Disclosures

I have no relevant financial relationships or affiliations with commercial interests to disclose.
Recommendations for the Pediatric Urology Program Requirements

Byron Joyner, MD, MPA
Vice Chair, Urology Review Committee
Vice Dean for GME & DIO
University of Washington School Of Medicine
Urology Review Sub-Committee Team

• **David Joseph, MD**
  – Chief of Pediatric Urology
  – Professor of Surgery
  – Vice Chair, Academic Affairs

• **Chris Winters, MD**
  – Vice Chancellor for Clinical Affairs
  – CEO of LSU HealthCare Network
  – Department Head and Professor

• **Larry Baskin, MD**
  – Professor and Chief Pediatric Urology, UCSF

• **Kathleen Quinn-Leering**
  – Executive Director, Urology RC ACGME
Background

• Review and revise every 10 years and as needed
  – 3rd review and revision following original draft
• Goals:
  – Evolution of knowledge and innovation by specialty
• Requirement Development Team (RDT) review
  – Reduces repetition and redundancy
  – Enhances consistency and clarity
  – Standardizes formatting
  – Shortens the length of document (i.e., FAQs)
• Common language in **BOLD**
Timeline

• Review Program Requirements initiated: November 2016
• Review with Urology RC: April 2017
• First RDT Review: June 2017
• Urology RC response to RDT: July 2017
• Second RDT Review: October 2017
• Public Review & Comment: November 2017
• Public Review & Comment Ends: January 2018*
• Urology RC Review and Response: February 2018
• Review by CoR: March 2018
• Urology RC response to CoR: May 2018
• Program Requirements finalized June 2018
• Effective Date: July 1, 2019

* Only 1 comment from AMACOE
6 Sections

I. Institutions
II. Program Personnel and Resources
III. Fellowship Appointments
IV. Educational Program
V. Evaluation
VI. The Learning and Working Environment
   (Work Hours, Patient Safety, QI, Professionalism, Transitions in Care, Teamwork, Supervision, Accountability and Well-being)
Definitions

- **Core** – statements that define structure, resource or process elements essential to every GME program
- **Detail** – statements that describe a specific structure, resource or process for achieving compliance with the Core Requirement
- **Outcome** – statements that specify expected measureable or observable attributes of trainees at key stages of their GME training
SPECIFIC RECOMMENDATIONS
Int. C Duration of Training

• Pediatric Urology is a 12-month \textit{ACGME-accredited clinical fellowship} (Core)
  – There is an additional 12-month \textit{non-ACGME accredited research} part of the fellowship
Fellows’ Scholarly Activities

• IV.B.1.  
  – Formal research activity must not occur during the fellowship (i.e., clinical year) (Core)

• IV.B.2.  
  – Clarifies other forms of scholarly activity (e.g., manuscript preparation, lectures, teaching activities, abstracts, quality improvement, and research project preparation or project completion (Detail)
FAQ:
Formal Research Activity

• Refers to the key portions of a research project including data collection and the majority of data analysis.

• The twelve months of accredited pediatric urology must focus on clinical education and formal research activity should not take place during this time.

• The program must ensure that research “start-up and wrap-up” activities do not interfere with the fellows’ clinical education.
Institutions

• I.A.2 – Line 75
  – Program must be centered at a children’s hospital or medical center with pediatric medical, surgical and imaging capabilities and must be affiliated with an ACGME-accredited urology program (Core)
Institutions

• I.B.2.a. (deleted) Line 111
  – FAQ regarding participating sites offering more than 3 months or more of education

• I.B.3. Line 115
  – Length of rotation at a participating site must be adequate (1 month) to provide continuity of care and quality of educational experience (Core)
Program Personnel & Resources

• II.A.1.c. Line 134
  – Minimum length of program director leadership must be 6 years for stability and continuity; it is consistent with the length of time in position for the core residency program director. (Detail)

• II.A.2.d Line 152
  – Minimum of 4 years of experience following residency (2 years after fellowship) or qualifications acceptable to the Urology RC (Core)
FAQ: *Meaningfully Involved*

• **II.A.3.j)** Line 228

• Pediatric Urology program director should
  – Assist core PD with resident pediatric urology rotations
  – Identify scholarly activity/projects for residents
  – Participate as a CCC or PEC member for core residency program
Program Personnel & Resources

• II.A.3.f) through II.A.3.i)  

• Removed and replaced in new section IV.A.3:
  – Curriculum Organization and Fellow Experiences
    • New section conceived by the RDT (boiler plate)
    • Organizes the curriculum and didactics
    • Standardizes format of all RC documents
Faculty

• II.B.2.a) Lines 240
  – In addition to the program director, there must be a minimum of one full-time urology faculty member for each pediatric urology fellow (Core)
  – E.g., 2 fellows require 2 faculty plus PD
New Section IV.A.3

• Curriculum Organization and Fellow Experience
  Line 556 - 581

  – Organizes curriculum and conferences
  – Establishes the number of clinics per month
  – Mandates supervision by faculty
New Section VI.

- Learning & Working Environment
  - Emphasizes principles of QPS
    - Culture of safety
    - Principles of QI, Quality Metrics and Improvement
  - Espouses teamwork and well-being
  - Underscores professionalism and humanism
  - Stresses accountability and supervision
  - Encourages curiosity, intellectual rigor and discovery
THANK YOU