

RRC NEWS

FAMILY MEDICINE



ACGME

Accreditation Council for Graduate Medical Education

FALL 2008

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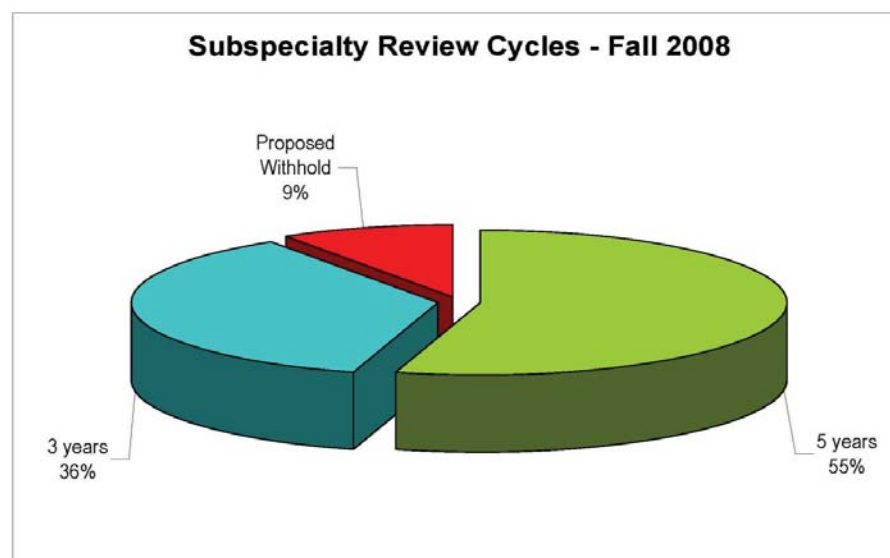
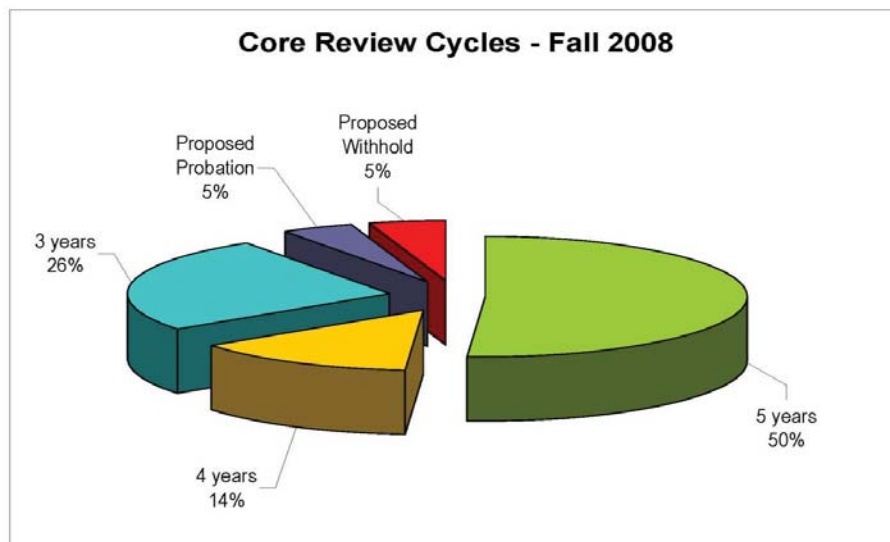
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Summary of Actions at September Meeting

The Committee reviewed 43 core programs and 11 subspecialty programs. The pie charts below provide a summary of the actions taken at the meeting.



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Points of Clarification

Question: Where and how should the non-FM faculty members be listed in the PIF?

Answer: After you have entered all the FM faculty in your program, make sure to identify the individuals responsible for teaching FM residents in the following areas (listed in this order): Human Behavior/ Mental Health; Adult Medicine; Cardiology; Critical Care; Obstetric Care; Gynecologic Care; Surgery; Orthopaedics; Sports Medicine; Emergency Medicine; Neonates, Infants, Children and Adolescents; Older Patient; Skin. Provide the ABMS certification information for all faculty. Provide a one-page CV for anyone who is not ABMS-certified.

Question: How should a FM faculty member who also teaches in Geriatric Medicine or has another area of subspecialty expertise be listed in the PIF?

Answer: The PIF should contain the individual's primary specialty information (ABFM certification date) along with information on the most recent date of subspecialty certification.

Question: Can visits to patients in assisted living facilities count towards the nursing home experience?

Answer: No, visits to patients in assisted living facilities cannot be used fulfill the nursing home requirement. The patients seen and the competencies achieved during the nursing home experience are not equivalent to the patients seen and the competencies achieved during the assisted living experience. Visits to patients in assisted living facilities can be counted towards fulfilling the home visits requirement.

