

Radiation Oncology Review Committee Update

Cheryl Gross, MA, CAE, Executive Director

SES091

Conflict of Interest Disclosure

Speaker:

Cheryl Gross, MA, CAE

Disclosure to the Learner:

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 healthcare products used by or on patients.

Radiation Oncology Review Committee Members

Michael Steinberg, MD, FASTRO, FACR (*Chair*)

Prajnan Das, MD, MS, MPH, FACR (*Vice Chair*)

Ronald Chen, MD, MPH

Brian Davis, MD, PhD

Christina Huang, MD (*Resident Member*)

Janice Kishner, RN, MSN, MBA, FACHE (*Public Member*)

Louis Potters, MD, FACR, FASTRO, FABS

Rahul D. Tendulkar, MD

Michael Yunes, MD (*Ex-Officio, ABR*)

New RC Member (2025-2031)

Rahul Tendulkar, MD

Cleveland Clinic Department of
Radiation Oncology

Vice Chair of Education

Associate Program Director

Clinical Director



The Stats



Radiation Oncology Programs

Academic Year	# Approved Residents	# Programs
2024-2025	792	87
2023-2024	804	89
2022-2023	809	90
2021-2022	813	90
2020-2021	819	91

Current RO Programs (n=87) (as of June 30, 2025)

Accreditation Status	# Programs
Continued Accreditation	84
Continued Accreditation with Warning	2
Probation	1

Program Size – 2024-2025

Number of Approved Positions	Number of Programs
1-5 Residents	14
6-10 Residents	51
11-15 Residents	16
16+ Residents	8

Filled	Number of Approved Positions
Range	4-30
Mode	8
Median	8
Mean	9

93.2% of Approved Positions are Filled

Annual RC Activities

RC meets at least twice a year to review:

- Applications
- Permanent Complement Increase Requests
- Annual Data
 - *Programs with Citations*
 - *Programs with Annual Data Indicators*
- Accreditation Site Visits
- Complaints

New Nutrition Requirements – Upcoming Review and Comment

- **Required Competency:**
 - Residents must demonstrate the ability to work collaboratively with other health professionals to deliver multidisciplinary nutrition care. (Systems-based Practice)
- **Teamwork**
 - Resident experience in team-based care must/should include experience working with other health professionals to deliver multidisciplinary nutrition care.

Program Requirements



Burden Reduction

- In service to ongoing burden reduction, the Common Program Requirements (CPR) Task Force identified 10 requirements that are slated for deletion when the full set of new CPRs is posted for Public Comment in late 2026
- Given the timeframe until the new CPRs are effective (likely in 2028), these 10 requirements are suspended effective February 7, 2026 (date of Board decision)

10 Suspended Requirements

- CPR 1.2 “The Review Committee may specify which other programs must be present at the primary clinical site”
- CPR 1.3.a. “The PLA must be renewed at least every 10 years”
- CPR 2.2.a. “Final approval of the program director resides with the Review Committee”

10 Suspended Requirements

- CPR 2.8.c “Faculty members must administer and maintain an educational environment conducive to educating residents”
- CPR 4.2.a “[The curriculum must contain the following educational components:] a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members”

10 Suspended Requirements

- CPR 4.2.e. “[The curriculum must contain the following educational components:] formal educational activities that promote patient safety-related goals, tools, and techniques”
- CPR 5.5.f. “The Program Evaluation Committee must evaluate the program’s mission and aims, strengths, areas for improvement, and threats”
- CPR 5.5.h. “The program must complete a Self-Study and submit it to the DIO. ”

10 Suspended Requirements

- CPR 6.24 “A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. ”
- CPR 6.24.a. “In preparing a request for an exception, the program director must follow the Clinical and Educational Work Hour Exception Policy from the ACGME Manual of Policies and Procedures”

Section I: Specialties

(enforced after June 2026 -- ????)

- I.B.1.a) The Sponsoring Institution must sponsor at least one hematology and medical oncology and/or medical oncology program. (Core)

Section I: Specialties

(Enforced after June 2026 - ????)

