

RRC NEWS

DIAGNOSTIC RADIOLOGY



Accreditation Council for Graduate Medical Education

JANUARY 2011

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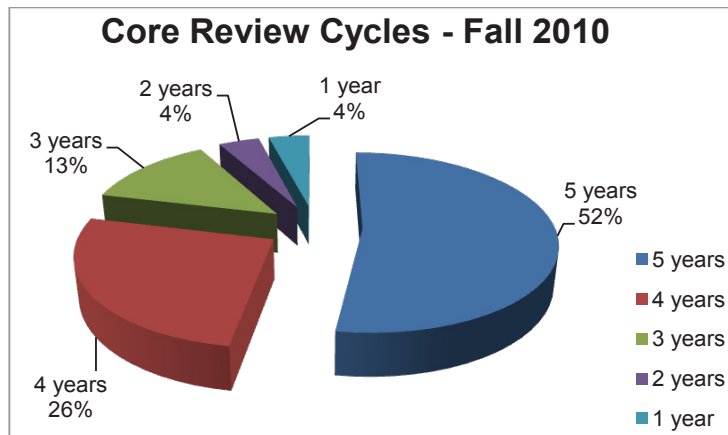
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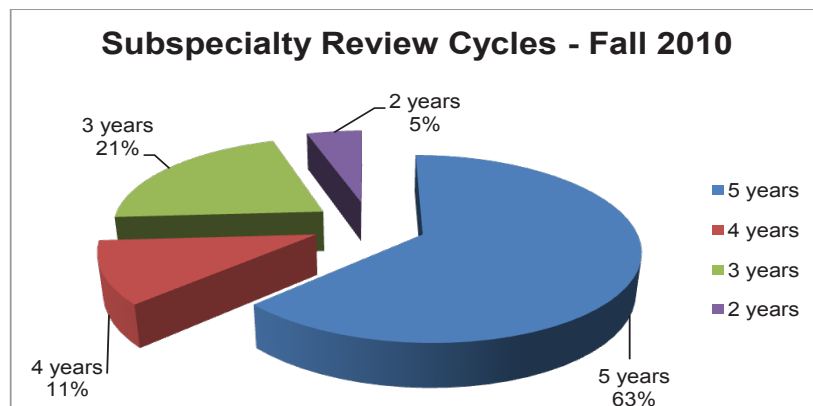
RRC NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

Accreditation Decisions

The November 11-12 Review Committee meeting agenda included the accreditation status review of 24 core programs. The pie chart below illustrates the review cycles for those programs.



The meeting agenda also included the accreditation status review of 19 subspecialty programs. The pie chart below illustrates the review cycles for those programs.



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.

MEETING AND AGENDA CLOSING DATES

MEETING: APRIL 7, 2011
 AGENDA CLOSING: JANUARY 27, 2011

MEETING: NOVEMBER 11, 2011
 AGENDA CLOSING: SEPTEMBER 1, 2011

New Study Supports Increase in Radiology Education Prior to Solo Call

The October 2010 issue of *Academic Radiology* (*Acad Radiol* 2010; 17:1299-1301) contains an article from Allegheny General Hospital, entitled "Impact of Resident Call Eligibility on Major Discrepancy Rate," which addresses the education required for residents to take independent in-house call responsibilities. In 2008, the Program Requirements for Diagnostic Radiology stipulated that residents could only take such call responsibilities after completing 12 months of radiology education; the longstanding requirement for six months was doubled. The authors of the recent Allegheny article studied the "major discrepancy rate" between residents' preliminary readings and faculty overreads for a group of residents who took independent call after six months of radiology education, and then again for another group, after 2008, who took the same type of call after a full 12 months of residency education. The first group's discrepancy rate was 1.8%, and the second's was 1.0%—a statistically significant difference. While both rates are low, this study validates the change to the requirement, especially in light of a political climate increasingly focused on resident supervision as a key component of patient safety.

ACGME Approves Major Revision of Common Program Requirements

On September 27, 2010, the ACGME Board of Directors approved a major revision of the Common Program Requirements. An ACGME task force was convened in 2009 to address necessary changes in the 2003 duty hour standards. In looking at duty hours, the Task Force realized that quality resident education and patient safety issues required an integration of enhanced professionalism and resident supervision, as well as modifications to the duty hour requirements in the new document. The major change in duty hours is a maximum of 16-hour duty periods for PGY-1 residents (interns). Although this requirement is likely to have little effect for diagnostic radiology programs, the new maximum of six consecutive nights of night float *is* likely to affect the specialty. Program directors and coordinators should review the new requirements in detail. They will become effective July 1, 2011, and require renewed thinking about supervision, fitness for duty, and workload for residents.

