Radiation Oncology Review Committee Update

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2023 ACGME ANNUAL EDUCATIONAL CONFERENCE
FEBRUARY 23-25, 2023
NASHVILLE TENNESSEE

Conflict of Interest Disclosure

Speaker:

Cheryl Gross, MA, CAE

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Disclosure to the Learner:

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Radiation Oncology Review Committee Members

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Prajnan Das, MD, MS, MPH, FACR *(Vice Chair)*

Brian Davis, MD, PhD

Ronald Chen, MD, MPH

May Elbanna, MD *(Resident Member)*

Janice Kishner, RN, MSN, MBA, FACHE *(Public Member)*

Louis Potters, MD, FACR, FASTRO, FABS

Srinivasan Vijayakumar, MD, DMRT, DABR, FACR

Michael Yunes, MD *(Ex-Officio, ABR)*

The Stats

Radiation Oncology Programs

Academic Year	# Approved Residents	# Programs
2021-2022	813	90
2020-2021	819	91
2019-2020	819	91
2018-2019	825	94
2017-2018	821	94
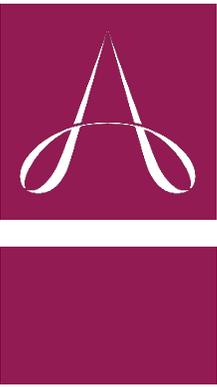
Current RO Programs (as of January 15, 2023)

Accreditation Status	# Programs
Initial Accreditation with Warning	1
Continued Accreditation	80
Continued Accreditation with Warning	8
Probation	1

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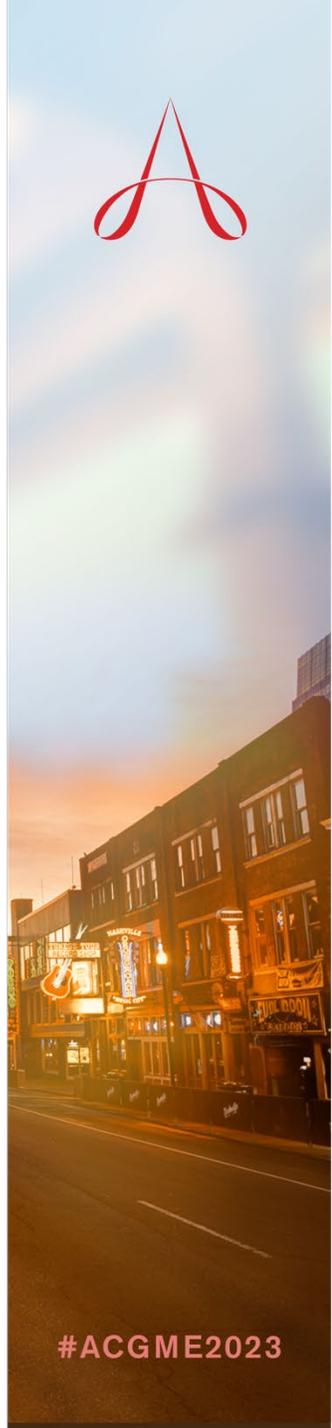
Program Size - 2021-2022

Number of Filled Positions	Number of Programs
1-5 Residents	22
6-10 Residents	46
11-15 Residents	14
16+ Residents	8

Filled	Number of Positions
Range	1-26
Mode	6
Median	7
Mean	8

93.1% of Approved Positions are Filled

Annual RC Activities

RC meets at least twice a year to review:

- Applications

- Permanent Complement Increase Requests

- Annual Data

  - *Programs with Citations*

  - *Programs with Annual Data Indicators*

- Accreditation Site Visits

- Complaints

Program Requirements

UPDATED

BEFORE WE BEGIN…

- Programs will have up to **4 YEARS** before receiving official citations on the **NEW** Program Requirements (class that began July 2022)

- Citation(s) do **NOT** necessarily mean imminent program closure → nature and context of the citation(s) are always taken into account

Section I: Specialties *(2022)*

I.B.1.a)   The Sponsoring Institution must sponsor at least one hematology and medical oncology and/or medical oncology program. (Core)

Section I: Specialties *(2022)*

I.B.1.b)   The Sponsoring Institution should also sponsor or have affiliations with ACGME-accredited programs in pathology, surgical oncology, and at least one other oncologic-related discipline sufficient to foster interdisciplinary care and enhance the education and training of the radiation oncology residents. (Detail)

