
Updates from the Residency Review Committee for Family Medicine

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Medicine

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Medicine



RRC Composition

- 3 appointing organizations - AAFP, ABFM, AMA
- 10 voting members
- 6 year terms -- except resident (2 years)
- Program Directors, Chairs, Faculty
- Geographic Distribution
 - CO, DE, IL, MA, NJ, NY, PA, SC, TX, UT
- Ex-officio members from each appointing organization (non-voting)



RRC Review of Programs

- Peer Review – 2 reviewers for core
- Reviewers use the following information to determine compliance with the requirements:

program
information
form (PIF)

site visitor's
report

resident
survey
findings

board
scores

- The questions in the PIF correspond to program requirements
- Reviewers present program to Committee
- Committee determines degree of compliance and assigns accreditation status along with review cycle, range of 1-5 years

Review Cycle of Cores and Subs

- Historically: Review cycle of sub was aligned with core.
 - If core has a three year cycle, the sub (s) will have a three cycle.
 - The cycle of the sub did not exceed that of the core
- Now: RRC has un-coupled subs cycle from that of core.
 - Subs are still considered dependent, but the cycle of the sub can exceed that of the core.

New Core Applications	New Subspecialty Applications
<ul style="list-style-type: none">•Rare events•Site Visit required•12 month process•Maximum of a 3 yr cycle	<ul style="list-style-type: none">•More regular occurrence•No site visit required•Need 2 moths prior to meeting (agenda closing date)•Maximum of 3 yr cycle

- ACGME document: Applying in seven easy steps:
http://www.acgme.org/acWebsite/home/accreditation_application_process.asp



Citation

- Citation = the program has not provided evidence of compliance with the requirements, or, an area identified by the site visitor is non-compliant

Don't Have

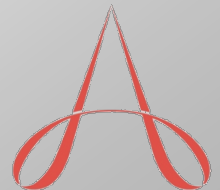
- *Patients (# & types); required certified faculty; required experience; facilities/equipment; time/support; required program personnel*

