Review Committee for Internal Medicine Update

Donna Polk

Member, RC for Internal Medicine

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ACC

March 2018

No conflicts to disclose

**New ACGME/
RC-IM Initiatives**

CPRs Section I-V

*Scholarship sub
FAQ*

IM2035

**NAS Review:
Processes**

*Continuous
Accreditation*

*Self-Studies/
10-year Visits*

Milestones V.2

New ACGME/
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Accreditation*

*Self-Studies/
10-year Visits*

Milestones V.2

Revision of Common Program Requirements (CPRs) Phase II: Section I-V

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ACGME

MEMO

DATE: February 6, 2018
FROM: Thomas J. Nasca, MD, MACP, Chief Executive Officer,
Accreditation Council for Graduate Medical Education (ACGME)

The Phase 2 Common Program Requirements Task Force completed its preliminary work on Sections I-V. The proposed Requirements, along with an Impact Statement, are now available for review and comment through Tuesday, March 22, 2018. Based on input received during this public comment period, the Task Force will submit the final proposed requirements to the ACGME Board of Directors for approval, with implementation targeted for July 1, 2019.

This is the second and final phase of the Common Program Requirements review process. The ACGME Board of Directors initiated this periodic review and revision of the Common Program Requirements in the fall of 2015. Phase 1 was completed with ACGME Board approval of revisions to Section VI in February 2017; those changes became effective July 1, 2017 for both residency and fellowship programs.

To address inherent differences in specialty and subspecialty training, the Phase 2 Task Force developed two sets of Common Program Requirements – one specific to residency programs, and a separate set for fellowships. The fellowship version applies to all subspecialty programs, regardless of program length, and will replace the separate One-Year Common Program Requirements. Section VI, previously approved, will remain identical for both residency and fellowship programs.

NEW

Revision of CPRs Section I-V

Some of the biggies…
- Almost all are "core" PRs
- Some CPRs removed to go into to-be-created PD Guide
- 2 sets – residency and fellowship
- *Mission* and *aims*
- AOA certification acceptable for physician faculty
- "Core Faculty" is now in the CPRs
- Coordinator support in residency CPRs, 50%FTE
- SA overhauled
- More language in the APE
- New certification exam CPRs
- Less sub-competencies for fellows
- Fellows can practice in core specialty, up to 20%

Comments due: March 22

Reviewed at June ACGME Board meeting. If approved, effective July 2019.

Scholarship for Subspecialty Faculty

In the past, the RC-IM has had a very high bar for scholarship from fellowship faculty—X publications from Y faculty (varies by complement).

Not meeting that minimum number of required publications led to citations for existing programs, and accreditation was withheld from new applications.

That was the past…

New Scholarship FAQ for subs

The Review Committee requires that fellowship education occur in an environment of inquiry, scholarship, and research productivity in order to promote and inspire a professional commitment to lifelong learning. It concluded that current PRs II.B.7.e.(1-2) too narrowly defined scholarship. As such, **the Committee has broadened its interpretation of scholarship and now considers the scholarship of not only discovery, but also application, integration and teaching, as long as the scholarly products are characterized by clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique.** [1,2,3,4]

The Committee expects programs to document annually that 50% of the key clinical faculty (KCF) engage in a *variety* of scholarly activities, as listed in section II.B.5.a & b (1-4). If 50% of the KCF give grand rounds presentations exclusively, the program will not have demonstrated compliance with the expectation because the program has not provided evidence of a variety of scholarly activity. The Committee considers the fellows' scholarly output as well as their perceptions of whether the program has created a scholarly environment when determining whether the program has adequately established and maintained an environment of inquiry and scholarship.

*http://www.acgme.org/Portals/0/PDFs/FAQ/140s_*
GeneralSubspecialtiesFAQs.pdf?ver=2017-07-27-144107-113
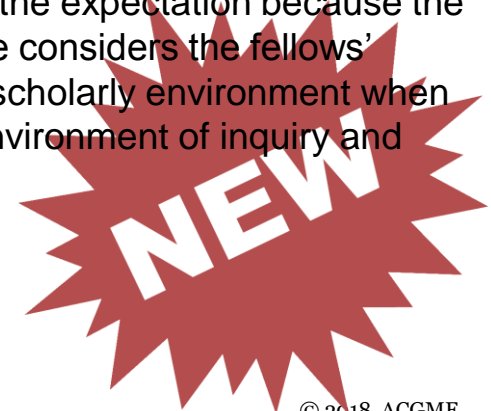
Scholarly activity:

- Research in basic science, education, translational science, patient care, or population health

- Peer-reviewed grants

- Quality improvement and/or patient safety initiatives

- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports

- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials

- Contribution to professional committees, educational organizations, or editorial boards

- Innovations in education

Scholarly activity

The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:

- faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor
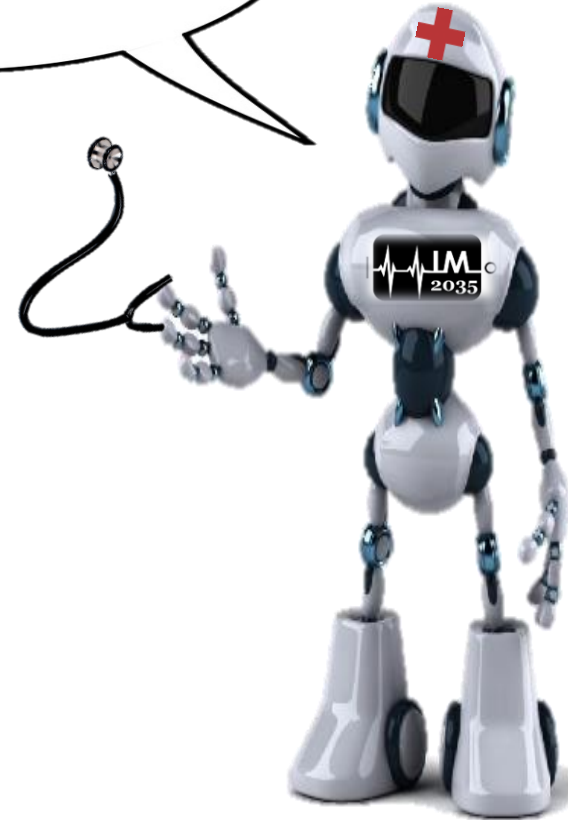
Scenario planning…

