



REVIEW COMMITTEE MEMBERS

CHRISTOPHER L. AMLING, MD
ANTHONY ATALA, MD
PATRICE BLAIR, MPH, EX-OFFICIO
MICHAEL COBURN, MD, VICE CHAIR
STUART HOWARDS, MD, EX-OFFICIO
MICHAEL O. KOCH, MD, CHAIR
BARRY A. KOGAN, MD
ALLEN F. MOREY, MD
MARGARET S. PEARLE, MD
CHARLES D. SCALES, JR., MD, RESIDENT
MARTHA K. TERRIS, MD
WILLIE UNDERWOOD, MD

RRC STAFF

LOUISE KING, MS
EXECUTIVE DIRECTOR
312.755.5498
LKING@ACGME.ORG

SANDRA BENITEZ
ACCREDITATION ADMINISTRATOR
312.755.7472
SBENITEZ@ACGME.ORG

DEBRA MARTIN
ACCREDITATION ASSISTANT
312.755.7471
DMARTIN@ACGME.ORG

ACGME
515 NORTH STATE STREET
SUITE 2000
CHICAGO, ILLINOIS 60654
WWW.ACGME.ORG

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

Review Committee Updates -- June 2010 Meeting

At its June 9, 2010 meeting, the Committee reviewed a total of 31 programs. The accreditation decisions are noted here:

JUNE 2010 REVIEW COMMITTEE MEETING ACCREDITATION DECISIONS	
Total Urology Programs – 122 Total Programs Reviewed – 27	
Initial Accreditation	2
Continued Accreditation	15
Other requests (progress reports, permanent/temporary increases, program format changes, changes to participating sites, etc.)	10
Total Pediatric Urology Programs – 26 Total Programs Reviewed – 4	
Initial Accreditation	2
Continued Accreditation	2

Pediatric Urology Case Log System Update

As you are aware, 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, all pediatric urology fellows must 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 resident’s final log to the ACGME on graduation.”*

While the ACGME Pediatric Urology Case Log System has been available to programs for this purpose, since July 2009, it has undergone updates to support efficient and effective use reflective of the revised requirements. During its June 9, 2010 meeting, the Committee reviewed the existing

MEETING AND AGENDA CLOSING DATES

MEETING: DECEMBER 2, 2010
AGENDA CLOSING: SEPTEMBER 23, 2010
MEETING: MAY 26-27, 2011
AGENDA CLOSING: MARCH 25, 2011

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.

system and established new recommended minimum numbers. The index categories are currently being revised and the Pediatric Urology Case Log System will be fully updated by this fall. The existing entries for the new fellows will be updated to reflect the new mappings and categories. More details and additional news regarding use of the system will follow in upcoming ACGME *e-Communications*.

Next Accreditation System 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, which was 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 (DIOs), 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.

Patient Saety and Information Technology Take Center Stage in 2010 ACGME Educational Conference Keynote Address

In her keynote address at the 2010 Annual Educational Conference, Director of the Agency for Healthcare Research and Quality (AHRQ) Carolyn M. Clancy, MD painted a picture of the future of medicine and physician education. The public will demand a greater voice in how resident physicians are educated, she said, and physicians will focus even more on evidence-based medicine when treating patients with various health conditions. The speech, which she gave on the third day of the Conference, held March 4-7 at the Gaylord Opryland Hotel and Convention Center in Nashville, Tennessee, drew an audience of about 1,600 program directors, program coordinators, designated institutional officials, and others involved in graduate medical education.

In her address, "Building the 21st Century Learning Environment: Rules of the Road to Health Care Reform," Dr. Clancy discussed the mission and activities of the AHRQ and highlighted its work in the areas of patient safety and information technology (IT). She commended the ACGME for including public directors on its Board of Directors to provide the public's perspective on residency education.

The role of the AHRQ, an agency in the federal Department of Health and Human Services, is to

improve the quality, safety, efficiency, and effectiveness of patient care in the United States. The agency gathers data and provides grants to health care institutions, researchers, and clinicians.

One of the agency's priorities, Dr. Clancy said, is "to see which treatments work best for which patients under which circumstances." That can be achieved, she said, by aggregating data on best practices in medicine and increasing the knowledge base from which clinicians can draw. "Most of the information that is culled is lost. If we can begin to collect that in a way patients trust, we can get a lot smarter, faster," said Dr. Clancy.

Dr. Clancy summarized the AHRQ's work in promoting the use of IT and electronic medical records in health care. The AHRQ has invested \$200 million in IT funding, she said, with another \$32 million in its 2011 budget; it has also sponsored grants for projects focusing on utilization of electronic medical records, electronic prescribing, and other health care IT tools.

However, health care information technology is not a panacea for improving health care quality, Dr. Clancy noted.

"Computers don't improve quality. People improve quality. Computers are a useful tool," she said.

In the area of patient safety, the AHRQ has launched several initiatives, including the creation of a web-based Patient Safety Network, with patient safety tools and resources, as well as a web-based morbidity and mortality journal called *AHRQ Web M&M*. In addition, the AHRQ has partnered with various patient safety organizations that collect and analyze data and encourage a culture of safety at health care institutions.

