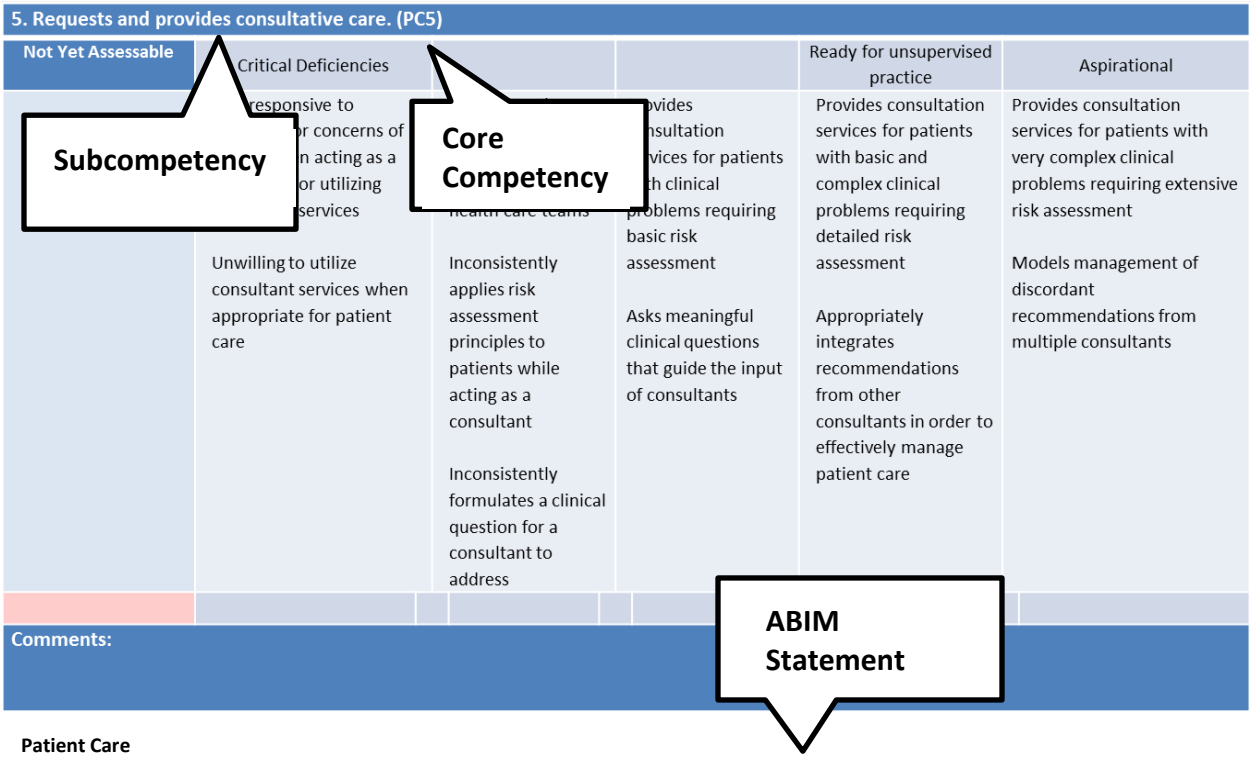
Internal Medicine Subspecialty Reporting Milestones
Frequently Asked Questions (FAQs)

Note: The ACGME has general FAQs about the Next Accreditation System (NAS), including some addressing the Milestones, at http://acgme.org/acgmeweb/Portals/0/PDFs/NAS/NASFAQs.pdf.

What is a subcompetency, and how does one read the tables that compose the Reporting Milestones (the ACGME Report Worksheet)?

A subcompetency is a component of a general competency that can be separated out and evaluated. In the example below, the numbered header describes the subcompetency. The subcompetencies are numbered in order for easy reference. Following the subcompetency description, in parentheses, is the general competency of which the subcompetency is a component (these are numerically numbered for reference as well). At the bottom of the last subcompetency for a general competency, is an overall assessment of the learner's progress that will be used by the ABIM to replace its current FasTrack reporting system. This is being added to enhance the efficiency of reporting for programs by reducing redundant data entry. The ACGME will not use the overall assessment for program review.



Patient Care

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of ***safe***, ***effective***, ***patient-centered***, ***timely***, **efficient,** and ***equitable care***.

_____ Meeting Milestones _____ Not Meeting Milestones _____ Meeting Some but not all Milestones

What is the relationship between Reporting Milestones, Curricular Milestones, and Entrustable Professional Activity (EPA)s?

The Reporting Milestones are "context free" narrative descriptions of the development of competence in each of the ACGME Core Competencies. They describe the individual learner on a developmental scale. Of EPAs, Curricular Milestones, and Reporting Milestones, only the Reporting Milestones are required as part of the accreditation process in the NAS.