- **We are using *scenario planning* to revise the program requirements.**
- **This is new terrain.**
- **Scenario planning was used initially by the ACGME BOD in 2013-14**
- **Intent is <u>not</u> to predict what the future will be and then build a master plan.**
- **Instead, the intent is to ask *what the future might hold* and *identify the actions that can be taken today that are most likely to be valuable regardless of how the future turns out*.**

http://www.jgme.org/doi/pdf/10.4300/JGME-D-14-00740.1
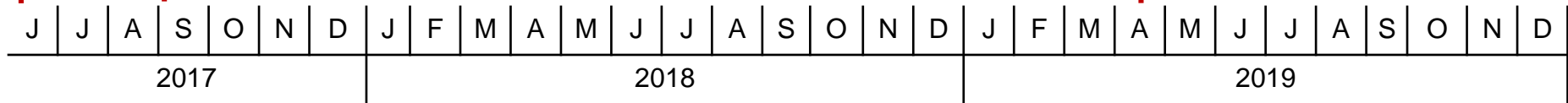
Timeline *(circa fall of 2017)*

A lot of brilliant work needs to get done…

June 2017
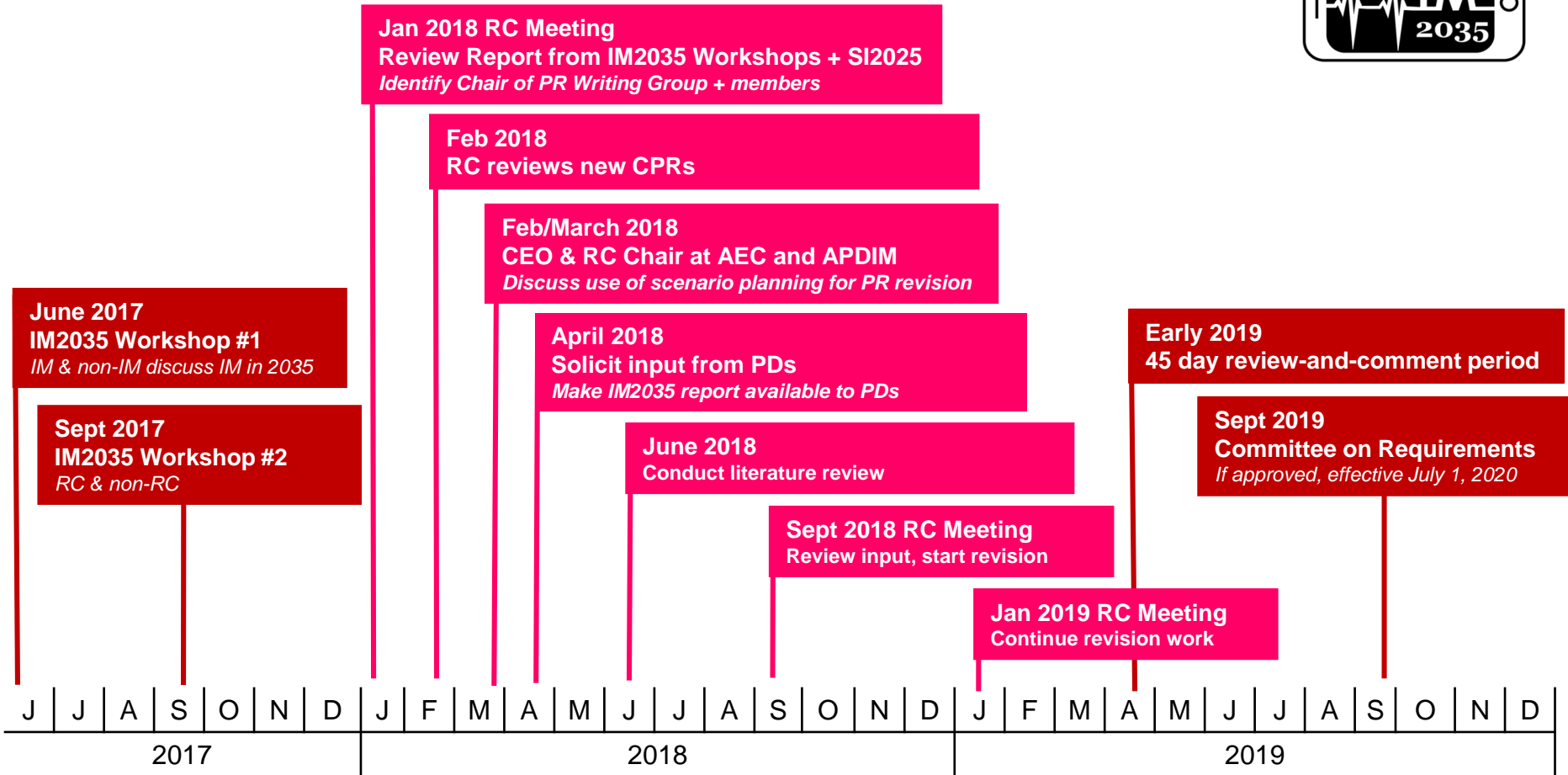**IM2035 Workshop #1**
IM & non-IM discuss IM in 2035

