

Updates from the Review Committee for Physical Medicine and Rehabilitation

R. Samuel Mayer, MD, MEHP | Review Committee Chair Caroline Fischer, MBA | Executive Director



Conflict of Interest Disclosure

Speaker(s): R. Samuel Mayer, MD, MEHP; Caroline Fischer, MBA

Disclosure

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 health care products used by or on patients.



Review Committee Composition

- Four appointing organizations | American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Board of Physical Medicine and Rehabilitation (ABPMR), American Osteopathic Association (AOA), and the American Medical Association
- Nine voting members
- Six-year terms | except resident (two years)
- Generalists, subspecialists, one public member
- One ex-officio (non-voting) member each from the AAPM&R, the ABPMR, and the AOA



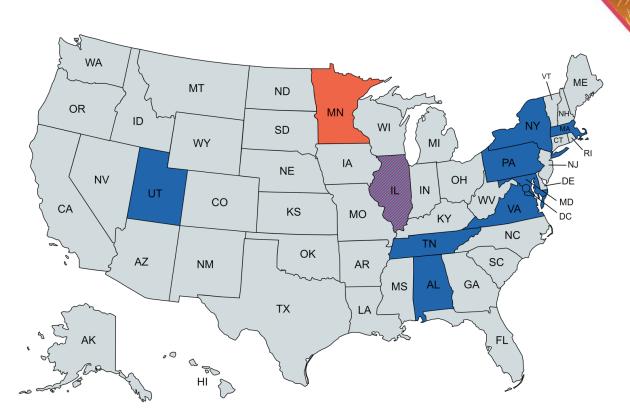
Geographic Distribution of the Review Committee

Current Members:

AL, IL (DC), MA, MD, NY, PA, TN, UT, and VA

Incoming Members:

IL, MN





Review Committee Composition

- Pamela Hansen, MD (Vice Chair; Chair-Elect)
- Andrea Leyton-Mange, MD (Resident)
- Robert Samuel Mayer, MD (Chair)
- Alex Moroz, MD, MHPE
- Vu Nguyen, MD, MBA, FACP

- Beverly Roberts-Atwater, DO
- Kathryn Rugen, PhD, FNP-BC, FAAN, FAANP (Public Member)
- Stacy Stark, DO
- J. Michael Wieting, DO, MEd
- Beginning 7/1/2024:
 - Monica Rho, MD
 - Billie Schultz, MD



Number of Accredited Programs As of January 2024

110 Physical Medicine and Rehabilitation Residency Programs117 Fellowship Programs

- 26 Spinal Cord Injury Medicine
- 24 Pediatric Rehabilitation Medicine
- 29 Brain Injury Medicine

- 13 Pain Medicine
- 24 Sports Medicine
- One Neuromuscular Medicine

Status Decisions | 2022-2023

Status	Core	Subs
Initial Accreditation	7	5
Initial Accreditation with Warning	1	0
Continued Accreditation	95	102
Continued Accreditation with Warning	1	0
Probation	0	0
Accreditation Withheld	0	0
Withdrawal of Accreditation	0	0



Status Decisions

September 2023 and January 2024 Meetings

Status	Core	Subs
Initial Accreditation	2	2
Initial Accreditation with Warning	0	0
Continued Accreditation	94	104
Continued Accreditation with Warning	2	0
Probation	0	0
Accreditation Withheld	0	0
Withdrawal of Accreditation	0	0





