

Spring 2008

## Message from the RRC Chair

*by Bruce G Haffty, MD*

The ACGME has made substantial changes over the past few years, most notably the integration of the six competencies into the common and specialty-specific program requirements. These competencies have been integrated into the program requirements for several years, but significant gaps remain in fully understanding these and in how best to integrate them into training and evaluation. The Radiation Oncology RRC has provided templates for competency-based evaluation tools to assess residents, and in addition, updates regarding measurement tools at the annual ADROP meeting, and via e-mail communication to program directors. We are hopeful that this newsletter will provide an additional source of information to keep program directors and residents aware of ongoing issues related to the accreditation process for residency programs in radiation oncology.

### **Common and Specialty-Specific Program Requirements**

Program directors should be reminded that effective July 2007, there are modifications in the common program requirements which reach across all specialties. These include having goals and objectives which are competency based.

The Residency Review Committee has approved a draft comprehensive revision of the radiation oncology program requirements; these have been posted a formal comment period (45 days) on the ACGME website. Program directors are encouraged to submit suggestions including additions at this time.

Proposed changes in the document reflect current standards of care, and current technologies, such as IMRT, CT simulation, and stereotactic radiosurgery. Programs should provide residents with experience in these areas as part of their training. The RRC has requested an effective date for these changes in 2009. Specifics will be communicated pending final ACGME review.

### **ACGME Case Log System**

The ACGME web-based case log system is now fully operational. Program directors may generate reports that present a comparison of individual programs to national averages. In addition, program directors can go to the external beam summary report drop-downs to see a summary of a current resident's experiences to date. For future PIF preparation, the program director may export the resident logs into the PIF, rather than manually transcribing the procedural information. Residents should be reminded to maintain their logs in a timely fashion so the information available is up- to-date and accurate.

The RRC remains receptive to any comments about these logs from Chairs, program directors, and residents, and welcomes

suggestions for information or issues to be addressed in the newsletter.

Introducing Matthew Poppe,  
MD: Resident Member

PGY-3 RWJUH/UMDNJ

*(First person interview with Dr. Poppe follows)*

I am an executive member of the Association of Residents in Radiation Oncology (ARRO) and was selected to represent the residents on the ACGME RRC in our specialty. Each ACGME review committee has a resident member, and we bring the interests and concerns of residents into program reviews. I serve as a two-way channel of communication between ARRO and the ACGME. ARRO frequently surveys the needs of radiation oncology residents and communicates our progress back in a newsletter.

As the resident member of Review Committee, I also represent radiation oncology on the ACGME's Resident Counsel, which addresses issues pertinent to all specialties.

New "Program Director Guide to the Common Program Requirements"

To help clarify the meaning and expectations of the common program requirements, the "Program Director Guide to the Common Program Requirements" is available on [www.acgme.org](http://www.acgme.org). Review Committee members and staff, ACGME field staff, and program directors across specialties all provided review and input into the development of the document. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: [Guide@acgme.org](mailto:Guide@acgme.org).

Program Director's "Virtual Handbook"

Located on one central web page on the ACGME's website, the "Virtual Handbook" contains links to TYRC and RRC web pages, and other pertinent information for program directors and coordinators. Areas of focus include ACGME policies and procedures, ACGME organization and staff contact information, key to standard notification letters, site visit information, and a guide to the ADS system. The "Virtual Handbook" is located at: <http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp>

ACGME Learning Portfolio

The ACGME Learning Portfolio (ALP), currently under development is now in an alpha testing phase. This portfolio is a web-based tool that supports good learning practices, and also will be a key strategy for achieving the ACGME's strategic goals for increasing the accreditation emphasis on outcomes, increasing efficiency while reducing burden in accreditation, and improving communication and collaboration with internal and external stakeholders. Beta test site participants will work within specialty-specific teams to develop portfolio components, including evaluation tools that will be preloaded and used by beta participants. Following a testing period of 12-18 months, a rollout version of ALP for each specialty will be made available for voluntary use by any interested ACGME-accredited program.

FAQs regarding ALP are located at: [http://www.acgme.org/acWebsite/portfolio/cbpa\\_c\\_faq.pdf](http://www.acgme.org/acWebsite/portfolio/cbpa_c_faq.pdf)

## New Radiation Oncology-specific Questions in ACGME Resident Survey

An RRC subcommittee comprised of Drs. Kun, Willette, and Poppe worked with ACGME staff to create new radiation oncology-specific questions to add to the ACGME resident survey. The responses to these questions will enable the RRC to make more informed accreditation decisions.