Sept 2017
IM2035 Workshop #2
RC & non-RC
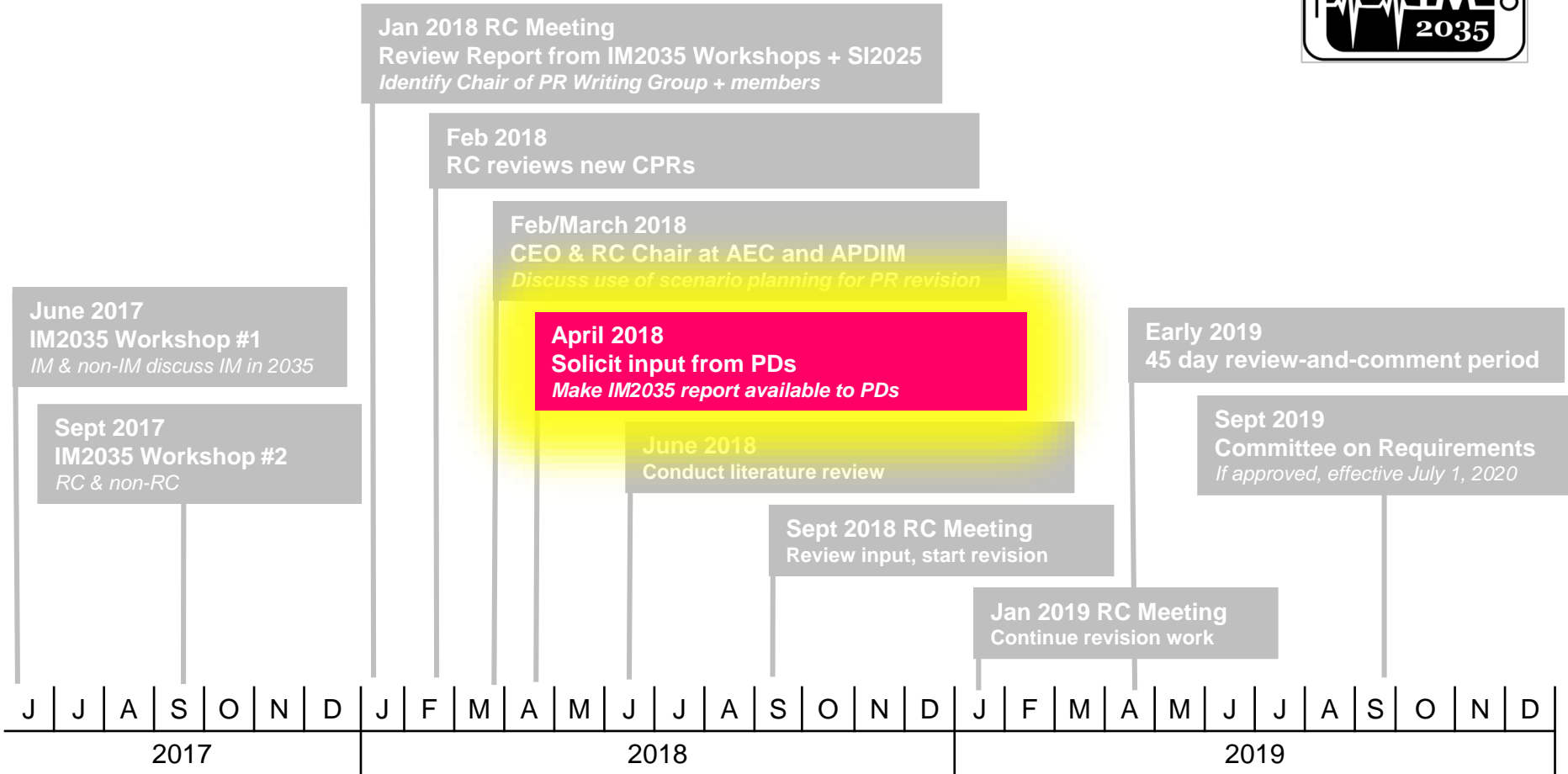
Early 2019
45 day review-and-comment period

Sept 2019
Committee on Requirements
If approved, effective July 1, 2020

J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D

2017   2018   2019

More Specific Timeline (as a result of January RC meeting)

Jan 2018 RC Meeting
Review Report from IM2035 Workshops + SI2025
Identify Chair of PR Writing Group + members

Feb 2018
RC reviews new CPRs

Feb/March 2018
CEO & RC Chair at AEC and APDIM
Discuss use of scenario planning for PR revision

April 2018
Solicit input from PDs
Make IM2035 report available to PDs

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Review input, start revision

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- In accordance with ACGME policy, the GME community will be invited to comment on *current* IM PRs
- Will fit *current* IM PRs in the *new CPR format* – even though new CPRs will not be final until June
- IM2035 report will accompany the invitation
  - To share key insights from IM2035 workshops, and
  - To encourage thinking about the future in community

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J J A S O N D J F M A M J J A S O N D J F M A M J J A S O N D

2017   2018   2019

Insights from IM2035

+

New CPRs

+

Literature review

+

Community input

Sept 2018 RC Meeting
Review input, ***start revision***

How does RC review <u>established</u> programs?

NAS – ~~Next~~ NOW or NEW Accreditation System

RC reviews every established program annually using data

NAS Process: Continuous Accreditation

Data Elements (Indicators)
- Resident/Fellow Survey
- Clinical Experience
- ABIM/AOBIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Performance of sub
- Omission of Data

What's an "outlier?"

1. Programs with Citations
- *Is the program addressing the citations?*
- *Are there positive outcomes?*
- *Is there enough information?*

2. Programs flagged on NAS data elements
- *Are there multiple elements flagged?*
- *Which elements were flagged?*
- *Are there trends?*
- *Is there enough information?*

If there is not enough information…request clarifying information or a site visit.