The Curricular Milestones are granular descriptions of the knowledge, skills, and attitudes or behaviors that define the content of the six Core Competencies. The Curricular Milestones can provide specialty-specific content that is taught by a specialty and that is potentially unique to that specialty. The Curricular Milestones can be used to inform and guide a program's curriculum, and can be modified to meet an individual program's structure and needs. Alternatively, Curricular Milestones can be used as part of a more descript curriculum and can provide the key metrics that will allow demonstration of competency.

EPAs are descriptions of work-based activities that can serve as meaningful and manageable points of assessment. EPAs can be developed by individual programs, or by a specialty society, or can be modified from other sources. It is up to an individual program to decide which EPAs are appropriate to assess its learners.

Example: An EPA might involve breaking bad news to a patient; the Curricular Milestones can define the specific knowledge, skills, and attitudes required to counsel the patient about bad news; and the Reporting Milestones would describe the learner's competence performing the task of breaking bad news.

How were the Subspecialty Milestones developed?

A Working Group composed of specialty representatives appointed by each specialty society was convened and charged with representing the needs of each subspecialty discipline to the best of its ability in the development of the Internal Medicine Subspecialty Milestones draft. Extensive in-person and teleconferencing meetings were held throughout 2013 to facilitate drafting and editing of the document.

Will the ACGME require one common template for Reporting Milestones to be used by every internal medicine subspecialty?

While there are compelling reasons for use of one standard set of Reporting Milestones, the ACGME has not mandated that all subspecialties must use one set. However, the ACGME does require that all subspecialties utilize the same format, which includes five levels of competency for each subcompetency.

As a result of the multi-specialty efforts to develop the Internal Medicine Subspecialty Milestones, all of the participating internal medicine subspecialties and multi-Review Committee subspecialties have endorsed using the "context free" reporting milestones.

Does achievement of milestones at the "ready for unsupervised practice" level mandate graduation at an early date?

Achievement of "ready for unsupervised practice" **does not** mandate graduation at an earlier date. When a fellow is determined to be at the "ready for unsupervised practice" level, there is still opportunity to advance competence through experiential learning. Performance on the Milestones in total must also be studied to determine how programs will generate and interpret the data used to specify the appropriate level of fellow competence. This is one of the reasons that each program will also be asked to make a summative determination of each fellow's development for each of the Core Competencies.

Does a fellow need to achieve a level of "ready for unsupervised practice" in each competency to receive credit for each year?

The Reporting Milestones **are not** designed to be tied to a specific year of education. However, by the end of the training program, each fellow must be determined, by the program director and Clinical Competence Committee, to have developed the necessary knowledge, skills, and attitudes required to demonstrate the appropriate competency to ensure the delivery of safe, effective, efficient, timely, equitable patient centered care.

Does a fellow need to demonstrate competency in all of the knowledge, skills, and behaviors included in each column of a given subcompetency in order to be indicated as reaching that level of competency?

No. The descriptive knowledge, skills and behaviors included within each subcompetency are intended to represent a continuum that would describe the acquisition of these traits for a competent specialist within their subspecialty discipline. It is ultimately the responsibility of the training program's clinical competency committee to determine which column of each subcompetency best describes the trainee at the time of evaluation and reporting.

Will the Reporting Milestones template be the final product or an implementation draft? What is the timeline for changes?

The Reporting Milestones represent an implementation draft. It will take a number of years to study the performance of the proposed process. As a result, modifications to the draft will not occur immediately, but all milestones will be studied and evaluated on an ongoing basis. Modifications will occur based upon study of the performance of the current Reporting Milestones draft and the experience of fellows, program directors, and programs.

Why isn't scholarship its own competency?

The six established ACGME Core Competencies serve as the framework for the ACGME Outcomes Project and the NAS and is not currently modifiable. As such, scholarship is captured as a subcompetency.

Why is the scholarship subcompetency included within the Medical Knowledge competency?

The Working Group of subspecialty representatives convened to develop the scholarship subcompetency determined that it was most appropriately housed within the Medical Knowledge Core Competency.

Are all fellows expected to achieve the "ready for unsupervised practice" level for scholarship?

As with all of the subcompetencies, the Milestones provide target goals for residents/fellows to achieve (or exceed), but it is ultimately up to the individual program director and Clinical Competency Committee to decide if a fellow is ready for unsupervised practice and therefore ready to "graduate" from the fellowship program. Depending on the program's structure, resources, and available mentorship, a program's Curricular Milestones may emphasize certain aspects of the scholarship milestones more than others. The current ACGME Program Requirements will also be important in identifying specific aspects of this milestone for a particular subspecialty and programs within it.

Does "ready for unsupervised practice" in the scholarship subcompetency imply that the fellow is prepared to be an independent investigator?

Not necessarily. It is recognized that many factors are important in the process of preparing an individual to become an independent investigator. These include the acquisition of knowledge, skills, and experiences that are influenced by the individual's environment, personality, opportunities, successes, and available mentorship. The subcompetency targets are designed to prepare fellows to have experiences with much of the foundation that is needed to pursue their desired career and to be able to extend their careers into the future.

