

MEMORANDUM

TO: Urology Program Directors and Coordinators

FROM: Kathleen Quinn-Leering, PhD, Executive Director, Review Committee for Urology

DATE: June 15, 2019

RE: Update on Urology Program Requirements Effective Date July 1, 2019

The updated Program Requirements for Graduate Medical Education in Urology have been approved by the ACGME Board of Directors and posted. They are located on www.acgme.org > Specialties > Urology > [Program Requirements and FAQs and Applications](#) > Future Effective Date July 1, 2019. The updated version harmonizes the new specialty-specific Program Requirements with the new Common Program Requirements. There are also revisions to the Uro-1 year and the “flexible” months during the Uro-2-4 years. This memo highlights notable changes to the requirements and addresses questions regarding the transition to a five-year urology program.

Revisions to the Uro-1 year requirements [Program Requirements IV.C.3.-IV.C.3.d]:

The requirements state that **general surgery** rotations must focus on the care of general surgical patients with abdominal and/or pelvic conditions. Example rotations include general surgery, acute care surgery, colon and rectal surgery, surgical oncology, and trauma surgery. Daily work duties **must** include direct, hands-on, intra- and peri-operative care of patients.

Non-urological surgery rotations must advance residents’ knowledge, skills, and abilities in the surgical care of patients relevant to the future practice of urology. Example rotations include advanced vascular surgery, pediatric surgery, transplant surgery, surgical critical care, and reconstructive plastic surgery. Daily work duties **must** include direct, hands-on, intra- and peri-operative care of patients.

Please note the following:

- Program directors are responsible for determining which surgery rotations at their institution meet the general surgery and non-urological surgery criteria outlined in the requirements. It is generally not necessary for the Review Committee to review a rotation to determine if it will count toward a required surgery experience.

- The general surgery and non-urological surgery rotations noted in the requirements are intended to be examples to help programs understand typical rotations that would meet the criteria. The examples do not represent a definitive list.
- Some rotations may meet the criteria for both general surgery and non-urological surgery. In these cases, a program director can choose whether to count the rotation toward the general surgery requirement or the non-urological requirement.
- No changes were made to the requirements related to the other six months of Uro-1 education: three months of urology and three “flexible” months. The flexible month rotations can be in any surgical specialty and/or three non-surgical rotations are also allowed (anesthesiology, interventional radiology, and nephrology).

Revisions to the “flexible” months during the Uro-2-4 years [Program Requirements IV.C.4.a):

The revised requirements indicate that residents have six flexible months during the Uro-2-4 years. The rotations may be research, clinical (urology, other surgical, non-surgical), elective, or another valuable educational experiences (e.g., quality improvement course). Program directors should use their judgement to determine the best use of these months given the program’s aims.

Note that in order for a resident to have six flexible months during the Uro-2-4 years, she or he must have completed three months of urology during the Uro-1 year. If for some reason a resident did not have three months of urology during the Uro-1 year, the program director should contact the Review Committee to ensure the resident’s schedule meets all requirements. See the table below for a summary of the number of flexible months during the Uro-2-4 years based on when a resident started the residency.

Revision to chief resident rotations [Program Requirements IV.C.1-IV.C.1.a):

Review Committees are required to further specify Program Requirement IV.C.1., which states that the curriculum must optimize resident educational experiences, the length of these experiences, and supervisory continuity. The Committee’s further specification requires chief resident rotations be at least two months in length. This will ensure chief residents have an extended period of time to focus on specific urological domains while being supervised and taught by the same faculty members in a consistent setting. The Committee believes longer rotations provide chief residents with better opportunities for continuity of care that help foster the essential skills needed for a successful transition to independent practice. It is not anticipated this will be a burden to programs, as chief resident rotations are typically longer than one month.

QUESTIONS

Do programs need to request a complement increase for the additional residents?

