

Review Committee for Radiation Oncology Update

Cheryl Gross, MA, CAE, Executive Director

SES 090

Conflict of Interest Disclosure

Speaker:

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Cheryl Gross, MA, CAE

Disclosure to the Learner:

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 healthcare products used by or on patients.

Review Committee for Radiation Oncology Members

Michael Steinberg, MD, FASTRO, FACR (*Chair*)

Prajnan Das, MD, MS, MPH, FACR (*Vice Chair*)

Brian Davis, MD, PhD

Ronald Chen, MD, MPH

Christina Huang, MD (*Resident Member*)

Janice Kishner, RN, MSN, MBA, FACHE (*Public Member*)

Louis Potters, MD, FACR, FASTRO, FABS

Srinivasan Vijayakumar, MD, DMRT, DABR, FACR

Michael Yunes, MD (*Ex-Officio, American Board of Radiology (ABR)*)

New Review Committee Member 2025-2031

Rahul Tendulkar, MD

- Vice Chair, Education
- Associate Program Director
- Cleveland Clinic Department of Radiation Oncology



The Stats



Radiation Oncology Programs

Academic Year	# Approved Residents	# Programs
2023-2024	804	89
2022-2023	809	90
2021-2022	813	90
2020-2021	819	91
2019-2020	819	91

Current Radiation Oncology Programs (as of January 31, 2025)

Accreditation Status	# Programs
Continued Accreditation	83
Continued Accreditation with Warning	3
Probationary Accreditation	1

Program Size – 2023-2024

Number of Approved Positions	Number of Programs
1-5 Residents	14
6-10 Residents	51
11-15 Residents	16
16+ Residents	8

Filled	Number of Approved Positions
Range	4-30
Mode	8
Median	8
Mean	9

***93.2% 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



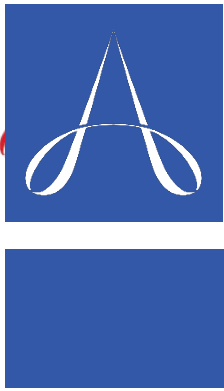
Program Requirements

REMINDER

#ACGME2025

2025 ACGME ANNUAL
EDUCATIONAL CONFERENCE

MEANING
in MEDICINE



Section I: Specialties

(Enforced after June 2026)

- 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

(Enforced after June 2026)

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 satisfied.

Section II: Program Director

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

Section II: Faculty Members

- 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

Number of Approved Resident Positions	Minimum FTE
1-6	0.5
7-10	0.7
11-15	0.8
16-20	0.9
21-25	1.0
26-30	1.1

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
- ABR offers IMG Alternate Pathway

Case Log Changes

- Disease-site minima will not be cited until January 2027 (current second-year residents).
- Will appear in the ACGME Case Log System as a current requirement, but programs **will not** be cited.

Case Log Implementation

Category	Graduates thru 6/30/2023	Graduates after 7/1/2023
External Beam Radiation Therapy	450 patients	450 simulations
Brachytherapy Interstitial	5	7
Brachytherapy Intracavitary	15	15
Cylinder Procedures	0	5 or fewer
Tandem Procedures	0	10
Pediatric Solid Tumor	9	9
Pediatric Total	12	12
SRS/Brain	20	20
SBRT	10	10
Unsealed Sources	6 total	8 total
I-131 Procedures	--	3
Parenteral Admin	--	5

IV.C.5.: Case Logs

- Each resident must perform at least 450 simulations with external beam radiation therapy.
 - *Holman Pathway residents must perform at least 350 simulations*
 - *A resident should perform no more than 350 simulations with external beam radiation therapy in any one year*

Case Log Changes

(June 2023 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)

Simulation	Required Minimum
Bone/Soft Tissue Sarcoma	5
Post-Mastectomy Breast	11
Central Nervous System	19
Head and Neck	31
Esophagus	5
Anorectal	10
Non-Prostate Genitourinary	3
Gynecologic	10
Lymphoma	8
Non-Small Cell Lung Cancer	16

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)

Telesupervision

VI.A.2.c).(1).(b).(i)

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)

