APDR 2020
Radiology RRC Update

Janet Bailey, MD – Chair
Felicia Davis, MHA – Executive Director

Topics and Format

- ACGME COVID actions
- Radiology RRC COVID actions
- IR and DR requirement revisions – Clinical Year
- Other – Member Concerns

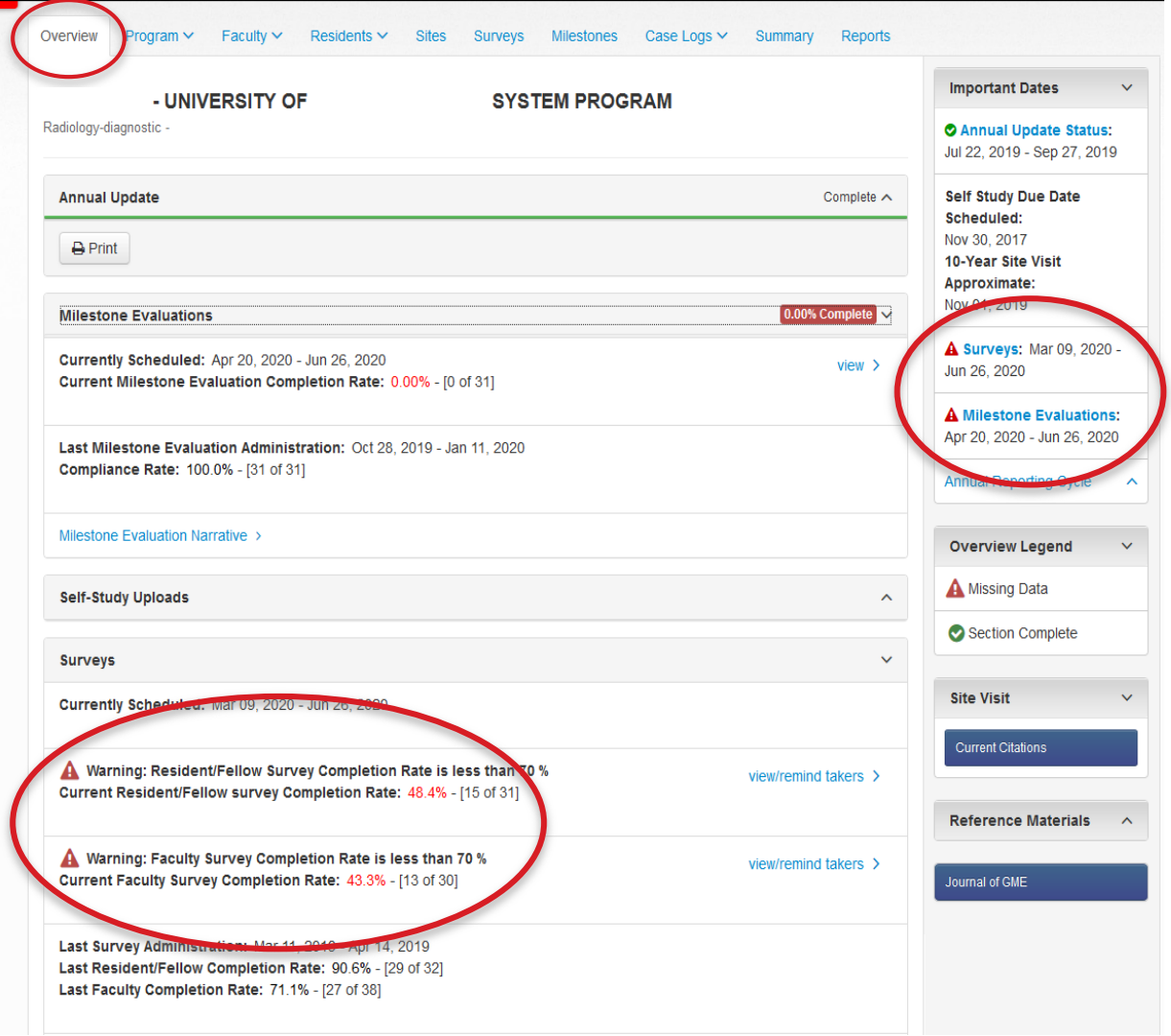
ACGME COVID Actions

ACGME COVID Communications

- ACGME eCommunication
  - First announcements/statements 2/17/20
  - All have been COVID related since March
- March 18th Letter to the GME Community announced the suspension of:
  - Self-Study Activities
  - Accreditation Site Visits
  - CLER Site Visits
  - Resident and Faculty Surveys

Resident and Faculty Surveys

- 2020 survey completion is OPTIONAL
- Window 2 ended March 15
- Window 3 started March 9 – Extended to June 26
- Pgms with less than 70% completion will not be cited
  - Over 80 DR programs affected



Despite optional completion, system will still show red.