Question: Can an intermediate care facility be used to provide the nursing home experience?

Answer: A facility that is purely an intermediate care facility will have difficulty meeting the continuity expectation of two patients over a two-year period, as noted in the requirements. Patients admitted to intermediate care are subacute patients who are transitioning from hospital to home and are probably in the facility typically no more than two months. A facility that combines a skilled nursing home facility (SNF) and intermediate care would be acceptable if residents could achieve the continuity requirement in the same way as in a pure SNF.

Nursing Home Question: Are residents required to provide continuity of care for the same two patients

over a 24 month period?

Answer: Although this would be the preferred way to meet this requirement, the Committee realizes that this is not always possible. If a nursing home patient for whom a resident is providing continuity of care transfers to another facility or expires, a new patient needs to be provided for the resident.

Question: How should residents be "involved" in caring for their patients who become hospitalized?

Answer: Residents must remain actively engaged in the care of their continuity patients when they are hospitalized. At a minimum, this includes two-way communication between the primary resident and the inpatient team at admission, at discharge, and at key moments during the hospitalization. It is acceptable for the direct care to be provided through a Family Medicine team. See the requirements noted below for additional information related to this issue.

All items will be added to the FAQ located on the Committee's webpage at http://www.acgme.org/acWebsite/RRC_120/62008FAQ_FM_AA_081908.pdf

Hospice and Palliative Medicine (HPM) Application Process

Although HPM is a joint effort among 11 specialties, the Review Committee for Family Medicine will review and accredit all programs in this area. All 58 applications received by the summer deadline were reviewed by the HPM Advisory Group, a group of experts in this subspecialty, who assisted the Committee with the development of the program requirements and the PIF. The Advisory Group reviewed the HPM components of the applications and made recommendations regarding compliance with the HPM requirements. The Committee will review all aspects of the applications and the Advisory Group's recommendations at its January 2009 meeting. At least one Advisory Group member will attend this meeting to assist the Committee with HPM questions.

Since HPM is a dependent subspecialty, in order to apply for accreditation, applicants were required to identify the "core" ACGME-accredited program with which they would be associated. The chart below shows the distribution of core specialties for the applications.

At its recent meeting, the Advisory Group clarified the application process. Applications for new HPM programs will be due three months prior to a Review

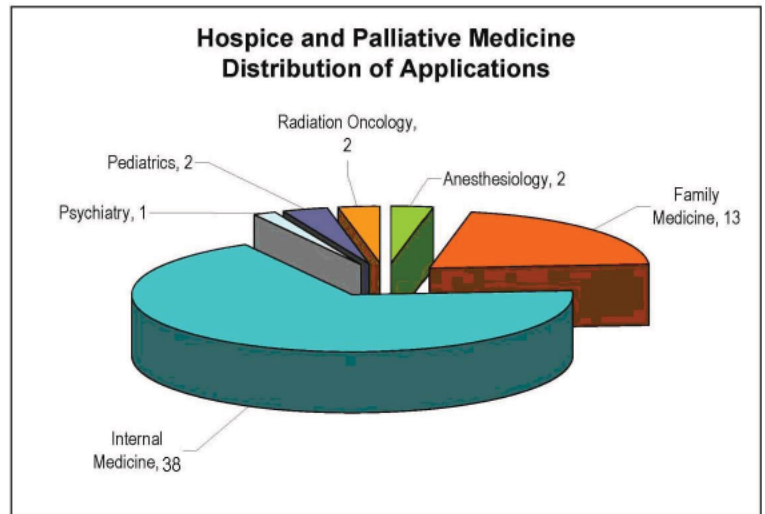
Committee for Family Medicine meeting. This will allow time for the Advisory Group to review the applications and provide their recommendations to the Committee. The deadlines are as follows:

RRC Meeting: May 18-20, 2009
HPM Applications Due: February 17, 2009

RRC Meeting: September 23-25, 2009
HPM Applications Due: June 22, 2009

HPM FAQ

An HPM FAQ has been posted on the Committee's webpage. Included below are several items from the FAQ that may be of interest to program directors and DIOs.



Question: If the applying program's sponsoring institution does not have an accredited program in one of the 11 specialties noted above, what are its options?

Answer: According to the requirements, a hospice and palliative medicine program will be accredited only if the sponsoring institution also sponsors an ACGME-accredited program in at least one of the following specialties: Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Radiation Oncology, or Surgery. (Program Requirements I.A.1). As such, an HPM fellowship application will not be considered for accreditation unless the sponsor also sponsors an ACGME-accredited "core" program in one of the 11 areas identified in the requirements.