Medical, Parental, Caregiver Leave(s) of Absence

ACGME Institutional Requirements, effective July 2022

- Minimum of six weeks of leave at least once and at any time during an ACGME-accredited program
- Provide residents/fellows equivalent of 100 percent of salary for first six weeks of first approved leave
- At least one week of paid time off outside the first six weeks of first approved leave
- Continue health and disability insurance benefits for residents/fellows and eligible dependents during approved leave

Medical, Parental, Caregiver Leave(s) of Absence

- Review Committee allows flexibility in approved leaves of absence
 - *Clinical experience requirements must be met (includes Case Logs)*
 - *Clinical Competency Committee must deem the affected resident fully prepared for autonomous practice*
- Consult with ABR regarding any certification implications

Complement Requests - Temporary

- Intended for remediation or off-cycle residents ONLY
- For less 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 (there are exceptions for military)*

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

Case Log User Guide Radiation Oncology

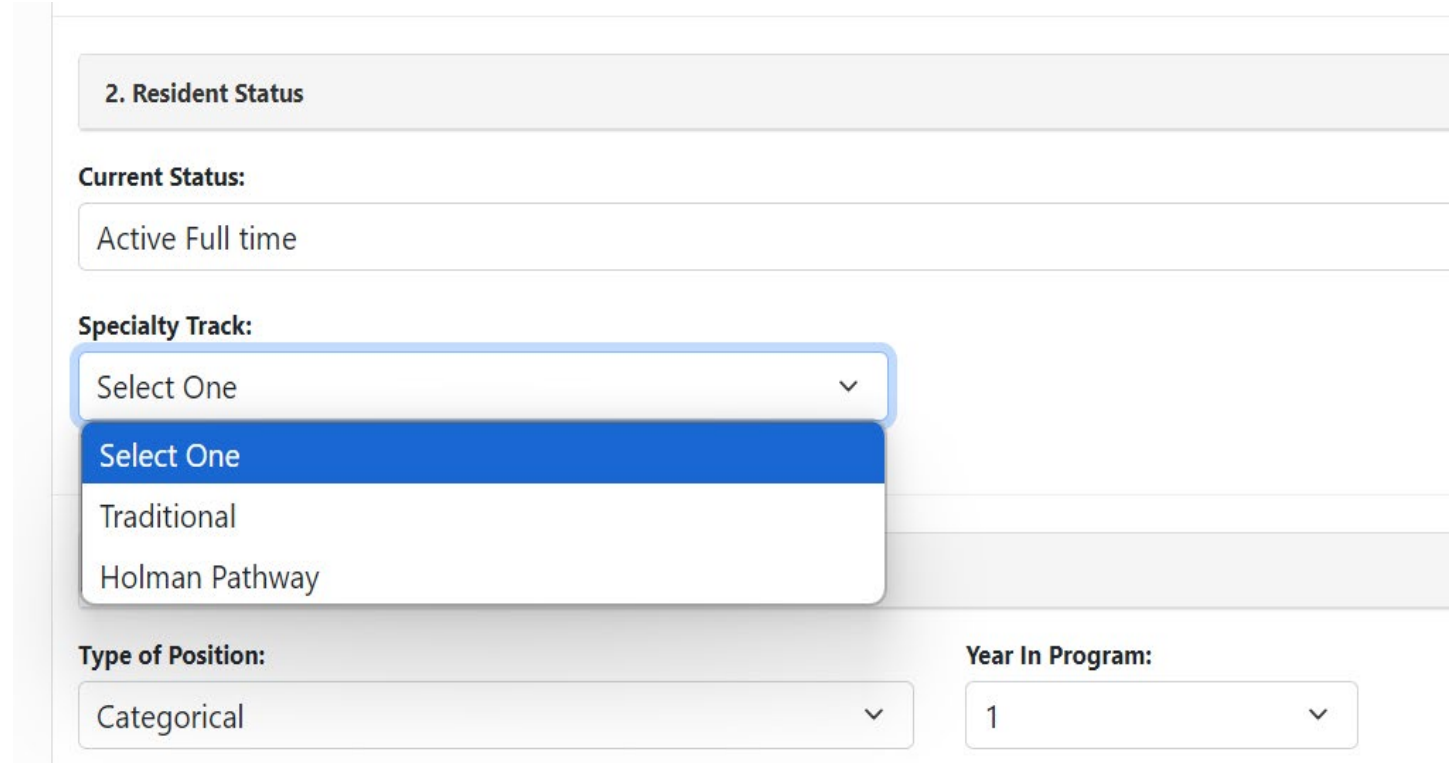
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Radioimmunotherapy, Other Targeted Therapeutic Radiopharmaceuticals, or Unsealed

