



SES047

Specialty Update: Urology

Laura Huth, MBA, Executive Director

Emma Breibart-White, MALS, Associate Executive Director

Conflict of Interest Disclosure

Speaker(s):

Laura Huth, MBA

Emma Breibart-White, MALS

Disclosure

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 health care products used by or on patients.

Talking Points

- **Review Committee: Who/What/When**
- **Programs by the Numbers**
- **Review Committee News**
- **Accreditation Data System (ADS) and Other Tips**
- **ACGME News**
- **Open Dialogue with the Review Committee**

Review Committee: Who/What/When

Review Committee Membership

- All volunteers
- Diversity valued (e.g., gender, geography, subspecialty)
- 10 members nominated by American Board of Urology (ABU), American College of Surgeons (ACS), American Medical Association (AMA) and American Osteopathic Association (AOA) (six-year term)
- One resident/fellow member (two-year term)
- One public member (six-year term)
- Three ex-officio members (one each from ABU, AOA, and ACS)

Voting Members

Kate Kraft, MD, *Chair*
University of Michigan

Stephanie Kielb, MD, *Vice Chair*
University of Michigan

Leah Chisholm*, MD, *Resident Member*
Vanderbilt University

Stephanie Meyer*, COL, *Public Member*
US Army Medical Center of Excellence

Tim Brand, MD
Baptist Health Care

Greg Broderick*, MD
Mayo Clinic – Jacksonville

Brook Brown*, MD, MPH
MedStar Georgetown University

Ali Dabaja*, MD
Henry Ford Health System

Jennifer Hagerty, DO
Nemours/DuPont Children's Hospital

Kathleen Kobashi*, MD
Houston Methodist Hospital

Jim McKiernan, MD
NYP/Columbia University

Eric Rovner, MD
Medical University of South Carolina

*Welcome New Members!

Review Committee Staff

Laura Huth, MBA **NEW!**
Executive Director

Emma Breibart-White, MALS
Associate Executive Director

Shellie Bardgett, MPH
Senior Accreditation Administrator

Angel Mathis **NEW!**
Accreditation Administrator



Review Committee Meetings

Three Meetings per Calendar Year

Upcoming Meetings

April 12, 2024

August 23, 2024

January 16-17, 2025

acgme.org > [Specialties](#) > [Urology](#) > [Scroll Down](#) > [Review Committee Dates](#)

Review Committee Meetings Reminder

- Meeting agenda closes about **two months** before meeting
- **Permanent** complement increase requests must be submitted by the **designated institutional official (DIO)** by agenda closing date to make the next meeting



Programs by the Numbers

Urology Programs – by Status

Program	Initial Acc.	Initial Acc. w/ Warning	Continued Acc. w/o Outcomes	Continued Acc.	Continued Acc. w/ Warning	Probation	Total
Urology	5	0	4	132	9	0	150
Pediatric Urology	1	0	1	25	0	0	27
FPMRS	2	0	2	12	0	0	16

Urology Residents/Fellows

Program	Trainees	Female	Black/AA	Hispanic/ Latino/Spanish	Withdrew/ Dismissed
Urology	1834	582 (32%)	97 (5%)	158 (8%)	7 (<1%)
Pediatric Urology	32	17 (53%)	1 (3%)	3 (9%)	0
FPMRS	42	33 (79%)	3 (7%)	4 (9%)	0

