SES029
Updates from the Review Committee for Physical Medicine and Rehabilitation

David W. Pruitt, MD, Review Committee Chair
Caroline Fischer, MBA, Executive Director
We have no conflicts to disclose.
Review Committee Composition

4 appointing organizations
- AAPM&R, ABPM&R, AOA, AMA

9 voting members

6-year terms – except resident (2 years)

Generalists, subspecialists, 1 public member

1 ex-officio (non-voting) member each from AAPM&R and ABPM&R
Geographic Distribution of the Review Committee

Current Members: CA, MA, MD, MI, OH, PA, TX, and UT

Incoming Members: TN, VA
Review Committee Composition

Susan Garstang, MD
Nancy D. Harada, PhD, PT (Public Member)
Wendy Helkowski, MD (Vice Chair)
Robert Samuel Mayer, MD
Lawrence L. Prokop, DO
David W. Pruitt, MD (Chair)
Sunil Sabharwal, MBBS, MRCP
Carol Vandenakker-Albanese, MD
Charles M. Taylor II, MD (Resident Member)
New Review Committee Members

- Beverly Roberts-Atwater, DO
- Stacy Stark, DO
Number of Accredited Residency and Fellowship Programs

As of January 2018

88 Physical Medicine and Rehabilitation Residency Programs
87 Fellowship Programs

- 21 Spinal Cord Injury Medicine
- 20 Pediatric Rehabilitation Medicine
- 16 Brain Injury Medicine
- 10 Pain Medicine
- 19 Sports Medicine
- 1 Neuromuscular Medicine
New Programs Accredited in August 2017 and January 2018

Physical Medicine and Rehabilitation
- OPTI West Program
- University of Nebraska Medical Center College of Medicine Program

Brain Injury Medicine
- Hofstra Northwell School of Medicine Program
- Icahn School of Medicine at Mount Sinai Program
- Carolinas Medical Center Program

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# Status Decisions (Fall 2017/Winter 2018)

<table>
<thead>
<tr>
<th>Status</th>
<th>Core</th>
<th>Subs</th>
</tr>
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<tbody>
<tr>
<td>Initial Accreditation</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>77</td>
<td>71</td>
</tr>
<tr>
<td>Continued Accreditation w/Warning</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Probation</td>
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<td>0</td>
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<tr>
<td>Accreditation Withheld</td>
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<tr>
<td>Withdrawal of Accreditation</td>
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<td>0</td>
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</table>
Citations vs. Areas for Improvement (AFIs)

- **Subspecialty Programs**
- **Core Programs**

AFIs vs. Citations:
- 0
- 5
- 10
- 15
- 20
- 25
- 30

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AFIs/Citations - Core Programs

- Faculty supervision/interest in teaching
- Incomplete/inaccurate data
- Resources
  - Process to deal with residents’ problems and concerns
- Board pass rate
  - Part II
AFIs/Citations - Core Programs

- Incomplete/inaccurate data
  - Faculty Roster – current certification information, devote ≥ 10 hours
  - Block diagram – key for abbreviations, non-standard format, no individual schedules
  - CVs – current licensure, scholarly activities from last 5 years
AFIs/Citations - Subspecialty Programs

- Curriculum
  - BIM/SCI – min. 3 months hospitalized patients and min. 3 months non-hospitalized patients
- Program director support
- Didactics
- Incomplete/inaccurate data
  - Similar issues to core programs
AFIs

- Major Changes section expanded so programs can include improvements and/or innovations implemented to address potential issues identified (AFIs) during annual program review
- Written response to AFIs not required, but encouraged
  - Allows program director to provide context and describe outcomes of any corrective measures taken
### Physical Medicine and Rehabilitation: National Resident Report (Main Table)

**Reporting Period:** Total Experience of Residents Completing Programs in 2016-2017  
**Residency Review Committee for Physical Medicine and Rehabilitation**  
**Report Date:** September 13, 2017

**Part 1**

Number of Programs in the Nation: 77  
Number of Residents in the Nation: 404

<table>
<thead>
<tr>
<th>RRC Area</th>
<th>RRC Procedure</th>
<th>Performed*Observed</th>
<th>Performed</th>
<th>Observed</th>
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<tbody>
<tr>
<td>Procedures</td>
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<td></td>
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<tr>
<td>EMG/NCIS</td>
<td>247.7</td>
<td>61</td>
<td>226</td>
<td>183</td>
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<tr>
<td>Axial epidural injection</td>
<td>38.0</td>
<td>56</td>
<td>19</td>
<td>0</td>
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<tr>
<td>Axial facet, SI joint, nerve block</td>
<td>31.1</td>
<td>49</td>
<td>14</td>
<td>0</td>
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<tr>
<td>Peripheral joint/extra-articular injection</td>
<td>74.7</td>
<td>102</td>
<td>44</td>
<td>4</td>
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<tr>
<td>Tendon sheath/bursa injection</td>
<td>7.9</td>
<td>11</td>
<td>4</td>
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<td>Trigger point injection</td>
<td>13.7</td>
<td>19</td>
<td>9</td>
<td>0</td>
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<tr>
<td>Peripheral nerve injection</td>
<td>2.5</td>
<td>5</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Botulinum toxin injection</td>
<td>53.5</td>
<td>52</td>
<td>35</td>
<td>2</td>
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<tr>
<td>Phenol injection</td>
<td>1.8</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Programming baclofen pump</td>
<td>6.6</td>
<td>11</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Refilling intrathecal baclofen pump</td>
<td>9.4</td>
<td>13</td>
<td>4</td>
<td>0</td>
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<tr>
<td>Ultrasound extremity</td>
<td>13.2</td>
<td>21</td>
<td>7</td>
<td>0</td>
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<tr>
<td>Ultrasound guidance</td>
<td>31.2</td>
<td>54</td>
<td>16</td>
<td>0</td>
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<tr>
<td>Other Procedures</td>
<td>2.6</td>
<td>8</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Total Procedures</td>
<td>533.7</td>
<td>255</td>
<td>464</td>
<td>252</td>
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### National Case Log Data

