

# Specialty Update: Urology

*Stephanie Kielb, MD, Vice Chair, Review Committee for Urology*

*Laura Huth, MBA, Executive Director, Review Committee for Urology*

# Conflict of Interest Disclosure

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Speaker(s):

*Stephanie Kielb, MD, Vice Chair*

*Laura Huth, MBA, Executive Director*

## 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 healthcare products used by or on patients.

# Talking Points

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

# Review Committee – Who/What/When

# Who: Review Committee Membership

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- 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)
- 1 resident member (two-year term)
- 1 public member (six-year term)
- 3 ex-officio members from ABU (1), ACS (1), and AOA (1)

# Who: Review Committee Voting Members

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**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 (Ret.), *Public Member***  
San Antonio Metro Health Department

**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

# Who: Review Committee Executive Committee

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Kate Kraft, MD  
Chair

Stephanie Kielb, MD  
Vice Chair

Laura Huth, MBA  
Executive Director

Shellie Bardgett, MPH  
Associate Executive  
Director

Angel Mathis  
Accreditation  
Administrator

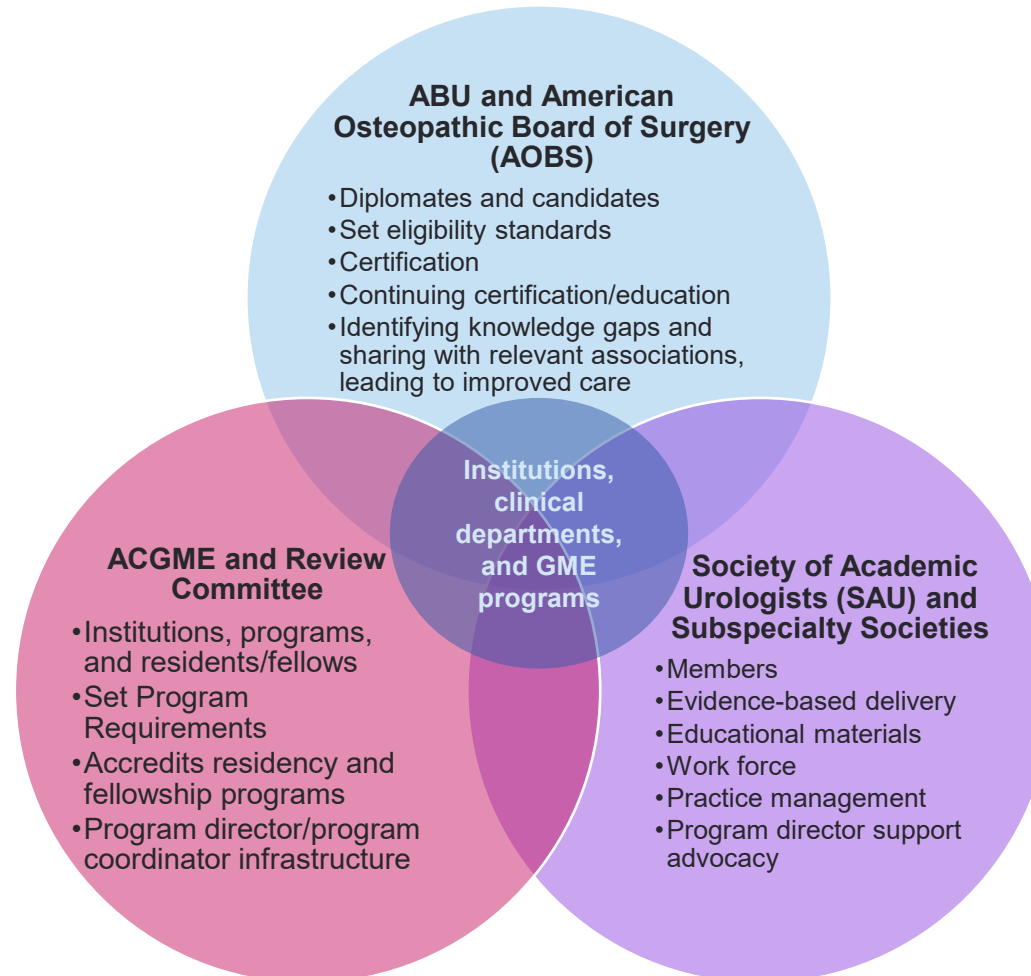
# What: Review Committees

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- The function of ACGME Review Committees is to set accreditation standards (i.e., requirements) and to provide peer evaluation of Sponsoring Institutions or residency and fellowship programs.
- The purpose of the evaluation is to assess whether a Sponsoring Institution or program is in substantial compliance with the applicable Institutional and/or specialty-specific Program Requirements, and to confer an accreditation status.

