

Current and Upcoming Changes in Program Requirements (1st)

by Lois L. Bready, MD

In July 2007, the ACGME incorporated new Common Program Requirements (CPRs) into the program requirements for all specialties. The CPRs were introduced in order to bring a greater degree of uniformity to the various review committee efforts and to the entire accreditation process. On July, 1, 2008, the newest Anesthesiology program requirements will become effective. A brief outline of the revised program requirements is below. Program directors are encouraged to read these requirements carefully and discuss them with their training programs. The new program requirements are available at:

http://www.acgme.org/acWebsite/dutyHours/dh_dutyhoursCommonPR07012007.pdf

and

http://www.acgme.org/acWebsite/downloads/RRC_progReq/040pr07012008.pdf

Note: The CPRs text is the **bolded** language contained within the current and upcoming anesthesiology program requirements.

Common Program Requirements (CPRs)

Some significant features of the new CPRs include modified requirements addressing:

- Participating (training) sites—More details about the required Program Letter of Agreement (PLA) are provided; most sponsoring institutions will have a template for the programs to use. When a site is added or deleted, that change must be made via the Accreditation Data System (ADS), the ACGME web-based data system.
- Program director (PD)—Responsibilities of the PD have grown; they merit careful review to ensure that each PD has secured sufficient protected time to perform all tasks satisfactorily. In addition, when a change in PD is contemplated, the institution's GMEC must review and approve it prior to the change being submitted to ACGME, via ADS.
- Physician faculty—Physician faculty are expected to be board certified, to establish and maintain an environment of inquiry and scholarship with an active research component, and must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.
- Residents—The maximum complement is set by the RRC, and programs must not exceed that number without prior approval. A new requirement is that others sharing in the learning experience - fellows and others - must not interfere with the appointed residents' education.
- Transfer residents—When residents transfer, the receiving program must ensure that they have received written or electronic

verification of previous educational experiences and a summative competency-based performance evaluation of the transferring residents before accepting the resident(s). The sending program is expected to provide the required information in a timely fashion.

- Educational program—The overall educational goals must be distributed to residents and faculty annually; competency-based goals and objectives for each assignment at each educational level must be developed; regularly scheduled didactic sessions are expected, and there must be delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.

There are a number of other new elements of the CPRs, and they are incorporated into the current program requirements. Program directors should review them carefully with program faculty to ensure that everyone is fully aware of the new common program requirements.

Specialty-Specific Program Requirements for Anesthesiology

Effective July 1, 2008, Anesthesiology residency programs will be accredited under new requirements. These requirements were developed with input from SAAC/AAPD leadership and feature a number of new requirements. They are posted on the RRC website at (http://www.acgme.org/acWebsite/downloads/RRC_progReq/040pr07012008.pdf), and should be carefully examined well in advance of the start date.

Some of the most noteworthy aspects of the new requirements include the following:

- Note the incremental movement toward

the 4-year continuum of Anesthesiology training. There are more options for entry programs, including the integrated CBY (4 year program), a PGY-1 + 3-year program, and transfer from other specialties (e.g., surgery, internal medicine, etc) after 1+ years of residency.

- All PGY-1 residents must have 6 months of inpatient care including internal medicine, surgery, pediatrics, surgical specialties, obstetrics/gynecology, neurology, family medicine or a combination; 1-2 months of emergency medicine and critical care medicine; and may have up to 1 month of anesthesiology.
- The CA 1-3 years require a minimum of 2, 1-month rotations in pediatric, cardiac, neuro, and OB anesthesia; 4 months of CCM – up to 2 months in PGY-1 (taken in at least one month intervals); 3 months of pain medicine – up to 1 month in PGY-1 (taken in at least one month intervals); and 1 month of perioperative medicine, taken in at least 1 week intervals.
- Elective time includes 6 months, which can be used to finish all required PGY-1 experiences for residents who transferred from other specialties, for research, for advanced anesthesia rotations, and for other activities related broadly to perioperative medicine.

