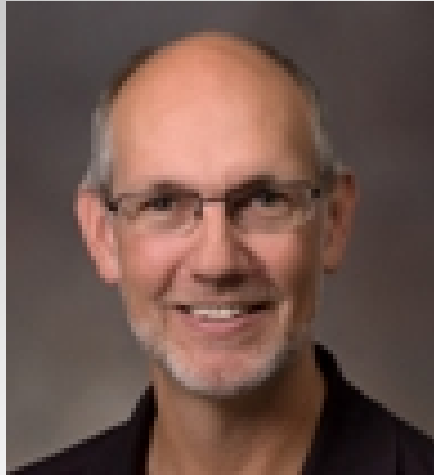


# Application and Transition to ACGME Accreditation: *Diagnostic Radiology*

James Anderson, MD – Chair, Review Committee  
Felicia Davis, MHA – Executive Director

# Disclosure

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James Anderson, MD



Felicia Davis, MHA

- No conflicts of interest to report for either speaker

# Topics Today

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- RC Composition
- Logistics of Applying
- Common Application Questions
- Common Citations
- Diagnostic Radiology Requirements
- Case Logs
- Resources



# RC Composition

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- Appointing Organizations: ABR, AMA, ACR
- 1 resident member
  - 2 nominations each from ACR and APDR
  - RRC then selects from nominated candidates
- ABR Ex Officio



# Review Committee Members

## 2014-2015

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- **James Anderson - Chair**  
(*Neuro*)
- **Duane Mezwa - Vice Chair**  
(*Abdomen*)
- **Kristen DeStigter**  
(*Abdomen, US*)
- **Mary Mahoney**  
(*Breast Imaging*)
- **Donald Flemming**  
(*Musculoskeletal*)
- **Jeanne LaBerge** (*Interventional*)
- **Elizabeth Oates** (*Nuclear*)
- **Gautham Reddy**  
(*Cardiothoracic*)
- **Susan John** (*Peds*)
- **Bradley Carra** (*Resident*)
- **Kay Vydareny**  
(*ABR ex officio*)



# New! Public Member and AOA

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- Public Member - To foster accountability to the needs of the greater public and create a transparency to the work of the Committee.
- **Jennifer Bosma**, ABR retiree, has been selected and will begin July 1, 2015.
- In conjunction with the Single Accreditation System, the Review Committee will add one AOA member
- **George Erbacher, DO** from Oklahoma State University will begin as of July 1, 2015



# Radiology Staff Contacts

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## **Felicia Davis, MHA**

Executive Director

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## **Samantha Alvarado**

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## **Kate Hatlak, MS**

Associate Executive Director

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312.755.7416

Case Log Support

[oplog@acgme.org](mailto:oplog@acgme.org)



