Specialty Update
Preventive Medicine
SES 113

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Chair, Preventive Medicine RRC

Annual Education Conference
Saturday, February 29, 2015
3:45-5:15pm
Disclosures

• Chair, Preventive Medicine RRC
• No conflicts of interest to report
Objectives for today’s session

1. Summarize the work of the Preventive Medicine RRC in the past year.
2. Describe data elements the RRC has used in the first annual review of Preventive Medicine programs in NAS.
3. Discuss some of the common questions programs have when completing their Annual Update in ADS.
4. Describe changes impacting Preventive Medicine programs with the Single Accreditation System.
5. Describe the 10-year site visits for Preventive Medicine programs.
Preventive Medicine
RRC members

Beth A. Baker, MD, MPH  Chairperson
Tina Foster, MD, MPH, MS
Kurt T. Hegmann, MD, MPH
Robert Johnson, MD, MPH, MBA
Denece Kesler, MD, MPH, FACOEM  Vice-chair
Ana Nobis, MD  Resident
Samual Sauer, MD, MPH
ACGME Staff

- Susan Day, MD
  *Medical Director, ACGME-I*
- RRC staff
  Lorraine C. Lewis, *Executive Director*
  Kristin Rohn, *Accreditation Assistant*
Work of the RRC in 2014

We’re not in Kansas anymore
How the RRC reviewed programs in NAS

1. Key annual data elements used to screen programs
2. Additional information requested (site visit, clarifying information)
3. Requested additional information reviewed
Data elements in NAS

Key data elements

• Board pass rate
• Faculty scholarly activity
• Resident scholarly activity
• Resident Survey

Other data elements

• Missing or incomplete information
• Faculty survey
• Attrition
  • Including change in Program Director
What about Milestones??

- Not currently used as screening indicator
- Useful data for programs to use as part of annual Program Evaluation (APE)
  - Program requirement, V.C.2.
    
    The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE)

- Useful information to be included in RAC
  - Program requirement, V.C.4.b).(2).
    
    The RAC must advise and assist the program director to develop educational experiences and clinical rotations
Step 1.
Annual Data used to screen programs

• 38 programs (53%) - no indicators
  • Letter confirms Continued Accreditation status
• 20 programs (26%) – reviewed by the RRC due to one or more of the following:
  • They failed more than one indicator;
  • They had an existing accreditation status of Continued Accreditation with Warning or Probation;
  • They had site visit reports to review
  • They had responses to citations to review
• 14 programs (19%) – failed one indicator
  • Received letter including AFI
What is an AFI?

NOT...

Avoidable Factors to Ignore

INSTEAD...

Areas For Improvement
Why did I get an AFI?

- Key data elements were trending downward
  - Example - 3 year average pass was low, but 5 year average pass rate was acceptable
- Information was missing or judged to be incomplete
- Only 1 key indicator was noncompliant
  - Example – faculty scholarly activity was low and all other indicators acceptable
What happens to AFIs?

- RRC will pay particular attention to these data elements in the future
- If not corrected, AFIs may turn into citations
- RRC shining a mirror on program’s data and informing you of their findings
What do I do if I get an AFI?

- Programs do not respond annually to AFI’s like citations; **HOWEVER,**
- They should be addressed. Some ideas:
  - Include analysis of the issue in the Annual Program Evaluation
  - If applicable, discuss with RAC as part of curriculum review
  - Track and evaluate results of any planned intervention
  - Minutes of PEC and/or RAC should document discussion and planning
What do I do if I get an AFI?