- I.B.1.b) The Sponsoring Institution should also sponsor or have affiliations with ACGME-accredited programs in pathology, surgical oncology, and at least one other oncologic-related discipline sufficient to foster interdisciplinary care and enhance the education and training of the radiation oncology residents. (Detail)
- I.B.1.b).(1) If the primary clinical site is not the same as the Sponsoring Institution, it must be the primary teaching institution(s) for the above-named programs. (Detail)

Section I: Oncologic-Related Specialties

(Enforced after June 2026 - ???)

- Colon and rectal surgery
- Complex general surgical oncology
- Gynecologic oncology
- Hospice and palliative medicine
- Micrographic surgery and dermatologic oncology
- Musculoskeletal oncology
- Neurological surgery
- Otolaryngology - head and neck surgery
- Pathology and oncology-related subspecialties (cytopathology, dermatopathology, hematopathology, selective pathology)
- Pediatric hematology/ oncology
- Thoracic surgery
- Urology

Section I: Participating Sites

(Enforced after June 2026)

- I.B.5.a) At least 75% of the residents' educational experiences (i.e., clinical rotations and non-clinical activities) must take place at the primary clinical site; **or,** (Core)
- I.B.5.b) At least 90% of the residents' educational experiences must take place at the primary clinical site and one other participating site. (Core)

NOTE: Does NOT include non-clinical time after the 36 months of clinical time requirement is sufficed.

Section II – Faculty Members

- In addition to the program director, minimum of 4 FTE radiation oncologists at the primary clinical site
- Core faculty includes:
 - Cancer/Radiation Biologist
Responsible for radiation oncology resident education and oversight & organization of on-site didactic curriculum
 - Medical Physicist

Section II – Faculty Members

- II.B.4.b).(1) The core clinical faculty must include a minimum of four clinical physician faculty members, defined as physicians who practice clinically and who lead or co-lead clinical rotations for residents. (Core)
- II.B.4.b).(1).(a) Programs, regardless of size, must maintain a ratio of at least 1.5 clinical physician faculty members to each resident. (Core)

Section II: Program Coordinator

Number of Approved Resident Positions	Minimum FTE
1-6	0.5
7-10	0.7
11-15	0.8
16-20	0.9
21-25	1.0
26-30	1.1

Section III: Resident Appointment

PGY1 (fundamental clinical skills year) **MUST** be completed in an ACGME or ACGME-I accredited program

NO exceptions

Even if resident completed full radiation oncology program in another country, **MUST** have PGY1 in accredited program

American Board of Radiology offers **IMG Alternate Pathway**

Case Log Implementation

Category	
External Beam Radiation Therapy	450 simulations
Brachytherapy Interstitial	7
Brachytherapy Intracavitary	15
Cylinder Procedures	5 or fewer
Tandem Procedures	10
Pediatric Solid Tumor	9
Pediatric Total	12
SRS/Brain	20
SBRT	10
Unsealed Sources	8 total
I-131 Procedures	3
Parenteral Admin	5

IV.C.5 - Case Logs

Each resident must perform at least 450 simulations with external beam radiation therapy.

Holman Pathway residents must perform at least 350 simulations

A resident should perform no more than 350 simulations with external beam radiation therapy in any one year

Case Log Requirements

Interstitial – 7 procedures

Intracavitary – 15 procedures

Minimum of 5 tandem-based insertions for 2 patients

Maximum of 5 cylinder insertions

Radioimmunotherapy – 8 procedures

Minimum of 5 parenteral administrations

Case Log Minima – Site Specific

(June 2026 Graduates and Beyond)

Simulation	Required Minimum
Bone/Soft Tissue Sarcoma	5
Post-Mastectomy Breast	11
Central Nervous System	19
Head and Neck	31
Esophagus	5
Anorectal	10
Non-Prostate Genitourinary	3
Gynecologic	10
Lymphoma	8
Non-Small Cell Lung Cancer	16

