

April, 2007

Upcoming RRC Meetings

The RRC will meet on the following dates. Deadlines for programs to submit requests for consideration by the RRC are also listed:

- **November 8-10, 2007**
Submission deadline: 9/14/2007
- **March 12-14, 2008**
Submission deadline: 1/22/2008

REMINDER: The Program Director must seek prior approval for any changes in the program that may significantly alter the educational experience of the residents. Changes may include:

- addition or deletion of rotations which total 3 months or more
- a change in the approved resident complement
- a change in the format of the educational program

ACGME Electronic Communications via the ADS System

REMINDER: Change requests are now required to be submitted through the Accreditation Data System (ADS), <https://www.acgme.org/ads>. Hard copy *letters of request* and e-mail requests will no longer be processed.

- Program director changes
- Requests for permanent or temporary increases in resident complement
- Additions and/or Deletions of participating institutions

Please note that although temporary increases in resident complement may be approved administratively by RRC staff, the full Committee reviews all requests for permanent increases. These submittals must be scheduled on an RRC program agenda (November, 2007 or March, 2008).

For ADS log-in assistance, please contact the ADS helpdesk at WebADS@acgme.org or 312-755-7464.

ACGME Names New Executive Director

Missy Fleming, PhD has been named Executive Director of the review committees for Anesthesiology, Diagnostic Radiology, and Nuclear Medicine at the ACGME. Dr. Fleming will oversee the activities of the review committees and lead the teams that provide support to these committees.



Dr. Fleming comes to the ACGME from the

American Medical Association, where she served as the program director for child and adolescent health. Dr. Fleming has a doctorate in counseling psychology and a master's degree in higher education, both from Loyola University in Chicago.

Diagnostic Radiology Update

New Program Requirements for Diagnostic Radiology Effective July 1, 2008

by E. Stephen Amis, MD RRC Chair

At its February meeting, the ACGME **approved proposed changes** to the program requirements for diagnostic radiology core programs. These changes had been presented at both APDR and RSNA meetings to encourage discussion and promote understanding.

The requirement that a resident complete 12 months of training in radiology before taking independent in-house call has caused some concern among Program Directors. The RRC understands that implementing this change will not be easy, and has therefore agreed to an effective date of **July 1, 2008** for the implementation of all new requirements.

Revision of PIF Planned

The RRC has scheduled a special meeting in Chicago in September 2007 to revise the Program Information Form (PIF) to address the new diagnostic radiology core Program Requirements that go into effect **July 1, 2008**. The goal of this revision is to design a PIF that solicits information of significant value to both the site surveyor and the RRC. The revised PIF should allow

programs to simplify numerous sections with the addition of a number of *Yes/No, fill-in-the-blank response entries, and fewer narrative sections*. In some instances, however, programs will be asked to submit more complete information for key requirements than was previously expected.

RRC Members Have Real Responsibilities

by E. Stephen Amis, MD RRC Chair

Members of RRCs have very real responsibilities. They are expected to attend at least 2 RRC meetings each year, and to ensure that these meetings are a top priority in their schedules. Each meeting is 2.5 to 3 days in length; one meeting is in Chicago, the other at a location of the RRC's choosing. Prior to joining the RRC, new members are asked to attend a one-day orientation session, typically in Chicago, where they learn the basics of the accreditation process.

Prior to each meeting, RRC members receive multiple files for both core and subspecialty programs. Reviewer reports are prepared for each program, a process which requires many hours to complete.

Additionally, RRC members must exercise fiduciary duty to the ACGME and its RRCs. This means acting in the best interest of the ACGME and RRC, and not in the interest of the sponsoring organization that nominated them. In cases where there is conflict of interest, such as direct relation to a program or specific knowledge of a program, the member must withdraw during review of that program. RRC members must maintain strict confidentiality about all programs discussed.

After 2 years as a member of an RRC, each individual is evaluated, and feedback is provided regarding his/her performance.

Bottom line: serving on the RRC requires a professional commitment of time and effort. It's an honor, but the honor is earned.

Approval Process for Program Requirements

by E. Stephen Amis, MD RRC Chair

ACGME policy mandates that RRCs conduct a comprehensive review of the core and subspecialty Program Requirements (PR) every 5 years.

