

**ACGME Program Requirements for Graduate Medical Education
in Urology
Summary and Impact of Major Requirement Revisions**

Requirement #: Int.C.

Requirement Revision (significant change only):

Int.C. Duration and Scope of Education

The educational program in urology must be 60 months in length. ^(Core)
~~A minimum of 48 months of clinical urology education is required. Within the final 24 months of urology education, residents must serve at least 12 months as a chief resident.~~ ^(Core)

1. Describe the Review Committee's rationale for this revision: **The Review Committee believes that urology programs can better standardize, tailor, and monitor resident education by folding the 12 months of the PGY-1 training into the urology residency. This change will help ensure residents have the knowledge and skills needed to begin the PGY-2. A precedent for including the PGY-1 in the categorical residency had been set by other surgical specialties, including orthopaedic surgery, neurological surgery, and otolaryngology.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Resident education will improve because programs will be able to design a PGY-1 educational experience that will best prepare residents for training during the PG-2-5 years. This, in turn, will improve patient care and safety.**
3. How will the proposed requirement or revision impact continuity of patient care? **Residents will have more opportunity for longitudinal patient care with chronic conditions. In addition, residents will be better prepared to care for more complex urology patients during the PG-2-5 years.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **In almost all institutions, funding for PGY-1 residents is associated with general surgery (i.e., preliminary slots) and this funding will need to be transferred to urology. Additional faculty members may be needed to meet the required core faculty-to-resident ratio of at least 1:2.**
5. How will the proposed revision impact other accredited programs? **PGY-1 will no longer be a preliminary year in general surgery. However, the minimum time required on surgery rotations has not changed. During the PGY-1, residents will still be required to spend at least three months in general surgery, and at least three months of core surgical training in surgical subspecialties (e.g., surgical critical care, trauma, vascular surgery).**

Requirement #: I.A.1 - I.A.2

Requirement Revision (significant change only):

I.A.1. The program director must devote at least 20 percent of his or her professional effort to the administrative and educational activities of the program and receive corresponding financial support for this time. (Core)

I.A.2. The program director must not be required to generate clinical or other income to finance this administrative time. (Core)

1. Describe the Review Committee's rationale for this revision: **The Review Committee has seen a number of situations where program directors were not given adequate time to direct the program. Moreover, the Review Committee has observed that the number of citations related to inadequate program director oversight are high. The committee believes that resident education would benefit by clarifying expectations with respect to program director dedicated time, as well as clearly stating that the program director position is an important professional responsibility and not a volunteer effort.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **The requirements will help ensure the program director has sufficient time dedicated to the residency to effectively lead the program. This will improve resident education in those programs where program directors do not currently have adequate dedicated time.**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **If the program director does not currently have 20 percent of his or her professional effort dedicated to the residency, additional financial support for the program director will be required.**
5. How will the proposed revision impact other accredited programs? **N/A**

Requirement #: I.B.3.

Requirement Revision (significant change only):

I.B.3. ~~Assignments at participating sites must be of sufficient length to ensure a quality educational experience, and should provide sufficient opportunity for continuity of care. Although the number of participating sites may vary, all participating sites must demonstrate the ability to promote the program goals.~~ (Core)

I.B.4. ~~The inclusion of more than four~~ Addition of participating sites for required rotations must be based on sound educational rationale and approved in advance by the Review Committee. ~~Two or more residents should rotate to each participating site to maintain peer interaction.~~ (Detail|Core)

I.B.4.a) Assignments to distant sites 30 miles or greater from the primary clinical site must be justified on the basis of educational resources that are not available at the sponsoring institution primary clinical site or at a nearby participating site (i.e., within 30 miles of the primary clinical site). (Detail/Core)

1. Describe the Review Committee's rationale for this revision: **There are a number of urology programs with more than four training sites, and the Review Committee felt that this was no longer a useful limit. The requirement was revised to focus on the underlying principle, which is that each training site must provide a valuable educational experience. This change should not significantly impact programs as the essence of the requirement has not changed.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **N/A**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**
5. How will the proposed revision impact other accredited programs? **N/A**

