SES047
Specialty Update: Urology

Laura Huth, MBA, Executive Director
Emma Breibart-White, MALS, Associate Executive Director
Conflict of Interest Disclosure

Speaker(s):
Laura Huth, MBA
Emma Breibart-White, MALS

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.
Talking Points

- Review Committee: Who/What/When
- Programs by the Numbers
- Review Committee News
- Accreditation Data System (ADS) and Other Tips
- ACGME News
- Open Dialogue with the Review Committee
Review Committee: Who/What/When
Review Committee Membership

- All volunteers
- Diversity valued (e.g., gender, geography, subspecialty)
- 10 members nominated by American Board of Urology (ABU), American College of Surgeons (ACS), American Medical Association (AMA) and American Osteopathic Association (AOA) (six-year term)
- One resident/fellow member (two-year term)
- One public member (six-year term)
- Three ex-officio members (one each from ABU, AOA, and ACS)
Voting Members

Kate Kraft, MD, Chair
University of Michigan

Stephanie Kielb, MD, Vice Chair
University of Michigan

Leah Chisholm*, MD, Resident Member
Vanderbilt University

Stephanie Meyer*, COL, Public Member
US Army Medical Center of Excellence

Tim Brand, MD
Baptist Health Care

Greg Broderick*, MD
Mayo Clinic – Jacksonville

Brook Brown*, MD, MPH
MedStar Georgetown University

Ali Dabaja*, MD
Henry Ford Health System

Jennifer Hagerty, DO
Nemours/DuPont Children’s Hospital

Kathleen Kobashi*, MD
Houston Methodist Hospital

Jim McKiernan, MD
NYP/Columbia University

Eric Rovner, MD
Medical University of South Carolina

*Welcome New Members!
Review Committee Staff

Laura Huth, MBA  **NEW!**  
*Executive Director*

Emma Breibart-White, MALS  
*Associate Executive Director*

Shellie Bardgett, MPH  
*Senior Accreditation Administrator*

Angel Mathis  **NEW!**  
*Accreditation Administrator*
Review Committee Meetings

Three Meetings per Calendar Year

Upcoming Meetings
April 12, 2024
August 23, 2024
January 16-17, 2025

acgme.org > Specialties > Urology > Scroll Down > Review Committee Dates
Review Committee Meetings Reminder

• Meeting agenda closes about **two months** before meeting
• **Permanent** complement increase requests must be submitted by the **designated institutional official (DIO)** by agenda closing date to make the next meeting
Programs by the Numbers
# Urology Programs – by Status

<table>
<thead>
<tr>
<th>Program</th>
<th>Initial Acc.</th>
<th>Initial Acc. w/ Warning</th>
<th>Continued Acc. w/o Outcomes</th>
<th>Continued Acc.</th>
<th>Continued Acc. w/ Warning</th>
<th>Probation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>5</td>
<td>0</td>
<td>4</td>
<td>132</td>
<td>9</td>
<td>0</td>
<td>150</td>
</tr>
<tr>
<td>Pediatric Urology</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>FPMRS</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>16</td>
</tr>
</tbody>
</table>
# Urology Residents/Fellows

<table>
<thead>
<tr>
<th>Program</th>
<th>Trainees</th>
<th>Female</th>
<th>Black/AA</th>
<th>Hispanic/ Latino/Spanish</th>
<th>Withdrew/ Dismissed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>1834</td>
<td>582 (32%)</td>
<td>97 (5%)</td>
<td>158 (8%)</td>
<td>7 (&lt;1%)</td>
</tr>
<tr>
<td>Pediatric Urology</td>
<td>32</td>
<td>17 (53%)</td>
<td>1 (3%)</td>
<td>3 (9%)</td>
<td>0</td>
</tr>
<tr>
<td>FPMRS</td>
<td>42</td>
<td>33 (79%)</td>
<td>3 (7%)</td>
<td>4 (9%)</td>
<td>0</td>
</tr>
</tbody>
</table>

ACGME Data Resource Book 2022-2023
2023: New Residency Positions

• New Programs:
  • 2 programs approved
  • 10 new spots

• Permanent Complement Increases:
  • 9 programs approved
  • 45 new spots

55 new positions
Urology Program Growth

Number of Urology Programs

- 2012: 122
- 2017: 129
- 2023: 139

Formerly AOA Accredited
Urology Positions Growth

Number of PGY-2-5 Urology Approved Positions

- 2012: 1178 positions
- 2017: 1343 positions
- 2023: 1634* positions

*88 positions from formerly AOA Accredited programs

Now 1634 PGY-2-5 positions
ACGME Surveys

• Surveys open until April 7, 2024

• No changes to the survey process—program leadership will notify residents/fellows and faculty about the survey via ADS