**DO NOT IGNORE**

- The RRC will review the same ADS data next year
Step 2.
Additional information requested

- Clarifying Information
  - RRC needs additional information to consider resolution of previous citation, explain annual data etc.
- Focused site visit
  - RRC requesting on site verification of specific issue(s)
  - Very short notification
  - Minimal document preparation expected
  - Team of site visitors
- Full site visit
Step 3. Additional information reviewed

- Letters outlining accreditation decisions for those programs who had a site visit or where clarifying information was requested will be sent following April 2015 meeting.
- All programs are reviewed annually and receive accreditation decision within each academic year.
2 RRC meetings per year

Winter

- Review data indicators
- Request additional information
- Make accreditation decisions
- Review new program applications

Spring

- Review additional information requested
- Make accreditation decisions
- Review new program applications
Accreditation Status Options

Actions not open to appeal
• Continued Accreditation
• Continued Accreditation with Warning
• Initial Accreditation
• Initial Accreditation with Warning
• Voluntary Withdrawal of Accreditation
• Administrative Withdrawal of Accreditation
• Administrative Withdrawal due to withdrawal of sponsoring institution’s accreditation
Accreditation Status Options

Adverse actions open to appeal

• Accreditation Withheld
• Probationary Accreditation
• Withdrawal of Accreditation
• Withdrawal of Accreditation Under Special Circumstances

Non-voluntary reduction in resident complement by the RRC is also open to appeal
Type of citations

- **New** – citation determined at the RRC meeting noted in the letter. Will need to be addressed in next ADS update
- **Resolved** – past citation that based on their review of data, the RRC has deemed that the program is now in compliance. Will no longer need to be addressed in ADS
- **Extended** – previous citation that the RRC has determined has not been resolved. Will need to be addressed in next ADS update
Questions & issues from the first NAS review
Who are Core Faculty?

All physician faculty with a significant role in the education of residents and who have documented qualifications to instruct and supervise

- Core faculty listed in scholarly activity table and complete faculty survey
- Core faculty roles:
  - Evaluate the competency domains;
  - Work closely with and support the program director;
  - Assist in developing and implementing evaluation systems;
  - Teach and advise residents
Core Faculty

- Examples of faculty members that do not meet the definition of core faculty:
  - A physician who supervises residents and nurse practitioners 50/50 during direct patient care rotations and has no other responsibilities (administrative, didactics, research) in the residency
  - Non-physician faculty PhD’s teaching in the MPH program
Core Faculty

• Examples of faculty members that meet the definition of core faculty:

  • A physician who works in the migrant worker clinic with responsibilities that include clinical supervision of residents; is a member of the Clinical Competency Committee; runs simulation exercises in providing care to non-English speaking patients; helps write resident curriculum.

  • A physician scientist who spends most of his time conducting epidemiological research, with only 4 weeks per year of clinical time, but supervises resident research and organizes required monthly EPI journal clubs.
Core Faculty

What about the 15 hours?

• Meeting criteria for core faculty is more important than hours

• If physician faculty meet all necessary criteria, adjust time on webADS to greater than 15 hours to indicate faculty member is core

 Indicating zero core faculty is not an option
How does the RRC judge faculty scholarship?

New FAQ to be posted

**Question:** How many core faculty members, or what percentage of a program’s core faculty, should demonstrate scholarly activity? [Program Requirement: II.B.5.b]
How does the RRC judge faculty scholarship?

Answer: The Review Committee expects at least 70 percent of the core faculty to participate in at least one of the following forms of scholarly activity each year:

- the scholarship of discovery (peer-reviewed funding or publication of original research in a peer-reviewed journal)
- the scholarship of dissemination (review articles or chapters in textbooks), or
- the scholarship of application (publication or presentation of case reports, clinical series; lectures and workshops at local, regional, or national professional and scientific society meetings; or participation in national committees or leadership roles in professional or academic societies).
What should be included in the block diagram?

- Programs may document resident schedules however they feel is best.
- The RRC uses this information to verify all required rotations including:
  1. Total length of the program \([\text{Program Requirement, Int.C.}]\)
  2. Time spent in direct patient care \([\text{Program Requirements, IV.A.6.b).(2); IV.A.6.c).(2); IV.A.6.d).(2)]\)
  3. Length of experience in a governmental public health agency \([\text{Program Requirement, IV.A.6.d).(4)]\)
  4. Information listed above in months
Single Accreditation System for AOA-Approved Programs

On February 28, 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) that outlines a single graduate medical education accreditation system for residency and fellowship programs in the United States. Click here for the executive summary of the MOU.

The single accreditation system allows graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common milestones and competencies.