Use "Major Changes and Other Updates" in ADS

- Be proactive

- Provide context

- Describe outcomes
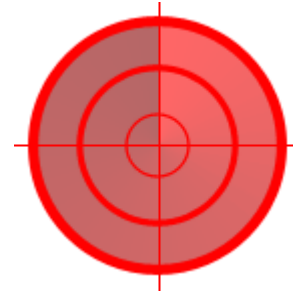
Major Changes and Other Updates

Major changes to the training program since the last academic year, including changes in leadership. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.

[Enter text here]

In NAS, most <u>fellowship</u> programs do not have citations
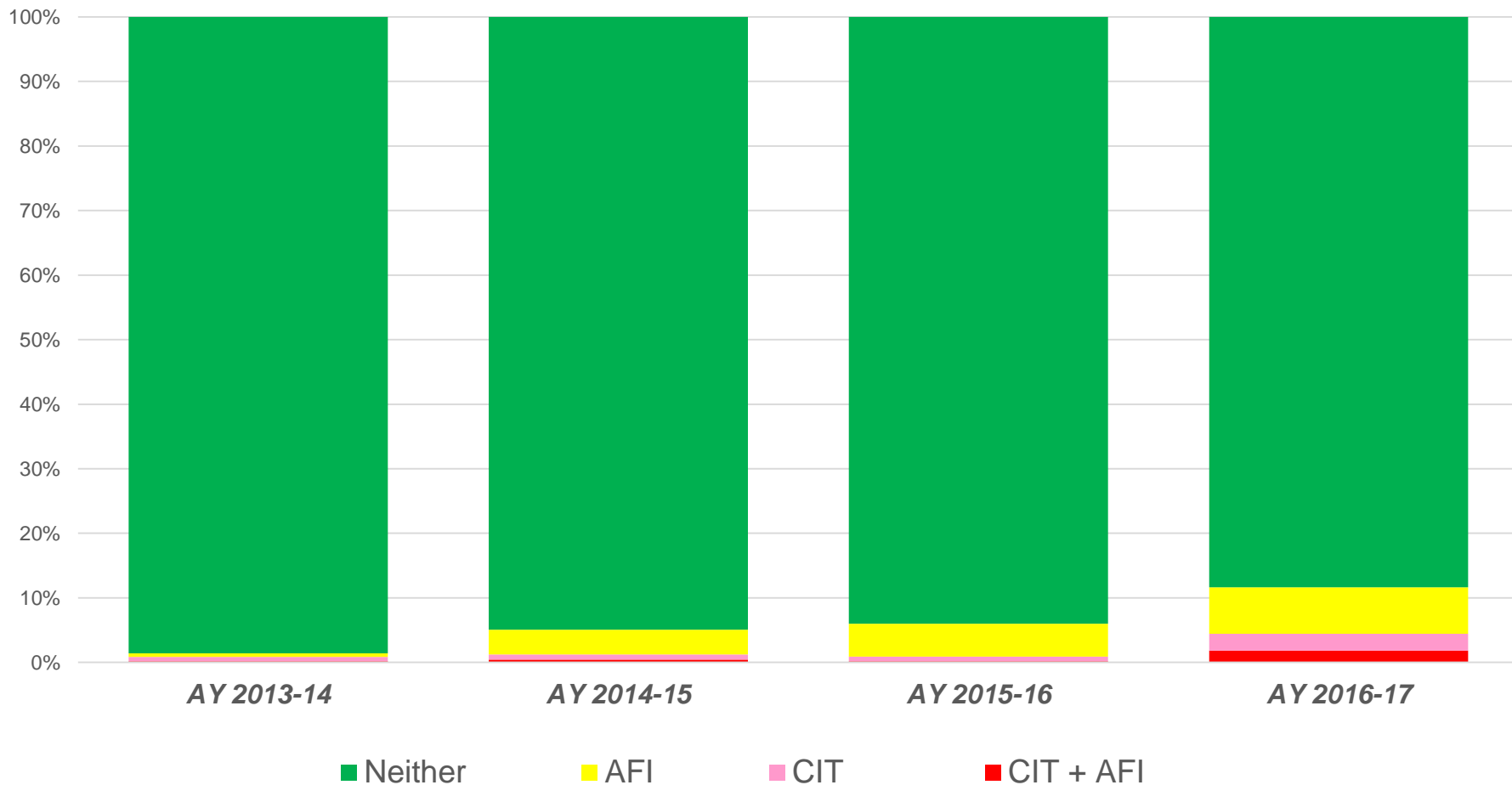
In NAS, most <u>Cards</u> programs do not have citations