For more information, visit the Anesthesiology RRC website and review the power point presentations and the FAQs. If you have questions, please contact Dr. Missy Fleming at mfleming@acgme.org.

New “Program Director Guide to the Common Program Requirements”

To help clarify the meaning and expectations of the common program requirements, the “Program Director Guide to the Common Program Requirements” is available on www.acgme.org. RRC members, RRC staff,

ACGME field staff, and program directors across specialties all provided review and input into development of the document. The Guide will be regularly revised based on user feedback and as requirements change. Please email comments and suggestions to: Guide@acgme.org.

Program Director's "Virtual Handbook"

Located on one central web page, the "Virtual Handbook" contains links to RRC web pages, information for program directors and coordinators, ACGME policies and procedures, ACGME organization and staff contact information, key to standard notification letters, site visit information, and ADS, among others. The "Virtual Handbook" is located at:

<http://www.acgme.org/acWebsite/home/PDVirtualHandbook.asp>

Retooling the Anesthesiology Program Information Form (PIF)

by Kathleen Holt, PhD

Drs. Kirsch and Rathmell of the Anesthesiology RRC have been working with ACGME staff to edit and refine the anesthesiology PIF. This work will prepare the questions for inclusion in a web-based PIF that program directors complete, much the way annual updates and common PIFs are done now. The RRC subcommittee is eliminating open-ended or free text items, ensuring that PIF questions parallel the anesthesiology program requirements, and reframing questions to be more outcomes-based.

Having a fully electronic PIF is a crucial step to achieving the ACGME's goal of a fully Electronic Accreditation System (EASy). EASy will allow all parts of the program review (PIF completion, SV interviews and report, review by the committee, and

program notification) to be completed and available within the ACGME's web-based system.

Development of an Anesthesiology Case Log System

by Maggie Jeffries, MD

Programs around the country have adopted electronic case log systems in order to track resident experience and ensure compliance with minimum numbers set forth by the program requirements. There are many proprietary systems available such as EValue, GME toolkit, and New Innovations that track resident cases and requirements pertaining to resident/faculty/program evaluations and duty hours. However, these proprietary systems cannot easily communicate with the ACGME resident case log system which is a separate and secure entity. Thus, program directors using any other case log system must re-enter aggregate data into the existing ACGME Resident Case Log system each year (<https://www.acgme.org/residentdatacollection/>) Reentering aggregate data may result in the ACGME not receiving accurate data. In addition, many programs do not have either the capacity or practice of daily log entry or monthly review by the program director to assure compliance with program requirements.

An RRC subcommittee is working with ACGME staff to launch a new version of the ACGME Resident Case Log system in order to make case log entry more practical and effective. The primary goal of this subcommittee is to help develop a web-based application through which residents enter individual case data which are accessible by both residents and program directors. The system will be capable of collecting additional information about individual cases, lending itself to the future development of learning portfolios. Although the system will collect information that is more detailed than required by the current program requirements, only aggregate data pertaining to program

requirements would be analyzed by the Anesthesiology RRC for program reviews.

In order to determine which data points to collect, the subcommittee evaluated case log systems from numerous anesthesiology programs, as well as other specialties. The new system will include both required and optional elements. Required elements pertain to specific program requirements whereas optional elements pertain to other pieces of information that residents and/or program directors are interested in tracking. Individual cases and aggregate data can be queried by residents and program directors at any time. Other capabilities include the residents' ability to tag cases for future QA/QI activities within their individual departments. The committee is modifying a test system so that initial testing can begin during the upcoming academic year.

The RRC expects the development of a more comprehensive ACGME case log system to offer numerous benefits. Data entered into the ACGME system are well protected on a secure server and available throughout a resident's career. Furthermore, residents and program directors will have the ability to track aggregate data, a valuable resource in ensuring that residents have an adequate educational experience. The system will also enhance the ACGME's capacity to track data trends, shaping future program requirements and aiding in accurate program reviews. This more comprehensive system is included in the accreditation fee and thus should prove cost effective for individual programs that are currently paying for proprietary systems.

