Review Committee for Radiation Oncology Update

Cheryl Gross, MA, CAE, Executive Director
Kerri Price, MLIS, Associate Executive Director
Conflict of Interest Disclosure

Speaker(s): Cheryl Gross, MA, CAE
Kerri Price, MLIS

Disclosure
None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.
# Review Committee for Radiation Oncology Members

<table>
<thead>
<tr>
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<th>Title and Affiliations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Steinberg, MD</td>
<td>FASTRO, FACR (Chair)</td>
</tr>
<tr>
<td>Prajnan Das, MD, MS, MPH</td>
<td>FACR (Vice Chair)</td>
</tr>
<tr>
<td>Brian Davis, MD, PhD</td>
<td></td>
</tr>
<tr>
<td>Ronald Chen, MD, MPH</td>
<td></td>
</tr>
<tr>
<td>May Elbanna, MD</td>
<td>(Resident Member)</td>
</tr>
<tr>
<td>Janice Kishner, RN, MSN, MBA</td>
<td>FACHE (Public Member)</td>
</tr>
<tr>
<td>Louis Potters, MD</td>
<td>FACR, FASTRO, FABS</td>
</tr>
<tr>
<td>Srinivasan Vijayakumar, MD</td>
<td>DMRT, DABR, FACR</td>
</tr>
<tr>
<td>Michael Yunes, MD</td>
<td>(Ex-Officio, American Board of Radiology)</td>
</tr>
</tbody>
</table>

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The Stats
Radiation Oncology Programs

<table>
<thead>
<tr>
<th>Academic Year</th>
<th># Approved Residents</th>
<th># Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022-2023</td>
<td>809</td>
<td>90</td>
</tr>
<tr>
<td>2021-2022</td>
<td>813</td>
<td>90</td>
</tr>
<tr>
<td>2020-2021</td>
<td>819</td>
<td>91</td>
</tr>
<tr>
<td>2019-2020</td>
<td>819</td>
<td>91</td>
</tr>
<tr>
<td>2018-2019</td>
<td>825</td>
<td>94</td>
</tr>
</tbody>
</table>
Current Radiation Oncology Programs (as of February 1, 2024)

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th># Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Accreditation</td>
<td>82</td>
</tr>
<tr>
<td>Continued Accreditation with Warning</td>
<td>7</td>
</tr>
<tr>
<td>Probation</td>
<td>1</td>
</tr>
</tbody>
</table>
# Program Size: 2022-2023

<table>
<thead>
<tr>
<th>Number of Residents</th>
<th>Number of Approved Positions</th>
<th>Number of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 Residents</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>6-10 Residents</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>11-15 Residents</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>16+ Residents</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Filled</th>
<th>Number of Approved Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td>4-30</td>
</tr>
<tr>
<td>Mode</td>
<td>8</td>
</tr>
<tr>
<td>Median</td>
<td>8</td>
</tr>
<tr>
<td>Mean</td>
<td>9</td>
</tr>
</tbody>
</table>

93.9% of approved positions are filled.
Annual Review Committee Activities

Review Committee meets at least twice a year to review:

- Applications
- Permanent Complement Increase Requests
- Annual Data
  - Programs with Citations
  - Programs with Annual Data Indicators
- Accreditation Site Visits
- Complaints
Program Requirements
Section I: Specialties
(June 2026 graduates and beyond)

I.B.1.a) The Sponsoring Institution must sponsor at least one hematology and medical oncology and/or medical oncology program. (Core)
Section I: Specialties
(June 2026 graduates and beyond)

I.B.1.b) The Sponsoring Institution should also sponsor or have affiliations with ACGME-accredited programs in pathology, surgical oncology, and at least one other oncologic-related discipline sufficient to foster interdisciplinary care and enhance the education and training of the radiation oncology residents. (Detail)

I.B.1.b).(1) If the primary clinical site is not the same as the Sponsoring Institution, it must be the primary teaching institution(s) for the above-named programs. (Detail)
Section I: Oncologic-Related Specialties *(Enforced after June 2026)*

