EM Review Committee Update

Steven Bowman, MD
Chair
Review Committee for Emergency Medicine

Felicia Davis, MHA
Executive Director
RCs for Radiology, Emergency Medicine, and Nuclear Medicine

#ACGME2018
Disclosure

No conflicts of interest to report
Topics for Today…

- Committee Composition/Staff
- Accreditation Decisions
- NAS Observations
- Review Committee Discussions
EM Review Committee Composition

- 4 appointing organizations – ABEM, ACEP, AMA, and AOA
- 13 voting members (1 resident and 1 public member)
- 6 year terms – except resident (2 years)
- Program Directors, Chairs, DIOs, Faculty
- Ex-officios from ABEM, ACEP, & AMA (non-voting)
Emergency Medicine
RC Members 2017-2018

**ABEM**
Diane Gorgas, MD
Philip Shayne, MD
Mary Jo Wagner, MD
Melissa Barton, MD, Ex-Officio

**AMA**
Steven Bowman, MD, *Chair*
Amy Church, MD
Linda Regan, MD
Sarah Brotherton, PhD, Ex-Officio

**ACEP**
Lance Brown, MD
Saralyn Williams, MD
Douglas McGee, DO, *Vice-Chair*
Sandra Schneider, MD, Ex-Officio

**AOA**
Alan Janssen, DO
Kevin Weaver, DO

**Resident Member**
Eric McDonald, MD

**Public Member**
William Chaney, JD

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RC Member Geographic Distribution

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Congratulations!

New Review Committee Member 7/1/2018
- Jan Shoenberger, MD – USC/LA County Med. Ctr

Parker J. Palmer Courage to Teach Awardee
- Saadia Akhtar, MD – Mt. Sinai Beth Israel, NY

GME Program Coordinator Excellence Awardee
- Denise Lesniak – MetroHealth, OH
# Upcoming Meeting Dates

<table>
<thead>
<tr>
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<th>Details</th>
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<tr>
<td>April 5-6, 2018</td>
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<tr>
<td>September 14, 2018*</td>
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<tr>
<td>January 7-9, 2019</td>
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<tr>
<td>April 8-9, 2019</td>
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</table>
EM Review Committee Staff

Felicia Davis, MHA  
Executive Director  
fdavis@acgme.org

Kate Hatlak, MSEd  
Assoc. Executive Director  
khatlak@acgme.org

Sara Thomas  
Sr. Accreditation Administrator  
sthomas@acgme.org
Accreditation Actions
# EM Accredited Programs 2017-2018

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Programs</th>
<th>Trainees</th>
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<td>7466</td>
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<td>Clinical Informatics (EM)</td>
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<td>EMS</td>
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<td>Medical Toxicology</td>
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<td>Peds EM (EM)</td>
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<td>123</td>
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<td>Sports Medicine (EM)</td>
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<tr>
<td>Undersea &amp; Hyperbaric (EM)</td>
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EM RC Accreditation Actions January 2018

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<td>Warning</td>
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<td>Initial Accreditation (AOA)</td>
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<td>Applications Withheld</td>
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<td>Continued Pre-Accreditation (AOA)</td>
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# EM RC Accreditation Actions

## April 2018

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<td>Applications Withheld</td>
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<tr>
<td>Program</td>
<td>Location</td>
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<td>---------------------------------------------</td>
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<tr>
<td>Unity Health-White County Medical Center</td>
<td>Searcy, AR</td>
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<tr>
<td><em>Delaney Kinchen, DO</em></td>
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<td>St Joseph’s Medical Center</td>
<td>Stockton, CA</td>
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<td><em>Jennifer Oakes, MD</em></td>
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<td>HCA West Florida</td>
<td>Brandon, FL</td>
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<td><em>Salvador Villanueva, MD</em></td>
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<td>HCA West Florida</td>
<td>Brooksville, FL</td>
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<td><em>Marc Grossman, MD</em></td>
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<td>Florida State University</td>
<td>Sarasota, FL</td>
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<tr>
<td><em>Kelly O’Keefe, MD</em></td>
<td></td>
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<tr>
<td>University of Vermont</td>
<td>Burlington, VT</td>
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<td><em>Richard Bounds, MD</em></td>
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<td>AOA EM Core Programs</td>
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## New EM Programs January/April 2018

