Review Committee for Radiology Update

Jim Anderson, MD – Chair
Felicia Davis, MHA, Executive Director
No Disclosures
Format

- Chance to text in questions with polleverywhere, see link: https://www.polleverywhere.com/free_text_polls/b83AmGcYWH6wzKhDwViMn
- 10-15-minute topical presentations followed by 2-3 questions
- Milestones update
- General questions
Topics and Format

• Review Committee Membership and Leadership Changes
• Update on Program Requirement Changes
• Program Director and Program Coordinator Support
• Board Pass Rate Changes
• Scholarly Activity
• Areas of Clarification (resident eligibility, supervision)
• Brief Interventional Radiology Update
• Self-Study, 10-Year Accreditation Site Visit
Membership

**ABR**
Janet Bailey, MD  
J. Mark McKinney, MD  
M Victoria Marx, MD

**ACR**
Dennis Balfe, MD  
M. Elizabeth Oates, MD  
Tess Chapman, MD

**AMA**
James Anderson, MD *Chair*  
Kristen DeStigter, MD  
Donald Flemming, MD *Vice Chair*

**AOA**
George Erbacher, DO

**Resident Member**
Krishna Patel, MD

**Public Member**
Jennifer Bosma, PhD

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Changes as of July 2019

Rolling off the Committee:

• Krishna Patel, MD, *Resident* – Memorial Sloan Kettering Cancer Center, New York

• Donald Flemming, MD – Penn State University, Pennsylvania

• Kristen DeStigter, MD – University of Vermont, Vermont
Changes as of July 2019

New Members:

• Jessica Fried, MD, *Resident* – University of Pennsylvania, Pennsylvania

• Steven Shankman, MD – Maimonides Medical Center, New York

• David Wymer, MD – University of Florida, Florida
Changes as of July 2019

Leadership changes:

• New Chair: Janet Bailey, MD
• New Vice Chair: Vicki Marx, MD
Membership July 2019

**ABR**
Janet Bailey, MD *Chair*
J. Mark McKinney, MD
M Victoria Marx, MD *Vice Chair*

**AMA**
James Anderson, MD
Steven Shankman, MD
David Wymer, MD

**ACR**
Dennis Balfe, MD
M. Elizabeth Oates, MD
Tess Chapman, MD

**AOA**
George Erbacher, DO

**Resident Member**
Jessica Fried, MD

**Public Member**
Jennifer Bosma, PhD
Review Committee Member Geographic Distribution

2019-2020

AUR/APDR 2019
Update on Program Requirement Changes
Status of Program Requirements

• Diagnostic Radiology and Interventional Radiology Program Requirement Updates went into effect July 2018

• Included Section VI of the new Common Program Requirements

• Did not include the revisions to Sections I-V of the Common Program Requirements
Status of Program Requirements

• Synchronization of the previously approved specialty Program Requirements with the new Common Program Requirements completed

• Necessitated some changes to specialty-specific language

• Will be implemented July 2019
Key Changes/Highlights

- Program Director and Program Coordinator support
- Board Pass Rate
- Resident Eligibility
- Scholarship
- Aims
Program Director and Program Coordinator Support
Program Director Support

• No changes to program director support
  o Based on your ACGME complement
• Sliding scale
• Time may be shared with APDs
• Programs with DR complements of 32 or more must have at least 1 APD
## Program Director Support - DR

<table>
<thead>
<tr>
<th>Program Size</th>
<th>FTE Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-15 residents</td>
<td>0.3</td>
</tr>
<tr>
<td>16-23 residents</td>
<td>0.4</td>
</tr>
<tr>
<td>24-31 residents</td>
<td>0.5</td>
</tr>
</tbody>
</table>
### Program Director Support - DR

<table>
<thead>
<tr>
<th>Program Size</th>
<th>FTE Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>32-39 residents</td>
<td>0.6</td>
</tr>
<tr>
<td>40-47 residents</td>
<td>0.7</td>
</tr>
<tr>
<td>48-55 residents</td>
<td>0.8</td>
</tr>
<tr>
<td>56-63 residents</td>
<td>0.9</td>
</tr>
<tr>
<td>64-71 residents</td>
<td>1.0</td>
</tr>
<tr>
<td>72-79 residents</td>
<td>1.1</td>
</tr>
</tbody>
</table>

**Required APD**

Allows protected time to be divided between Program Director and APD
Program Director Support - IR