Legend: CIT + AFI, Cit, AFI, Neither

Categories: AY 2013-14, AY 2014-15, AY 2015-16, AY 2016-17
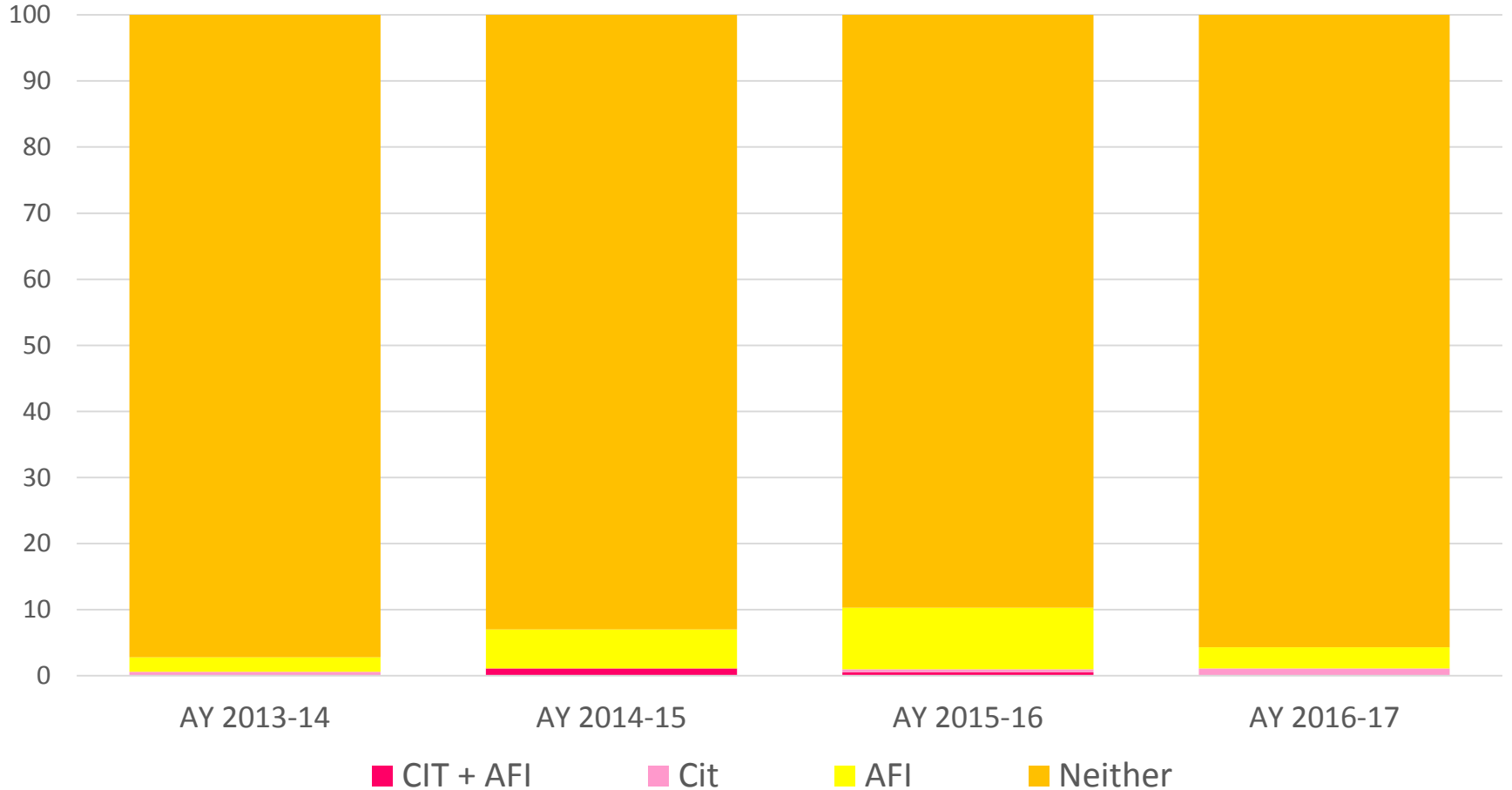
NAS Process: Continuous Improvement

- **Annual** Data Submission
- **Annual** ACGME Review
- **Annual** Program Evaluation (PEC)

Self-Study / 10-year Site Visit

Y1 Y2 Y3 Y4 Y5 Y6 Y7 Y8 Y9 10
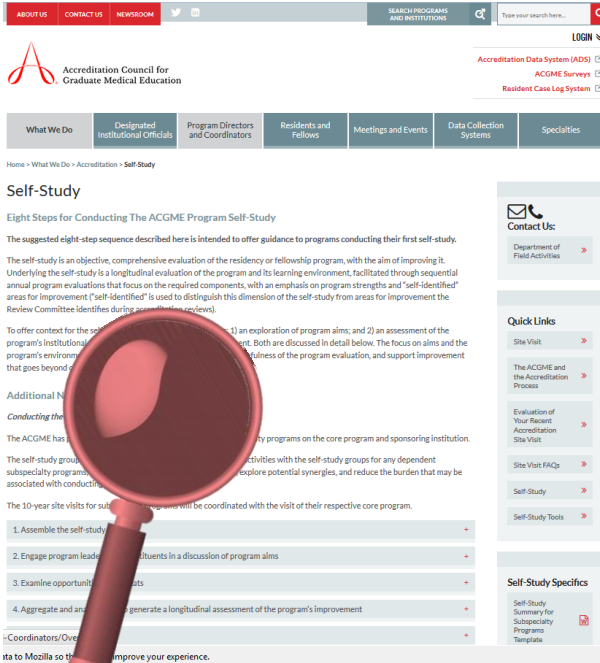
Self-Study/10-year Timeline