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<tr>
<th>Institution</th>
<th>Location</th>
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| Midwestern University  
  *John Ashurst, DO* | Kingman, AZ |
| Mercy Memorial Hospital  
  *Gregory Reinhold, DO* | Monroe, MI |
| Metro Health Univ of Michigan  
  *David Berg, DO* | Wyoming, MI |
| Rowan SOM/Jefferson Health/Our Lady of Lourdes  
  *Anthony DiPasquale, DO* | Stratford, NJ |
| University Hospitals Osteopathic Consortium  
  *Gennaro Romanello, DO* | Westlake, OH |
| Charleston Area Medical Center  
  *Jessica Sop, DO* | Charleston, WV |

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EM Core Program Trends

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EM Core Program Trends

- In the last five years, EM has experienced 38% growth in the number of EM residencies
- 62% of new applications in the past five years were AOA
- AOA program applications added to the regular meeting agendas starting 2016

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>AOA Applications Reviewed</th>
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<tbody>
<tr>
<td>2015-2016</td>
<td>7</td>
</tr>
<tr>
<td>2016-2017</td>
<td>29</td>
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<tr>
<td>2017-2018</td>
<td>14</td>
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</table>

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Most Common Citations

1. Responsibilities of Faculty
2. Scholarly Activity – Core Faculty
3. PD Responsibilities
4. Faculty Qualifications
5. Institutional Support/Participating Sites
Most Common AFIs

• Faculty Scholarly Activity
• Resident Scholarly Activity
• Key Index Procedure Minimums
• Board Pass Rate
• Resident Survey
## EM NAS Review Summary

<table>
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<tr>
<th>Percentage</th>
<th>Feedback Description</th>
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<tr>
<td>67%</td>
<td>Compliant, no feedback</td>
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<tr>
<td>17%</td>
<td>Minor issues, feedback in the form of AFIs</td>
</tr>
<tr>
<td>15%</td>
<td>Concerns, feedback either as citations and/or AFIs</td>
</tr>
<tr>
<td>2%</td>
<td>Site visit or clarifying report requested for more information</td>
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</table>
Citations vs AFIs

Areas for Improvement

• Areas noted by the Committee for program involvement
• ADS does not require formal response
• Updates in Major Changes section of ADS recommended

Citations

• Areas of non-compliance with the requirements
• Requires full program response for Committee Review
ADS Major Changes Section

- Major clinical/administrative changes in your program
- Highlight changes implemented to address AFIs
- Highlight program plans to address resident survey deficiencies
Major Changes in ADS

- Clinical Experience and Educational Work
- Overall Evaluation Methods
- Citations
- Major Changes
- Emergency Medicine Specialty Data
Major Changes to the training program since the last academic year, including changes in leadership. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review. Please limit your response to 8000 characters. (Last Updated: 9/27/2017)
Faculty Certification

- The MOST commonly neglected area in ADS
- PLEASE ensure that all faculty licensure and certification information is up-to-date in ADS
- Multiple faculty rosters reviewed with inaccurate/outdated faculty information
Original Accreditation Date: August 22, 1987
Accreditation Status: Continued Accreditation
Effective Date: January 08, 2018
Accredited Length of Training: 4 Year(s)
Program Format: Standard
Case Logs: Use Not Required by ACGME

Last Site Visit Date: November 08, 2011
Date of Next Site Visit (Approximate): No Information Currently Present
Self Study Due Date (Approximate): February 01, 2019
10 Year Site Visit (Approximate): August 01, 2020

Total Approved Resident Positions: 80
Total Filled Resident Positions*: 69

*Total filled will reflect the previous academic year until the annual update is completed for the current academic year. Totals may vary from year to year due to off cycle residents.

