



## **Review Committee for Internal Medicine Update**

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*Program Director, Brigham and Women's Hospital, Boston*

***ACC***

*March 2018*

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## ***Disclosures***

**No conflicts to disclose**

# Outline

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- Common Program requirements: Proposed changes
- Annual review process
- Self Study/Site Visit
- Milestones



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

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**MEMO**

**DATE:** February 8, 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.



## ***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%



***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...**

# 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



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# Scholarly activity

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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



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# Faculty

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- Stronger language for ability of PD to appoint/remove faculty and remove fellows from supervising interactions
- At least annual faculty development
- Core faculty must include the faculty who are members of the CCC and PEC



# Faculty Evaluation

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- At least annually, the program must evaluate each faculty member's performance as it relates to the educational program.
- This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educators, clinical performance, professionalism, and scholarly activities.



# Faculty Evaluation

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- This evaluation must include at least annual written, confidential 766 evaluations by the fellows.
- Faculty members must receive feedback on their evaluations at least annually.
- Results of the faculty evaluation should be used as a basis for faculty development plans.



# Program Coordinator

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- There must be a program coordinator. (Core)
- The program coordinator must be provided with support adequate for administration of the program based upon its size and configuration. (Core)



# Program Coordinator

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- The program coordinator is a member of the fellowship leadership team and is critical to the success of the program.
- must possess skills in leadership and personnel management.



# Program Coordinator

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- Program coordinators are expected to develop unique knowledge of the ACGME and Program Requirements, policies, and procedures.
- Program coordinators assist the program director in accreditation efforts, educational programming, and support of fellows.
- Professional Development



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# Competency/IM milestones

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- Fellowship programs must receive verification of each entering fellow's level of competency in the required field, after acceptance but before matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)



# Board Certification

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- For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile. (Outcome)
- Programs must report in the Accreditation Data System (ADS) board certification rates annually for the cohort of fellows that graduated seven years earlier. (Core)





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## *How does RC review established 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