# What: Teamwork Makes the Dream Work!

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# When: Review Committee Meetings

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**Three meetings per calendar year:**

*January, April, and August*

***Upcoming Meetings:***

**April 10-11, 2025 – agenda closed January 24**

**August 22, 2025 – agenda closes June 6**

**January 22-23, 2026 – agenda closes November 14**

Upcoming Events



A horizontal timeline with two event cards. The first card is for 'Agenda Closing Date' on June 6, 2025. The second card is for 'Review Committee Meeting' on August 22, 2025. Navigation arrows are present on the left and right of the cards. Below the cards is a series of small squares, with the second square (corresponding to the August meeting) being filled, indicating the current position in the timeline.

Date	Event
6 JUN 2025	Agenda Closing Date
22 AUG 2025	Review Committee Meeting

# When: Review Committee Meetings Reminder

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- Meeting agenda closes about **two months** before meeting
- **Permanent** complement increase requests must be submitted by the **designated institutional official (DIO)** by the agenda closing date to make the next meeting



# Programs by the Numbers

# Urology Programs - by Status

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Program	Initial Acc.	Continued Acc. w/o Outcomes	Continued Accreditation	Continued Acc. w/ Warning	Probation	Total
Urology	6	4	135	6	1	152
Pediatric Urology	2	1	25	0	0	28
URPS	1	2	12	1	0	16
ALL						196

# Urology Learners

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Program	Learners	Female	Black/AA	Hispanic/ Latino/Spanish	Withdrew/ Dismissed
Urology	1883	633 (33.6%)	107 (5.68%)	175 (9.2%)	9 (0.5%)
Pediatric Urology	35	18 (51.4%)	1 (2.8%)	1 (2.8%)	0
URPS	38	28 (73.7%)	4 (10.5%)	0 (0%)	0

[ACGME Data Resource Book 2023-2024](#)

# 2024: New Residency Positions

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- **New Programs:**

- 1 program approved
- 10 new spots

- **Permanent Complement Increases:**

- 3 programs approved
- 12 new spots

22 new positions

# 2025 So Far: New Residency Positions

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- **New Programs:**

- 2 programs approved
- 15 new spots

- **Permanent Complement Increases:**

- 3 programs approved
- 13 new spots

28 new positions

# Review Committee News

# ACGME Surveys

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- **Resident/Fellow and Faculty Surveys open until April 4, 2025**
- **No changes** to the survey process—program leadership will notify residents/fellows and faculty members about the survey via ADS
- Results available in early May
  - Small programs receive a multi-year report a few weeks later

# ACGME Surveys

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- 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



# Common Citations and AFIs

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- Graduate achievement of the minimum procedural requirements
- Board exam performance
- Faculty professionalism
- Program director responsibilities
- From the Resident/Fellow Survey:
  - Faculty interest in resident/fellow education
  - Faculty members' feedback
  - Education compromised by non-physician obligations
  - Process for dealing with problems/concerns
  - Health care disparities education
  - Patient safety
  - Interprofessional teamwork

# Resident Survey - **NEW!**

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- 2025: Two new **urology-specific** section questions were added this year

# Urology-Specific Survey Questions

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Compared to other program residents in your training year, how often has your exposure to operative cases and procedures been equitable?

- Never
- Almost Never
- Sometimes
- Often
- Always
- N/A (our residency only trains 1 resident per year)

# Urology-Specific Survey Questions

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From your perspective, how important is it that all residents continue to accurately log their cases once minimums have been met?