- Colon and rectal surgery
- Complex general surgical oncology
- Gynecologic oncology
- Hospice and palliative medicine
- Micrographic surgery and dermatologic oncology
- Musculoskeletal oncology
- Neurological surgery
- Otolaryngology – head and neck surgery
- Pathology and oncology-related subspecialties (cytopathology, dermatopathology, hematopathology, selective pathology)
- Pediatric hematology-oncology
- Thoracic surgery
- Urology
Section I: Participating Sites  
(Enforced after June 2026)

I.B.5.a) At least 75% of the residents’ educational experiences (i.e., clinical rotations and non-clinical activities) must take place at the primary clinical site; or, (Core)

I.B.5.b) At least 90% of the residents’ educational experiences must take place at the primary clinical site and one other participating site. (Core)

NOTE: Does NOT include non-clinical time after the 36 months of clinical time requirement is sufficed.
II.A.2 At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE (20%) for administration of the program. (Core)
Section II: Faculty Members

In addition to the program director, minimum of four FTE radiation oncologists at the primary clinical site.

Core faculty includes:

• Cancer/radiation biologist
  • Responsible for radiation oncology resident education and oversight and organization of on-site didactic curriculum

• Medical physicist
II.B.4.b).(1) The core clinical faculty must include a minimum of four clinical physician faculty members, defined as physicians who practice clinically and who lead or co-lead clinical rotations for residents. (Core)

II.B.4.b).(1).(a) Programs, regardless of size, must maintain a ratio of at least 1.5 clinical physician faculty members to each resident. (Core)
Section II: Program Coordinator

<table>
<thead>
<tr>
<th>Number of Approved Resident Positions</th>
<th>Minimum FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>0.5</td>
</tr>
<tr>
<td>7-10</td>
<td>0.7</td>
</tr>
<tr>
<td>11-15</td>
<td>0.8</td>
</tr>
<tr>
<td>16-20</td>
<td>0.9</td>
</tr>
<tr>
<td>21-25</td>
<td>1.0</td>
</tr>
<tr>
<td>26-30</td>
<td>1.1</td>
</tr>
</tbody>
</table>
Section III: Resident Appointment

PGY-1 (fundamental clinical skills year) MUST be completed in an ACGME- or ACGME-I-accredited program

**NO exceptions**

Even if resident completed full radiation oncology program in another country, **MUST** have PGY-1 in accredited program

American Board of Radiology offers [International Medical Graduate Alternate Pathway](#)
Case Log Changes

**2020 Requirements**
Due to COVID-19 and the fact that graduates may have already completed all clinical procedures, **NO** citations will be issued until class that graduates in 2024.

**2022 Requirements**
Disease-site minima will not be cited until January 2027 (current first-year residents).

Will appear in the ACGME Case Log System as a current requirement, but programs **will not** be cited.
## Case Log Implementation

<table>
<thead>
<tr>
<th>Category</th>
<th>Graduates through 6/30/2024</th>
<th>Graduates after 7/1/2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Beam Radiation Therapy</td>
<td>450 patients</td>
<td>450 simulations</td>
</tr>
<tr>
<td>Brachytherapy Interstitial</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Brachytherapy Intracavitary</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Cylinder Procedures</td>
<td>0</td>
<td>&lt; 5</td>
</tr>
<tr>
<td>Tandem Procedures</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Pediatric Solid Tumor</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Pediatric Total</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>SRS/Brain</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>SBRT</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Unsealed Sources</td>
<td>6 total</td>
<td>8 total</td>
</tr>
<tr>
<td>I-131 Procedures</td>
<td>--</td>
<td>3</td>
</tr>
<tr>
<td>Parenteral Admin</td>
<td>--</td>
<td>5</td>
</tr>
</tbody>
</table>
IV.C.5. – Case Logs

• Each resident must perform at least 450 simulations with external beam radiation therapy
  o Holman Pathway residents must perform at least 350 simulations
  o A resident should perform no more than 350 simulations with external beam radiation therapy in any one year
Case Log Changes (June 2024 Graduates and Beyond)