Program Requires Prior or Additional Accredited GME Training: No
Program Requires Dedicated Research Year Beyond Accredited Program Length: No
List alphabetically and by site all physician faculty who have a significant role (teaching or mentoring) in the education of residents/fellows and who have documented qualifications to instruct and supervise. List the Program Director first.

Core physician faculty must:
- devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in resident education;
- administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas;
- participate in faculty development programs designed to enhance the effectiveness of their teaching and to promote scholarly activity;
- establish and maintain an environment of inquiry and scholarship with an active research component;
- regularly participate in organized clinical discussions, rounds, journal clubs, and conferences;
- encourage and support residents in pursuing scholarly activities
- be clinically active, and devote the majority of their professional efforts to the program.

All physicians who devote at least 15 hours per week to resident education and administration are designated as core faculty. All core physician faculty should teach and advise residents as well as participate in at least 1 of the following:

- evaluate the competency domains;
- work closely with and support the program director;
- assist in developing and implementing evaluation systems.

Program directors will not be designated as core faculty.

Continued Accreditation programs: A CV is only required for the program director.

New Applications and Initial Accreditation programs: A CV is required for the program director and each active physician faculty member that has been designated as a "Core" faculty member on your roster.

<table>
<thead>
<tr>
<th>Name</th>
<th>Core Faculty</th>
<th>Based Mainly at Inst. #</th>
<th>Specialty / Field</th>
<th>Original Cert Year</th>
<th>Cert Status</th>
<th>Re-cert Year</th>
<th>No. of Years Teaching in This Specialty</th>
<th>Average Hours Per Week Spent On</th>
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<td>1996</td>
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<td>2003</td>
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EMS ADS Consideration

• ADS does not offer the core faculty designation on the faculty roster for subspecialty programs

• RC asking all EMS programs to scrutinize the faculty list and include core faculty only
Self-Study and 10-Yr Site Visit

Program Improvement In Progress
Self Study and 10-Yr Site Visit

Annual Data Submission
Annual ACGME Feedback
Annual Written Action Plans
Self-Study Steps

Self-Study Evaluation Process → Complete Self-Study Summary → 18 - 24 month interval → Summary of Achievements 12 days prior → 10-yr Site Visit
Elements of the Self-Study

Program Description

• A succinct depiction of the program

Program Aims

• Goals of the program
• What does the program strive to “produce?”

Activities in Furtherance of the Aims

• List of actions or projects aligned with aims
Elements of the Self-Study

SWOT Analysis
  • An environmental assessment (strengths, areas for improvement, opportunities, threats)

Action Plans
  • Longitudinal data/action plans from prior annual program evaluation provide the foundation for the self study
Elements of the Self-Study

5-Year Look Back and 5-Year Look Forward

- Review of program revisions and achievements
- Define the five-year strategic plan

Summary of Self-Study Approach

- Who was involved?
- How was the self-study conducted?

“What will take this program to the next level?”

- The self-study is your catalyst for change
The 10-Year Site Visit

A full accreditation site visit

- Review of the program against all applicable requirements.
- 18-24 month interval period is by design, to allow programs to implement improvements.
- 90-days advance notice of the actual date.
The 10-Year Site Visit

The site visit opens with the review of the self-study to provide the context for the accreditation portion. Feedback will focus on:

- Link to Aim and Context
- Completing the Plan-Do-Study-Act (PDSA) Cycle
- Managing Improvement Action Plans and Data
- Stakeholder involvement and engagement
- Coordination between different (program, departmental, and institutional) aims and priorities
Feedback 10-year/Self-Study Site Visits

SV Feedback to Program Leadership
- Key Strengths
- Suggestions for program improvement

SV Report to RC

RC LON to Program (Compliance Feedback)

Strengths/AFIs

Self-Study Report

DFA Letter to Program (Self-Study Feedback)
Q: How many core faculty need to be hired at the time of program application submission?

A: The Review Committee ultimately expects all resources to be in place at the time of application. However, it will consider at least enough core faculty for the first PGY class of residents and a clear plan for core faculty additions as the number of residents increases.
Q&A

Q: At the time of program application submission, should all core faculty hours be compliant?

