Review Committee/ACGME Update
ACOI 2018 Annual Congress on Medical Education
Friday, April 27

Jerry Vasilias, PhD
Executive Director, Review Committee for Internal Medicine
No conflicts to disclose
Plan for Session

General Information Related to Work of the Review Committee
Update on Actions for IM Applications/Programs
Update on Actions for SUBSPECIALTY Applications
RC-IM’s Position on SingleGME
New Requirements
NAS 101
RC Members and Staff
What does the RC do?

• Reviews applications and programs with regards to common and specialty PRs
• Determines accreditation status for programs and applications
• Proposes revisions to PRs
• Discusses matters of policy, issues relevant to the specialty
• Recommends changes in policy, procedures and requirements to the ACGME Council of Review Committee Chairs.
What does the RC review?

• RC reviews applications and programs to determine **substantial compliance** with minimum PRs
  
• Areas of non-compliance may be identified
  • **Substantial compliance** even with areas of non-compliance

• The big question…
  • What’s the “tipping point”? What combination of citations leads to an undesirable (continued pre-accreditation) or adverse action (warning, probation, or withdrawal)?
  • There is no formula: peer review process
“Areas of non-compliance”? 

RC communicates noncompliance with requirements via…

Citations
• Require response in ADS

AFI = “Areas for Improvement”
• AFIs do not require specific response in ADS.
• RC assumes the program and institution will address AFIs.
• Will draw further scrutiny (possibly become citation) if the trend continues
What happens after the RC reviews the application/program?

- PD + DIO will receive an email w/ RC’s decision w/in 3-5 business days of the RC meeting.
- A letter of notification follows 6-8 weeks later that will detail areas of non-compliance, if any.
When can a subspecialty application be submitted?

- Subs are considered *dependent*.
- Subs must be associated with core program in same sponsoring institution.
- A sub application *can be initiated* after the core program has received *Pre-Accreditation*.
- A sub application *cannot be submitted* in ADS until its core receives *Initial Accreditation*.
Plan for Session

General Information Related to Work of the Review Committee

Accreditation Actions for IM Applications/Programs
Accreditation Actions for SUB Applications
RC-IM’s Position on SingleGME
New Requirements
NAS 101
RC Members and Staff
Actions for SingleGME CORE programs
From beginning through recent RC meeting

- Accredited, n=92, 89%
  - Initial=81
  - Initial w Warning= 3
  - Continued= 8
- Applied, n=5, 5%
  - Pre-Accred=1
  - Cont-Pre=4
- Expected to Apply, n=6, 6%
  - "Working on app"= 5
  - Open app in ADS=1

Total *in* + Expected to Apply = 103
Total Not expected to apply = 46
- Closing or closed = 14
- Dual or merging = 32

*in*
# of citations for core applications AY17-18: Accredited vs Cont-Pre

**Total # of programs x status**

**# of citations x status**
Core programs in AY17-18: types of citations

- Scholarly Activity/Environment
- Subspecialty Education Coordinator
- Inadequate clinical experiences
- Resources/PD Support/APD/faculty
- Service v ed/patient caps/non-teaching pts
- DH/Supervision
- PD Qualifications/Oversight
- Evaluation
- Curriculum missing
- Process to deal with concerns
- Inaccurate program application
Plan for Session

General Information Related to Work of the Review Committee
Accreditation Actions for IM Applications/Programs

Accreditation Actions for SUB Applications
RC-IM’s Position on SingleGME
New Requirements
NAS 101
RC Members and Staff
Actions for SingleGME SUBs

From beginning through recent RC meeting

- Initial Accreditation, n=64, 54%
  - 3 yr subs=50
  - 1-2 yr subs=14

- Expected to Apply, n=44, 37%
  - 3 yr subs=11
  - 1-2 yr subs=33

- Applied, n=10, 9%
  - Pre-Accred=4
  - Cont-Pre=6

- Closing or closed = 21
- Dual or merging = 34

Total *in* + Expect to Apply = 118
Total Not expected to apply = 55
# of citations for sub applications AY17-18: Initial vs Cont-Pre

**x axis:** total # of programs x status

**y axis:** # of citations x status

- **Cont-Pre**
  - zero citations
  - 1-3 citations
  - 4-6 citations
  - 7-9 citations

- **Initial**
  - zero citations
  - 1-3 citations
  - 4-6 citations
  - 7-9 citations

© 2018 ACGME
Types of citations for subs in AY17-18: Initial vs Cont-Pre

- Missing required educ/curric elements
- SA
- Supervision
- Support for PD
- Min # of KCF
- Inaccurate app
- PLAs
- Evaluation
- G&O
- Faculty involvement

© 2018 ACGME
Plan for Session

General Information Related to Work of the Review Committee
Accreditation Actions for CORE Applications
Accreditation Actions for SUB Applications
RC’s Position on SingleGME
New Requirements
NAS 101
RC Members and Staff
Expectations for Single GME applications