NEW!!! Holman Pathway

Identify Holman Pathway for residents in ADS roster

Case Logs for Holman residents will automatically apply



2. Resident Status

Current Status:
Active Full time

Specialty Track:
Select One
Select One
Traditional
Holman Pathway

Type of Position:
Categorical

Year In Program:
1

AU-E Designation Discontinued

- Authorized User is a designation by the Nuclear Regulatory Commission (NRC) for an individual who meets the training and experience requirements and is added to the institution/facility/practice upon request and approval of the required credentials.
- Authorized User-Eligible (AU-E) was an ABR certificate designation that allows a candidate to submit training and experience documentation to the ABR as part of the process for eventually requesting, if needed, the Authorized User designation from the NRC.

AU-E Designation Discontinued

- In March 2022, the ABR informed the NRC of its intent to discontinue including AU-E designations on ABR certificates issued after December 31, 2023
- ABR Rationale:
 - *Outside ABR's mission*
 - *Diverted resources from fundamental objectives*

AU-E Designation Discontinued

- Review your program's curriculum in radiation safety with the NRC requirements in mind
- Keep track of each resident's meeting the requirements
- It is likely that the programs themselves will be the "certifying body" for each resident, based on the resident meeting NRC curriculum requirements
- ACGME Review Committee is discussing potential changes to Program Requirements to ensure NRC requirements are met





CPR Revisions

ACGME Process for Revisions



ACGME has a 3-year timeline



Board appointed the Task Force in the Fall



Task Force meets early 2025 with new CEO



Article defining goals, process, timeline in JGME



Commissioned papers* received – goal is to publish in 2025



AEC Session 2025

***Commissioned papers:**

- **Work Hours**
- **Rotational Transitions**
- **Time to Competence**

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2025 ACGME ANNUAL
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MEANING
in **MEDICINE**

Program Review



Annual Timeline

Aug./Sep.

Oct./Nov.

Jan.

Apr.