Site Visits

- All Accreditation and CLER site visits suspended as of March 9, 2020
- Several scheduled site visits now postponed
- New applications still being submitted, review will be delayed
- Virtual site visit process being tested

DIO Webinars

- Weekly DIO webinars hosted by Institutional Review Committee
- Participation from 300+ DIOs
- Meant to be a sharing forum
  - Share and Problem-Solve
  - Community Well-Being
  - Listen/Respond

Three Stages of GME During the COVID-19 Pandemic

Stage 1: "Business as Usual" »	Stage 2: Increased Clinical Demands Guidance »	Stage 3: Pandemic Emergency Status Guidance »

ACGME COVID Actions

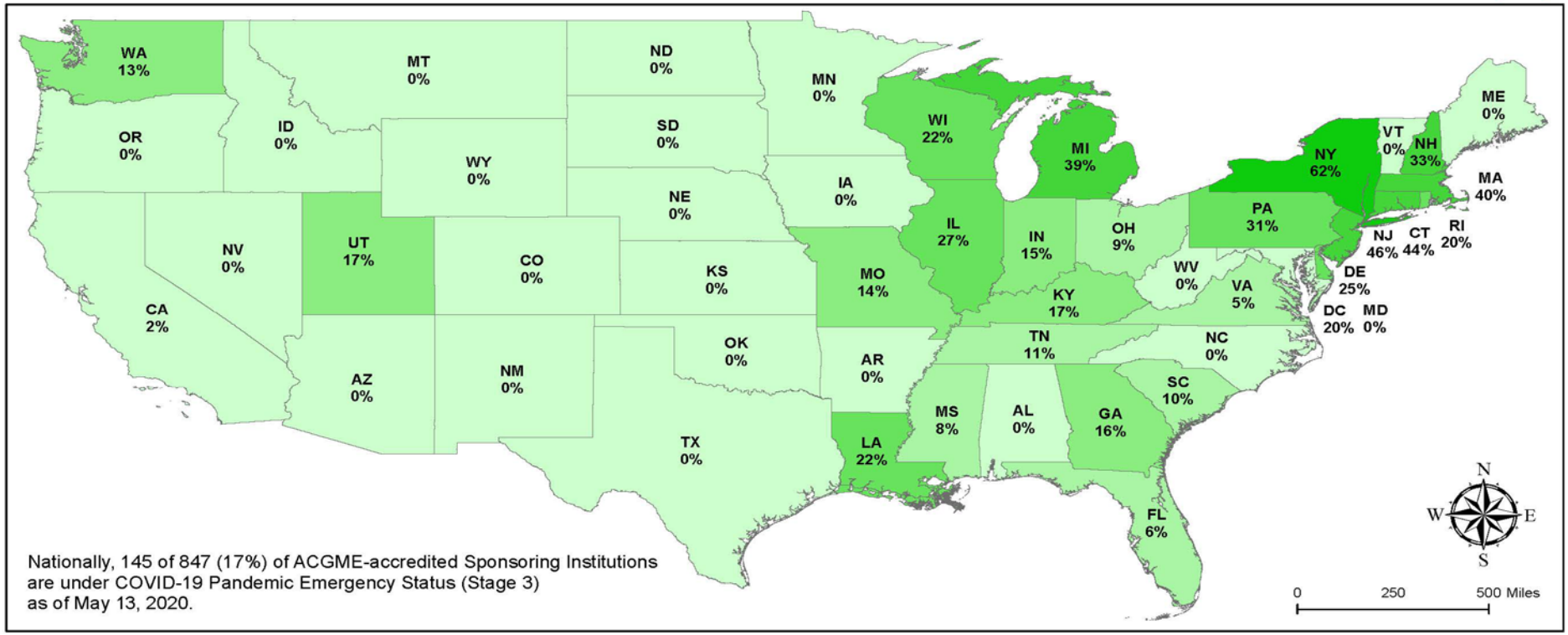
- Firmly upholding the following expectations for ALL programs and SIs:
  - Resources and Training – PPE
  - Supervision
  - Duty Hour Requirements