Case Log Minima – Site Specific

(June 2026 Graduates and Beyond)

- IV.C.5.d) At most, two cases, or up to 25 percent of each of the above site-specific minimum requirements, whichever is greater, may be logged as observed cases to meet the minimum requirement. (Outcome)
- IV.C.5.e) Holman Pathway residents must simulate at least 75 percent of each of the above site-specific minimum requirements. (Outcome)

Medical, Parental, Caregiver Leave(s) of Absence

ACGME Institutional Requirements, effective July 2022

- Minimum of six weeks of leave at least once and at any time during an ACGME-accredited program
- Provide residents/fellows equivalent of 100 percent of salary for first six weeks of first approved leave
- At least one week of paid time off outside the first six weeks of first approved leave
- Continue health and disability insurance benefits for residents/fellows and eligible dependents during approved leave

Medical, Parental, Caregiver Leave(s) of Absence

- Review Committee allows flexibility in approved leaves of absence
 - *Clinical experience requirements must be met (includes Case Logs)*
 - *Clinical Competency Committee must deem the affected resident fully prepared for autonomous practice*
- Consult with ABR regarding any certification implications

Complement Requests - Temporary

- Intended for remediation or off-cycle residents ONLY
- For less than 90 days – not required
- Over 90 days – submit request through ADS
 - *Request should not exceed one resident*
 - *Less than two years*

Complement Requests - Permanent

Must demonstrate sufficient case volume over a multi-year period

Not approved proactively for program enhancements, new equipment, or new faculty members not yet in place

Considered by full Review Committee during regularly-scheduled meetings

Recommended that any citations or AFIs on the program be fully resolved before requesting

Need appropriate educational rationale (*i.e., not to assist program in staffing*)

Case Log User Guide

Case Log User Guide Radiation Oncology



Contents

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ADS - Holman Pathway

Identify Holman Pathway
for residents in ADS roster

Case Logs for Holman
residents will automatically
apply

2. Resident Status

Current Status:
Active Full time

Specialty Track:
Select One
Select One
Traditional
Holman Pathway

Type of Position:
Categorical

Year In Program:
1

Reminder: AU-E Designation Discontinued

- Authorized User is a designation by the NRC for an individual who meets the training and experience requirements and is added to the institution/facility/practice upon request and approval of the required credentials.
- Authorized User-Eligible (AU-E) was an ABR certificate designation that allows a candidate to submit training and experience documentation to the ABR as part of the process for eventually requesting, if needed, the Authorized User designation from the Nuclear Regulatory Commission (NRC).

AU-E Designation Discontinued

- Review your program's curriculum in radiation safety with the NRC requirements in mind
- Keep track of each resident's meeting the requirements
- It is likely that the programs themselves will be the "certifying body" for each resident, based on the resident meeting NRC curriculum requirements

Proposed Program Requirement Addition

4.4.b Residents must demonstrate compliance with radiation safety rules and regulations, including Nuclear Regulatory Commission (NRC) or agreement state rules, local regulations, and the ALARA (as low as reasonably achievable) principle for radiation protection. (Core)

Programs on Continued Accreditation (CA) random sampling site visits

- The ACGME conducts site visits annually for programs with a Continued Accreditation status through a random sampling process.
- For the current academic year, 250 site visits were selected and will be scheduled between April and October 2026.

Academic Year	Number of Randomly Selected Site Visits	Number of Completed Site Visits	<u>Post Site Visit Accreditation Decisions</u>
2023-2024	150	148*	<ul style="list-style-type: none"> • 140 Continued Accreditation • 7 Continued Accreditation with Warning • 1 Probationary Accreditation
2024-2025	200	198*	Decisions in progress
2025-2026	250	In progress	Decisions in progress

*Several programs voluntarily withdrew their accreditation after selection or were pulled for other types of site visits.

