

RRC NEWS

PHYSICAL MEDICINE AND REHABILITATION



ACGME

Accreditation Council for Graduate Medical Education

APRIL 2010

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RRC NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

February 2010 Meeting - Accreditation Statistics

Program Accreditation Statistics February 2010 Meeting Review Committee for Physical Medicine and Rehabilitation	
PMR (core) – 79 Accredited Programs Total 13 Programs reviewed	
Continued Accreditation	12
Proposed Probation	1
PMR Sports Medicine – 8 Accredited Programs Total 3 Programs Reviewed	
Continued Accreditation	3
PMR SCIM – 19 Accredited Programs Total 3 Programs Reviewed	
Continued Accreditation	3
PMR PDS – 15 Accredited Programs Total 3 Programs Reviewed	
Continued Accreditation	3
PMR Pain Medicine – 9 Accredited Programs Total 3 Programs Reviewed	
Continued Accreditation	2
Proposed Withhold	1

Committee Membership Changes

The Committee bids a warm farewell to William L. Bockenek, MD, Chair, Jacob Neufeld, MD, and Monica E. Rho, MD, Resident, and thanks them for their dedication to Committee work and to graduate medical education. Their terms on the Committee will end on June 30.

The Committee also welcomes new members Gerard E. Francisco, MD, Anna K. Gaines, MD, Resident member, and William F. Micheo, MD, whose terms will begin July 1. Current Committee member Dr. Gail L. Gamble will also begin her term as Chair July 1.

MEETING AND AGENDA CLOSING DATES

MEETING:	AUGUST 27-28, 2010
AGENDA CLOSING:	JULY 2, 2010
MEETING:	FEBRUARY 24-25, 2011
AGENDA CLOSING:	DECEMBER 15, 2010

Most Common Citations

The most common (*top 1-5 categories*) citations identified from the Review Committee's January 2010 meeting are as follows:

Physical Medicine and Rehabilitation (core)

1. Institutional Support - Sponsoring Institution
2. Educational Program - Patient Care Experience
3. ACGME Competencies - Practice-Based Learning and Improvement
4. Educational Program - Scholarly Activities

PMR - Spinal Cord Injury Medicine

1. Educational Program - Patient Care Experience
2. Institutional Support - Sponsoring Institution
3. Evaluation of Program

PMR - Pediatric Rehabilitation

1. Institutional Support - Sponsoring Institution
2. Responsibilities of the Program Director
3. ACGME Competencies - Systems-Based Practice

PMR - Pain Medicine

1. Institutional Support - Sponsoring Institution
2. Responsibilities of the Program Director
3. Evaluation of the Program

These citations resulted from the Committee's review of program information, as well as information obtained through interviews with the faculty and residents.

Resident Self-Assessment (SAE-R)

This is a repeat notification from the May 2009 issue of *RRC News*. As concerns regarding the "appropriate" usage of this tool continue to be addressed (during ACGME site visits, via e-mails to Review Committee staff, etc.), the Committee would like to reiterate the message:

The exam

The American Academy of Physical Medicine and Rehabilitation (AAPMR) offers a Self-Assessment for Residents (SAE-R) annually in January to meet the needs of two specific audiences: program directors and residents.

Appropriate use

Because the SAE-R serves two unique and complementary purposes, the Review Committee does not condone the use of the

SAE-R for any purpose other than as a self-assessment tool. Although the SAE-R is valuable in assessing a resident's progress, it should NOT be utilized by program directors to determine promotion or graduation of a resident. For more information regarding the SAE-R, including registration, please contact the American Academy of Physical Medicine at 312.464.9700.

If you have questions regarding the Review Committee's requirements related to methods for resident evaluation, please contact the Committee staff at the ACGME offices (contact information on p. 1 of this newsletter).