This is not a simple process and may take as long as 2 years. Once it is determined that changes are needed, language must be carefully written for a final draft of the PR proposal. Then, the RRC Chair writes a detailed justification to explain the rationale for each major proposed change. In the interim, the ACGME editor reviews the document and recommends format and wording changes, as appropriate. Next, the final proposal and justification statement are posted on the ACGME's website for 45 days. At that time, major stakeholders and program directors are invited to comment. In addition to individual program directors, the radiology stakeholders include ACR, AMA, ABR and APDR, at a minimum.

The RRC reviews each comment submitted and prepares a specific response. All documents, including responses to comments received, are submitted to the ACGME Committee on Requirements. During the Program Requirements Committee session, the chair of the RRC answers any queries from PR Committee members. Agreement is reached following negotiation on any problem areas.

Finally, the ACGME Board ratifies the Committee on Requirements' recommendation. The effective date for

implementation is set 6 to 12 months from the PR Committee/ACGME session.

INTRODUCING: RRC Members

There are 10 members of the RRC. Each of the three sponsoring organizations, ACR, ABR and AMA nominate 3 members, who serve a total of 6 years. In addition, a resident member is appointed for a 2-year term. This is the list of current RRC members, their nominating organizations, and their subspecialty expertise.

American Board of Radiology

Anne Roberts, MD, Vice Chair
Vascular/Interventional Radiology

Janet Strife, MD
Pediatric Radiology

Kay Vydareny, MD, Past Chair
Cardiothoracic Radiology

American College of Radiology

E. Stephen Amis, Jr., MD, Chair
Uroradiology

Larry Davis, MD.
Nuclear Medicine

Jannette Collins, MD
Cardiothoracic Radiology

American Medical Association

Tom Berquist, MD
Musculoskeletal Radiology

Stephen Baker, MD
Abdominal Radiology

Robert Zimmerman, MD
Neuroradiology

Resident Member

Jessica Robbins, M.D.

RRC Chair Report

by E. Stephen Amis, MD RRC Chair

The new program requirements for diagnostic radiology have resulted in tension between the RRC and some

program directors because of the 12 month training requirement before solo call is allowed. That said, the approval process is now complete and we must move forward. I've been in touch with the president of the APDR, Duane Mezwa, MD, and we have agreed that this was not a win-or-lose situation, but rather a difference in viewpoint. I am scheduled to present the changes at the APDR meeting in Denver in April and also at the RSNA session in December. FAQs regarding the new requirements are included with this newsletter.

The RRC does not make accreditation decisions or other policy and/or document changes without serious and thoughtful deliberations. RRC members are dedicated to graduate medical education and the accreditation process. We believe it is important for you to know who we are, how we were appointed to the RRC, and what we do. One of our goals is to ensure that the entire accreditation process is transparent. I hope this newsletter helps in this regard.

Resident Portfolios

The requirement for starting and maintaining a portfolio for each resident goes into effect **July 1, 2008** along with all the other new requirements for the core programs in diagnostic radiology. The portfolio will be used to document compliance with the 6 competencies. This concept is required for all specialties, not just radiology, and the ACGME is evaluating how a portfolio could become more interactive in an on-line setting. The ACGME initiative, however, is several years away. For now, the portfolio may be maintained in hard copy format or as entries into an on-line file for each resident. The information for inclusion has been

clearly outlined in the Program Requirements. Please refer to the enclosed FAQs for answers to other questions about portfolios.

Radiologists Elected to ACGME Board of Directors

by E. Stephen Amis, MD RRC Chair

Two former members of the Radiology RRC, [Tony Hasso, MD](#) and [Carol Rumack, MD](#), have been elected to 6-year terms on the ACGME Board of Directors. Dr. Hasso is a neuroradiologist at UC Irvine, and Dr. Rumack, previous RRC Chair, is a specialist in ultrasound. Dr. Rumack has also assumed responsibility as Designated Institutional Official (DIO) at the University of Colorado Health Sciences Center.

There are 26 members on the ACGME Board, 4 from each of the 5 member organizations (ABMS, AHA, AMA, AAMC, and CMSS). In addition, there are 3 public directors, resident directors, and the Chair of the Council of RRC Chairs.

RRC for Diagnostic Radiology to be reviewed by the Monitoring Committee

At least once every 5 years, the Monitoring Committee reviews each RRC for compliance with ACGME Policies and Procedures. The Committee is asked to prepare a report to address a number of questions about the RRC's activities and membership. In addition, the Monitoring Committee reviewers carefully examine the accreditation actions of the RRC for the most recent 5 years. A decision by this group is forwarded to the ACGME Board of Directors and includes a statement authorizing the RRC to accredit residency programs for a period of from 1 to 5 years. The Monitoring Committee may also request submission of interim progress reports.

