

NOTE: This information is accurate as of **March 20, 2020**. The ACGME continues to evaluate the COVID-19 pandemic situation on an ongoing basis, and updates will be issued as the situation changes and more information emerges. Please review the latest updates on the ACGME website at www.acgme.org and www.acgme.org/COVID-19.

From the Review Committee for Radiation Oncology

The first obligation of every person in the United States is mitigation/control of the COVID-19 pandemic. The moral obligation of all physicians during the pandemic is to do their part in the treatment of its victims. The accreditation of programs should be a distant consideration to those obligations but inevitably arises in the minds of residents, fellows, faculty members, and program directors. The ACGME has published on its website general guidance for resident/fellow education and training in the face of the pandemic: <https://acgme.org/Newsroom/Newsroom-Details/ArticleID/10085/ACGME-Resident-Fellow-Education-and-Training-Considerations-related-to-Coronavirus-COVID-190>. That statement emphasizes that residents should receive proper training in the use of personal protective equipment (PPE), should be appropriately supervised in their clinical activities, and must continue to adhere to ACGME work hour requirements. The latter is important, even in these most challenging times, because the best available data has clearly documented that exceeding the 80-hour-per-week limit results in increased risk of patient harm and increased risk of self-harm, such as needle sticks. Transposed to the current pandemic, that self-harm due to exhaustion could result in infection with the virus due to lapses in isolation protocols, and in the use of PPE and other mechanisms of self-protection. Case Logs, though, are not specifically addressed in that statement and are of major concern to radiation oncology residents and program directors.

In discussing Case Logs, and particularly Case Log minima, it is always important to remember that the ACGME case minima were established for program accreditation. They are used by the Review Committee to determine whether a given program offers a volume and variety of cases sufficient for education of the complement of residents for which the program is accredited. The ACGME Case Log minima were not designed to be a surrogate for the procedural competence of an individual program graduate, and are not used in that manner by the Review Committee.

The pandemic is far beyond the control of the programs that the ACGME accredits and very likely will result in a reduction in the number of procedures performed by the residents in our programs for the foreseeable future. This communication aims to answer some of the questions from radiation oncology residents and programs about the impact of those reductions.

Impact on the Individual Resident

ACGME-accredited programs are obligated to graduate only those residents who have demonstrated the ability to perform all medical and diagnostic procedures considered essential for the area of practice. It is the responsibility of the program director, with consideration of recommendations from the program's Clinical Competence Committee (CCC), to assess the procedural competence of an individual resident. This is one part of the determination of whether that resident is prepared to enter autonomous practice. A given individual who has not met all case minima may be deemed by the program director/CCC to be competent and allowed to complete the program, as scheduled. Another individual who has exceeded all case minima may not be deemed by the program director/CCC to be competent and will be required to extend the

educational program until competence can be demonstrated. These considerations apply at all times.

As a result of the COVID-19 pandemic and its effects on radiation oncology, it is certainly possible that some programs will find it necessary to extend the period of residency for some residents. Naturally, the longer the pandemic impacts the specialty, the more residents' periods of residency may be extended. Extension of the educational program as a result of the current circumstances must not be viewed as reflecting poorly on the affected residents in any way. Rather, it is a reflection of the program's obligation to the public, the ACGME, and the residents themselves, in response to circumstances beyond the program's control.

The ACGME accredits programs. It does not certify individuals. What an extension of the educational program would mean for a given individual in terms of the board certification process will be determined by the American Board of Radiology (ABR), or the determination of Authorized User status by the Nuclear Regulatory Commission (NRC).

Impact on Programs

The ACGME and its Review Committees use the standard of substantial compliance, rather than absolute compliance, in making accreditation decisions. Accreditation decisions include the accreditation status of the program but also include the levying of citations and areas for improvement. In making accreditation decisions, the Review Committee thoughtfully considers all available information from and about a program (e.g., Case Logs, Resident/Fellow and Faculty Survey results, and the program Annual Update). Specific to Case Logs, the minima will not be waived by the Review Committees in response to the pandemic. **But the Case Logs of a program's graduates who were on duty during the pandemic (particularly those in their ultimate or penultimate years) will be judiciously considered in light of the impact of the pandemic on that program.** The program should delineate for the Review Committee how it was affected by the pandemic in the Major Changes and Other Updates section of the Annual Update in the Accreditation Data System (ADS), if applicable. Programs must bear in mind that they have an obligation, not just to the ACGME, but to the public and to their residents, to graduate only those residents they believe are able to autonomously perform all medical and diagnostic procedures considered essential for the area of practice. A program that graduates residents who have multiple substantial deficiencies in their graduate Case Logs may be viewed by the Review Committee as not having met that obligation.

Impact on Residents and Programs

We find ourselves in a health crisis unprecedented in the recent history of our nation. This pandemic has, and will continue to have, a profound impact on the personal lives of everyone in the country. In residency programs, it has and will disrupt annual, monthly, weekly, daily, and even moment-to-moment scheduling. It has and will disrupt the availability of personnel, equipment, and supplies. It has and will disrupt the number and types of procedures performed. It has and will threaten not only the well-being but the very lives of the residents, fellows, program directors, faculty members, coordinators, and other individuals associated with our programs. But despite all of those very real, unfortunate, and, in some instances, devastating effects of the COVID-19 pandemic, there are opportunities that are truly unique, at least in our lifetimes. In coping with this historic challenge, residents and faculty members will witness the value of preventive care and coordinated public health systems. They will, by necessity, grow through interdisciplinary and interprofessional teamwork in ways never before possible. They will experience in real time the extreme boundaries of systems-based care. And, they will develop deep, life-long friendships that can only be born through mutual adversity. When this passes, as it inevitably will, our world will be changed. But, our health care systems, our programs, and each of us will be better on the other side.