Don't Do

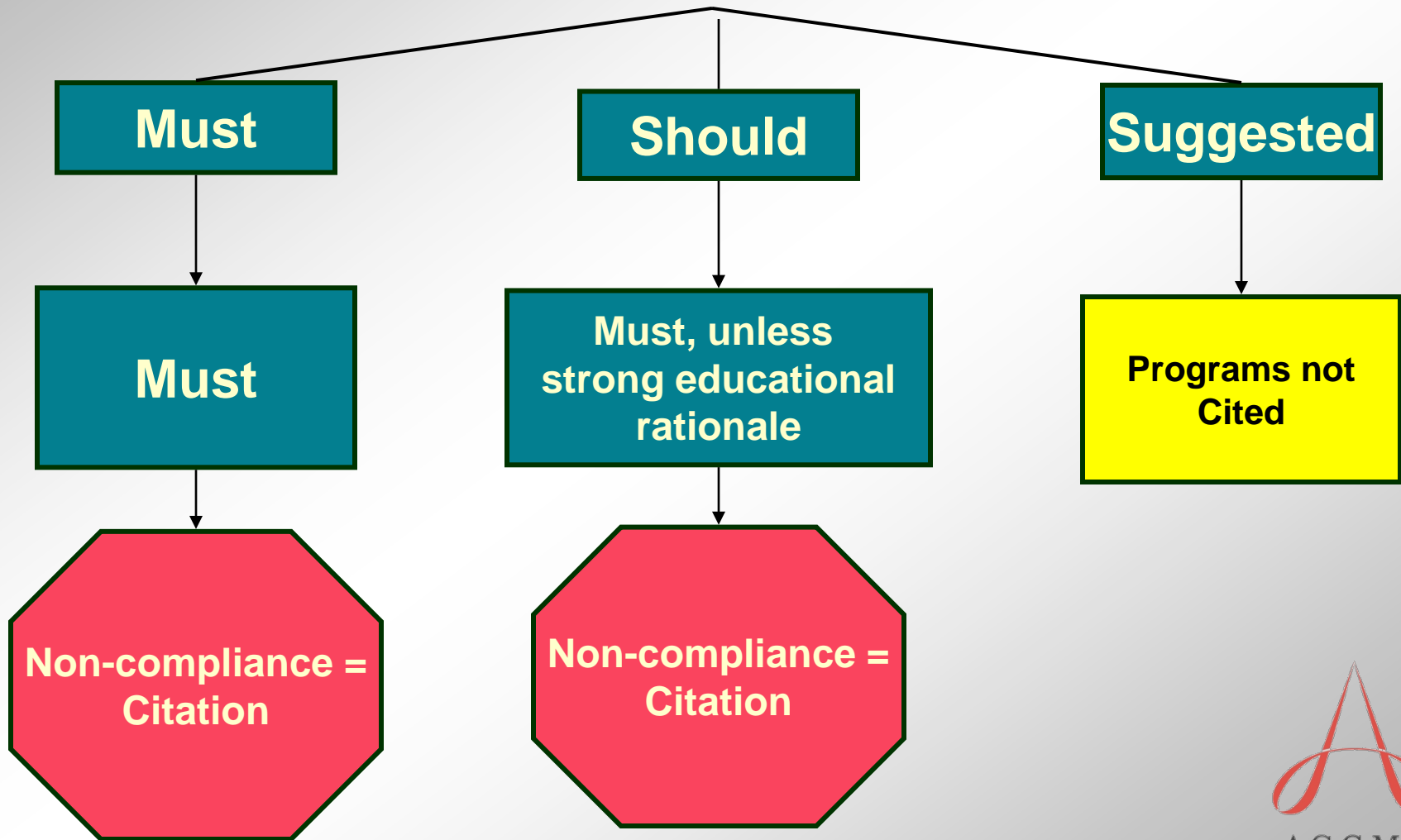
- *Lack of evidence that required experience is provided; no documentation of compliance with requirements*

Didn't Bother to Proof/Edit PIF

- *Incomplete or inaccurate information; did not fully describe/provide sufficient details; discrepant data*



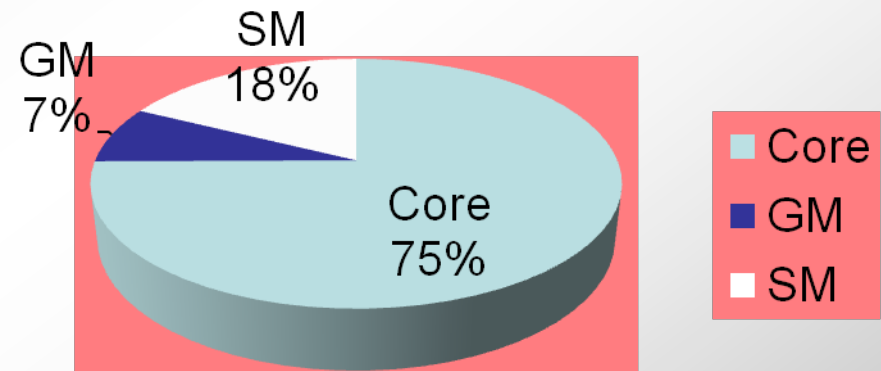
Requirements Language: “*must*” & “*should*” – little difference



Summary of Activities in 2009

- The RRC meets three times a year – January, May, September
- In 2009, the Committee reviewed 201 programs:
 - 154/453 Core Programs
 - 17/45 Geriatrics Program
 - 30/107 SM Programs