ACGME Data Resource Book 2022-2023

2023: New Residency Positions

- **New Programs:**

- 2 programs approved
- 10 new spots

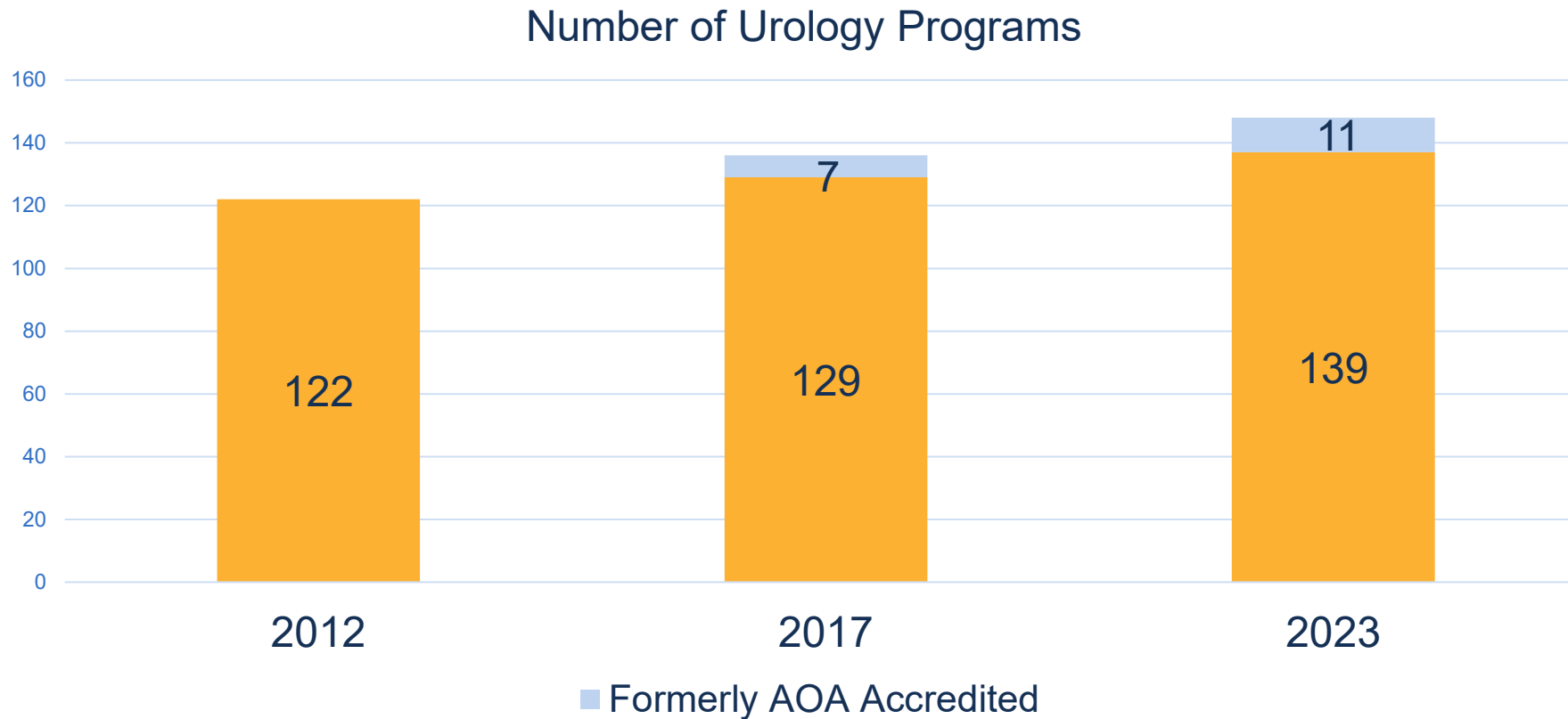
- **Permanent Complement Increases:**

- 9 programs approved
- 45 new spots



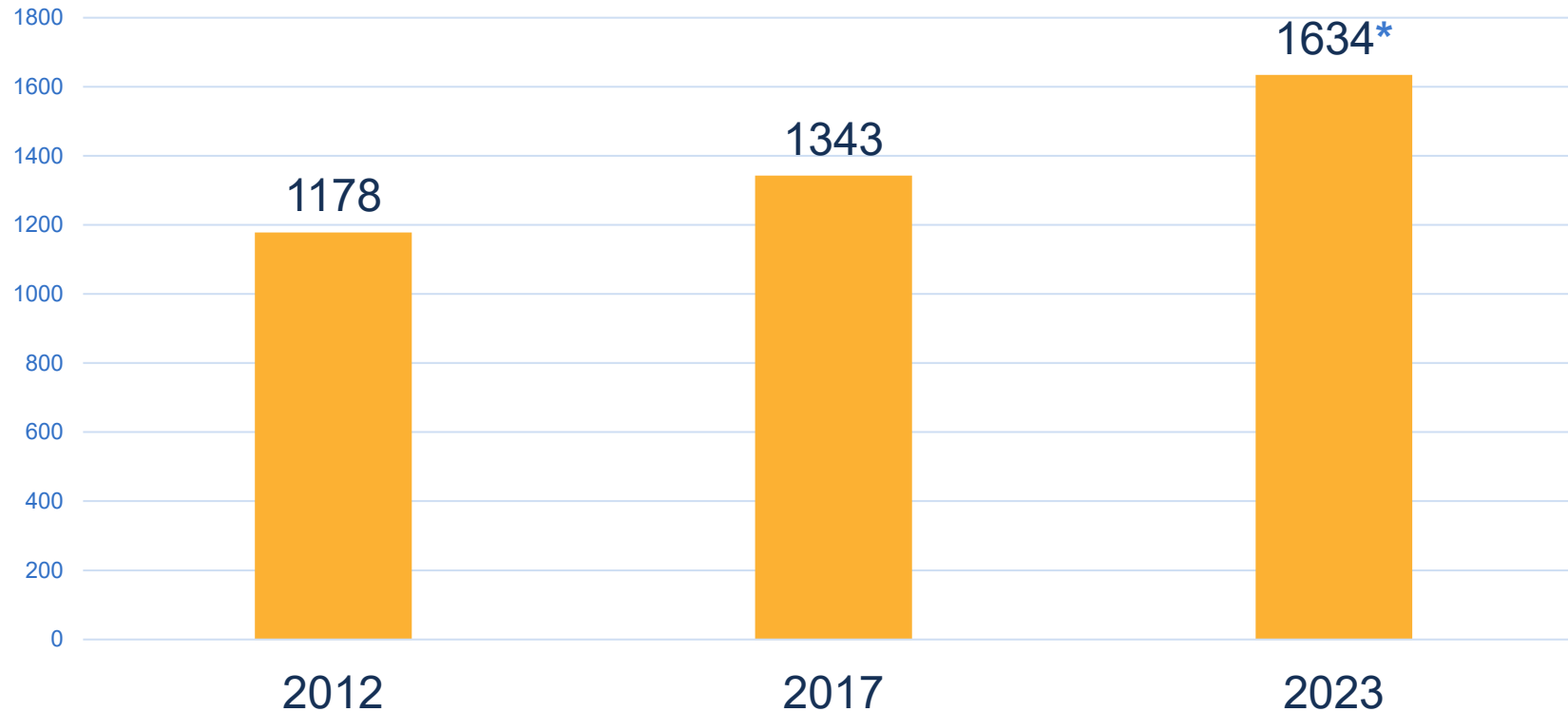
55 new positions

Urology Program Growth



Urology Positions Growth

Number of PGY-2-5 Urology Approved Positions



Now 1634
PGY-2-5
positions

*88 positions
from formerly
AOA Accredited
programs

Review Committee News

ACGME Surveys

- **Surveys open until April 7, 2024**
- No changes to the survey process—program leadership will notify residents/fellows and faculty about the survey via ADS
- Results available in early May
 - Small programs receive a multi-year report a few weeks later

ACGME Surveys

- Review Committee largely focuses on trends
- Items trending down may receive a citation or Area for Improvement (AFI)
- First-time drop can lead to a citation or AFI *if* particularly worrisome



Resident Survey

- Resident Survey **urology-specific** section now asks PGY-2-5 residents about:
 - Confidence in ability to practice urology at completion of program
 - Progressive responsibility
 - Number of half-day clinics/week (on average)
- Use this feedback for program improvement