Recent Requirement Revisions – July 2026

Focused Revision to Common Program Requirements

#ACGME2026

Faculty qualifications

- Removes specialty-specific language that does not allow for alternate qualifications

Resident transfers


- Removes restrictions from specialty requirements that do not allow transfers

Coming in July 2026!

Frequently Asked Questions (FAQs) integration into Requirements documents

- As part of the ACGME's Digital Transformation and following the reformatting of all Requirements documents, FAQs will be integrated into the Requirements documents.
- All Common FAQs and specialty/subspecialty-specific FAQs will be available linked directly to specific requirements, where applicable.
- Except for FAQs already undergoing revision, **the content of the FAQs is not changing**, just their integration into requirements documents for ease of access.
- Revisions were also made to Resident/Fellow Transfers and Faculty Certification in many Program Requirements, effective July 1, 2026.

Frequently Asked Questions (FAQs) integration into Requirements documents



ACGME Program Requirements for
Graduate Medical Education in
Anesthesiology with FAQs

Revision Information

ACGME-approved interim revision September 3, 2025; effective September 3, 2025

ACGME-approved interim revision September 29, 2025; effective July 1, 2026

Definitions

For more information, see the [ACGME Glossary of Terms](#).

Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs with or applying for Osteopathic Recognition, the Osteopathic Recognition Requirements also apply (www.acgme.org/OsteopathicRecognition).

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Anesthesiology with FAQs
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Frequently Asked Questions (FAQs) integration into Requirements documents

1.2. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

1.2.a. The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)

[See FAQ in Appendix]

Anesthesiology with FAQs

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7. Frequently Asked Questions: Anesthesiology

Review Committee for Anesthesiology

ACGME

Section 1: Oversight

Questions concerning *"The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)"* (1.2.a)

Q: How can affiliation with ACGME-accredited general surgery and internal medicine residency programs be demonstrated?

A: If the program's Sponsoring Institution does not sponsor ACGME-accredited residencies in both general surgery and internal medicine, affiliation can be demonstrated to the Review Committee as to the relationship between the programs through an affiliation agreement, program letter of agreement (PLA), or an explanation of how affiliation is demonstrated through the integration of resident education with each of the specialties.

Questions concerning *"Residents should not be required to rotate among multiple participating sites. (Detail)"* (1.6.a.1.a)

Q: Why should residents not be required to rotate among multiple participating sites?

A: The intent of this requirement is to ensure residents are not required to travel unnecessarily to hospitals or other clinical sites for education or training that could reasonably be provided locally by the Sponsoring Institution's affiliated sites. The Review Committee understands that some programs, such as those sponsored by institutions in rural areas based on a consortium model, will by necessity have residents rotate across three to four sites to achieve the required rotations. The focus of the requirement is to protect the residents from being used to meet the service needs of multiple hospitals/clinical operations.

Anesthesiology with FAQs

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Update: Projected Common Program Requirement Major Revision Timeline