Development of "Milestones" for Diagnostic Radiology Begins

As part of the ACGME Milestone Project, the Review Committee for Diagnostic Radiology, in conjunction

with American Board of Radiology (ABR), has convened a subcommittee to begin developing milestones for residency education in the specialty. Milestones will define the behavioral attributes, level of medical knowledge, and mastery of technical skill sets that must be demonstrated at key points during a resident's education, and before he/she can graduate from an accredited program. The development of milestones has already begun in several other specialties, notably internal medicine, surgery, obstetrics/gynecology, pediatrics, and urology. The Milestone Project as a whole is a joint initiative between the ACGME and its Review Committees and the respective Boards of the specialties. A group of radiologists experienced in GME has been formed, and will soon begin a process that likely will extend throughout 2011. The Radiology Milestone Working Group is chaired by Dr. Kay Vydareny, who will bring her Review Committee and ABR experience to bear in moving this process along. Key stakeholders (e.g., Radiological Society of North American, American College of Radiology, Association of Program Directors in Radiology, Review Committee) and all subspecialties of radiology are represented in the group. Updates on the process will be included in this newsletter as the work progresses.

Eligibility of Candidates for Entering Both Core Residencies and Fellowships

This newsletter has mentioned before that the ACGME is evaluating the requirements regarding eligibility for entry into either core residency programs or one-year fellowships. The concern about eligibility was raised by the finding of a high degree of variability in these requirements among the Review Committees. The ACGME will study this issue in depth, and make a recommendation to its Board of Directors as to any changes that should be made. The requirement for entry into a core residency in diagnostic radiology is completion of a clinical year accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC), or an "equivalent" organization. Initial information gathering has shown that some radiology residents did *not* complete an ACGME- or RCPSC-accredited clinical year, a surprise to the Review Committee, which retains the right to rule on "equivalency" of non-accredited clinical year programs. The Committee advises great caution going forward in accepting residents who have not completed an ACGME- or RCPSC-accredited program. During site visits, program directors will be expected to provide documentation of completion for an accredited clinical year for each radiology resident, not just

documentation of satisfactory completion of that year. Questions regarding eligibility of candidates for core residencies or fellowships should be directed to Review Committee staff (contact information can be found on p.1 of this newsletter).

ACGME Resident Survey Aggregate Reports are Useful to Programs, Sponsoring Institutions, and ACGME Review Committees

A common topic facing Review Committees is the disposition of results of the Resident Survey and how the results in particular may impact affect a program's accreditation status. The ACGME and its Review Committees take residents' engaged participation in this annual survey very seriously. In response to numerous recent inquiries regarding this topic, the ACGME wanted to provide clarification on how it utilizes the information gleaned from survey responses.

Use in Program Evaluation:

Review Committees, programs, and sponsoring institutions consider residents' evaluations of their programs important sources of information about program quality (CPR V.C.). Since the implementation of the annual ACGME Resident Survey in 2004, many programs and sponsoring institutions have used its results to focus improvement efforts, and as one method of gathering resident input. After the survey window closes, the program director and designated institutional official (DIO) can assess an aggregate summary of the results for their individual program or sponsoring institution, and implement an action plan to address issues of concern. In addition, many programs and institutions use their own survey to assess programs that are not eligible to complete the ACGME survey (i.e., fellowship programs with fewer than four fellows) or to explore topics of local or institutional relevance.

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, to verify and clarify issues during this part of a program's accreditation assessment. Information from the site visit, along with all other accreditation documents, is considered by the Review Committee to determine accreditation outcomes.

Use by the ACGME and Review Committees:

Beginning in 2007, the ACGME and its Review Committees initiated standardized follow-up with programs and institutions when the results of the Resident Survey exceeded an established ACGME compliance threshold for duty hours (these plans were

communicated to the GME community in [a special message from Dr. Thomas Nasca in September 2008](#), as well as through individual Review Committee newsletters). Then, 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 review interim (between site visits) information about programs and sponsoring institutions. Additionally, the aggregation of individual survey questions into domains of program functioning (faculty, evaluation, educational content, resources, duty hours) offers a way to learn about areas and patterns of noncompliance that may be present in a program.

This year, the ACGME Board of Directors recommended that Review Committees follow-up with programs that had significant noncompliance with the aggregated duty hour domain, as well as significant non-compliance in two or more other domains (faculty, evaluation, educational content, resources). Of the 5703 programs that participated in the 2010 ACGME Resident Survey, 274 (4.8%) required follow-up. Follow-up methods included letters sent to program directors and DIOs requesting that they implement improvement plans to address the problem areas, and, for 34 programs, scheduling early site visits. The ACGME sent a copy of any letter sent to a program to the chief executive officer of that program's sponsoring institution in order to involve him or her in supporting program improvements.