- No Changes
- Integrated – 20% protected time
- Independent – “sufficient” protected time
Clarifications

• Complement – Official ACGME approved number
• NRMP Match Quota – Variable year to year, set by program and local GME
• Number of Residents – The actual number of residents in your program
• Do NOT confuse complement with these other terms
**Program Coordinator Support - DR**

<table>
<thead>
<tr>
<th>Program Size</th>
<th>FTE Support</th>
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</thead>
<tbody>
<tr>
<td>8-24 Residents</td>
<td>1.0 FTE</td>
</tr>
<tr>
<td>25-39 Residents</td>
<td>1.50 FTE</td>
</tr>
<tr>
<td>40 or more Residents</td>
<td>2.0 FTE</td>
</tr>
</tbody>
</table>

DR – No changes

Sliding scale
# Program Coordinator Support - IR

IR-Integrated
New Common
Program
Requirements
required changes
(Previously)

<table>
<thead>
<tr>
<th>Program Size (complement)</th>
<th>FTE Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 Residents</td>
<td>0.2 FTE</td>
</tr>
<tr>
<td>6-10 Residents</td>
<td>0.4 FTE</td>
</tr>
<tr>
<td>11-15 Residents</td>
<td>0.6 FTE</td>
</tr>
<tr>
<td>16-20 Residents</td>
<td>0.8 FTE</td>
</tr>
<tr>
<td>&gt; 20 Residents</td>
<td>1.0 FTE</td>
</tr>
</tbody>
</table>
Program Coordinator Support - IR

IR-Integrated New Common Program Requirements require 0.5 FTE support for all programs (July 1, 2019)

<table>
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</tr>
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<td>16-20 Residents</td>
<td>0.8 FTE</td>
</tr>
<tr>
<td>&gt; 20 Residents</td>
<td>1.0 FTE</td>
</tr>
</tbody>
</table>
## Program Coordinator Support - IR

**IR-Integrated**

**Added language**

"Up to 20% (0.2 FTE) can be shared with other programs" (IR-Ind, DR, IR-Int)

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>0.5 FTE</td>
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</table>
Questions?
My Chair doesn’t want to give me 0.5 protected time. What do I do ????

- Perennial problem – what is the residency program worth to the department or institution?
- The requirements are the requirements
  - citations, adverse actions to the program
- Local GME should be able to support you
- Ultimately the goal of the requirement is that the program director is responsible for the education and clinical learning environment for the residents. This takes time and effort!
Board Pass Rate Changes
Board Pass Rate Requirement

New Common Program Requirements altered our requirement that went into effect July 2018
• V.C.3.a) For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program’s aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)

• V.C.3.e) For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)
Board Pass Rate

WHAT????
Board Pass Rate

First the changes and rules:

- Assessed as a rolling average of 3 years
- First time pass rate of the ABR Core Exam
- Intervention Radiology and Diagnostic Radiology programs are assessed separately
Board Pass Rate

Second:

Non-compliance with this requirement would mean that of all programs in the country, that had a 3-year average below the calculated bottom 5\textsuperscript{th} percentile score will meet the criteria in V.C.3.a)

If any of those programs have an 80\% pass rate, they will be considered compliant (not a likely scenario)
Example 1:

- 5th Percentile = 91.3%
- Program 3-Year Aggregate Pass Rate = 85%

Program pass rate is NOT greater than the 5th percentile, BUT the pass rate is >=80%
Example 2:

- 5th Percentile = 47.5%
- Program 3-Year Pass Rate = 60%

Program pass rate is greater than the 5th percentile
Example 3:

- 5th Percentile = 91.3%
- Program 3-Year Pass Rate = 75%

Program pass rate is less than the 5th percentile AND <80%
First-time taker Core Exam pass rate per program over 3 years

3-year pass rate 5th percentile 60%

8 programs would have fallen below this
Board Pass Rate

• IR and DR programs are assessed separately

• You could have a DR program that is non-compliant while the IR program at the same institution is compliant (or vice versa)
Questions?
Scholarly Activity
Faculty Scholarly Activity

Read the Background and Intent

• The Review Committee is assessing the program’s effectiveness of the creation of an environment of inquiry that advances the residents’ scholarly approach to patient care.

