

RRC NEWS

RADIATION ONCOLOGY



Accreditation Council for Graduate Medical Education

NOVEMBER 2010

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RRC NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH QUESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

Chair Report

W. Robert Lee, MD, MS, MEd

Few of us are able to predict the future, but I am quite confident that graduate medical education in 2020 will be different than it is today. As residency program directors and members of the Residency Review Committee, we are part of that change. As I begin to serve as Chair of the Review Committee for Radiation Oncology I want to bring to your attention these subjects: milestones and collaboration/teamwork.

Milestones. If you do not know what a GME milestone is, you will soon. In short, milestones are part of a learner-centered, outcomes-oriented approach to foster and measure the learning of residents. The CEO of the ACGME, Dr. Thomas J. Nasca, has charged all 26 of the ACGME specialties with developing specialty-specific milestones. Working groups for internal medicine, pediatrics, and surgery have been working on these for several years, and it is time for us to start this process for radiation oncology. It will be a significant undertaking, and will require close coordination with all stakeholders, including program directors, residents, the Review Committee, and the American Board of Radiology.

Collaboration/Teamwork. One of my goals as Chair is to improve collaboration and communication between the Review Committee and other groups (program directors, residents, the ABR). I am happy to report that Linda Thorsen, the Committee's executive director, will attend the annual Association for Directors of Radiation Oncology (ADROP) meeting in San Diego; I also hope to present as part of the Association of Residents in Radiation Oncology (ARRO) program at the American Society for Therapeutic Radiology and Oncology (ASTRO) meeting. The development of milestones over the next two to three years will rely on close cooperation and communication between these stakeholders. Please let me know of any ideas you may have on how we can improve communication further.

Finally, I would be remiss if I did not acknowledge the fine work of Bruce Haffty, MD. Dr. Haffty was a member of the Review Committee for seven years, the last three as Chair. His good humor, commitment to resident education, and hard work on behalf of the work of this committee will be sorely missed. When you see him, please thank Dr. Haffty for his service to GME.

MEETING AND AGENDA CLOSING DATES

MEETING:	MARCH 24-25, 2011
AGENDA CLOSING:	JANUARY 28, 2011
MEETING:	SEPTEMBER 12-13, 2011
AGENDA CLOSING:	JULY 15, 2011

NOTIFICATION DEADLINES

5 DAYS AFTER MEETING:

E-MAIL NOTIFICATION OF REVIEW STATUS/
CYCLE LENGTH AUTOMATICALLY SENT TO
PROGRAM DIRECTOR AND DIO.

60 DAYS AFTER MEETING:

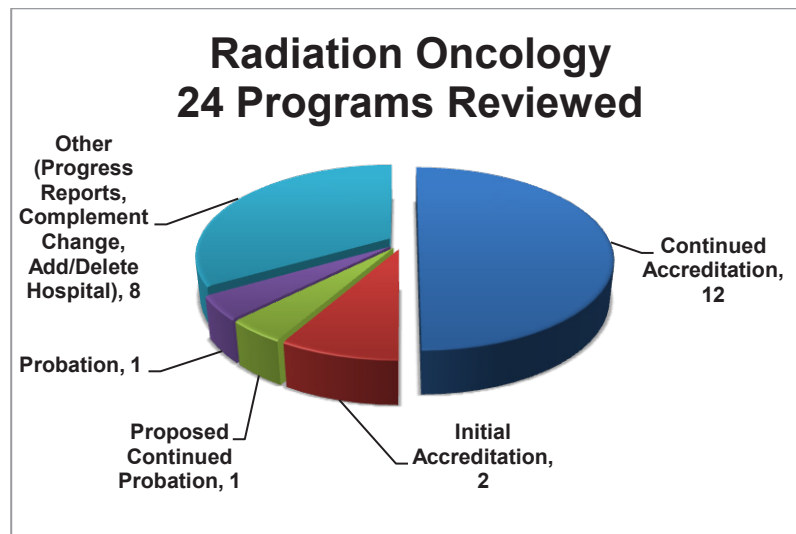
E-MAIL ALERT SENT STATING THAT LETTER
OF NOTIFICATION IS POSTED IN ADS.

UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.

Accreditation Actions

At the Review committee meeting held September 9-10, 2010, 24 programs were reviewed. The table and chart below provide the outcomes of those reviews.