New Programs Accredited August 2023 and January 2024 Meetings

Physical Medicine and Rehabilitation

- Broward Health
- HCA Healthcare/TriStar Nashville

Pediatric Rehabilitation Medicine

Louisiana State University School of Medicine

Brain Injury Medicine

University of Utah



Program Director Changes

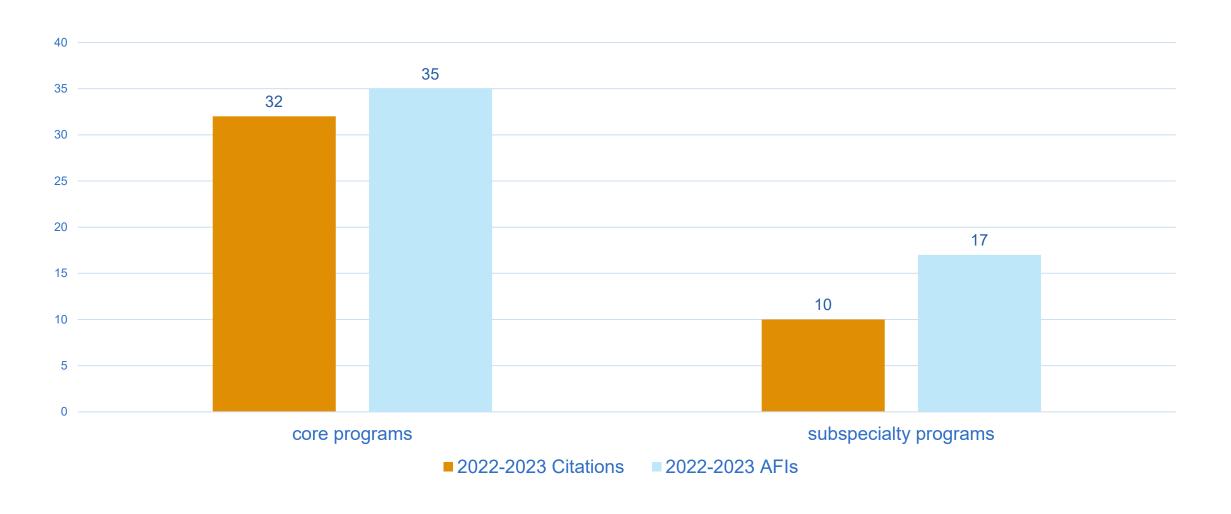
Physical Medicine and Rehabilitation | AY 2022-2023

Number of Programs with New Program Directors and Number of Distinct Program Director Changes during the Academic Year by Specialty and Subspecialty

		Programs v	Number of Distinct		
Specialty	Total Programs	#	%	PD Changes	
OVERALL	13,066	1,787	13.7%	1,856	
TOTAL PIPELINE	5,382	807	15.0%	846	
Physical medicine and rehabilitation	101	15	14.9%	17	
- Brain injury medicine	27	1	3.7%	1	
- Neuromuscular medicine	1	0	0.0%	0	
- Spinal cord injury medicine	26	3	11.5%	3	
- Pediatric rehabilitation medicine	22	4	18.2%	4	
- Sports medicine	22	4	18.2%	4	



Citations vs. Areas for Improvement (AFIs)





2022-2023 Citations and AFIs Core Programs

Citations

- Board pass rate
 - Part I
- Faculty responsibilities
 - Time and interest, professionalism
 - Faculty development
- Electrodiagnostic evaluations
- Lactation facilities

AFIs

- Resources
- Failure to provide accurate/required information
- Procedural volume
- Faculty supervision and teaching
- Professionalism
 - Faculty professionalism, witness abuse, ability to raise concerns



2022-2023 Citations and AFIs Subspecialty Programs

- Faculty and fellow evaluations
 - Timely | Final and summative evaluation language
- Failure to provide accurate/required information
- Curriculum Organization
 - Lack of structure/self-directed activities
- Supervision
 - Defining when supervisor needs to be physically present, guidelines for communicating with supervisor



Incomplete/Inaccurate Data

- Faculty Roster | Review ABMS certification information
- Block Diagram | Key for abbreviations, non-standard format, no individual schedules, consistent with list of sites, refer to instructions
- CVs | Current licensure, scholarly activities from last five years



Block Diagram Instructions

In constructing the block diagram, include the **participating site** at which a rotation takes place, as well as the **nan of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. **The following abbreviations should be used when completing the block diagram:**

BI	Brain Injury	OBGYN*	Obstetrics and Gynecology
CON**	Consults	PAIN	Pain Medicine
EMG	Electromyography	PEDS*	Pediatrics
ELEC	Electives (experiences chosen by	PDR	Pediatric Rehabilitation
	the residents over and above their		
	required experiences)		
EM*	Emergency Medicine	RSCH	Research
FM*	Family Medicine	SCI	Spinal Cord Injury
GR	General Rehabilitation	SM	Sports Medicine
GER	Geriatric Rehabilitation	SURG*	Surgery
IM*	Internal Medicine	VAC	Vacation
MSK	Musculoskeletal		

^{*}For programs offering four years of education and training.