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 to provide this resource to programs and institutions via ADS:

- Programs can view the **2010 Resident Survey National Data Overall** report by selecting "Resident/Fellow Survey" from the left-hand menu, and then clicking on "National Data." DIOs can view this same report selecting "Reports" from the left-hand menu, clicking on "Reporting Tools," and then clicking on "Resident Survey National Data Overall."
- DIOs can view the **Aggregate 2009-2010 Institution Level Resident Survey** report for each sponsoring institution by selecting "Reports" from the left-hand menu, clicking "Reporting Tools," and then clicking the "Institution Level Resident Survey Results" link and selecting the 2009-2010 academic year.
- **2009-2010 Resident Survey individual reports**

have been reposted with a *new* column that displays the “National Noncompliance Rate.” Programs can view the report by selecting “Resident/Fellow Survey” from the left-hand menu, and then clicking on “Aggregate Report.” DIOs can view this report by selecting “Program & Resident Info” from the left-hand menu, clicking “View and Update Sponsored Programs,” and then selecting the report link for each program under the “Resident/Fellow Survey Report” column.

- Programs can view the **Aggregate 2007-2010 Combined Resident Survey Results** report for programs with fewer than four active residents: by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “Aggregate Report.” DIOs can view this report by selecting “Program & Resident Info” from the left-hand menu, clicking on “View and Update Sponsored Programs,” and selecting the report link for each program under the “Resident/Fellow Survey Report” column.
- The **2010 Resident Survey National Data for Specialty-Specific Questions** report is **only** available for specialties that have a specialty-specific survey section. Programs can view the report by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “National Data—Specialty-Specific Questions.” DIOs can view this report by selecting “Reports” from the left-hand menu, clicking on “Reporting Tools,” selecting “Resident Survey National Data—Specialty-Specific Questions,” and then selecting the 2009-2010 academic year.
- Programs can view the **2010 Resident Survey National Data by Core Specialty** report by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “National Data by Core Specialty.” DIOs can view this report by selecting “Reporting Tools” from the left-hand menu, clicking on “Reporting Tools,” and then selecting “Resident Survey National Data by Core Specialty.”

Duality of Interest Taken Seriously by the Review Committee

While ‘conflict of interest’ implies a financial situation which can improperly influence the decision of the member of an organization, ‘*duality of interest*’ implies any other situation which can influence a decision. Examples of duality of interest for a Review Committee member can include being from the same state in which a program under review is located, having worked in an institution housing a program under review, or having a close relationship with the department chair or program director of a program under review. When reviewing programs, members of the Review Committee for Diagnostic Radiology recuse themselves when there is a duality of interest that might influence their decisions regarding a program’s accreditation status. Recusals always occur for those Committee members from the same state as the program under review. ACGME staff members provide periodic education on and monitoring of duality of interest for all Review Committees to ensure the policy on this issue is constantly in mind, and always governs the way in which business is conducted during meetings.

Faculty Roster in Program Information Forms Includes Four Educational Activity Categories

In order to be consistent among all specialties, the ACGME has revised the Faculty Roster in the Common PIF, by expanding the ‘Average hours/week devoted to Resident Education’ to include four categories - clinical supervision, administration, didactic/teaching, and research. The PIF for Diagnostic Radiology already includes these areas so no modification is necessary. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a ‘mouse over’).

Category of Resident Education	Examples of Resident Educational Activities
Clinical supervision	Bedside rounds; outpatient precepting; operative supervision
Administration	Program oversight; curriculum development; faculty, resident and program evaluation; career counseling
Non-clinical didactics/teaching	Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident
Resident research	Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations

Drs. Davis and Berquist Elected to Review Committee Leadership Positions

During its November meeting, the Committee elected new leaders whose terms will begin July 1, 2011. Dr. Larry Davis was elected Chair-Elect. He will attend the June 2011 meeting of the ACGME Council of Review Committees for orientation to the central functions of the ACGME, and then succeed Dr. Steve Amis, whose term ends June 30, 2011, as Chair. Dr. Davis has been a member of the Review Committee for three years. He is no stranger to education, having previously served as Chair of the Commission on Education of the American College of Radiology, and currently serves as program director for the radiology residency program and as interim chair at Long Island Jewish/North Shore Medical Center in New York. Dr. Tom Berquist will begin his term as Vice Chair of the Committee July 1, 2011 as well. Dr. Davis will serve a three-year term as Chair and Dr. Berquist will serve a two-year term as Vice Chair.

New Review Committee Staff Member



At the end of May, Tamara Wolski officially joined the ACGME's Department of Accreditation Committees. As an Accreditation Assistant, Ms. Wolski will provide administrative and operational support to the Review Committee for Diagnostic Radiology.

Ms. Wolski earned her Master's degree in historical administration from Eastern Illinois University, and her Bachelor of Arts degree in anthropology, with a concentration in archaeology, and a minor in history and classical studies from the University of California, San Diego. Before coming to the ACGME, Ms. Wolski served as a museum intern at Historic Wagner Farm, was a graduate assistant at Eastern Illinois University, a docent at the Clarke Historical Museum in California, and an assistant curator of archaeological collections at the San Diego Museum of Man. She also previously taught English to 7th and 9th grade students in China. We are very pleased that Ms. Wolski has joined our staff.

2011 ACGME Annual Educational Conference

Beyond Boundaries

Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee

March 3-6, 2011

[click here](#) for more information