RRC News

RADIATION ONCOLOGY

Accreditation Council for Graduate Medical Education FALL 2008

Review Committee Members

Lawrence W. Davis, MD, *Ex-Officio*
Beth A. Erickson, MD, *Vice-chair*
Laurie E. Gaspar, MD, MBA
Bruce G. Haffty, MD, *Chair*
Larry E. Kun, MD
W. Robert Lee, MD, MS
Matthew M. Poppe, MD, *Resident*
Christopher G. Willett, MD

RRC Staff

Linda Thorsen, MA
Executive Director
312·755·5029
lmt@acgme.org

Stephen Moore
Accreditation Assistant
312-755-5045
smoore@acgme.org

ACGME
515 N State St
Ste 2000
Chicago, IL 60654

RRC News is a biannual publication that provides Review Committee and ACGME updates. Please contact the Editor for suggestions or comments about this newsletter: Kreinhold@acgme.org.

2009 RRC Meeting Dates and Agenda Closing Dates

RRC Meeting: March 8-9, 2009
Agenda Closing: January 15

RRC Meeting: September 10-11, 2009
Agenda Closing: July 15

Message from the RRC Chair

by Bruce Haffty, MD, RRC Chair

Over the past two years, the RRC for Radiation Oncology has been working on a comprehensive revision of the program requirements. The proposed revisions were posted in Spring 2007, and further refinements were made based on comments received from program directors and chairs, as well as other ACGME organizations.

We are pleased to report that the final version of the new requirements has been approved by the ACGME Board, effective January, 2009. These program requirements are located on the ACGME website, and the major changes in the requirements are highlighted in the next article.

The RRC has also been working with ACGME staff to modify the program information form (PIF). A final version will be fully electronic for on-line completion. The revised PIF is simpler; it requires less time, and the annual update by the program director automatically populates many fields.

The new program requirements have helped to clarify some issues which were confusing in the past, and we are confident that the new streamlined electronic PIF will be a marked improvement.

The Committee is also currently revising the Frequently Asked Questions document; we anticipate that a revised version will be available by the end of the year.

New Radiation Oncology Program Requirements

by *Bruce G Haffty, MD, RRC Chair*

We are grateful to many program directors, chairs, and other individuals who made suggestions during this revision process. The RRC believes that the new program requirements have clarified some prior areas of confusion and introduced some modest changes to keep up with changing technologies. I have highlighted a number of these below, and have

included clarification and/or an explanation for the change.

Program Director Administrative Time

While there may be significant variability in the amount of time a program director spends in administration of the residency program, *at the very minimum* **10% of the program director's time should be protected for administrative duties** related to the program. It is acknowledged that larger programs may require more time.

Minimum Faculty at Primary Clinical Site

There has always been a requirement that programs have a minimum of four FTE clinical radiation oncology faculty. However, the requirements did not specify that the four FTE faculty members must be at the primary clinical site and could be based at a participating site. The RRC believes that a critical mass of faculty members at the primary site is essential to maintain a strong clinical, educational, and scholarly environment for resident education; therefore **the newly revised program requirements now require that four FTE clinical faculty are assigned to the primary clinical site.** Other participating sites may have fewer faculty members, but the primary site must have at least four.

Definition of Integrated Sites
Elimination of Affiliated Sites

Over the years there has been confusion regarding the definition of "integrated" and "affiliated" sites, and the language defining integrated versus affiliated was unclear. In the new requirements the term "affiliated" site has been eliminated.

All sites which are routinely part of the program rotations are considered integrated sites. Although the integrated site does not necessarily have to be administratively part of the primary clinical site, faculty at the integrated sites should have faculty appointments, and the program director is responsible for all resident assignments at the primary and integrated sites, the overall educational program at the primary and integrated sites, and assuring resident participation in conferences and didactics during rotations to the integrated sites. All integrated sites need to be approved by the RRC, listed in the ADS system and PIF as integrated sites, and must have a program letter of agreement which follows the guidelines outlined (Program Requirements, Section I.B.1). There is no limit to the duration of rotations at integrated sites, though it is presumed that the majority of educational experience will occur at the primary clinical site.

External rotations used to supplement clinical experience outside of the primary and integrated sites are considered participating sites. For example, if residents are assigned to St. Jude Children's Research Hospital for a pediatric rotation, the site would be considered a "participating site", not an integrated site. Although external rotations at participating sites do not require prior RRC approval like integrated sites do, program letters of agreement, fulfilling the guidelines outlined in Program Requirements Section I.B.1 must be made. PLAs need to be renewed every five years.

Full-time Radiation or Cancer Biologist
Full-time Physicists

This is an existing requirement. Programs must have at least one full-time radiation biologist or cancer biologist and one full-time physicist. The new language clarifies the role of the cancer/radiation biologist and physicist 1) in being on site, 2) providing a scholarly environment of research, and 3) participating in teaching the radiation/cancer biology or physics course.

Facilities

Required facilities now includes a "must" have for the following at the primary clinical site: **IMRT, radiosurgery, and CT-simulation** to reflect current state-of-the-art practice.

