

RRC NEWS

RADIATION ONCOLOGY



ACGME

Accreditation Council for Graduate Medical Education

DECEMBER 2009

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MEETING AND AGENDA CLOSING DATES

MEETING: MARCH 22-23, 2010
AGENDA CLOSING: JANUARY 15, 2010

MEETING: SEPTEMBER 9-10, 2010
AGENDA CLOSING: JULY 15, 2010

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RRC NEWS PROVIDES REVIEW COMMITTEE
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Electronic Access to Aggregate and Program-Specific Procedure Data in Radiation Oncology

Bruce G. Haffty, MD, RRC Chair

Over the past several years, procedural data for radiation oncology has completed the transition from paper logs to a centralized electronic database. Currently, all procedures for residents in radiation oncology are logged into the ACGME centralized data base (Accreditation Data System, or ADS), allowing program directors to more efficiently, comprehensively and accurately monitor this data. Program directors can access data for individual residents, as well as for the entire cohort of residents in their program. While program directors do not have access to individual data from residents in other programs, aggregate national data can be accessed as shown below.

It is anticipated that access to this aggregate data will be of value to program directors in assessing how individual residents, as well as their program as a whole, compare to national averages for each of the site-specific categories. While it is recognized that programs will have strengths and weaknesses with significant variability across the categories, major deviations from the national averages in any specific category for a given resident or for the program overall will allow program directors to adjust rotations or consider alternative strategies as necessary.

Procedure to access summary data for residents completing program and national reports:

- Go to www.acgme.org
- Select 'Data Collection Systems'
- Select 'ADS>LOGIN'
- Select 'CASE LOG REPORTS' to access PDF files of National Level, Program Level, Resident Level or 'Resident Level Report Summary' to generate tables to compare your completing residents to national benchmarks/averages

To access updated summary data for current residents:

- Go to www.acgme.org
- Select 'Data Collection Systems'
- Select 'Resident Case Log System>LOGIN'
- Select 'External Beam Simulation Summary' for a summary of all current residents' external beam experience
- Select 'Brachytherapy Summary' for a summary of all current residents' brachytherapy experience

Please note that the data in ADS is only as accurate and complete as residents are in entering the information. Residents should be encouraged to update their logs in a timely manner. Updated logs for residents in training should be reviewed at least biannually at their biannual meeting with the program director, to confirm that the residents'

scope of procedural experiences is on track.

The Residency Review Committee (RRC) for Radiation Oncology encourages programs to access this information at www.acgme.org. Comparison of your current and completing residents' experience with national benchmarks should provide meaningful information to you regarding the training experience at your institution. We hope this information is helpful to you in monitoring your individual program's progress.

Integrating New Technology into Program Requirements

Laurie E. Gaspar, MD, MBA, RRC Vice Chair

The RRC recognizes the importance of preparing residents for future state-of-the-art clinical practice. A small subcommittee of the RRC meets every two years to review pertinent literature, which could include published studies, presentations at major oncology meetings, or new standards of care. In addition to making recommendations to the RRC regarding new technology, recommendations may also be made to eliminate outdated technology.

The subcommittee particularly considers incorporating new technology into the program requirements if the technology meets the following criteria:

- Prospective clinical studies are available
- The technology is in frequent use in clinical practice
- Questions are likely to arise in the board examination
- CPT codes exist
- NRRC regulations have been developed
- FDA approval has been given
- NCCN Guidelines or ACR Practice Guidelines and Technical Standards address the technology

A relatively recent example of incorporating new technology into program requirements has been the radiosurgery requirements. Residents are now required to participate in a minimum of 10 radiosurgery cases over four years of training. A radiosurgery case is defined as a single fraction or up to five fractions. These cases may be cranial or extracranial (extracranial cases are frequently referred to as stereotactic body radiation therapy or SBRT), and may employ a wide variety of technologies using stereotactic guidance. There are no particular machines specified as long as there is the required accuracy of treatment delivery. The program requirements stipulate that the primary clinical site must have the capability of delivering radiosurgery. In addition, the training program must provide instruction in the physics, radiation and cancer

biology, and clinical applicability of radiosurgery. The resident must participate in the treatment planning and administration of radiosurgery in order to count the case in his/her log.

Although the 10 required radiosurgery cases may currently be either cranial or extracranial, one potential area for future change in the program requirements might be to specify that a portion of stereotactic radiosurgery cases be extracranial, specifically liver and lung. This will be discussed at the upcoming RRC meeting and, if approved, a process to integrate this new requirement into the Program Requirements for Radiation Oncology will be initiated.

RRC ACTION: Following a full discussion by the RRC at its September meeting, the Committee agreed to the following recommended program requirement change:

Program Requirement IV.A.5.a.(6):

Residents must participate in the treatment planning and administration of at least 10 cranial and five extracranial patients.