---

# **Logistics of Applying for Accreditation**

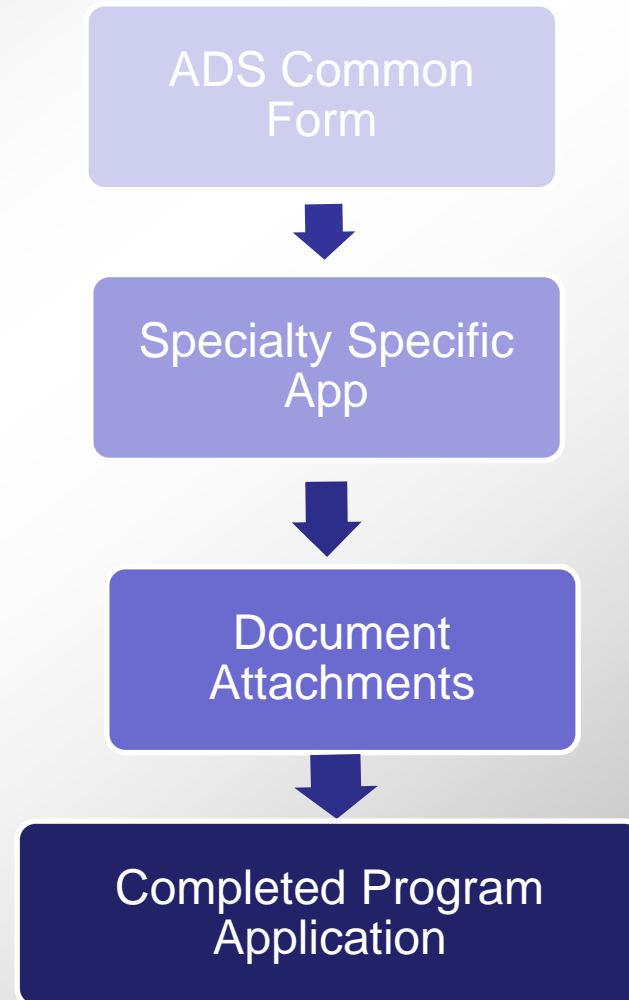




# Application Sections

---

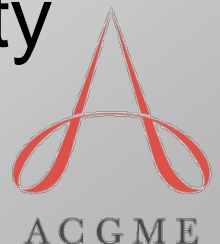
- A completed program application contains three parts:
  - (1) ADS Common Application
  - (2) Specialty Specific Application Word document
  - (3) Attachments



# Steps to Applying for a New ACGME accredited program

---

- DIO initiates the application in ADS
  - DIO completes basic info such as PD name and participating sites
- ADS common application is sent electronically to PD identified in the application
  - PD completes remaining information
- PD downloads and completes specialty specific application Word document



# Steps to Applying for a New ACGME accredited program

---

- PD uploads completed specialty specific form into ADS
- PD uploads all requested document attachments (i.e. policy for supervision, program goals, PLAs)
- Completed application is routed back to DIO within the ADS system for DIO signoff and approval



# Steps to Applying for a New ACGME accredited program

---

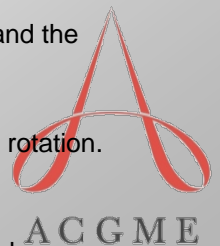
- Upon DIO approval, application form is routed to ACGME
- ACGME Staff notified of application submission and sends PD confirmation of receipt
- Department of Field Activities is notified
- Program application is scheduled for a site visit



# List of Application Attachments

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- **Policy for Supervision of Residents** - Policy for supervision of residents (addresses residents' responsibilities for patient care and progressive responsibility for patient management and faculty responsibilities for supervision).[IR III.B.4]
- **Program Policies and Procedures** - Program policies and procedures for resident duty hours and work environment including policies on moonlighting. [CPR II.A.4.j; CPR VI.G; IR IV.J]
- **Overall Educational Goals** - Overall educational goals for the program. [CPR IV.A.1]
- **Competency Goals and Objectives and Faculty Evaluation of Residents** - A sample of competency-based goals and objectives for one assignment at each educational level [CPR IV.A.2], a blank copy of the forms that will be used to evaluate residents at the completion of each assignment. [CPR V.A.1.a]
- **Letters of Agreement** - All Program Letters of Agreement (PLAs) with participating sites. [CPR I.B.1]
- **Semiannual and Summative Evaluations** - A blank copy of the form that will be used to document the semiannual evaluation of the residents with feedback. [CPR V.A.2.b.(4)], and a blank copy of the final (summative) evaluation of residents, documenting performance during the final period of education and verifying that the resident has demonstrated sufficient competence to enter practice without direct supervision [CPR V.A.3]
- **Program Specific Evaluation Tools** - Blank copies of tools the program will use to provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. [CPR V.A.2.b.(1)] ***For multiple tools, create one PDF.***
- **Forms Used for Faculty and Program Evaluation** - Blank copies of forms that residents will use to evaluate the faculty and the program. [CPR V.B.3; CPR V.C.2.d.(1)]
- **Sample Block Diagram** - Provide a sample block diagram for each year of training. Use number of months for each block rotation. You can find an example to help guide you and further instructions using a link in the ADS system.
- **Specialty-specific Application Questions** - Complete the Specialty-specific Application. This document can be found under the "New Applications" heading on your Review Committee's page of our website.



# Remember



- Print out the completed application and review for consistency
- Review document for errors
- Be sure everyone is in agreement
- In answering the questions, describe your plan to meet each requirement
- Once the application has been submitted to ACGME, it cannot be altered
- Apply early to maximize the five-year window

---

# COMMON APPLICATION QUESTIONS



# Common Application Questions

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- Where do I find the specialty specific application form?





The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD medical training programs within the United States.

Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

## Quick Links

[RESIDENTS](#)[PD / COORDINATORS](#)[DIOs](#)[Resident Services](#)[Resident Case Log System](#)[Resident Fellow Survey](#)[Duty Hours](#)[Complaints](#)[GME Focus](#)[Journal of Graduate Medical Education](#)[Review and Comment](#)

# 2014 ACGME Annual Educational Conference



SEARCH... [Search icon]

<a href="#">Program and Institutional Accreditation</a>	<a href="#">Data Collection Systems</a>	<a href="#">Meetings and Conferences</a>	<a href="#">Graduate Medical Education</a>
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**Hospital-Based Specialties**

- Anesthesiology
- **Diagnostic Radiology**
- Emergency Medicine
- Medical Genetics
- Nuclear Medicine
- Pathology
- Preventive Medicine
- Radiation Oncology
- Transitional Year

**Medical Specialties**

- Allergy and Immunology
- Dermatology
- Family Medicine
- Internal Medicine
- Neurology
- Pediatrics
- Physical Medicine and Rehabilitation
- Psychiatry

**Surgical Specialties**

- Colon and Rectal Surgery
- Neurological Surgery
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Plastic Surgery
- Surgery
- Thoracic Surgery
- Urology

**Institutions**

- Institutional Review






**Review and Comment**

- Archive Index

**Common Program Requirements**

**Next Accreditation System**

- Milestones
- Webinars
- Clinical Learning Environment Review Program

-  [Pediatric Radiology](#)
-  [Vascular and Interventional Radiology](#)
-  [Nuclear Radiology](#)
-  [Musculoskeletal Radiology](#)
-  [Abdominal Radiology](#)
-  [Endovascular Surgical Neuroradiology](#)
-  [Clinical Informatics](#)

## New Applications


New program applications must use the online application process within ADS. For further information, review the **"Application Instructions"** located under Common Resources.

 [New Applications](#)

Click here to expand the list

## RC Submission Deadlines

Meeting Date	Agenda Closing Date
February 20-21, 2015	December 19, 2014
June 16-17, 2015	April 21, 2015

 *Contact an administrator for new program application due dates.*

## Presentations

 [SCARD 2013 Update](#)

[Common Program Requirements FAQs](#)

[Eligibility Exception Decisions by Specialty](#)

[Key To Standard Notification Letter](#)

[Milestones](#)

[New England Journal of Medicine Report: The Next GME Accreditation System — Rationale and Benefits \(3/15/2012\)](#)

[Notable Practices](#)

[Program Directors' "Virtual Handbook"](#)

[Resident Duty Hours](#)

[Review and Comment](#)

[Selection Process - Review Committee](#)

[Slide Presentations for Faculty Development](#)











[Specialty and Subspecialty Program Eligibility Requirements](#)

[Webinars](#)

## New Applications


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### New Applications


-  Abdominal Radiology
-  Clinical Informatics
-  Diagnostic Radiology 
-  Endovascular Surgical Neuroradiology
-  Musculoskeletal Radiology
-  Neuroradiology
-  Nuclear Radiology
-  Pediatric Radiology
-  Vascular and Interventional Radiology


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-  SCARD 2013 Update

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Notable Practices

Program Directors' "Virtual Handbook"

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Slide Presentations for Faculty Development

Specialty and Subspecialty Program Eligibility Requirements

Webinars

## FAQs

- [Interventional Radiology - FAQs](#) 
- [Duty Hour FAQs and Resources](#)
- [Diagnostic Radiology - FAQs](#) 
- [Diagnostic Radiology Subspecialties FAQs](#) 
- [Endovascular Surgical Neuroradiology FAQs](#) 
- [Nuclear Radiology FAQs](#) 

# Common Application Questions

---

- Who should be listed as “Core Faculty”?
  - At the very least, please include:
    - Program Director
    - Associate PD(s)
    - Subspecialty Chiefs
    - Members of CCC and PEC
  - Faculty that spend  $\geq 15$  hours per week
  - Read **ADS Physician Faculty Definition** for further guidelines



# Common Application Questions

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- Does the block diagram need to be listed using 12 months or 13 four-week blocks?
  - Use the format that works best for your curriculum – we will accept either
- When will our application be reviewed by the Committee?
  - It depends on when the site visit is scheduled
  - Upcoming Committee meeting dates:
    - November 13-14, 2015
    - January 28-30, 2016
    - April 28-30, 2016



# Common Application Questions

---

- What happens after our application is reviewed?
  - Email notification from the RC Staff within 5 days of the meeting to notify program of accreditation status
  - Within 60-days of meeting, program will receive accreditation notification letter from Executive Director





# Top 5 Common Citations

---

- PD responsibility
  - Inaccurate data in the application, including data omissions
- Program Letters of Agreement
  - Lack of necessary program letters of agreement
- Faculty ABR Certification
  - Lack of subspecialty ABR certification for faculty