Revised Program Requirements for Graduate Medical Education in Urology

(effective July 1, 2023)

PGY-1 Curriculum

- Six months core surgical education
 - Three months general surgery
 - Three months additional non-urological surgery
- Three months urology
- Three months clinical rotations designed to further develop basic surgical skills and/or care of urological patients
 - Rotations are at the discretion of program director
 - Surgical or non-surgical



Revised Program Requirements for Graduate Medical Education in Urology

(effective July 1, 2023)

Program Coordinator FTE

Number of Approved Resident Positions	Minimum FTE
1-5	.5
6-10	.7
11-15	.8
16-20	.9
≥ 21	1.0

Subject to citation beginning July 1, 2024

Revised Program Requirements for Graduate Medical Education in Urology

(effective July 1, 2023)

Didactics

- Palliative care
- Harassment and implicit bias
 - In-person, virtual, synchronous, or asynchronous formats

Case Logs

- Urology reconstructive surgery category
 - Reconstructive surgery subcategories revised
 - New minimums established—effective with 2024 graduates*
 - **Pediatric** reconstructive surgery cases now give credit to both pediatric **and** reconstructive surgery minimums
 - Updated information available at acgme.org > Specialties > Urology > [Documents and Resources](#)
- Female pelvic medicine and reconstructive surgery (FPMRS) minimums: revisions underway

*Citations will not be given until 2025

Fellowship Eligibility Requirements

- **As of July 1, 2023, eligibility exceptions allowed for exceptionally qualified international graduate applicants in FPMRS and pediatric urology programs**
 - The Review Committee for Urology does not decide who is exceptionally qualified; up to the program/graduate medical education (GME) office
 - Fellowship eligibility does not equal board eligibility
 - Program directors are responsible for the letting the applicants know this
- **Contact your DIO regarding your institution's process for exceptionally qualified candidates**

Fellowship Name Change

- We recognize that the American Board of Obstetrics and Gynecology (ABOG) and the American Board of Urology (ABU) have announced the name change of the jointly sponsored subspecialty of female pelvic medicine and reconstructive surgery (FPMRS) to urogynecology and reconstructive pelvic surgery (URPS), effective January 1, 2024.
- Effective July 1, 2024, the ACGME will officially recognize URPS and discontinue using FPMRS

Program Changes

- The following changes are submitted in ADS:
 - **Complement**
 - **Program Director**
 - **Participating Site**
 - Sites must be added if at least one month and a required experience for all residents/fellows
 - However, *can* add other sites and it helps Review Committee understand resident/fellow experience
- **All three changes require Review Committee approval!**

Program Changes

- Review Committee carefully reviews all changes submitted in ADS to ensure they benefit resident/fellow education
- On behalf of the Review Committee staff: **PLEASE** enter **all** requested information **completely** and **accurately**
- Reach out to ADS@acgme.org with questions

Complement Increases

- Temporary complement increase request:
 - **Up to 90 days:** Do not need to submit request in ADS - **NEW!**
 - **Over 90 days,** submit if:
 - Residency: over approved total or within a year (e.g., PGY-3)
 - Fellowships: over total complement

Permanent Complement Increase Requests

- Sound educational rationale: outline how increase will benefit resident/fellow education
- Sufficient patient/procedural volume, both Case Log minimums met and institution procedure data
- Favorable learning environment
- Use **color** to identify changes in proposed block diagram
- Complement increase instructions available at [acgme.org > Specialties > Urology > Documents and Resources](https://www.acgme.org/Specialties/Urology/Documents-and-Resources)

New Programs and Permanent Complement Increases

- If approved, the number of residents/fellows is expected to roll out **year by year** until the full complement is reached
- The Committee considers requests for a first- **and** second-year resident or fellow to start the initial year of approval
- Questions? Contact Review Committee staff