No. The additional educational year will be added in the ACGME Accreditation Data System (ADS) toward the end of June during the roll-over to the new academic year. Once added, ADS will show five approved years. The approved complement for Year 1 (PGY-1) will be based on the approved complements for the other years. The approved total complement will increase accordingly. For example, a program with a current approved complement of 2-2-2-2 for a total of eight will become 2-2-2-2-2 for a total of 10. The program does not need to take any action for this change to happen in ADS.

Do the Uro-2-4 residents in the program during the 2019-2020 academic year also have six flexible months?

No. Residents must meet the educational requirements that were in place when they started the program to ensure they meet the American Board of Urology required time in clinical urology. Uro-2-5 residents may have up to six months of research but regular clinical duties must be assigned concurrently. See the table below for a summary of the number of flexible months based on when a resident started the residency.

How should a program handle a resident transferring into the Uro-2 year from a general surgery program?

During the 2019-2020 academic year, these residents should be treated like all other Uro-2 residents who are starting in the urology program. See answer above.

As of July 1, 2020, residents must fulfill the Uro-1 requirements prior to entering the Uro-2 year. Consultation with the Review Committee regarding Program Requirements is recommended for such transfers. See the table below for a summary of the number of flexible months during the Uro-2-4 years based on when a resident started the residency.

Which faculty members from non-urology rotations during the Uro-1 year should be added to the Faculty Roster in ADS?

For the six months of rotations in surgery, the Committee recommends that the program add the general surgery program director to the Faculty Roster. Programs may choose to add other surgery faculty members. For other non-urology/non-surgery rotations, programs should list at least one faculty member.

How should the program complete the Milestones evaluation for Uro-1 residents?

The current Milestones evaluation can be used with the Uro-1 residents. Clinical Competency Committees (CCCs) should use the information gathered from the urology and non-urology rotations to assess resident performance. CCCs have the option of indicating a resident has not yet achieved Level 1 if there has not been an opportunity to assess. There is a Milestones Work Group revising the Milestones evaluation, and it is expected to be available for the 2020-2021 academic year.

Will Uro-1 residents be able to log urological and other procedures in the Case Log System as of July 1, 2019?

Yes. As is true with all new residents, Uro-1 residents will have a Case Log System ID and password assigned and e-mailed to them when they are first entered into the program's ADS Resident Roster. Uro-1 residents are required to log all procedures in the Case Log System.

Flexible Months during Uro-2-5

As of July 1, 2019

Note: Uro-1 = PGY-1, Uro-2 = PGY-2, etc.

Residents	Flexible Months
Entered Uro-1 July 1, 2019	Six flexible months during Uro-2-4
Entered Uro-2 on July 1, 2019 following surgery internship; originally <i>matched</i> in urology	Up to six months of research during Uro-2-5, providing regular clinical duties are also assigned during this time and the chief resident requirement is met
Entered Uro-2 on July 1, 2019 following surgery internship; NOT originally matched in urology	Up to six months of research during Uro-2-5, providing regular clinical duties are also assigned during this time and the chief resident requirement is met
Progressed to Uro-3, Uro-4, or Uro-5 on July 1, 2019	Up to six months of research during Uro-2-5, providing regular clinical duties are also assigned during this time and the chief resident requirement is met
Transfer into urology from another urology program and joining a cohort that started internship/residency before July 1, 2019	Up to six months of research during Uro-2-5, providing regular clinical duties are also assigned during this time and the chief requirement is met. As with any transfer, the program director must determine how much credit to give for previous experience and education. Consultation with the Review Committee is recommended.
Transfer into urology from a non-urology program (other than entering PGY-2 in 2019) and joining a cohort that started urology residency on or after July 1, 2019	Six flexible months during Uro-2-4 <i>provided that the Uro-1 requirements have been fulfilled</i> . As with any transfer, the program director must determine how much credit to give for previous experience and education. Consultation with the Review Committee regarding Program Requirements is recommended.