

RRC NEWS

RADIATION ONCOLOGY



Accreditation Council for Graduate Medical Education

JUNE 2010

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Changes in Committee Membership

The Review Committee welcomed two new members at its March 2010 meeting, Dr. Dennis Shrieve and Dr. Vinai Gondi, resident member.

Dennis C. Shrieve, MD, PhD begins his tenure on the Review Committee for Radiation Oncology on July 1, 2010; Dr. Shrieve will serve a six-year term extending through June 30, 2016.

Dr. Shrieve is currently the Rudolph S. and Edna Reese Research Professor and Chair of the Department of Radiation Oncology at the University of Utah School of Medicine. He is a member of the Imaging, Diagnostics, and Therapeutics Program at the Huntsman Cancer Institute and Co-Director of the Stereotactic Radiosurgery Program at the University. Dr. Shrieve's primary clinical research interests are adult and pediatric neuro-oncology, pediatric radiation oncology, and stereotactic radiotherapy. His basic research interests include intrinsic radiosensitivity of human tumors, the mechanisms of intrinsic cellular resistance to radiation and chemotherapy, and combined chemotherapy/radiotherapy.

Vinai Gondi, MD is currently a second-year radiation oncology resident at the University of Wisconsin Hospitals and Clinics in Madison, Wisconsin. He is a medical school graduate of the Columbia University College of Physicians and Surgeons. Dr. Gondi also completed a preliminary medicine year at St. Luke's-Roosevelt Hospital of Columbia University. The recipient of the 'Outstanding Intern of the Year' award in 2008, Dr. Gondi also achieved the honor of membership in the Alpha Omega Honor Society (2007) and was awarded a Howard Hughes Research Fellowship in 2006. Currently, Dr. Gondi serves on the Executive Committee (Vice Chair) of the Association of Residents in Radiation Oncology (ARRO).

The Review Committee also bid farewell to two departing members; it expressed its appreciation to both Dr. Bruce Haffty and Dr. Matthew Poppe for their extensive contributions to the Committee and its activities during their terms.

MEETING AND AGENDA CLOSING DATES

MEETING:	SEPTEMBER 9, 2010
AGENDA CLOSING:	JULY 5, 2010
MEETING:	MARCH 24-25, 2011
AGENDA CLOSING:	JANUARY 13, 2011

Message from the Outgoing Chair

Bruce G. Haffty, MD

As I rotate off after seven years on the Review Committee, I can state without hesitation that the experience has been among the most rewarding of my professional career. I believe the ACGME Residency Review Committee process is a necessary, robust, and fair process that has resulted in improved education of our residents over the years. The review and corrective actions processes that programs now undergo have substantially narrowed gaps in the residency experience among programs. Excellence in radiation oncology residency education is broadly available throughout ACGME-accredited programs.

Over the past year, we have gone through a revision of our program requirements, reflecting some minor but substantive changes. Residency education remains of high quality with respect to the educational environment, remains contemporary, and reflects current practice patterns.

In addition, we are one of the first Review Committees to have evolved to an electronic data-based Program Information Form (PIF), which is more streamlined and hopefully results in decreased time in preparing for site visits. Many of the items in the PIF are now pre-populated from electronic information already in the ACGME database. The electronic process, including the Web-based logs that all residents are required to maintain, allows program directors to review their residents' experiences within their own programs, but it also allows them to compare these against national averages by both sites and procedures. This information is readily available to all program directors through the ACGME website so that program directors can access data immediately in order to address areas of deficiency and adjust their rotations and experience for residents if necessary.

As the field of radiation oncology continues to evolve, the Review Committee has implemented new requirements to ensure that the educational requirements and practice expectations are consistent. In this regard, stereotactic radiosurgery was added as a program requirement in 2009. Currently under consideration is an additional proposed change to the requirements for a minimum number of stereotactic body radiotherapy cases (a minimum of five cases is proposed), which will likely be implemented in 2011.

Another major area of discussion for the Committee is how to best integrate diagnostic imaging into the Program Requirements for Radiation Oncology. The

Committee has charged a task force with establishing guidelines regarding contouring and imaging essentials that should be included in the required educational experience for every resident. The work of this task force will hopefully result in a curriculum which defines basic expectations regarding diagnostic imaging and contouring essentials for all programs. While it is likely that residency programs will develop their own formats as to how these essentials will be achieved, the goal will be that all residents will be adequately educated and evaluated in diagnostic imaging and contouring as it relates to the delivery of radiation therapy.