• The assumption: you can’t have an environment of inquiry if the faculty members are not contributing to that environment.
Faculty Scholarly Activity

• Section IV.D.2.b)
• The program must demonstrate dissemination of scholarly activity with and external to the program by the following methods:
• “The Review Committee will evaluate the dissemination of scholarship for the program as a whole, not for individual faculty members, for a 5-year interval, for both core and non-core faculty members …”
Other Changes of Note
Aims

• IV.A.1. The curriculum must contain a set of program aims consistent with the sponsoring institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates

• IV.A.1.a.) The program aims must be made available to program applicants, residents and faculty members
To be eligible for appointment to the program, residents must have successfully completed a prerequisite year of direct patient care in a program accredited by the ACGME, RCPSC, or CFPC in emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery or surgical specialties, the transitional year, or any combination of these. (Core)
Qualifications / Eligibility

The current and July 2019 Program Requirements clearly state that all accepted residents complete a pre-requisite clinical year.

Do not confuse ACGME residency education with ABR Alternate Pathway training.
Qualifications / Eligibility

ACGME DR training format: 1 + 4

ACGME IR training format: 1 + 4 + 2

1 + 4 (w/ESIR) + 1

1 + 5
Qualifications / Eligibility

Differences between NRMP and ACGME

• NRMP Match – Categorical, Advanced, Joint A/P

• ACGME – All DR and IR education and training begins in PGY-2 after prerequisite year
Diversity and Inclusion

• The Sponsoring Institution should have policies and procedures related to recruitment of a diverse workforce

• The program must implement those policies

• The program must document in the Annual Program Evaluation an assessment of the program’s efforts related to recruiting and retaining a diverse workforce
Supervision guidelines based on:

- Patient Care
- Education
- The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident’s level of education and ability, as well as patient complexity and acuity.
Supervision

• Procedure supervision
• Image interpretation supervision
Supervision

Procedure supervision

Ideally, you should have criteria for when a resident can perform each procedure at each level of supervision.
Supervision

Image interpretation supervision

Faculty members must review all resident-interpreted studies
Supervision

Use ACGME language (not = to CMS language)

• ACGME – Direct Supervision – the supervising physician is physically present with the resident and patient

• CMS – Personal Supervision – the physician must be in attendance in the room during the procedure’s performance
Supervision

Direct Supervision

Indirect Supervision with Direct available

CMS – Depends on precise location of the service

For hospitals and provider-based departments; the supervising physician must be present on the same campus and immediately available to furnish assistance (not preforming another procedure that cannot be interrupted.)
Questions?
Radiology

Documents

Diagnostic Radiology
- Diagnostic Radiology - Application Guidelines for Early Specialization in Interventional Radiology
- Diagnostic Radiology - Case Log Categories and Required Minimum Numbers
- Diagnostic Radiology - ESIR Approved Programs
- Diagnostic Radiology - Guidelines for International Rotations in Radiology

Interventional Radiology
- Interventional Radiology - Application Guidelines for Interventional Radiology
- Interventional Radiology - Case Log Categories and Required Minimum Numbers
Radiology

Documents

Diagnostic Radiology
- Diagnostic Radiology - Application Guidelines for Early Specialization in Interventional Radiology
- Diagnostic Radiology - Case Log Categories and Required Minimum Numbers
- Diagnostic Radiology - ESIR Approved Programs
- Diagnostic Radiology - Guidelines for International Rotations in Radiology

Interventional Radiology
- Interventional Radiology - Application Guidelines for Interventional Radiology
- Interventional Radiology - Case Log Categories and Required Minimum Number
- Interventional Radiology - Guidelines for Acceptable IR-Related Rotations
- Interventional Radiology - Guidelines for Interventional Radiology Gap Year Complements
- Interventional Radiology - Guidelines for IR Case Logs and Patient Procedural Encounters Logs

- Guidelines for Program Mergers
- Radiology Eligibility Considerations
- Request for Changes in Resident Complement

Contact Us:
Executive Director, RC for Emergency Medicine, Nuclear Medicine, and Radiology
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312.755.5006

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Timeline

• 2012 – ABMS made IR a specialty
• 2015 – ACGME approved Program Requirements
• 2016 – First ‘mini-Match’ for IR-Integrated
• 2017 – Full scale Match for IR-Integrated, first Matched residents in IR-Int programs
• 2018 – Last VIR fellowship Match
• 2019 – First IR-Independent Match (for 2020)
• 2020 – End of fellowship / start of IR-Independent
Current VIR status

