Application and Transition to ACGME Accreditation: *Diagnostic Radiology*

James Anderson, MD – Chair, Review Committee
Felicia Davis, MHA – Executive Director
Disclosure

• No conflicts of interest to report for either speaker

James Anderson, MD

Felicia Davis, MHA
Topics Today

- RC Composition
- Logistics of Applying
- Common Application Questions
- Common Citations
- Diagnostic Radiology Requirements
- Case Logs
- Resources
RC Composition

- Nominating Organizations: ABR, AMA, ACR, and AOA
- 1 resident member
- ABR Ex Officio
Review Committee Members
2014-2015

- James Anderson - Chair (Neuro)
- Duane Mezwa - Vice Chair (Abdomen)
- Kristen DeStigter (Abdomen, US)
- Mary Mahoney (Breast Imaging)
- Donald Flemming (Musculoskeletal)
- Jeanne LaBerge (Interventional)
- Elizabeth Oates (Nuclear)
- Gautham Reddy (Cardiothoracic)
- Susan John (Peds)
- Bradley Carra (Resident)
- Kay Vydareny (ABR ex officio)
New! Public Member and AOA

- Public Member - To foster accountability to the needs of the greater public and create a transparency to the work of the Committee.
- **Jennifer Bosma**, ABR retiree, has been selected and will begin July 1, 2015.

- In conjunction with the Single Accreditation System, the Review Committee will add one AOA member
- **George Erbacher**, DO from Oklahoma State University will begin as of July 1, 2015
# Radiology Staff Contacts

<table>
<thead>
<tr>
<th>Felicia Davis, MHA</th>
<th>Samantha Alvarado</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>ADS Support</td>
</tr>
<tr>
<td>312.755.5006</td>
<td><a href="mailto:webads@acgme.org">webads@acgme.org</a></td>
</tr>
<tr>
<td><a href="mailto:fdavis@acgme.org">fdavis@acgme.org</a></td>
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<table>
<thead>
<tr>
<th>Kate Hatlak, MS</th>
<th>Case Log Support</th>
</tr>
</thead>
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<tr>
<td>Associate Executive Director</td>
<td><a href="mailto:oplog@acgme.org">oplog@acgme.org</a></td>
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<tr>
<td><a href="mailto:khatlak@acgme.org">khatlak@acgme.org</a></td>
<td></td>
</tr>
<tr>
<td>312.755.7416</td>
<td></td>
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</table>
Logistics of Applying for Accreditation
A completed program application contains three parts:

1. ADS Common Application
2. Specialty Specific Application Word document
3. Attachments
Steps to Applying for a New ACGME accredited program

• DIO initiates the application in ADS
  • DIO completes basic info such as PD name and participating sites

• ADS common application is sent electronically to PD identified in the application
  • PD completes remaining information

• PD downloads and completes specialty specific application Word document
Steps to Applying for a New ACGME accredited program

- PD uploads completed specialty specific form into ADS
- PD uploads all requested document attachments (i.e. policy for supervision, program goals, PLAs)
- Completed application is routed back to DIO within the ADS system for DIO signoff and approval
Steps to Applying for a New ACGME accredited program

- Upon DIO approval, application form is routed to ACGME
- ACGME Staff notified of application submission and sends PD confirmation of receipt
- Department of Field Activities is notified
- Program application is scheduled for a site visit
List of Application Attachments

- **Policy for Supervision of Residents** - Policy for supervision of residents (addresses residents’ responsibilities for patient care and progressive responsibility for patient management and faculty responsibilities for supervision). [IR III.B.4]

- **Program Policies and Procedures** - Program policies and procedures for resident duty hours and work environment including policies on moonlighting. [CPR II.A.4.j; CPR VI.G; IR IV.J]

- **Overall Educational Goals** - Overall educational goals for the program. [CPR IV.A.1]

- **Competency Goals and Objectives and Faculty Evaluation of Residents** - A sample of competency-based goals and objectives for one assignment at each educational level [CPR IV.A.2], a blank copy of the forms that will be used to evaluate residents at the completion of each assignment. [CPR V.A.1.a]

