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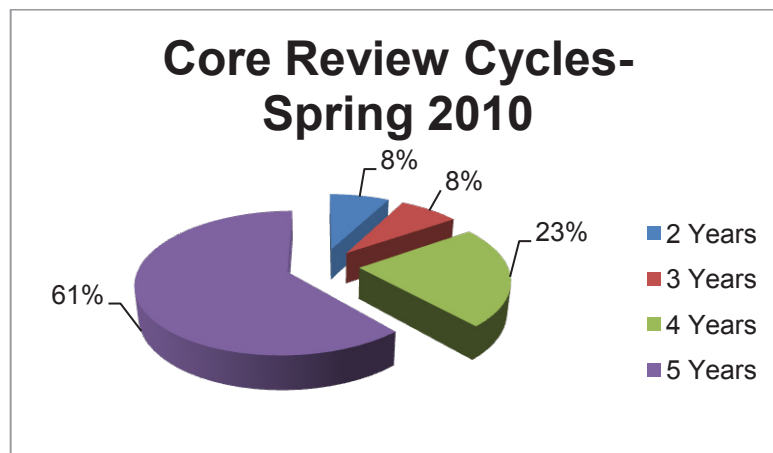
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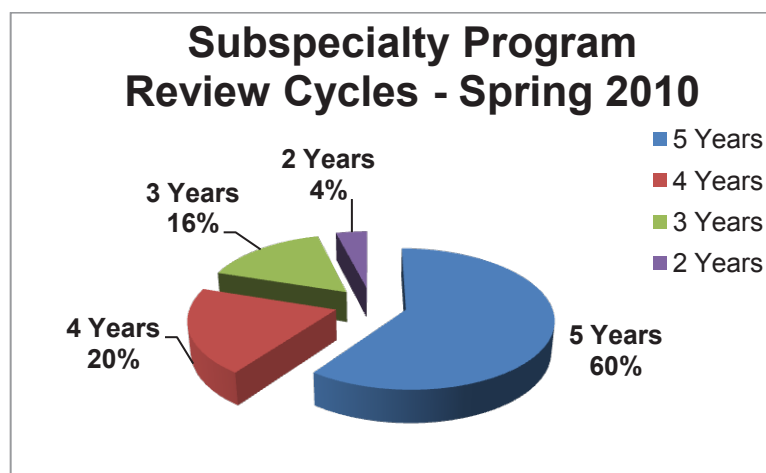
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### Accreditation Decisions

The April 8-9 Review Committee meeting agenda included the accreditation status review of 17 core programs. The pie chart below illustrates the review cycles for those programs.



The meeting agenda also included the accreditation status review of 26 subspecialty programs. The pie chart below illustrates the review cycles for those programs.



### MEETING AND AGENDA CLOSING DATES

MEETING:	NOVEMBER 11-13, 2010
AGENDA CLOSING:	SEPTEMBER 24, 2010
MEETING:	APRIL 7-9, 2011
AGENDA CLOSING:	FEBRUARY 15, 2011

## Other Specialties' Requirements and Conflicts with Radiological Resident Education

Every five years, each Review Committee must review, and often revise, the program requirements for its specialty. Proposed revisions are posted on the ACGME website for a period during which the Committee receives comments from the community of interest. The Review Committee for Diagnostic Radiology is vigilant about reviewing these proposed revisions across specialties, as on occasion we find new proposed requirements in other specialties that would compromise the education of radiology residents.

Recent discussions about references to the peripheral vascular system in addition to the heart that were included in the proposed interventional cardiology requirements resulted in the removal of some specific language that was concerning to radiology. Also, discussions about the required rotation on CT that was included in the proposed Program Requirements for Nuclear Medicine resulted in a compromise found to be acceptable by both specialties.

These agreed-upon changes must still undergo the scrutiny of the ACGME Committee on Requirements and approval by the ACGME Board of Directors.