Stage 3 Pandemic Emergency Declarations

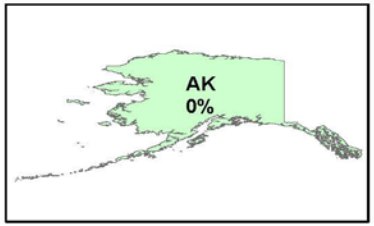
As of 5/9/20

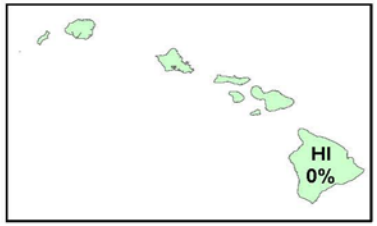
Number of Approved Initial Stage 3 (Up to 30 Days)	Number of programs within Stage 3 Institutions	Number of filled resident positions within Stage 3 Institutions
148 (17%)	3,362 (29%)	44,046 (30%)

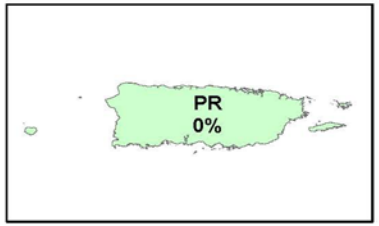
Percentage of Sponsoring Institutions under COVID-19 Pandemic Emergency Status (Stage 3)



Nationally, 145 of 847 (17%) of ACGME-accredited Sponsoring Institutions are under COVID-19 Pandemic Emergency Status (Stage 3) as of May 13, 2020.







0 - 2%
3 - 11%
12 - 17%
18 - 31%
32 - 46%
47 - 100%

ACGME-accredited Sponsoring Institutions under declarations of COVID-19 Pandemic Emergency Status (Stage 3), as a percentage of all Sponsoring Institutions in each state, the District of Columbia, and Puerto Rico, on May 13, 2020. Alaska, Hawaii, and Puerto Rico are not shown to scale.

ACGME Accreditation and COVID

- Accreditation review process for 2020-2021 currently being evaluated
- During Annual Update 2020:
  - Expect new questions related to program functions during COVID-19 Pandemic
  - Programs will be able to explain how they were impacted by the COVID-19 pandemic in the “Major Changes” section of the Accreditation Data System (ADS).

Overview | Program | Faculty | Residents | Sites | Surveys | Milestones | Case Logs | Summary | Reports

UNIVERSITY OF HEALTH SYSTEM PROGRAM

Radiology-diagnostic -

Original Accreditation Date: May 01, 1971
Accreditation Status: Continued Accreditation
Effective Date: January 23, 2020
Accredited Length of Training: 4 Year(s)
Program Format: Standard
Case Logs: Use Required by ACGME

Last Site Visit Date: March 03, 2009
Date of Next Site Visit (Approximate): *No Information Currently Present*
Self Study Due Date (Scheduled): November 30, 2017
10-Year Site Visit (Approximate): November 01, 2019

Total Approved Resident Positions: 44
ESIR Approved Positions: 2
ESIR Comments: *No Information Currently Present*
Total Filled Resident Positions*: 31

**Total filled will reflect the previous academic year until the annual update is completed for the current academic year. Totals may vary from year to year due to off cycle residents.*

Program Requires Prior or Additional Accredited GME Training: Yes
Number of Prior or Additional Accredited GME Training Years: 1
Program Requires Dedicated Research Year Beyond Accredited Program Length: No

Program Profile

Edit Info

Important Dates

Annual Update Status:
Jul 22, 2019 - Sep 27, 2019

Self Study Due Date Scheduled:
Nov 30, 2017
10-Year Site Visit Approximate:
Nov 01, 2019

Surveys: Mar 09, 2020 - Jun 26, 2020

Milestone Evaluations:
Apr 20, 2020 - Jun 26, 2020

Annual Reporting Cycle

Additional Requirements

- Clinical Experience and Educational Work
- Overall Evaluation Methods
- Citations
- Major Changes

Accreditation Council for Graduate Medical Education

LOG INTO
- Accreditation Data System (ADS)
- ACGME Surveys
- Case Log System

Institution and Program Finder

What We Do | Designated Institutional Officials | Program Directors and Coordinators | Residents and Fellows | Meetings and Educational Activities | Data Collection Systems | Specialties

ACGME Response to Pandemic Crisis

Review the ACGME's COVID-19 information and resources supporting the GME community including:

* FAQs

*Guidance Statements

* Pandemic Emergency Status forms

* More

LEARN MORE >

WHAT'S NEW

ACGME announces policy to enforce compliance with COVID-19 prevailing requirements
MAY 11, 2020

Coalition for Physician Accountability publishes recommendations for 2020-2021
MAY 11, 2020

NAM Will Host "Supporting Clinician Well-Being During COVID-19" Webinar May 7
MAY 4, 2020

Read in the *Journal of Graduate Medical Education*: ACGME's Early Adaptation to the COVID-19 Pandemic
APRIL 23, 2020

More News >

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Home > ACGME Response to Pandemic Crisis

ACGME Response to Pandemic Crisis

The ACGME understands the challenges and uncertainties faced by the graduate medical education community (GME) amidst the COVID-19 (SARS-CoV-2) pandemic, and remains committed to supporting the health and well-being of residents, fellows, and faculty members, and the patients they serve.

