Frequently Asked Questions: Urology Review Committee for Urology ACGME (Effective July 1, 2023)

Question Introduction	Answer
Is it possible to extend the educational program beyond 60 months to provide residents with additional time for research or clinical experience?	
[Program Requirements: Int.C.; III.A.2.b)]	Programs can also require or offer additional <i>un</i> accredited time for research and/or clinical experience. Programs can indicate that a resident is in an unaccredited training period in the Accreditation Data System (ADS) by choosing the resident status, "In Program but Doing Research/Other Training." Residents with this status cannot log cases in the Case Log System, do not complete the Resident Survey, and are not assessed on the Milestones.
	Programs must ensure that all required experiences are completed during the 60 months of accredited urology education.
How much leave time can a resident have during the educational program? [Program Requirement: Int.C.]	Residents must complete the required 60-month educational program, but there are no program requirements related to time off during that period. Programs must have leave policies consistent with the policies of their Sponsoring Institution and the applicable board [(American Board of Urology (ABU) or the American Osteopathic Board of Surgery (AOBS)].
	If it is determined a resident's educational program needs to be extended, the program should update the resident's completion date in ADS. In addition, a temporary complement increase for the additional period may need to be requested. See Requests for Changes in Resident/Fellow Complement, available on the Documents and Resources page of the Urology section on the ACGME website. A temporary increase in resident complement for up to one month does not require approval of the Review Committee.
Can a resident participate in an international rotation?	Yes. See <u>International Rotation Guidelines for Urology</u> , available on the <u>Documents and Resources</u> page of the Urology section on the ACGME website, for more information.
[Program Requirement: Int.C.]	

Question	Answer
Oversight	
What factors should a program consider when adding a new participating site?	When considering a new site, program directors are expected to balance the value of the educational experience, effect on peer interaction, distance from the primary clinical site, travel time, and impact on resident well-being. In ADS, the educational
[Program Requirement: I.B.5.]	rationale for a new participating site should address each of these factors.
When is a distant site acceptable to the Review Committee?	When considering a site, program directors are expected to balance the value of the educational experience, distance from the primary clinical site, travel time, and impact on resident well-being. The majority of resident education should take place at sites in
[Program Requirement: I.B.5.a)]	close proximity to the primary clinical site as this supports a cohesive educational experience. However, the Review Committee recognizes that there are times when residents may need to travel to a distant site for an important educational opportunity that is not available at the primary clinical site or at a nearby participating site. In ADS, the educational rationale for sites distant from the primary clinical site must include a justification, as well as a description of any travel and/or housing arrangements.
Personnel	
Does the Review Committee have specific expectations with respect to how a program provides faculty development to improve faculty members' teaching and assessment skills?	There are a number of ways to provide faculty development that will help faculty members grow in their role as clinical educators. Examples include "snippets" during faculty meetings, grand rounds speakers, readings, webinars, and national educational meetings. While faculty development is required, programs may use the activity(ies) that work(s) best in their setting.
[Program Requirements: II.B.2.f)-II.B.2.f).(4); V.B.1.a)]	
How should faculty certification information be reported in the ADS Faculty Roster? [Program Requirement: II.B.3.b)]	Most faculty members have time-limited certifications, and programs should choose one of two ways to report certification and use this consistently in the Faculty Roster: 1. Use "Time Limited/Original Currently Valid" for faculty members who have their original certification, and "Re-Certified" for faculty members who have recertified. The certification expiration date must be provided.
	OR
	 Indicate continuing certification by "MOC/CC Requirements" for American Board of Medical Specialties (ABMS) certification or "Osteopathic Continuous Certification (OCC)" for American Osteopathic Association (AOA) certification. The certification expiration date must be provided.
	For faculty members who received a time-unlimited certificate (before re-certification

Question	Answer
	was required) and have not re-certified, programs should choose "Time-unlimited."
	For faculty members who recently completed a program and are not yet certified, programs should enter "ABMS Board Eligible" or "AOA Board Eligible".
	For faculty members who do not have ABMS or AOA certification, and are not eligible for ABMS or AOA certification, programs should enter "Other Certifying Body," "Not Certified," "Certification Lapsed," or "RCPS(C)." "Other Certifying Body" and "Not Certified" require an explanation in the "Explain Equivalent Qualifications for RC Consideration" section. See the next two questions for additional information.
In what circumstances must the Committee review the qualifications of a	Programs are expected to submit a request for review by the Committee for a faculty member:
faculty member who is not certified by the by ABU or AOBS?	 whose certification is from a country outside of the United States who does not plan on becoming certified by the ABU or AOBS in the near future
[Program Requirement: II.B.3.b)]	with lapsed ABU or AOBS certification
	 A request is not needed for: a faculty member who recently completed urology residency in the United States and has not yet received ABU or AOBS certification. a non-urologist faculty member who is certified in their (sub)specialty.
What is the request process for review of a non-ABU- or AOBS-certified faculty member?	The program must submit a letter of support to the Review Committee signed by the program director and the designated institutional official (DIO). A CV for the faculty member must be attached. Email the letter to the Review Committee's Accreditation Administrator, contact information for whom can be found in the Urology section of the
[Program Requirement: II.B.3.b)]	ACGME website.
	If the Review Committee approves the individual, the program should note the approval in the ADS Faculty Roster's Specialty Certification section under "Explain Equivalent Qualifications for RC Consideration."
Resident Appointments	
How should a program initiate a complement increase request?	See Requests for Changes in Resident/Fellow Complement on the Documents and Resources page of the Urology section of the ACGME website.
[Program Requirement: III.B.]	
Educational Program	