I.B.1.b).(1) If the primary clinical site is not the same as the Sponsoring Institution, it must be the primary teaching institution(s) for the above-named programs. (Detail)

Section I: Oncologic-Related Specialties *(2022 – in FAQs)*

Colon and rectal surgery

Complex general surgical oncology

Gynecologic oncology

Hospice and palliative medicine

Micrographic surgery and dermatologic oncology

Musculoskeletal oncology

Neurological surgery

Otolaryngology - head and neck surgery

Pathology and oncology-related subspecialties (cytopathology, dermatopathology, hematopathology, selective pathology)

Pediatric hematology/ oncology

Thoracic surgery

Urology

Section I: Participating Sites *(2022)*

I.B.5.a)   At least 75% of the residents' educational experiences (i.e., clinical rotations and non-clinical activities) must take place at the primary clinical site; or, (Core)

I.B.5.b)   At least 90% of the residents' educational experiences must take place at the primary clinical site and one other participating site. (Core)

Section II: Program Director ==(2020)==

II.A.2   At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. ^(Core)

Section II – Faculty Members (2020)

- In addition to the program director, minimum of 4 FTE radiation oncologists at the primary clinical site
- Core faculty includes:
  - ➢ Cancer/Radiation Biologist

    Responsible for radiation oncology resident education and oversight & organization of on-site didactic curriculum

  - ➢ Medical Physicist

Section II – Faculty Members (2022)

II.B.4.b).(1)   The core clinical faculty must include a minimum of four clinical physician faculty members, defined as physicians who practice clinically and who lead or co-lead clinical rotations for residents. (Core)

II.B.4.b).(1).(a)   Programs, regardless of size, must maintain a ratio of at least 1.5 clinical physician faculty members to each resident. (Core)

Section II: Program Coordinator (2022)

Number of Approved Resident Positions	Minimum FTE
1-6	0.5
7-10	0.7
11-15	0.8
16-20	0.9
21-25	1.0
26-30	1.1

Section III: Resident Appointment *(2020)*

- PGY1 (fundamental clinical skills year) MUST be completed in an ACGME or ACGME-i accredited program
  - *NO exceptions*
- Even if resident completed full radiation oncology program in another country, <u>MUST</u> have PGY1 in accredited program
- American Board of Radiology offers [IMG Alternate Pathway](#)
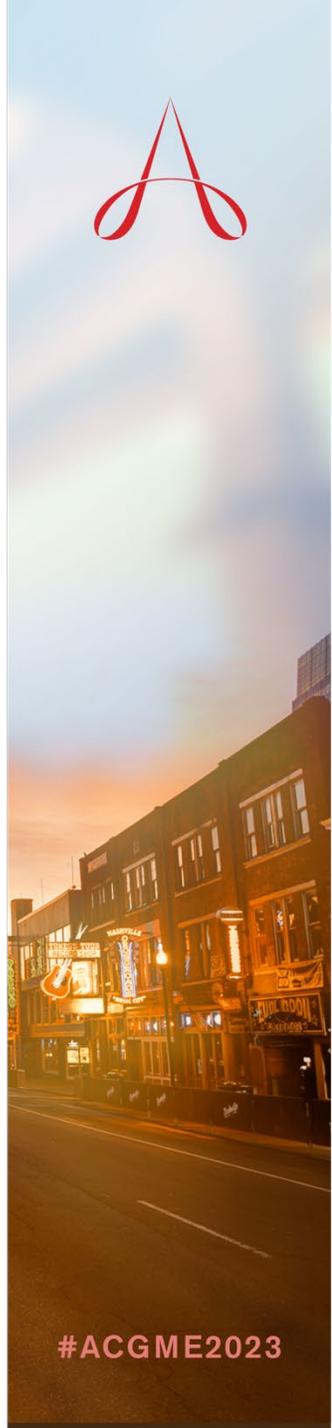
Case Log Changes

- **==2020 Requirements==**
  Due to COVID and the fact that graduates may have already completed all clinical procedures, **==NO==** citations will be issued until after June 2023.

- **==2022 Requirements==**
  Disease-site minima will be enforced as of July 1, 2026 (current first-year residents).

- Will appear in the ACGME Case Log System as a current requirement but programs **==will not==** be cited.