As the situation evolves, the ACGME will continue to monitor the needs of the GME community and provide appropriate guidance, clarification, and resources in this section.

Accreditation Status and GME during the COVID-19 Pandemic »
Review descriptions of the three stages of operation for graduate medical education (GME) during the COVID-19 crisis, including guidance and the form for Sponsoring Institutions that need to declare Pandemic Emergency Status.

ACGME Guidance Statements »
Review guidance from the ACGME on accreditation priorities; resident, fellow, faculty member, and patient safety; conduct of GME; and more. These are updated as they are developed.

Frequently Asked Questions »
Review FAQs from the GME community. These are updated regularly.

Letters to the Community »
Read letters to the GME community from ACGME President and CEO Thomas J. Nasca, MD.

Resources for Sponsoring Institutions »
Resources for designated institutional officials, including a Sponsoring Institution Idea Exchange, are available in Learn at ACGME.

Specialty Letters to the Communities »
Read letters addressing specialty-specific concerns from the Review Committees and ACGME Review Committee staff members.

Well-Being Resources »
The ACGME has convened a task force to advance the national well-being conversation within the GME community during the pandemic. The group created a pandemic-focused well-being resource library and is soliciting local solutions to share. These resources are available in Learn at ACGME.

Resources from Other Organizations »

Quick Links

- Overview »
- Three Stages of GME During the COVID-19 Pandemic »
  - Stage 1: "Business as Usual" »
  - Stage 2: Increased Clinical Demands Guidance »
  - Stage 3: Pandemic Emergency Status Guidance »
  - Pandemic Emergency Status Declaration Form
  - Pandemic Emergency Status First Renewal Form
- ACGME Guidance Statements »
- Frequently Asked Questions »
- Letters to the Community »
- Resources for Sponsoring Institutions »
- Specialty Letters to the Community »
- Newsroom and Blog Updates on COVID-19 »

Radiology COVID Actions

Review Committee for Radiology

RRC Membership 2019 – 2020

ABR
Janet Bailey – Breast Imaging
J. Mark McKinney – IR
M. Victoria Marx – IR

ACR
Dennis Balfe – Abdominal
M. Elizabeth Oates – Nuclear
Tess Chapman – Pediatrics

AMA
James Anderson – Neuro
Steven Shankman – Musculoskeletal
David Wymer – Cardiothoracic