- Not at all important
- Slightly important
- Moderately important
- Quite important
- Very important



# Scholarly Activity

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- **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

# Case Logs


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- 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](https://acgme.org) > Specialties > Urology > Documents and Resources
- Urogynecology and reconstructive pelvic surgery minimums: New minimums are in effect for 2025 graduates, will be enforced starting with 2026 graduates

# Block Diagrams - Required

*Remember to use the required fillable template available on the ACGME website for both residencies and fellowships.*

## Urology

 Specialties

The Review Committee for Urology provides these resources to accredited programs and those applying for accreditation.

[Overview](#) [Program Requirements and FAQs and Applications](#) [Milestones](#) [Documents and Resources](#) [Review Committee Members](#)

## Documents

Share This



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

# Block Diagrams - Reminders

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- When creating a block diagram, keep in mind:
  - The block diagram shows the rotations a resident/fellow would have in a given year of the program; it does not represent the order in which they occur.
  - There should be only one block diagram for each year of education.
  - The block diagram should not include resident/fellow names. The block diagram is not the resident/fellow schedule.
  - Someone from outside of the institution should be able to look at a program's block diagrams and understand the educational experience of the residents/fellows.



Block Diagram: Instructions and Sample for Urology  
Residency and Fellowships

# Block Diagrams - Reminders

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- Rotation names in the block diagram must clearly identify the educational experience (e.g., pediatric urology, oncology, general urology, research). Avoid non-specific terms, such as “urology.”
- **For urology residency programs, precisely label the PGY-1 six months of core surgical rotations (e.g., general surgery, trauma surgery, pediatric surgery).**
- Residency programs should identify the chief resident months. For example, add “(Chief)” after the rotation name.
- Reminder: Dedicated research time is not permitted in PGY-1 or PGY-5 (per program requirement IV.C.5.a)).

# Program Changes

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- 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, you *can* add other sites, and it helps the Review Committee understand the resident/fellow experience
- **All three changes require Review Committee approval**

# Program Changes

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- 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](mailto:ADS@acgme.org) with questions

# Complement Increases

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- Residency programs over the approved **total** complement and ***within a year*** (e.g., PGY-3) must request Review Committee approval for a **temporary** complement increase
- Programs must demonstrate a sound **educational** rationale and necessary resources (e.g., faculty, procedures)
- If a **proposed** block diagram is requested in the online form, include one for ***each year*** of the increase

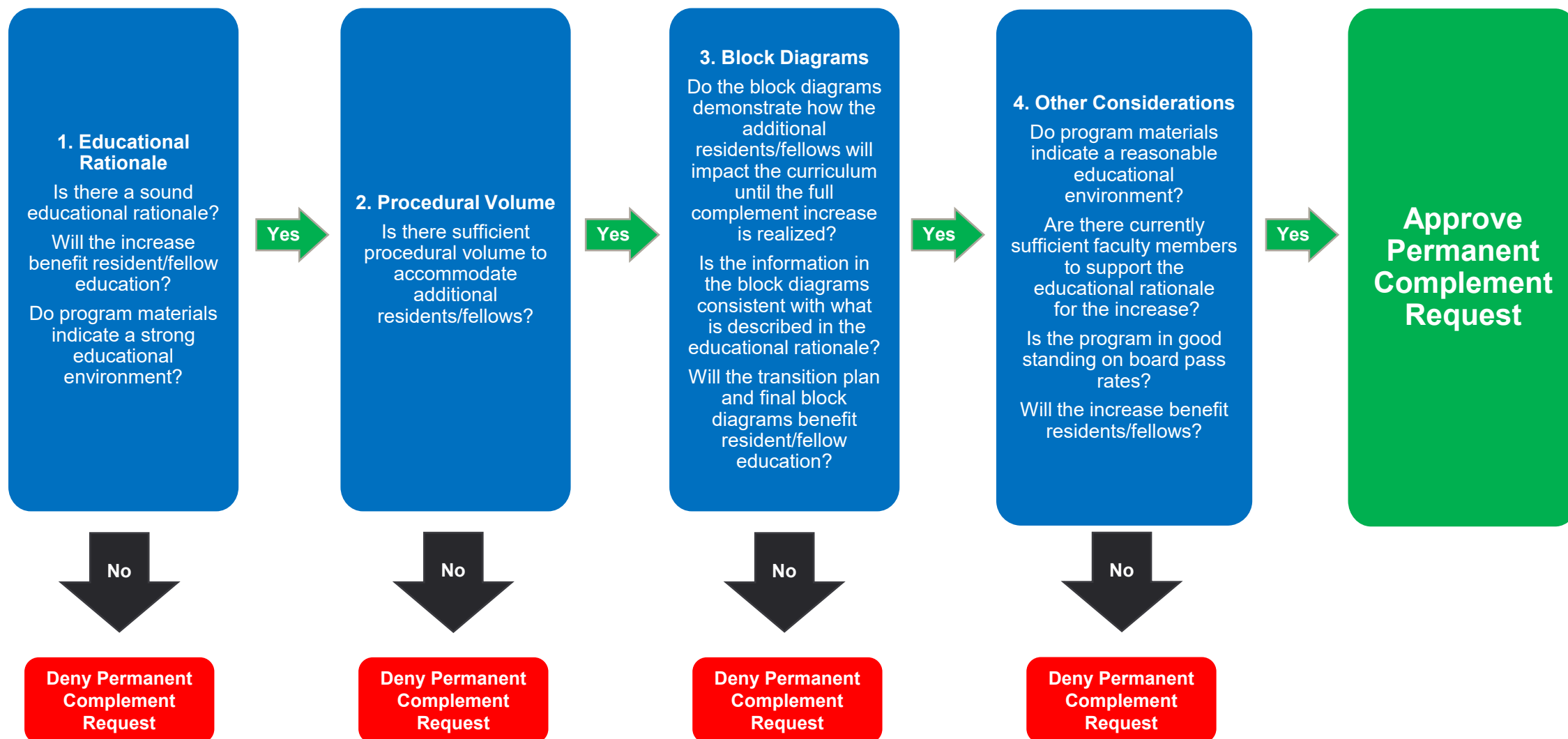
Complement increase instructions available at  
acgme.org > Specialties > Urology > [Documents and Resources](#)

