

**ACGME Program Requirements for Graduate Medical Education
in Urology
Summary and Impact of Interim Requirement Revisions**

Requirement #: **2.4.a.-2.4.d.**

Requirement Revision (significant change only):

~~2.4.a. At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. ^(Core)~~

2.4.b. 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 Categorical Resident Positions</u>	<u>Minimum Support Required (FTE) for the Program Director</u>
<u>1-6</u>	<u>0.20</u>
<u>7-10</u>	<u>0.25</u>
<u>11-20</u>	<u>0.30</u>
<u>21-30</u>	<u>0.30</u>
<u>>30</u>	<u>0.40</u>

2.4.c. In addition to the FTE listed above, programs with 11-20 residents must provide an additional aggregate 0.05 FTE for administration of the program for the program director only, the associate (or assistant) program director only, or divided among the program director and one or more associate (or assistant) program directors. ^(Core)

2.4.d. Programs with more than 20 residents must have at least one associate (or assistant) program director with an aggregate minimum of 10 percent FTE support. ^(Core)

1. Describe the Review Committee's rationale for this revision:
To achieve successful graduate medical education, individuals serving as educational and administrative leaders of residency programs, as well as those significantly engaged in the education, supervision, evaluation, and mentoring of residents, must have sufficient dedicated professional time to perform the vital activities required to sustain an accredited program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Ensuring sufficient protected time for program leadership based on the size the residency can enhance the overall quality and effectiveness of resident education while promoting a more supportive and organized learning environment.

3. How will the proposed requirement or revision impact continuity of patient care?
No direct impact on continuity of patient care 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?
Sponsoring Institutions of larger urology programs will need to provide for the greater FTE requirement as outlined to ensure appropriate support to the program.
5. How will the proposed revision impact other accredited programs?
No impact on other programs is anticipated.