Review of Programs by Type



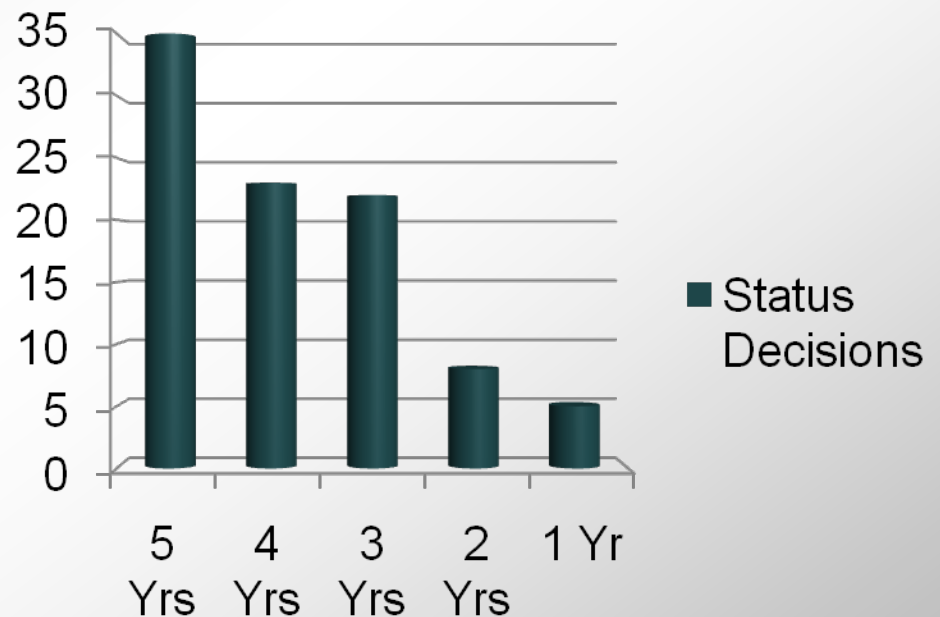
Accreditation Decisions in 2009

Core FM

Types of Status Decisions in 2009

Initial Accreditation + Continued Initial	6
Continued Accreditation	84
<i>Probation</i>	3
<i>Proposed Probation</i>	11
Voluntary Withdrawal	7
<i>Proposed Withdrawal</i>	1
<i>Withdrawn</i>	1
<i>Proposed Expedited Withdrawal</i>	1
Total	114

Frequency of Core Cycle Length Decisions in 2009



Most Frequent Citations in 2009

Core Family Medicine

114 Core Programs Reviewed for a Status Decision

Total of 507 Citations – 4.4 citations/program

1. The Education Program – Patient care experience/FMC Patient visits	42
2. Evaluation – Performance on Board Scores	32
3. Educational Program – Patient care experience/Maternity care	30
4. Resident Appointment – Resident appointment issues	27
5. Institutional Support – Institutional Support /Sponsoring Institution	25
6. Program Personnel & Resources –Responsibility of the Program Director	23
7. The Education Program – Goals & Objectives	18
8. The Education Program – Service to education imbalance	18
9. Evaluation – Evaluation of the Program	16
10. Program Personnel & Resources – Other program personnel	15
The Education Program – Scholarly activities	15

