

SCAROP

August 25, 2021

Dr. Neha Vapiwala
Chair, Radiation Oncology Review Committee

Ms. Cheryl Gross
Executive Director, Radiation Oncology Review Committee

Dear Dr. Vapiwala and Ms. Gross,

As the Society for Chairs at Academic Radiation Oncology Programs (SCAROP), we applaud the ACMGE leadership in advancing these proposed revisions for radiation oncology residency programs, as released in July 2021. We appreciate your willingness to consider and implement changes that will have a lasting beneficial impact on our field.

We wholeheartedly support the spirit of these changes as needed improvements to promote a culture of lifelong learning for our residents. As well, being trained in an environment with other relevant specialties is of equal importance and value. We would like to point out however, that there exists strong, well-regarded residency programs that are currently providing a rich training environment which would not meet either the proposed revision at I.B.1.a-b (requiring an expansion in the number of ACGME-accredited fellowship), or the proposed requirement of I.B.5.a-b (residents need to spend 75% of their time at the primary clinical location or 90% at two locations). We would therefore encourage your Review Committee to consider modifications that could nuance or accommodate those unique situations to avoid unanticipated consequences.

We look forward to ongoing conversations with the ACGME on how your proposed changes and others can continually improve the learning environment for our radiation oncology residents. We share a common goal of improving the health care of cancer patients through education and research, and we very much look forward to collaborating with you on this important endeavor.

Sincerely,

Fei-Fei Liu, MD, FASTRO
on behalf of the [SCAROP Executive Committee](#)

ACGME Requirements Review and Comment Form

Title of Requirements	Focused Revision – Radiation Oncology
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Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Select [X] only one	
Organization (consensus opinion of membership)	X
Organization (compilation of individual comments)	
Review Committee	
Designated Institutional Official	
Program Director in the Specialty	
Resident/Fellow	
Other (specify):	

Name	Fei-Fei Liu, MD, PhD
Title	Chair
Organization	Society of Chairs of Academic Radiation Oncology Programs (SCAROP)

As part of the ongoing effort to encourage the participation of the graduate medical education community in the process of revising requirements, the ACGME may publish some or all of the comments it receives on the ACGME website. By submitting your comments, the ACGME will consider your consent granted. If you or your organization does not consent to the publication of any comments, please indicate such below.

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The ACGME welcomes comments, including support, concerns, or other feedback, regarding the proposed requirements. For focused revisions, only submit comments on those requirements being revised. Comments must be submitted electronically and must reference the requirement(s) by both line number and requirement number. Add rows as necessary.

	Line Number(s)	Requirement Number	Comment(s)/Rationale
1	89-103	I.B.1.a-b	SCAROP endorses this proposed change for sponsoring institutions to offer both a medical/hematologic malignancy fellowship AND at least three surgical oncology fellowships. As we have previously stated, this proposed change allows trainees to participate in tumor boards for other specialties and the opportunity to learn with other oncology trainees in a multidisciplinary care setting, which is the cornerstone of oncology care. While SCAROP has some concerns about unintended

	Line Number(s)	Requirement Number	Comment(s)/Rationale
			consequences of this proposed change and establishing requirements that are difficult for the Dept Chair to address, SCAROP thinks that the benefits of a rich multidisciplinary oncologic training environment outweigh the concerns. We seek to create the best oncologic learning environment for our trainees.
2	133-139	I.B.5.a-b	SCAROP supports this proposed change that residents spend 75% of their time at the primary clinical site, or 90% of their time at the primary and one additional site, or as required to fulfill their training requirements (e.g. pediatrics, proton). We believe this proposed change will result in a more consistent education and training experience for residents. We would note, however, that there are strong, well-regarded residency programs that do not meet this requirement and urge the ACGME to consider modifications that could nuance or accommodate those unique situations to avoid unanticipated consequences.
3	528-537	II.B.4.b).(1).(a)	We agree with the Review Committee's perspective that the increase in clinical faculty ratio to 1.5 faculty:1 resident is necessary to provide a more comprehensive learning and scholarly environment for residents.
4	191-199	I.D.1.a).(2)	We agree that the primary clinical site must support a majority of the mandatory procedures and brachytherapy cases needed to meet current requirements where teaching of the procedure allows for semi-autonomous competencies. We believe it is imperative that residents see brachytherapy patients throughout the full continuum of care: in consultation, during the procedure, and in follow-up.
5	955-991	IV.C.5.c)-IV.C.5.e)	SCAROP supports the intention and direction the Review Committee is heading with case minimums and is supportive of the slate as proposed.
6	1719-1727	VI.A.2.c).(1).(b).(i)	SCAROP supports the inclusion of telecommunication as an appropriate venue for faculty supervision of residents. Due to COVID, we have all rapidly adapted and are conducting telehealth visits with our patients. We anticipate that the use of telehealth will continue and support this proposal that faculty and residents interact together with patients on telehealth platforms.
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	Line Number(s)	Requirement Number	Comment(s)/Rationale
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General Comments:

SCAROP applauds the leadership of the ACMGE in advancing these proposed revisions. In particular, we wholeheartedly support the three proposed requirements (increase in other oncologic specialty fellowships at the sponsoring institution, increase in resident time at the primary clinical location, and increase in faculty ratio) as necessary changes to promote a culture of lifelong learning in our residents. These improvements will facilitate residents' ability to adapt to a rapidly changing specialty and manage patients in which breakthroughs in our scientific understanding shift treatment paradigms. We look forward to ongoing conversations with the ACGME on how these proposed changes and others can continually improve the learning environment for radiation oncology residents.