Case Log Implementation *(2020)*

Category	Previous Minimum (Graduates thru 6/30/2023)	Current Minimum (Graduates after 7/1/2023)
External Beam Radiation Therapy	450 patients	450 simulations
Brachytherapy Interstitial	5	7
Brachytherapy Intracavitary	15	15
Cylinder Procedures	0	< 5
Tandem Procedures	0	10
Pediatric Solid Tumor	9	9
Pediatric Total	12	12
SRS/Brain	20	20
SBRT	10	10
Unsealed Sources	6 total	8 total
I-131 Procedures	--	3
Parenteral Admin	--	5
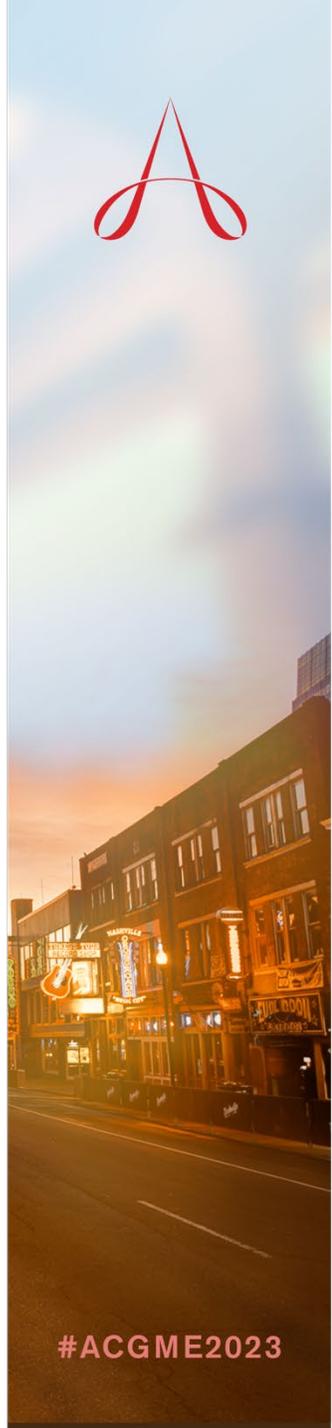
IV.C.5 - Case Logs *(2020)*

- Each resident must perform at least 450 simulations *(previously "patients")* with external beam radiation therapy.

  - Holman Pathway residents must perform at least 350 simulations *(previously "patients")*.

  - A resident should perform no more than 350 simulations *(previously "patients")* with external beam radiation therapy in any one year.

Case Log Changes *(2020)*

- Interstitial – 7 procedures *(previously 5)*

- Intracavitary – 15 procedures *(no change to total)*
    - **NEW** – Minimum of 5 tandem-based insertions for 2 patients
    - **NEW** – Maximum of 5 cylinder insertions

- Radioimmunotherapy – 8 procedures *(previously 6)*
    - Minimum of 5 parenteral administrations *(previously 3)*

Case Log Minima <mark>*(2022)*</mark>

Simulation	Required Minimum
Bone/Soft Tissue Sarcoma	5
Post-Mastectomy Breast	11
Central Nervous System	19
Head and Neck	31
Esophagus	5
Anorectal	10
Non-Prostate Genitourinary	3
Gynecologic	10
Lymphoma	8
Non-Small Cell Lung Cancer	16
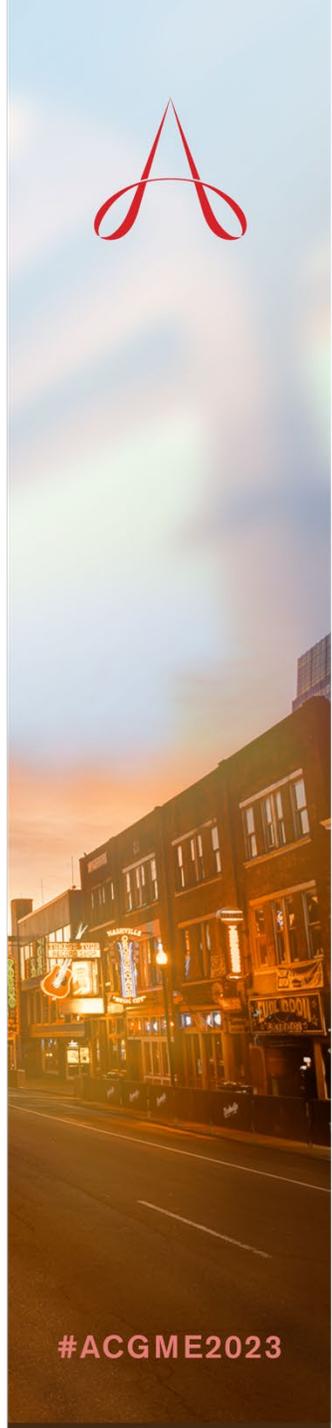
Case Log Minima *(2022)*