PD, APD, CF, KCF, SEC…AOA is AOK!
Expectations for non-Single GME applications

PD, APD, CF, KCF, SEC…AOA is AOK!
Plan for Session

General Information Related to Work of the Review Committee
Accreditation Actions for CORE Applications
Accreditation Actions for SUB Applications
RC-IM’s Position on Single GME System

New Requirements
NAS 101
RC Members and Staff
Or...Changes to Requirements
The biggies …

• Eliminated 16 hour rule for PGY1s
  – Holding all residents to same clinical and educational work hours

• New sections → patient safety, quality improvement, well-being
  – Effective date of implementation July 1, 2017
  – Assessment of new sections will not be cited until 2019.

• Introducing flexibility
  – No longer need to document situations where exceed 24 hours

• Potential for burden
  – New PRs related to patient safety, quality improvement and well-being
  – Counting work at home as part of 80 hours
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, 2018.

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.
Almost all are “core” PRs
2 sets – residency and fellowship
*Mission and aims*
Some CPRs removed to go into to-be-created PD Guide
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

To be reviewed at June ACGME Board meeting.
If approved, effective July 2019.
What will the practice of medicine look like in 2035?
We are using scenario planning to revise the program requirements.

Scenario planning was used by the ACGME BOD in 2013-14

Intent is not to predict what the future will be and then build a master plan.

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
Scenario planning is about avoiding the “most likely future” trap... 

Predictive Planning: 

...and building plans on alternative futures 

Scenario Planning:
“Imagination is more important than knowledge. Knowledge is limited.

For while knowledge defines all we currently know and understand, imagination points to all we might yet discover and create.”
This is a pilot. The RC-IM is the first to use scenario-planning.

**IM2035 Workshop #1 – June 2017**
- Participants from the IM community and beyond...
- Used 4 scenarios and process ACGME Board used in 2013-14
- Focus of workshop: what does *IM* looks like in each of the 4 scenarios?

**IM2035 Workshop #2 – September 2017**
- RC members and a subset of participants from June workshop
- Scenarios from June workshop are updated with IM content
- Focus of workshop:
  - What should the RC consider to prepare the internist for each of the 2035 futures?
  - What does the internist of the future look like?
  - What does the internist of the future need to *know*?
### There’s an App for That, Too?

<table>
<thead>
<tr>
<th>U.S. Economy Vitality</th>
<th>The Social Contract</th>
<th>Type of Change</th>
<th>Healthcare as a Percentage of GDP</th>
<th>Globalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong</td>
<td>Broad/Expansive</td>
<td>Revolutionary</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
</tbody>
</table>

### Boom-doggie

<table>
<thead>
<tr>
<th>U.S. Economy Vitality</th>
<th>The Social Contract</th>
<th>Type of Change</th>
<th>Healthcare as a Percentage of GDP</th>
<th>Globalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak</td>
<td>Limited or Exclusive</td>
<td>Evolutionary</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
</tbody>
</table>

### Cloudburst

<table>
<thead>
<tr>
<th>U.S. Economy Vitality</th>
<th>The Social Contract</th>
<th>Type of Change</th>
<th>Healthcare as a Percentage of GDP</th>
<th>Globalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak</td>
<td>Broad/Expansive</td>
<td>Revolutionary</td>
<td>Increasing</td>
<td>Decreasing</td>
</tr>
</tbody>
</table>

### Free Markets Unchained

<table>
<thead>
<tr>
<th>U.S. Economy Vitality</th>
<th>The Social Contract</th>
<th>Type of Change</th>
<th>Healthcare as a Percentage of GDP</th>
<th>Globalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong</td>
<td>Limited or Exclusive</td>
<td>Evolutionary</td>
<td>Decreasing</td>
<td>Militarily Isolated, but U.S. economy engaged globally</td>
</tr>
</tbody>
</table>
Broad and diverse participants
This is a pilot.

**IM2035 Workshop #1 – June 2017**
- Participants from the IM community and beyond…
- Used the 4 scenarios and process ACGME Board used in 2013-14
- Focus of workshop: what does *IM* looks like in each of the 4 scenarios?