- For each rotation, the percentage of time a resident spends in inpatient and outpatient activities should be noted.
- EMGs should be noted separately and should not be counted in inpatient or outpatient time.
- The percentage of time devoted to structured research on a clinical rotation should be noted. If a block is purely research, it should be labeled as such, and should not be associated with a participating site.
- If needed, additional information to aid in understanding the program's block diagram may be entered in a "Notes" section at the end of the block diagram.
- In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a "Notes" section must indicate how vacation time is taken.

^{**} Consults should not count as inpatient or outpatient time.

Block Diagram Template

Sample 1	This is a commonly used example in which the year's rotations are divided into 12 (presumably one-month) rotations. Rotations may include structured outpatient or research time and electives.											
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1		Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	
Rotation Name	GR	GR	SCI	SCI	RSCH	PDR	PDR	BI	CON	GR Clinic/ EMG	MSK Clinic/ EMG	Elec/Vac
% Inpatient	100	100	100	100	0	0	0	100	0	0	0	
% EMG										25	25	
% Outpatient	0	0	0	0	0	100	100	0	0	75	75	
% Research	0	0	0	0	100	0	0	0	0	0	0	

Sample 2	In this common example, the year's rotations are divided into 13 equal (presumably four-week) rotations. Rotations may include structured outpatient or research time, and electives.												
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1		Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	
Rotation Name	GR	GR	SCI	SCI	RSCH	PDR	PDR	BI	CON	GR Clinic/ EMG	MSK Clinic/ EMG	PAIN	Elec/Vac
% Inpatient	100	100	100	100	0	0	0	100	0	0	0	0	
% EMG										25	25	25	
% Outpatient	0	0	0	0	0	100	100	0	0	75	75	75	
% Research	0	0	0	0	100	0	0	0	0	0	0	0	



Major Changes and Other Updates

- Programs may describe improvements and/or innovations implemented to address AFIs in the "Major Changes and Other Updates" section of the Accreditation Data System (ADS)
 - Written response to AFIs not required, but encouraged



National Case Log Data 2022-2023

PHYSICAL MEDICINE AND REHABILITATION: NATIONAL REPORT (Minimums Table)

Reporting Period: Total Experience of Residents Completing Programs in 2022-2023
Residency Review Committee for Physical Medicine And Rehabilitation
Report Date: September 25, 2023

[PART 1]	Programs in the Nation: 91	91 Residents in the Nation: 467							
		Natl Res AVE	Natl Prog AVE	RRC Minimum	Natl Res Below Min	Natl Prog Below Min			
Defined Category									
EMG/NCS (Total)		236.5	237.7	200	15	8			
EMG/NCS (Performed)		203.0	204.4	150	10	4			
Axial epidural injection (Total)	36.8	40.7	5	2	1				
Axial: facet, SI joint, nerve blo	ock (Total)	47.0	50.7	5	2	1			
Periph joint/intra-artic inj/tendo	on sheath/bursa inj (Total)	78.9	77.6	20	4	4			
Periph joint/intra-artic inj/tendo	on sheath/bursa inj (Performed)	65.0	63.6	15	3	3			
Botulinum toxin injection (Tota	al)	64.3	65.9	20	2	1			
Botulinum toxin injection (Perf	54.7	56.1	15	2	1				
Ultrasound (Total)		68.0	68.3	10	3	3			



Program Requirements for Brain Injury Medicine | *Major Revision*

- Major revision approved by the ACGME Board of Directors in June 2023
- The effective date is July 1, 2024





Program Requirements for Physical Medicine and Rehabilitation *Major Revision Process*

- Major revision every 10 years
- Piloted a new approach in 2017
- Scenario-based strategic planning
- Writing Group (Review Committee and ACGME Board)
- Think rigorously and creatively about the how the specialty will look in the future





Program Requirements for Physical Medicine and Rehabilitation Major Revision - Objectives

- Focus on the future
- Relieve administrative burden
 - Reduction in number of requirements
- Provide flexibility/be less prescriptive
 - Allow for innovation