Question: Are there any exceptions to this requirement?

Answer: No, there are no exceptions to this requirement. If the HPM fellowship program is in an institution that does not sponsor at least one of the eleven ACGME residency programs noted above, it will need to make arrangements with another sponsoring institution that meets this requirement for an application to be considered for review.

Question: What relationship does the HPM program need to have with the "core" residency program?

Answer: The HPM program will need to demonstrate that it exists in conjunction with, and is an integral part of, one core ACGME-accredited residency program (anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, psychiatry, pediatrics, physical medicine and rehabilitation, radiation oncology, surgery). This can be demonstrated in different ways. Some possibilities are: (1) faculty of the core program are involved in teaching fellows (e.g., by lecturing or supervising a rotation); (2) the faculty of the HPM program are involved in teaching residents from the core program; or (3) fellows are involved in teaching and supervising core residents.

Congratulations to Dr. Peter Carek

The Committee congratulates one of its newest members, Peter Carek, MD, on being one of the eight distinguished teachers to receive the ACGME's Parker J. Palmer Courage to Teach award. The annual award, selected from a large pool of nominees, honors outstanding teachers in graduate medical education. The Courage to Teach Award is given to program directors, nominated by their peers and students, who have innovative residency program curricula, who have improved graduate medical education, and served as exemplary role models for residents. The award is named for Parker J. Palmer, PhD, a sociologist and teacher who wrote *The Courage to Teach*. Award recipients will receive plaques and checks for \$1,000 at a luncheon held during the ACGME's Annual Educational Conference, which will take place March 5-8 at the Gaylord

Texan Resort and Convention Center in Dallas, Texas. The award recipients will also be invited to attend an educational retreat next May at the Fetzer Institute in Kalamazoo, Michigan.

2009 ACGME Educational Conference

March 5-8, 2009 in Grapevine, Texas

Each year, the ACGME Annual Educational Conference provides a venue for graduate medical educators to learn more about the accreditation process and ways to enhance residency program quality related to ACGME initiatives, such as general competencies, educational outcome assessment, and duty hours. The 2008 conference theme "Building Community, Improving Quality" emphasized how better education and better patient care can occur when individuals in diverse roles work together toward shared goals. The 2009 conference theme, "Shaping the Future," will offer more than 80 sessions clearly focused on the topics of education, assessment, the learning environment, and accreditation. The Conference will begin with an international pre-conference titled "Promoting Good Learning and Safe, Effective Care: A Five-Year Review of the ACGME's Common Duty Hour Standards," as well as an introductory pre-course for new program directors and coordinators. Attendees and speakers can register here: http://www.acgme.org/acWebsite/meetings/me_EducConf_09_Speakers.asp

Program Evaluation by Fellows: Keeping Responses Confidential When There is Only One Fellow

The ACGME requirement that fellows provide confidential evaluations of the program can be a challenge for programs with fewer than two fellows. Across specialties, program directors have arrived at creative methods that manage to maintain confidentiality of fellows. Fellow evaluations may be collected over a period of a few years and grouped data is then reported every two to three years. The program director's challenge is to balance the program's need for feedback in order to make necessary adjustments towards program improvements versus fellow confidentiality that can result in delays of valuable feedback and program improvements. Additionally, the coordinator or DIO, (not directly involved in fellow education), may solicit feedback from the fellows and residents who rotate on the service, and collate and report general findings to the program director.

Voluntary Withdrawal Requests

Programs must now enter requests to voluntarily

withdraw accreditation (VW) using ADS only. Programs initiate the request by answering a series of questions, including the proposed effective date, which should coincide with the end of an academic year, the reason for program closure, and a plan to place any active residents in other programs. After submitting in ADS, the request is automatically emailed to the DIO for approval. After the DIO/GMEC approves the request in ADS, the system informs the RRC staff designee. The RRC considers the request at its next meeting and notifies the program director via an official letter that the accreditation status is changed to VW.

"Red Flags" Help Programs Recognize Potential Issues

In the [February 2008](#) issue of the ACGME e-Bulletin, an article entitled "Nine 'Red Flags' in Accreditation Site Visits and Reviews" by members of the ACGME Field Staff provides observations that may raise questions about program quality and compliance with program and institutional requirements. This may be of particular interest to programs preparing for upcoming site visits.

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.

Meeting: January 19-21, 2009
Agenda Closing: November 18, 2008

Meeting: May 18-20, 2009
Agenda Closing: March 17, 2009

Meeting: September 23-25, 2009
Agenda Closing: July 21, 2009

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.

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Feedback

We welcome your comments and suggestions about this newsletter: dbraun@acgme.org.