ACGME Rural Track Program (RTP) Designation

- The ACGME has developed processes for programs that seek to create “rural tracks” *as defined by Centers for Medicare and Medicaid Services (CMS)*
- ACGME RTP designation options
 - Type 1 = separately accredited program
 - Type 2 = expansion of existing program with a new rural site
- Information available at [acgme.org](https://www.acgme.org) > Improvements and Initiatives > Medically Underserved Areas and Populations > [Rural Track Program Designation](#)
- Contact the Review Committee staff if you are interested in starting a Rural Track

International Rotations

Guidance for international rotations is available
[acgme.org](https://www.acgme.org) > Specialties > Urology > Documents
and Resources



Guidelines for International Rotations Review Committee for Urology

Residents may participate in international rotations in adherence with the following:

- Rotations must be elective (i.e., optional).
- Rotations must be no longer than one month in total.
- Rotations must not occur during the Uro-1 year.
- Rotations do not count toward the required 12 months of chief resident experience.
- All institutional policies and procedures that govern the program at the Sponsoring Institution must continue to be in effect during international rotations.
- Documentation is required and must be maintained in the resident's file (**not to be sent to the ACGME unless requested**), to include:
 - o Name and location of international rotation site
 - o Dates of the rotation
 - o Name and Uro-[year] of the resident
 - o Educational rationale
 - o Description of the clinical experience
 - o Name of supervising faculty member
 - o Rotation approval signed by the program director and the Sponsoring Institution's designated institutional official

ADS and Other Tips

Annual Program Review



ADS Annual Update

- Late summer/early fall each year
- **Very** important to provide complete and accurate program information during the annual update
- The information entered provides key information to the Review Committee that may be used during the annual program review
- The ACGME continues efforts to make the update easier to complete

Block Diagrams - Required

Urology

Specialties

The Review Committee for Urology provides these resources to accredited programs and those applying for accreditation.

Overview

Program Requirements and FAQs and Applications

Milestones

Documents and Resources

Review Committee Members

Documents

Share This



Block Diagram: Fillable Block Diagram for Urology Fellowship Programs



Block Diagram: Fillable Block Diagram for Urology Residency Programs



Block Diagram: Instructions and Sample for Urology Residency and Fellowships



Case Log Information: Female Pelvic Medicine and Reconstructive Surgery

Five-Year Urology Program

- Review Committee has observed two continuing challenges:
 - **Challenge #1:** Block diagram does not clearly show compliance with PGY-1 requirements

Example: Difficult to Determine Compliance

YEAR 1												
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	5	1	1	1	1	1	1	1	1	5
Rotation Name	Benign	Benign	MIS	Oncology	Oncology	Oncology	Plastics	Vascular	Benign	Trauma	TBICU	Surg Onc
% Operative	90%	90%	90	90	90	90	90	90	90	90	90	90
% Non-Operative	10	10	10	10	10	10	10	10	10	10	10	10
% Research	0	0	0	0	0	0	0	0	0	0	0	0

Does this program have the required three months of general surgery, three months of additional non-urological surgery, and three months of urology?

Five-Year Urology Program

- **Challenge #2:** Resident transfers at PGY-2 level
 - Questions about transferring residents who did not have three months of urology during PGY-1
 - A few options depending on the circumstances—working on an FAQ, but for now, best to contact Review Committee staff

Scholarly Activity

- **Goal:** An environment of inquiry that advances a scholarly approach to patient care
- **Faculty** as a group must demonstrate scholarly activity
 - Variety of activities meet this requirement
 - Examples: grand rounds presentation, grant leadership, non-peer reviewed resource, publication, book chapter, webinar, service on professional committee, journal reviewer
 - There must be some PMIDs over a five-year period
- **Residents** must participate in scholarly activities


Faculty Roster/Scholarly Activity


- If a **new** faculty member is listed in another roster at institution, can copy most of the information into your program's roster
- Faculty scholarly activity can be copied from another program by using the "Copy" tool


Faculty Scholarly Activity

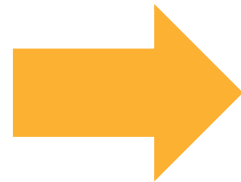
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Copy Scholarly Activity

Choose a program to copy from. Review all data before copying. After you copy, any edits you make will not affect the original program's data.