REVIEW COMMITTEE DECISIONS SEPTEMBER 9-10, 2010	
Radiation Oncology 24 Programs Reviewed	
Continued Accreditation	12
Initial Accreditation	2
Proposed Continued Probation	1
Probation	1
Other (progress reports, increase in complement)	8



New Program Requirement for Extracranial Stereotactic Body Radiotherapy (SBRT)

Stereotactic body radiotherapy (SBRT) has become an accepted, highly effective treatment for patients with medically inoperable non-small cell lung cancer. It is also used as a non-surgical alternative in the treatment of liver metastases. The Review Committee believes that it is important that residents learn the rationale, technique, and potential limitations associated with this procedure. As a result the Program Requirements for Radiation Oncology have been revised to ensure that all residents are provided an educational component to address this specifically. The new requirement will become effective July 1, 2011. It is provided here:

Program Requirement IV.A.5.a).(6):

Residents must participate in the treatment planning and administration of ~~in-at least 10~~ at least 10 cases of stereotactic radiosurgery of the brain and at least 5 cases of stereotactic body radiation therapy of the liver, lung, spine and other extracranial sites.

As of July 1, 2011, the requirement of five cases will be prorated. For example, a resident who began a residency in July 2008 will be expected to complete at least two cases of extracranial SBRT; a resident who began a residency in July 2009 will be expected to complete at least three cases; and a resident who began a residency in July 2010 will be expected to complete at least four cases.

Addition to the Review Committee's Frequently Asked Questions Document

At its most recent meeting in September, the Committee agreed that an additional clarification may be helpful to program directors about 'confidential' systems for resident evaluations of faculty members and the program (particularly in view of the number of radiation oncology programs with a small complement of residents). This issue has been raised a number of times recently during the Committee's review of programs. Below is the added FAQ and response:

Q: What is considered an acceptable system for residents to 'confidentially' evaluate faculty members and the program?

Residents are often concerned that their evaluations are not being kept in a confidential manner, and fear that there may be repercussions as a result of their unfavorable comments about faculty members or the program. This is a frequent problem in programs that are approved for 'small' resident complements.

A. One suggestion that is acceptable to the Committee, and is currently utilized by a number of programs, is for residents to submit their evaluations directly to the program coordinator. The evaluation form is frequently submitted electronically and does not include the resident's name. It is expected that the program coordinator ensure that the faculty, including the program director, do not have access to these individual evaluations. On an annual basis, the program coordinator should collate the evaluation comments and present the information to the program director and faculty. By combining several evaluations, it should not be possible to attribute any comments or criticisms to a particular resident.

[Program Requirements V.B, V.C]

In addition, the Committee agreed to two additional FAQs, clarifying the categorization of two procedure areas. Below are these additions:

Breast Brachytherapy

Q: Should breast brachytherapy cases that involve a medical device [e.g., Mammosite, SAVI Accelerated Partial Breast Irradiation (APBI), Contura] be considered intercavitary or interstitial?

A: The Review Committee considers these cases to be 'interstitial'. It is important to remember that resident involvement is required if a resident intends to count the case. As stated in the Program

Requirements, resident involvement should include planning, review of dosimetry, and hands-on participation in a significant portion of the implantation procedure.

[Program Requirement IV.A.5.a.(2)]

Plaque Brachytherapy

Q: Should Plaque Brachytherapy cases be considered intercavitary or interstitial?

A: Although these cases do not fit easily into either category, the Review Committee agrees that residents should log these cases as 'interstitial'.

[Program Requirement IV.A.5.a.(2)]

Notable Practices Identified by the Review Committee

The Review Committee for Radiation Oncology has begun to identify Notable Practices (NP) during its review of individual programs. One of the goals in the Notable Practice initiative is to communicate the identified practices to all program directors as useful models that may be adapted to respective program needs. All NPs are stored on the ACGME website at: www.acgme.org/acWebsite/notablepractices/default.asp.

The definition of 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 a minimum standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.*

Three NPs were identified at the Review Committee's spring 2010 meeting; two of these were developed by the University of Maryland Medical Center program, and one was developed by the program at UCLA.

University of Maryland Medical Center Annual Program Retreat

(Click [here](#); Select "Radiation Oncology" and "Annual Program Tools and Resources" from the drop-down menus)

Purpose: To systematically review and discuss the residency training program and identify areas which could be improved or develop new formats to replace currently ineffective formats. The retreat is purposely designed to allow our residents to appropriately influence the structure of their own education.

Format: The retreat is conducted in two phases.

In the first phase, all residents are present to share their lists of issues and their suggested solutions. The residents participate in the discussions with faculty and give feedback regarding issues identified for consideration. In the second phase of the retreat, the residents are excused and the faculty has further discussions to refine the discussion points for the core educational committee. The core educational committee members (residency director and residency associate directors) meet at a date following the retreat to finalize decisions regarding changes suggested as a result of the retreat.

Participants: All residents, all clinical attending physicians, director of physics, director of radiobiology, director of clinical operations, residency director and associate directors and residency coordinator.