IV.C.5.d)   At most, two cases, or up to 25 percent of each of the above site-specific minimum requirements, whichever is greater, may be logged as observed cases to meet the minimum requirement. (Outcome)

IV.C.5.e)   Holman Pathway residents must simulate at least 75 percent of each of the above site-specific minimum requirements. (Outcome)

Telesupervision <mark>*(2022)*</mark>

VI.A.2.c).(1).(b).(i)   When residents are supervised directly through telecommunication technology, the supervising physician and the resident must interact with each other, and with the patient, when applicable, to solicit the key elements related to the encounter, and agree upon the significant findings and plan of action, including components of radiation treatment planning. (Core)

Institutional Requirements

IV.H.1.   The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)

IV.H.1.a)   provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; (Core)

IV.H.1.b)   provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.c)   provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.d)   ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)

NEW FAQ Document

- Specialties that Sponsoring Institution needs to maintain RO program

- Exemptions for limits to outside rotations

- Faculty roster guidance

- Guidance on new Sponsoring Institution requirement IV.H.1, allowing for six weeks of approved leaves of absence

- Guidance on maximum length of time to complete radiation oncology training
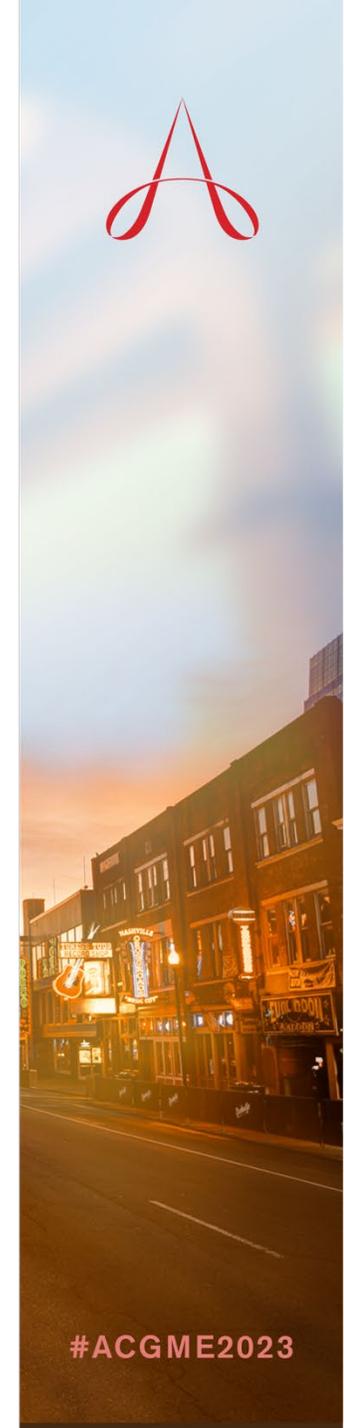
- Observed cases for disease-site minimums

NEW!!!! Case Log User Guide

Case Log User Guide
Radiation Oncology

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Contents

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Program Review

Annual Timeline

Aug/Sep · **Oct/Nov** · **January** · **April**

Annual ADS Data Input → **Data Analysis** → **RC Meeting Review** → **RC Meeting Follow Up**

Majority of Programs Reviewed

Annual Data Review Process

Warning or Probation? —NO→ Citations? —NO→ Annual Data Issues? —NO→ PASS (Continued Accreditation)