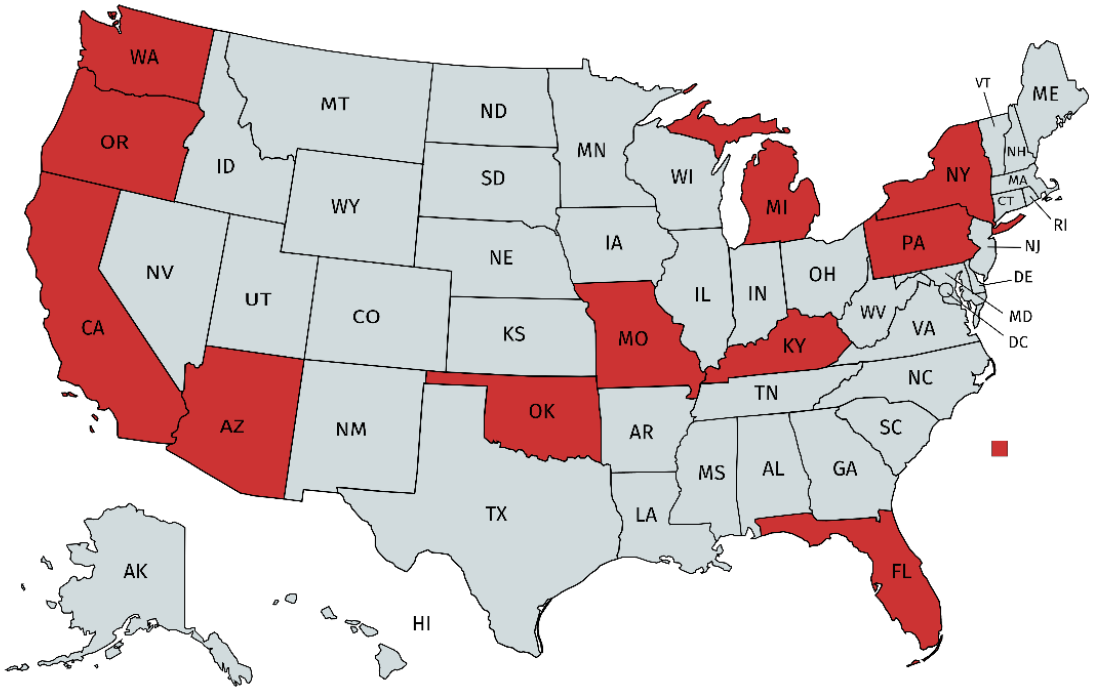
AOA
George Erbacher – IR

Resident Member
Jessica Fried, MD

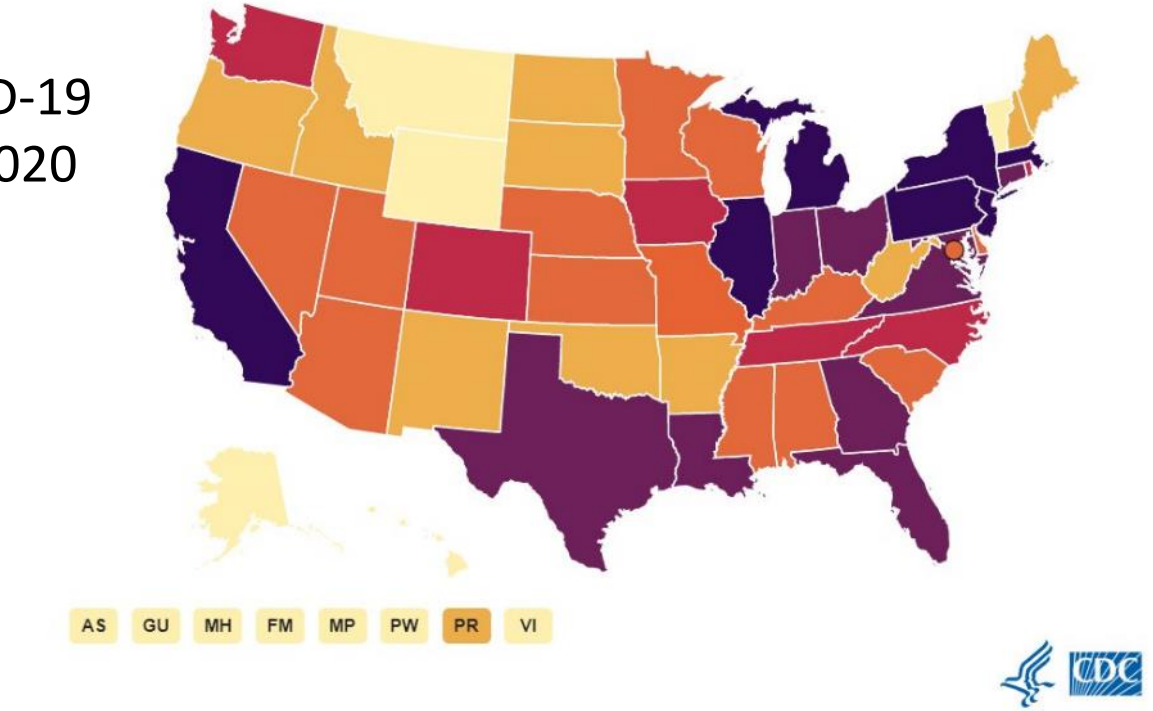
Public Member
Jennifer Bosma, PhD

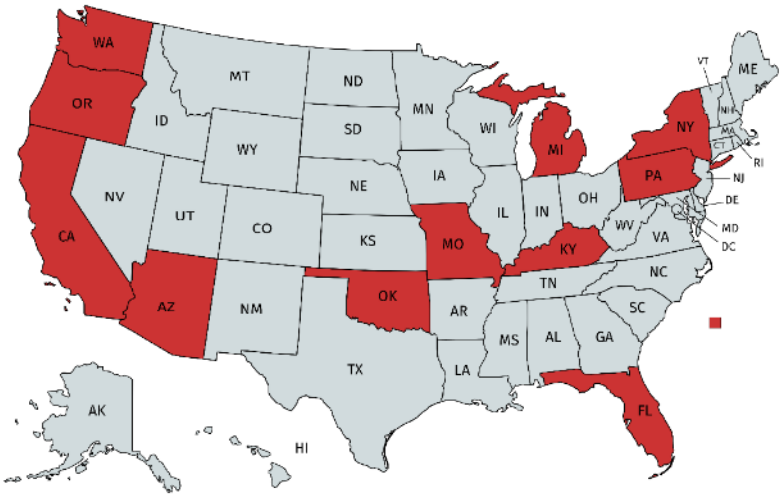
RRC Member Geographic Distribution

2019-2020



Reported COVID-19 cases May 7, 2020

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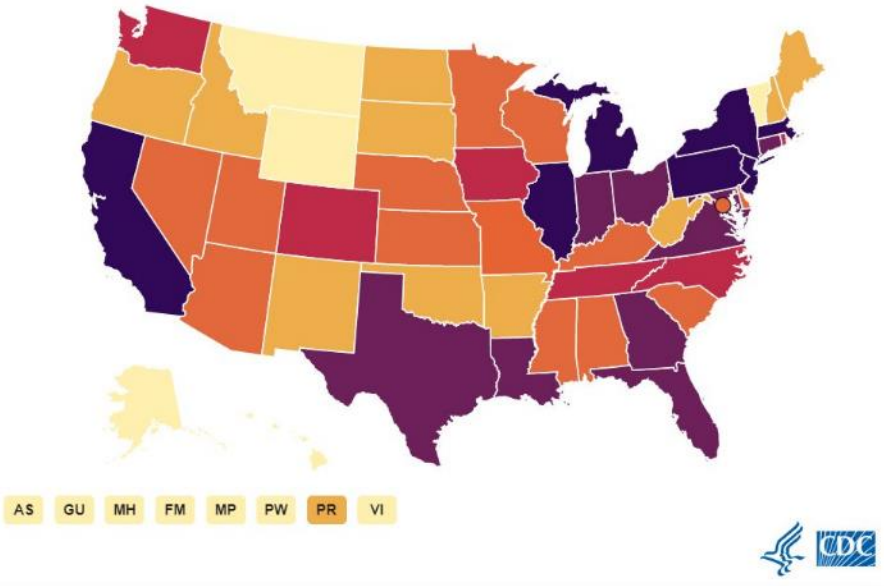
AS
GU
MH
FM
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PW
PR
VI
CDC
Reported Cases
0 to 1,000
1,001 to 5,000
5,001 to 10,000
10,001 to 20,000
20,001 to 40,000
40,001 or more

Radiology COVID Actions

RRC special rules were put in place to address the possible **impact** of the COVID-19 pandemic on programs/residents

- Significant reduction of clinical volume
- Residents working remotely, often from home
- Residents deployed to non-radiology assignments

Radiology COVID Actions

- Extension of training
- Case Logs
- Breast Imaging
- Nuclear Medicine
- Early Specialization in Interventional Radiology (ESIR)

Extension of Training

- Reduced volume > ?insufficient training > ?extend training
- **PD determines a resident is prepared to graduate**
- **Clinical Competence Committee (CCC) assesses competence**
- ABR certifies individual radiologists who have graduated from residency programs
- ACGME accredits **programs**; does not certify individuals and would not be involved in extending training

Case Logs