• Results available in early May
  • Small programs receive a multi-year report a few weeks later
ACGME Surveys

- Review Committee largely focuses on trends
- Items trending down may receive a citation or Area for Improvement (AFI)
- First-time drop can lead to a citation or AFI if particularly worrisome
Resident Survey

• Resident Survey **urology-specific** section now asks PGY-2-5 residents about:
  • Confidence in ability to practice urology at completion of program
  • Progressive responsibility
  • Number of half-day clinics/week (on average)
• Use this feedback for program improvement
Revised Program Requirements for Graduate Medical Education in Urology
(effective July 1, 2023)

PGY-1 Curriculum

• Six months core surgical education
  • Three months general surgery
  • Three months additional non-urological surgery
• Three months urology
• Three months clinical rotations designed to further develop basic surgical skills and/or care of urological patients
  • Rotations are at the discretion of program director
  • Surgical or non-surgical
Revised Program Requirements for Graduate Medical Education in Urology
(effective July 1, 2023)

<table>
<thead>
<tr>
<th>Number of Approved Resident Positions</th>
<th>Minimum FTE</th>
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<tbody>
<tr>
<td>1-5</td>
<td>.5</td>
</tr>
<tr>
<td>6-10</td>
<td>.7</td>
</tr>
<tr>
<td>11-15</td>
<td>.8</td>
</tr>
<tr>
<td>16-20</td>
<td>.9</td>
</tr>
<tr>
<td>≥ 21</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Subject to citation beginning July 1, 2024
Revised Program Requirements for Graduate Medical Education in Urology  
(effective July 1, 2023)

Didactics

• Palliative care
• Harassment and implicit bias
  • In-person, virtual, synchronous, or asynchronous formats
Case Logs

- Urology reconstructive surgery category
  - Reconstructive surgery subcategories revised
  - New minimums established—effective with 2024 graduates*
  - **Pediatric** reconstructive surgery cases now give credit to both pediatric and reconstructive surgery minimums
  - Updated information available at acgme.org > Specialties > Urology > [Documents and Resources](#)
- Female pelvic medicine and reconstructive surgery (FPMRS) minimums: revisions underway

*Citations will not be given until 2025
Fellowship Eligibility Requirements

- As of July 1, 2023, eligibility exceptions allowed for exceptionally qualified international graduate applicants in FPMRS and pediatric urology programs
  - The Review Committee for Urology does not decide who is exceptionally qualified; up to the program/graduate medical education (GME) office
  - Fellowship eligibility does not equal board eligibility
    - Program directors are responsible for the letting the applicants know this

- Contact your DIO regarding your institution’s process for exceptionally qualified candidates
Fellowship Name Change

• We recognize that the American Board of Obstetrics and Gynecology (ABOG) and the American Board of Urology (ABU) have announced the name change of the jointly sponsored subspecialty of female pelvic medicine and reconstructive surgery (FPMRS) to urogynecology and reconstructive pelvic surgery (URPS), effective January 1, 2024.

• Effective July 1, 2024, the ACGME will officially recognize URPS and discontinue using FPMRS
Program Changes

• The following changes are submitted in ADS:
  • Complement
  • Program Director
  • Participating Site
    • Sites must be added if at least one month and a required experience for all residents/fellows
    • However, can add other sites and it helps Review Committee understand resident/fellow experience
  • All three changes require Review Committee approval!
Program Changes

• Review Committee carefully reviews all changes submitted in ADS to ensure they benefit resident/fellow education

• On behalf of the Review Committee staff: PLEASE enter all requested information completely and accurately

• Reach out to ADS@acgme.org with questions
Complement Increases

• Temporary complement increase request:
  • **Up to 90 days**: Do not need to submit request in ADS - **NEW!**
  • **Over 90 days**, submit if:
    • Residency: over approved total or within a year (e.g., PGY-3)
    • Fellowships: over total complement
Permanent Complement Increase Requests

• Sound educational rationale: outline how increase will benefit resident/fellow education
• Sufficient patient/procedural volume, both Case Log minimums met and institution procedure data
• Favorable learning environment
• Use color to identify changes in proposed block diagram
• Complement increase instructions available at acgme.org > Specialties > Urology > Documents and Resources
New Programs and Permanent Complement Increases