Institutions Sponsoring a Single Residency Program or Programs under the Purview of one Review Committee

The institutional reviews for single-program institutions (e.g., an institution sponsoring only a Physical Medicine and Rehabilitation core program) and institutions with one core and several fellowships all accredited by the same Review Committee (e.g., PMR and Spinal Cord Injury Medicine) will be conducted in conjunction *with* the core program review. Programs in these two categories are to provide short written responses, through their PIFs, to the following:

1. Provide an institutional statement that commits the necessary financial, educational and human resources to support the GME program(s) and provide documentation that the statement has been approved by the governing body, administration and the teaching staff.
2. Describe the formal method by which a periodic evaluation of the program's educational quality and compliance with the program requirements occurs. Explain how residents and faculty in the program are involved in the evaluation process.
3. Describe how the institution complies with the ACGME Institutional Requirements regarding "Resident Eligibility and Selection" and the development of appropriate criteria for the selection, evaluation, promotion and dismissal of residents in accordance with ACGME Program and Institutional Requirements.
4. Summarize how the institution complies with the ACGME Institutional Requirements regarding resident support, benefits and conditions of employment, including the details of the resident

contract or agreement as outlined in the aforementioned Requirements. (Do not append the resident contract/agreement to the PIF but state when it is given to the residents and applicants. Have a copy available for verification by the site visitor on the day of the survey with the various items required by the ACGME numbered according to the Institutional Requirements.)

- Describe in detail the grievance (due process) procedure(s) available to residents, including the composition of the Grievance Committee, and mechanisms for handling complaints and grievances related to actions that could result in dismissal or non-renewal of a resident's contract, or other actions that could significantly threaten a resident's intended career development.

Single-site sponsors are held accountable for substantial compliance with the ACGME's Institutional Requirements (www.acgme.org/acWebsite/irc/irc_IRCpr07012007.pdf) as well as the respective Program Requirements. The Committee takes the combined responsibilities for the program and institutional standards for a single-site sponsor very seriously.

Certification and Recertification Dates in WebADS (PIF, Part 1)

The Committee would like to remind program directors of their responsibility to ensure accurate information is adequately reflected in the PIF's Physician Faculty Roster (see below) regarding Certification and Recertification Dates. Many programs have been cited for incorrect information. Please know whether a certificate is "time unlimited" prior to indicating that in the Certification Status field (Note: it is not possible to list "N" for an individual certified in SCIM since 1995, as the first certificate was given in 1998 and all SCIM certificates require participation in Maintenance of Certification). These may seem like inconsequential oversights, but the Review Committee closely reviews all information presented in the PIF and such issues of incongruence will be cited in Letters of Notification as noncompliance with the standards (PD responsibilities in particular). Questions related to the completion of the following data (found in Part I of the PIF) should be directed to Review Committee staff accordingly.

FACULTY DATA: List alphabetically and by site all physician faculty who devote at least 10 hours a week to resident education. In addition, complete a CV for each faculty listed using our CV editor below.

Name	Degree	Based Mainly at Inst. #	Primary and Secondary Specialties / Fields				No. of Years Teaching in This Specialty	Average Hours Per Week Devoted to Resident Education	
			Specialty / Field	Cert (Y/N)	Original Cert Year	Cert Status			Re-cert Year
(Program Director)	MD	1	Physical medicine and rehabilitation	Y	1992	R	2009	19	32
			Spinal cord injury medicine	Y	1999	R	2009		

Certification in the primary specialty refers to ABMS Board certification. Certification for the secondary specialty refers to sub-Board certification. If the secondary specialty is a core ACGME specialty (e.g., Internal Medicine, Pediatrics, etc.), the certification question refers to ABMS Board Certification.

Certification Status:

- R — Re-Certified
- O — Original Certification Currently Valid
- L — Certification Lapsed
- N — Time-unlimited certificate/no Re-Certification

Annual Program Evaluation (Program Requirement V.B.1-3)

It is critical to pay close attention to details regarding compliance with the requirements addressing annual program evaluations. This is becoming a frequent citation for many programs. Of note is not simply that the evaluations occur, but that the individual components referred to in the Program Requirements (text below) are incorporated respectively:

- **At least annually, the program must evaluate faculty performance as it relates to the educational program.**
[Common Program Requirement: V.B.1.]
- **These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.**
[Common Program Requirement: V.B.2.]
- **This evaluation must include at least annual written confidential evaluations by the residents.**
[Common Program Requirement: V.B.3.]

Useful information on this topic is also included in the Program Director's Guide to the ACGME Common Program Requirements, which is posted on the ACGME website for reference: www.acgme.org/acWebsite/navPages/nav_commonpr.asp.