Example:
Self Study Due Date (Approximate): October 01, 2018

~ July 2020 (+/- 3 months)
ADS/Summary of Achievements Uploads

May 2018
Self-Study Announcement

~ July 2020 (+/- 3 months)
10-year Accreditation Site Visit

October 2018
Self-Study Summary Upload

~ April 2020 (+/- 3 months)
10-year Accreditation SV Announcement

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2018   2019   2020

18-24 months between Self-Study and 10-year compliance visit
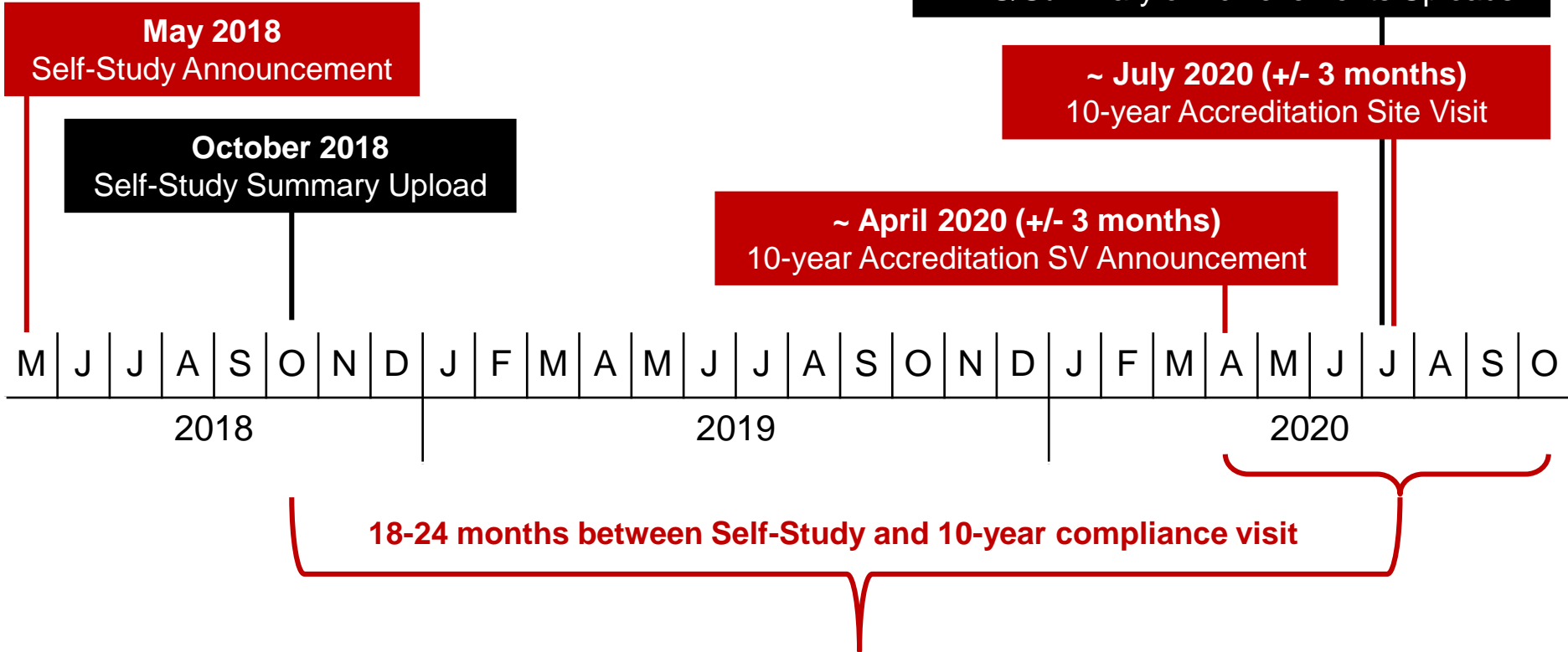
Self-Study: Fellowships

"Additional Notes"

Conducting the self-study for a dependent subspecialty program

- The ACGME has placed added responsibility for oversight of subspecialty programs on the core program and sponsoring institution.

- The self-study group for the core program should try to coordinate activities with the self-study groups for any dependent subspecialty programs, to take advantage of common dimensions, explore potential synergies, and reduce the burden that may be associated with conducting an independent self-assessment.

- The 10-year site visits for subspecialty programs will be coordinated with the visit of their respective core program.

http://www.acgme.org/What-We-Do/Accreditation/Self-Study

…*Two Site Visits in One*

Self-Study Review

Self-Study Report

- **Verifies that the self-study document offers an objective, factual description of the learning and working environment**

- **Verifies educational outcomes and their measurements and how processes and the learning environment contribute to these outcomes**

Compliance Review

Compliance Report

- **Assessment of Compliance with Program Requirements**

- **For programs on Continued Accreditation, focus is on "Core" and "Outcome" Requirements**
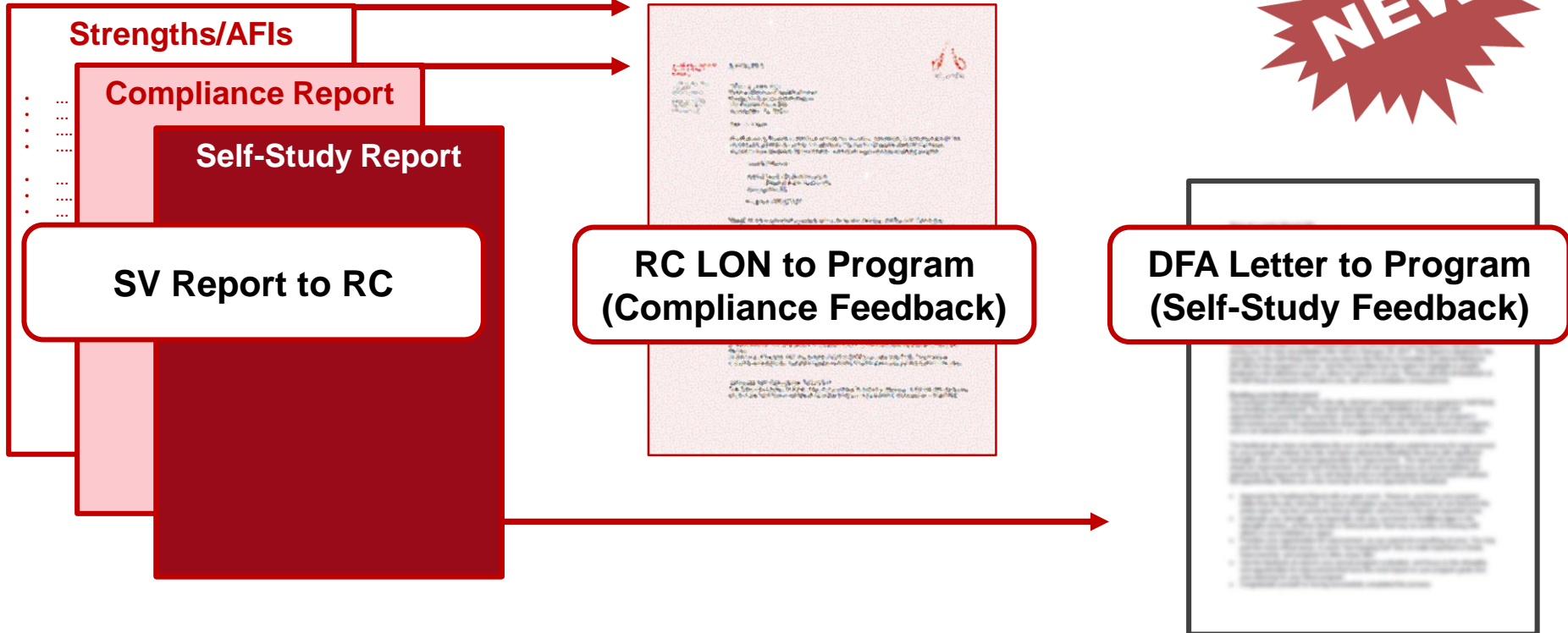
Strengths/AFIs