Requirement #: II.A.3.e)
Requirement Revision (significant change only):
II.A.3. Qualifications of the program director must include:
II.A.3.e) a minimum four years of experience in urology after completion of board certification or qualifications acceptable to the Review Committee. (Core)

1. Describe the Review Committee's rationale for this revision: **The previous requirement did not reflect the amount of experience and expertise required to be a successful program director. The Review Committee believes that additional experience will help prepare program directors to effectively manage the challenges of the position.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Program directors will have time to develop the experience, knowledge, and leadership skills needed to direct a program, which will improve resident education and in turn positively impact patient care and safety.**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Additional financial support and faculty members may be needed to appoint a program director who meets this requirement.**

5. How will the proposed revision impact other accredited programs? **N/A**

Requirement #: II.C.1

Requirement Revision (significant change only):

II.C Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program. (Core)

II.C.1. The program must include a program coordinator who devotes a minimum of 20 percent effort of his or her effort per every five residents in the program. (Core)

1. Describe the Review Committee's rationale for this revision: **The Review Committee added this requirement in response to a request from the urology community to require program coordinator dedicated time.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Resident education will improve for those programs that currently do not meet this requirement, as the program coordinator will now have more time to devote to program administration.**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **If the program coordinator's dedicated time does not currently meet the requirement, there may be a need for additional financial support and/or work responsibilities may need to be re-organized.**
5. How will the proposed revision impact other accredited programs? **This may impact other programs if the program coordinator currently supports more than one program.**

Requirement #: III.A.1.a).(1) – III.A.1.a).(2).(a)

Requirement Revision (significant change only):

III.A.1.a).(1) Program policies for resident selection should recognize the value and importance of recruiting qualified female and underrepresented minority students to urology. (Detail)

III.A.1.a).(2) ~~The prerequisite for admission to a urology residency program is a minimum of one year of education in an ACGME-accredited surgery program or an RCPSC-accredited surgery program located in Canada.~~ (Core)

III.A.1.a).(2).(a) ~~Based on educational objectives, two years of general surgery is an alternative format. During~~

~~these one or two years, residents must spend a minimum of three months in general surgery, as well as a minimum of three months in the core surgical rotations of critical care, vascular surgery, or trauma. Additional clinical assignments must enhance the resident education and prepare residents for the practice of urology. If there is only a single year of general surgery, dedicated research time during that period is not allowed. The educational program for the general surgery period is developed by the program director of the respective surgery residency program with the input and approval of the respective urology program director.~~^(Detail)

1. Describe the Review Committee's rationale for this revision: **As noted above, the Review Committee believes that urology programs can better standardize, tailor, and monitor resident education by folding the 12 months of the PGY-1 into the urology residency. This change will help ensure residents have the knowledge and skills needed to begin the PGY-2.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **As noted above, resident education will improve because programs will be able to design a PGY-1 educational experience to best prepare residents for training during the PG-2-5 years. This, in turn, will improve patient care and safety.**
3. How will the proposed requirement or revision impact continuity of patient care? **As noted above, residents will have more opportunity for longitudinal patient care with chronic conditions. In addition, residents will be better prepared to care for urology patients during the PG-2-5 years.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **As noted above, in almost all institutions, funding for PGY-1 residents is associated with general surgery (i.e., preliminary slots) and this funding will need to be transferred to urology. Additional faculty members may be needed to meet the required core faculty-to-resident ratio of at least 1:2.**
5. How will the proposed revision impact other accredited programs? **As noted above, the PGY-1 will no longer be a preliminary year in general surgery. However, the minimum time on surgery rotations has not changed. During the PGY-1, residents will still be required to spend at least three months in general surgery, and at least three months of core surgical training in surgical subspecialties (e.g., surgical critical care, trauma, vascular surgery).**

Requirement #: IV.A.6.a) – IV.A.6.a).(3)