Interstitial – 7 procedures (previously 5)

Intracavitary – 15 procedures (no change to total)
  Minimum of 5 tandem-based insertions for 2 patients
  Maximum of 5 cylinder insertions

Radioimmunotherapy – 8 procedures (previously 6)
  Minimum of 5 parenteral administrations (previously 3)
## Case Log Minima (June 2026 Graduates and Beyond)

<table>
<thead>
<tr>
<th>Simulation</th>
<th>Required Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone/Soft Tissue Sarcoma</td>
<td>5</td>
</tr>
<tr>
<td>Post-Mastectomy Breast</td>
<td>11</td>
</tr>
<tr>
<td>Central Nervous System</td>
<td>19</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>31</td>
</tr>
<tr>
<td>Esophagus</td>
<td>5</td>
</tr>
<tr>
<td>Anorectal</td>
<td>10</td>
</tr>
<tr>
<td>Non-Prostate Genitourinary</td>
<td>3</td>
</tr>
<tr>
<td>Gynecologic</td>
<td>10</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>8</td>
</tr>
<tr>
<td>Non-Small Cell Lung Cancer</td>
<td>16</td>
</tr>
</tbody>
</table>
Case Log Minima *(June 2026 Graduates and Beyond)*

**IV.C.5.d)** At most, two cases, or up to 25 percent of each of the above site-specific minimum requirements, whichever is greater, may be logged as observed cases to meet the minimum requirement. *(Outcome)*

**IV.C.5.e)** Holman Pathway residents must simulate at least 75 percent of each of the above site-specific minimum requirements. *(Outcome)*
When residents are supervised directly through telecommunication technology, the supervising physician and the resident must interact with each other, and with the patient, when applicable, to solicit the key elements related to the encounter, and agree upon the significant findings and plan of action, including components of radiation treatment planning. (Core)
Institutional Requirements

IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must:  

IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; 

IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; 

IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; 

IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence;
Complement Requests - Temporary

- Intended for remediation or off-cycle residents ONLY
- **NEW** For fewer than 90 days – not required
- Over 90 days – submit request through Accreditation Data System (ADS)
  - Request should not exceed one resident
  - Less than two years
Complement Requests - Permanent

- Must demonstrate sufficient case volume over a multi-year period
- Not approved proactively for program enhancements, new equipment, or new faculty members not yet in place
- Considered by full Review Committee during regularly scheduled meetings
- Recommended that any citations or Areas for Improvement (AFIs) on the program be fully resolved before requesting
- Need appropriate educational rationale (*i.e.*, *not to assist program in staffing*)
Case Log User Guide

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Program Review
Annual Timeline

Aug/Sep | Oct/Nov | January | April
---|---|---|---
Annual ADS Data Input | Data Analysis | ANRC Meeting Review | ANRC Meeting Follow Up

Majority of Programs Reviewed
Annual Data Review Process

Warning or Probation? NO  Citations? NO  Annual Data Issues? NO  PASS (Continued Accreditation)

YES ↓ Further Review

Remember, this applies to established programs (not on Initial Accreditation).
The Review Process

Staff Review

- *Broad review of all data – concerns flagged*

Committee Review

- *Programs on Warning or Probation*
- *Programs with active citations*
- *Data concerns*
Annual Data Indicators

- Surveys – Resident/Fellow and Faculty
- Board Pass Rates
- Clinical Experience and Case Logs
- Scholarly Activity – Faculty and Resident/Fellow
- Attrition
- Information Omission
- Major Changes / Responses to Citations
Accreditation Status

Continued Accreditation

Continued Accreditation with Warning

Probation

Withdrawal of Accreditation
Continued Accreditation

Substantial compliance with requirements

- Programs may or may not have citations or AFIs issued

Review Committee will continue annual review of indicators

Programs can innovate around “Detail” requirements (not “Core” or “Outcome” requirements)
Continued Accreditation with Warning

Areas of non-compliance jeopardize accreditation

- No increase in complement
- Status is published on ACGME website
- Do NOT need to inform residents
Probation

