

Summary of ACGME Program Requirements for Graduate Medical Education in Radiation Oncology Changes, Effective July 1, 2020

The Review Committee for Radiation Oncology has recently completed its work on focused revisions to the Program Requirements for Graduate Medical Education in Radiation Oncology. Coupled with recent major revisions to the ACGME Common Program Requirements, the changes represent a number of significant modifications that ACGME-accredited programs must make, effective July 1, 2020.

As part of the revision process, the Review Committee solicited comments from the radiation oncology community, and considered each of the nearly 70 comments received before making the final changes to the Program Requirements.

Section I: Oversight

A new common program requirement is that there must be a site director designated at each participating site. This site director must be selected from the program's Faculty Roster in ADS. This individual is accountable for the educational environment at the site, ensures that residents are receiving an effective educational experience, and oversees the evaluation of residents at the site. The site director should also be identified in the program letter of agreement (PLA).

Section II: Personnel

The program director must receive a minimum of 20 percent FTE (eight hours per week) of salary support for program administration. This represents an increase from previous requirements. In addition, the program director should be an active faculty member at the primary or a participating clinical site [PR II.A.3.e)].

Program directors may now identify core faculty members based on the role they play in resident education and supervision, rather than by entering the number of hours devoted to the program. Non-physician faculty members may now be appointed as core faculty members. At a minimum, Clinical Competency Committee and Program Evaluation Committee members must be designated as core faculty members, as must the cancer or radiation biologist and medical physicist. There must be a core faculty member-to-resident ratio of at least 0.67 FTE faculty members for every resident in the program [PR II.B.4.b).(1)].

As programs are determining the faculty members to include on their rosters, the Review Committee reminds programs that scholarly activity is now assessed for the program as a whole, not just for core faculty member as in the past. In addition, all faculty members, not just core faculty members, will receive the annual ACGME Faculty Survey.

The new Common Program Requirements reflect the first time coordinators are included in the Program Requirements, and the support for the residency coordinator must be at least 50 percent FTE (20 hours per week) for administrative time. The Review Committee, in response to public comments, has added the following to the requirements.

For program coordinators administering programs with a total of seven to 20 residents (including those from medical physics and other specialty or subspecialty educational programs), the program coordinator must be supported with an additional 50 percent salary support (at least 20 additional hours per week, for a total of 100 percent FTE (at least 40 hours per week)). ^(Core)

For program coordinators administering programs with a total of 21 to 30 residents (including those from medical physics and other specialty or subspecialty educational programs), there must be a minimum of 1.5 FTE program coordinator support. ^(Core)

For program coordinators administering programs with a total of over 30 residents (including those from medical physics and other specialty or subspecialty educational programs), there must be a minimum of 2.0 FTE program coordinator support. ^(Core)

Section III: Resident Appointments

The proposed requirements included an increase in the minimum number of resident positions offered by the programs. This increase was removed in the final requirements submitted by the Review Committee. The Program Requirements remain unchanged, in that programs must offer at least four resident positions [PR III.B.2]

Section IV: Educational Program

Resident rotations must be a minimum of one month in length [PR IV.C.1]. During the course of their residency program, residents should perform no more than 350 simulations with external beam radiation therapy per year [PR IV.C.5]. With the change from “patients” to “simulations,” the Review Committee expects Case Log procedure number to inflate, as a given patient may undergo multiple simulations by one (or more) residents. Increasing use of hypofractionation is also expected to increase the number of simulations. The Review Committee reminds programs that this is a “Detail” (versus a “Core”) requirement, and that residency programs with a status of Continued Accreditation may choose to innovate around this requirement.

Another change indicates that each resident must perform at least seven interstitial and 15 intracavitary brachytherapy procedures, with at least five being tandem-based insertions for at least two patients, and no more than five being cylinder insertions.

The number of radioimmunotherapy, other targeted therapeutic radiopharmaceuticals, or unsealed sources was increased from six to eight procedures, with a minimum of five cases of parenteral administration of any alpha emitter, beta emitter, mixed emission, or a photon-emitting radionuclide with a photon energy less than 150 keV, for which a written directive is required, and/or parenteral administration of any other radionuclide, for which a written directive is required. [PR IV.C.9 and IV.C.9.b)].

Curriculum requirements were also changed. Residents must have rotations in gastrointestinal, gynecologic, genitourinary, lymphoma/leukemia, head/neck, breast, adult CNS, and thoracic malignancies. There may be multiple disease sites addressed in single rotations. Additional resident education is also required in a number of topics [PR IV.C.16], including patient safety and continuous quality improvement; principles of palliative care; administration and financial principles of medical practice; health policy; and clinical informatics. The Review Committee has not prescribed how the program must address these topics. There are numerous ways in which residents can be educated in these areas, including, but not limited to, didactic sessions, intra- or interdepartmental clinical oncology conferences, webinars, and distance education.

Faculty scholarly activity marks a considerable change. The new scholarship section replaces previous faculty and resident scholarly activity requirements. Resident and faculty member scholarly activity must be consistent with the mission and goals of the program.

Faculty members' scholarly activity is assessed, not on individual productivity, but for the program as a whole.

Programs must have efforts in at least three of the following:

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

In addition, scholarly activity must be disseminated within and external to the program by the following methods: faculty member participation in grand rounds; posters; workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committees; or serving as a journal reviewer, journal editorial board member, or editor; and peer-reviewed publication [CPR IV.D.2.b).(1) and (2)].

Residents must complete at least one investigative project, which must be submitted for publication in peer-reviewed scholarly journals or for presentation at scientific meetings. Previously, this requirement indicated that the project must be suitable for publication.

Section V: Evaluation

Board pass rates also represent significant changes. The aggregate pass rate, for both written and oral portions of the examination, must be above the fifth percentile, based on three years of data. Programs with an 80-percent pass rate, regardless of percentile rank, have met the board pass rate requirement. Three years will make recovering from a low-performing year for smaller programs much easier. A new common program requirement requires programs to report

certification success annually for the residents who graduated seven years prior. There is no benchmark or requirement for the overall pass rate for programs.

Section VI: The Learning and Working Environment

The common program requirements in to Section VI have been in place since July 2018. The Review Committee has not made any changes to specialty-specific requirements in this section. Regarding work hours, the Review Committee reminds the community of ACGME President and CEO Dr. Thomas Nasca's letter to the community dated January 9, 2019, which clarifies that compliance with the 80-hour program requirement will be strictly monitored and programs will receive citations where violations are identified (<http://www.acgme.org/Newsroom/Newsroom-Details/ArticleID/7855/Well-Being-and-Work-Hour-Requirements>). Dr. Nasca's letter also indicates that the ACGME informed the community in 2017 that Review Committees would strictly enforce the 80-hour rule through the Background and Intent for the requirement (https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20VI_with-Background-and-Intent_2017-01.pdf). A number of citations have been issued because of the ACGME's strict interpretation and enforcement of the 80-hour rule. The Committee will continue to monitor programs' Resident Survey results to assess improvements in compliance with any areas of concern.

A note that the ACGME is publishing an interactive Program Director's Guide to the Common Program Requirements and anticipates its availability this fall. This document will be available on the ACGME website and in its online learning portal, Learn at ACGME. Its publication and availability will be announced in the ACGME's weekly e-Communication, on the website, and on the ACGME's social media accounts on Twitter and LinkedIn.

Please contact Cheryl Gross, MA, CAE, executive director of the Review Committee for Radiation Oncology (cgross@acgme.org), with any questions regarding the changes.