- **Letters of Agreement** - All Program Letters of Agreement (PLAs) with participating sites. [CPR I.B.1]

- **Semiannual and Summative Evaluations** - A blank copy of the form that will be used to document the semiannual evaluation of the residents with feedback, [CPR V.A.2.b.(4)], and a blank copy of the final (summative) evaluation of residents, documenting performance during the final period of education and verifying that the resident has demonstrated sufficient competence to enter practice without direct supervision [CPR V.A.3]

- **Program Specific Evaluation Tools** - Blank copies of tools the program will use to provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. [CPR V.A.2.b.(1)] *For multiple tools, create one PDF.*

- **Forms Used for Faculty and Program Evaluation** - Blank copies of forms that residents will use to evaluate the faculty and the program. [CPR V.B.3; CPR V.C.2.d.(1)]

- **Sample Block Diagram** - Provide a sample block diagram for each year of training. Use number of months for each block rotation. You can find an example to help guide you and further instructions using a link in the ADS system.

- **Specialty-specific Application Questions** - Complete the Specialty-specific Application. This document can be found under the "New Applications" heading on your Review Committee's page of our website.
Remember

- Print out the completed application and review for consistency
- Review document for errors
- Be sure everyone is in agreement
- In answering the questions, describe your plan to meet each requirement
- Once the application has been submitted to ACGME, it cannot be altered
- Apply early to maximize the five-year window
COMMON APPLICATION QUESTIONS
Common Application Questions

• Where do I find the specialty specific application form?
The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD medical training programs within the United States.

Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.
<table>
<thead>
<tr>
<th>Hospital-Based Specialties</th>
<th>Medical Specialties</th>
<th>Surgical Specialties</th>
<th>Institutions</th>
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<td>Colon and Rectal Surgery</td>
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<td>Urology</td>
<td>Environment Review Program</td>
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New Applications

New program applications must use the online application process within ADS. For further information, review the “Application Instructions” located under Common Resources.

RC Submission Deadlines

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Agenda Closing Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 20-21, 2015</td>
<td>December 19, 2014</td>
</tr>
<tr>
<td>June 16-17, 2015</td>
<td>April 21, 2015</td>
</tr>
</tbody>
</table>

⚠️ Contact an administrator for new program application due dates.

Presentations

- SCARD 2013 Update
New Applications

New program applications must use the online application process within ADS. For further information, review the "Application Instructions" located under Common Resources.

- Abdominal Radiology
- Clinical Informatics
- Diagnostic Radiology
- Endovascular Surgical Neuroradiology
- Musculoskeletal Radiology
- Neuroradiology
- Nuclear Radiology
- Pediatric Radiology
- Vascular and Interventional Radiology

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Presentations

- SCARD 2013 Update
Common Application Questions

• Who should be listed as “Core Faculty”?
  • At the very least, please include:
    • Program Director
    • Associate PD(s)
    • Subspecialty Chiefs
    • Members of CCC and PEC
  • Faculty that spend >=15 hours per week
  • Read ADS **Physician Faculty Definition** for further guidelines
Common Application Questions

• Does the block diagram need to be listed using 12 months or 13 four-week blocks?
  • Use the format that works best for your curriculum – we will accept either

• When will our application be reviewed by the Committee?
  • It depends on when the site visit is scheduled
  • Upcoming Committee meeting dates:
    • November 13-14, 2015
    • January 28-30, 2016
    • April 28-30, 2016
What happens after our application is reviewed?