Must have a site visit **before** conferring this status

- No increase in complement
- Status is published on ACGME website
- **Must inform residents and applicants in writing**
Letter of Notification

Citations

• More serious concerns than AFIs
• Linked to Program Requirements
• Require written response in ADS
• Review Committee will review again the following year (extended or resolved)
Letter of Notification

Areas for Improvement (AFIs)

• Concerns do not reach level of citation (trends)
• No written response required
• Should be reviewed with Program Evaluation Committee
• Committee will review again following year
• Unresolved AFIs may become citations
Faculty Certification

Certification information is automatically pulled from American Board of Medical Specialties (ABMS) certification information.

Any additional certifications, including American Osteopathic Association (AOA), still need to be updated manually during the annual update.
Common Review Committee Concerns

Inaccurate/incomplete information in ADS Annual Update

- Faculty licensure, qualifications
- Faculty / resident scholarly activity
- Response to citations
- Lack of documentation (when requested)
- Block diagram information / format
Website Information

• Block diagram instructions
• FAQs
• Video shorts
  • Avoiding Common Errors in the ADS Annual Update
  • Completing an Application for ACGME Accreditation
How to Respond to Citations

- Look at citation with an open mind
  - *It’s not personal!*
  - *Citations are based on the information the Review Committee sees*
- If it’s not written, it didn’t happen
- Have others read responses for tone – strive for objectivity
How to Respond to Citations

• Provide the information requested
  • *If data is requested, provide the data*
  • *If you don’t understand, call or email*

• Thoroughly respond to each concern within the citation and beyond
  • *If there are multiple concerns, show how they’ve been resolved or are being resolved*
How to *Really* Respond to Citations to Resolve Them

- How did you engage residents and faculty in investigating the issue?
- What is the issue?
- What actions will/have you implemented to correct the issue?
- How will you monitor and sustain the improvement?
Other Initiatives
Coordinator Timelines

- Developed by the ACGME Coordinator Advisory Group
  - Residency
  - Fellowship
  - Institutional
- Orientation Manual for Coordinators *(Summer 2024)*
The ACGME’s Online Learning Portal

Learn at ACGME Redesign
Coming Soon!

Visit dl.acgme.org or scan the QR code.

Have a question or need assistance? Contact us! desupport@acgme.org
Remediation Toolkit

11 modules authored by renowned experts in the field

Equips participants with tools for addressing needs of struggling learners

CME offered after completion

The ACGME designates this enduring material for a maximum of 5.25 AMA PRA Category 1 Credits™
Applying for Program Accreditation Course

- Three-part course and **step-by-step guide**
- For those **new** to the process, as well as a refresher for **experienced** users
- Explanation of key steps, timeline, and the **review process** after submission
Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around direct observation and feedback
- Evidence-based video prompts
- Answer keys and facilitator guides
- Microlearning lessons with associated slides and guides
Program Coordinator Course

- For **new and seasoned** coordinators
- Covers a **wide range of topics** important to program coordinators
- **Videos** from working coordinators
- **Summer 2024**
Virtual Workshop
Self-Empowerment for Program Coordinators

- Seven-day workshop for new and experienced program coordinators
- Interactive activities and virtual synchronous workshop
  - Leadership strategies
  - Networking opportunities
  - Asserting your professionalism
- April 15-21, 2024
- Registration required
• **Funding opportunity** for resident-/fellow-led teams
• Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

**DEADLINE: APRIL 22, 2024**
The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline: Wednesday, March 27, 2024

For additional information and to download nomination materials: https://www.acgme.org/initiatives/awards/
CONTACT US
We want to help!

Review Committee Staff
Cheryl Gross: cgross@acgme.org
Kerri Price: kprice@acgme.org
Aimee Morales: amorales@acgme.org
  • Program Requirements
  • Letters of Notification
  • Complement requests
  • Case Log content

ADS Staff
ADS@acgme.org
  • ADS
  • Surveys
  • Case Log System

Field Activities Staff
fieldrepresentatives@acgme.org
  • Site Visits
Thank You!

Questions?