If the other program has not entered data, or indicated "No Activity", there will be nothing to copy. If the faculty member is listed in a different program but the educational focus/role does not match, it will not be listed below.

Select Scholarly Activity ▾

Close Save

Faculty Certification

- American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA) faculty certification data is now **automatically** populated in faculty profiles
- Programs are expected to review certification information and make corrections if needed
- **Manual** entry available for faculty members who recently completed residency/fellowship (“board eligible”), missing, incorrect, or other certification data
 - **TIP:** *If incorrect certification information, check NPI number using the “Search National Provider ID” link in ADS*

Faculty Certification

Faculty Instructions

List all faculty members (physician and non-physician) who have an important role in the education of residents. Please include:

- Program director
- Core faculty members
- Site directors (may be designated core or non-core)
- General Surgery Residency Program Director (may be designated core or non-core)
- Non-core faculty members who make important contributions to the program

The program is required to report scholarly activity for all faculty members listed on the roster.

Core faculty members are required to complete the annual ACGME Faculty Survey.

Information about faculty roles and responsibilities can be found in the Program Requirements for Graduate Medical Education in Urology (available at acgme.org > Specialties > Urology).

Programs do not need to include all faculty members with whom residents interact.

[Download Faculty CV Template](#)

Add Faculty Member

Search By OR And

Add an asterisk (*) for a wild card search.


Example: to search for John Smith or Jonathan Smith, enter "J*" for first name and "Smith" for last name.

Supervision Policy

- Committee continues to see outdated supervision levels in supervision policies
- **Current** ACGME supervision levels outlined in Program Requirements VI.A.2.b).(1)-(3)
 - Direct Supervision definition revised and includes supervision via telecommunication technology
 - Indirect Supervision is no longer divided into “with direct supervision immediately available” and “with direct supervision available”
- Review program’s supervision policy and update if needed

Major Changes and Other Updates

Communicate to the Review Committee action plans and initial results re:

- Low ACGME Survey ratings 
- AFIs
- Missed Case Log minimums

Program changes: rotations, faculty growth, brags

Program challenges: situation, actions taken, any results

Major Changes and Other Updates



Common Citations/AFIs

- Graduate achievement of the minimum procedural requirements
- Board exam performance
- From the Resident/Fellow Survey:
 - Faculty interest in resident education
 - Education compromised by non-physician obligations
 - Process for dealing with problems/concerns
 - Health care disparities education

Responding to Citations

- Keep in mind the audience: physician GME leader who does not know your institution
- Be clear, concise, and frank
- Demonstrate that you have gotten to the root of the non-compliant area
- Outline implemented action plan
- Describe outcomes (e.g., survey trending up, minimums met)
- If goals not met, explain why and outline next steps





ACGME News

ACGME Updates

- **Common Program Requirements** undergoing scheduled review
 - Reassessment of all aspects of the requirements, including but not limited to director, coordinator, and faculty time
 - Section VI (well-being, work hours, professionalism, culture of safety, etc.)

ACGME Updates

- **Site Visits**
 - 10-Year site visits officially discontinued
 - ACGME announced 2% of programs randomly chosen to undergo a site visit each year - **NEW!**
 - Only programs beyond Initial Accreditation period
 - Chosen programs receive a Letter of Notification with an approximate date
 - Initial group of programs received notification in January
 - Site visits assess compliance with all Program Requirements

ACGME Updates

- **Site Visits**
 - Virtual vs. in-person site visit format
 - ~25% are in person
 - In-person site visits for complex visits (e.g., complaint, probation)
 - Other in-person site visits randomly chosen
 - Site visit letter announcement identifies format

Competency-Based Medical Education (CBME)

- ABMS and ACGME have co-hosted four meetings to discuss CBME
- Representatives from Review Committee, ABU, and AOA
- Working on action plan for each specialty

Competency-Based Medical Education

What can programs do now?

