Frequently Asked Questions: Urology
Review Committee for Urology
ACGME
(Effective July 1, 2025)

Question	Answer
Introduction	
Is it possible to extend the educational program beyond 60 months to provide residents with additional time for research or clinical experience? *[Program Requirements: 4.1.; 3.3.a.1.]*	Yes. Programs can use an alternative format for admission to a urology residency that requires a prerequisite year of education in a program that satisfies the requirements outlined in Program Requirement III.A. Programs can also require or offer additional *un*accredited time for research and/or clinical experience. Programs can indicate that a resident is in an unaccredited training period in the Accreditation Data System (ADS) by choosing the resident status, "In Program but Doing Research/Other Training." Residents with this status cannot log cases in the Case Log System, do not complete the Resident Survey, and are not assessed on the Milestones. Programs must ensure that all required experiences are completed during the 60 months of accredited urology education.
How much leave time can a resident have during the educational program? *[Program Requirement: 4.1.]*	Residents must complete the required 60-month educational program, but there are no Urology program requirements related to time off during that period. There are, however, requirements included in the Institutional Requirements, IV.H., which are available on the Institutional Review Committee page of the ACGME website. Programs must have leave policies consistent with the policies of their Sponsoring Institution and the applicable board, i.e., the American Board of Urology (ABU) or the American Osteopathic Board of Surgery (AOBS). If it is determined that a resident's educational program needs to be extended, the program should update the resident's completion date in ADS. In addition, a temporary complement increase for the additional period may need to be requested. See "Requests for Changes in Resident/Fellow Complement," available on the Documents and Resources page of the Urology section on the ACGME website.
Can a resident participate in an international rotation? *[Program Requirement: 4.1.]*	Yes. See "International Rotation Guidelines for Urology," available on the Documents and Resources page of the Urology section on the ACGME website, for more information.

Question	Answer
Oversight	
What factors should a program consider when adding a new participating site? *[Program Requirement: 1.6.a.]*	When considering a new site, program directors are expected to balance the value of the educational experience, effect on peer interaction, distance from the primary clinical site, travel time, and impact on resident well-being. In ADS, the educational rationale for a new participating site should address each of these factors.
When is a distant site acceptable to the Review Committee (RC)? *[Program Requirement: 1.6.a.1.]*	When considering a site, program directors are expected to balance the value of the educational experience, distance from the primary clinical site, travel time, and impact on resident well-being. The majority of resident education should take place at sites in close proximity to the primary clinical site to support a cohesive educational experience. However, the RC recognizes that there are times when residents may need to travel to a distant site for an important educational opportunity that is not available at the primary clinical site or at a nearby participating site. In ADS, the educational rationale for sites distant from the primary clinical site must include a justification, as well as a description of any travel and/or housing arrangements.
Personnel	
Does the RC have specific expectations with respect to how a program provides faculty development to improve faculty members' teaching and assessment skills? *[Program Requirements: 2.8.e.- 2.8.e.4.]*	There are a number of ways to provide faculty development that will help faculty members grow in their role as clinical educators. Examples include "snippets" during faculty meetings, grand rounds speakers, readings, webinars, and national educational meetings. While faculty development is required, programs may use the activity(ies) that work(s) best in their particular setting.
In what circumstances must the RC review the qualifications of a faculty member who is not certified by the by ABU or AOBS? *[Program Requirement: 2.10]*	Programs are expected to submit a request for review by the RC for a faculty member: • whose certification is from a country outside of the United States; • who does not plan on becoming certified by the ABU or AOBS in the near future; or • with lapsed ABU or AOBS certification. A request is not needed for: • a faculty member who recently completed urology residency in the United States and has not yet received ABU or AOBS certification. In such cases, programs should enter "ABMS [American Board of Medical Specialties] Board Eligible" or "AOA [American Osteopathic Association] Board Eligible" in the ADS Faculty Roster (Specialty Certification – Manual Entries > +Add); or • a non-urologist faculty member who is certified in their (sub)specialty.
What is the request process for review of a	The program must submit a letter of support to the RC signed by the program director

Question	Answer
non-ABU- or AOBS-certified faculty member? *[Program Requirement: 2.10]*	and the designated institutional official (DIO). A curriculum vitae for the faculty member must be attached. Email the letter to the RC's Accreditation Administrator, whose contact information can be found in the Urology section of the ACGME website. If the RC approves the request, programs should note this approval in the ADS Faculty Roster: [Specialty Certification – Manual Entries > +Add > enter certification information > indicate Review Committee approval under "Explain Equivalent Qualifications for Review Committee Consideration (or missing information)"].
Resident Appointments	
How should a program initiate a complement increase request? *[Program Requirement: 3.4.]*	See Requests for Changes in Resident/Fellow Complement on the Documents and Resources page of the Urology section of the ACGME website.
Can a new program with a status of Initial Accreditation or a program with a recently approved permanent complement increase have both Uro-1 and Uro-2 residents start the first year? *[Program Requirement: 3.4.]*	In general, programs are expected to roll out the approved complement on a year-by-year basis, i.e., adding only Uro-1 residents each year. This approach allows programs to implement their plans in manageable stages and ensures a resident does not transfer from an established program to a new one, leaving the established program with an unexpected open position. However, the Review Committee will consider allowing a Uro-2 resident to start the first year of accreditation or approval of a complement increase in some circumstances. Programs interested in having a Uro-2 resident start the first year should email the request, including the rationale, to the RC's Accreditation Administrator, whose contact information can be found on the Urology section of the ACGME website. Serious consideration will be given to a request for a general surgery preliminary resident to fill a Uro-2 position. Programs are reminded that residents entering the Uro-2 year must first complete all Uro-1 requirements, including three months of urology. Incoming Uro-2 residents who have not completed three months of urology must start the program as a Uro-1 until the requirement is met and then start Uro-2 "off-cycle." Programs can choose to keep the resident off-cycle for the remainder of the program. Alternatively, the program can choose to have the resident start Uro-3 on the regular cycle by giving credit from the resident's previous program experience towards one to three of the six flexible months permitted during Uro-2 – 4. The following example is for an incoming Uro-2 resident who completed a general surgery preliminary position that included one month of