# Top 5 Common Citations

---

- Equipment
  - Lack of or access to PET and PET/CT scanners
- Goals and Objectives
  - Must exist for each assignment
  - Must be competency-based
  - Must be differentiated for each level of training

# Accreditation Stats

<b>Diagnostic Radiology</b>	
Initial Accreditation	1
Continued Accreditation	181
Continued Accreditation w/Warning	1
Probation	1
Accreditation Withheld	0
<b>Five Year Trends</b>	
Total programs on Probation/Warning	2.5%
Total RRC withdrawn programs	0.0%
Total voluntary withdrawn programs	2.5%

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# **RADIOLOGY REQUIREMENTS**



# Program Director

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- II.A.1.b) The program director should be a full-time faculty member. (Core)
- **II.A.3.b) Qualifications of the program director must include: current certification in the specialty by the American Board of Radiology, or specialty qualifications that are acceptable to the Review Committee;**
- The Review Committee has determined that it will equally consider ABR and AOBR certification

# Program Director Support

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- II.A.1.c) The program director must be provided the equivalent of at least one day a week protected time in order to fulfill the responsibilities inherent in meeting the educational goals of the program. (Core)

# Program Director: Case Logs

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- II.A.4.p) [The program director must] participate in the ACGME Case Log system.
- II.A.4.p).(1) The logs must be submitted annually to the Review Committee office in accordance with the format and the due date specified by the Review Committee. The record must be reviewed by the program director at least annually; for residents beginning training in diagnostic radiology on July 1, 2010 or thereafter, data must be submitted for each resident only for the years of training preceding the ABR Core Examination (at end of PGY-4);
- **FAQ:** All residents have until the end of the R4 (PGY-5) to achieve the minimum required numbers



# Faculty – Subspecialty Chiefs

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- II.B.2.b) There must be at least one FTE physician faculty in each of the nine subspecialty areas. The nine subspecialty areas are neuroradiology, musculoskeletal radiology, vascular and interventional radiology, cardiothoracic radiology, breast radiology, abdominal radiology, pediatric radiology, ultrasonography, and nuclear radiology. (Core)



# Minimum Number of Residents

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- III.B.2. The program must have a minimum of eight residents. (Core)



# Program Coordinator

---

- II.C.1. Programs must have a dedicated radiology residency program coordinator. This person must have sufficient time to fulfill the responsibilities essential in meeting the educational goals and administrative requirements of the program. (Core)
- **FAQ:** Residency program coordinator is considered “dedicated” if his or her professional time is dedicated exclusively to the radiology department. It is acceptable for the program coordinator to assist with accredited radiology fellowships or with radiology clerkships, if time permits.



# 16-Months Maximum in Subspecialty Areas

---

- Int.C.3.

The residency program is four years of graduate medical education (including vacation and meeting time) in diagnostic radiology. Full time participation by the residents in clinical and didactic activities must occur at all levels of training, including the final year of residency. In the four years, the maximum period of training in any one of the nine subspecialty areas shall be 16 months. The nine subspecialty areas of diagnostic radiology are neuroradiology, musculoskeletal radiology, vascular and interventional radiology, cardiothoracic radiology, breast radiology, abdominal radiology, pediatric radiology, ultrasonography (including obstetrical and vascular ultrasound), and nuclear radiology (including PET and nuclear cardiology). (Core)



# Nuclear Medicine Requirements

---

- IV.A.6.b) Residents must have a minimum of 700 hours (approximately four months) of training and experience in clinical nuclear medicine, which may include the required 80 hours of classroom and laboratory instruction (Section IV.A.5.b.1.a.iii); (Core)
- IV.A.6.d) There must be at least 80 hours of didactic (classroom and laboratory training) training under the direction of an authorized user (AU). (Core)

# Nuclear Medicine FAQ

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- **Q:** Are residents permitted to take vacation or other significant time off during the four months of nuclear medicine and still meet NRC?
- **A:** Yes. However, the fixed requirement is for 700 hours of nuclear medicine, including 80 hours of didactics. This means that time taken for vacation or other reasons would be considered an interruption in the nuclear medicine educational program and could not be counted towards the required 700 hours. Thus, the nuclear medicine time missed due to vacation or other reasons would need to be recouped by the resident upon return.