- If approved, the number of residents/fellows is expected to roll out year by year until the full complement is reached.
- The Committee considers requests for a first- and second-year resident or fellow to start the initial year of approval.
- Questions? Contact Review Committee staff.
ACGME Rural Track Program (RTP) Designation

- The ACGME has developed processes for programs that seek to create “rural tracks” as defined by Centers for Medicare and Medicaid Services (CMS)

- ACGME RTP designation options
  - Type 1 = separately accredited program
  - Type 2 = expansion of existing program with a new rural site

- Information available at acgme.org > Improvements and Initiatives > Medically Underserved Areas and Populations > Rural Track Program Designation

- Contact the Review Committee staff if you are interested in starting a Rural Track
International Rotations

Guidance for international rotations is available on acgme.org > Specialties > Urology > Documents and Resources.
ADS and Other Tips
Annual Program Review

Data Collection (e.g., Surveys, board exam, ADS Annual Update) January - September

Executive Committee Review November

Review Committee Review and Decision January or April meeting

Program Notification Post meeting

Review Committee is here
ADS Annual Update

• Late summer/early fall each year
• **Very** important to provide complete and accurate program information during the annual update
• The information entered provides key information to the Review Committee that may be used during the annual program review
• The ACGME continues efforts to make the update easier to complete
Block Diagrams - Required

Documents

- Block Diagram: Fillable Block Diagram for Urology Fellowship Programs
- Block Diagram: Fillable Block Diagram for Urology Residency Programs
- Block Diagram: Instructions and Sample for Urology Residency and Fellowships
- Case Log Information: Female Pelvic Medicine and Reconstructive Surgery
Five-Year Urology Program

- Review Committee has observed two continuing challenges:
  - **Challenge #1**: Block diagram does not clearly show compliance with PGY-1 requirements
Example: Difficult to Determine Compliance

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>% Operative</td>
<td>90%</td>
<td>90%</td>
<td>90</td>
<td>90</td>
<td>90</td>
<td>90</td>
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</tbody>
</table>

Does this program have the required three months of general surgery, three months of additional non-urological surgery, and three months of urology?
Five-Year Urology Program

- **Challenge #2:** Resident transfers at PGY-2 level
  - Questions about transferring residents who did not have three months of urology during PGY-1
  - A few options depending on the circumstances—working on an FAQ, but for now, best to contact Review Committee staff
Scholarly Activity

• **Goal:** An environment of inquiry that advances a scholarly approach to patient care

• **Faculty** as a group must demonstrate scholarly activity
  • Variety of activities meet this requirement
    • Examples: grand rounds presentation, grant leadership, non-peer reviewed resource, publication, book chapter, webinar, service on professional committee, journal reviewer
    • There must be some PMIDs over a five-year period

• **Residents** must participate in scholarly activities
Faculty Roster/Scholarly Activity

- If a new faculty member is listed in another roster at institution, can copy most of the information into your program’s roster
- Faculty scholarly activity can be copied from another program by using the “Copy” tool
Faculty Scholarly Activity

**Copy Scholarly Activity**

Choose a program to copy from. Review all data before copying. After you copy, any edits you make will not affect the original program's data.

If the other program has not entered data, or indicated "No Activity", there will be nothing to copy. If the faculty member is listed in a different program but the educational focus/role does not match, it will not be listed below.

**Select Scholarly Activity**
Faculty Certification

• American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA) faculty certification data is now automatically populated in faculty profiles.

• Programs are expected to review certification information and make corrections if needed.

• Manual entry available for faculty members who recently completed residency/fellowship (“board eligible”), missing, incorrect, or other certification data.

  • **TIP:** If incorrect certification information, check NPI number using the “Search National Provider ID” link in ADS.
Faculty Certification

Faculty Instructions

List all faculty members (physician and non-physician) who have an important role in the education of residents. Please include:

- Program director
- Core faculty members
- Site directors (may be designated core or non-core)
- General Surgery Residency Program Director (may be designated core or non-core)
- Non-core faculty members who make important contributions to the program

The program is required to report scholarly activity for all faculty members listed on the roster.

Core faculty members are required to complete the annual ACGME Faculty Survey.

Information about faculty roles and responsibilities can be found in the Program Requirements for Graduate Medical Education in Urology (available at acgme.org > Specialties > Urology).

Programs do not need to include all faculty members with whom residents interact.

Download Faculty CV Template

Add Faculty Member

Search By National Provider ID OR First Name Last Name And E-mail Address Search Cancel

Add an asterisk (*) for a wildcard search.