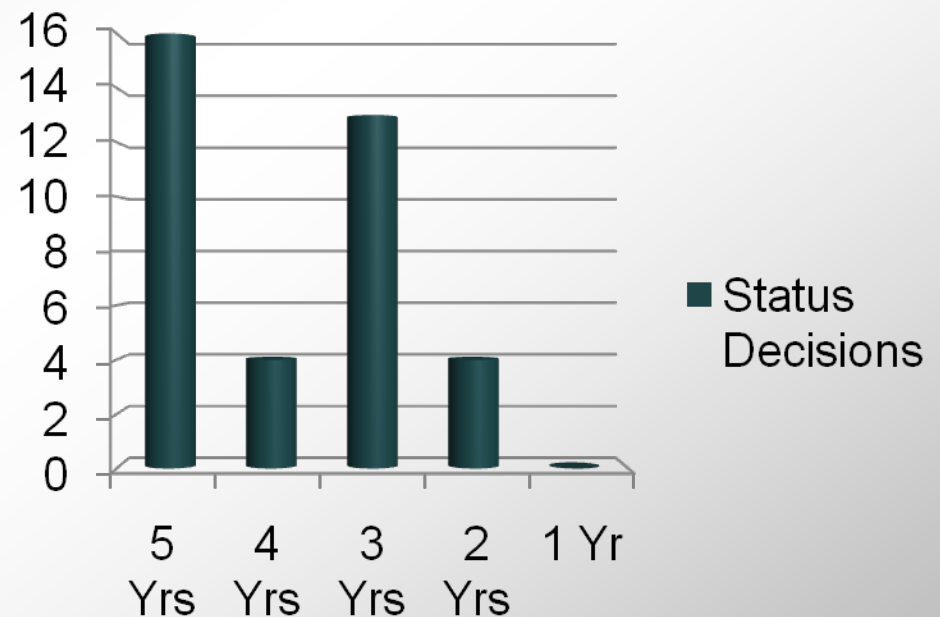
Accreditation Decisions in 2009

Subspecialties of Family Medicine

Summary of Status Decisions

Initial Accreditation	9
Continued Accreditation	28
Proposed Adverse Actions	3
Voluntary Withdrawal	4
Voluntary Withdrawal of Application	1
Total	45

Frequency of Sub Cycle Length Decisions in 2009



2009 Family Medicine Subspecialty Citation Data

- *40 Subspecialty Programs Reviewed (GM & SM) for a Status Decision*
- *106 Total Citations*
- *2.7 citations/program*

Most Frequent Citations in 2009

Subspecialty of Geriatric Medicine

1. Evaluation of the Program – not done annually; residents and faculty don't provide written, confidential evaluation; no evidence of action plan to address deficiencies; low board pass rate, not clear how this outcome data is used to improve the program	4
2. Scholarly Activities -- little or no faculty involvement in scholarly activity; fellow participation in scholarly activity not supported	3
3. Resources -- required faculty in various disciplines; inadequate inpatient volume	2
4. Evaluation of Faculty -- Fellows' evaluations of faculty do not ensure confidentiality	2

Most Frequent Citations in 2009

Subspecialty of Sports Medicine

1. Institutional Support-Sponsoring Institution – timing of internal review; internal review committee member composition; education on fatigue;	9
2. Scholarly Activities -- little or no faculty involvement in scholarly activity; fellow participation in scholarly activity not supported; structured conferences such as research conferences and journal club	7
3. Evaluation of Program -- not done annually; residents and faculty don't provide written, confidential evaluation; no evidence of action plan to address deficiencies; documentation of annual meeting, composition of program evaluation committee	7
4. Evaluation of Residents – documentation of ability to practice competently and independently; multiple evaluators	6
5. Resources -- required faculty in various disciplines; inadequate signage for sports medicine clinic	5

Most Frequent Citations in 2009

Subspecialty of Hospice and Palliative Medicine

1. Educational Program: Patient Care Experience: Care of infants, etc. – inadequate pediatric experience due to volume – inpatient; outpatient	9
2. Educational Program: Patient Care Experience: Other – inadequate experiences in inpatient and long-term care; inadequate duration of experience; limited range of diagnoses; treatment to the bereaved	7
3. Curricular Development: Other – Long-term care; ambulatory care; interdisciplinary team/hospice	6
4. Scholarly Activities -- little or no faculty involvement in scholarly activity; limited fellow participation in scholarly activity	5
5. ACGME Competencies: Practice-Based Learning and Improvement – fellow implementation of QI/practice evaluation with goal of improvement; self-reflection and self-assessment; teaching development for fellows;	4

Average Cycle Lengths

- Academic Year: 2009-2010
 - Family Medicine = 4.14
 - Geriatric Medicine = 4.20
 - Sports Medicine = 4.31