# Mammography

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- IV.A.5.a).(2).(b) [Residents] must perform interpretation/multi-reading of at least 240 mammograms within a six-month period during their last two years of the residency program; (Outcome)
- IV.A.6.c) Residents must have a minimum of 12 weeks of clinical rotations in breast imaging. (Core)

# Eligibility

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- **Clinical Year (Current)**
  - Int.C.2.a) This year must consist of training accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), or equivalent organization in internal medicine, pediatrics, surgery or surgical specialties, obstetrics and gynecology, neurology, family medicine, emergency medicine, or any combination of these. The clinical year may also comprise a transitional year accredited by the ACGME or equivalent organization. (Core)
- An AOA-accredited clinical year has always been accepted for entry



# 2016 New Eligibility Requirements

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- Clinical Year
  - Ill.A.1.a).(1) - Must be accredited by ACGME, RCPSC, or CFPC
  - Current AOA internships will apply as Transitional Year (TY) programs
  - TY applications will be delayed for Accreditation (Details in TY Webinar)
- For 2016, RC allowed exceptions, including AOA clinical year.
- Due to TY delay, RC will allow AOA clinical year through 2017. As of July 1, 2018, no exceptions.



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# CASE LOGS





# Case Logs

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- Aggregate data collection
- Data retrieval from RIS system
- PD must verify accuracy of case log data at least annually (II.A.4.p).(1)
- Relevant CPT codes by category listed in Case Log system

# Case Log Categories and Required Minimum Numbers

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Case Log Categories	Required Minimum Number
Chest	1900
CTA/MRA	100
Mammography	300
CT Abdominal/Pelvic	600
US Abdominal/Pelvic	350
Image Guided Biopsy	25
Knee MRI	20
Brain MRI	110
PET	30
Body MRI	20
Spine MRI	60



Enter aggregate number of procedures for category

## Add Examinations

Cancel

Save

### Resident

Banks, Ernie



### Resident Year of Examination

2



### Procedure Date

4/25/2015



### Count

0

### Type Description

Chest x-ray

0

CT Abd/Pel

0

CTA/MRA

0

Image Guided Bx/Drainage

0

Mammography

0

MRI Body

0

MRI Brain

0

MRI Lower Extremity Joints

0

MRI Spine

Log of Transfers

Update Examination Year

Reports Menu

Download Examination(s)

View User Agreement

CPT Codes by Category

### Reference Materials



Program User Guide



Resident User Guide



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# RESOURCES



# Resources

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- ACGME Website: [www.acgme.org](http://www.acgme.org)
- Radiology FAQs:  
[http://acgme.org/acgmeweb/Portals/0/PDFs/FAQ/420\\_Diagnostic\\_Radiology\\_FAQs.pdf](http://acgme.org/acgmeweb/Portals/0/PDFs/FAQ/420_Diagnostic_Radiology_FAQs.pdf)
- Single Accreditation System webpage:  
<http://acgme.org/acgmeweb/tabid/445/GraduateMedicalEducation/SingleAccreditationSystemforAOA-ApprovedPrograms.aspx>
- Association of Program Directors in Radiology (APDR):  
<https://apdr.org/>
- Association of Program Coordinators in Radiology (APCR): <https://apdr.org/APCR.aspx>





# Review Committee Webpage

Program and Institutional Accreditation | Data Collection Systems | Meetings and Conferences | Graduate Medical Education

Program and Institutional Accreditation > Hospital-Based Specialties > Diagnostic Radiology

## Diagnostic Radiology

- Metrics for Scholarly Activity
- Application Guidelines for Interventional Radiology
- Diagnostic Radiology Case Log Minimums
- Guidelines for International Rotations in Diagnostic Radiology
- Requests for Changes in Resident Complement

## Program Requirements

- Currently in Effect
- Approved but not in Effect
- Approved but not in Effect until 2016

## Milestones

- Diagnostic Radiology
- Neuroradiology
- Pediatric Radiology
- Vascular and Interventional Radiology
- Nuclear Radiology

### STAFF RC MEMBERS

**Davis, Felicia**   
 Executive Director, RC for Diagnostic Radiology, Emergency Medicine, and Nuclear Medicine

**Hatlak, Kate**   
 Associate Executive Director, RC for Diagnostic Radiology, Emergency Medicine, and Nuclear Medicine

## Common Resources

- ACGME Glossary of Terms
- Appointment Process for ACGME Review Committee Members
- Application Instructions
- CLER
- Common Program Requirements (includes General Competencies)
- Common Program Requirements FAQs
- Eligibility Exception Decisions by



# Important Reminder



- For more details on the Single Accreditation System, please view the webinar:

“The Transition to ACGME  
Accreditation: An Overview for AOA  
Programs”

Dr. John Potts, III

April 1, 2015



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# Thank You