I am confident that the high quality work of the Review Committee for Radiation Oncology will continue under the leadership of Dr. Robert Lee, who is assuming the role of Chair on July 1, 2010. I would like to thank the ACGME, the Association for Directors of Radiation Oncology Programs (ADROP), the Association of Residents in Radiation Oncology (ARRO), and the Committee's major sponsoring organizations (the American Board of Radiology (ABR), the American College of Radiology (ACR), and the American Medical Association (AMA)) for the opportunity to be involved in this valuable experience.

Revisions to the Frequently Asked Questions (FAQ) Document

At the March 2010 meeting, the Review Committee approved two revisions to its FAQ document. The revised FAQs are posted on the Committee's Web page (www.acgme.org/acWebsite/RRC_430/RO_FAQ_DAC_RO_AA_04062010.pdf).

The first revision was in response to questions about a temporary increase in resident complement. The Committee inserted the following language:

Temporary increases DO NOT change the permanent ACGME-approved complement, and once the period of the temporary increase ends, programs will be expected to return to the previously approved permanent complement.

The second revision was in regards to the required number of radiosurgery cases. The Committee inserted the following language:

For residents who began their residency program prior to January 1, 2009, the minimum case numbers will be prorated. For example, residents who began a residency in July, 2007 and plan to complete the residency June 30, 2011, the minimum number of cases for those residents will

be six, since the 'new' program requirements were in effect approximately 60% of the time the residents were enrolled in the program.

Recent Review Committee Accreditation Actions

REVIEW COMMITTEE DECISIONS MARCH 2010

Radiation Oncology 20 Programs	
Continued Accreditation	10
Initial Accreditation	2
Continued Probation	1
Proposed Probation	1
Deferral	1
Other (progress reports, increase in complement)	5

ACGME Resident Survey Results

The annual resident survey for Radiation Oncology residents was administered between January and June 2009. The survey results indicate highly engaged learning between faculty and residents.

- Questions pertaining to faculty (Q1-6) had an average compliant response rate of 83% and ranged from 66.1% (Q4) to 92.6% (Q2).
- Questions pertaining to evaluation (Q7-8, Q11-12, Q15) averaged 95.4% compliance and ranged from 93.5% to 98.2%.
- Questions pertaining to the educational program (Q9-10) had compliant responses of 97.2% and 90.1%, respectively.
- The question relating to fatigue and sleep deprivation (Q13) had a compliant response rate of 93.1%.
- The question relating to scholarly activity (Q14) had a compliant response rate of 98.8%.
- The questions regarding institutional resources (Q17-18) had response rates of 63.3% and 91.4%.
- Compliant responses for questions 20-25 on duty hours ranged from 68.4% to 97.0%; Questions 23 & 24 had "Not Applicable" responses of 31.4% and 20.8%, respectively.
- Compliant response rates for Questions 26-28 on duty hours were approximately 96%.
- On Question 29 – "If you noted any issues with duty hours in the section above, would you say that those issues occurred mostly on rotations to other services outside your specialty? – responses were: Other Services (2.3%), Within My Specialty (5.1%), Both (0.5%), N/A (92.1%).
- Radiation Oncology residents noted non-compliant responses for areas regarding faculty teaching time (Q1), and participation in organized clinical discussions, journal clubs and conferences (Q3, Q5, Q6) that were significantly greater than the national responses.

Noncompliant responses for questions on duty hours (Q20-Q28) ranged in potentially non-compliant response rates of 0.2% to 0.9%. **Table 1** (on the next page) highlights select resident survey questions where potential non-compliant responses from Radiation Oncology are significantly greater than all specialty programs combined, or potential non-compliant Radiation Oncology responses are greater than 10%.

Table 1: Resident Survey Non-Compliant Data, 2009

	Radiation Oncology Data	National Data
Responses to Survey	567 (95%)	95,793 (91%)
Q1 – Do the faculty spend sufficient time TEACHING residents/fellows in your program?	22.6%	9.8%
Q2 – Do the faculty spend sufficient time SUPERVISING residents/fellows in your program?	7.4%	4.4%
Q3 – Do your faculty members regularly participate in organized clinical discussions?	9.5%	4.9%
Q5 – Do your faculty members regularly participate in journal clubs?	15%	8.6%
Q6 – Do your faculty members regularly participate in conferences?	7.6%	3.9%
Q7 – Do you have the opportunity to confidentially evaluate your FACULTY, in writing or electronically, at least once a year?	5.1%	2.7%
Q10 – Has your program provided you access to, either by hard copy or electronically, written goals and objectives for each rotation and major assignments?	9.9%	4.3%
Q15 – Have residents/fellows had the opportunity to assess the program for the purposes of program improvement?	6.3%	3.6%
Q17 – Does your program and/or institution have a system through which you are able to raise and resolve issues without fear of intimidation or retaliation?	36.7%	24.4%
Q19 – Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations?	49.9%	40.7%
	RO Specialty-Specific Questions	
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?	Never – 0.2% Rarely – 3.4% Sometimes – 12.7% Often – 25.4% Always or Nearly Always – 58.4%	N/A
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?	Never – 0.7% Rarely – 4.4% Sometimes – 12.7% Often – 29.1% Always or Nearly Always – 53.1%	N/A
Do you feel you have sufficient clinical experiences in the following career categories: Pediatrics?	No – 18.7% Yes – 68.3% Don't Know – 13.1%	N/A
Do you feel you have sufficient clinical experiences in the following career categories: Lymphoma?	No – 15.0% Yes – 76.4% Don't Know – 8.6%	N/A
Do you feel you have sufficient clinical experiences in the following career categories: Sarcoma?	No – 12.7% Yes – 80.4% Don't Know – 6.9%	N/A
Do you feel you have sufficient experience and guidance in clinical and laboratory-based research?	No – 17.8% Yes – 76.9% Don't Know – 5.3%	