Subspecialty Update

RRC to Begin Revision of Program Requirements for Abdominal Radiology, Pediatric Radiology, Musculoskeletal Radiology, and Cardiothoracic Radiology

ACGME policy specifies that a comprehensive review of Program Requirements for both specialties and/or subspecialties must occur every 5 years. This revision process will begin following the April, 2007 RRC meeting for the subspecialties of 1) Abdominal, 2) Pediatric, 3) Musculoskeletal, and 4) Cardiothoracic Radiology. Program Directors in these subspecialty areas will be asked to comment on the current requirements and to propose changes, both additions and deletions. An RRC subcommittee will be appointed to review comments received and to make recommendations to the full committee. A final document should be ready for review by the ACGME in approximately one year.

Neuroradiology

Proposed changes to the subspecialty requirements for Neuroradiology were approved at the February ACGME meeting, and will become effective on **July 1, 2007**. The approved document will include the *new* Common Program Requirements; this document will be posted on the ACGME's webpage as soon as PR Committee staff complete the editing process.

Endovascular Surgical Neuroradiology

Endovascular Surgical Neuroradiology requirements had been posted for formal review, but were delayed to allow for a conversation among the specialty

representatives from Neurological Surgery, Radiology, and Neurology. The RRC for Neurology had asked to be a full participant in the sponsoring and review of subspecialty programs in ESN. A meeting of the 3 chairs was scheduled in February and, following discussion, consensus was reached for additional changes requested by the Neurology community. These requirements have been scheduled for review by the PR Committee in May, 2007. It is expected that the effective date for compliance with the changes will be **January, 2008**.

Subspecialty Compliance with the 6 Competency Areas

Effective **July 1, 2007**, subspecialty programs in Radiology will be expected to demonstrate compliance with the 6 ACGME competency areas. Programs are expected to develop goals and objectives that are competency based, to identify evaluation forms that specifically address each of the 6 competencies, and to begin to use evaluation data to implement changes in the program.

ACGME UPDATE

ACGME at a Glance

The Accreditation Council for Graduate Medical Education is a private, non-profit council that was established in 1981 from a consensus in the academic medical community for an independent accrediting organization.

The mission of the ACGME is to improve health care by assessing and advancing the quality of resident physicians' education through accreditation.

The ACGME has 28 review committees (one for each specialty, one for review of Transitional-Year programs, and one for

institutional review.) Each residency committee comprises about 6 to 15 volunteer physicians appointed by the AMA Council on Medical Education and the appropriate specialty boards and organizations. The Transitional-Year committee and the Institutional Review Committee are appointed by the ACGME Executive Committee and confirmed by the Board of Directors.

The ACGME's member organizations are the 1) American Board of Medical Specialties, 2) American Hospital Association, 3) American Medical Association, 4) Association of American Medical Colleges, and 5) Council of Medical Specialty Societies.

([ACGME Fact Sheet](#))

Field Staff Representatives

The Role of the Site Visitor

The formal periodic review of programs requires an on-site inspection. It is based on review of a Program Information Form (PIF), a self-study document prepared by the program being reviewed. Diagnostic Radiology site visits are conducted by members of the Field Staff.

Currently there are 31 [field staff representatives](#), 6 of whom are PhD educationalists, 25 of whom are physicians with extensive experience in graduate medical education. All have had a direct connection with GME with a direct focus on resident education.

The ACGME field representatives conduct approximately 2,000 visits each year. They travel nationwide to complete whatever assignments have been made. In an ordinary week, a field

representative conducts site visits of 3 programs. Typically, field representatives leave home on Monday, travel to a remote site and conduct visits on Tuesday, Wednesday and Thursday. At the end of the week, field representatives 1) finish reports for the given week, 2) contact programs with upcoming site visits, 3) submit completed site visit reports to ACGME staff, and 4) perform other administrative tasks.

Field representatives are aware that their reports must objectively reflect their observations of the program at the time of the site visit, by verifying and clarifying the information the program submitted in the PIF and other data collection for the process, such as surgical case logs or information on the general competencies. VERIFY is used for confirming that attributes described in the PIF are truly found as described. CLARIFY is used to denote the field representative's collection of added information in areas where material in the PIF is missing or is ambiguous.

