

# RRC NEWS

## UROLOGY



ACGME

Accreditation Council for Graduate Medical Education

FEBRUARY 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.

### RRC Accreditation Decisions: December 2009 Meeting

During its December 3, 2009 meeting, the RRC reviewed a total of 26 programs. The accreditation decisions are noted below.

Total Urology Accredited Programs – 120	
Continued Accreditation	10
Other requests (progress reports, permanent/temporary increases, program format changes, changes to participating sites, etc.)	13
Total Pediatric Urology Accredited Programs – 24	
Continued Accreditation	3

### Urology Case Log System

On December 15, 2009, the Urology Case Log System was updated to reflect the new index cases as previously communicated ([http://www.acgme.org/acWebsite/RRC\\_480/480\\_resMemo.asp](http://www.acgme.org/acWebsite/RRC_480/480_resMemo.asp)). Data already entered into the Case Log System were updated to reflect the new index categories.

Any residents using the handheld version of the software were asked to synchronize with the website prior to the morning of December 15th, to ensure all data was transferred over to the website. No additional procedures were to be entered until the update was complete and the residents synchronize with the website again, which ensures handheld software is current and reflects the changes. Please contact the Support Center at [Oplog@acgme.org](mailto:Oplog@acgme.org) or 312.755.7464 with any questions.

More information about the Urology Case Log System is available in the RRC Urology menu page on the ACGME website at [www.acgme.org](http://www.acgme.org).

### MEETING AND AGENDA CLOSING DATES

MEETING:	JUNE 9, 2010
AGENDA CLOSING:	MARCH 26, 2010
MEETING:	DECEMBER 2, 2010
AGENDA CLOSING:	SEPTEMBER 23, 2010

## Pediatric Urology Case Log System

As a reminder the Program Requirements for Pediatric Urology were approved at the September 2008 ACGME Board meeting, with minor revisions effective July 1, 2009. Based on the following requirement, it will become mandatory for all pediatric urology fellows to log their cases into the ACGME Pediatric Urology Case Log System:

*Program Requirement: II.A.3.f  
"The Program Director must confirm and document the fellow data entry into the ACGME web-based operative log and submission of the resident's final log to the ACGME on graduation."*

For those programs requiring assistance with this process, please contact the Urology RRC's Executive Director Louise King ([lking@acgme.org](mailto:lking@acgme.org)). The RRC is working to remap the pediatric urology procedures to support the new program requirements and additional details are forthcoming.

## RRC for Urology Benchmark for American Board of Urology (ABU) Examinations

The RRC for Urology, in collaboration with the ABU, has been working to establish a benchmark resident pass rate on the ABU examinations. In the RRC's judgment, resident performance on the ABU examination is a key measure of program quality.

Accordingly, the RRC has adopted the following guideline:

*"Programs will be cited for poor performance on the Board examination if they average more than two standard deviations above the mean in failure rates over a five-year period. The RRC will only look at first time test takers on Part 1 of the Board's (Qualifying Examination)."*

The application of this standard will begin with programs reviewed after July 1, 2010.

## Resident Member, RRC for Urology

The RRC for Urology will begin requesting nominations for its next resident member this spring. The RRC's resident member will be selected by the RRC from nominations submitted by Program Directors and nominating groups and then confirmed by the ACGME Board of Directors.

Please look for more details in upcoming ACGME e-Communications.

## Faculty Qualifications

Over the past few months, the RRC has received interim requests to review faculty qualifications before a program's scheduled site visit. As a result, the Committee has implemented a guideline that faculty qualifications will only be reviewed at the time of a program's site visit. The RRC expects DIOs and program directors to know the faculty qualification requirements, and to use this information as a guide when making faculty appointments. The ACGME site visitor will confirm compliance during the site visit, and the RRC will review the faculty roster from the PIF to obtain an assessment of the overall expertise of the faculty.

## Guidelines for Permanent Increase in Resident Complement

Now that Required Minimums are being utilized to track resident surgical logs, the RRC expects that the following guidelines be met prior to a program being considered for permanent increases in resident complement:

1. All residents in the program should have surgical case logs demonstrating robust experience in all domains; procedure numbers should supersede the required minimums for specific procedures.
2. Program faculty should be stable and/or increasing in number.
3. Programs should be fully accredited and on either a four- or five-year review cycle for a site visit.
4. A sound educational rationale for the increase must be submitted along with an updated block diagram.