Requirement Revision (significant change only):

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| IV.A.6. | <u>Curriculum Organization and Resident Experience</u> |
| IV.A.6.a) | <u>The Program Director must be responsible for the design, implementation and oversight of the Uro-1 (PGY-1) year. The Uro-1 year must include:</u> ^(Core) |
| IV.A.6.a).(1) | <u>at least six months of structured education in rotations designed to foster proficiency in basic surgical skills, the peri-operative care of surgical patients, and inter-disciplinary patient care coordination, including:</u> ^(Core) |
| IV.A.6.a).(1).(a) | <u>at least 3 months of general surgery; and.</u> ^(Core) |
| IV.A.6.a).(1).(b) | <u>at least 3 months of core surgical training in surgical subspecialty areas (e.g., surgical critical care, trauma, vascular surgery).</u> ^(Core) |
| IV.A.6.a).(2) | <u>at least a four week assignment on each non-urology rotation; and,</u> ^(Core) |
| IV.A.6.a).(3) | <u>at least three months of urology rotations are required to develop proficiency in basic urological skills, general care of the urology patient both in the in-patient and ambulatory setting; management of urology patients in the emergency department and gain a foundation of urology knowledge;</u> ^(Core) |

1. Describe the Review Committee's rationale for this revision: **As noted above, the Review Committee believes that urology programs can better standardize, tailor, and monitor resident education by folding the 12 months of PGY-1 training into the urology residency. This change will help ensure residents have the knowledge and skills needed to begin the PGY-2.**

In addition the requirements for education in surgery are aligned with American Board of Urology requirements for at least three months of general surgery and three month of core surgical training. The requirement for at least four weeks on non-urology rotations was included to help ensure continuity of care.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **The initial training year will better prepare residents for training during the PG-2-5 years. This, in turn, will improve patient care and safety.**
3. How will the proposed requirement or revision impact continuity of patient care? **As noted above, continuity of patient care will improve because residents will have the opportunity for longer-term contact with urology patients and residents will be better prepared to care for urology patients during the PG-2-5 years. In addition, the requirement for a minimum of four weeks on non-urology rotations will help ensure continuity of care on those rotations.**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **As noted above, in almost all institutions, funding for PGY-1 residents is associated with general surgery (i.e., preliminary slots) and this funding will need to be transferred to urology. Additional faculty members may be needed to meet the required core faculty-to-resident ratio of at least 1:2.**
5. How will the proposed revision impact other accredited programs? **As noted above, the PGY-1 will no longer be a preliminary year in general surgery. However, the minimum time required on surgery rotations has not changed. During the PGY-1, residents will still be required to spend at least three months in general surgery, and at least three months of core surgical training in surgical subspecialties (e.g., surgical critical care, trauma, vascular surgery). In addition, when residents rotate to other programs, those programs will need to provide an experience of at least four weeks.**

Requirement #: IV.B.2.a) – c)

Requirement Revision (significant change only):

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| IV.B.2.a) | <u>A research rotation in the clinical years must not occur during the Uro-1 or Uro-5 year. Dedicated research time must not exceed 16 weeks in the eligible (Uro-2, Uro-3, and Uro-4) accredited years.</u> ^(Core) |
| IV.B.2.b) | Residents must demonstrate scholarly activity, including manuscript preparation, lectures, teaching activities, abstracts, and/or active performance of research or participation in clinical studies and reviews. ^(Outcome) |
| IV.B.2.c) | Research included in the clinical years should not exceed a maximum of six months, and regular clinical duties must be assigned concurrently. ^(Core) |

1. Describe the Review Committee's rationale for this revision: **The Review Committee revised the requirement to align with the American Board of Urology's requirements for board eligibility, which allows up to 16 weeks of research.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Residents will be able to have dedicated time for research, thus allowing them to optimize the experience for scholarly activity.**
3. How will the proposed requirement or revision impact continuity of patient care? **N/A**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **N/A**
5. How will the proposed revision impact other accredited programs? **N/A**