Program Requirements for Physical Medicine and Rehabilitation Major Revision Steps – Stakeholder Summit

Discussion of key issues including procedures; PGY-1 experience; inpatient rehabilitation; competency-based medical education; professionalism; advocacy and diversity, equity, and inclusion (DEI); scholarly activity and quality improvement; and leadership, practice management, medical economics, and medicolegal issues

Participants:

- Review Committee for Physical Medicine and Rehabilitation and ACGME Board members
- ABPM&R, AAP, AAPM&R, RFPD, and AOA representatives
 - Program directors

- Early-practice physiatrists
- Residents and medical students
- Representatives from other Review Committees (Anesthesiology, Neurology)



Program Requirements for Physical Medicine and Rehabilitation Major Revision Steps – Data Collection

- Focus groups (early-practice physiatrists, patients, and health care influencers)
 - Channel influencers: chief medical officers, practice administrators/chief executives of medical/surgical groups, from community-based organizations
 - Early-career physiatrists: physiatrists who are less than five years removed from their residency and/or fellowship education and training
 - Patients: members of the general public who have had recent clinical experiences with the specialty in question, whether as a patient or caregiver



Program Requirements for Physical Medicine and Rehabilitation Major Revision Steps – Data Collection cont.

- Literature search and other data review
 - Supports the development of evidence-based standards
 - Writing group identifies key topics
 - Examine issues such as scope of practice, clinical competence, length of training, etc.
 - Literature search done by medical librarians at Washington University



Program Requirements for Physical Medicine and Rehabilitation Major Revision Steps – Scenario Planning

- Four future world scenarios guide participants in envisioning the future of the specialty
- Develop strategies designed to guide requirement development, with the aim of preparing residents to practice in an evolving health care system, several decades into the future
- Participants:
 - Review Committee for Physical Medicine and Rehabilitation and ACGME Board members
 - ABPM&R, AAP, AAPM&R, RFPD, and AOA representatives
 - Early-practice physiatrists

- Program directors to represent the breadth of programs (e.g., urban and rural, small and large)
- Residents and medical students
- Representatives from other Review
 Committees (Anesthesiology, Neurology)



Program Requirements for Physical Medicine and Rehabilitation Major Revision – Themes Document

- Draft definition of the specialist
- Key themes with corresponding strategies
- Request for feedback (what did we miss, what challenges would your program face providing these experiences, etc.)
- Posted for 45-day comment period
- Writing group considers all data collected
- Opportunity to reach out to stakeholder groups on key issues
- Next step is requirement writing

Program Requirements for Physical Medicine and Rehabilitation

Major Revision – Requirement Roadmap



Definition of the specialist



Specialty-specific competencies



Curriculum



Length of program



Participating sites; resources; program director, faculty, and coordinator; evaluation, etc.





Program Requirements for Physical Medicine and Rehabilitation Major Revision – Review and Comment

- Final draft will be posted for a 45-day public comment period
- Feedback will be used to finalize the requirements
- Final draft submitted for Committee on Requirements/ ACGME Board approval



Accreditation of Combined Programs

- The ACGME has developed a plan to initiate accreditation of combined programs. This does not apply to currently accredited Internal Medicine-Pediatrics programs.
- The ACGME will develop a set of Program Requirements specific to programs offering combined formats.
 - It is anticipated that proposed Program Requirements will be posted for a 45-day public review and comment period in Spring 2024.
 - The final Program Requirements will then be reviewed by the Committee on Requirements of the Board of Directors and the full Board for approval at the Board's September 2024 meeting.



Accreditation of Combined Programs

- Existing unaccredited combined programs currently listed in the ACGME's Accreditation Data System (ADS) will be offered the opportunity to opt into the accreditation process without having to apply for accreditation.
- Pending approval, applications for new combined programs will be available to the GME community on the ACGME website in the fall of 2024.
 - Current unaccredited programs that choose to opt into the accreditation process will receive an accreditation status of Initial Accreditation effective July 1, 2025.