## Eligibility of IMGs for ACGME-Accredited Fellowships

Most specialties require completion of either an ACGME- or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited core residency program before a candidate is eligible for their ACGME-accredited fellowships. However, some specialties, ours included, have been lenient in the past. The ACGME Committee on Requirements is evaluating this eligibility issue and will likely derive requirements that apply to all specialties. In the interim, the Program Requirements for Diagnostic Radiology have been modified to indicate that candidates for ACGME-accredited fellowships "should" have completed an ACGME- or RCPSC-accredited core residency program. The ACGME uses the term "should" to mean that a given requirement *must* be followed unless a program can provide justification for noncompliance to the satisfaction of the Review Committee. Often, exceptions that would be deemed acceptable by the Review Committee are outlined in our FAQs. Such is not the case at this time. Every attempt should be made by program directors to fill their slots with candidates who have completed

ACGME- or RCPSC-accredited core residency programs. In instances where a slot will go vacant, consideration may be given to highly qualified IMGs. Of course, all such candidates must meet the Institutional Requirements for fellowship education in the U.S., and the program director must provide a strong rationale for accepting this candidate at the time of the accreditation review.

It is likely these requirements will be better defined in the near future, and you will be appropriately informed at that time.

## Teaching Radiology Residents About Radiation Safety

Most of us are aware of the increasing public attention being paid to the potential ill effects of medical radiation. Overdosing a patient during radiation therapy results in acute and highly visible injuries. The ill effects of using ionizing radiation for diagnostic purposes are more subtle, though all evidence points to an increased risk for cancer in some patients exposed to multiple or high dose CT scans, nuclear cardiac stress tests, and prolonged interventional procedures. Radiologists are considered experts on the use of medical radiation, espousing the concept of ALARA (as low as reasonably achievable), and considering the risk-to-benefit ratio in deciding on various imaging algorithms. To ensure that radiologists can effectively maintain a leadership role in the proper utilization of imaging, it is imperative that our residents be taught the basics of radiation physics and radiation safety and that they incorporate this knowledge into their daily practice of radiology. To make sure this occurs, the new American Board of Radiology (ABR) examinations will cover these imaging basics. Each program should accept responsibility for ensuring a quality educational experience for radiology residents in radiation physics and radiation safety. A good place to start is to use the American Association of Physicists in Medicine (AAPM) standard curriculum.

## New Program Requirements Go Into Effect This Summer

In support of the changes in structure and timing of the ABR certifying examinations, new Program Requirements for residency programs in Diagnostic Radiology go into effect **July 1, 2010**. Residents entering programs on or after that date will be certified by the new ABR examinations. To prepare residents to take the "Core" examination at the end of

the PGY-4 year (third year of diagnostic radiology residency), it is essential that they receive clinical and didactic education in all of the subspecialty areas in radiology, as well as having exposure to the core subjects such as physics, patient safety, physiology of contrast media, socioeconomics of radiology, fatigue management, etc.

For the final year of radiology residency, programs are asked to tailor rotations as much as possible to reflect the interests and anticipated radiology practices of these senior-level (PGY-5) residents. Not every PGY-5 resident will be able to get the exact rotations desired, especially in smaller programs. As such, the operative phrase in the new requirements is “within available resources.” Residents are allowed to spend as many as 16 months in one subspecialty area under the new requirements.

Submission of resident Case Log data should occur only during the core years of residency education (PGY-2, 3, 4) because data entered during the final year, due to the customization of rotations, will likely be highly variable. Finally, the 50% Board pass rate requirement remains in place, with one condition allowed, assuming it is corrected at the first available opportunity.

### **New ABR Examination Process**

As we’ve already noted, residents who begin diagnostic radiology residency education (R1) on or after July 2010 will have a new examination process leading to ABR certification. The Core Examination, an image-rich, computer-based examination, will be administered at a central testing location after 36 months of residency education. This will be a comprehensive examination covering all aspects of diagnostic radiology, including interventional radiology, nuclear medicine, and physics. In 2013, the first year of administration of the examination, the test will be given the first week of October; in subsequent years it will be given the third week of June.

