

ACGME Program Requirements for Graduate Medical Education in Medical Oncology

Summary and Impact of Focused Requirement Revisions

Due to the small number of changes, the full revised Program Requirements have not been posted on the Review and Comment page and the changes are noted only in this Impact Statement. Visit the link below to comment on the revision.

<https://forms.office.com/r/iKivQTNcpF>

Background

In June 2020, the ACGME Board approved formation of a special task force to examine the principles that should guide creation of requirements that quantify the effort required to participate in the educational programs of residents and fellows. The task force, comprised of representatives of the ACGME Board and ACGME leadership, reviewed more than 100 position papers submitted by representatives from across the medical community, data collected through the ACGME's Accreditation Data System, a comprehensive literature search, and feedback from internal and external stakeholder congresses.

The proposed requirements were posted for a 45-day public comment period in February 2021 and will be effective as of July 1, 2022.

To balance the unique needs of each specialty/subspecialty with the responsibility to maintain fair and equitable standards across specialties/subspecialties, in February 2021 the ACGME Board directed the Committee on Requirements to develop guidance for Review Committees to use in the development of specialty-specific requirements related to dedicated time for program leadership, program coordinators, and core faculty members.

The Review Committees have now been asked to review their existing requirements for consistency with the guidance from the Committee on Requirements and, where needed, to propose modifications needed to conform to the guidelines.

The guidelines for dedicated time requirements for specialties are consistent with the recent modifications to the Common Program Requirements, and take into account the minimum required for the smallest programs in each specialty, with the ability to scale up required dedicated time based on program size and complexity. It is important to note that while the Program Requirements specify the minimum dedicated time required, individual programs may determine that additional time and support is needed.

Requirement #: **II.A.2.a) and II.A.2.b)**

Requirement Revision (significant change only):

II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: ^(Core)

<u>Number of Approved Fellow Positions</u>	<u>Minimum Support Required (FTE)</u>
<u><7</u>	<u>.2</u>
<u>7-9</u>	<u>.25</u>
<u>10-12</u>	<u>.3</u>

II.A.2.a) ~~At a minimum, the program director must be provided with the salary support required to devote 20-50 percent FTE of non-clinical time to the administration of the program.~~ ^(Core)

II.A.2.b) Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). The associate program directors(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows:

<u>Number of Approved Fellow Positions</u>	<u>Minimum Support Required (FTE)</u>
<u><7</u>	<u>0</u>
<u>7-9</u>	<u>.13</u>
<u>10-12</u>	<u>.14</u>

Specialty Specific Background and Intent: For instance, a program with an approved complement of 12 fellows is required to have at least 30 percent FTE support for the Program Director and at least 14 percent FTE support for the associate program director(s). Because the associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is least 14 percent FTE. Further, the Review Committee allows the minimum required FTE support to be shared among multiple associate program directors, as delegated by and at the discretion of the Program Director.

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

As reflected in the Background and Intent for Common Program Requirement II.A.2., the ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program Requirements related to administrative time and support are intended to ensure that the program director and, as applicable, the program leadership team, are able to devote a sufficient portion of their professional effort to the oversight and management of the program to ensure an effective and high quality educational program.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the minimum administrative time and support required for program leadership, while for other programs the new requirements represent an increase.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity and level of experience among the members of the program leadership team. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and support currently provided is optimal and may, therefore, elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements. Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples of support may include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period, the support described above be increased as needed.

5. How will the proposed revision impact other accredited programs?

N/A

Requirement #: **II.B.4.e)**

Requirement Revision (significant change only):

II.B.4.e) At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care.
(Core)

Specialty Specific Background and Intent: For instance, a program with an approved complement of 12 fellows is required to have a minimum of 8 ABIM- or AOBIM subspecialty certified faculty members and an FTE of 10 percent each. Because the associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.