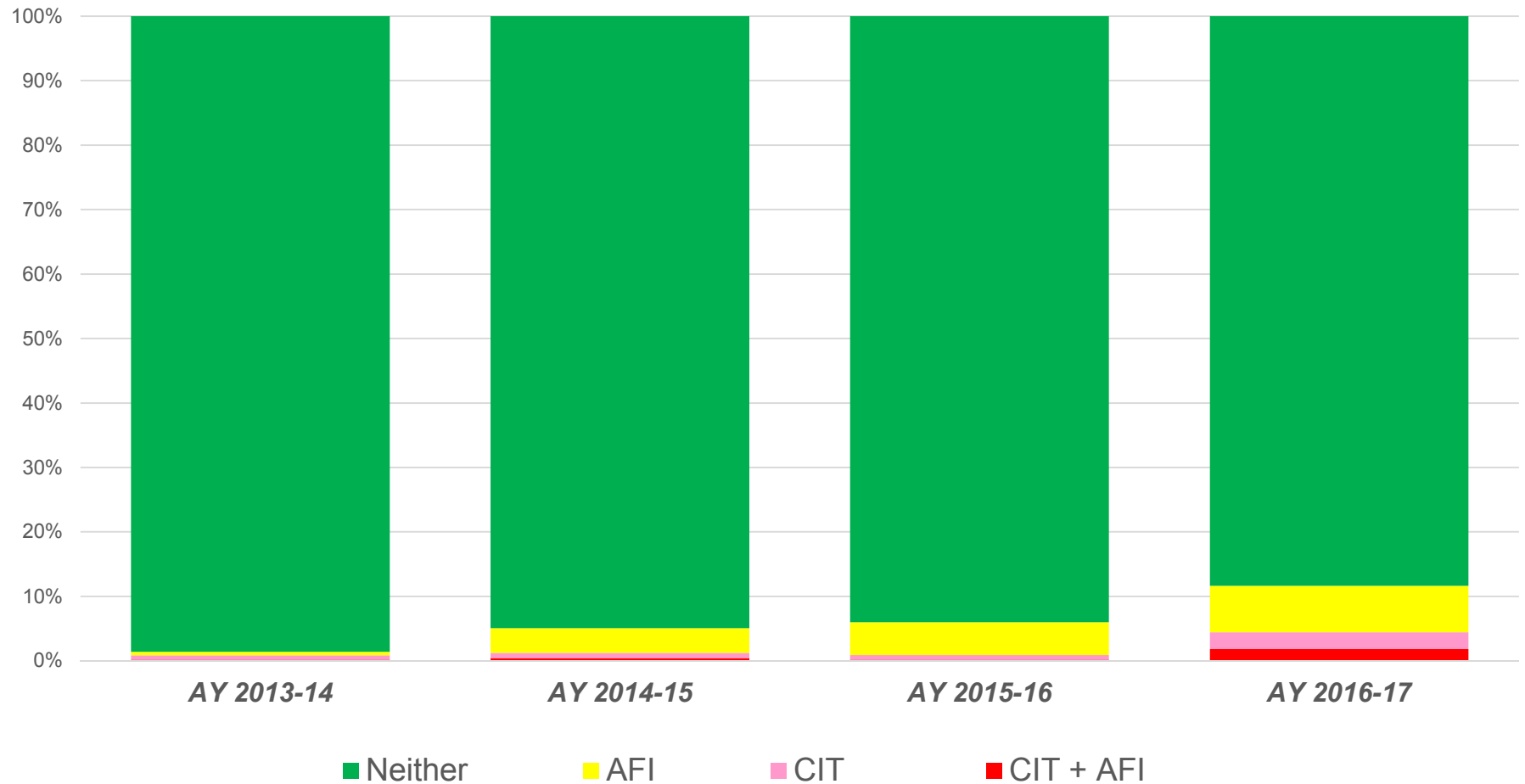


### **Major Changes and Other Updates**

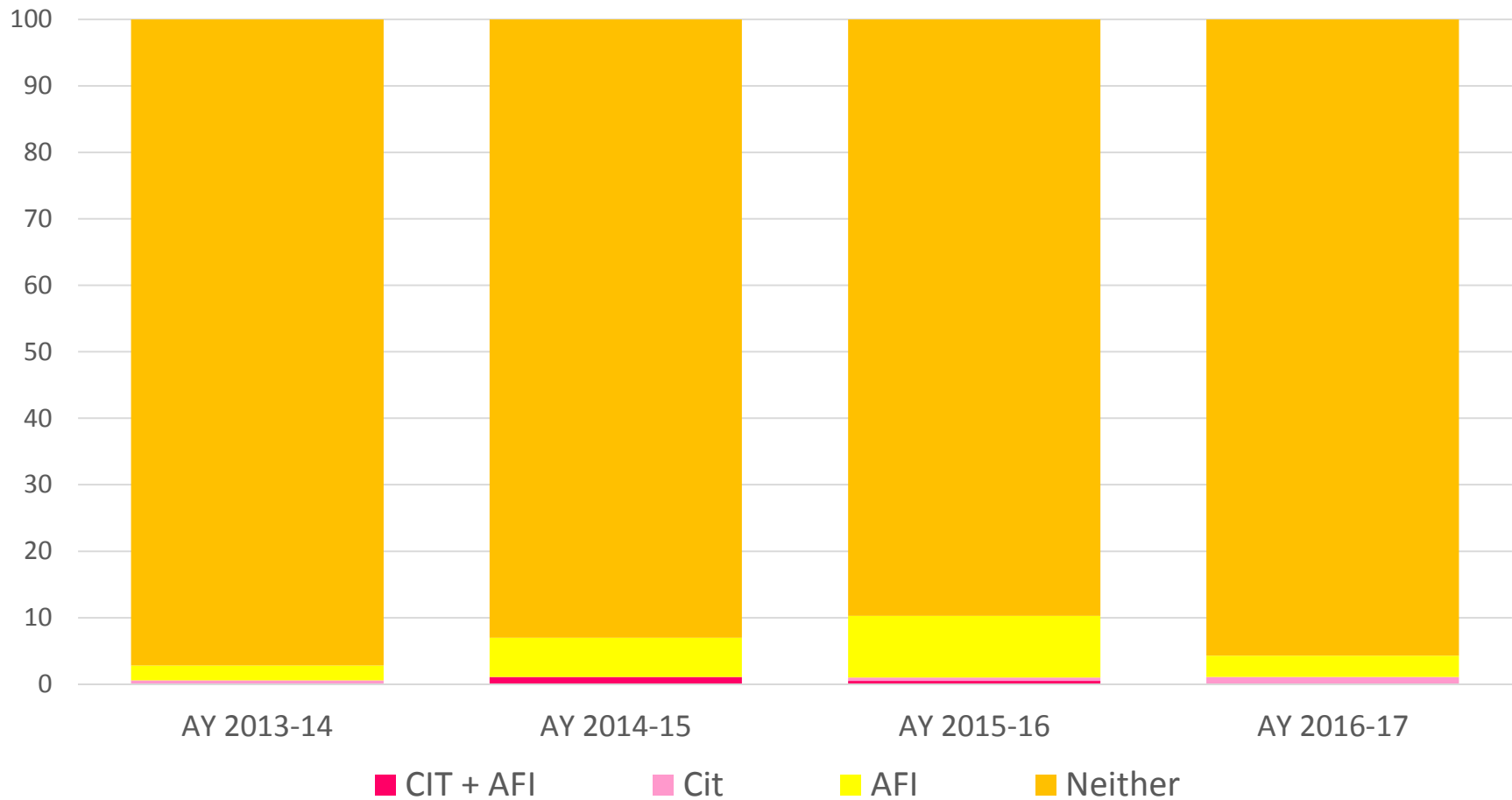
**Major changes to the training program since the last academic year, including changes in leadership. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.**