- **Assessment of program strengths and areas for improvement**

- **Note: This is the field staff's assessment, not the strengths/AFIs identified by the program in the self-study (though there may be overlap).**

Site Visit Feedback

SV Verbal Feedback to Program Leadership

- Key Strengths
- Suggested Areas for Improvements

Strengths/AFIs

Compliance Report

Self-Study Report

SV Report to RC

RC LON to Program (Compliance Feedback)

**DFA Letter to Program (Self-Study Feedback)**

NEW

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Review of 10-year compliance visits

107 programs - 14 cores, most with subs (2-16); 4 without subs
- **All programs on Continued Accreditation**
- **All with 4 years of nearly/entirely clean NAS screens**

Results from 10-year review…
- **All received Continued Accreditation**
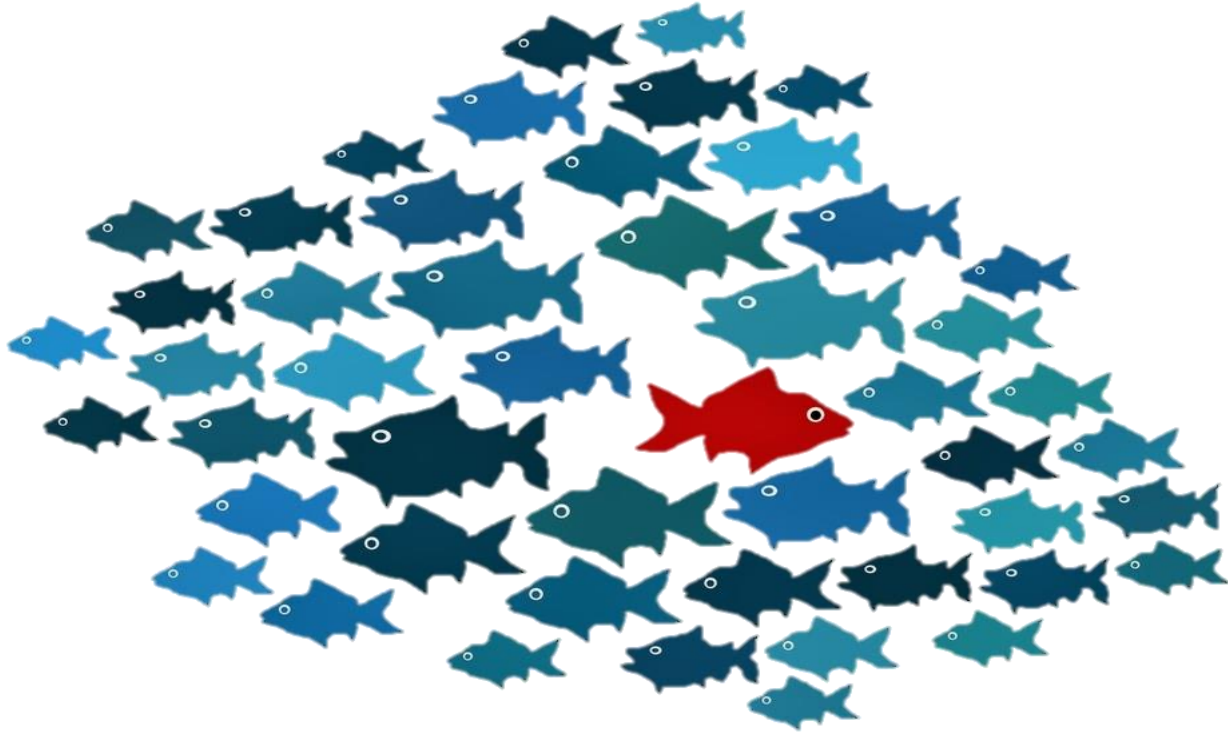- **11 programs received a *single* citation**

