Update from the Review Committees for Internal Medicine and Pediatrics

Jerry Vasilius, PhD, Executive Director
Caroline Fischer, MBA, Executive Director

MPPDA
AAIMW 2018
Henry B. Gonzalez Convention Center, San Antonio, Texas
Monday, March 19, 2018
No conflicts to disclose
Plan for Session

- **New ACGME/Initiatives**
  - Common Program Requirements Sections I-V
  - ADM

- **Update from Review Committee for Internal Medicine**
  - IM2035
  - Brief NAS Primer
  - Self-Study/10-Year Site Visits

- **Update from Review Committee for Pediatrics**
  - Self-Study/10-Year Site Visits
  - Subspecialty Program Requirement Updates
  - Milestones
Plan for Session

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Update from Review Committee for Pediatrics

Self-Study/10-Year Site Visits

Subspecialty Program Requirement Updates

Milestones
MEMO

DATE: February 6, 2018
FROM: Thomas J. Nasca, MD, MACP, Chief Executive Officer, Accreditation Council for Graduate Medical Education (ACGME)

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, 2019.

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.
Some of the biggies…

• 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 sub-competencies for fellows
• Fellows can practice in core specialty, up to 20%

Reviewed at June ACGME Board meeting. If approved, effective July 2019.
New Subspecialty – Addiction Medicine
Plan for Session

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What will the practice of medicine look like in 2035?
We are using scenario planning to revise the Program Requirements.

This is new terrain.

Scenario planning was used initially by the ACGME Board of Directors in 2013-2014.

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

Instead, the 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:**
This is a pilot.

**IM2035 Workshop #1 – June 2017**

- Participants from the internal medicine (IM) community and beyond…
- Used the 4 scenarios and process the ACGME Board used in 2013-2014
- Focus of workshop: what does *IM* looks like in each of the 4 scenarios?

**IM2035 Workshop #2 – September 2017**

- Review Committee members and a subset of June workshop participants
- Scenarios from June workshop are updated with IM content
- Focus of workshop:
  - What should the Review Committee 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*?
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

- **January 2018**
  - RC Meeting
    - Review Report from IM2035 Workshops + SI2025
    - Identify Chair of PR Writing Group + members

- **February 2018**
  - RC reviews new Common Program Requirements

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

- **April 2018**
  - Solicit input from Program Directors
    - Make IM 2035 report available to Program Directors

- **June 2018**
  - Conduct literature review

- **September 2018**
  - RC Meeting
    - Review input, start revision

- **January 2019**
  - RC Meeting
    - Continue revision work

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

- **Early 2019**
  - 45-day review-and-comment period

- **September 2019**
  - Committee on Requirements
    - If approved, effective July 1, 2020
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• In accordance with ACGME policy, the GME community will be invited to comment on *current* Program Requirements for Internal Medicine
  - *Who will be asked?* All major stakeholders. GIM + subspecialists
  - *Comment on?* What should be kept, removed, added, revised…
• Invitation will include *current* Internal Medicine requirements in *new* Common Program Requirement format
  - Even though new Common Program Requirements will not be approved until June
• IM2035 report will be included, too
  - To share insights from IM2035 workshops,
  - Ask for comments on the insights, and
  - Encourage thinking about the future
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Early 2019
45-day review-and-comment period
Insights from IM2035
+ New Common Program Requirements
+ Literature review
+ Community input

September 2018 RC Meeting
Review input, start revision
In the current accreditation model, most Med-Peds Programs do not have citations.
Process: Continuous Improvement

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

Self-Study/10-Year Site Visit
Self-Study/10-Year Accreditation Timeline

Example:
Self-Study Due Date (Approximate): October 1, 2018

- **May 2018**
  - Self-Study Announcement

- **October 2018**
  - Self-Study Summary Upload

- **~ April 2020 (+/- 3 months)**
  - 10-Year Accreditation Site Visit Announcement

- **~ July 2020 (+/- 3 months)**
  - ADS/Summary of Achievements Uploads

- **~ July 2020 (+/- 3 months)**
  - 10-Year Accreditation Site Visit

18-24 months between Self-Study and 10-Year compliance visit

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Self-Study/10-Year Accreditation Timeline