Warning or Probation? —YES↓→ Further Review
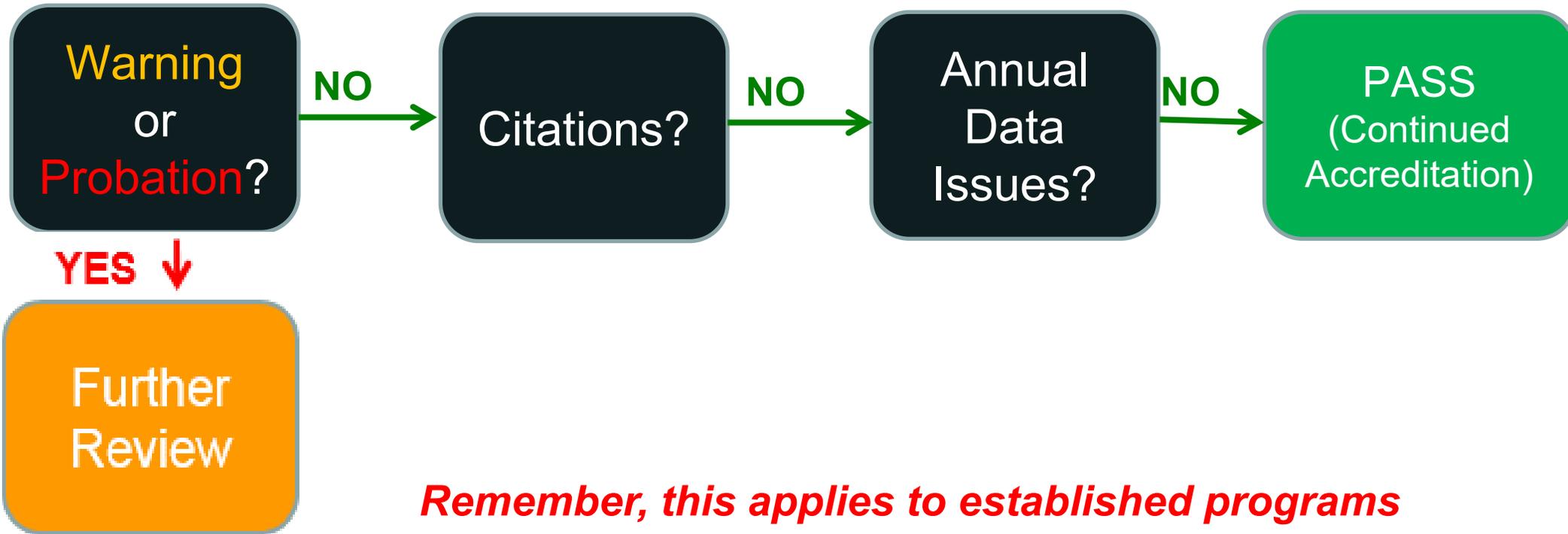
Remember, this applies to established programs (not on Initial Accreditation).

The Review Process

Staff Review

- *Broad Review of all Data – Concerns Flagged*

Committee Review

- *Programs on Warning or Probation*

- *Programs with Active Citations*

- *Data Concerns*

Annual Data Indicators

- Surveys – Resident/Fellow and Faculty
- Clinical Experience and Case Logs
- Board Pass Rate Information *(as applicable)*
- Scholarly Activity – Faculty and Resident/Fellow
- Attrition
- Information Omission
- Responses to Citations

Accreditation Status

Continued Accreditation

Continued Accreditation with Warning

Probation

Withdrawal of Accreditation

Continued Accreditation

Substantial compliance with requirements

- *Programs may or may not have Citations or Areas for Improvement (AFIs) issued*

RC will continue annual review of indicators

Programs can innovate around "Detail" Requirements
(not "Core" or "Outcome" Requirements)

Continued Accreditation with Warning

Areas of Non-Compliance Jeopardize Accreditation

- *No increase in complement*

- *Status is published on ACGME website*

- *Do <u>NOT</u> need to inform residents*

Probation

Must have a site visit <u>before</u> conferring this status
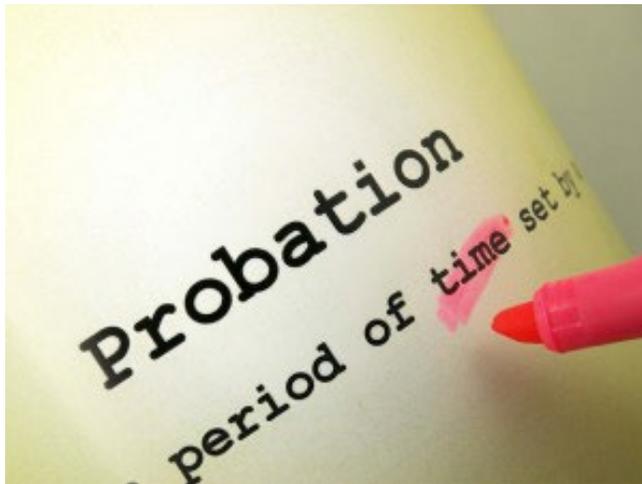
- *No increase in complement*