#### [PART 1] Programs in the Nation: 77  Residents in the Nation: 404

<table>
<thead>
<tr>
<th>Defined Category</th>
<th>Natl Res AVE</th>
<th>Natl Prog AVE</th>
<th>RC Min</th>
<th>Natl Res Below Min</th>
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<tr>
<td>EMG/NCS (Total)</td>
<td>247.7</td>
<td>249.2</td>
<td>200</td>
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<tr>
<td>EMG/NCS (Performed)</td>
<td>210.2</td>
<td>211.3</td>
<td>150</td>
<td>4</td>
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<tr>
<td>Axial epidural injection (total)</td>
<td>38.0</td>
<td>40.3</td>
<td>5</td>
<td>6</td>
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<tr>
<td>Axial: facet, SI joint, nerve block (total)</td>
<td>31.1</td>
<td>32.4</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (total)</td>
<td>82.6</td>
<td>82.6</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (performed)</td>
<td>71.4</td>
<td>71.1</td>
<td>15</td>
<td>7</td>
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<tr>
<td>Botulinum toxin injection (total)</td>
<td>53.5</td>
<td>56.6</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Botulinum toxin injection (performed)</td>
<td>44.3</td>
<td>47.6</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Ultrasound (total)</td>
<td>44.4</td>
<td>42.7</td>
<td>10</td>
<td>7</td>
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</tbody>
</table>
Final Milestones Report

- Fellowship program directors have access to the final Milestones report for an active fellow's most recently completed ACGME-accredited residency program.
- The reports can be found within ADS by logging in and navigating to the program's "Reports" tab and selecting the “Residency Milestone Retrieval” option.
- The reports are not accessible until the individual has been accepted into the fellowship program.
Pain Medicine Requirements

- Revisions made to the current Program Requirements will be posted for review and comment.
- Considering requests to change the following requirements:
  - One related residency as opposed to two.
  - Allow more than one program to exist within a Sponsoring Institution as opposed to a limit of one.
- If you commented on the requirements previously, you should still comment during the upcoming comment period.

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Common Program Requirements
Sections I-V

- A Common Program Requirements Phase 2 Task Force was appointed to review Sections I-V.
- Proposed changes are posted for review and comment until March 22.
- Anticipated effective date is July 1, 2019.
Common Program Requirements

Notable Changes…

- Almost all are “Core” requirements
- 2 sets – residency and fellowship
- Mission and aims
- Some Common Program Requirements removed to go into to-be-created Program Director Guide
- AOA certification acceptable for physician faculty members
- “Core Faculty” is now in the Common Program Requirements
- Coordinator support in residency requirements, 50% FTE
- Scholarly activity overhauled
- More language in the Annual Program Evaluation
- New certification exam requirements
- Fewer subcompetencies for fellows
- Fellows can practice in core specialty, up to 20%
Common Program Requirements

• Sunset session: "Common Program Requirements: A Review of the Proposed Sections I-V"

• Friday evening, March 2, from 5:15-6:45 p.m.
Revisions to Specialty Requirements

- Once the Common Program Requirements are finalized, the specialty-specific requirements will be reviewed
  - May need to be modified to align with the Common Program Requirements
  - Common Program Requirements allow/mandate the Review Committees to further specify in some sections
  - Some sections do not allow for specialty-specific requirements
Review and Comment

- Comments must be submitted by March 22
- Comments must be submitted using the Comment Form on the ACGME website:
  
  http://www.acgme.org/What-We-Do/Accreditation/Review-and-Comment

- Comments must be submitted to: cprrevision@acgme.org
Review and Comment

- Comments should include:
  - Concerns
  - Recommendations
  - Supportive comments
  - Questions
Program Resources

www.acgme.org

- ACGME Policies and Procedures
- Milestones and Clinical Competency Committee Guidebooks
- List of accredited programs
- Accreditation Data System (ADS)
- FAQ documents (e.g., Milestones, Common Program Requirements)
- General information on site visit process and your site visitor
Program Resources cont.

Physical Medicine and Rehabilitation web pages
- Complement increase policy
- Program Requirements, FAQ documents, and application forms
- Case Log procedure entry instructions
- Milestones
- Presentations

Weekly e-Communication
- Contains general GME information, accreditation-related updates, announcements regarding Program Requirements, updates from the Review Committee on ACGME issues/initiatives, etc.
ACGME Contacts

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Thank you!