Example:
**Self-Study Due Date (Approximate):** October 1, 2018

- **May 2018**
  Self-Study Announcement

- **October 2018**
  Self-Study Summary Uploaded
  last day of the month

- **≈ October 2020**
  ADS/Summary of Achievements Uploads
  (at least 10 days prior to site visit)

- **≈ October 2020**
  10-Year Accreditation Site Visit

- **≈ July 2020**
  10-Year Accreditation Site Visit Announcement

- **≈ 24 months between Self-Study and 10-Year Accreditation Site Visit**
Self-Study Review

Self-Study Report
- Verifies that the self-study document offers an objective, factual description of the learning and working environment
- Verifies educational outcomes and their measurements and how processes and the learning environment contribute to these outcomes

Compliance Review

Compliance Report
- Assessment of Compliance with Program Requirements
- For programs on Continued Accreditation, focus is on “Core” and “Outcome” Requirements

Strengths/Areas for Improvement (AFIs)
- Assessment of program strengths and areas for improvement
- Note: This is the field staff’s assessment, not the strengths/AFIs identified by the program in the Self-Study (though there may be overlap)
Site Visit Verbal Feedback to Program Leadership

- Key Strengths
- Suggested AFIs

Strengths/AFIs

Compliance Report

Self-Study Report

Site Visit Report to RC

RC LON to Program (Compliance Feedback)

DFA Letter to Program (Self-Study Feedback)

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Review of 10-Year Accreditation Site Visits

107 programs - 14 cores, 10 had subs (2-16); 3 med-peds programs
• All programs on Continued Accreditation
• 4 years of mostly/entirely clean compliance screens

Results from compliance review…
• All received Continued Accreditation
• 11 received a citation, 4 were core
  – 10 received a single citation
  – 1 received 4 citations
    • Core program w/AFIs for previous 2 yrs

90% no citation

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Lessons Learned from Compliance Visits

Very small sample, but…

– Annual screening works
– Multiple years clean compliance reviews $\rightarrow$ positive accreditation outcomes
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10-Year Accreditation Site Visits

- 40 programs
  - 12 core and 28 subs
- No program received more than 2 citations

- 17 programs received 1 Citation (35%)%
- 15 programs received 1 AFI (31%)%
- 12 programs received 2 or more Citations and/or AFI (24%)%
- 5 programs received No Citations/AFIs (10%)%
10-Year Accreditation Site Visits

- 7 programs had new citations
  - Most frequent new citation: None
- 6 programs had existing citations (2 max)
  - Most frequent unresolved citation: Board pass rate
- Frequent AFIs:
  - Inaccurate/incomplete data
  - Resident evaluations – timely feedback
Internal Medicine-Pediatrics Program Requirement Revisions

- Revisions to Program Requirements approved by the ACGME Board of Directors in September 2017
- Again, they were a “major merger” instead of a “major revision”
- Effective date: July 1, 2018
Pediatric Subspecialty Program Requirement Revisions

- Revision to each set of pediatric subspecialty requirements is underway
- Review and comment period expected in summer 2018
- Tentative effective date: July 1, 2019
Pediatric Hospital Medicine

- The ACGME Board of Directors has approved accreditation of programs in pediatric hospital medicine
- Development of Program Requirements to begin this spring
- Application form will be available in 2019
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
Resident/Faculty Surveys

- Resident/Faculty surveys to be updated once Common Program Requirements are finalized
- Some updates related to Section VI have already been made (i.e., clinical work and education hours, service replaced w/non-physician duties)
AIRE Pilot

- 4 pediatrics programs were approved to participate in an Advancing Innovation in Residency Education (AIRE) proposal pertaining to X+Y Immersion Scheduling.

- These four programs have been granted a waiver to the requirement that continuity sessions must not be scheduled in fewer than 26 weeks per year.

- Currently, programs are allowed to implement a modified X+Y schedule with added continuity sessions throughout the year.
Milestones 2.0

- Internal medicine-pediatrics program directors to be surveyed about the Patient Care and Medical Knowledge Milestones
  - Report on both Internal Medicine and Pediatrics Milestones, or
  - Report on separate set of Internal Medicine-Pediatrics Milestones
- Response deadline: April 20