Counting Cases

There has been confusion regarding counting of cases, and specifically, whether a second resident could count a case if a new field or new area was being treated. This issue is addressed in the new requirements.

A second resident who rotates on a service may count a case claimed by a prior resident if he/she is involved in simulation and planning of a second area which is either a new area or substantial volume reduction/cone down. However, one resident cannot count a case twice for a volume reduction/cone down for a given course of therapy in a patient. **Any case being treated for a new problem/indication can be counted twice.** In these situations, a resident involved in simulation for a new problem/indication in a patient may count the case again, even if that same resident was involved in the first simulation.

Interstitial/Intracavitary-elimination of Observed Cases

There is no longer a classification of observed cases. There has been widespread confusion over what constituted a "performed" case versus an "observed" case. Only one resident is allowed to count a specific

brachytherapy application. Residents participating in brachytherapy cases count them as performed, provided they meet the criteria outlined, which states: **"resident involvement should include planning, review of dosimetry, and hands-on participation in a significant portion of the implantation procedure."** The revised program requirements state that a resident must perform five interstitial cases and 15 intracavitary cases over the four years of education. Separate applications of an implant may count as separate procedures, but multiple fractions of a single application may only be counted once for the single application.

Unsealed Source Requirement

A requirement for residents to participate in the administration of six procedures using radioimmunotherapy, other targeted radiopharmaceuticals, or unsealed radioactive sources was introduced two years ago to comply with NRC regulations in order for radiation oncologists to maintain *authorized user eligible status* for therapeutic unsealed sources. Participation in a total of six therapeutic cases (three oral iodine and three parenteral), are required over the four years to comply with the NRC requirements, and to sit for the oral board examination in radiation oncology.

It should be noted that these must be therapeutic and not diagnostic procedures. It is recognized that in many cases unsealed sources are performed outside of the radiation oncology department and this requires some coordination on the part of the program directors and residents to fulfill this requirement. The resident should maintain a separate paper log of the unsealed sources, signed by the authorized user/supervisor, for documentation of fulfilling this NRC requirement.

Radiosurgery Requirement

The newly revised requirements specify that residents must participate in a minimum of 10 radiosurgery cases over the four years of education. These radiosurgery cases may be cranial or extracranial, may employ a wide variety of technologies using stereotactic guidance, and are defined as single fraction or up to five fractions. More protracted courses of treatment should be categorized as conventional external beam.

****

These are some of the major changes in the program requirements. There were additional minor changes, and it is likely over the next few years that other minor changes will be introduced. A comprehensive, major revision of the requirements, however, is not planned for another five years.

It should also be noted that there were significant changes in the common program requirements introduced in 2007. These common requirements are integrated into the specialty requirements. The common requirements are indicated in **bold** typeface within the radiation oncology specific requirements, and pertain to all residency programs, regardless of specialty. I have not highlighted changes in the common requirements, but encourage program directors to review all requirements to be sure that your program is in compliance with both the specialty-specific and the common program requirements, and to discuss with your GME office or DIO any issues related to *common* program requirements. Some specific areas of the common requirements to pay special attention to include the following:

Section I.B.1 (Program Letters of Agreement)

Be sure your program letters of agreement comply with these guidelines.

Section III.C.1 (Resident Appointments)

Be sure that your incoming residents (who are technically considered transfers) have a competency based performance evaluation from their PGY-1 year on file, as specified in this requirement.

Section IV.A (Educational Program)

Be sure that your goals and objectives are available by year and by rotation, and are competency-based. The six competencies need to be noted in your goals and objectives.

Section V (Evaluations)

Be sure your entire evaluation system is in order, including 1) evaluation of the residents by faculty, 2) faculty by residents and 3) program evaluations by both the residents and faculty. Also, be sure your graduating residents have the summative evaluation as specified and note that this language has recently changed. The summative evaluation must "verify that the resident has demonstrated sufficient competence to enter practice without direct supervision."

I hope this summary of the program requirements is helpful. I encourage all program directors to thoroughly read through all of the requirements and reconcile any areas in your program that may not meet these standards (i.e., be out of compliance).

Program Review

The RRC meets twice a year, usually in the spring and in the fall to review programs. These meetings are about six months apart. Before each meeting, two

RRC members are assigned to review each program. The paperwork is distributed over a two to three month period prior to the RRC meeting, and RRC members are expected to complete their reviews within 30 days of receiving a program. All reviews must be received in the ACGME office eight weeks prior to the meeting to allow incorporation into the reviewer book. The reviewer book is sent to the RRC members before the meeting so that RRC members may read all the reviews, and compare the two reviews for each program.

After the RRC meeting, the ACGME staff prepare the notification letters for the program directors regarding the accreditation decisions reached by the RRC. Before these are posted on ADS, however, the chair of the RRC has to review each communication and compare it with a worksheet generated during the RRC meeting, make corrections as necessary, and then certify the entire process by signature. This process is designed to ensure that program citations and final accreditation decisions reflect the intent of the RRC. Due to the time required to complete this process, some site visits that occur in the month or so just before an RRC meeting will likely not be reviewed at that meeting. These program reviews will probably be delayed until the next RRC meeting six months later.