90% no citation
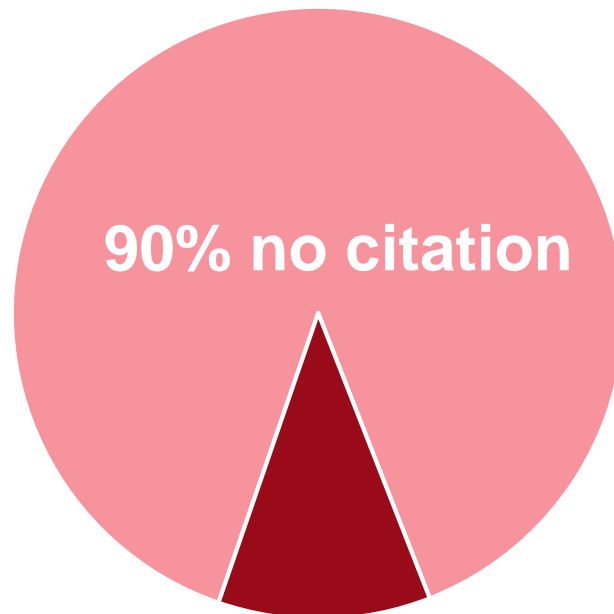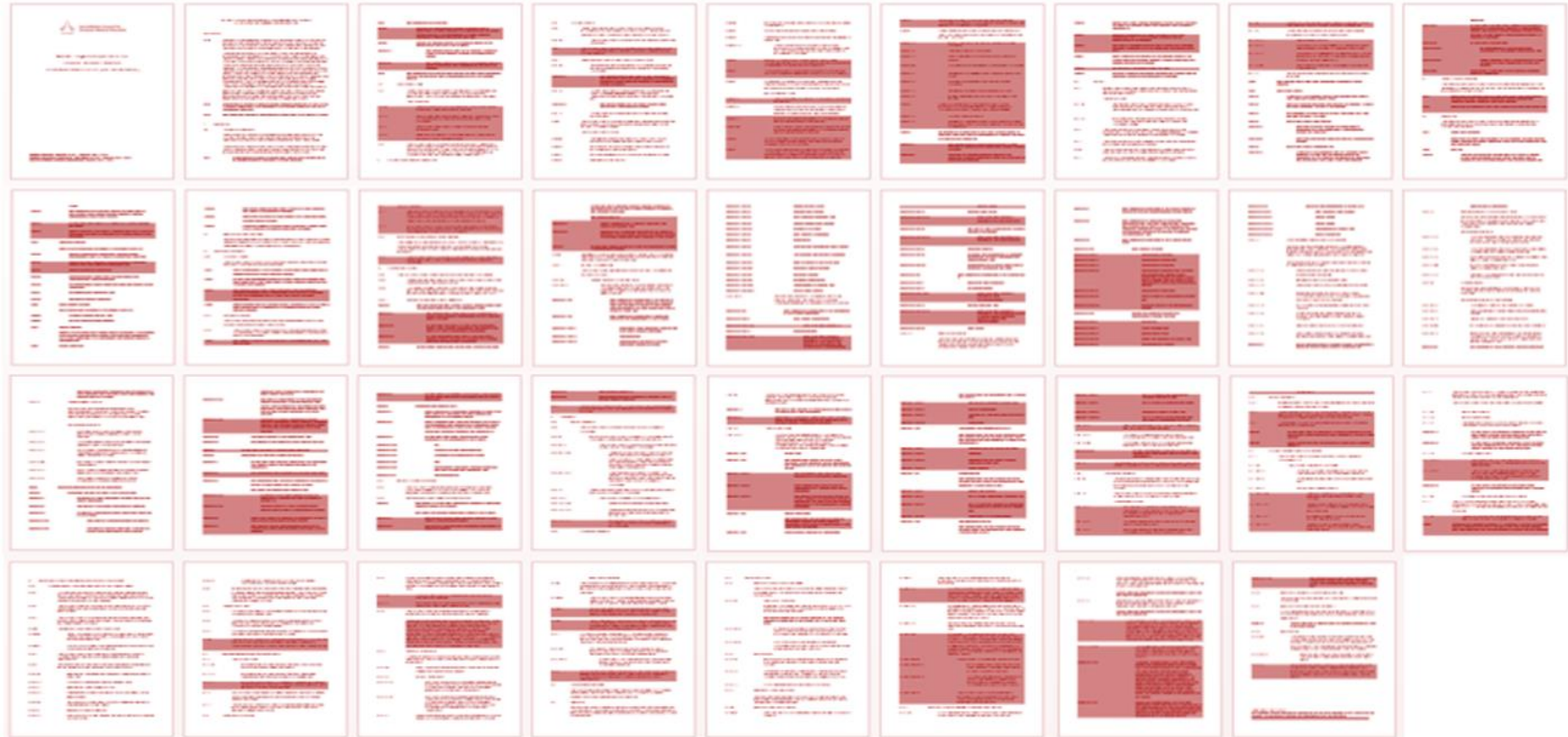
Lessons learned from compliance visits

Very small sample, but…
- **Annual screening works**
- **Multiple years clean NAS → positive accreditation outcomes**

"Detail" PRs

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A few words on Milestones V2

Timeline…

- **In February 2017, Milestones Dept announced effort to *harmonize* the 4 common milestones – PROF, ICS, PBLI and SBP.**
  - *Intent to have common milestones in these areas for across all specialties/subspecialties.*
- **In December 2017, there was a summit with members of the IM core and subspecialty community to determine interest in making changes to the PC and MK milestones. There *is* interest.**
- **In late January of 2018, survey sent to subs as to whether they want *generic* or *subspecialty specific* Milestones for PC and MK. To date, poor response rate, but leaning towards *subspecialty specific.***
  - *If haven't completed survey (ONE question),* **https://www.surveymonkey.com/r/IMSubs1**

General Milestones Mailbox – **milestones@acgme.org**

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The RC-IM

Robert Benz, MD

Christian Cable, MD *Chair*

Alan Dalkin, MD

Andrew Dentino, MD

Sanjay Desai, MD

Sima Desai, MD *Chair-elect*

Jessica Deslauriers, MD *resident member*

Oren Fix, MD

Christin Giordano, MD *resident member*

Russell Kolarik, MD

Monica Lypson, MD

Brian Mandell, MD *Vice Chair*

Elaine Muchmore, MD

Cheryl O'Malley, MD

Amy Oxentenko, MD

Jill Patton, DO

Kris Patton, MD

David Pizzimenti, DO

Donna Polk, MD

Samuel Snyder, DO

David Sweet, MD

Jacqueline Stocking, RN, PhD *public member*

Heather Yun, MD *Vice Chair-elect*

Davoren Chick, MD *ex officio, ACP*

Alejandro Aparicio, MD *ex officio, AMA*

Furman McDonald, MD *ex officio, ABIM*

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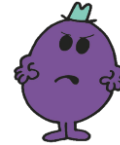
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