

RRC NEWS

DIAGNOSTIC RADIOLOGY



Accreditation Council for Graduate Medical Education

MARCH 2010

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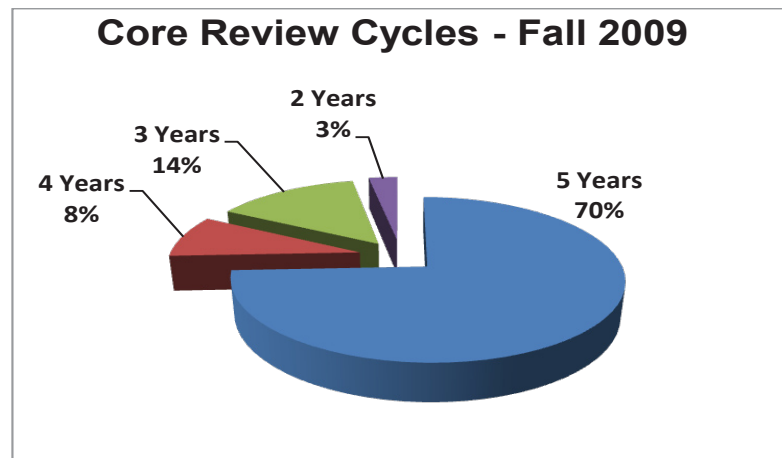
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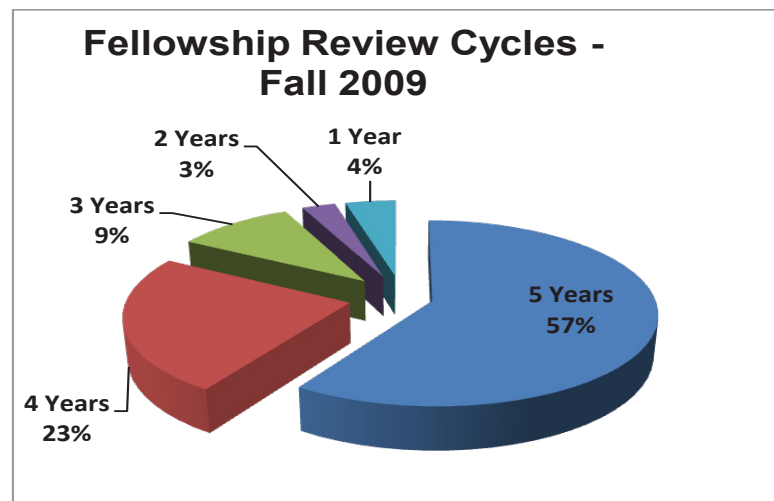
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Accreditation Decisions

The November 12-14, 2009 Review Committee meeting agenda included the accreditation status review of 37 core programs. The pie chart below illustrates the review cycles for those programs.



The meeting agenda also included the accreditation status review of 74 subspecialty programs. The pie chart below illustrates the review cycles for those programs.



MEETING AND AGENDA CLOSING DATES

MEETING:	APRIL 8-10, 2010
AGENDA CLOSED:	FEBRUARY 13, 2010
MEETING:	NOVEMBER 11-13, 2010
AGENDA CLOSING:	SEPTEMBER 24, 2010

New Limitations on Rotations in the Clinical Year

Effective July 1, 2010, radiology rotations during the clinical year cannot exceed two months and must occur in radiology departments that have an accredited radiology residency program. While transitional year program directors have already been voluntarily honoring this request from the Review Committee for a couple of years, categorical programs have not had similar constraints. Therefore, residents beginning radiology education on July 1, 2010 may or may not have complied with this clinical year requirement. The Review Committee appreciates this timing issue, but wants programs to understand that residents beginning their educational programs on July 1, 2011 or thereafter will be expected to be in compliance with this requirement in order to avoid a citation.

Resident Case Log Reporting

Reporting Case Log data for resident experience with a representative cross section of imaging exams has been a program requirement since July 1, 2008. Resident involvement with a specific case implies that the resident dictated the case or rendered a documented preliminary interpretation of the case, such as would occur in the Emergency Department while on independent call. Case Log data are entered to the ACGME online system monthly, quarterly or annually, per the department's choice. These data will support the Review Committee's efforts to develop experiential milestones for resident education.

The Review Committee realizes that some programs do not have sophisticated information systems that allow easy capture of these data. In such cases, the Committee asks that every effort be made to submit accurate data representing resident experience in the program. Programs that do not submit Case Log data going forward will be cited for failure to meet this requirement.

Response to Recent Concerns in the Literature

E. Stephen Amis, Jr., MD, Review Committee Chair

Recently the Review Committee considered several opinion articles regarding radiology program accreditation requirements that have appeared in current literature. In the June 2009 issue of *JACR*, Dr. Levon Nazarian commented on the

implementation of the competencies, the advent of duty hours standards, and the recent requirement for maintaining resident learning portfolios as all having unforeseen consequences, or "costs," which detract from resident education. He recommended that program directors "sound the alarm" against this perceived overregulation. In the August 2009 issue of *Radiology*, Dr. Richard Gunderman asserts that complying with requirements focused on the competencies, preparing for site visits, and gathering data (i.e., resident Case Log data) inhibit creativity on the part of program directors and may arrest the growth of resident learning. He advocates a replacement of rigorous oversight of education programs with trust, thus freeing educators and learners to "take risks and innovate." Finally, in the August 2009 issue of *JACR*, Dr. Michael Lubarsky comments that with having resident members of the Review Committees, and adding resident members to the ABR, changes in the structure and timing of the board exams and the requirement for 12 months of radiology education before standing independent, in-house call might not happen.