The AHRQ has also awarded more than \$5 million in health care simulation training grants.

"A new world awaits," said Dr. Clancy in conclusion, "one with the creative and intelligent use of technology. Enlightenment will win out in the end."

The slides from Dr. Clancy's speech at the 2010 Conference are available on the ACGME website at: www.acgme.org/acwebsite/meetings/2010Conf/menu2010.asp.

The 2011 ACGME Annual Educational Conference will be held March 3-6 at the Gaylord Opryland in Nashville, Tennessee. Additional details will be forthcoming.

Introducing: *GME Focus*

The ACGME is proud to announce the official launch of *GME Focus*, a comprehensive, online collection providing an overview of the current literature in graduate medical education. Modeled after similar resource systems provided in the field of clinical medicine, *GME Focus* scans the medical and medical education literature and provides summaries of, and commentary on, articles relevant to program directors, DIOs, faculty, residents and others with interest in graduate medical education, and makes it available in an easily-accessible location open to the public.

Constant advances in medicine and education result in a broad range of new articles on graduate medical education every month. Time constraints and the distribution of articles across many journals can present challenges to individuals attempting to keep current and develop a broad understanding of new literature. In response to this reality, the ACGME created *GME Focus* to assist program directors, DIOs and others to remain up-to-date about new information on topics such as educational research and innovation, policy discussions, and practical articles for adoption or adaptation in the local setting.

ACGME staff searches the literature and asks key experts in the field to provide summaries of articles identified as pertinent to the audience. The experts also comment on the relevance and implications of the work to program directors and other leaders in GME. These summaries and commentaries are aggregated on the *GME Focus* Web page, which can be accessed via the "Bulletin & Lit Reviews" option from the menu items on the [ACGME website](http://www.acgme.org), or via this direct link: www.acgme.org/acwebsite/gmefocus/default.asp.

The goal of producing this resource is to provide a timely and concise review of the graduate medical education literature for busy professionals. The digest is arranged by topic (in categories such as Accreditation, Duty Hours, Innovation, Patient Safety, Quality Improvement, Supervision, and more) as well as by specialty. The aim is to make the current literature as simple to access as possible. To ensure the most current information is presented, new articles will be added to *GME Focus* approximately every 60 days, and existing content will be moved to an accessible archive after a year. This will keep *GME Focus* live, active, and evolving.

Questions regarding *GME Focus*, or interest in volunteering to review and summarize articles, should be directed to Cynthia Taradejna: cat@acgme.org.

Resident Survey Results and the Accreditation Process

A common topic facing Review Committees across specialties deals with the disposition of the Resident Survey and how the results in particular may impact a program's accreditation status. This is an area of high importance to all specialties, and as such, is covered specifically in the ACGME's Common Program Requirements, which can be reviewed online by [clicking here](#). There are numerous reasons to utilize and value residents' input, and the ACGME and its Review Committees take their engaged participation in this annual survey very seriously. The following is a very general overview addressing some of the more common questions handled by both Review Committees and their staff at the ACGME.

The most recent Resident Survey results are an important factor in program accreditation reviews. Once the ACGME site visitor assigned to review your program receives your completed Program Information Form (PIF), he/she can view the (most recent) resident survey results in order to prepare for the on-site survey. Any areas highlighted as noncompliant are specifically addressed by the site visitor. If the site visitor determines validation for a pre-identified area of concern, the Review Committee will cite that as an area of noncompliance with the ACGME standards in your Letter of Notification following the formal review. If the site visitor cannot verify a potential area of noncompliance per the survey results, the Review Committee will look closely, and while a formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs should also be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for noncompliance are established based on this data.

Programs across specialties that are identified as having a series of noncompliant responses (either annually or in consecutive program reviews) may be required to submit a duty hour or progress report to their Review Committees. Should a program be asked to submit a follow-up report on the basis of the Resident Survey results (either in conjunction with a full survey, or upon annual review), the program director should contact Executive Director Louise King (lking@acgme.org) with any questions or concerns about how to reply to these requests.

The Resident Review

Periodically, you may see a link in the weekly *e-Communication* to the newest issue of *Resident Review*, the ACGME's online newsletter for residents. The newsletter, which has been published twice annually since 2006, includes news articles, opinion pieces and lists of useful websites and upcoming meetings.

Resident Review was developed to educate residents about the purpose and function of the ACGME, and to provide a forum for members of the Council of Review Committee Residents (CRCR) and other residents to pen opinion pieces. Residents have written about such topics as intergenerational communication among physicians, the importance of getting involved in organized medicine, and how to develop leadership skills, among others.

In addition to the resident-written columns, *Resident Review* includes brief news articles on subjects of interest to residents. Over the past four years, we have published articles on the role of DIOs, how the Office of Resident Services helps residents, summaries of CRCR meetings, what residents can expect during a site visit, and the experiences of residents testing the ACGME Learning Portfolio.

Currently, the ACGME depends on program directors, program coordinators, and DIOs to distribute the newsletter to residents. We hope that you forward the link to *Resident Review* from the *e-Communication* to your residents, or print copies and post them in an area where residents gather.

