residents' responses is available in Accreditation Data System (ADS). This report will allow each program director to view and compare his/her program's responses to those of all otolaryngology programs. To view this information, (1) login into ADS (using your username and password); (2) on the left-hand side of the screen, you will see a list of report options. Select 'Resident/Fellow Survey'; (3) select 'National Data by Core Specialty'; (4) select '2007-2008' (or another range). National reports for 2008-2009 are now available.

Requesting Increases in the Resident Complement

The following documents are required to complete a complement change request; these are to be posted in ADS:

- Educational Rationale
- Current Block Diagram
- Proposed Block Diagram
- Case Log Report (Current Program and Resident)
- Key Indicator Cases for the past three academic years
- Clinical Participating Site Data Update (for permanent increases only)

Reviewing Coding Practices for All Residents

The RRC requests that all program directors carefully review the coding process for all otolaryngology procedures in order to ensure accuracy of the coding of procedures. The directions for coding of cases and unbundling procedures, as well as the roles of surgeon and assistant surgeons are printed on the Case Log forms.

Revising the Program Requirements

The RRC is revising the program requirements for the core and the two subspecialties in Otolaryngology. There will be an opportunity in 2010 to review and comment on the proposed requirements. As noted in the spring 2009 newsletter, comments related to the revision of the program requirements are welcome. E-mail comments to Patricia Levenberg, PhD: plevenberg@acgme.org.

ABMS Board and RRC Information about Transfers

A resident wishing to transfer from one residency program to another must notify the ABOto in writing at least six weeks prior to the date of transfer, and must explain the circumstances of the proposed transfer. Letters from the current and prospective directors of training must also be submitted: The letter from the current program directors must verify the exact amount of training successfully completed in the program and explain the reason for the transfer. The letter from the prospective program director must verify that sufficient residency positions, accredited by the Residency Review Committee for Otolaryngology of the ACGME, exist in the program to provide the transferring resident with the training necessary to meet the requirements of the ABOto for certification. Failure to comply with the transfer requirements may result in loss of eligibility to participate in the ABOto certification process.