

# ***RESIDENCY REVIEW COMMITTEE FOR PMR***

## **THE RESIDENCY REVIEW COMMITTEE**

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for ensuring and improving the quality of Graduate Medical Education. It sets the standards for accreditation of residency programs in all specialties and subspecialties. The ACGME delegates the task of review of all residency programs to Residency Review Committees (RRC) in each specialty.

Within the specialty of PM&R we have the following accredited programs:

- 80 PMR programs
- 19 SCI Medicine subspecialty programs
- 7 Pain Medicine subspecialty programs
- Pediatric Rehabilitation accreditation is in process.

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## **MEMBERSHIP OF THE PM&R RRC**

Members of the RRC are appointed by 3 parent organizations, each proposing 2 members, and there is one resident representative. The resident member is selected from a slate provided by the AAP and the AAPR&R. Current RRC members are:

- **AMA**  
Gary Clark – Cleveland, OH  
Jacob Neufeld – Richmond, VA
- **AAPMR**  
Murray Brandstater – Loma Linda, CA  
James Sliwa – Chicago, IL
- **ABPMR**  
Barry Smith – Dallas, TX  
Jay Subbarao – Chicago, IL
- **Resident**  
Cari Eggert – Rochester, MN

In March, 2004, Dr. Subbarao's term will end and the ABPMR has appointed Dr. William Bochenek to replace him. We are now reviewing slates of candidates to replace Cari Eggert as the resident representative.

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## **DUTY HOUSE UPDATE**

A new policy on resident duty hours came into effect on July 1, 2003, and all programs will be carefully scrutinized to ensure that they are in compliance with the policy. For PMR we have determined that the didactic time during the 6 hours after 24 hours on call may include observation of diagnostic or therapeutic procedures such as EMG

## **RESIDENCY PROGRAM REVIEW**

All residency programs are regularly reviewed by the RRC. The review process begins with completion and submission of the Program Information Forms by the Program Director. The program is then visited by a site reviewer from the ACGME. The RRC review involves a careful reading of the PIF submitted by the PD and the report of the site visitor. The RRC identifies any deficiencies or weaknesses in the program with respect to the specialty requirements for residency training in PMR. The accreditation status of the program is then determined, and the next review cycle is set, which can be up to a maximum of 5 years for a strong program without deficiencies. The following is a list of weaknesses noted rather frequently among the programs reviewed in the last 2 years.

- Inadequate or inaccurate data gathering and reporting.
- Failure of the PD to properly complete the PIF.
- Inadequate time residents are assigned to IP and/or OP.
- Lack of an organized curriculum
- Missing final evaluation for each graduating resident
- Insufficient research by faculty and residents.
- Unsatisfactory scores on the ABPMR exams.

Program directors should note that time spent in the EMG lab does not count towards time for management of patients in the outpatient department. The ACGME now requires all PD's to incorporate competency evaluations into their programs.

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## **REVISION - SPECIALTY REQUIREMENTS AND PIF**

The RRC held a retreat in August 2003 during which we began the process of review of the Specialty Requirements for residency Training in PMR. The RRC is required to do this every 5 years. For the next review we plan to integrate resident competencies into the requirements. The PIF will also undergo a major revision to improve and simplify the task and reporting of program data.

### **FUTURE MEETINGS OF THE RRC:**

- February 12-13 & August 20-21, 2004
- February 18-19 & August 19-20, 2005

Agenda materials are needed at least 2 months prior to a meeting, and a site visit usually needs to take place at least 2 ½ months prior.

Murray E. Brandstater, MBBS, PhD  
Chairman, RRC