Are fellows who have taken maternity leave during their fellowships able to graduate on time if they have met the Milestones?

The accreditation (ACGME) and certification (ABIM) requirements regarding length of training will not initially change with the launch of the NAS and the use of the reporting milestones. Consequently, a fellow who has taken maternity leave will still need to comply with existing accreditation and certification requirements as-written.

Could the number of reporting milestones be reduced? Or could the reporting frequency for Professionalism, Practice-based Learning and Improvement, and Systems-based Practice be decreased to less than twice per year?

The decision to continue with the current number of reporting milestones and subcompetencies was made by the Working Groups assigned with developing the current subspecialty draft document. While future revisions of this document may include changes in the number of subcompetencies and milestones, the current recommendation is to accept the current draft for initial use in the NAS. However, the ACGME acknowledges that programs may not always have adequate data to determine an individual fellow's level of competence in all subcompetencies. For that reason, programs have the option to mark a subcompetency as "not yet assessable."

The ACGME determines the frequency of submitting the Reporting Milestones. It is anticipated that the reporting frequency will be evaluated after they have been in use for some period of time.

Why are some of the milestones unchanged from the core Internal Medicine Milestones document?

The Reporting Milestones were written to be "context free." Thus, they were intentionally designed to describe the learner at various stages of competence. As such, while the context is different, the description of a resident or a fellow as a learner at any given point in their training program could be similar or identical. The decision to accept or modify an internal medicine subcompetency for use in fellowship education was made by the Working Groups charged with developing the current subspecialty draft document.

Will fellowship programs be able to access a resident's core IM milestone data?

The decision about if and when a fellowship program receives the results of a resident's reporting milestones assessment is currently being discussed and will be determined at a future date.

Will the results of their semiannual Reporting Milestones assessment be shared with fellows?

The results of their semiannual Reporting Milestones assessment *should* be shared with fellows. It is the responsibility of the program director and program to share these assessments with the fellows. One of the main purposes of the Milestones is to facilitate and ensure high quality feedback for learners as part of their professional development and learning plans.

If Milestone assessment is shared with a fellow, what might the effect be for programs with higher expectations than outlined in the Milestones (i.e., when programs expect at a minimum achievement of some aspirational milestones)?

The Reporting Milestones are intended to provide a standard framework for reporting the competence of learners across programs. The Reporting Milestones describe the learner at various levels of competence that apply to a learner regardless of his or her program and its unique characteristics. The writing Group for the Internal Medicine Subspecialty Milestones document understands and respects that each program is unique, and that the context in which education occurs will vary based upon the unique circumstances of each program.

What is the purpose of the "Meeting Milestones" option in the ABIM summary statement at end of each competency in the document? Should an explanation be included if the response is "No"?

The use of the language "Meeting Milestones/Not Meeting Milestones/Meeting Some but not all Milestones" describes the options internal medicine and subspecialty program directors will be

given in the new ABIM FasTrack reporting system. In anticipation of a common form for reporting to both the ACGME and ABIM, this language was added to the Reporting Milestones draft document.

Under the Procedures milestones, what is included under "procedures and testing"?

In recognition that the term "procedures" can have different meanings dependent on subspecialty context, the subcompetency for Procedures was divided into two subcompetencies—one for invasive procedures and one for non-invasive procedures or testing. The latter can include not only testing with physical equipment that interacts with the patient, but also procedures or tests that are more cognitive or non-physical in application. For example, application of a mini-mental status test or a geriatric assessment could be considered a "non-invasive procedure or testing." In addition, it is recognized that there are differences between the expectations to demonstrate competence for invasive procedures and non-invasive procedures/testing. Specific procedures and testing (invasive and non-invasive) for a given (sub)specialty and program should be as defined for the (sub)specialty by ACGME Program Requirements and/or those generally accepted as being a component of being a specialist in the given field. In addition, specific expectations for the performance of procedures/testing should be included in the (sub)specialty's/program's Curricular Milestones and/or curriculum.

What if a (sub)specialty does not have any procedures for a fellow to complete?

It is recognized that not all of the internal medicine subspecialties have procedures (i.e., invasive or non-invasive/testing) as part of their practice or curriculum. Discussions are underway with the ACGME to try to define an acceptable mechanism by which this can be communicated by programs through their Reporting Milestone reports and the "context free" Reporting Milestones can still be used by all subspecialties.

What are considered "personal characteristics" in subcompetency #19 (PROF3)?

"Personal characteristics" refers to any aspect of individual patients (and caregivers) that might influence how the patient and caregiver communicate, how medical decision-making is done, and what decisions are ultimately made. Examples could include age, gender, race, religion, culture, ethnicity, gender orientation, sexual orientation, and others.