ACGME *Communication*

- Weekly e-communication
 - Contains GME information: New requirements, newsletters; updates on ACGME issues/initiatives
- E-mail status of programs on RRC agenda
 - 2-3 business days after meeting will receive email w/status and review cycle.
- E-mail notification when letter is available on Accreditation Data System (ADS)
 - Hard copies of letters not provided
 - Letter is posted approximately 8 weeks following meeting
- E-mail notification of site visit date
 - For questions related to site visits contact:
 - Ingrid Philibert: (312) 755-5003, iphilibert@acgme.org
 - Jane Shapiro: (312) 755-5015, jshapiro@acgme.org
 - Penny Lawrence (312) 755-5014, pil@acgme.org



ACGME *Data Collection*

- All core programs and subspecialty programs (with 4 or more fellows) will be required to participate in the resident survey *ANNUALLY*
- More information is being/will be collected through ADS
 - Common PIF = Questions all programs need to complete
 - Information on faculty/teaching staff
 - Residents/fellows - # completed; # transfer, withdraw; dismissed
 - Responses to previous citation
 - Evaluation (resident, faculty and program)
 - Duty hours
 - Complement increases, PD/Institution changes
 - Voluntary withdrawal



Program Resources

Program Director Guide to the Common Program Requirements

- Common competency questions inserted in all specialty PIFs (common but not hard-wired into ADS as in Part I of the PIF).
- PD Guide to the Common Requirements:
http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp
- Provides PDs:
 - Explanations of the intent of most of the common requirements (particularly competency-based)
 - Suggestions for implementing requirements and types of documentation expected.

www.acgme.org

- ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- Accreditation Data System (ADS)
- Duty hours Information/FAQ
- Affiliation Agreements FAQ
- General information on site visit process and your site visitor
- Notable Practices
- Family Medicine Webpage
 - Resident complement increase policy
 - Program Requirements and PIFs
 - Archive of RRC Updates/Newsletters
 - FAQs



Program Requirements Update

Core Family Medicine

- Core Family Medicine – The current requirements which went into effect July 1, 2007 are due for a major revision.
- Revision process takes 18-24 months.
- Target date for new requirements to go into effect is July 1, 2012.

- The Committee has begun working on revisions to the documents. Below is a tentative timeline:
 - September 2010 – finalize draft by subcommittee
 - January 2011 – post to ACGME website for review and comment for 45 days
 - June 2011 – reviewed by ACGME Committee on Requirements
 - March 2012 – Program Requirements and PIF available on the ACGME Website
 - July 2012 – New requirements go into effect

- Note: a focused major revision regarding changes to OB will be submitted for earlier approval.



Program Requirements Update

Sports Medicine

- Sports Medicine – The Committee collaborated with the RRCs for EM, Peds, and PMR on a major revision to the requirements.
- The proposed draft document were posted for review and comment in early November.
- Target date for new requirements to go into effect is July 1, 2011.
 - Below is the tentative timeline:
 - June 2010 – reviewed by ACGME Committee on Requirements
 - March 2011 – Program Requirements and PIF available on the ACGME Website
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Program Requirements Update

Geriatric Medicine

- Geriatric Medicine – Major revision is underway
- Joint venture with IM
- Issue: the general sub requirements to be used in conjunction with GM requirements are *different* for IM and FM. The next version will have one document that will be used by both IM and FM.
- The Committee has begun working on revisions to the documents. Below is a tentative timeline:
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Hospice and Palliative Medicine

The RRC for Family Medicine will review and accredit all hospice and palliative medicine programs regardless of the sponsoring specialty of the individual program.



RRC Staff Changes

- Lynne Meyer, PhD, MPH, Executive Director
 - lmeyer@acgme.org; 312-755-5006
- Sara Thomas, Senior Accreditation Administrator
 - sthomas@acgme.org; 312-755-5044
- Rebecca Becker, Accreditation Administrator
 - rbecker@acgme.org; 312-755-5086



Questions?