The Review Committee for Radiology functions under the close supervision of, and in cooperation with, the ACGME to support the mission to improve health care by assessing and advancing the quality of resident physicians' education through accreditation. This ensures standardized accreditation processes for all 26 Review Committees as well as equitable treatment of all accredited radiology programs. Further, each Review Committee has at least one resident member whose role includes reminding the rest of the committee's members of the potential impact of any proposed changes to requirements on residents. The resident members have proven to be valuable assets to the accreditation process. Our ability, as a medical community and as a profession, to be a part of self-regulating medical education, is a privilege. But upholding that privilege, which enables us to continue to improve our efforts toward an end-goal of cultivating continually better educated, and better prepared physicians, requires that there be consistent and rigorous oversight of programs. While change of any kind can often be viewed with skepticism, we should also see the value in regulation in the context of that stated target: better educated, prepared, qualified doctors.

Resident Scholarly Activity

*Thomas Berquist, MD, Review Committee member,
Chair, Scholarly Activities Subcommittee*

Until recently, scholarly activity program requirements for residents and fellows in ACGME-accredited diagnostic radiology programs and subspecialty programs were potentially confusing. As a result, some residents and fellows have been *encouraged* but not always *required* to participate in research activities. To clarify and simplify the expectations the Review Committee developed the guidelines that follow. Residents and fellows in ACGME-accredited programs are expected to complete one research project during the course of their education. To meet the requirement, this project must be either presented at a local, regional or national meeting, or published. All residents and fellows in a given program must complete these projects to meet the guidelines.

Residents must have a project title selected by PGY-4 (third year of residency), and must complete the project by the end of the term of their residency program. For program directors filling in the Program Information Form (PIF), residents listed in the third year should be listed with their project titles (even if status is in-progress), and completion must be confirmed in the final year of the program. Fellows must have documented completion of their project in the final summative evaluation letter.

New FAQs – Resident Scholarly Activity:

What constitutes a publication?

Publications include book chapters, publications in peer-reviewed journals and online publications, such as “ACR Case-in-Point”.

What is considered a local meeting?

A local meeting includes formal seminar presentations at your institution, the local radiological society or at the institutional research day. It **does not** include expected presentations such as departmental journal clubs or daily conferences. Simply attending a meeting without a presentation or exhibit does not fulfill the requirement.

Involving Residents in the Accreditation Process

*Jason N. Itri, MD, PhD,
Review Committee Resident member*

You don't have to be a member of the Review Committee or a program director to take part in the accreditation process at your institution. One of the first steps towards accreditation is submission of the Program Information Form (PIF), a document completed by the program director in preparation for a site visit by ACGME Field Staff. It is important that the PIF describes the residency program accurately and completely, as it reflects all educational and compliance-related aspects of the program. Resident involvement in the preparation of the PIF can be a rewarding experience for both resident and program director alike, as it is an opportunity to critically evaluate various aspects of the program, develop efficient and effective practices structured around the core competencies, and institute programmatic improvements that emphasize educational outcomes. Completion of the PIF does not have to be an end-point in the accreditation process. Rather, it can be a starting point for creativity and innovation. When motivated residents are given the opportunity to be involved in the accreditation process, they can serve as a valuable resource for fresh perspectives, new ideas, and innovative solutions.

Giving Residents Graduated Responsibilities in Procedure Performance

The concept of graduated responsibility should apply to residents performing some procedures without direct supervision, as well as to interpreting imaging studies. The Review Committee has decided that residents should be allowed to perform thoracenteses, paracenteses, placement of PICC lines, and diagnostic lumbar punctures without direct supervision after they have demonstrated competency in the execution of these procedures. Programs should document the process for determining this competency. A responsible faculty member should be aware when a resident is performing these procedures and be available to assist if needed; if performed during solo in-house call, the faculty member should be within a reasonable distance from the hospital. Departments are reminded that procedures performed by a resident without direct supervision are not reimbursed by some payers.

**Common Citation:
Physician Faculty Qualifications**

The physician faculty must have current certification in the specialty by the American Board of Radiology, or possess qualifications judged to be acceptable by the Review Committee (Program Requirement II.B.2)

The Review Committee has identified “faculty qualifications” as an area to monitor closely. This requirement is frequently cited because many programs are out of compliance. Recently-reviewed programs that were cited for noncompliance with this requirement were asked to submit a chart identifying the status, within the certification process, of each non-certified faculty member. Here is an example of such a chart:

SAMPLE CHART

Name	Certification Status	Exam Registration	Exam Date	Outcome
Dr. J. Shapiro	Not certified	No		
Dr. A. Jones	Not certified	Yes	Completed	Waiting for results
Dr. K. Perez	Not certified	Yes	02/17/2010	

The Review Committee considers certification by the Royal College in Canada acceptable; however, other types of certification are considered on a case-by-case basis. A significant record of publications in peer-reviewed journals can be considered evidence of adequate specialty qualifications. However, years of practice are generally not considered equivalent to specialty board certification, and neither the ABMS nor the Royal College accepts the phrase “board eligible.” The onus of documenting alternate qualifications is on the program director. Programs that do not comply with this requirement will continue to be cited.

**2010
ACGME
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Transitions in GME

Gaylord Opryland Resort Hotel
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March 4-7, 2010

for more information:
[http://www.acgme.org/acWebsite/meetings/2010Conf/
me_EducConf_10.asp](http://www.acgme.org/acWebsite/meetings/2010Conf/me_EducConf_10.asp)