Program Review



Annual Timeline

Aug/Sep

Oct/Nov

January

April

Annual ADS
Data Input

Data
Analysis

RC
Meeting
Review

RC
Meeting
Follow Up

Majority of
Programs
Reviewed

Programs
with Annual
Indicators
Reviewed

The Review Process

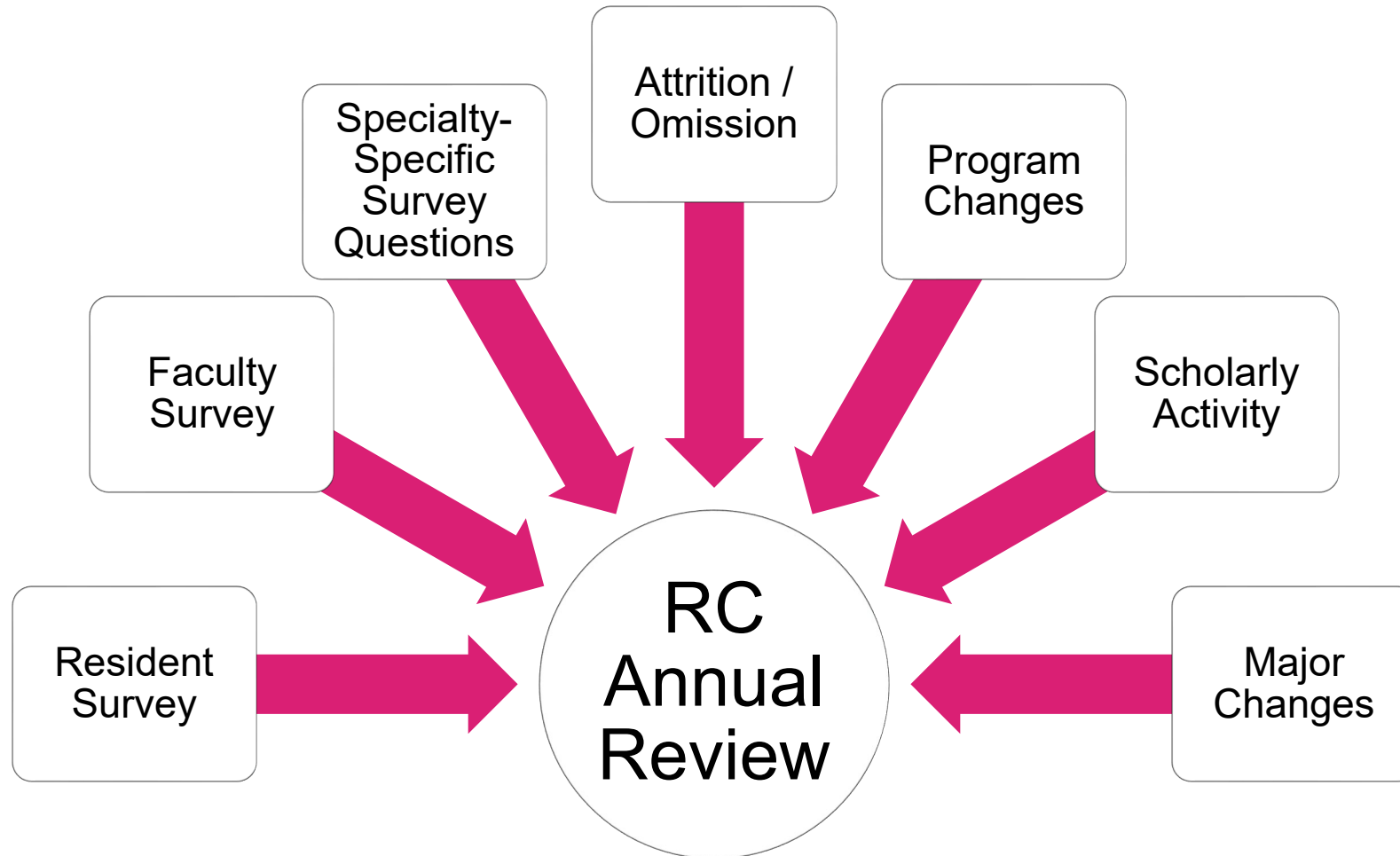
Staff Review

- *Broad Review of all Data – Concerns Flagged*

Committee Review

- *Programs on Warning or Probation*
- *Programs with Active Citations*
- *Data Concerns*

Annual Review Elements



Possible Accreditation Statuses

Continued Accreditation

Substantial compliance with requirements

Continued Accreditation with Warning

Areas of non-compliance that may jeopardize accreditation – *NOT an adverse action*

Probation

Failure to demonstrate substantial compliance with requirements

Withdrawal

Non-substantial compliance with requirements

What is substantial compliance?