ACGME Welcomes New CEO
Thomas J. Nasca, MD, MACP, has been named chief executive officer of the Accreditation Council for Graduate Medical Education.

Dr. Nasca comes to the ACGME from

Thomas Jefferson University in Philadelphia where he was dean of the Jefferson Medical College, senior vice president for academic affairs, and president of Jefferson University Physicians. Dr. Nasca is a board-certified internist and nephrologist, and brings 26 years of graduate medical education experience to the ACGME.

"I am honored to have the opportunity to join the ACGME and to succeed its outstanding and visionary leader for the past 10 years, David C. Leach, MD," said Dr. Nasca in an ACGME news release announcing his appointment. "I hope to enhance the ACGME's legacy of excellence and sustain our commitment to improve the health of the public through outstanding graduate medical education for the future physicians of the United States."



He succeeds Dr. Leach, who retired in Fall 2007.

Accreditation Data System

The ACGME's online Accreditation Data System (ADS) alerts the RRC to changes in programs. Program directors should update the ADS to:

- Notify the RRC of any changes in their program (i.e., new program director or adding or deleting a site)
- Request a change which needs RRC approval (i.e., an increase in resident complement)
- Submit the academic year "Annual Update" (ADS staff will e-mail the deadline for

updating faculty and resident rosters)

- Prepare for an upcoming site visit (the ADS will populate many sections of the PIF with the data entered)

The ADS is also a historical resource for programs, and includes recent notification letters and previous citations.

Email is now the ACGME's major form of communication. Please ensure that e-mail addresses in the ADS are correct.

Address questions or concerns about ADS to webads@acgme.org.

Voluntary Withdrawal Requests

Programs must now enter requests to voluntarily withdraw accreditation (VW) by using ADS only.

Programs initiate the request by answering a series of questions, including the proposed effective date, the reason for program closure, and presenting a plan to place any active residents in other programs. The request is emailed to the DIO for approval. After the DIO/GMEC approves the request, the RRC staff designee is emailed. After the program receives official notification from the RRC and the accreditation status is changed to VW, the request will automatically be removed from the report.

CILE Pilot Projects

The Committee on Innovation in the Learning Environment (CILE) recently announced a set of duty hour and competency pilots. Ingrid Philibert, Senior Vice President, Department of Field Activities, quoted from the first formal report of the committee, which was approved at the September 2007 meeting of the ACGME Board of Directors: "The ultimate aim of these pilots is to test proposed revisions to the common duty hour standards and

refinements to the approaches for teaching and assessing the general competencies to ensure they are based on valid and 'actionable' evidence of their effectiveness."

A listing of the pilots was sent to the Review Committee Chairs and Executive Directors (ED) in August 2007. Chairs are being asked to confer with their EDs to discuss which pilots would be of interest to the RRC.

Incentives for pilot participation include:

- waiver of selected program requirements
- exempting programs from a site visit during the period of the pilot (unless the program requests a site visit for a specific reason such as a request for a complement increase)
- contributing to improving the evidence base for the accreditation standards and process

More information regarding the pilot projects is available from the ACGME web site:

http://www.acgme.org/acWebsite/cile/cile_LIIPPilotProposalrev1007.pdf

Contact Mary Joyce Johnston in the Department of Field Activities at 312/755-5013 for more information.

The Role of the Ex-Officio in RRC Meetings

The RRC has ten members, including one resident. In addition, the American Board of Anesthesiology (ABA) designates one of its Directors to serve as an ex-officio representative. This person does not vote on RRC matters but provides information to the RRC at the time programs are reviewed about the ABA certification rate for graduates of each program. Furthermore, this individual can help facilitate communication between the RRC and the ABA. Though the RRC is largely concerned with accrediting training programs and the ABA largely concerned with certifying individuals, there are many areas of overlap and common interest. For example, the RRC

can assure that training programs provide the required elements that enable graduates of accredited programs in anesthesiology and its subspecialties to meet the requirements to enter the ABA's examination system. The ABA's current ex-officio representative is Mark A. Rockoff, MD who is a Professor of Anesthesia at Harvard Medical School and Vice-Chairman of the Department of Anesthesiology, Perioperative and Pain Medicine at Children's Hospital Boston.