A second examination, the Certifying Examination, will be given 15 months after completion of residency education. This will also be an image-rich, computerized examination administered at a central location. Five modules will comprise the examination: non-interpretive skills, essentials of diagnostic radiology, and three clinical practice modules which the examinee will be able to self-select based on individual educational experience, practice emphasis, and interest. There will be no oral examination.

The ABR decided on the new examination schedule after considerable study and discussion of the practice of diagnostic radiology. The complexity of practice in the 21st century makes it difficult to be an expert in all aspects of our specialty. It is hoped that this new examination process will enable programs to grant their residents a greater period of subspecialization during the last year of their residencies. More information about the new examination process, called the Exam of the Future, can be found at [www.theabr.org](http://www.theabr.org).

### **Site Visit Evaluation**

After the conclusion of an accreditation site visit for programs or sponsoring institutions, the ACGME site visitor completes his or her report and submits it to the ACGME’s Department of Field Activities (DFA). The report is logged, and then, along with the program information form (PIF) sent by the program or institution, transmitted to the Review Committee team for assignment to reviewers.

Once the Site Visit Report has been received and logged into the DFA database, the system that manages site visit scheduling generates an e-mail to the program director, indicating that s/he has an opportunity to complete an evaluation of the site visitor’s knowledge, preparation, interpersonal conduct and other relevant elements of the visit. The evaluation is completed online, and programs are provided with instructions for how to access and complete it. The form is made available to program directors only after the Site Visit Report has been filed and cannot be altered. One of the reasons for this is to ensure that programs candidly comment on all aspects of their site visit, without concerns that this may influence the Site Visit Report or the Review Committee’s subsequent review. Completed site visit evaluations are aggregated and the members of the field staff periodically are provided with an aggregate report that compares their performance to that of their 30 colleagues.

The e-mail notice asking for a program’s evaluation of the site visit may arrive up to several weeks after the actual site visit. Consequently, program directors may not recognize it, or appreciate that the e-mail received is soliciting their comments on both their site visit and the performance of their assigned field representative. However, this feedback is extremely valuable to the ACGME and the members of the field staff in improving the site visit process. The ACGME relies on programs’ honest responses, and strongly

encourages program directors to look for these messages, and to take advantage of this opportunity to provide input on the accreditation process.

### **ACGME Data Systems**

In order to use current features and future enhancements completely, the ACGME has created a new minimum browser requirement that specifically states which Web browsers are supported. The new requirement covers all of the ACGME's data systems, including **ADS**, **Resident Case Logs**, the **Resident Survey**, and the evaluation system. Please note that support for Internet Explorer version 6 (**IE 6**) will end July 1, 2010. The new minimum browser requirement can be viewed [here](#).

Please e-mail [WebADS@acgme.org](mailto:WebADS@acgme.org) with questions or concerns.

### **Accreditation Data Systems (ADS) Change**

Due to the lack of reporting consistency and the inability to analytically assess faculty credentials, the ACGME is phasing out the use of curricula vitae in PDF files. Starting December 31, 2010, faculty CVs formatted in PDF will no longer be supported in ADS. If your program's faculty roster currently uses PDF files for CVs, please make sure you have a copy of each CV and then contact your ADS representative to access the electronic CV format. You will need to enter information from the PDF into the ADS database. **NOTE:** This only applies to programs that currently have PDF files of CVs in the ADS faculty roster.

To verify which CV entry method your program uses, please log in to ADS, select the "Update Program Info" menu and click the "Update Faculty/CV" link. Click the "CV" icon under the "View/Edit CV" column. If you are prompted for a PDF upload, your program currently uses PDF for CVs.

Please e-mail [WebADS@acgme.org](mailto:WebADS@acgme.org) with questions or concerns.

### **2010 Workshop: Basics of Accreditation for New Program Coordinators**

Date: July 12, 2010

Location: ACGME Headquarters

515 North State Street, Suite 2000

Chicago IL 60654

This one-day intensive workshop is designed to help

new program coordinators understand the basics of ACGME accreditation of residency programs. The workshop is designed for individuals who assist the program director in the administration of the residency program and are new to the accreditation process. Participants must have less than two years of experience as a program coordinator.