- Email notification from the RC Staff within 5 days of the meeting to notify program of accreditation status
- Within 60-days of meeting, program will receive accreditation notification letter from Executive Director
Top 5 Common Citations

• **PD responsibility**
  • Inaccurate data in the application, including data omissions

• **Program Letters of Agreement**
  • Lack of necessary program letters of agreement

• **Faculty ABR Certification**
  • Lack of subspecialty ABR certification for faculty
Top 5 Common Citations

• **Equipment**
  • Lack of or access to PET and PET/CT scanners

• **Goals and Objectives**
  • Must exist for each assignment
  • Must be competency-based
  • Must be differentiated for each level of training
## Accreditation Stats

<table>
<thead>
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<th>Diagnostic Radiology</th>
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<tr>
<td>Initial Accreditation</td>
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<tr>
<td>Continued Accreditation</td>
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<td>Probation</td>
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<tr>
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### Five Year Trends

<p>| | |</p>
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<thead>
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<tbody>
<tr>
<td>Total programs on Probation/Warning</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total RRC withdrawn programs</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total voluntary withdrawn programs</td>
<td>2.5%</td>
</tr>
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RADIOLOGY REQUIREMENTS
Program Director

II.A.1.b) The program director should be a full-time faculty member. (Core)

II.A.3.b) Qualifications of the program director must include: current certification in the specialty by the American Board of Radiology, or specialty qualifications that are acceptable to the Review Committee;

The Review Committee has determined that it will equally consider ABR and AOBR certification
II.A.1.c) The program director must be provided the equivalent of at least one day a week protected time in order to fulfill the responsibilities inherent in meeting the educational goals of the program. (Core)
Program Director: Case Logs

- II.A.4.p) [The program director must] participate in the ACGME Case Log system.
- II.A.4.p).(1) The logs must be submitted annually to the Review Committee office in accordance with the format and the due date specified by the Review Committee. The record must be reviewed by the program director at least annually; for residents beginning training in diagnostic radiology on July 1, 2010 or thereafter, data must be submitted for each resident only for the years of training preceding the ABR Core Examination (at end of PGY-4);

- FAQ: All residents have until the end of the R4 (PGY-5) to achieve the minimum required numbers
Faculty Certification

• II.B.2. The physician faculty must have current certification in the specialty by the American Board of Radiology, or possess qualifications judged acceptable to the Review Committee. (Core)

• For Type 1 pre-accreditation programs, the lack of ABR certification for the faculty will not result in a citation.
II.B.2.b) There must be at least one FTE physician faculty in each of the nine subspecialty areas. The nine subspecialty areas are neuroradiology, musculoskeletal radiology, vascular and interventional radiology, cardiothoracic radiology, breast radiology, abdominal radiology, pediatric radiology, ultrasonography, and nuclear radiology. (Core)
Minimum Number of Residents

• III.B.2. The program must have a minimum of eight residents. (Core)
Program Coordinator

II.C.1. Programs must have a dedicated radiology residency program coordinator. This person must have sufficient time to fulfill the responsibilities essential in meeting the educational goals and administrative requirements of the program. (Core)

FAQ: Residency program coordinator is considered “dedicated” if his or her professional time is dedicated exclusively to the radiology department. It is acceptable for the program coordinator to assist with accredited radiology fellowships or with radiology clerkships, if time permits.
16-Months Maximum in Subspecialty Areas

- Int.C.3.
The residency program is four years of graduate medical education (including vacation and meeting time) in diagnostic radiology. Full time participation by the residents in clinical and didactic activities must occur at all levels of training, including the final year of residency. **In the four years, the maximum period of training in any one of the nine subspecialty areas shall be 16 months.** The nine subspecialty areas of diagnostic radiology are neuroradiology, musculoskeletal radiology, vascular and interventional radiology, cardiothoracic radiology, breast radiology, abdominal radiology, pediatric radiology, ultrasonography (including obstetrical and vascular ultrasound), and nuclear radiology (including PET and nuclear cardiology). (Core)
Nuclear Medicine Requirements

- IV.A.6.b) Residents must have a minimum of 700 hours (approximately four months) of training and experience in clinical nuclear medicine, which may include the required 80 hours of classroom and laboratory instruction (Section IV.A.5.b.1.a.iii); (Core)

- IV.A.6.d) There must be at least 80 hours of didactic (classroom and laboratory training) training under the direction of an authorized user (AU). (Core)
Nuclear Medicine FAQ

**Q:** Are residents permitted to take vacation or other significant time off during the four months of nuclear medicine and still meet NRC?