# Complement Increases

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

# Permanent Complement Increase Request Flowchart



# New Programs and Permanent Complement Increases

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- If approved, the number of residents/fellows is expected to roll out **year by year** until the full complement is reached
- The committee *will* consider requests for a first- **and** second-year resident or fellow to start the initial year of approval
- Questions? Contact Review Committee staff!

# International Rotations

Guidance for international rotations is available

acgme.org > Specialties > Urology > Documents and Resources



## Guidelines for International Rotations Review Committee for Urology

Residents may participate in international rotations in adherence with the following:

- Rotations must be elective (i.e., optional).
- Rotations must be no longer than one month in total.
- Rotations must not occur during the Uro-1 year.
- Rotations do not count toward the required 12 months of chief resident experience.
- All institutional policies and procedures that govern the program at the Sponsoring Institution must continue to be in effect during international rotations.
- Documentation is required and must be maintained in the resident's file (**not to be sent to the ACGME unless requested**), to include:
  - o Name and location of international rotation site
  - o Dates of the rotation
  - o Name and Uro-[year] of the resident
  - o Educational rationale
  - o Description of the clinical experience
  - o Name of supervising faculty member
  - o Rotation approval signed by the program director and the Sponsoring Institution's designated institutional official

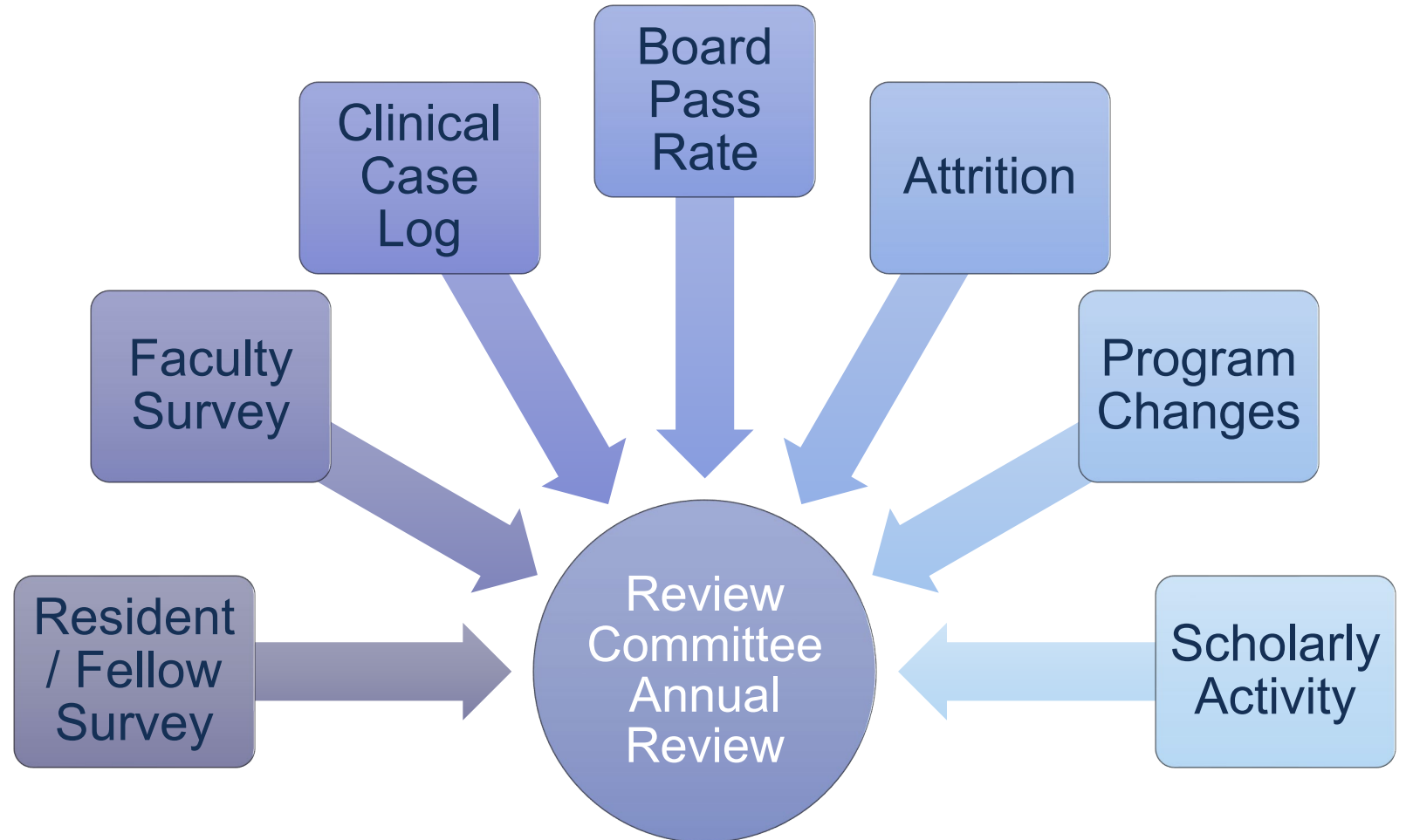
# ADS Annual Update and Other Tips

# Annual Program Review

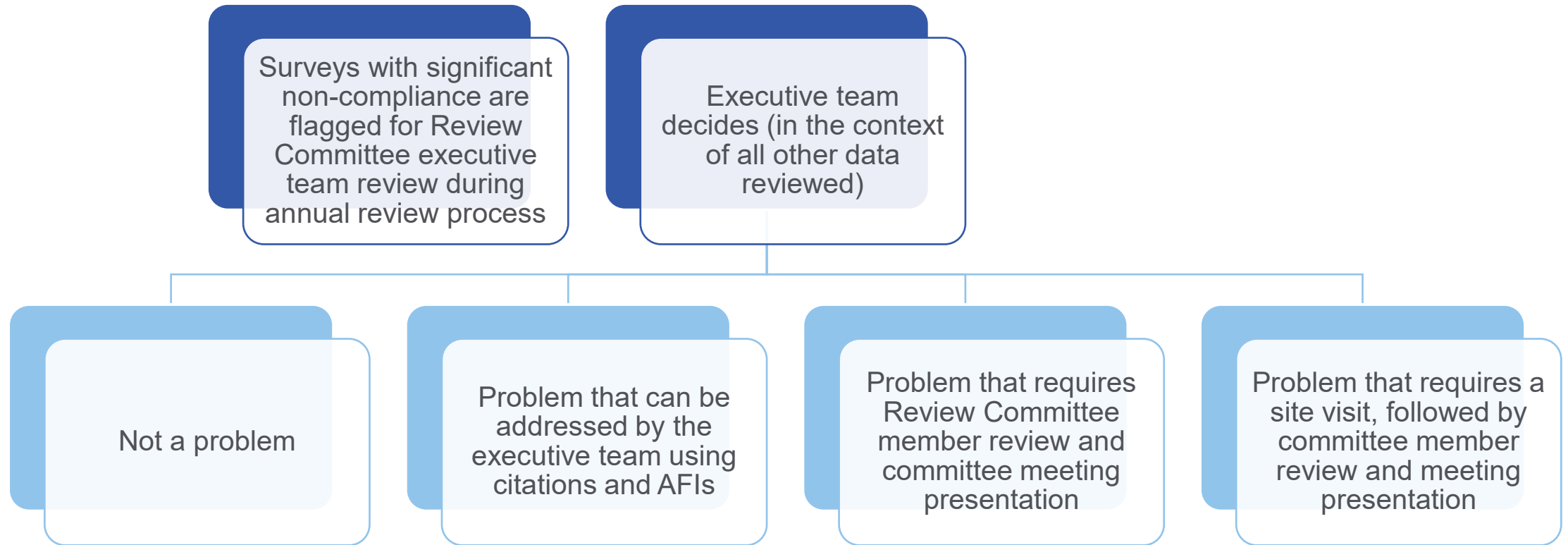


# Annual Program Review

**January - September:**  
Program data gathered  
and stored in ADS



# What does the Review Committee do with your surveys?



# ADS Annual Update

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- 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

# Major Changes and Other Updates



# Major Changes and Other Updates

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Use **Major Changes and Other Updates** to communicate to the Review Committee about:

- Low ACGME Survey ratings★
- How the program has addressed any Areas for Improvement
- Low ACGME Survey ratings★
- Program changes (rotations, faculty)
- Low ACGME Survey ratings★
- Innovations
- Low ACGME Survey ratings★

**TIP:** *Keep a running document during the year of program highlights, changes, and challenges*

# Responding to Citations

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- Keep in mind the audience: physician GME leader who does not know your program or 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, Case Log minimums met)
- If goals not met, explain why and outline next steps





# ACGME News

# Assurance Site Visits

## *Updated Model for Site Visits for Programs on Continued Accreditation Statuses*

- The ACGME has developed an updated sustainable model for improvement and assurance for its more than 11,000 accredited programs on Continued Accreditation statuses.