ACGME Educational Conference 2008

Save the date for the ACGME Annual Educational Conference. It will be held February 28 through March 1, 2008 in Grapevine, Texas. The conference sessions are designed for new program directors and residency coordinators, as well as anyone new to the accreditation process.

RRC Meeting and Agenda Closing Date

In order to ensure an orderly and efficient RRC meeting, we must establish cut-off dates for requested agenda items. Please note these deadlines if you have submissions for future RRC meetings. The dates and deadlines are as follows:

Meeting:	Jan 31-Feb 2
Meeting:	Apr 28-29
Agenda Closing:	Mar 31
Meeting:	Oct 2-3
Agenda Closing:	Sept 12

We understand that emergencies occur and we will be sensitive to your needs in these situations. However, routine agenda items will be held for the next meeting after these cut-off dates.

Mailing Address:
RRC for Anesthesiology

ACGME
515 North State St., Suite 2000
Chicago, IL 60610

Fond Farewell to Mark Warner, MD, RRC Chair

Dr. Warner received a fond farewell from Anesthesiology RRC members at his last meeting as Chair in October, 2007. Dr. Warner served as RRC Chair when the new program requirements were being finalized.

Though he leaves the Anesthesiology RRC, Dr. Warner will remain active at the ACGME, participating in the CILE committee.

Dr. Warner became dean of the Mayo School of Graduate Medical Education in August, 2006. He is a professor of Anesthesiology and consultant in the Department of Anesthesiology at the Mayo School, Minnesota.

ACGME Welcomes New Chair: Lois Bready, MD

The ACGME is pleased to announce that Lois Bready, MD will be the new RRC Chair for Anesthesiology. Dr. Bready is Associate Dean for Graduate Medical Education and Designated Institutional Official (DIO) at the University of Texas Health Science Center at San Antonio. As DIO, Dr. Bready oversees 750 residents in more than 50 ACGME-accredited programs. Two of the programs are geographically separate, and 4 are integrated with the military GME programs in San Antonio. She chairs the GME Committee and GME Executive Committee.

Dr. Bready graduated from the University of Texas Medical School at San Antonio, and completed residency training in anesthesiology at the University of North Carolina in Chapel Hill. She is a tenured Professor and Vice Chair in the Department of Anesthesiology, and served as program director for ten years; she currently chairs her department's Faculty Development Committee. She provides anesthesia and perioperative care, including all-

night in-hospital call at University Hospital, a Level I trauma center.

Other professional activities include the AAMC Group on Resident Affairs, (Steering Committee and Chair-elect); American Board of Anesthesiology (senior oral board examiner); American Society of Anesthesiologists (several committees); Society for Education in Anesthesiology; senior editor of *Decision Making in Anesthesiology*, now in its fourth edition, and authorship of over 140 articles and chapters.

ACGME Welcomes New Vice Chair: Neal Cohen, MD, MPH

The ACGME is pleased to announce that Neal Cohen, MD will be the new RRC Vice Chair for Anesthesiology. Dr. Cohen comes to the ACGME from the University of California, San Francisco where he is the Vice Dean of Academic Affairs, School of Medicine, and Professor of Anesthesia and Perioperative Care. As Vice Dean, Dr. Cohen is responsible for international medical services, risk management, compliance and related special projects.

Dr. Cohen received his MD from the University of CA, San Francisco, where he also completed his residency and anesthesia fellowship. He holds an MPH in epidemiology from UC, Berkeley and an MS in Management from Stanford. Dr. Cohen has specialty certification from the ABA and a certificate of special qualifications in critical care medicine.

He teaches over 500 hours per year and is a frequently invited guest lecturer on specialty-specific topics. He has authored and/or coauthored more than 100 journal articles, abstracts, book chapters, and miscellaneous publications. Additionally, Dr. Cohen was nominated for the Kaiser Award for Excellence in Teaching, most recently in

2001.

Residency Review Committee

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