Review Committee for Internal Medicine Update

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ACC
March 2018
No conflicts to disclose
Outline

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
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Milestones V.2
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...
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
What will the practice of medicine look like in 2035?
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 **not** 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
A lot of brilliant work needs to get done…

Timeline (circa fall of 2017)

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

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

- June 2017
  IM2035 Workshop #1
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- 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

- June 2018
  Conduct literature review

- Sept 2018 RC Meeting
  Review input, start revision

- Jan 2019 RC Meeting
  Continue revision work

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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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Insights from IM2035
+ New CPRs
+ Literature review
+ Community input

Sept 2018 RC Meeting
Review input, start revision
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NAS Review: Processes

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Milestones V.2
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
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
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

May 2018
Self-Study Announcement

October 2018
Self-Study Summary Upload

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

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

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

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

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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

Strengths/AFIs

Compliance Report

Self-Study Report

SV Report to RC

RC LON to Program (Compliance Feedback)

DFA Letter to Program (Self-Study Feedback)
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 $\rightarrow$ positive accreditation outcomes
Another NAS Goal: Innovation
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/IMSsubs1

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