- In 2024, the ACGME conducted site visits for 149 programs on Continued Accreditation that have not had a site visit in approximately nine years or more. These site visits were identified through a sampling process and will support the ACGME's assurance responsibility to the public.
- For 2025, the ACGME chose 200 programs for these randomly selected site visits and notifications were sent out in November with future approximate site visit target dates ranging from April to October 2025. **Two** urology programs were selected.
- For these programs, Field Activities initiates the scheduling process by requesting site visit blackout dates.
- Separately, Review Committees may request site visits for programs on Continued Accreditation statuses at their discretion after the annual review of data or in response to a complaint.



# Data-Driven Site Visits

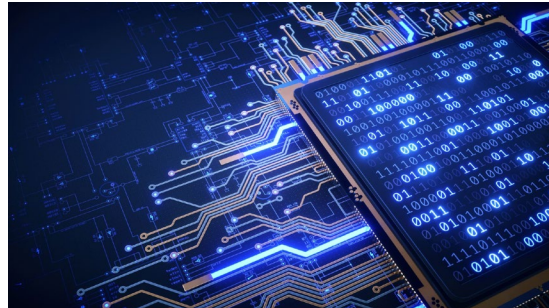
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- Virtual or in-person site visit format
- In-person site visits for complex visits (e.g., complaint, probation)
- Site visit announcement letter identifies format
- Neither programs nor Review Committees can select the modality of the site visit



# ACGME's Digital Transformation

- ACGME actively working on a multi-year digital transformation project
- **ACGME Cloud – 2025**
- Establish a modern data estate to improve analytics capabilities
- Create infrastructure for an outcomes-based accreditation model



# Coming Soon: Reformatted ACGME Requirements

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As part of the ACGME's Digital Transformation, all Requirements documents are being reformatted.