- Not perfection, not all or nothing
- The RC aims to be consistent, but we believe that human judgment and peer-review are necessary to make this determination
- The RC gets input from various perspectives
- We need your help in getting the best information possible

Citations and AFIs

- **Citation:**
 - Failure to substantially comply with accreditation standard
 - Always linked to a program requirement
- **Area for Improvement (AFI):**
 - Area of concern, concerning trend, tip and/or “heads up” about issue that could turn into a citation
 - Not necessarily linked to a requirement

Citations vs. Areas for Improvement

Area for Improvement (AFI)

- Program areas of concern noted by the Committee that could escalate into a citation if not addressed (*e.g., Resident/Fellow Survey results*).
- *While the program does not need to formally reply, there is a section in ADS to allow for such.*

Citation

- Detailed areas of non-compliance with the Program Requirements.
- Must be addressed in ADS (*e.g., program provides details on faculty development activities*).
- Must be reviewed by Review Committee annually to determine if citation was resolved or extended (and why).

What is a Citation?

- A formal documentation that the program has not provided evidence of substantial compliance with the requirement(s)
- NOT a punishment, a warning, or a probation
- By issuing a citation, RC is asking for a written response from the program explaining the situation with a plan to improve it

What are we trying to achieve with a citation?

- A citation points to specific areas that needs to be improved to be in substantial compliance with requirements
- We hope it gives programs the leverage to get needed resources and make changes that will improve the educational and teaching environment as well as patient care

Common Citations

- Faculty/Resident Scholarly Activity
- Qualifications of Faculty (subspecialty)
- Responsibilities of Program Director (Failure to provide accurate/complete information)
- Responsibilities of Faculty
- Curricular Development
- Evaluation of Residents
- Educational Program – Patient Care Experience and Didactic Components

What's an Area for Improvement (AFI)?

- An AFI points to an area of concern that does not rise to the definition of citation: “not in substantial compliance with requirements”
- We do not require but welcome responses in the ADS from programs for an AFI.
- We hope that an AFI can also be used as an impetus to improve programs and resources.

Resident Survey Areas



Resident Survey Content

- Resources
- Professionalism
- Patient Safety and Teamwork
- Faculty Teaching and Supervision
- Evaluation
- Educational Content
- Clinical Experience and Education



Resources



- Education compromised by non-physician obligations
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions

Professionalism

- Residents/fellows encouraged to feel comfortable calling supervisor with questions
- Faculty members act professionally when teaching
- Faculty members act professionally when providing care
- Process in place for confidential reporting of unprofessional behavior
- Able to raise concerns without fear of intimidation or retaliation
- Satisfied with process for dealing confidentially with problems and concerns
- Personally experienced abuse, harassment, mistreatment, discrimination, or coercion
- Witnessed abuse, harassment, mistreatment, discrimination, or coercion

Patient Safety and Teamwork

- Information not lost during shift changes, patient transfers, or the hand-over process
- Culture reinforces personal responsibility for patient safety
- Know how to report patient safety events
- Interprofessional teamwork skills modeled or taught
- Participate in adverse event investigation and analysis
- Process to transition patient care and clinical duties when fatigued

Faculty Teaching & Supervision

- Faculty members interested in education
- Faculty effectively creates environment of inquiry
- Appropriate level of supervision
- Appropriate amount of teaching in all clinical and didactic activities
- Quality of teaching received in all clinical and didactic activities
- Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability

Evaluation

- **Access to performance evaluations**
- Opportunity to confidentially evaluate faculty members at least annually
- Opportunity to confidentially evaluate program at least annually
- **Satisfied with faculty members' feedback**

Educational Content

- Instruction on minimizing effects of sleep deprivation
- Instruction on maintaining physical and emotional well-being
- Instruction on scientific inquiry principles
- Education in assessing patient goals e.g. end of life care
- Opportunities to participate in scholarly activities
- Taught about health care disparities

Clinical Experience and Education

- 80-hour week (averaged over a four-week period)
- Four or more days free in 28-day period
- Taken in-hospital call more than every third night
- Less than 14 hours free after 24 hours of work
- More than 28 consecutive hours work
- Additional responsibilities after 24 consecutive hours of work
- Adequately manage patient care within 80 hours
- Pressured to work more than 80 hours

