

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

Requirement #: **II.C.2.a)**

Requirement Revision (significant change only):

II.C.2.a) At a minimum, the program coordinator must be provided with support equal to the dedicated time and support specified below ~~minimum of 0.5 FTE for administration of the program. (Core)~~

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

- Describe the Review Committee's rationale for this revision:
The program coordinator plays a key role in maintaining a high-quality educational program. The proposed revision is intended to ensure that the FTE support for the coordinator is sufficient to meet the administrative needs of the program. The proposed revision is in alignment with the ACGME's guidance related to dedicated administrative time.
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Resident education will be improved by ensuring sufficient support for program administrative tasks (e.g., evaluations, rotation arrangements, scheduling didactics).
- How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
- 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?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some medium and larger programs, the new requirements will represent an increase in the required coordinator FTE support. The impact on programs is expected to be limited based on review of urology program coordinator FTE in the ACGME's Accreditation Data System (ADS), which indicated that a number of medium and larger programs already meet or exceed the proposed program coordinator FTE.
- How will the proposed revision impact other accredited programs?
Other programs may be impacted if the urology program coordinator currently supports another program and additional FTE is required for urology.

Requirement #: **IV.B.1.c).(1).(k)**

Requirement Revision (significant change only):

[Residents must demonstrate knowledge of the following curricular topics:]

IV.B.1.c).(1).(k) palliative care; (Core)

1. Describe the Review Committee's rationale for this revision:
The revision reflects the Review Committee's desire to ensure residents receive education on palliative care.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
It is anticipated that patient care will be improved as residents learn the principles of caring for patients with serious illnesses.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
It is not anticipated that additional resources will be necessary as there are institutional and online educational materials on these topics available.
5. How will the proposed revision impact other accredited programs?
No impact is anticipated.

Requirement #: **IV.C.3.-IV.C.3.d)**

Requirement Revision (significant change only):

IV.C.3. The program director must be responsible for the design, implementation, and oversight of the Uro-1 year. The Uro-1 year must include: (Core)

IV.C.3.a) ~~at least~~ six months of core surgical education in rotations outside of urology designed to foster competence in basic surgical skills, the peri-operative care of surgical patients, and inter-disciplinary patient care coordination, including: (Core)

IV.C.3.a).(1) ~~at least~~ three months of general surgery rotations; and, (Core)

IV.C.3.a).(1).(a) ~~General surgery rotations must focus on the care of general surgical patients with abdominal and/or pelvic conditions (e.g., general surgery, acute care surgery, colon and rectal surgery, surgical oncology, and trauma surgery.)~~ (Core)

IV.C.3.a).(1).(a).(i)	Daily work duties must include direct, hands-on, intra-operative and peri-operative care of patients. ^(Core)
IV.C.3.a).(2)	at least three months of additional non-urological surgery rotations. ^(Core)
IV.C.3.a).(2).(a)	Non-urological surgery rotations must advance resident knowledge, skills, and abilities in the surgical care of patients relevant to the future practice of urology (e.g., advanced vascular surgery, pediatric surgery, transplant surgery, surgical critical care, and reconstructive plastic surgery). ^(Core)
IV.C.3.a).(2).(a).(i)	Daily work duties must include direct, hands-on, intra-operative and peri-operative care of patients. ^(Core)

Specialty-Specific Background and Intent: Core surgical rotations are expected to include direct, hands-on, intra-operative, and peri-operative care of patients. The three months of general surgery provide residents with education on the care of general surgical patients with abdominal and/or pelvic conditions (e.g., general surgery, acute care surgery, colon and rectal surgery, surgical oncology, and trauma surgery). The three months of non-urological surgery rotations advance residents' knowledge, skills, and abilities in the surgical care of patients relevant to the future practice of urology (e.g., pediatric surgery, plastic surgery, surgical critical care, transplant surgery, and vascular surgery).

IV.C.3.b)	at least a four week assignment on each non-urology rotation; ^(Core)
IV.C.3.c)	at least three months of urology rotations designed to develop competence 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 a foundation of urology knowledge; and, ^(Core)
V.C.3.d)	no more than three months total of non-surgical of clinical rotations designed at the discretion of the program director to further develop basic surgical skills and/or care of urological patients complement urological education which must be selected from the following: (e.g., urology, nephrology, anesthesiology, interventional radiology, general surgery, and nephrology, anesthesiology). ^(Core)

1. Describe the Review Committee's rationale for this revision:
The proposed revisions more clearly outline the Uro-1 curricular structure. Of note, the present wording has led to some confusion in the community about the required educational experiences. Importantly, the proposed revisions also provide programs with increased flexibility during the three additional months that do not have assigned content. Additionally, detailed information about the required six-month core surgical experience has been moved to a Background and Intent box to serve as program guidance.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
There will be benefits to resident education as program directors will have greater flexibility to create a Uro-1 curriculum that maximizes the best learning opportunities available at their institution.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
It is not anticipated that additional resources will be necessary.
5. How will the proposed revision impact other accredited programs?
Uro-1 residents may start to rotate on services that heretofore have not been permitted.

Requirement #: **IV.C.6.d)**

Requirement Revision (significant change only):

IV.C.6.d) The curriculum must include instruction on harassment and implicit bias, which may be delivered through in-person, virtual, synchronous, or asynchronous formats. (Core)

1. Describe the Review Committee's rationale for this revision:
The revision reflects the Review Committee's desire to ensure residents receive education on harassment and implicit bias.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
It is anticipated that resident professionalism and patient care will be improved through education on harassment and implicit bias.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.
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?
It is not anticipated that additional resources will be necessary as there are institutional and online educational materials on these topics available.
5. How will the proposed revision impact other accredited programs?
No impact is anticipated.