- Case minimums are used to confirm the volume/variety of cases are sufficient for the complement of residents in a program
- Case minimums will **not** be waived due to the pandemic
- RRC **will** take into consideration the impact of the pandemic on case logs of affected graduates
- Programs should indicate affect of the pandemic in **Major Changes** section of the Program Annual Update

Breast Imaging – FDA Requirements

- 12 weeks of clinical rotations; **Telemedicine** rotations for senior residents are acceptable
- At least 60 hours' didactic education; **virtual conferences** are acceptable
- Supervised interpretation of at least 240 mammograms; **senior** residents may interpret **already finalized** mammograms, in blinded fashion, if needed

Nuclear Medicine

- 700 hours training and supervised work experience; may include **telemedicine** rotations for senior residents
- 80 hours classroom and laboratory training; laboratory component requires **in-person** participation
- Six cases oral administration of sodium iodide I-131
  - In-person participation required
  - Two residents may share
  - **Post-graduate** documentation allowed if needed

ESIR – 500 Cases

- Programs may alter their ESIR **block schedule**
- The altered block schedule must meet ESIR guidelines for **number of IR and IR related** rotations
- An ESIR resident who doesn't complete 500 cases **may still enter** an Independent IR residency
- All Independent IR residents **must still log** at least 1000 cases by the end of their IR training