- *Status is published on ACGME website*

- <u>*Must inform residents and applicants in writing*</u>

Letter of Notification

Citations

- More serious concerns than areas for improvement

- Linked to Program Requirements

- Require written response in ADS

- RC will review again the following year (Extended or Resolved)

Common Citations

- Faculty/Resident Scholarly Activity

- Qualifications of Faculty (subspecialty)

- Responsibilities of Program Director (Failure to provide accurate/complete information)

- Responsibilities of Faculty

- Curricular Development

- Evaluation of Residents

- Educational Program – Patient Care Experience and Didactic Components

Letter of Notification

Areas for Improvement (AFIs)

- Concerns do not reach level of citation (trends)

- No written response required

- Should be reviewed with PEC

- RC will review again following year

- Unresolved AFIs may become Citations

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Faculty Certification

Certification information is automatically pulled from ABMS certification information

Any additional certifications, including AOA, still need to be updated manually during the annual update
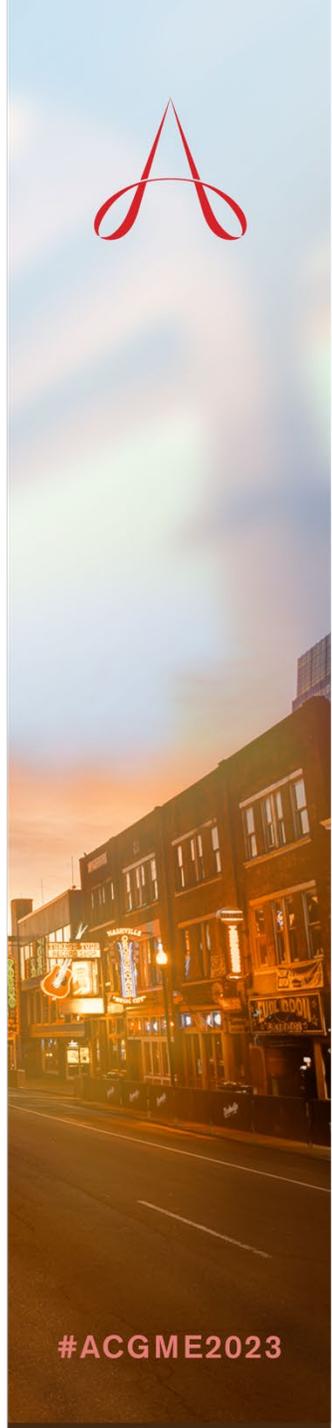
Resident Survey Areas

Resident Survey Content – Eight Domains

- Resources
- Professionalism (NEW!)
- Patient Safety and Teamwork
- Faculty Teaching and Supervision
- Evaluation
- Educational Content
- Diversity and Inclusion (NEW!)
- Clinical Experience and Education

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Resources

- Education compromised by non-physician obligations
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions

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Professionalism

- Residents/fellows encouraged to feel comfortable calling supervisor with questions
- Faculty members act professionally when teaching
- Faculty members act professionally when providing care
- Process in place for confidential reporting of unprofessional behavior
- Able to raise concerns without fear of intimidation or retaliation
- Satisfied with process for dealing confidentially with problems and concerns
- Personally experienced abuse, harassment, mistreatment, discrimination, or coercion
- Witnessed abuse, harassment, mistreatment, discrimination, or coercion

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Patient Safety and Teamwork

- Information not lost during shift changes, patient transfers, or the hand-over process
- Culture reinforces personal responsibility for patient safety
- Know how to report patient safety events
- Interprofessional teamwork skills modeled or taught
- Participate in adverse event investigation and analysis
- Process to transition patient care and clinical duties when fatigued

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Faculty Teaching & Supervision

- Faculty members interested in education
- Faculty effectively creates environment of inquiry
- Appropriate level of supervision
- Appropriate amount of teaching in all clinical and didactic activities
- Quality of teaching received in all clinical and didactic activities
- Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability

Evaluation

- Access to performance evaluations
- Opportunity to confidentially evaluate faculty members at least annually
- Opportunity to confidentially evaluate program at least annually
- Satisfied with faculty members' feedback