More Information:

[Workshop Brochure](#)

[Click here](#) for online registration (now open)

E-mail questions about the workshops to:

[Coordinatorworkshops@acgme.org](mailto:Coordinatorworkshops@acgme.org).

### **Review Committee Staff Changes**

At the Review Committee's April meeting, members said goodbye to Associate Executive Director Linda Thorsen and Accreditation Assistant Becky Ryan. Ms. Thorsen has worked with the Review Committee for close to 15 years, with primary responsibility for the 301 radiology fellowship programs. During her tenure, Ms. Thorsen expertly guided completion of all aspects of the program requirements review process for the eight different subspecialties. Ms. Ryan provided Committee support by preparing and distributing program files to the Committee members assigned to review them, organizing the reviewer books, responding to questions from program coordinators, participating in new Review Committee member orientation sessions, and assisting with general meeting arrangements.

Ms. Thorsen and Ms. Ryan are now supporting the Review Committees for Allergy and Immunology, Pathology, Radiation Oncology, and Transitional Year. Their responsibilities for the Review Committee for Diagnostic Radiology will be assumed full-time by Executive Director Missy Fleming and Senior Accreditation Administrator Norma Rodríguez de Yagcier.

### **Next Accreditation System is focus of CEO's Speech at 2010 ACGME Annual Conference**

The ACGME is continuing its transition to a system of accreditation that encourages and recognizes innovation, improvement, and excellence, Thomas J. Nasca, MD, MACP, chief executive officer of the ACGME, said at the 2010 Annual Conference.

Dr. Nasca discussed the ACGME's shift to the next accreditation system in his March 6 welcoming

address, "Transitions in the Learning Environment: Milestones, the Next Accreditation System, and Other Factors Influencing Graduate Medical Education," to attendees of the 2010 ACGME Annual Educational Conference. The Conference, held March 4-7 at the Gaylord Opryland in Nashville, Tennessee, attracted a record crowd of approximately 1,600 program directors, program coordinators, designated institutional officials, and other people involved in graduate medical education.

The shift to the next accreditation system began in the early 1990s when the ACGME introduced the Outcome Project, which requires residents to master six general competencies: interpersonal skills and communication, medical knowledge, patient care, practice-based learning and improvement, professionalism, and systems-based practice.

The ACGME is working with Review Committees, and specialty medical organizations and boards to develop specific benchmarks of skills and knowledge that residents in every specialty must achieve at certain identified points or stages during their residency education. These benchmarks, or milestones, not only will help to demonstrate that all graduates meet the core competencies, but will enable both programs and the ACGME to certify that the residents meet them.

"We have entered an era of zero tolerance for medical errors and the public has very high expectations for the quality of care that they will receive," said Dr. Nasca. "The profession, and those of us involved in the education of the next generation of physicians, must enhance the public's trust in the profession and the quality of care provided by our residents in the teaching setting.

The next accreditation system will have longer accreditation cycles for strong programs, an emphasis on innovation and excellence, and more frequent collection and review of data between site visits. It will require more accountability from institutions that sponsor residency programs, more sharing of aggregate graduate medical education data, and less frequent revisions of standards.

Dr. Nasca noted that three principles underscore everything the ACGME does: the safety of patients under the care of residents and faculty in teaching institutions; the safety of patients that will receive care in later years when residents practice independently; and the assurance that residents are being educated in a safe, humanistic environment that nurtures professionalism and the effacement of self-interest.

The ACGME Board of Directors discussed next steps for this new accreditation system at a strategic retreat in February. The Board appointed a task force to develop recommendations for the next accreditation system, which will be presented to the Board in February 2011.

### **2011 Parker J. Palmer Courage to Teach Award, Courage to Lead Award, David C. Leach Award, GME and Institutional Coordinator Excellence Awards**

The ACGME is accepting nominations for the 2011 *Parker J. Palmer Courage to Teach* and *Courage to Lead Awards*, the *David C. Leach Award*, and *GME Program and Institutional Coordinator Excellence Awards*.