ESIR – ICU Requirement

Institutions in Stage 2 or Stage 3 Pandemic Emergency Status

- ESIR resident unable to complete an **ICU rotation** must do an ICU rotation in IR Independent residency
- The DR program director must note on the *Verification of ESIR Training* the ICU rotation was not completed; The IR Independent residency must provide the ICU rotation
- If an ESIR resident is **redeployed** to an ICU rotation, that would satisfy the ICU requirement

DR and IR Requirement Revisions

DR and IR Requirement Revisions

- Supervision
- Board Pass Rate
- Conference Rules
- Clinical Year
- Case Logs

Supervision Rules Revised

- Three categories **simplified**:
  - Direct
  - Indirect
  - Oversight
- Impetus for revision = **telemedicine**

Direct Supervision redefined

- Direct supervision has been redefined to include supervision of residents via **telecommunication** technology **in real time**
- Certain DR and IR resident activities still require **physical presence of the supervising physician**, as defined by the program
- CMS rules and hospital policies apply per usual

Direct Supervision redefined

- VI.A.2.c).(1).(a) the supervising physician is **physically present** with the resident during the key portions of the patient interaction; **or**, (Core)

- VI.A.2.c).(1).(b) the supervising physician and/or patient is **not** physically present with the resident and the supervising physician is **concurrently** monitoring the patient care through appropriate **telecommunication** technology. (Core)

Indirect Supervision simplified

- VI.A.2.c).(2) **Indirect Supervision**: the supervising physician is **not** providing physical or concurrent visual or audio supervision but is **immediately available** to the resident for guidance and is available to provide appropriate direct supervision. (Core)

- **“Immediately available direct supervision” could be over the phone or via Skype for example**

Program – specific clarification

- VI.A.2.c).(1).(b).(i) The program must have clear **guidelines** that delineate which competencies must be demonstrated to determine when a resident can progress to **indirect** supervision. (Core) **[eg. completed certain rotations, passed an exam, etc]**

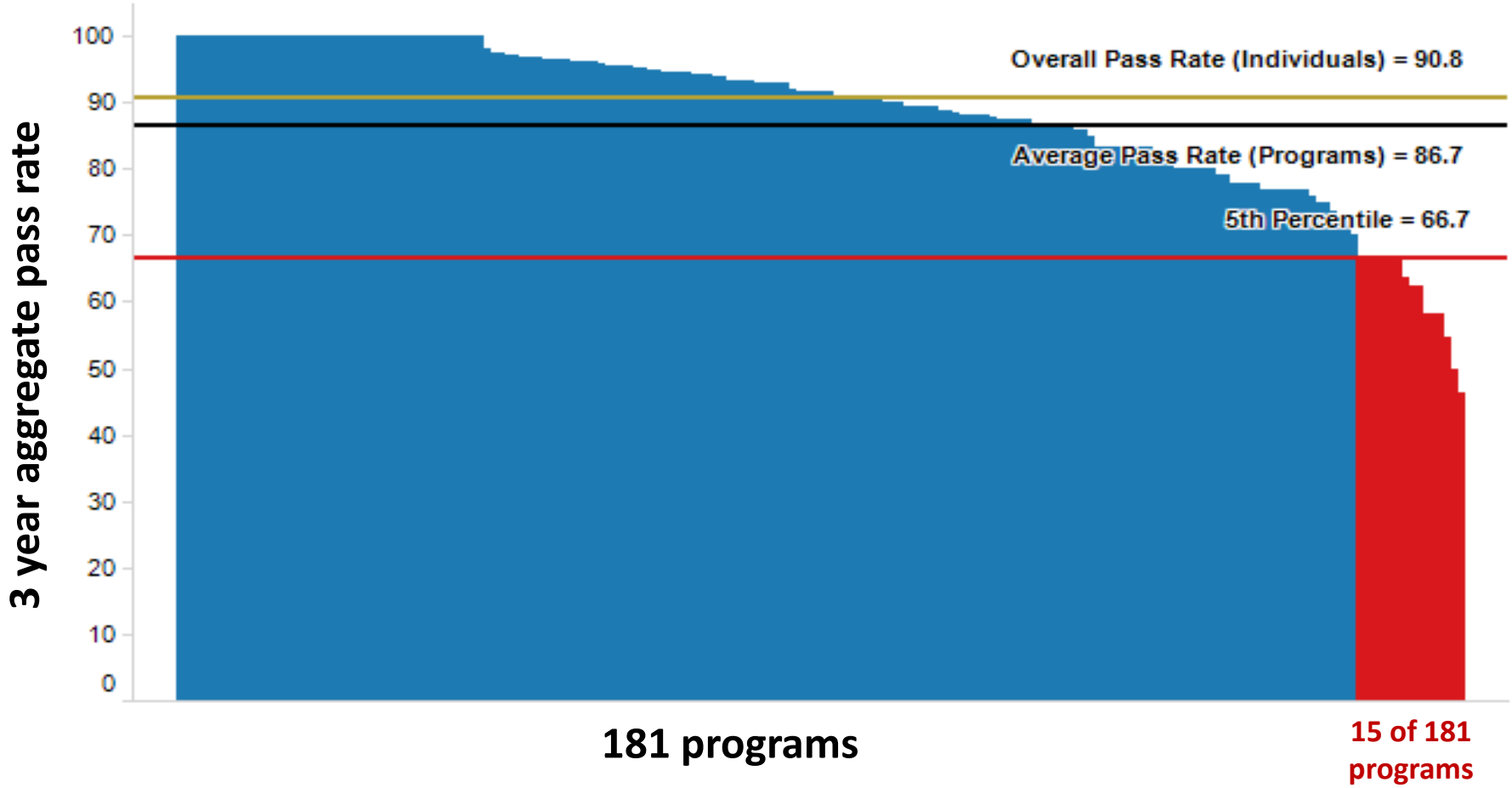
- VI.A.2.c).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the residents, and that these expectations outline **specific situations** in which a resident would still require direct supervision. (Core) **[eg. interventional procedures]**