PLEASE NOTE: This proposed revision has been posted for formal comment (45-day period) on the Review and Comment page of the ACGME website. Program directors are encouraged to comment during this designated time period (the Review and Comment period for these proposed revisions is December 30, 2009). You will be notified of an effective date of implementation at a later date.

ADDITION to Radiation Oncology Frequently Asked Questions: NON-ABR-Certified Faculty

(see: http://www.acgme.org/acWebsite/RRC_430/RO_FAQ_DAC_AA_RO_06162009.pdf)

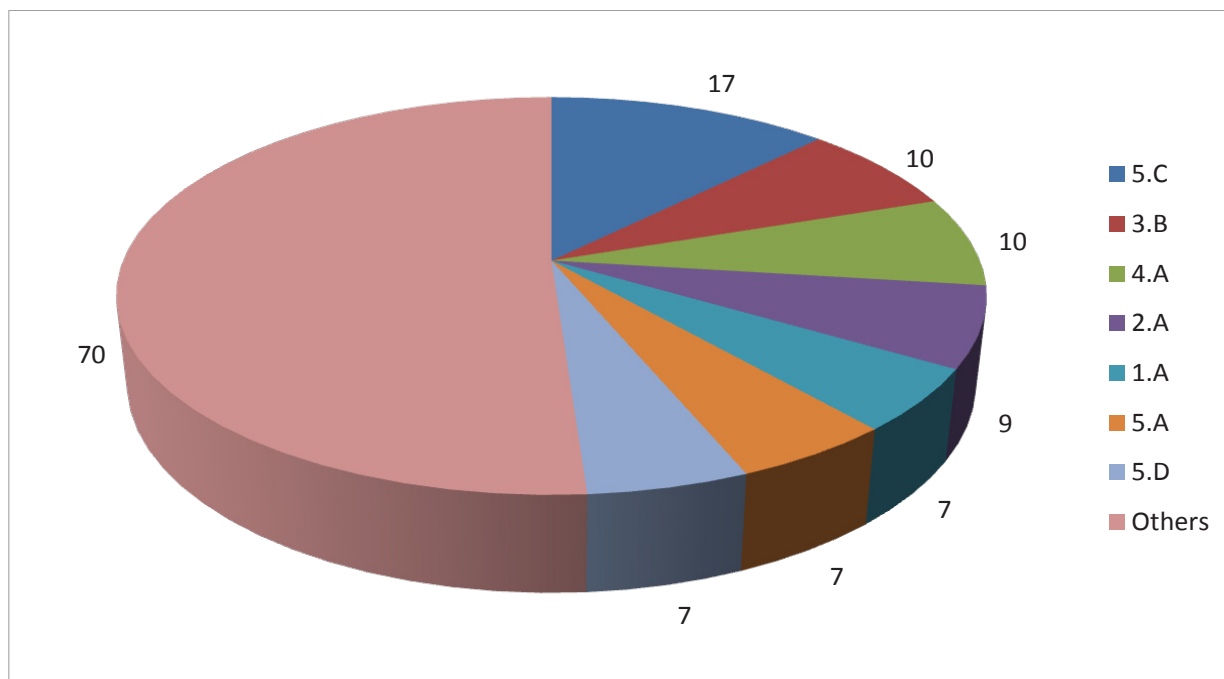
Q: What are acceptable qualifications for faculty members who are non-ABR-certified because of non-traditional training?

A: The physician faculty must have current certification in the specialty by the American Board of Radiology, or possess qualifications acceptable to the Review Committee. For those faculty members who have not obtained American Board of Radiology certification it is recommended that these faculty spend four years in an academic department and then take the American Board of Radiology certifying examination and enter the Maintenance of Certification (MOC) process. It is very