- Common Program Requirements, Institutional Requirements, specialty/subspecialty-specific Program Requirements, and Recognition Requirements
- This is a first step that will ultimately facilitate additional benefits and features not previously available.
- Except for documents already undergoing revision, **the content of the requirements is not changing**, just the formatting and numbering structure.

# Reformatted ACGME Requirements

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- The reformatting includes a new numbering construct, eliminating the roman numeral outline structure. **It adopts the familiar structure of the *ACGME Manual of Policies and Procedures*.**
- The new format **consolidates standards, reducing the number of sub-levels within a requirement.**
- The ACGME will provide **crosswalk documents** mapping the old reference numbers to the new ones for each set of Requirements, and will update **Frequently Asked Questions (FAQs)** and other related documents, such as applications.

# Timeline: Reformatted ACGME Requirements

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- February 10, 2025: Reformatted Common Program Requirements (Residency and Fellowship versions); Institutional Requirements; most specialty-/subspecialty-specific Program Requirements; and associated crosswalk documents posted on [acgme.org](https://acgme.org)
- March 2025: Reformatted Common Program Requirements (One-Year Fellowship and Post-Doctoral Educational Program versions); remaining specialty-/subspecialty-specific Program Requirements; Recognition Requirements; and associated crosswalk and application documents posted on [acgme.org](https://acgme.org)
- In conjunction with academic year rollover (June 30/July 1, 2025): updated FAQ documents for reformatted Requirements; Selected Topics Across Requirements documents; and Faculty/Resident Survey Crosswalk documents posted on [acgme.org](https://acgme.org)

# Common Program Requirement 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**



# Competency-Based Medical Education (CBME)

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- American Board of Medical Specialties (ABMS) and the ACGME will be hosting their fourth symposium in May to discuss CBME
- Representatives from Review Committee, ABU, SAU, and AOA

## Objectives:

- Recognize the role and importance of the five essential core components of CBME in GME.
- Identify the policy, financial, and administrative facilitators that have empowered spread and innovation in CBME, *and* those that inhibit the growth of CBME.
- Recommend changes in ACGME and ABMS policies and procedures that promote innovation and reduce or eliminate barriers to CBME.
- Working within and across specialties, create an action plan to support innovations and the widespread implementation of CBME.

# Competency-Based Medical Education (CBME)

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## What can programs do now?

- Establish a **growth mindset** in your program
  - **Partner** with learners on their education
  - Assessment **with** (not to) learners
  - Create an individualized learning plan during semi-annual meetings with each resident
- Review program's assessment system to ensure the system provides:
  - **Accurate** and **fair** performance data
  - **Meaningful** feedback to residents

# Learn at ACGME Resources

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- Diversity, equity, and inclusion resources
  - CME learning path (modules structured for self-paced CME)
  - Equity Practice Toolkit
- ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation
- 13 modules for creating custom workshops
  - 50 videos in a growing training library
  - 6 workshops curated by ACGME experts

[dl.acgme.org](https://dl.acgme.org)



# Available Now

## ACGME Self-Empowerment Workshop for Coordinators

Be on the lookout (ACGME *e-Communication* announcement)

### 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

### Focus

- 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



# Available Now

## ACGME Language Equity in Health Care Toolkit

### Focus

- 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

### Focus

- 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
- applying information about proper abstract structure and content to **compose a sample abstract**



# Where to go for help?

## Review Committee Staff

[lhuth@acgme.org](mailto:lhuth@acgme.org)

[sbardgett@acgme.org](mailto:sbardgett@acgme.org)

[amathis@acgme.org](mailto:amathis@acgme.org)

- Program Requirements
- Letters of Notification
- Complement requests
- Case Log *content*

## Milestones Staff

[milestones@acgme.org](mailto:milestones@acgme.org)

- Milestones

## ADS Staff

[ADS@acgme.org](mailto:ADS@acgme.org)

- ADS
- Surveys
- Case Log *System*

## Field Activities Staff

[fieldrepresentatives@acgme.org](mailto:fieldrepresentatives@acgme.org)

- Site Visit
- Self-Study



# Open Dialogue with the Review Committee



# Thank you!