Question	Answer

	urology. The resident must have two months Uro-1 urology before progressing to the Uro-2 year.
	• Option 1: Resident is off-cycle throughout program
	  ○ Two months of Uro-1 urology from July 1-August 31
	  ○ Starts Uro-2 on September 1
	  ○ Starts Uro-3-5 on each subsequent September 1
	  ○ Completes Uro-5 on August 31, two months after peers
	• Option 2: Resident is off-cycle for Uro-2 only
	  ○ Two months of Uro-1 urology from July 1-August 31
	  ○ Starts Uro-2 on September 1 and program gives resident two months of credit from the general surgery preliminary rotations
	  ○ Starts Uro-3 on July 1 with peers
	  ○ Completes Uro-5 on June 30 with peers
	
	Direct questions to the RC's Accreditation Administrator, whose contact information can be found in the Urology section of the ACGME website.

Educational Program	
Why do chief resident rotations need to be at least two months in length? *[Program Requirement: 4.10.a.]*	Rotations of at least two months ensure chief residents have time to focus on specific urological domains while being supervised and taught by the same faculty member(s) in a consistent setting. The RC believes longer rotations provide chief residents with better opportunities for continuity of care that help foster the essential skills for a successful transition to independent practice. A chief resident rotation may take place at more than one participating site provided there is a sound educational rationale for multiple sites. Programs are advised to include this justification in the site's description in ADS.
Can any of the six months of core surgical education required during Uro-1 take place during another year? *[Program Requirement: 4.11.a.1.]*	While generally the core surgical experience must take place during Uro-1, the RC will consider an exception under certain circumstances. Programs should email an exception request, including the rationale, to the RC's Accreditation Administrator, whose contact information can be found in the Urology section of the ACGME website.
During the Uro-2-4 years, what educational experiences can take place in the six months not required to include clinical urology? *[Program Requirement: 4.11.c.1.]*	Rotations may be research, clinical (urology, other surgical, non-surgical), or elective, or provide another valuable educational experience (e.g., quality improvement course). Program directors should use their judgement to determine the best use of the flexible months in their educational environment.

Question	Answer
If the program chooses to have a research rotation during a flexible month in the Uro-2-4, are goals and objectives needed for the rotation? *[Program Requirement: 4.11.c.1.]*	Yes. Similar to a clinical rotation, a research rotation must have level-specific, competency-based educational goals and objectives. The goals and objectives outline what the resident is expected to demonstrate at the end of the research rotation.
Must a specific percentage of residents and core faculty members attend didactic conferences? *[Program Requirement: 4.11.f.]*	No. The Committee expects all residents to attend didactic conferences unless they are on leave, away at a meeting, on an away rotation, have a scheduled day off, or are post-call. Core faculty members are expected to regularly attend weekly didactic conferences when they are working on site.
Can cases performed during an international rotation count toward minimum requirements? *[Program Requirement: 4.11.g.]*	There are some circumstances in which a resident on an international rotation can log procedures. See "International Rotation Guidelines for Urology" on the Documents and Resources page of the Urology section of the ACGME website.
Evaluation	
Does the RC expect the graduate Case Log Reports to demonstrate that graduating residents had approximately the same surgical experiences? *[Program Requirement: 5.1.c.2.]*	The RC recognizes that the program may wish to provide residents with different operative experiences based on the residents' professional goals. This expectation is acceptable provided that graduating residents have met the minimum procedural requirements, have been given equivalent procedural opportunities, and have the knowledge, skills, and behaviors necessary to enter autonomous practice in the depth and breadth of urology. If one or more program graduates have failed to meet a procedural minimum **and** there is variability in graduates' experience for that procedure, program directors are encouraged to provide an explanation in the "Major Changes and Other Updates" section in ADS.
The Learning and Working Environment	
What types of quality metrics and benchmarks should be provided to residents and faculty members? *[Program Requirement: 6.4.]*	A program's quality metrics and benchmarks should represent meaningful patient data that residents and faculty members use to review practice patterns and/or outcomes. The goal is to improve patient care. Data may be at the level of the resident, faculty member, service, department, and/or site. Examples of data are length of hospital stay, infection rate, mortality rate, and re-admission rate. Programs are encouraged to contact institutional leadership to identify existing data that will foster practice improvement. In most cases, institutions are already collecting quality data that can be

Question	Answer
	used to meet this requirement.
Other	
Can a program receive a citation even after demonstrating to the Accreditation Field Representative that the program is compliant with a requirement?	Yes. The RC may issue or extend a citation even if the Site Visit Report indicates compliance with a requirement. The RC may want to see new data confirming compliance (e.g., next year's Resident Survey), and/or to monitor the program to ensure sustained improvement.
Does the RC have specific expectations for the program's block diagram that is uploaded into ADS?	Yes. See "Block Diagram: Instructions and Sample for Urology Residency and Fellowships," available on the Documents and Resources page of the Urology section of the ACGME website.
Where can a program find information about the required procedural minimums and the Case Log System?	See the Documents and Resources page of the Urology section of the ACGME website. General information about the Case Log System is available at acgme.org > ADS (upper right corner) > ADS Help Center > Case Logs.
Where can a program find information about a Common Program Requirement?	See the Common Program Requirement FAQs under "Additional Resources."
Where can a program find information about site visits?	See the Site Visit section of the ACGME website.