93 programs
277 fellows listed at ACGME
Application Status

IR – Integrated
  83 approved programs
  2 pending
  246 total residents (note that some other slides may state 243)
Application Status

IR – Independent
78 approved programs
3 pending
Application Status

Early Specialization in Interventional Radiology (ESIR)

141 approved programs
9 pending

IF all get approved, then 78% of DR programs are participating in ESIR
## Current IR-Int Residents

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY-2</td>
<td>23</td>
<td>120</td>
<td>136</td>
<td>150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY-3</td>
<td>13</td>
<td>39</td>
<td>120</td>
<td>136</td>
<td>150</td>
<td></td>
</tr>
<tr>
<td>PGY-4</td>
<td>10</td>
<td>46</td>
<td>39</td>
<td>120</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>PGY-5</td>
<td>15</td>
<td>26</td>
<td>46</td>
<td>39</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>PGY-6</td>
<td>2</td>
<td>15</td>
<td>26</td>
<td>46</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>63</td>
<td>246</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questions?
ACGME Updates
Background and Intent Oversight

With increased flexibility introduced into the Requirements, programs permitting this flexibility will need to account for the potential for residents to remain beyond their assigned work periods when developing schedules, to avoid exceeding the 80-hour maximum weekly limit, averaged over four weeks. The ACGME Review Committees will strictly monitor and enforce compliance with the 80-hour requirement. Where violations of the 80-hour requirement are identified, programs will be subject to citation and at risk for an adverse accreditation action.
Data Collection is Changing!!!

- Multiple ADS revisions to accommodate new Common Program Requirements
- New scholarly activity tables
- New Resident/Faculty Survey Questions
- Updated specialty application forms

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ADS Anticipated Changes

• Core faculty members will now be designated via checkbox

• All faculty members on the Faculty Roster will now be asked to complete the Faculty Survey

• New narratives related to program aims and mission
Planning to Submit an Application?

General Announcements

Common Program Requirement changes:

Due to the new Common Program Requirements that go into effect July 1, 2019, programs will begin to see changes reflected in the ADS data collection screens. These changes include the addition of new data fields and the removal of outdated data fields. As these changes occur, the "Build History" section of ADS will be updated to help track these changes after each update. These Build History notes can be found in ADS menu located in the upper right corner beneath your name, or in the footer of every page in the bottom right corner. These newly added data fields may require completion as they appear in ADS, but they will not be mandatory until the 2019-2020 academic year annual update.

Applications:

Programs that are currently applying for accreditation or recognition are strongly encouraged to submit their applications prior to the 2019-2020 academic year (prior to June 24, 2019). Applications submitted after June 24, 2019 will be required to complete the newly added data fields, confirming all residents, and re-entering other data collected by academic year.
Self-Study and 10-Year Site Visit
Self-Study Steps

Self-Study Evaluation Process

Complete Self-Study Summary

24-month interval

Summary of Achievements 12 days prior

10-Year Site Visit

8 Steps to Prepare for the 10-Year Accreditation Site Visit (ACGME Website)
The 10-Year Site Visit

- A full accreditation site visit
- Review of the program against all applicable requirements
- Discuss Self-Study and findings
- 24-month interval period is by design, to allow programs to implement improvements
- 90 days advance notice of the actual date
Feedback 10-Year/Self-Study Site Visits

Site Visit Feedback to Program Leadership
- Key Strengths
- Suggestions for program improvement

Site Visit Report to Review Committee

Strengths/AFIs*

Self-Study Report

Compliance

1. Review Committee Letter of Notification to Program (Compliance Feedback)

2. Department of Field Activities Letter to Program (Self-Study Feedback)

*Areas for Improvement

transcribed
Scheduling Concerns

- Impending bolus of 10-year visits
- Scheduling changes are needed
- Programs with Self-Study due dates May 2019 to December 2019 can anticipate one-year extension
- All date changes will be updated by July 1
IR Two-Year Site Visits

• Most IR programs have adjusted site visit dates

• Due to the Self Study re-scheduling, dates will have to be analyzed for adjustments
VIR Programs Closing

• 2019-2020 is the last academic year
• All VIR fellowship programs will sunset as of June 30, 2020
• ACGME will administratively withdraw all programs
Department of Field Activities

Linda B. Andrews, MD, Senior Vice President, Field Activities - NEW!

Andrea Chow, MA, Associate Director, Field Activities

(landrews@acgme.org)

(achow@acgme.org)
Thank You!