NOTE: Tools to facilitate this assessment are available on the ACGME website.

Technology Rounds Conferences

(Click [here](#); Select “Radiation Oncology” and “Model Curricula” from the drop-down menus)

Purpose: In light of the rapid change and evolution of all aspects of the field of radiation oncology, this educational conference was developed to provide a dedicated forum at which to discuss, learn, and understand all issues associated with technologies/therapies, with emphasis on ‘new’ modalities, [e.g., Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT), Stereotactic Body Radiation Therapy (SBRT), brachytherapy].

Format: Each conference is lead by a resident, paired with a clinical teaching faculty member and medical physicist and/or staff member (e.g., dosimetrist).

Participants: All clinical attending physicians, all residents, representatives from physics and dosimetry.

Frequency: Conferences are held weekly.

NOTE: A list of conferences, including titles, presenters, article resources, etc., as well as how they address new technologies, is available on the ACGME website.

UCLA

Radiation Oncology Clinical Didactic Lecture Series (ROCDLS)

(Click [here](#); Select “Radiation Oncology” and “Model Curricula” from the drop-down menus)

Classic Papers are compiled for each disease site into a syllabus. The papers are reviewed and presented by residents at bimonthly Journal Clubs. Required reading may be assigned by teaching faculty.

Evaluation methodology includes RAPHEX Training Examination results, ACR In-Training Examination results, Course Evaluation by residents.

NOTE: A ‘clinical didactic lecture syllabus’ will be posted on the ACGME website, at which point an announcement will be made via the weekly *e-Communication*.

ASTRO-ARRO Journal Club Webinar for Radiation Oncology Residents

The Association of Residents in Radiation Oncology (ARRO), in collaboration with the American Society for Therapeutic Radiology and Oncology (ASTRO), has launched the ASTRO-ARRO Journal Club, a monthly webinar series providing radiation oncology residents with the opportunity to learn from faculty leaders in the field of radiation oncology.

Each monthly session is interactive, free of cost, and hosted by a different faculty leader responsible for selecting an article for their site-specific specialty. The host faculty leader gives a presentation on the key aspects of his or her journal article selection, which is followed by a live question-and-answer webinar session with participating radiation oncology residents.

Since debuting in March 2010, the ASTRO-ARRO Journal Club has been very well-received by radiation oncology residents and educators, with several programs formally adding it to their didactic schedule.

For registration information and a schedule of upcoming webinar sessions, please visit the ARRO website (www.arro.org).

Changing a Dependent Subspecialty Relationship from One Specialty/Core Program to a New Specialty/Core Program Requires Review Committee Approval for Subspecialty Programs in Hospice and Palliative Medicine

Dependent subspecialty programs are required to function in conjunction with an ACGME-accredited residency (also known as a specialty or core) program. The continued accreditation of the

subspecialty is dependent on the specialty program's maintaining its accreditation. The dependent subspecialty program must be sponsored by the same ACGME-accredited sponsoring institution of the linked specialty program and should be geographically proximate to the specialty program. In the case of hospice and palliative medicine, the Review Committee for Family Medicine accredits all of these programs, which may be aligned with specialty programs in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, psychiatry, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, radiation oncology, or surgery.

Should any hospice and palliative medicine programs need to realign and establish a new dependent relationship with a new specialty/core program, the program director of the subspecialty program must request voluntary withdrawal of accreditation through ADS, and then formally submit a new application to the Review Committee for Family Medicine, per that committee's process. The sponsoring institution's GMEC and DIO must approve the voluntary withdrawal and new application.

Please contact Becky Ryan, accreditation assistant to the Review Committee for Radiation Oncology at the ACGME with questions about this process. Her contact information can be found on p.1 of this newsletter.

Introducing: *GME Focus*

The ACGME is proud to announce the official launch of *GME Focus*, a comprehensive, online collection providing an overview of the current literature in graduate medical education. Modeled after similar resource systems provided in the field of clinical medicine, *GME Focus* scans the medical and medical education literature and provides summaries of, and commentary on, articles relevant to program directors, designated institutional officials (DIOs), faculty, residents and others with interest in graduate medical education, and makes it available in an easily-accessible location open to the public.

Constant advances in medicine and education result in a broad range of new articles on graduate medical education every month. Time constraints and the distribution of articles across many journals can present challenges to individuals attempting to keep current and develop a broad understanding of new literature. In response to this reality, the ACGME created *GME Focus* to assist program directors, DIOs and others to remain up-to-date about new

also comment on the relevance and implications of the work to program directors and other leaders in GME. These summaries and commentaries are aggregated on the *GME Focus* web page, which can be accessed via the "Bulletin & Lit Reviews" option from the menu items on the ACGME website at www.acgme.org, or via this direct link: www.acgme.org/acwebsite/gmefocus/default.asp.

