

ACGME Program Requirements for Graduate Medical Education in Pediatric Urology

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/J6d2i9PQw4>

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.C.2.a)**

Requirement Revision (significant change only):

II.C.2.a) The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program.
(Core)

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 the full-time equivalent (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. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for other programs they 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 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 #: **VI.A.2.c).(1).(b).(i)**

Requirement Revision (significant change only):

VI.A.2.c).(1).(b).(i)

The use of telecommunication technology for direct supervision must be limited to non-procedural patient evaluations and examinations, either in the ambulatory or acute care settings. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The proposed revision specifies when telecommunication technology can be used for direct supervision of fellows.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The proposed revision will ensure the use of telecommunication for direct supervision does not compromise patient safety.
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?
It is not anticipated additional resources will be necessary.
5. How will the proposed revision impact other accredited programs?
N/A