Educational Content

- Instruction on minimizing effects of sleep deprivation
- Instruction on maintaining physical and emotional well-being
- Instruction on scientific inquiry principles
- Education in assessing patient goals e.g. end of life care
- Opportunities to participate in scholarly activities
- Taught about health care disparities

Educational Content

- Program instruction in how to recognize the symptoms of and when to seek care regarding: Fatigue and sleep deprivation*
- Program instruction in how to recognize the symptoms of and when to seek care regarding: Depression*
- Program instruction in how to recognize the symptoms of and when to seek care regarding: Burnout*
- Program instruction in how to recognize the symptoms of and when to seek care regarding: Substance abuse*

- Yes/No – Not included in Mean Compliance

Diversity and Inclusion

- Preparation for interaction with diverse individuals

- Program fosters inclusive work environment

- Engagement in program's diverse resident/fellow recruitment/retainment efforts

Clinical Experience and Education

- 80-hour week (averaged over a four-week period)
- Four or more days free in 28-day period
- Taken in-hospital call more than every third night
- Less than 14 hours free after 24 hours of work
- More than 28 consecutive hours work
- Additional responsibilities after 24 consecutive hours of work
- Adequately manage patient care within 80 hours
- Pressured to work more than 80 hours

Receiving The Survey Results

Resident
At least 70% resident/fellow response rate
At least 4 residents/fellows have responded

Faculty
At least 60% of faculty have responded
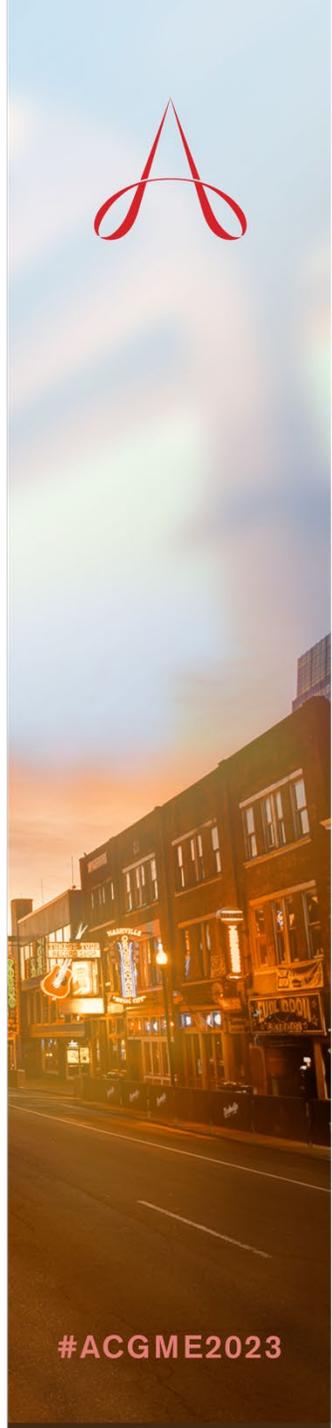
Limitations

Small programs

One or two concerned residents can affect results (*RC is aware of this, and takes into consideration*)

Confidentiality is more challenging

Tips
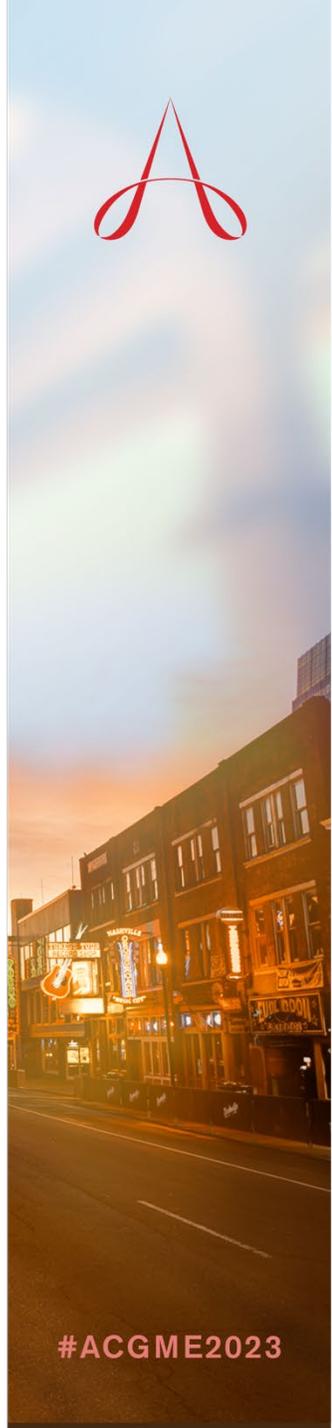
Common RC Concerns

Inaccurate/Incomplete information in Annual ADS Update

- Faculty licensure, qualifications

- Faculty / resident scholarly activity

- Response to Citations

- Lack of documentation (when requested)