As a reminder, program directors must submit all requests for temporary and permanent resident complement changes through the Accreditation Data

System (ADS) at [www.acgme.org](http://www.acgme.org). When a program director completes the requested information, the DIO at the sponsoring institution is notified to approve the request. Once the DIO approves the request in ADS, the information is sent to the RRC staff for processing. The only time the DIO would not electronically approve the increase through ADS, is if a request comes at the time of a site visit. In such a case, the program director must complete the information for requesting a complement change in the electronic PIF. The DIO would signify his/her approval of the request by signing the PIF.

The RRC only considers requests for permanent resident complement changes during full Committee meetings.

### **Guidelines to Increase/Decrease Program Length**

The prerequisite for admission to a urology residency program is a minimum of one year in an ACGME accredited surgery program. Based on educational objectives, two years of general surgery is an alternative format. A minimum of 48 months of clinical urology education is required. Within the final 24 months of urology education, residents must serve at least 12 months as a chief resident.

The following information must be provided to support a request to change program format:

1. a statement describing the proposal including the proposed date of implementation
2. the educational rationale, and the goals and objectives for each proposed assignment for the proposed additional year
3. a current block diagram and a proposed block diagram for a typical resident's assignments
4. comment on citations and/or concerns identified at the last site visit
5. a letter of support from the DIO
6. institutional operative statistics and faculty CVs, if the proposal includes adding another participating site

Please submit this documentation to the attention of the Urology RRC Executive Director Louise King ([lking@acgme.org](mailto:lking@acgme.org)).

The RRC only considers these requests during full Committee meetings.

### **Guidelines to add or Delete Participating Sites**

The RRC has specific policies for what constitutes an assignment that requires advance approval. Following are these guidelines.

#### Urology

- rotation with an educational experience of three months or more in length
- rotation in which the resident(s) is(are) required to live away from home

#### Pediatric Urology

- rotation with an educational experience of two months or more in length
- rotation in which the resident(s) is(are) required to live away from home

In addition to submitting such a request via ADS, the following information must be submitted to the RRC's Executive Director to support the request:

1. A summary statement that includes the:
  - a) educational rationale;
  - b) educational objectives;
  - c) proposed date of implementation;
  - d) duration of the assignment; and
  - e) comment on citations and/or concerns identified at the last site visit.
2. A current block diagram and the proposed block diagram, including the additional or deleted rotation.
3. The operative data for the proposed institution, substantiating that the number and kinds of patients available for education will support the educational rationale.
4. A letter of support for the proposal from the DIO.

Note: RRC staff will provide the program's accreditation history and the Case Log reports as supporting documentation for such requests.

At the time of the site visit following such an approval, the RRC will review all institutions where residents are assigned, and has the standing to approve or deny all participating sites.

## **Institute of Medicine (IOM) Duty Hour Recommendations**

The IOM recommendations to change the current duty hour standards are probably familiar to most of our newsletter readers. While the total of 80 hours per week remains intact, multiple changes regarding how those hours can be apportioned are being recommended. The IOM recommended that the ACGME take two years to address these suggested changes. The ACGME takes this responsibility seriously and has established a Joint Duty Hour Task Force that includes members of its Board of Directors and several RRC chairs to study the IOM report and propose a course of action. In 2009 an interactive conference on duty hour standards was held, on March 4-5, in conjunction with the ACGME Educational Conference and a Duty Hour Congress, attended by representatives of specialty organizations, boards, and others in the community, was held on June 11-12 in Chicago. Reactions to the IOM recommendations from the urology community as well as all other specialty communities were submitted to the ACGME for consideration and were published and reviewed by the Duty Hour Task Force. More information will be provided as it is available.

## **Progress Reports to the RRC**

The RRC would like to remind program directors that progress reports should only be submitted for review upon request, as noted specifically in the accreditation notification letter. The RRC will not review unsolicited progress reports. Such reports will be administratively acknowledged 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 an official progress report. A progress report should update the Committee on how the program is addressing those areas identified or comment in the RRC's request for the report. 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.

### **2010 ACGME Annual Educational Conference**

*Transitions in GME*

Gaylord Opryland Resort Hotel  
and Convention Center  
Nashville, Tennessee  
March 4-7, 2010

#### **REGISTRATION NOW OPEN**

for more information:

<https://acgme.emeetingsonline.com/emeetings/websitev2.asp?mmnno=128&pagename=ATTENDEE>