The *Courage to Teach Award* – named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote *The Courage to Teach* and other books on teaching and vocation – is given annually to program directors who have developed innovative teaching practices and demonstrated a commitment to teaching. The *Courage to Lead Award*, also named for Dr. Palmer, is presented each year to DIOs who have created an optimal environment for resident education, one each from the three categories of sponsoring institutions: small hospital (25 or fewer residency programs), large hospital (25 to 50 residency programs), and tertiary academic medical center (more than 50 residency programs).

More information about these awards is available in these FAQs:

- [www.acgme.org/acWebsite/courageLeadAward/CTLawardFAQs.pdf](http://www.acgme.org/acWebsite/courageLeadAward/CTLawardFAQs.pdf)
- [www.acgme.org/acWebsite/palmerAward/CT-TawardFAQs.pdf](http://www.acgme.org/acWebsite/palmerAward/CT-TawardFAQs.pdf)

The *David C. Leach Award* honors the ACGME's former chief executive officer, David C. Leach, MD, who retired in 2007. This annual award recognizes five residents and/or resident teams (residents, fellows, faculty, program coordinators, allied health professionals) who have developed a project or activity that improves graduate medical education.

For more information, FAQs can be reviewed here:

- [www.acgme.org/acWebsite/dcl\\_award/DCLawardFAQs.pdf](http://www.acgme.org/acWebsite/dcl_award/DCLawardFAQs.pdf)

The ACGME created the *GME Program and Institutional Coordinator Excellence Awards* to honor and recognize the very crucial role that program and

institutional coordinators play in the success of the institution and its residency programs. These new awards will be given annually to five program coordinators and one institutional coordinator.

For more information, FAQs are available here:

- [www.acgme.org/acWebsite/gme\\_award/CoordawardFAQs.pdf](http://www.acgme.org/acWebsite/gme_award/CoordawardFAQs.pdf)
- [www.acgme.org/acWebsite/gme\\_ic\\_award/InstitutionalCoordawardFAQs.pdf](http://www.acgme.org/acWebsite/gme_ic_award/InstitutionalCoordawardFAQs.pdf)

The ACGME Awards Committee will choose the 2011 *Courage to Teach*, *Courage to Lead*, *David C. Leach*, and *GME Program and Institutional Coordinator Excellence* award recipients in September, 2010. Nominations for all five awards are due by **July 1, 2010**. Applications can be found online here:

Courage to Teach Award Application Form:  
[www.acgme.org/acWebsite/palmerAward/CTTawardapplication.doc](http://www.acgme.org/acWebsite/palmerAward/CTTawardapplication.doc)

Courage to Lead Award Application Form:  
[www.acgme.org/acWebsite/courageLeadAward/CTLawardapplication.doc](http://www.acgme.org/acWebsite/courageLeadAward/CTLawardapplication.doc)

David C. Leach Award Application Form:  
[www.acgme.org/acWebsite/dcl\\_award/DCLawardapplication.doc](http://www.acgme.org/acWebsite/dcl_award/DCLawardapplication.doc)

GME Program Coordinator Excellence Award Application Form:  
[www.acgme.org/acWebsite/gme\\_award/Coordawardapplication2011.doc](http://www.acgme.org/acWebsite/gme_award/Coordawardapplication2011.doc)

GME Institutional Coordinator Excellence Award Application Form:  
[www.acgme.org/acWebsite/gme\\_ic\\_award/InstitutionalCoordawardapplication2011.doc](http://www.acgme.org/acWebsite/gme_ic_award/InstitutionalCoordawardapplication2011.doc)

Completed applications and supporting materials should be **sent as a PDF document** to DeLonda Dowling: [ddowling@acgme.org](mailto:ddowling@acgme.org).

**Save the Date:**  
**2011 ACGME Annual  
Educational Conference**

**Gaylord Opryland Resort Hotel  
and Convention Center  
Nashville, Tennessee  
March 3-6, 2011**

**\*\*more information to follow\*\***