The latest issue can be viewed [here](#).

Article ideas and comments are welcome. Please send any ideas or suggestions to the editor, Julie A. Jacob, manager of corporate communications, juliej@acgme.org, or to Marsha Miller, associate vice president of resident services, mmiller@acgme.org.

New Format for Citations

"Citations" – areas of non-compliance that a Review Committee identified during its review of a program – have a new format. Citations now have the following five components:

(1) Citation Heading – summary of issue being cited

(2) Program Requirement

(3) Program Requirement Reference

(4) Citation

(5) PIF, Site Visitor Report, or Board Reference (if proposed adverse action)

Here is an example of the new citation format using a Common Program Requirement:

Faculty/Qualifications/Specialty Certification

Common Program Requirement: II.B.2.

The physician faculty must have current certification in the specialty by the American Board of Urology, or possess qualifications acceptable to the Review Committee.

The information provided was incomplete.

No information was provided for two of the 10 physician faculty listed.

Program Information Form pp. 2,8

A Guide to the Procedures for Accreditation of Programs in New Subspecialties

Across the field of medicine, interest in developing new subspecialties continues to grow. Additional details regarding these policies can be found in the ACGME Policy Manual, Section 10.00, pp.42-47, but outlined below in summary are the required steps identified for the process.

What are the initial steps in the process?

The process begins with a Letter of Intent that takes the form of a proposal. The proposal must address the information required in Section 10.20, pp. 46-47, a)-g) of the *ACGME Manual of Policies and Procedures*. A Review Committee proposal goes through the Executive Director for the Review Committee to the Office of the CEO, with a cover memo and a description of the fellowship. An "outside proposal" is mailed directly to the CEO of the ACGME.

How does this take place?

The Office of the CEO sends the proposal to the Chair of the ACGME's Board of Directors. With approval by the Executive Committee of the Board of Directors, the Board Chair may appoint an ad hoc committee to review the proposal.

Which information must be included in the proposal?

A proposal to the ACGME for the accreditation of programs in a new subspecialty must include a description of: the scientific medical knowledge underlying the subspecialty; the existence of a sufficiently large group of physicians who concentrate their practice in the proposed subspecialty; national medical societies with a principal interest in the proposed subspecialty; presence in academic units and health care organizations of educational programs, research activities, and clinical services in the propose

subspecialty; and growth of the subspecialty area. It must also provide evidence that the duration of the residency program will be at least one year beyond the core specialty, and that the educational program is primarily clinical.

What happens after the proposal is submitted?

The Council of Review Committees (CRC) must be notified so that all Review Committee specialties can respond to the proposal and its potential impact on the specialties. Additionally, an ad hoc committee will be formed to review the merit of the proposal.

Who can serve on the ad hoc committee?

This committee is composed of: a) individuals with GME experience, experience in accreditation in GME, and practice in the general area of the proposed new subspecialty; and b) a director of the ACGME Board.

What does the ad hoc committee do?

This committee determines if the proposal meets the criteria for accreditation of programs in a new subspecialty, and makes a recommendation to the ACGME regarding its approval or non-approval.

What's next?

The ACGME Board of Directors reviews the proposal and the ad hoc committee's recommendation. If approved, new program requirements and application materials are developed following established procedures.

How are the new requirements developed/approved?

The ACGME Board of Directors will assign a Review Committee to develop requirements to be reviewed according to set procedures by the ACGME's Requirements Development Committee. Following this process, completed requirements are posted on the ACGME's website for a 45-day period of public comment. After any submitted comments are summarized and addressed (which may result in changes to the proposed requirements), the final version of the proposed requirements are sent to the Board's Committee on Requirements for final review and then approval by the ACGME Board.

When are requirements finalized and effective?

The new subspecialty requirements are final when the ACGME Board approves them and sets a specific effective date. After that, interested programs can apply to the Review Committee for approval of an accredited program in the new subspecialty area.

Useful ACGME Online Resources

- How to Apply for Accreditation in Seven Easy Steps: www.acgme.org/acWebsite/home/Accreditation_Application_Process.asp
- Virtual Program Director Handbook: www.acgme.org/acWebsite/home/PDVirtualHandbook.asp
- ACGME Data Book: www.acgme.org/acWebsite/dataBook/dat_index.asp
- Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by Specialty: www.acgme.org/adspublic/
- Resident Survey National Data Report - available in ADS for Program Directors:
 1. Log into ADS
 2. Click "Resident/Fellow Survey"
 3. Click "National Data"
 4. DIOs select "Reporting Tools"
 5. Click "Resident Survey National Data Overall"
- Resident Survey Institutional Data Report – available in ADS for DIOs for each sponsoring institution's programs:
 1. Log into ADS
 2. Select "Reporting Tools"
 3. Click "Institution Level Resident Survey Results"
- ACGME Outcome Project—"Educating Physicians for the 21st Century"—Faculty Development Resources for Competency-based Education – a series of five PowerPoint presentations with facilitator's manuals: www.acgme.org/outcome/e-learn/e_powerpoint.asp

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****