Site Visits for Programs on Continued Accreditation

- Suspension of 10-Year Accreditation Site Visits
- Continued Accreditation Site Visits
 - Random sampling of one to two percent of programs
 - Programs that have not had a site visit in at least 10 years
 - Help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements
 - For 2024, all selected programs for these site visits were notified in January of their future approximate site visit target date



Program Self-Study

- The program Self-Study will continue to be a program requirement (V.C.2.)
- The program Self-Study will no longer be linked to or reviewed during a site visit
- Graduate medical education committee (GMEC) oversight of the program Self-Study



Temporary Complement Increase Requests

- All Review Committees will allow extensions of education up to 90 days without requiring formal submission of a temporary complement increase request.
- This applies to all specialty/subspecialty programs except oneyear programs.
- Requests for temporary changes in complement longer than 90 days are still required and must be approved by the designated institutional official (DIO) prior to being submitted in ADS for Review Committee consideration.



Resident/Fellow and Faculty Surveys

- The reporting period for the ACGME's annual surveys was open from February 12 through April 7.
- The ACGME anticipates that Sponsoring Institutions and programs will receive survey reports in early May.
- The ACGME will NOT notify your survey takers directly.
- As in previous years, program leadership is charged with alerting survey takers about their participation using existing mechanisms available within the ADS.



Docs with Disabilities Initiative Partnership (DWDI)

- The ACGME is partnering with DWDI on Multimedia Resource Hub for Disability Inclusion in GME project, which will host resources on topics including:
 - normalizing disability inclusion
 - creating safe environments for disclosing disabilities
 - meeting legal obligations for disability inclusion
- Calls for community involvement and inclusion in the hub will be forthcoming



Women with Disabilities in Medicine/Disability in Graduate Medical Education Panel: Transitioning from UME to GME

- Leaders and learners will share insights on navigating the pathway from medical school to residency, thriving as a resident with a disability, and addressing the unique challenges that often disproportionally impact women.
- Session was held in March
- Webinar is open to all at no cost



ACGME Clinician Educator Journal Club

- Monthly online meeting of graduate medical educators, authors, and ACGME staff members coming together to discuss the latest journal articles and timely topics in medical education
- Inaugural session was held in March
- Topic: Creation of the Clinician Educator Milestones
- Speakers: John Mahan, MD and Amy Miller Juve, EdD, Med
- There is no cost to attend, and the session is open to all.
 Registration is required. Register Today Link in ACGME e-Communication

















The ACGME is accepted nominations for the 2025 ACGME Awards.

Deadline was in March

For additional information and to download nomination materials:

https://www.acgme.org/
initiatives/awards/

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- Funding opportunity for resident-/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024



Program Resources www.acgme.org

- Accreditation Data System | ADS Public Site
- ACGME Policies and Procedures
- Clinical Competency Committee (CCC)
 Guidebook
- Milestones Resources | Guidebooks and FAQs
- How to Complete an Application
- Institutional Requirements
- Resident Survey Crosswalk Document
- Faculty Survey Crosswalk Document

- Journal of Graduate Medical Education
- Specialty Specific Resources (Program
 Requirements, Application Forms, <u>Case Log</u>
 <u>entry instructions</u>, <u>complement increase policy</u>,
 <u>Guide to Construction of a Block Diagram</u>) |
 Access via specialty pages
- Common Resources (e.g., <u>Guide to the</u>
 <u>Common Program Requirements</u>, ACGME
 Glossary of Terms, <u>Common Program</u>
 <u>Requirements FAQs</u>, Key to Standard LON |

 Access via specialty pages
- <u>Site Visit Information</u> (e.g., types of visits, <u>Site Visit FAQ</u>, <u>listing of accreditation field representatives</u>)
- Weekly e-Communication | Sent via email



The ACGME's Online Learning Portal

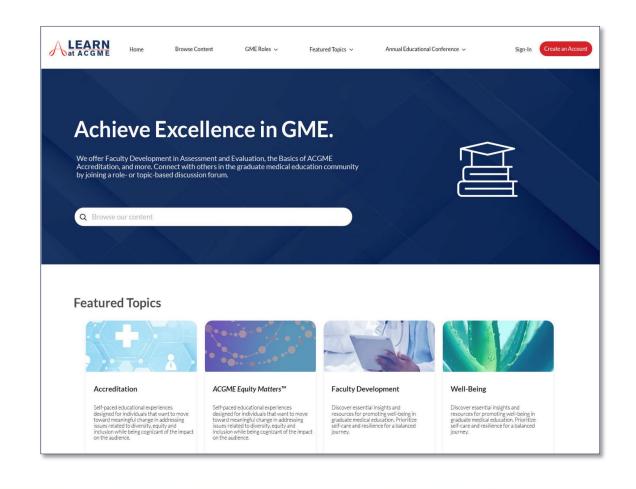
Learn at ACGME Redesign Coming Soon!