Example: to search for John Smith or Jonathan Smith, enter "J" for first name and "Smith" for last name.
Supervision Policy

• Committee continues to see outdated supervision levels in supervision policies
• **Current** ACGME supervision levels outlined in Program Requirements VI.A.2.b).(1)-(3)
  • Direct Supervision definition revised and includes supervision via telecommunication technology
  • Indirect Supervision is no longer divided into “with direct supervision immediately available” and “with direct supervision available”
• Review program’s supervision policy and update if needed
Major Changes and Other Updates

Communicate to the Review Committee action plans and initial results re:

- Low ACGME Survey ratings
- AFIs
- Missed Case Log minimums

Program changes: rotations, faculty growth, brags
Program challenges: situation, actions taken, any results
Major Changes and Other Updates

Don’t be afraid to air your program’s dirty laundry!
Common Citations/AFIs

- Graduate achievement of the minimum procedural requirements
- Board exam performance
- From the Resident/Fellow Survey:
  - Faculty interest in resident education
  - Education compromised by non-physician obligations
  - Process for dealing with problems/concerns
  - Health care disparities education
Responding to Citations

• Keep in mind the audience: physician GME leader who does not know your institution
• Be clear, concise, and frank
• Demonstrate that you have gotten to the root of the non-compliant area
• Outline implemented action plan
• Describe outcomes (e.g., survey trending up, minimums met)
• If goals not met, explain why and outline next steps
ACGME News
ACGME Updates

• **Common Program Requirements** undergoing scheduled review
  • Reassessment of all aspects of the requirements, including but not limited to director, coordinator, and faculty time
  • Section VI (well-being, work hours, professionalism, culture of safety, etc.)
ACGME Updates

• Site Visits
  • 10-Year site visits officially discontinued
  • ACGME announced 2% of programs randomly chosen to undergo a site visit each year - NEW!
    • Only programs beyond Initial Accreditation period
    • Chosen programs receive a Letter of Notification with an approximate date
      • Initial group of programs received notification in January
    • Site visits assess compliance with all Program Requirements
ACGME Updates

• Site Visits
  • Virtual vs. in-person site visit format
    • ~25% are in person
  • In-person site visits for complex visits (e.g., complaint, probation)
  • Other in-person site visits randomly chosen
  • Site visit letter announcement identifies format
Competency-Based Medical Education (CBME)

- ABMS and ACGME have co-hosted four meetings to discuss CBME
- Representatives from Review Committee, ABU, and AOA
- Working on action plan for each specialty
Competency-Based Medical Education

What can programs do now?

• Evaluate your program for trust and psychological safety
• Reframe residency assessment from “grading” to “tool to achieve learner goals”
• Ensure rich in-the-moment feedback is happening between teacher and learner
• Capture some of this feedback into the assessment system if you can
• Use your semi-annual meetings to regroup with learners on their progress and delineate next steps together
Medically Underserved Areas/Populations (MUAP)

• The ACGME is seeking nominations for resident and senior clinical executive leader (e.g., chief executive officers, chief medical officers, chief nursing officers) for the MUA/P Advisory Group
• Nominations were open until March 17, 2024
• For more information: MUA/P Advisory Group
The ACGME’s Digital Transformation

• The ACGME is actively working on a multi-year digital transformation project
• Improve ADS
• Establish a modern data estate to improve analytics capabilities
• Create infrastructure for an outcomes-based accreditation model

STAY TUNED!
Learn at ACGME Resources

- ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation - **NEW!**
  - 13 modules for creating custom workshops
  - 50 videos in a growing training library
  - Six workshops curated by ACGME experts
- Diversity, Equity, and Inclusion Resources
  - CME Learning Path (modules structured for self-paced CME)
  - Equity Practice Toolkit

[dl.acgme.org](http://dl.acgme.org)
ACGME Updates

Thomas J. Nasca, MD, MACP stepping down January 1, 2025

• Dr. Nasca served as ACGME President and CEO for 17 years
• He will transition to leading the new ACGME Center for Professionalism and the Future of Medicine
• National search underway for a new President and CEO
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/
Where to go for help?

**Review Committee Staff**
Urology section of website > Contact and Support
- Program Requirements
- Notification letters
- Complement requests
- Case Log content

**Milestones Staff**
milestones@acgme.org
- Milestones

**ADS Staff**
ADS@acgme.org
- ADS
- Surveys
- Case Log System

**Field Activities Staff**
fieldrepresentatives@acgme.org
- Site visit
- Self-Study
Open Dialogue with the Review Committee
Thank You!