The RRC asks program directors to be mindful of this potentially lengthy interval between a site visit and the notification of a final accreditation decision.

ACGME Learning Portfolio

ACGME staff have developed a number of resources for programs that want to become more familiar with the ACGME Learning Portfolio (ALP). These Frequently Asked Questions (FAQs) (updated April 2008) include a description of the portfolio and its benefits to both residents and program directors, in addition to common concerns about using an online portfolio system. An updated timeline for development provides additional information on the alpha and beta testing phases, and a narrated demonstration of the portfolio is also available.

More information is available on the ACGME Learning Portfolio website:
http://www.acgme.org/acwebsite/portfolio/learn_cbpac.asp

Accreditation Data System

The ACGME's online Accreditation Data System (ADS) alerts the RRC to changes in programs. Program directors should update 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). The request for a permanent increase in the resident complement must include a copy of the institutional data for all participating sites. Only one academic or one calendar year of data is necessary.
- 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 (ADS will populate many sections of the PIF with the data entered)

Send your questions or concerns to the ADS representative for Radiation Oncology, Tim Goldberg at tgoldberg@acgme.org.

Innovation and Experimentation at the Program Level

Program directors may wish to implement an innovative project. The Program Experimentation and Innovative Projects Proposal Form is located on the Radiation Oncology website. The DIO must sign the proposal indicating review and approval of the sponsoring institution's Graduate Medical Education Committee. Proposals should not exceed five pages in length; attach additional documents as numbered appendices.

Description of a DIO

DIO refers to your institution's Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited GME programs. The DIO signs the PIF and also receives a copy of the letter of notification that includes a program's accreditation status. The DIO is required to co-sign most correspondence between the institution and the ACGME.

Preparing for a Site Visit

To help ensure a successful site visit, program directors are advised to prepare thoroughly. The ACGME Field Staff recommend that program directors should be aware of changes in requirements and the site visit process; the ACGME web site, DIO News, ACGME Bulletin, and the RRC/IRC Executive Director are good resources for the most current information. Program directors should also ensure that an internal review occurs at the mid-point between the last review

and the next site visit date. Further pre-planning for a site visit should ensure that the program director, Chair, DIO, key faculty members, and peer-selected residents (as a group) are available for interviews. Program directors should plan appropriately for the site visitor to review documents, tour the facility, and allow time for clarification and concluding the session. Site visitors expect that the education and training competencies are aligned, and that goals and objectives for the program and for each rotation are sequenced in ACGME competency format.

Program directors are encouraged to invest time and effort to produce a consistent, fully completed, and accurate PIF.

"Red Flags" Help Programs Recognize Potential Issues

In the February 2008 issue of the ACGME e-Bulletin, an article entitled "Nine 'Red Flags' in Accreditation Site Visits and Reviews" written by members of the ACGME Field Staff provides observations that may raise questions about program quality and compliance with program and institutional requirements. This article may be of particular interest to programs preparing for upcoming site visits.

Internal Reviews

The sponsoring institution is required to conduct an internal review of each residency program under its purview at approximately the midpoint of the accreditation cycle (the time between the date of the most recent accreditation action and the next scheduled site visit). The institution assembles an internal review committee, which must include at least one faculty member and at least one resident, who cannot be from the program that is being reviewed. The process involves interviews with the program director, key faculty members, peer-selected residents from each level of training, and other individuals, as appropriate. Frequently, it includes review of data, such as how the program has addressed the citations from the last accreditation survey.

The goal of the internal review is a thorough and candid assessment that identifies the program's strengths and opportunities for improvement, and allows resolution of any concerns or problems before the program's next accreditation site visit. The responsibility for timing and completion of the internal review lies with the sponsoring institution. At the same time, program directors and residents should be familiar with the process because they may be asked to participate in future internal reviews.

Neither the site visitor nor the RRC reviewer sees the data from the internal review, which is not included with the program information form (PIF). Verification of the internal review during the site visit covers the date, the participants, and the review which is presented to the institution's graduate medical education committee (GMEC). In order to ensure an unbiased assessment of program strengths and opportunities for improvement, site visitors verify that the internal review was completed in a timely manner, but they do not look at the results of the internal review.

2009 ACGME Educational Conference

March 5-8, 2009 in Grapevine, Texas

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours.

The 2008 conference theme "Building Community, Improving Quality" emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals.

The 2009 conference theme, "Shaping the Future," will offer more than 80 sessions clearly focused on the topics of education, assessment, the learning environment, and accreditation. The Conference will begin with an international pre-conference titled "Promoting Good Learning and Safe, Effective Care: A Five-Year Review of the ACGME's Common Duty Hour Standards," as well as an introductory pre-course for new program directors and coordinators.

In addition, Dr. Haffty will lead a discussion of the newly approved radiation oncology program requirements.