Involving Residents in the Accreditation Process

Jason N. Itri, MD, PhD; Resident member of the Review Committee for Diagnostic Radiology

You don't have to be a member of your specialty's Review Committee or a program director to participate in the accreditation process at your institution. One of the first steps towards accreditation is submission of the Program Information Form (PIF), a document completed by the program director in preparation for a site visit by ACGME Field Staff. It is important that the PIF describe the residency accurately and completely, as it reflects all educational and compliance-related aspects of the program. Resident involvement in the preparation of the PIF can be a rewarding experience for both resident and program director alike. It is an opportunity to critically evaluate various aspects of the program, develop efficient and effective practices structured around the core competencies, and institute programmatic improvements that

emphasize educational outcomes. Completion of the PIF does not have to be an end-point in the accreditation process. Rather, it can be a starting point for creativity and innovation. Motivated residents, given the opportunity to be involved in the accreditation process, can serve as valuable resources for fresh perspectives, new ideas and innovative solutions.

Requests for Voluntary Withdrawal Must be Done Through ADS

ACGME policy permits a program or sponsoring institution to request voluntary withdrawal of accreditation when a decision has been made by that program or institution to discontinue participation in ACGME accreditation. Requests for voluntary withdrawal of accreditation must be submitted using the Accreditation Data System (ADS). Review Committee staff will not accept letters requesting this action sent directly to them. The program director initiates the request within ADS by answering a series of questions, including: the proposed effective date which should coincide with the end of the current academic year; the reason for program closure; and a plan to place all active residents in other programs. Once submitted, ADS automatically generates an e-mail to the Designated Institutional Official (DIO) requesting approval. Once the DIO approves the request, ADS notifies the Review Committee staff. After a staff member processes the request, the program director and DIO receive official notification, and the accreditation status is changed to voluntary withdrawal.

DIO approval of this request for voluntary withdrawal of the program or sponsoring institution finalizes the request, which means the program:

1. may not accept new residents/fellows
2. may not request "reversal" of the action
(*regardless of the proposed effective date*)

The program or institution may seek accreditation at a future date by undergoing the application process pursuant to ACGME policy. See "How to Apply for Accreditation in Seven Easy Steps" on the Program Directors & Program Coordinators area of the ACGME Website (www.acgme.org/acWebsite/home/Accreditation_Application_Process.asp) for an overview.

A Guide to the Procedures for Accreditation of Programs in New Subspecialties

Across the field of medicine, interest in developing new subspecialties continues to grow. Additional details regarding these policies can be found in the *ACGME Manual of Policies and Procedures*, Section 7.22, pp.19-21; Section 10.00, pp.42-47; and Policies and Procedures Addendum 2, but outlined here in summary are the required steps identified for the process.

What? What are the initial steps in the process?

The process begins with a Letter of Intent that takes the form of a proposal. The proposal must address the information required in Section 10.20, pp. 46-47, a)-g) of the *ACGME Manual of Policies and Procedures*. A Review Committee proposal goes through the Executive Director for the Review Committee to the Office of the CEO, with a cover memo and a description of the fellowship. An “outside proposal” is mailed directly to the CEO of the ACGME.

How? How does this take place?

The Office of the CEO sends the proposal to the Chair of the ACGME’s Board of Directors. With approval by the Executive Committee of the Board of Directors, the Board Chair may appoint an ad hoc committee to review the proposal.

Which? Which information must be included in the proposal?

A proposal to the ACGME for the accreditation of programs in a new subspecialty must include a description of: the scientific medical knowledge underlying the subspecialty; the existence of sufficiently large group of physicians who concentrate their practice in the proposed subspecialty; national medical societies with a principal interest in the proposed subspecialty; presence in academic units and health care organizations of educational programs, research activities, and clinical services in the proposed subspecialty; and growth of the subspecialty area. It must also provide evidence that the duration of the residency program will be at least one year beyond the core specialty, and that the educational program is primarily clinical.

What? What happens after the proposal is submitted?

Two activities must be completed next. The Council of Review Committees (CRC) must be notified so that all Review Committee specialties can respond to the proposal and its potential impact on the specialties. Additionally, an ad hoc committee will be formed to review the merit of the proposal.

Who? Who can serve on the ad hoc committee?

The ad hoc committee is composed of:

a) individuals with GME experience, experience in accreditation in GME, and practice in the general area of the proposed new subspecialty; and b) a director of the ACGME Board

What? What does the ad hoc committee do?

The ad hoc committee determines if the proposal meets the criteria for accreditation of programs in a new subspecialty, and makes a recommendation to the ACGME regarding approval or non-approval of the proposal.