Visit <u>dl.acgme.org</u> or scan the QR code.



Have a question or need assistance? Contact us!

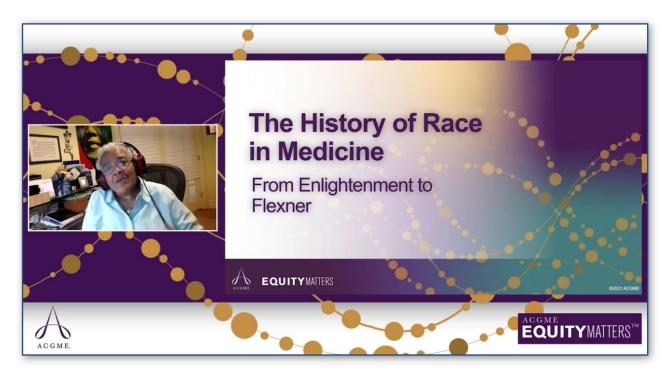
desupport@acgme.org







These self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.



- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity:
 Measurement Matters
- American Indian and Alaskan Natives in Medicine
- And many more!



Remediation Toolkit



The ACGME designates this enduring material for a maximum of **5.25 AMA PRA Category 1 Credits** TM

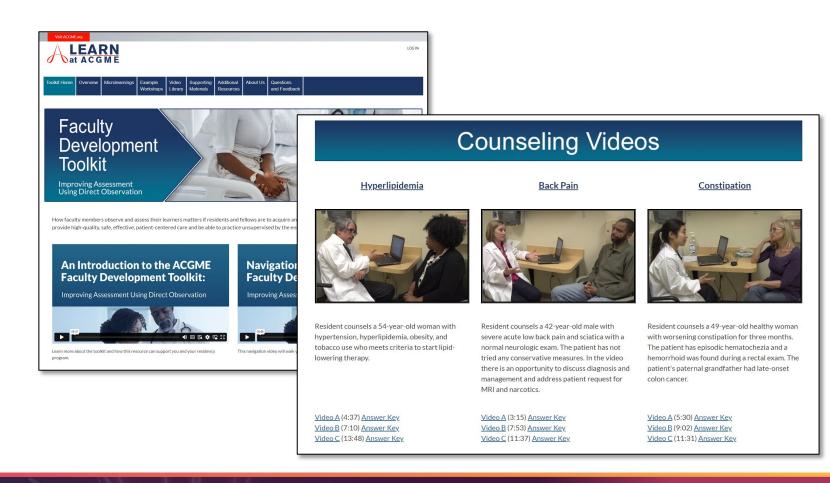
- ➤ 11 modules authored by renowned experts in the field
- Equips participants with tools for addressing needs of struggling learners
- > CME offered after completion





Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around direct observation and feedback
- Evidence-based video prompts
- Answer keys and facilitator guides
- Microlearning lessons with associated slides and guides

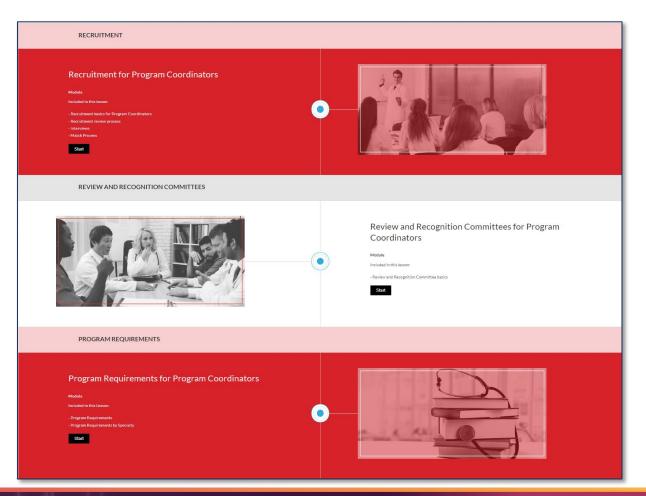






Program Coordinator Course

- > For **new and seasoned** coordinators
- Covers a wide range of topics important to program coordinators
- > Videos from working coordinators
- > Summer 2024