*[Enter text here]* |

## ***In NAS, most fellowship programs do not have citations***



***In NAS, most Cards programs do not have citations***



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## ***NAS Process: Continuous Improvement***

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

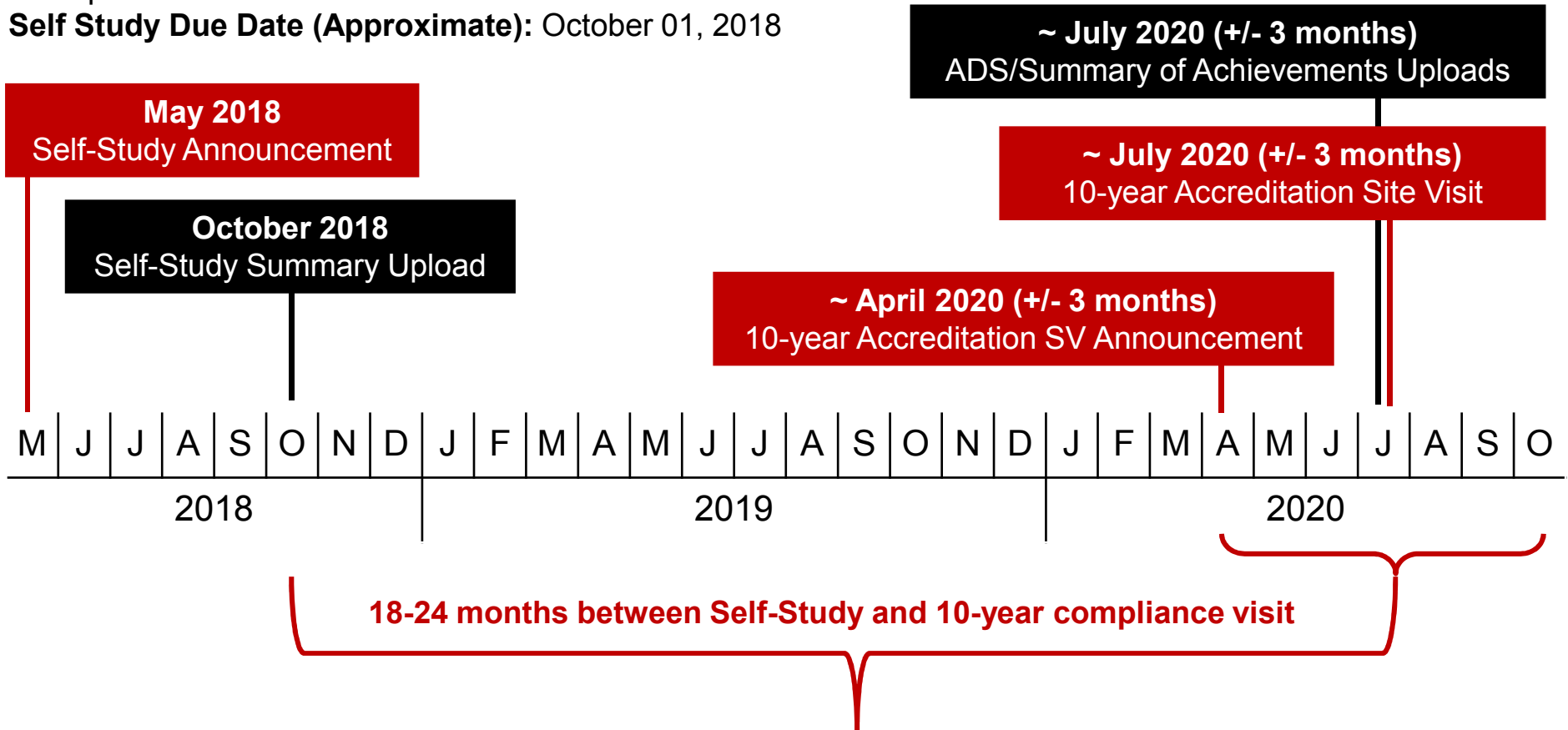
**Self-Study / 10-year Site Visit**



# Self-Study/10-year Timeline

Example:

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



# 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.

## *...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**

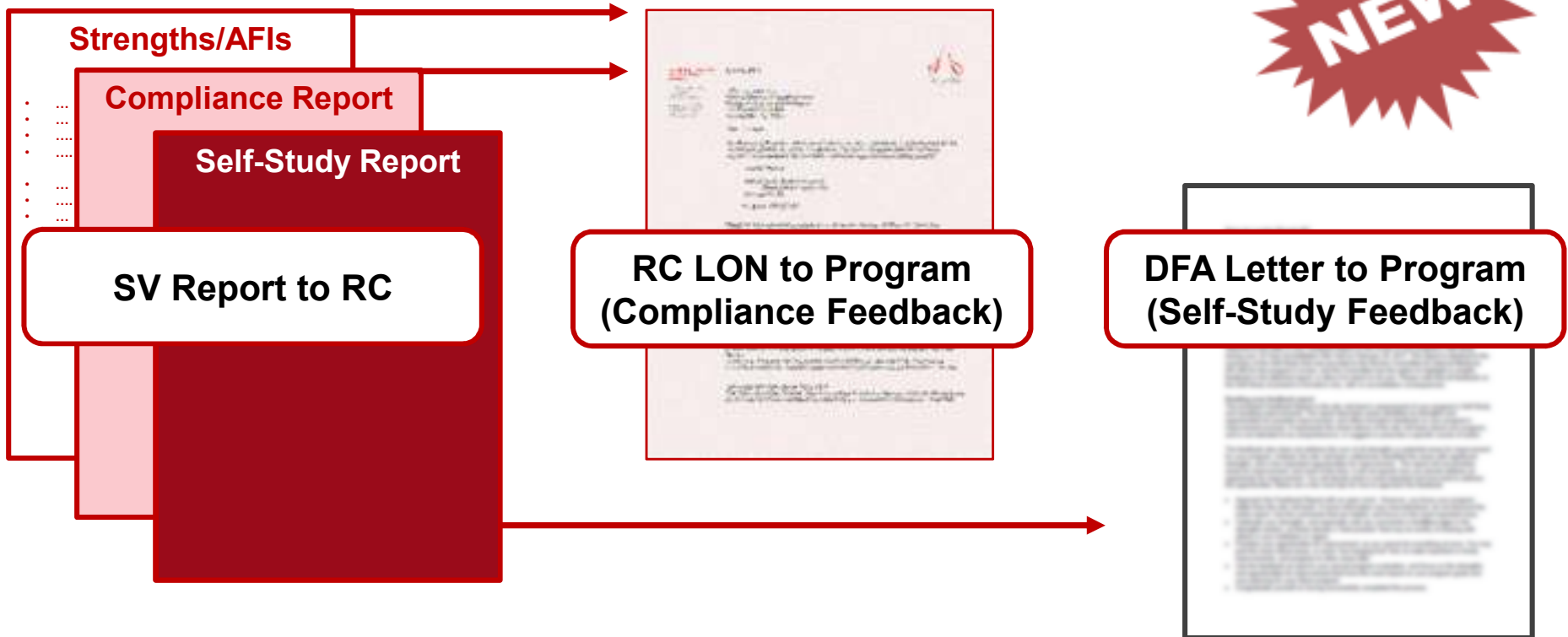
- **Assessment of program strengths and areas for improvement**
- **Note: This is the field staff’s assessment, not the strengths/AFIs identified by the program in the self-study (though there may be overlap).**