The goal of producing this resource is to provide a timely and concise review of the graduate medical education literature for busy professionals. The digest is arranged by topic (in categories such as Accreditation, Duty Hours, Innovation, Patient Safety, Quality Improvement, Supervision, and more) as well as by specialty. The aim is to make the current literature as simple to access as possible. To ensure the most current information is presented, new articles will be added to *GME Focus* approximately every 60 days, and existing content will be moved to an accessible archive after a year. This will keep *GME Focus* live, active, and evolving.

Questions regarding *GME Focus*, or interest in volunteering to review and summarize articles, should be directed to Cynthia Taradejna: cat@acgme.org.

Resident Survey Results and the Accreditation Process

A common topic facing Review Committees across specialties deals with the disposition of the Resident Survey and how the results in particular may impact a program's accreditation status. This is an area of high importance to all specialties, and as such, is covered specifically in the ACGME's Common Program Requirements, which can be reviewed [online](#). There are numerous reasons to utilize and value residents' input, and the ACGME and its Review Committees take their engaged participation in this annual survey very seriously. The following is a very general overview addressing some of the more common questions handled by both Review Committees and their staff at the ACGME.

The most recent Resident Survey results are an important factor in program accreditation reviews. Once the ACGME site visitor assigned to review your program receives your completed program information form (PIF), he/she can view the (most recent) resident survey results in order to prepare for the on-site survey. Any areas highlighted as noncompliant are specifically addressed by the site visitor. If the site visitor determines validation for a pre-identified area of concern, the Review Committee will cite that as an area of noncompliance with the

ACGME standards in your Letter of Notification following the formal review. If the site visitor cannot verify a potential area of noncompliance per the survey results, the Review Committee will look closely, and while a formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs should also be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for noncompliance are established based on this data.

Programs across specialties that are identified as having a series of noncompliant responses (either annually or in consecutive program reviews) may be required to submit a duty hour or progress report to their Review Committees. Should a program be asked to submit a follow-up report on the basis of the Resident Survey results (either in conjunction with a full survey, or upon annual review), the program director should contact the executive director of the Review Committee for Radiation Oncology, Linda Thorsen: lm@acgme.org or 312.755.5029.

Next Accreditation System Focus of CEO's Speech at 2010 ACGME Annual Conference

The ACGME is continuing its transition to a system of accreditation that encourages and recognizes innovation, improvement, and excellence, Thomas J. Nasca, MD, MACP, chief executive officer of the ACGME, said at the 2010 Annual Conference.

Dr. Nasca discussed the ACGME's shift to the next accreditation system in his March 6 welcoming address, "Transitions in the Learning Environment: Milestones, the Next Accreditation System, and Other Factors Influencing Graduate Medical Education," to attendees of the 2010 ACGME Annual Educational Conference. The Conference, which was held March 4-7 at the Gaylord Opryland in Nashville, Tennessee, attracted a record crowd of approximately 1,600 program directors, program coordinators, DIOs, and other people involved in graduate medical education.

The shift to the next accreditation system began in the early 1990s when the ACGME introduced the Outcome Project, which requires residents to master six general competencies: interpersonal skills and communication, medical knowledge, patient care, practice-based learning and improvement, professionalism, and systems-based practice.

The ACGME is working with Review Committees, and specialty medical organizations and boards to

develop specific benchmarks of skills and knowledge that residents in every specialty must achieve at certain identified points or stages during their residency education. These benchmarks, or milestones, not only will help to demonstrate that all graduates meet the core competencies, but will enable both programs and the ACGME to certify that the residents meet them.

"We have entered an era of zero tolerance for medical errors and the public has very high expectations for the quality of care that they will receive," said Dr. Nasca. "The profession, and those of us involved in the education of the next generation of physicians, must enhance the public's trust in the profession and the quality of care provided by our residents in the teaching setting.

The next accreditation system will have longer accreditation cycles for strong programs, an emphasis on innovation and excellence, and more frequent collection and review of data between site visits. It will require more accountability from institutions that sponsor residency programs, more sharing of aggregate graduate medical education data, and less frequent revisions of standards.

Dr. Nasca noted that three principles underscore everything the ACGME does: the safety of patients under the care of residents and faculty in teaching institutions; the safety of patients that will receive care in later years when residents practice independently; and the assurance that residents are being educated in a safe, humanistic environment that nurtures professionalism and the effacement of self-interest.

The ACGME Board of Directors discussed next steps for this new accreditation system at a strategic retreat in February. The Board appointed a task force to develop recommendations for the next accreditation system, which will be presented to the Board in February 2011.

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

Beyond Boundaries

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

[click here](#) for more information