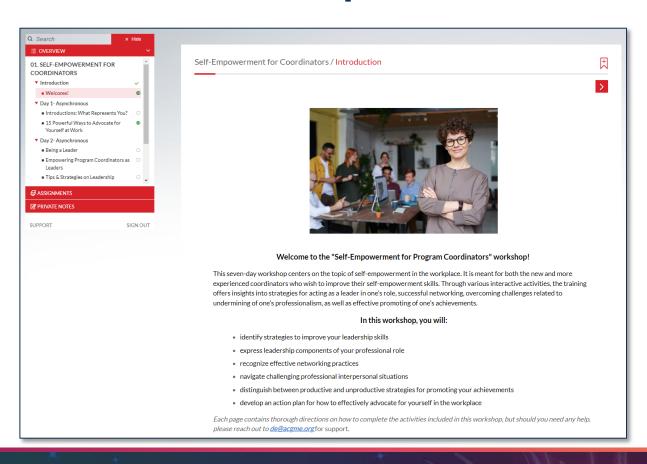






Virtual Workshop

Self-Empowerment for Program Coordinators



- Seven-day workshop for new and experienced program coordinators
- Interactive activities and virtual synchronous workshop
 - Leadership strategies
 - Networking opportunities
 - Asserting your professionalism
- > April 15-21, 2024
- > Registration required

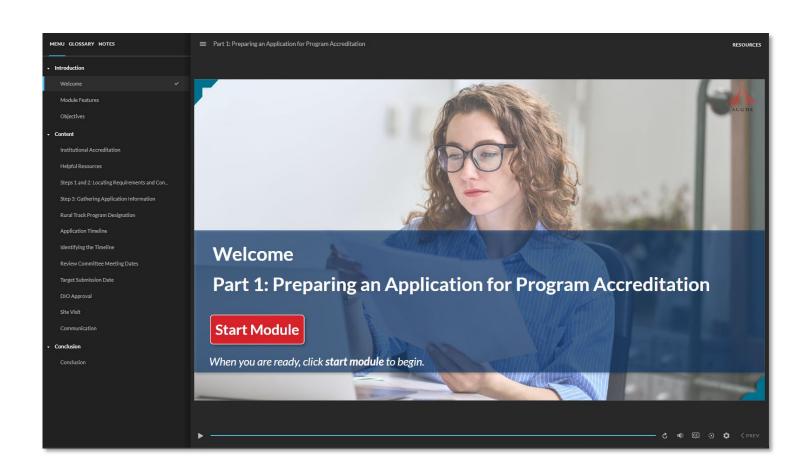






Applying for Program Accreditation Course

- Three-part course and step-bystep guide
- For those new to the process, as well as a refresher for experienced users
- Explanation of key steps, timeline, and the review process after submission







Upcoming Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
April 8-9, 2024	February 8, 2024
August 28, 2024	June 28, 2024
January 21-22, 2025	November 21, 2024
April 4, 2025	February 4, 2025



ACGME Contacts

ADS Team Technical Support

ADS General ADS@acgme.org

Resident Survey resurvey@acgme.org

Faculty Survey facsurvey@acgme.org

Lucy Nicholls nicholls@acgme.org

Field Activities Site Visit, Self-Study Questions

General Questions <u>fieldrepresentatives@acgme.org</u>

Linda Andrews, MD landrews@acgme.org

Andrea Chow achow@acgme.org

Penny Iverson-Lawrence pil@acgme.org

Accreditation Team Requirements, LON Questions

Accreditation General (nonspecialty-specific) accreditation@acgme.org

Caroline Fischer, MBA cfischer@acgme.org

Denise Braun-Hart dbraun@acgme.org

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Thank You