Over the next five years, beginning July 1, 2015, AOA-approved programs and sponsoring institutions will have the opportunity to apply for ACGME accreditation. The ACGME and AOA have created and will continue to create elements of operations and infrastructure to ensure a smooth transition to the single system. Click here for the timeline (Updated December 3, 2014).

The ACGME will continue to update information on the single accreditation system as new developments unfold, and as questions arise during the systems implementation. Please return to this page periodically for updates and answers to your questions. Thank you for your interest as we work together to implement this important step forward in American graduate medical education.

Related Links

Program Eligibility Requirements
ACGME Glossary of Terms
Requirements for Review and Comment

Events

Opportunities for Education about the Transition to the Single Accreditation System
DO Eligibility for Preventive Medicine residency programs

Program requirement, III.A.1.

Prior to appointment in the program, residents must have successfully completed at least 12 months of clinical education in a residency program accredited by the ACGME, Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada.
Beginning July 1, 2015

• AOA-approved programs can apply for ACGME accreditation and receive the status of “pre-accreditation”
• Any ACGME accredited program can seek Osteopathic Recognition
  • Program requirements have been approved and are on the web site
  • Osteopathic recognition is not needed to accept DOs
Beginning July 1, 2016

• Residents who have completed prerequisite training in programs that have received ACGME-accreditation or pre-accreditation at the time the resident was enrolled will be eligible for Preventive Medicine residencies.

• No grandfathering
Site visits
Two scheduled site visits

- Visit 1 – Self study and self study visit
- Visit 2 – Compliance site visit
  - 10 Year Accreditation Review
- 30 months apart – to give programs time to make improvement
- Visits have different purposes
- Both will be conducted by a team
  - Not the same team
- NO PIFS!!
Visit 1 – Self-study visit

- A comprehensive review of the program
- Information on how the program creates an effective learning and working environment
  - AND how this environment leads to desired educational outcomes
- Analysis of strengths, weaknesses, opportunities and threats
- Description of ongoing plans for improvement
Building blocks of self-study

Annual Program Evaluation (PR V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ongoing Improvement

AE: Annual Program Evaluation

Self-Study VISIT

AE

Yr 0
Yr 1
Yr 2
Yr 3
Yr 4
Yr 5
Yr 6
Yr 7
Yr 8
Yr 9
Yr 10
Components of the self-study

• Program aims and initiatives to meet these aims
  • Evaluation of effectiveness
  • Assessment of outcomes achieved
• Strengths and Opportunities for Improvement
• External Opportunities and Threats
  • Assess how institutional, local, regional and national contexts affect the program
  • Opportunities: Factors that favor the program and that the program can take advantage of
  • Threats: Factors that pose risks
Visit 2 – Compliance site visit

- A full site visit with a review of the program against all applicable program requirements
- Programs with status of Continued Accreditation assessed against core requirements **ONLY**
- Program provides information on improvements that were put in place following self-study
RRC review of compliance

- Available to the Review Committee
  - ADS data, ABPM data
  - Summary from the self-study without weaknesses outlined
  - Site visitors report from the compliance visit
- RRC will review
  - Program aims
  - Improvements made following self-study
  - Outcome data related to improvements will be one measure of program effectiveness
ACGME Webinars

In November 2012, the ACGME began to offer a series of webinars designed to assist program directors and designated institutional officials (DIOs) of Phase I specialty programs as they transitioned to the Next Accreditation System (NAS). In 2013-2014, the focus is on the Phase II specialty programs as they prepare to be fully integrated in the NAS in July 2014. This section of the website was developed to provide the GME community with the most up-to-date information regarding upcoming webinars, as well as to share the slides and videos of previous webinars with those who could not attend.

The audio and slides will be available approximately two weeks after the presentation date. After three months, only the slides will be available.

Clinical Learning Environment Review (CLER) Program

NAS Phase II Specialties

- NAS Phase II: Overview Webinars
- Hospital-Based Specialties
- Medical Specialties
- Surgical Specialties

ACGME Self-Study Webinars

- Self-Study

Download Slides

More information on ACGME.org
Discussion