~~Specialty Background and Intent: The program must have a minimum number of ABIM- or AOBIM-certified medical oncology faculty members who devote significant time to teaching, supervising, and advising residents, and working closely with the program director. One way the medical oncology-certified faculty members can demonstrate they are devoting a significant portion of their effort to resident education is by dedicating an average of 10 hours per week to the program.~~

1. Describe the Review Committee's rationale for this revision:

The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

As reflected in the Background and Intent for Common Program Requirement II.A.2., the ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program Requirements related to non-clinical teaching and administrative time and support are intended to ensure that the required core faculty members are able to devote a sufficient portion of their professional effort to didactics and administration of the program to ensure an effective and high quality educational program.

3. How will the proposed requirement or revision impact continuity of patient care?

No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

The requirements define the required minimum dedicated time for core faculty members' non-clinical teaching and administrative responsibilities. For some programs, the new requirements represent a decrease, while for other programs the new requirements represent an increase.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity and level of experience among the core faculty members. It is anticipated that some programs may choose to decrease non-clinical teaching and administrative time and support to the level specified in the new requirements if that is sufficient to meet the requirements of the program. Other programs may determine that the time and support currently provided is optimal and may, therefore, elect not to make a change.

Programs for which the requirements for non-clinical teaching administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

Both provision of support for the time required for the core faculty members' administrative responsibilities and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples of support may include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Core faculty members who are new to the role may need to devote additional time to program administrative responsibilities initially as they learn and become proficient in that role. It is suggested that during this initial period, the support described above be increased as needed.

5. How will the proposed revision impact other accredited programs?

N/A

Requirement #: **II.C.2.a)**

Requirement Revision (significant change only):

II.C.2.a) At a minimum, the program coordinator must be provided with the dedicated time and support specified below for administration of the program. Additional administrative support must be provided based on the program size as follows: ^(Core)

<u>Number of Approved Fellow Positions</u>	<u>Minimum FTE Required for Coordinator Support</u>	<u>Additional Aggregate FTE Required for Administration of the Program</u>

<u>1-3</u>	<u>.3</u>	<u>0</u>
<u>4-6</u>	<u>.3</u>	<u>.2</u>
<u>7-9</u>	<u>.3</u>	<u>.38</u>
<u>10-12</u>	<u>.3</u>	<u>.44</u>

Specialty Specific Background and Intent: For instance, a program with an approved complement of 12 fellows is required to have at least 74 percent FTE administrative support: 30 percent FTE for the program coordinator, and an additional 44 percent FTE aggregate support. This additional support may be for the program coordinator only or divided among the program coordinator and one or more other administrative personnel. The Review Committee has not specified how the FTE should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the FTE as they see fit.

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The program coordinator plays a key role in developing and maintaining a high quality educational program, and the Common and specialty-specific Program Requirements are intended to ensure that the FTE support for the coordinator is sufficient to meet the administrative needs of the program.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for other programs the new requirements represent an increase. It is important to note that the FTE support defined in the requirements must be devoted exclusively to responsibilities related to the accredited program. Time spent by a coordinator related to other duties, such as providing support for unaccredited fellowships or other departmental responsibilities, must not be counted toward the required FTE. Coordinators may support more than one accredited program only if the total FTE required across programs does not exceed 1.0 FTE.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity, the administrative responsibilities delegated to the coordinator, and level of experience of the coordinator. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative

requirements of the program. Other programs may determine that the time and support currently provided is optimal and may, therefore, elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

5. How will the proposed revision impact other accredited programs?

N/A

Requirement #: IV.B.1.b).(2).(a).(vii)

Requirement Revision (significant change only):

[Fellows must demonstrate competence in the:]

IV.B.1.b).(2).(a).(vii) ~~interpretation of peripheral blood smears;~~^(Core)

1. Describe the Review Committee's rationale for this revision:

The proposed deletion is in alignment with the current standard of care delivered by medical oncology fellows. Removal of the requirement was overlooked at the time of the last focused revision.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

N/A

3. How will the proposed requirement or revision impact continuity of patient care?

N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

N/A

5. How will the proposed revision impact other accredited programs?

N/A