What’s next?

The ACGME Board of Directors reviews the proposal and the ad hoc committee’s recommendation. If approved, new program requirements and application materials are developed following established procedures.

How? How are the new requirements developed and approved?

The ACGME Board of Directors will assign a Review Committee to develop requirements to be reviewed according to set procedures by the ACGME’s Requirements Development Committee. Following this process, completed requirements are posted on the ACGME’s website for a 45-day period of public comment. After any submitted comments are summarized and addressed (which may result in changes to the proposed requirements), the final version of the proposed requirements are sent to the Board’s Committee on Requirements for final review and then approval by the ACGME Board.

When? When do the requirements become final and effective?

The new subspecialty requirements are final when the ACGME Board approves them and a specific effective date is set. After that, interested programs can apply to the Review Committee for approval of an accredited program in the new subspecialty area.

Useful Resources for New Program Directors

Institutional Requirement III.B.10.e specifies that the Graduate Medical Education Committee (GMEC) approves a new program director prior to his/her confirmation with the ACGME. Once approved, the program director’s name is entered into the Accreditation Data System (ADS), which automatically generates a welcome letter to the new program director, with copies sent to the Designated Institutional Official (DIO) and program coordinator.

The welcome letter provides useful information about the ACGME website, as noted below, and refers new program directors to the ACGME Virtual Handbook: www.acgme.org/acWebsite/home/PDVirtualHandbook.asp. The welcome letter also informs new program directors that the DIO and Graduate Medical Education Committee of the sponsoring institution and the specialty-specific Program Directors Association are other important resources, and encourages new program directors to contact these groups for more information.

Some Review Committees approve new program director appointments; in such cases, the Committee reviews the information at its next meeting, and the Committee's Executive Director provides a final letter of approval to the program director, sending a copy to the DIO.

Other useful resources and information include:

- *The Residency Review Committee (RRC) webpage* contains periodic updates from the Review Committee, FAQs, staff members' contact information by subject, program requirements, Program Information Forms (PIFs), and a Program Directors' Guide to the Common Program Requirements.
- *The Program Directors & Coordinators link* contains information about Case Logs, Resident Duty Hours, the Resident Survey, and policies.
- *The ACGME Manual of Policies and Procedures, Section II, Accreditation Policies and Procedures*, contains a complete explanation of accreditation statuses awarded to programs and the policies to which program directors must adhere.
- *In the About ACGME-->Staff Listing-->Staff listing by Department link*, you'll find an overview of the four departments within the ACGME, including the Department of Accreditation Committees—which houses all Review Committee staff—and the phone and e-mail contact details for all ACGME staff.
- *The Key to the Standard Notification Letter* provides explanations for the common sections of accreditation letters.
- *The Outcome Project webpage* provides comprehensive information about the general competencies.
- Please Note: You will need an ID and password to access the Accreditation Data System (ADS) and Resident Case Log System (if applicable).

Useful ACGME Online Resources

- How to Apply for Accreditation in Seven Easy Steps: www.acgme.org/acWebsite/home/Accreditation_Application_Process.asp
- Virtual Program Director Handbook: www.acgme.org/acWebsite/home/PDVirtualHandbook.asp
- ACGME Data Book: www.acgme.org/acWebsite/dataBook/dat_index.asp
- Frequency of Accreditation Statuses by Specialty and Average Cycle Length by Accreditation Status and by Specialty: www.acgme.org/adspublic/
- Resident Survey National Data Report - available in ADS for Program Directors:
 1. Log into ADS
 2. Click "Resident/Fellow Survey"
 3. Click "National Data"
 4. DIOs select "Reporting Tools"
 5. Click "Resident Survey National Data Overall"
- Resident Survey Institutional Data Report – available in ADS for DIOs for each sponsoring institution's programs:
 1. Log into ADS
 2. Select "Reporting Tools"
 3. Click "Institution Level Resident Survey Results"
- ACGME Outcome Project—"Educating Physicians for the 21st Century"—Faculty Development Resources for Competency-based Education – a series of five PowerPoint presentations with facilitator's manuals: www.acgme.org/outcome/e-learn/e_powerpoint.asp

**Save the Date:
2011 ACGME Annual
Educational Conference**

**Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee
March 3-6, 2011**

****more information to follow****