To reiterate: The focus of a field representative is on the verification and clarification of the PIF information.

RRC Staff

The Role of RRC Staff

All staff that support the RRC for Diagnostic Radiology are in the Department of Accreditation Committees under the direction of Jeanne K. Heard, MD, PhD and senior leadership of Steven P. Nestler, PhD.

Their priorities are to provide support for the ACGME and its review committees.

Missy Fleming, PhD
Executive Director

Missy has responsibility for direct supervision of all Diagnostic Radiology RRC staff. She, along with Dr. Nestler, ensures that the accreditation process adheres to the ACGME Policies and Procedures. ED responsibilities also include managing the development and timely revisions of the Program Requirements for Radiology core programs.

Missy is available to provide assistance to physicians, programs, the public, agencies, and other medical organizations regarding the ACGME and its accreditation policies, procedures, and activities.

Linda Thorsen, MA

Associate Executive Director

Ms. Thorsen assists the Executive Director in the responsibilities noted above, and in addition, provides direct staff support for the subspecialty programs of Diagnostic Radiology.

Norma R. de Yagcier

Accreditation Administrator

Norma contributes to the management of the office by assisting Missy and Linda in the areas of staff organization, supervision, and training so that work in the office is accomplished effectively and efficiently.

Norma also provides assistance to physicians, programs, agencies, and other medical organizations regarding the ACGME and its accreditation policies, procedures, and activities.

Norma is available to advise and answer questions about completing PIFs, meeting deadlines for meeting agenda items, and other general topics.

Program Review:

Demystifying the Process

by E. Stephen Amis, MD RRC Chair

There is nothing mysterious about how programs are reviewed. Program Directors and Coordinators are already familiar with their responsibilities in the process. A PIF is prepared, a Field Representative pays a visit to the program, confirms the information in the PIF, interviews a cadre of faculty and residents, and writes a report. ACGME staff then assembles a packet of material for RRC members to review. Included is the surveyor's report, the PIF, a 10-year accreditation history for the program, the board pass rate, and any pertinent correspondence.

The program files are distributed to RRC members approximately 2 months before each RRC meeting. Two RRC members are assigned to review each program file.

Each reviewer writes a report for each assigned program. This report includes a 1) summary of the program's accreditation history, 2) citations for areas of noncompliance with the program requirements, 3) commendations to the program director, 4) identification of Best Practices, 5) recommendations for an accreditation action. Each RRC member spends about 25-30 hours to complete program review assignments before each meeting.

One of the reviewers is designated as the *primary* reviewer who presents a comprehensive overview of the program for discussion by the RRC. The *secondary* reviewer then comments about areas of agreement or disagreement with the initial presentation. It is mandatory that the entire RRC discuss and reach consensus on the accreditation status of that program. ACGME staff is present during this process to record the RRC decisions and to provide input on ACGME accreditation policy.

After the RRC meeting, the ACGME staff gathers all the decisions generated by the RRC and within two weeks of the meeting notifies each program via e-mail of the accreditation decision, the resurvey cycle, and if a progress report is requested. Because of the significant amount of information that must be incorporated into the final detailed letters to programs, it is usually 6 to 8 weeks before the letters are distributed.

The RRC is aware that the review process may stretch over several months from the time of a survey until a letter has been finalized, detailing the accreditation decision. The process, however, is deliberative and probing and is designed to ensure a fair decision. Please be assured that the RRC is constantly evaluating ways to bring more efficiency to the accreditation process.

RRC Staff

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Residency Review Committee (RRC)

E. Stephen Amis, MD (Chair)

Albert Einstein College of Medicine/Montefiore

Stephen R. Baker, MD

UMDNJ-New Jersey Medical School

Thomas H. Berquist, MD, FACR

Mayo Clinic

Manuel L. Brown

Henry Ford Hospital

Jannette Collins, MD

University of Wisconsin Hospitals and Clinics

Anne C. Roberts, MD (Vice Chair)

UCSD Medical Center/Thornton Hospital

Janet L. Strife, MD

Cincinnati Children's Hospital

Kay H. Vydareny, MD

Emory University Hospital

Robert D. Zimmerman, MD

New York Presbyterian Hospital

Ex-officio Member: Robert Hattery, MD

Resident Member: Jessica Robbins, MD