**IM2035 Workshop #2 – September 2017**
- RC members and a subset of participants from June workshop
- Scenarios from June workshop are updated with IM content
- Focus of workshop:
  - What should the RC consider to prepare the internist for each of the 2035 futures?
  - What does the internist of the future look like?
  - What does the internist of the future need to *know*?
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

- Sept 2019
  Committee on Requirements
  If approved, effective July 1, 2020

- Early 2019
  45 day review-and-comment period
More Specific Timeline (as a result of January RC meeting)

June 2017
IM2035 Workshop #1
IM & non-IM discuss IM in 2035

Sept 2017
IM2035 Workshop #2
RC & non-RC

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/May 2018
Solicit input from PDs
Make IM2035 report available to PDs

June 2018
Conduct literature review

Sept 2018 RC Meeting
Review input, start revision

April/May 2018
Solicit input from PDs
Make IM2035 report available to PDs

Feb/March 2018
CEO & RC Chair at AEC and APDIM
Discuss use of scenario planning for PR revision

June 2018
Conduct literature review

Sept 2018 RC Meeting
Review input, start revision

Jan 2019 RC Meeting
Continue revision work

Sept 2019 Committee on Requirements
If approved, effective July 1, 2020

early 2019
45 day review-and-comment period

© 2018 ACGME
June 2017
IM2035 Workshop #1
IM & non-IM discuss IM in 2035

Sept 2017
IM2035 Workshop #2
RC & non-RC

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/May 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

Early 2019
45 day review-and-comment period

Sept 2019
Committee on Requirements
If approved, effective July 1, 2020
• In accordance with ACGME policy, the GME community will be invited to comment on current IM PRs
  – Who will be asked? All major stakeholders. GIM + subspecialists
  – Comment on? What should be kept, removed, added, revised…
• Invitation will include current IM PRs in new CPR format
  – Even though new CPRs will not be approved until June
• IM2035 report will be included
  – To share insights from workshops, and
  – Encourage thinking about the future
Insights from IM2035
+ New CPRs
+ Literature review
+ Community input

Sept 2018 RC Meeting
Review input, start revision
Related to PRs, but not PRs...FAQs
Plan for Session

General Information Related to Work of the Review Committee
Accreditation Actions for CORE Applications
Accreditation Actions for SUB Applications
RC-IM’s Position on Single GME System
New Requirements
NAS 101
RC Members and Staff
What happens when receive “continued accreditation?”

How does RC review established programs?

NAS – Next NOW Accreditation System

RC reviews every established program annually using data
How does RC review established programs annually?

Using these “data elements”

- Resident/Fellow Survey
- Clinical Experience
- Certification Exam Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Subspecialty Performance
- Omission of Data
How does RC review established programs annually?

1. Programs with Citations
   • *Is the program addressing the citations?*
   • *Are there positive outcomes?*
   • *Is there enough information?*

2. Review program flagged as outliers on 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.
NAS Process: Continuous Improvement

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

Self-Study / 10-year Site Visit

© 2018 ACGME
NAS = Innovation
How does NAS promote innovation?

In NAS PRs are categorized as Outcome, Core and Detail

- **Outcome** = specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents at key stages of their GME
- **Core** = define structure, resource, or process elements essential to program.
- **Detail** - describe a specific structure, resource, or process, for achieving compliance with a Core PR. Programs in substantial compliance with the Outcome PRs may use alternative or innovative approaches to meet Core PRs.

Programs in substantial compliance with **Outcome** and **Core** and PRs can innovate with **Detail** PRs.

- **Detail** PRs do not go away, but PDs do not need to demonstrate compliance them, unless it becomes evident that **Outcome** or **Core** PRs are not being met.
Applications and new programs at *Initial Accreditation* are expected to comply with all PRs.

Innovation is a privilege of demonstrating substantial compliance with PRs over time → Good Standing

*Take away message…*

- *Something to consider in the future, and,*
- *There are different types of PRs*
Plan for Session

- General Information Related to Work of the Review Committee
- Accreditation Actions for CORE Applications
- Accreditation Actions for SUB Applications
- RC-IM’s Position on Single GME System
- New Requirements and Other New Things
- NAS 101
- **RC Members and Staff**
Who is the RC-IM?

ACGME/RC Staff

4 ex officio, non-voting
(ABIM, ACP, AMA, AOA)

24 VOTING MEMBERS

- 6 ABIM-nominated
- 6 ACP-nominated
- 6 AMA-nominated
- 3 AOA-nominated
- 2 resident members
- 1 public member

Program Director
DIO
Subspecialist
Current Composition of the RC-IM

Robert Benz, MD  
Christian Cable, MD Chair  
Alan Dalkin, MD  
Andrew Dentino, MD  
Sanjay Desai, MD  
Sima Desai, MD Chair-elect  
Jessica Deslauriers, MD resident member  
Oren Fix, MD  
Christin Giordano, MD resident member  
Russ Kolarik, MD  
Monica Lypson, MD  
Brian Mandell, MD Vice Chair  
Elaine Muchmore, MD  
Cheryl O’Malley, MD  
Amy Oxentenko, MD  
Jill Patton, DO  
Kris Patton, MD  
David Pizzimenti, DO  
Donna Polk, MD  
Samuel Snyder, DO  
David Sweet, MD  
Jacqueline Stocking, RN, PhD public member  
Heather Yun, MD Vice Chair-elect  
Alejandro Aparicio, MD ex officio, AMA  
Davoren Chick, MD ex officio, ACP  
Furman McDonald, MD ex officio, ABIM  
Don Nelinson, PhD ex officio, AOA