Receiving The Survey Results

Resident

At least 70% resident/fellow response rate

At least 4 residents have responded

Faculty

At least 70% of faculty have responded



Limitations

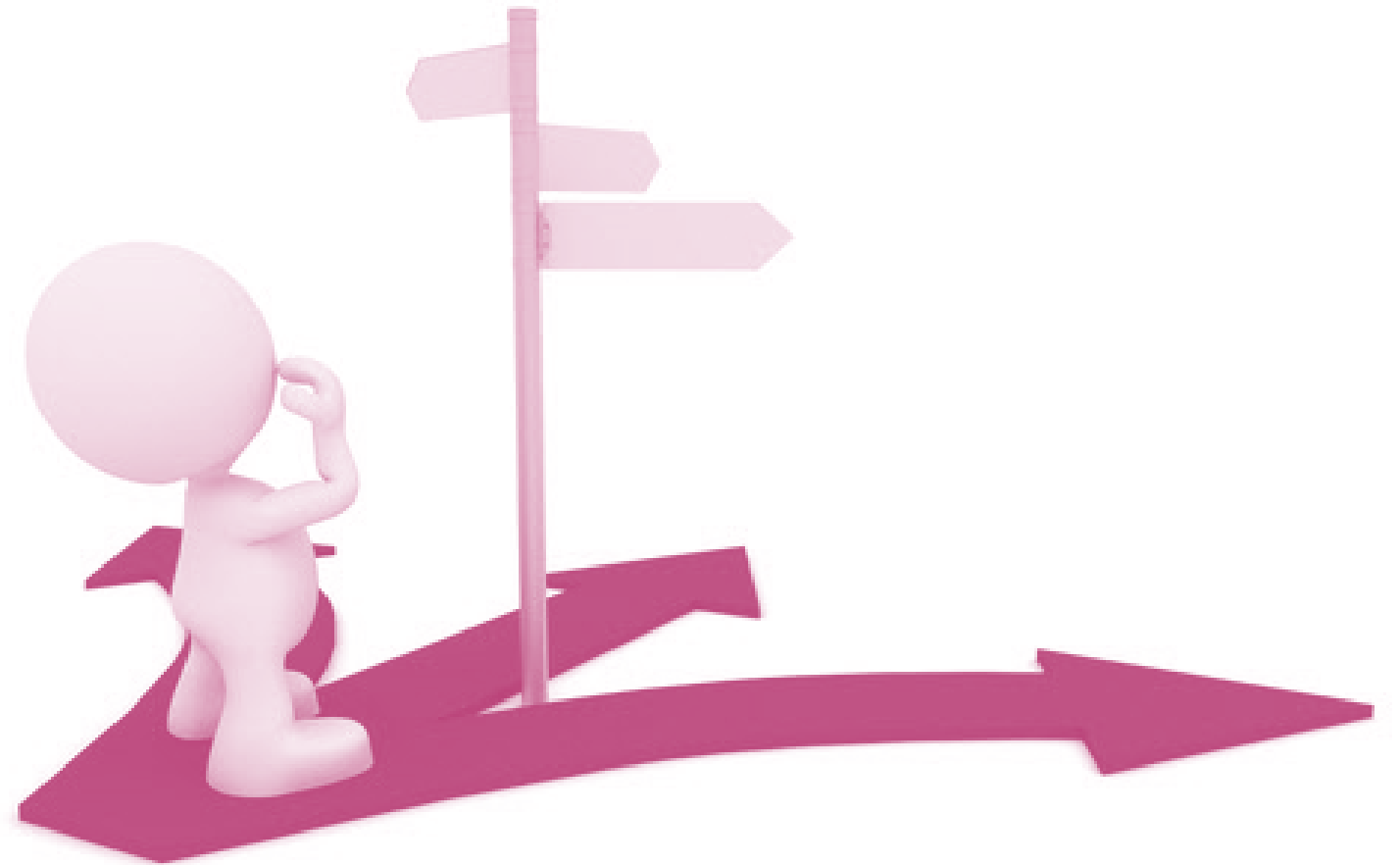
Small programs



One or two concerned residents can affect results (*RC is aware of this, and takes into consideration*)