Question	Answer
Why do chief resident rotations need to be at least two months in length? [Program Requirement: IV.C.1.a)]	Rotations of at least two months ensure chief residents have time to focus on specific urological domains while being supervised and taught by the same faculty member(s) in a consistent setting. The Committee believes longer rotations provide chief residents with better opportunities for continuity of care that help foster the essential skills for a successful transition to independent practice.
What rotations are acceptable for the three months of Uro-1 that do not have specified requirements?	Rotations can be in urology, general surgery, and/or other surgical specialties. Non-surgical rotations in anesthesiology, interventional radiology, and nephrology are also acceptable.
[Program Requirements: IV.C.3IV.C.3.d)]	
Are the rotation examples given for the general surgery and the non-urological surgery experience the only acceptable rotations to meet the requirements? [Program Requirements: IV.C.3.a).(1)-IV.C.3.a).(2).(a).(i)]	The examples are not a definitive list. A rotation is an acceptable general surgery or non-urological surgery experience if it meets the criteria outlined in the requirements, regardless of whether the rotation is listed as an example. Program directors are responsible for determining which surgery rotations at their institution meet the criteria outlined in the requirements and will provide the best educational experiences for the residents.
	Note that a program should not assume a rotation meets the criteria for a general surgery or non-urological surgery experience solely on the basis of it being used as an example. For example, a trauma surgery rotation would meet the general surgery requirement if residents directly care for patients in the intra- and peri-operative care settings, but if the trauma rotation does not include resident time in the OR, the rotation would not be acceptable.
	Contact the Review Committee Executive Director with questions.
Can any of the required six months of core surgical education take place during the Uro-2 or later?	No. The six months of core surgical education must take place during the Uro-1.
[Program Requirement: IV.C.3.a)]	
During the Uro-2-4 years, what educational experiences can take place in the six months that do not need to be devoted to clinical urology?	Rotations may be research, clinical (urology, other surgical, non-surgical), or elective, or provide another valuable educational experience (e.g., quality improvement course). Program directors should use their judgement to determine the best use of the flexible months in their educational environment.
[Program Requirement: IV.C.4.a)]	

Question	Answer
If the program chooses to have a research rotation during a flexible month in the Uro-2-4, are goals and objectives needed for the rotation?	Yes. Similar to a clinical rotation, a research rotation must have level-specific, competency-based educational goals and objectives. The goals and objectives outline what the resident is expected to demonstrate at the end of the research rotation.
[Program Requirement: IV.C.4.a)]	
Must a specific percentage of residents and core faculty members attend didactic conferences? [Program Requirement: IV.C.5.c)]	No. The Committee expects all residents to attend didactic conferences unless they are on leave, away at a meeting, on an away rotation, have a scheduled day off, or are post-call. Core faculty members are expected to regularly attend weekly didactic conferences when they are working on site.
Can a resident count cases performed during an international rotation toward minimum requirements?	No. Cases performed during international rotations should not be entered into the Resident Case Log System. For more information about international rotations, see International Rotation Guidelines for Urology on the Documents and Resources page of the Urology section of the ACGME website.
[Program Requirement: IV.C.6.] Evaluation	
Does the Review Committee expect the graduate Case Log Reports to demonstrate that graduating residents had approximately the same surgical experiences? [Program Requirement: V.A.1.d).(1).(b)]	The Committee recognizes that the program may wish to provide residents with different operative experiences based on the residents' professional goals. This is acceptable provided that graduating residents have met the minimum procedural requirements, been given equivalent procedural opportunities, and have the knowledge, skills, and behaviors necessary to enter autonomous practice in the depth and breadth of urology.
	If the program's most recent graduate Case Log Report indicates variability in resident procedural experience, program directors are encouraged to provide an explanation in the Major Changes section in ADS.
The Learning and Working Environment	
What types of quality metrics and benchmarks should be provided to residents and faculty members?	A program's quality metrics and benchmarks should represent meaningful patient data that residents and faculty members use to review practice patterns and/or outcomes. The goal is to improve patient care. Data may be at the level of the resident, faculty member, service, department, and/or site. Examples of data are hospital length stay,
[Program Requirement: VI.A.1.a).(3).(a)]	infection rate, mortality rate, and re-admission rate. Programs are encouraged to contact institutional leadership to identify existing data that will foster practice improvement. In most cases, institutions are already collecting quality data that can be used to meet this requirement.

Question	Answer
Other	
Can a program receive a citation even after demonstrating to the Accreditation Field Representative that the program is compliant with a requirement?	Yes. The Review Committee may issue or extend a citation even if the Site Visit Report indicates compliance with a requirement. The Committee may want to see new data confirming compliance (e.g., next year's Resident Survey), and/or to monitor the program to ensure sustained improvement.
Does the Review Committee have specific expectations for the program's block diagram that is uploaded into ADS?	Yes. See <u>Block Diagram: Instructions and Sample for Urology Residency and Fellowships</u> , available on the <u>Documents and Resources</u> page of the Urology section of the ACGME website.
Where can a program find information about the required procedural minimums and the Case Log System?	See the <u>Documents and Resources</u> page of the Urology section of the ACGME website. Additional information is available in ADS (ADS > Case Log Tab > Reference Materials).
Where can a program find information about a Common Program Requirement?	See Common Program Requirements Frequently Asked Questions.
Where can a program find information about site visits?	See the <u>Site Visit section</u> of the ACGME website.