A: The Review Committee ultimately expects all resources to be in place. However, we understand the difficulty in meeting the clinical hour requirements when there are no residents on duty. The Committee will expect the core faculty clinical hours to be compliant at the time of matriculation of the first resident class.
Q: How important is it to preserve time WITHIN a training program to allow a resident/fellow to do a masters program?

A: Work on a masters program is not part of the accredited training.
Q: Who can serve as core faculty?

- Required core faculty: PD, APD, and Chair/Chief
- Members of CCC and PEC should be considered
- All others designated at discretion of the PD
- Faculty members at participating sites can also be considered
- See FAQ for criteria recommendations
Q: Are there any qualifications specific to emergency medicine faculty members in reference to supervision?

[Program Requirement: II.B.2.]
A: Emergency medicine residents who are rotating in a pediatric emergency department in which there are also pediatric emergency medicine fellows in an ACGME accredited program are subject to the faculty supervision requirements for the pediatric emergency medicine program. In other words, faculty qualifications acceptable to supervise in an ACGME accredited Pediatric Emergency Medicine program include: certification in pediatric emergency medicine, pediatrics, or emergency medicine (two faculty members must be certified in pediatric emergency medicine).

In all other instances, faculty members solely board-certified in pediatrics may not supervise emergency medicine residents in the Emergency Department.
Q: How can programs calculate their critical care numbers?

A: As programs determine their critical care patient volume at the primary site, resources can include: Emergency Department billing and coding numbers, and trauma and intensive care unit (ICU) admissions.
Key Index Procedure Estimates
“New Applications”

- For AOA program applicants, these numbers should reflect the historical experience of previous graduates
- New program applicants, estimates should be based on clinical volume
- Excessively high estimates may require further explanation
New Location!
Key Index Procedure Minimums

Formerly listed in the FAQs, now listed as a separate document under “Documents and Resources”
Considerations for resident moonlighting

PR: VI.E.1.a).(2)

A resident must not work more than 60 scheduled hours per week seeing patients in the emergency department, and no more than 72 total hours per week. (Core)

If a resident voluntarily moonlights in the ED, this activity counts toward the 72 total hour weekly maximum. Resident hours scheduled by the program are subject to the 60hr weekly maximum.
**EMS FAQ Revision coming soon...**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>What would the Review Committee consider acceptable for board certification for the program director in the absence of certification in EMS?</td>
<td>Qualifications of the program director must include post-residency experience in the subspecialty area, including fellowship education, or at least three years of practice experience in EMS when no certification is offered. Faculty members who are board-prepared are acceptable to the Review Committee if no certification is offered. The Review Committee expects all program directors and faculty members to obtain board certification within five years of the initial board certification offering; by January 1, 2020.</td>
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<tr>
<td>[Program Requirements: II.A.2.b) and II.B.3]</td>
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ACGME Program Requirements and Milestones
Common Program Requirements Revisions

- Proposed changes were posted for 45-day review and comment
- Final drafts will be approved at June BOD meeting
- Effective date anticipated to be July 1, 2019
- All Review Committees will need to conduct at least an editorial or focused program requirement revision to accommodate the new CPRs
Common Program Requirements
Revisions

- EM Review Committee is aware of the concerns related to core faculty hours and scholarly activity
- EM Review Committee required to provide comments
- No formal responses/changes yet – wait and see
Undersea and Hyperbaric Medicine Requirements

- Major revision completed fall 2017
- Final changes approved Feb 2018 ACGME BOD
- Currently posted on the EM webpage
- Effective date July 1, 2018
New Fellowship – Addiction Medicine

• Brought forward by the ABPM

• Host specialties: Anesthesiology, *Emergency Medicine*, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, and Psychiatry

• All fellowship applications will be reviewed by either: Family Medicine, Internal Medicine, or Psychiatry
Milestones 2.0

- First ACGME revision effort since implementation
- Draft revisions will be posted for review and comment – New!
- No pre-determined revision order
- Subspecialty revisions will occur immediately after the core to ensure continuity.
- EM Milestone revision process anticipated to begin late 2018
Thank You