Board Pass Rate

- V.C.3.a) For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding **three years**, the program's **aggregate pass rate** of those taking the examination for the first time must be higher than the **bottom fifth percentile** of programs in that specialty. (Outcome)

- DR and IR programs are assessed separately and any program with pass rate above 80% is compliant

ABR Core Exam



Didactic Activity

- IV.C.3.a).(2) must provide at least five hours per week of lectures and conferences; (Core)
- Structured didactic activities may include conferences, courses, labs, simulations, drills, case discussions, grand rounds, didactic teaching, etc
- **IV.C.3.a).(2) must provide at least five hours per week of didactic activities; (Core)**

Clinical Year

- **Current Requirement**: To be eligible for appointment to the program, residents must have successfully completed a **prerequisite** year of direct patient care

Clinical Year

- **Proposed Revision**: Programs **may** take ownership of the clinical year
- Programs may choose to develop their own clinical year but **no program will be required** to do so
- Programs choosing to develop a clinical year may have **all or some** of their residents in that training pathway
- Available for both **DR and IR**

Clinical Year – Rationale

- Single residency match with guaranteed PGY1 position
- Curriculum designed to provide a foundation for radiology
- Residents learn systems in a training institution common to their internship and residency; efficient
- Residents develop close relationships with clinical attendings and residents at the training institution
- Residents in the clinical year work closely with medical students; may inspire interest in radiology among students
- Surgical specialties and anesthesiology have taken ownership of their clinical years

Clinical Year – Curriculum

- Residents in the clinical year are to gain clinical experience and attain the clinical skills and judgement considered **foundational to all physicians**

- The preliminary clinical year, while overseen by the radiology residency PD, is not intended to be another year of radiology training

Clinical Year – Curriculum

- Intended to be **rigorous and continuous** during the initial 12 months of graduate medical education, with robust learning opportunities in inpatient care (including critical care) and in emergency medicine

- Additional clinical rotations, which may be inpatient or outpatient, can be **tailored** by the program and the resident to allow for clinical experiences important to future practicing radiologists

Clinical Year – Curriculum Details

- At least 9 months clinical rotations
  - 6 months inpatient including 1 month critical care
  - 1 month emergency medicine
  - At least 2 months additional outpatient or inpatient
  - Electives in radiology no more than 2 months

- Standardization of the clinical year may improve clinical training and better prepare residents for their radiology residency and future career

Clinical Year – Program Director

- Additional 0.2 FTE effort for PD and/or APD
- The program director, as a radiologist, is expected to provide oversight, not specific clinical expertise, in administering the clinical year

Resources for an additional clinical year

- Sufficient clinical volume and variety of cases
- Cooperation of clinical departments
- Budget neutral (converting an existing Transitional Year position to a radiology clinical year position)
- Incremental positions
- Analogous to managing Integrated IR positions

Case Logs

- Work underway to develop a useful case log for **interventional radiology procedures**
- IR case log will have functionality similar to ACGME case logs for surgical specialties
- If project successful, DR will also benefit; DR residents will be able to log their IR cases
- Procedure logging by residents using a **phone app**
- **Aggregate** logging of DR case by programs will continue

ACGME