**A:** Yes. However, the fixed requirement is for 700 hours of nuclear medicine, including 80 hours of didactics. This means that time taken for vacation or other reasons would be considered an interruption in the nuclear medicine educational program and could not be counted towards the required 700 hours. Thus, the nuclear medicine time missed due to vacation or other reasons would need to be recouped by the resident upon return.
Mammography

• IV.A.5.a).(2).(b) [Residents] must perform interpretation/multi-reading of at least 240 mammograms within a six-month period during their last two years of the residency program; (Outcome)

• IV.A.6.c) Residents must have a minimum of 12 weeks of clinical rotations in breast imaging. (Core)
Eligibility

• Clinical Year (Current)
  • Int.C.2.a) This year must consist of training accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), or equivalent organization in internal medicine, pediatrics, surgery or surgical specialties, obstetrics and gynecology, neurology, family medicine, emergency medicine, or any combination of these. The clinical year may also comprise a transitional year accredited by the ACGME or equivalent organization. (Core)

• An AOA-accredited clinical year has always been accepted for entry
2016 New Eligibility Requirements

• Clinical Year
  • III.A.1.a).(1) - Must be accredited by ACGME, RCPSC, or CFPC
  • Current AOA internships will apply as Transitional Year (TY) programs
  • TY applications will be delayed for Accreditation (Details in TY Webinar)

• For 2016, RC allowed exceptions, including AOA clinical year.
• Due to TY delay, RC will allow AOA clinical year through 2017. As of July 1, 2018, no exceptions.
CASE LOGS
Case Logs

- Aggregate data collection
- Data retrieval from RIS system
- PD must verify accuracy of case log data at least annually (II.A.4.p).(1)
- Relevant CPT codes by category listed in Case Log system
Case Log Categories and Required Minimum Numbers

<table>
<thead>
<tr>
<th>Case Log Categories</th>
<th>Required Minimum Number</th>
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<tbody>
<tr>
<td>Chest</td>
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<tr>
<td>CTA/MRA</td>
<td>100</td>
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<tr>
<td>Mammography</td>
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<td>CT Abdominal/Pelvic</td>
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</tr>
<tr>
<td>US Abdominal/Pelvic</td>
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<tr>
<td>Image Guided Biopsy</td>
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<td>Knee MRI</td>
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<tr>
<td>Brain MRI</td>
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<td>PET</td>
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<td>Body MRI</td>
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<td>Spine MRI</td>
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### Add Examinations

Enter aggregate number of procedures for category

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<td>MRI Lower Extremity Joints</td>
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<tr>
<td></td>
<td>0</td>
<td>MRI Spine</td>
</tr>
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**Resident Year of Examination**
- 2

**Procedure Date**
- 4/25/2015

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**Log of Transfers**
- Update Examination Year
- Reports Menu
- Download Examination(s)
- View User Agreement
- CPT Codes by Category

**Reference Materials**
- Program User Guide
- Resident User Guide
RESOURCES
Resources

- ACGME Website: www.acgme.org
- Radiology FAQs: http://acgme.org/acgmeweb/Portals/0/PDFs/FAQ/420_Diagnostic_Radiology_FAQs.pdf
- Association of Program Directors in Radiology (APDR): https://apdr.org/
- Association of Program Coordinators in Radiology (APCR): https://apdr.org/APCR.aspx
Diagnostic Radiology

- Metrics for Scholarly Activity
- Application Guidelines for Interventional Radiology
- Diagnostic Radiology Case Log Minimums
- Guidelines for International Rotations in Diagnostic Radiology
- Requests for Changes in Resident Complement

Program Requirements

- Currently in Effect
- Approved but not in Effect
- Approved but not in Effect until 2016

Milestones

- Diagnostic Radiology
- Neuroradiology
- Pediatric Radiology
- Vascular and Interventional Radiology
- Nuclear Radiology
Important Reminder

• For more details on the Single Accreditation System, please view the webinar:

“The Transition to ACGME Accreditation: An Overview for AOA Programs”
Dr. John Potts, III
April 1, 2015
Thank You