<b>Program Requirements</b>	<b>Category(?)</b>	<b>Survey Questions</b>
IV.A.5.b.3	New Consults	For new consults, how often do you have discussion with the faculty attendings regarding details of diagnosis (including the clinical entity and pathology), clinical trials, and treatment planning specifically for that patient?
IV.A.5.a.6.	Clinical Management, 'on therapy'	Do you have adequate experience and opportunities for 'on-therapy' (inpatient) management?
IV.A.5.a.6.	Clinical Management, 'after therapy', or follow-up	Do you have adequate opportunities for faculty-mentored 'after therapy' (outpatient) or follow-up experience?
IV.A.5.a.3.	Brachytherapy	In the treatment of patients with brachytherapy, do you take part in a significant portion of the planning and procedure for the cases you log?
IV.A.5.a.3.	Diversity of cases	Do you feel you have sufficient clinical experience in the following cancer categories:
		Head and neck                      Pediatrics                      Breast Cancer
		GU/non-prostate                      GI
		GYN                                      Lymphoma
		Lung Cancer                              Sarcoma
IV.A.5.b.1.	Radiation Physics	In the instruction of radiation physics, does your program have an organized and complete curriculum that includes didactic and laboratory teaching by a medical physicist?
IV.A.5.b.2.		If yes: is priority placed on your ability to attend these lectures in your first three years of training?
IV.A.5.b.1.	Radiation and Cancer Biology	In the instruction of radiation and cancer biology, does your program have an organized and complete curriculum that includes didactic teaching by a radiation or cancer biologist?
IV.A.5.b.2.		If yes: is priority placed on your ability to attend these lectures in your first three years of training?
IV.B.2.a	Research opportunities	Do you feel that you have sufficient experience and guidance in clinical and laboratory-based research?
IV.A.5.b.1 and 2	Didactic Teaching	Is the didactic teaching program adequate in introducing key aspects of radiation oncology and other oncology areas?
IV.A.4.	Simulations	With respect to simulations, do you find that you are given increasing responsibility commensurate with your experience to define the parameters for patient positioning, field definition, etc.?
IV.A.5.a.2.	Treatment Planning	With respect to treatment planning, do you have an opportunity to define treatment volumes, be present during important aspects of the treatment planning process?

## Site Visit Dates via Email

Ingrid Philibert, MHA, MBA, Senior Vice President of the Department of Field Staff Activities, has announced that all programs will receive an email notification of their scheduled site visit date prior to receiving a hard copy letter of confirmation. This change was effective in the Fall of 2006 and was instituted in an effort to notify programs of a firm survey date as soon as the date is ready for release by the Department of Field Staff Activities.

## Accreditation Data System

The ACGME's online Accreditation Data System (ADS) alerts the RRC to changes in programs. Program directors should update the ADS to:

- Notify the RRC of any changes in their program (i.e., new program director or adding or deleting a site)
- Request a change which needs RRC approval (i.e., an increase in resident complement)
- Submit the academic year "Annual Update" (ADS staff will e-mail the deadline for updating faculty and resident rosters)
- Prepare for an upcoming site visit (the ADS will populate many sections of the PIF with the data entered)

The ADS is also a historical resource for programs, and includes recent notification letters and previous citations.

Email is now the ACGME's major form of communication. Please ensure that e-mail addresses in the ADS are correct.

**Notification Letters Reminder**  
Since October 2006, program directors and

their DIOs have been notified via email when their letter of notification has been posted on the ACGME's ADS system. Notification letters are no longer sent hard copy via US Mail.

## ACGME Welcomes New CEO

Thomas J. Nasca, MD, MACP, was named chief executive officer of the Accreditation Council for Graduate Medical Education in September 2007.

Dr. Nasca comes to the ACGME from Thomas Jefferson University in Philadelphia where he was dean of the Jefferson Medical College, senior vice president for academic affairs, and president of Jefferson University Physicians. Dr. Nasca is a board-certified internist and nephrologist, and brings 26 years of graduate medical education experience to the ACGME.

"I am honored to have the opportunity to join the ACGME and to succeed its outstanding and visionary leader for the past 10 years, David C. Leach, MD," said Dr. Nasca in an ACGME news release announcing his appointment. "I hope to enhance the ACGME's legacy of excellence and sustain our commitment to improve the health of the public through outstanding graduate medical education for the future physicians of the United States."

He succeeds Dr. Leach, who retired in Fall 2007.



## RRC Meetings and Agenda Book Closing Dates

Meeting	July 21-22, 2008
Agenda Closing	May 23, 2008

We understand that emergencies occur and we will be sensitive to your needs in these situations. However, routine agenda items will be held for the next meeting after the cut-off date noted above. Mailing Address:

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