Confidentiality is more challenging

Tips



Common RC Concerns

Inaccurate/Incomplete information in Annual
ADS Update

Faculty / resident scholarly activity

Response to Citations

Lack of documentation (when requested)

Website Information

- [Block Diagram Instructions](#)
- [FAQs](#)

How to Respond to Citations

- Look at citation with an open mind
 - *It's not personal!*
 - *Citations are based on the information the Review Committee sees*
- If it's not written, it didn't happen
- Have others read responses for tone – strive for objectivity

How to Respond to Citations

- Provide the information requested
 - *If data is requested, provide the data*
 - *If you don't understand, call or email*
- Thoroughly respond to each concern within the citation and beyond
 - *If there are multiple concerns, show how they've been resolved or are being resolved*

HOW TO REALLY RESPOND TO CITATIONS TO RESOLVE THEM

- How did you engage residents and faculty in investigating the issue?
- What is the issue?
- What actions will/have you implemented to correct the issue?
- How will you monitor and sustain the improvement?

Responding to Citations

Learn @ ACGME –
Course on
responding to
citations



Other Initiatives



Coordinator Timelines

- Developed by the ACGME Coordinator Advisory Group
 - [Residency](#)
 - [Fellowship](#)
 - [Institutional](#)
- Coordinator Orientation
 - [Handbook](#)
 - Learning Companion at [Learn at ACGME](#)



 Listening  Information  News  Collaboration

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ACGME Cloud

Reducing Burden | Reimagining GME

ACGME to Launch Next Phase of ACGME Cloud with New Features in April including a Unified User Experience and ACGME Cloud | Analytics Additions and Enhancements!

Learn More and connect with the ACGME team at the conference:

- Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall
- Attend two key sessions on Friday, February 20
 - Featured Plenary SES003, Harnessing AI Agents in the GME Office: Innovations and Future Directions
 - SES022, ACGME Cloud: Progress, Next Steps, and Ways to Stay Engaged

Contact Cloud@acgme.org with questions.

ACGME Cloud

Reducing Burden | Reimagining GME

New ACGME Cloud features launching in April will offer:

- Unified User Experience – simplified, streamlined navigation across ACGME Cloud and the Accreditation Data System (ADS), including a user-friendly way to switch between products and an AI-powered smart search to find information in ADS and complete tasks.
- ACGME Cloud | Analytics Additions and Enhancements – additional dashboards for the annual Resident/Fellow and Faculty Surveys, operational dashboards, and Milestones dashboards.

Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall to learn more!

Contact Cloud@acgme.org with questions.



FUNDING OPPORTUNITY FOR RESIDENT AND FELLOW LEADERS



OPPORTUNITY DESCRIPTION

Resident- or fellow-developed and led projects to enhance meaning in clinical learning environments by fostering the physician-patient relationship



PROJECT ASSESSMENT CRITERIA

- Strengthens relationships with patients
- Sustainable
- Adaptable to other programs or contexts
- Innovative and cost-effective



PROJECT FUNDING

Additional travel stipend available to offset costs to attend Learning Collaborative meetings in Chicago, Illinois and the 2028 ACGME Annual Educational Conference in Orlando, Florida.

FUNDING OPTIONS

- 1: up to \$10,000
- 2: up to \$5,000



**SCAN QR CODE
FOR MORE INFO**

**PROPOSALS DUE:
APRIL 20, 2026**

CONTACT US

We want to help!

Review Committee Staff

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- *Program Requirements*
- *Letters of Notification*
- *Complement requests*

ADS Staff

ADS@acgme.org

- *ADS*
- *Surveys*

Field Activities Staff

fieldrepresentatives@acgme.org

- *Site Visits*

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Deadline – March 13, 2026

Questions? cme@acgme.org



Thank you!

Questions?