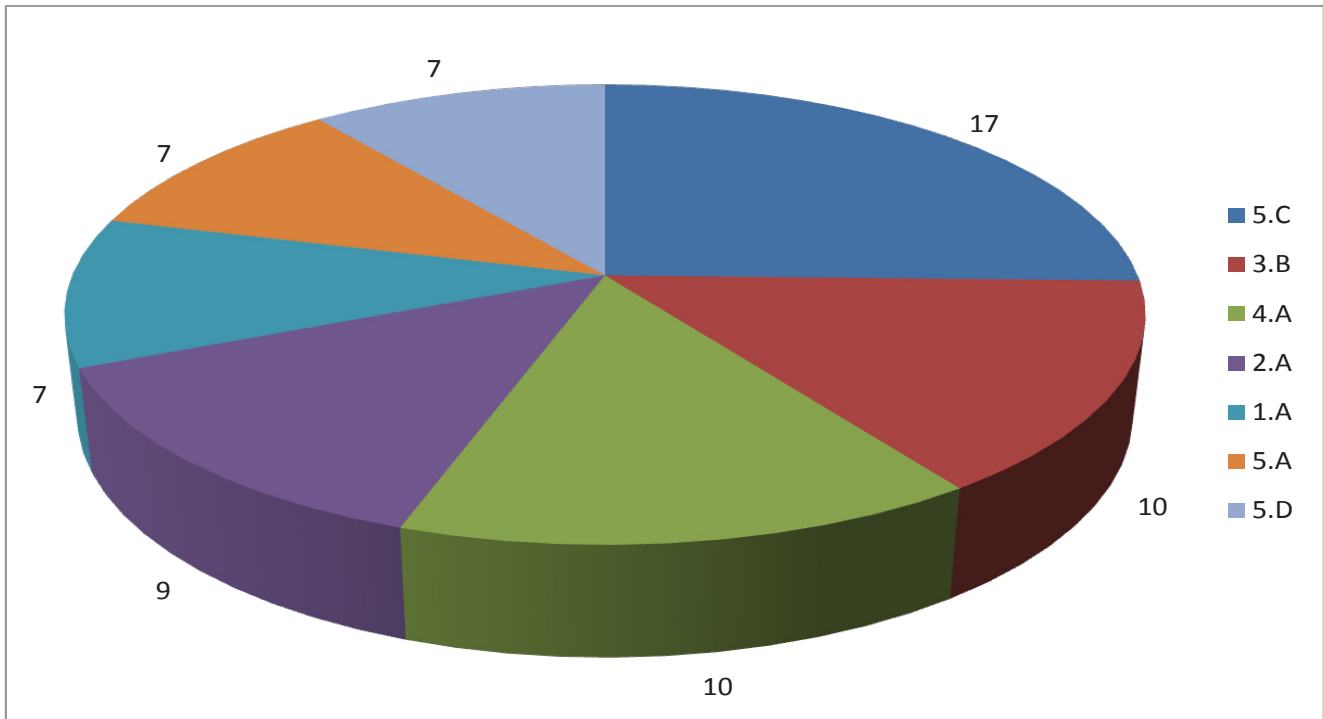
important that programs meet the minimum of four full-time faculty based upon those with ABR certification and do not have a predominance of non-traditional or internationally trained faculty who have not achieved such status.

Radiation Oncology – Common Citations

The data in the charts that follow indicates the most frequently cited areas of noncompliance identified by the RRC and included in the letters of notification to programs for the period between June 1, 2007 and June 1, 2009. The first graph presents data for all citations, including a significant percentage of citations combined as 'OTHER' citations. The second presents percentages of only the seven most frequent citation categories.



Citation Code	Program Requirement Category	% of Total	# of Citations
5.C	Evaluation - Evaluation of the Program	13%	17
3.B	Program Personnel & Resources - Responsibilities of Program Director	7%	10
4.A	The Education Program - Goals and Objectives	7%	10
2.A	Resident Appointment - Resident Appointment Issues	7%	9
1.A	Institutional Support - Sponsoring Institution	5%	7
5.A	Evaluation - Evaluation of Residents	5%	7
5.D	Evaluation - Performance on Board Scores	5%	7
Others		51%	70



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2.A	Resident Appointment - Resident Appointment Issues	9
1.A	Institutional Support - Sponsoring Institution	7
5.A	Evaluation - Evaluation of Residents	7
5.D	Evaluation - Performance on Board Scores	7
Others		70
Total		136

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 any existing requirement.

Many committees have begun to identify notable practices and are making these available to programs in the specialty through the RRC webpage. Potential notable practices may be identified in several ways: a comment in a site visitor report; identified during a review of submitted program materials; solicitation by the Executive Director or an RRC member based on knowledge of the program; or an unsolicited submission sent to the Executive Director or an RRC member. The potential notable practice is viewed and discussed by all RRC members and, if approved, will be made available through both the RRC webpage and the All Review Committees Notable Practices webpage, both of which are online at www.acgme.org.

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 is now available through the RRC webpage (http://www.acgme.org/acWebsite/navPages/nav_430.asp) and is a collection of all the notable practices from all RRCs, organized by topic.

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 focusing on what works well and what can be improved. Programs can incorporate this input into the Annual Review of program effectiveness and improvement, which is a required step in the accreditation process. Programs with other innovative ways of engaging residents and minimizing fear of intimidation are invited to share their ideas. The RRC will review suggestions received and share selected strategies on the "Notable Practices" section of the RRC for Radiation Oncology's webpage at www.acgme.org. Submissions can be made by calling Linda Thorsen at 312.755.5029 or e-mailing lmnt@acgme.org.

2010 ACGME Annual Educational Conference

Transitions in GME

Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee

March 4-7, 2010

REGISTRATION NOW OPEN

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