- Block diagram information / format

Website Information

- [Block Diagram Instructions](#)

- [Core FAQs](#)

- Video Shorts
  - [Avoiding Common Errors in the ADS Annual Update](#)
  - [Completing an Application for ACGME Accreditation](#)

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How to Respond to Citations

- Look at citation with an open mind
  - *It's not personal!*
  - *Citations are based on the information the Review Committee sees*

- If it's not written, it didn't happen

- Have others read responses for tone – strive for objectivity

How to Respond to Citations

- Provide the information requested
  - *If data is requested, provide the data*
  - <mark>*If you don't understand, call or email*</mark>

- Thoroughly respond to each concern within the citation and beyond
  - *If there are multiple concerns, show how they've been resolved or are being resolved*

HOW TO <mark>REALLY</mark> RESPOND TO CITATIONS TO RESOLVE THEM

- How did you engage residents and faculty in investigating the issue?

- What is the issue?

- What actions will/have you implemented to correct the issue?

- How will you monitor and sustain the improvement?

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Other Initiatives
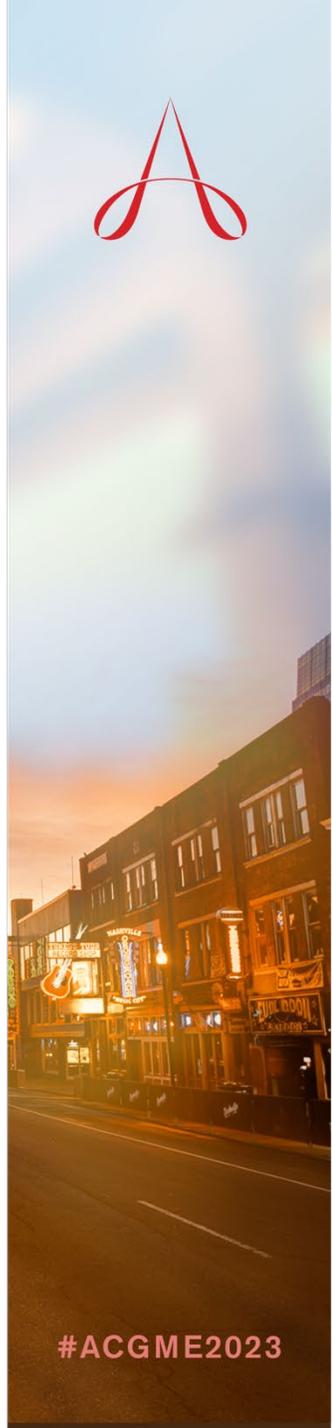
Coordinator Timelines

- Developed by the ACGME Coordinator Advisory Group

  - [Residency](#)

  - [Fellowship](#)

  - [Institutional](#)

- Orientation Manual for Coordinators *(Spring 2023)*

Milestones 2.0 Update

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews.

Watch the Milestones Engagement page and the weekly ACGME eCommunications email

Milestones Resources

Resources are added and updated throughout the year

Current resources include:

- *CCC Guidebook*
- *Assessment Guidebook*
- *DOCC and TEAM Assessment Tools*
- *Clinician Educator Milestones*
- *Resident and Fellow Guidebook*

The ACGME's Online Learning Portal

Visit our learning portal at
dl.acgme.org

or scan the QR code below.

Have a question or need assistance? Contact
desupport@acgme.org

2023

These self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- *And many more!*

*The ACGME designates this enduring material for a maximum of **18.0 AMA PRA Category 1 Credits**TM*

CONTACT US
We want to help!

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- *Program requirements*
- *Notification letters*
- *Complement requests*
- *Case Log content*

ADS Staff
ADS@acgme.org

- *ADS*
- *Surveys*
- *Case Log System*

Field Activities Staff
fieldrepresentatives@acgme.org

- *Site Visit*

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Deadline – **March 24, 2023**

Questions? cme@acgme.org