# Site Visit Feedback



## SV Verbal Feedback to Program Leadership

- Key Strengths
- Suggested Areas for Improvements



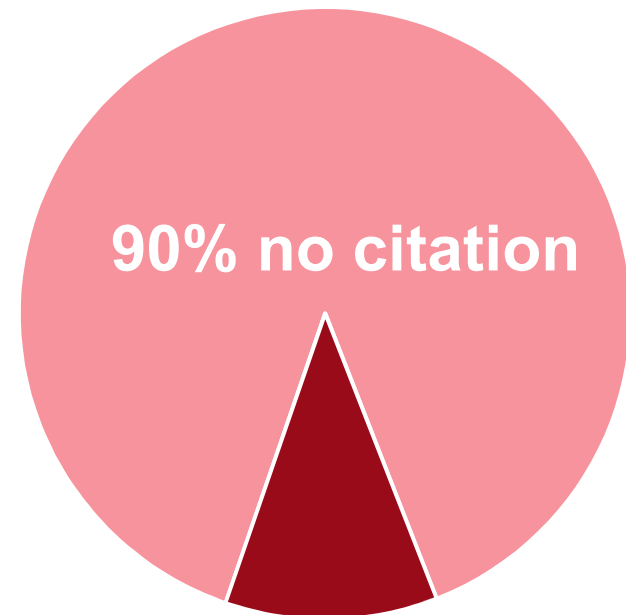
## ***Review of 10-year compliance visits***

**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**

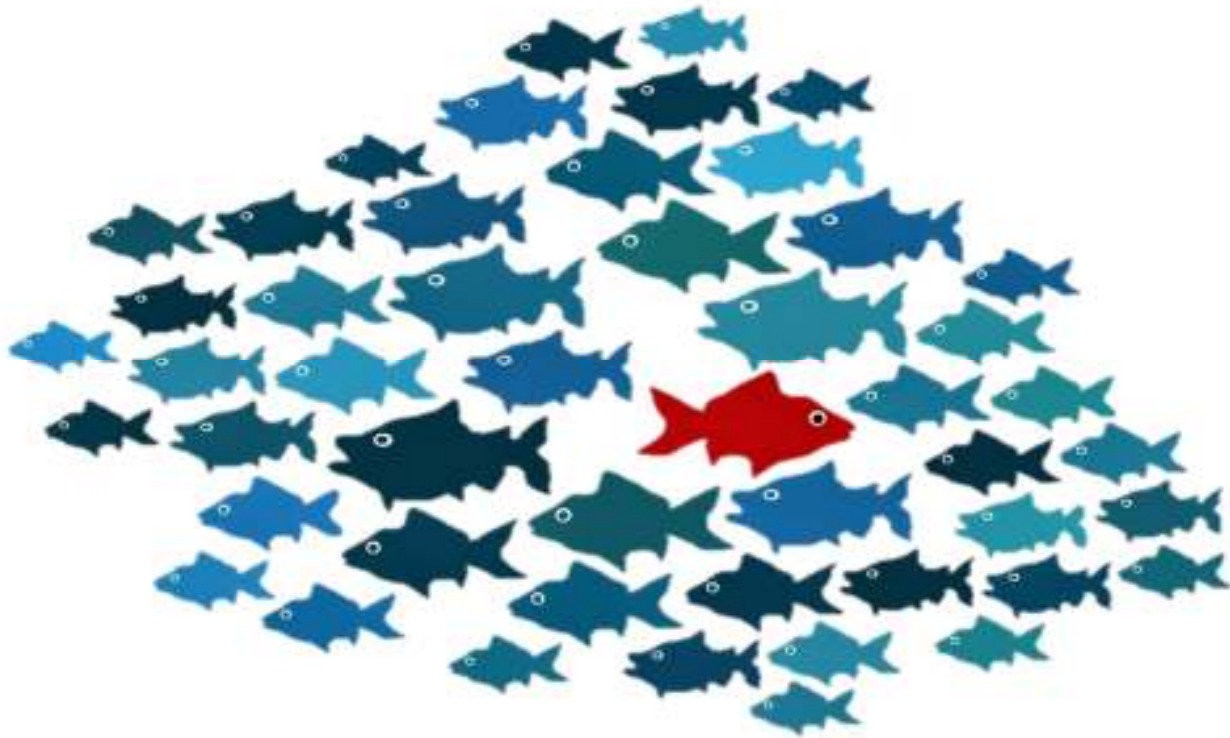


## ***Lessons learned from compliance visits***

**Very small sample, but...**

- **Annual screening works**
- **Multiple years clean NAS → positive accreditation outcomes**

## ***Another NAS Goal: Innovation***





***“Detail” PRs***




# Core vs Detail requirements

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- 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.



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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](mailto:milestones@acgme.org)**

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