Annual ADS Data
Input

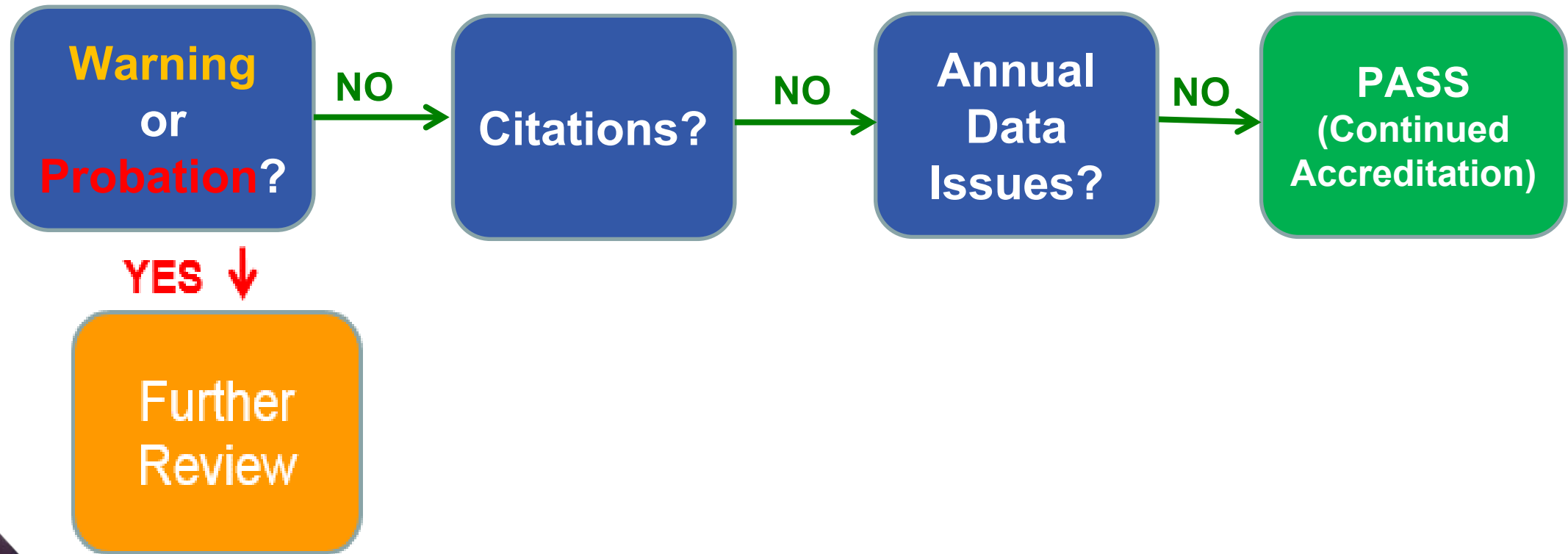
Data Analysis

Review
Committee
Meeting
Review

Review
Committee
Meeting
Follow-Up

Majority of
Programs
Reviewed

Annual Data Review Process



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

Clinical experience and Case Logs

Board pass rate information (*as applicable*)

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

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*



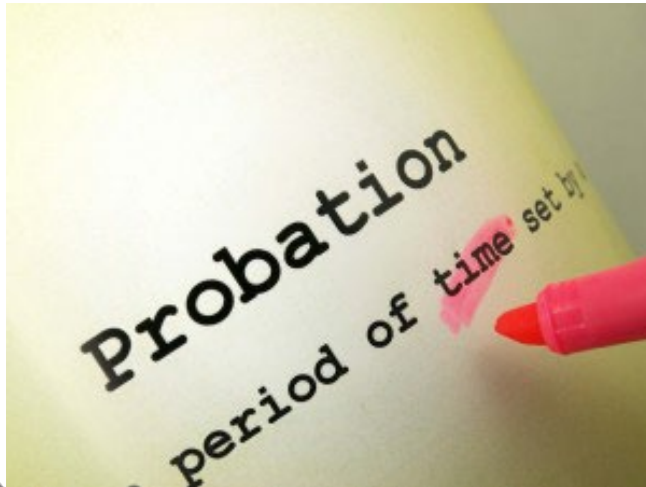
Probation

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

Committee will review again the following year (extended or resolved)

Common Citations

Faculty/resident scholarly activity

Qualifications of faculty (subspecialty)

Responsibilities of program director (failure to provide accurate/complete information)

Responsibilities of faculty

Curricular development

Evaluation of residents

Educational program – patient care experience and didactic components

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 data 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 ADS Annual Update

Resident/ Fellow Survey Areas



Resident Survey Content – Eight Domains

- Resources
- Professionalism
- Patient Safety and Teamwork
- Faculty Teaching and Supervision
- Evaluation
- Educational Content
- Diversity and Inclusion
- Clinical Experience and Education



Resources



- Education compromised by non-physician obligations
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions



Professionalism

- Residents/fellows encouraged to feel comfortable calling supervisor with questions
- Faculty members act professionally when teaching
- Faculty members act professionally when providing care
- Process in place for confidential reporting of unprofessional behavior
- Able to raise concerns without fear of intimidation or retaliation
- Satisfied with process for dealing confidentially with problems and concerns
- Personally experienced abuse, harassment, mistreatment, discrimination, or coercion
- Witnessed abuse, harassment, mistreatment, discrimination, or coercion

Patient Safety and Teamwork

- Information not lost during shift changes, patient transfers, or the hand-off process
- Culture reinforces personal responsibility for patient safety
- Know how to report patient safety events
- Interprofessional teamwork skills modeled or taught
- Participate in adverse event investigation and analysis
- Process to transition patient care and clinical duties when fatigued

Faculty Teaching and Supervision

- Faculty members interested in education
- Faculty effectively creates environment of inquiry
- Appropriate level of supervision
- Appropriate amount of teaching in all clinical and didactic activities
- Quality of teaching received in all clinical and didactic activities
- Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability

Evaluation

- Access to performance evaluations
- Opportunity to confidentially evaluate faculty members at least annually
- Opportunity to confidentially evaluate program at least annually
- Satisfied with faculty members' feedback

Evaluation

- Instruction on minimizing effects of sleep deprivation
- Instruction on maintaining physical and emotional well-being
- Instruction on scientific inquiry principles
- Education in assessing patient goals, e.g., end-of-life care
- Opportunities to participate in scholarly activities
- Taught about health care disparities

Clinical Experience and Education

- 80-hour week (averaged over a four-week period)
- Four or more days free in 28-day period
- Taken in-hospital call more than every third night
- Less than 14 hours free after 24 hours of work
- More than 28 consecutive hours of work
- Additional responsibilities after 24 consecutive hours of work
- Adequately manage patient care within 80 hours
- Pressured to work more than 80 hours

Receiving The Survey Results

Resident/Fellow

- At least 70% resident/fellow response rate
- At least four residents have responded

Faculty

- At least 70% of faculty members have responded



Limitations



- Small programs
- One or two concerned residents can affect results (*Review Committee is aware of this, and takes into consideration*)
- Confidentiality is more challenging



Tips



Common Review Committee Concerns

Inaccurate/Incomplete information in ADS Annual Update

- *Faculty licensure, qualifications*
- *Response to citations*
- *Lack of documentation (when requested)*
- *Block diagram information / format*

Website Information

- [FAQs](#)
- [Case Log User Guide](#)
- [Requests for Changes in Complement](#)

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 members 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?

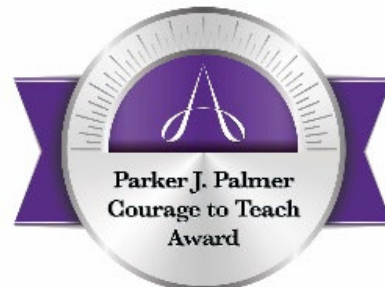


Other Initiatives



Coordinator Timelines

- Developed by the ACGME Coordinator Advisory Group
 - Residency
 - Fellowship
 - Institutional
- Program Coordinator Handbook



The ACGME is now accepting nominations for the 2026 ACGME Awards.

**Deadline:
Wednesday, March 12, 2025**

For additional information and to download nomination materials:

<https://www.acgme.org/initiatives/awards/>

Available Now

ACGME Self-Empowerment Workshop for Coordinators

Be on the lookout (ACGME e-Communications post)

Focus

- acting as a **leader** in the coordinator role
- recognizing effective **networking** practices
- overcoming challenges to **professionalism**
- distinguishing between productive and unproductive
- strategies for promoting your **achievements**
- effectively navigating complex **interpersonal situations**



Available Now

ACGME Program Coordinator Handbook Companion

- developing a comprehensive understanding of the coordinator role
- expanding knowledge of **accreditation processes**
- and **requirements to ensure compliance**
- improving skills to **support recruitment, orientation,**
- **and onboarding**, and other relevant tasks
- selecting appropriate **professional development** and **continuous growth** strategies



Learn More in the Hub!

Available Now

ACGME Language Equity in Health Care Toolkit

- defining **language equity** and describing the evidence
- linking the lack of language-appropriate care to health disparities, cost, and dissatisfaction
- reviewing **legal requirements** for providing language-appropriate health care services
- outlining a step-by-step approach to **collaborating with a qualified medical interpreter** for patient-centered care



Coming Soon

ACGME Coordinator's Guide to Effective Abstract Writing

- outlining the **structure of an abstract**;
- assessing abstracts for their **adherence to accepted standards** and overall effectiveness;
- discussing **issues that arise** when writing an abstract and developing **strategies to overcome them**;
- exploring available resources and identifying those that are still needed to support abstract writing; and,
- applying information about proper abstract structure and content to **compose a sample abstract**.



Learn More in the Hub!



CONTACT US

We want to help!

Review Committee Staff

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- *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*

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Deadline – ***March 14, 2025***

Questions? cme@acgme.org



THANK YOU!

Questions?