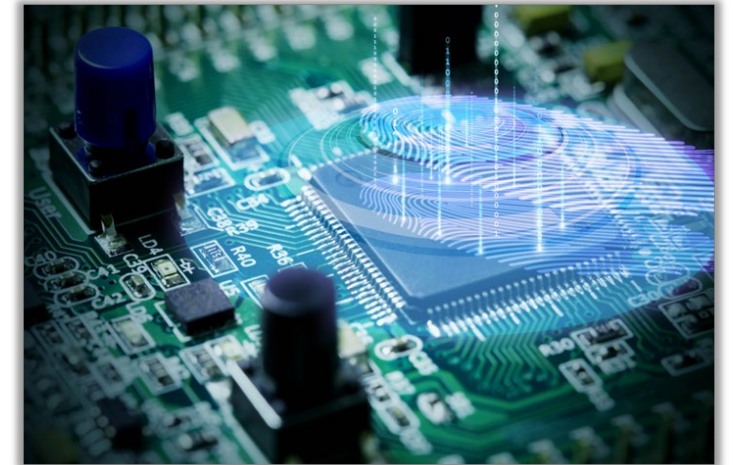
- Evaluate your program for trust and psychological safety
- Reframe residency assessment from “grading” to “tool to achieve learner goals”
- Ensure rich in-the-moment feedback is happening between teacher and learner
- Capture some of this feedback into the assessment system if you can
- Use your semi-annual meetings to regroup with learners on their progress and delineate next steps together

Medically Underserved Areas/Populations (MUAP)

- The ACGME is seeking nominations for resident and senior clinical executive leader (e.g., chief executive officers, chief medical officers, chief nursing officers) for the MUA/P Advisory Group
- Nominations were open until March 17, 2024
- For more information: [MUA/P Advisory Group](#)

The ACGME's Digital Transformation

- The ACGME is actively working on a multi-year digital transformation project
- Improve ADS
- Establish a modern data estate to improve analytics capabilities
- Create infrastructure for an outcomes-based accreditation model



STAY TUNED!

Learn at ACGME Resources

- ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation - **NEW!**
 - 13 modules for creating custom workshops
 - 50 videos in a growing training library
 - Six workshops curated by ACGME experts
- Diversity, Equity, and Inclusion Resources
 - CME Learning Path (modules structured for self-paced CME)
 - Equity Practice Toolkit

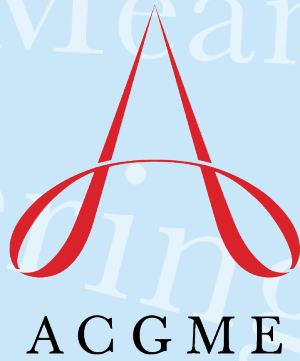
dl.acgme.org

ACGME Updates

Thomas J. Nasca, MD, MACP stepping down January 1, 2025

- Dr. Nasca served as ACGME President and CEO for 17 years
- He will transition to leading the new ACGME Center for Professionalism and the Future of Medicine
- National search underway for a new President and CEO





BACK TO BEDSIDE



- **Funding opportunity** for resident-/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024



The ACGME is now accepting nominations for the 2025 ACGME Awards.

**Deadline:
Wednesday, March 27, 2024**

For additional information and to download nomination materials:

<https://www.acgme.org/initiatives/awards/>

Where to go for help?

Review Committee Staff

Urology section of website > Contact and Support

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

Milestones Staff

milestones@acgme.org

- Milestones

ADS Staff

ADS@acgme.org

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

Field Activities Staff

fieldrepresentatives@acgme.org

- Site visit
- Self-Study



Open Dialogue with the Review Committee

Thank You!