Clarifying the Review and Comment Period for Program Requirement Revisions

As most of our newsletter readers are aware, suggested revisions to program requirements are made available to the community of interest for a period of public comment built into the approximately two-year revision process for a given set of requirements. However, the specifics of this public comment period may not be clear to all.

During the development or revision process for program requirements, which can take up to 24 months to complete, an opportunity exists for members of the community of interest—to review the proposals and provide comments and feedback. The groups which constitute the community of interest, per ACGME Policy, are: member organizations of the ACGME; organizations that nominate candidates for Review Committee membership; designated institutional officials (DIOs); chairs and executive directors of each Review Committee; program directors in the specialty. These groups, as well as any additional specialty organizations identified at the discretion of the Review Committee whose requirements are in-process, are notified of the public comment period via the ACGME's weekly *e-Communication* when the proposed requirements (as well as an Impact Statement) are posted.

The length of the period of public comment is 45 days (for major revisions to existing requirements, new requirements, and focused revisions) from the date of the *e-Communication* announcement. In the case of focused revisions, only comments regarding the portions being changed, and not on the document in whole, will be accepted. The proposed document stays posted on the ACGME website for one full month after the deadline for comments, but once the deadline has passed, no comments need be accepted for consideration. Extensions or exceptions for comments received after the 45 days have passed are made at the discretion of the Review Committee. After the month has passed, the document is moved to the archives section of the Web page, where it remains until the final Requirements are approved by the ACGME Board of Directors.

The Review Committee evaluates all comments received, and decides which suggestions will be incorporated into the final proposal. Comments received are kept confidential, and are only viewed by members of the Review Committee and the ACGME Committee on Requirements. All comments are addressed, whether accepted or declined, in a document submitted with the final proposed

requirements to the ACGME.

All requirements posted for review and comment can be found on the [ACGME website](#), by selecting the left-hand links to "Review and Comment" > "Program Requirements". Posted along with all current documents are the deadlines for comments and the e-mail address to which comments should be submitted.

Involving Residents in the Accreditation Process

Jason N. Itri, MD, PhD; Resident member of the Review Committee for Diagnostic Radiology

You don't have to be a member of your specialty's Review Committee or a program director to participate in the accreditation process at your institution. One of the first steps towards accreditation is submission of the PIF, a document completed by the program director in preparation for a site visit by ACGME Field Staff. It is important that the PIF describe the residency 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. 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. Motivated residents, given the opportunity to be involved in the accreditation process, can serve as valuable resources for fresh perspectives, new ideas and innovative solutions.

Notable Practices

A notable practice is a process or practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. A notable practice is not a requirement, which is an accreditation standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.

Many committees have identified notable practices within their specialties, and these are available to

programs in the specialty through the Review Committee Web page, as well as to other interested parties through the “All Review Committees Notable Practices” link. Potential notable practices may be identified in several ways: a comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or a Review Committee member based on knowledge of the program, or an unsolicited submission sent to the executive director or to a Review Committee member. The potential notable practice is viewed and discussed by all committee members, and if approved, will be made available through both the Review Committee Web page and the All Review Committees Notable Practices Web page.

Programs in other specialties may find some of these practices useful, and could adapt them for their specialty-specific program needs as relevant. The “All Review Committees Notable Practices” Web page can be accessed through this Committee’s [Web page](#) and is a collection of all the notable practices from all of the Review Committees’ Web pages, organized by topic. The Review Committee for Radiation Oncology has identified several notable practices within our specialty, and Committee staff is in the process of having these posted online. Any new notable practices added to the Web page are announced in the ACGME’s weekly *e-Communication*.



Save the Date:
**2011 ACGME Annual
Educational Conference**

**Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee
March 3-6, 2011**

****more information to follow****