

## Summary of ACGME Program Requirements for Graduate Medical Education in Radiation Oncology Changes Effective July 1, 2020

In the fall of 2019, the Review Committee for Radiation Oncology completed its work on focused revisions to the Program Requirements for Graduate Medical Education in Radiation Oncology. Coupled with major revisions to the ACGME Common Program Requirements, the changes represent several significant modifications ACGME-accredited programs must make. While the changes went into effect July 1, 2020, the Review Committee will not issue citations on the new requirements related to Case Logs (see Section IV: Educational Program) until after June 2022.

As part of the revision process, the Review Committee solicited comments from the radiation oncology community, and considered each of the nearly 70 comments received before making the final changes to the Program Requirements.

### Section I: Oversight

A new common program requirement is that there must be a site director designated at each participating site. This site director must be selected from the program's Faculty Roster in the Accreditation Data System (ADS). This individual is accountable for the educational environment, ensures that residents are receiving an effective educational experience, and oversees the evaluation of residents at the site. The site director should also be identified in the program letter of agreement (PLA).

### Section II: Personnel

The program director must receive a minimum of 20 percent FTE (eight hours per week) of salary support for program administration. This represents an increase from previous requirements. In addition, the program director should be an active faculty member at the primary clinical site or a participating site [PR II.A.3.e)].

Program directors may now identify core faculty members based on their role in resident education and supervision, rather than by entering the number of hours devoted to the program. Non-physician faculty members may now be appointed as core faculty members. At a minimum, Clinical Competency Committee and Program Evaluation Committee members must be designated as core faculty members, as must the cancer or radiation biologist and medical physicist. There must be a core clinical faculty member-to-resident ratio of at least 0.67 FTE clinical faculty members for every resident in the program [PR II.B.4.b).(1)].

When determining the faculty members to include on the Faculty Roster, the Review Committee reminds programs that scholarly activity is now assessed for the program as a whole, not just for core faculty members as in the past. In addition, all faculty members, not just core faculty members, will receive the annual ACGME Faculty Survey.

The new Common Program Requirements reflect the first time coordinators are included in the Program Requirements, and the support for the program coordinator must be at least 50 percent FTE (20 hours per week) for administrative time (Review Committees may specify support greater than 50 percent). The Review Committee, in response to public comments, has added the following to the specialty-specific Program Requirements.

*At a minimum, the program coordinator must be supported at 80 percent FTE for the administration of the program. <sup>(Core)</sup> [CPR II.C.2.]*

*Additional support must be provided based on program size as follows: <sup>(Core)</sup> [PR II.C.2.a)]*

Number of Approved Resident Positions	Minimum FTE Required
1-16	0.8 FTE
17 or more	1.0 FTE

### Section III: Resident Appointments

The proposed requirements included an increase in the minimum number of resident positions offered by the programs. This increase was removed in the final requirements submitted by the Review Committee. The Program Requirements remain unchanged, in that programs must offer at least four resident positions [PR III.B.2.].

### Section IV: Educational Program

#### Length of Rotations

Resident rotations must be a minimum of one month in length [PR IV.C.1.].

#### Case Logs

During their residency program, residents should perform no more than 350 simulations with external beam radiation therapy per year [PR IV.C.5.]. With the change from “patients” to “simulations,” the Review Committee expects Case Log procedure numbers to inflate, as a given patient may undergo multiple simulations by one (or more) residents. Increasing use of hypofractionation is also expected to increase the number of simulations. The Review Committee reminds programs that this is a “Detail” (versus a “Core”) requirement, and that programs with a status of Continued Accreditation may choose to innovate around this requirement.

Another change indicates that each resident must perform at least seven interstitial and 15 intracavitary brachytherapy procedures, with at least five being tandem-based insertions for at least two patients, and no more than five being cylinder insertions. The Case Log System has been updated to allow residents to select either tandem-based insertion or cylinder insertion for Brachytherapy - Intracavitary procedures.

The number of radioimmunotherapy, other targeted therapeutic radiopharmaceuticals, or unsealed sources was increased from six to eight procedures, with a minimum of five cases of parenteral administration of any alpha emitter, beta emitter, mixed emission, or a photon-emitting radionuclide with a photon energy less than 150 keV, for which a written directive is required, and/or parenteral administration of any other radionuclide, for which a written directive is required. [PR IV.C.9. and IV.C.9.b)].

The new Case Log requirements went into effect on July 1, 2020; however, due to the effect of the COVID-19 pandemic on graduates' ability to complete all clinical procedures, no citations will be issued on these new requirements until after June 2022. Residents graduating during academic years 2020-2021 and 2021-2022 will be expected to meet the previous minimums (five Brachytherapy – Interstitial, six Unsealed Sources, and no differentiation of Brachytherapy - Intracavitary procedures).

The Review Committee recently established recommended minimums for nine disease sites within the External Beam Radiation Therapy category. These minimums are outlined on Page 6 of the [FAQs](#) for the ACGME Program Requirements for Graduate Medical Education in Radiation Oncology, effective July 1, 2020.

### **Curriculum Requirements**

Residents must have rotations in gastrointestinal, gynecologic, genitourinary, lymphoma/leukemia, head/neck, breast, adult CNS, and thoracic malignancies. There may be multiple disease sites addressed in single rotations. Additional resident education is also required in a number of areas [PR IV.C.16.], including patient safety and continuous quality improvement; principles of palliative care; administration and financial principles of medical practice; health policy; and clinical informatics. The Review Committee has not prescribed how programs must address these topics. There are numerous ways in which residents can be educated in these areas, including, but not limited to, didactic sessions, intra- or interdepartmental clinical oncology conferences, webinars, and distance education.

### **Scholarly Activity**

Faculty scholarly activity marks a considerable change. The new scholarship section replaces previous faculty and resident scholarly activity requirements. Resident and faculty member scholarly activity must be consistent with the mission and goals of the program.

Faculty members' scholarly activity is assessed, not on individual productivity, but for the program as a whole.

Programs must have efforts in at least three of the following:

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

In addition, scholarly activity must be disseminated within and external to the program by the following methods: faculty member participation in grand rounds; posters; workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committees; or serving as a journal reviewer, journal editorial board member, or editor; and peer-reviewed publication [CPR IV.D.2.b).(1) and (2)].

Residents must complete at least one investigative project, which must be submitted for publication in peer-reviewed scholarly journals or for presentation at scientific meetings. Previously, this requirement indicated the project must be suitable for publication.

### **Section V: Evaluation**

Board pass rates also represent significant changes. The aggregate pass rate for both written and oral portions of the examination must be above the fifth percentile, based on three years of data. Programs with an 80-percent pass rate, regardless of percentile rank, have met the board pass rate requirement. Three years will make recovering from a low-performing year for smaller programs much easier. A new common program requirement requires programs to report certification success annually for the residents who graduated seven years prior. There is no benchmark or requirement for the overall pass rate for programs.

[The Program Director's Guide to the Common Program Requirements](#) is available on the ACGME website and in the ACGME's online learning portal, Learn at ACGME. The Guide will be reviewed and updated regularly and as needed. Provide comments, feedback, or questions regarding the Guide [here](#).

Contact Cheryl Gross, MA, CAE, executive director of the Review Committee for Radiation Oncology ([cgross@acgme.org](mailto:cgross@acgme.org)), with any questions regarding the changes.