

# RRC News



Accreditation Council for Graduate Medical Education

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Fall 2006

## Administrative Updates

ACGME has transitioned from a paper based to web based system through greater use of the ADS in order to decrease the burden of paper submissions, increase in the consistency of the process across the RRCs and support the role of the DIO and GME Committees in complying with the Institutional Requirements. (1) All administrative changes should first be initiated in WebADS; (2) Program director changes are approved by the RRC for Preventive Medicine and notification of a change must be accompanied by a current C.V. and the submission is through ADS. Voluntary withdrawal will now be handled through ADS, using the current requested information.

## Progress Reports

Progress reports should provide evidence that the citation(s) have been addressed. A progress report that indicates that the citation(s) have gone unaddressed or where there is no change or improvement noted could result in change in the site visit date for the program or a change in the resident complement. In other words, the RRC can shorten a cycle or propose a reduction in the resident complement, depending on the nature of the citation.

## New ACGME Educational Conference

The ACGME invites you to its annual educational conference that is being held in Kissimmee Florida March 2-4, 2007. The conference is jam packed with information

related to the accreditation process, the competencies, portfolios, site visits, current research, and opportunities to meet with the ACGME staff. It is an extraordinary occasion for new program directors, coordinators and others to learn more about the accreditation process and graduate medical education. There is an opportunity to submit abstracts (see the front page of the website at [www.acgme.org](http://www.acgme.org)) and awards for exemplary scholarly projects.

## Competencies

“Educating Physicians for the 21<sup>st</sup> Century,” a series of five PowerPoint modules with a Facilitator’s Manual, is a new educational resource from the Research and Education Department. The Facilitator’s Manual provides program directors with speaker notes and discussion questions. There are four lectures- Introduction to Competency Based Education, “Practical Implementation of the Competencies, Developing an Assessment System, and Developing a Competency Based Curriculum”. The series describes skill sets for each competency and identifies practical ways to implement the competencies into your educational program. The modules are designed to be given as a PowerPoint lectures to faculty to familiarize them with the above topics. The modules are approximately ½ hour long in order to respect the time demands experienced by program directors and faculty. These presentations are linked to the Outcome Project Page under Faculty Development. Please go to: [http://www.acgme.org/outcome/e-learn/e\\_powerpoint.asp](http://www.acgme.org/outcome/e-learn/e_powerpoint.asp)

The ACGME is shifting its focus from a structure and process system of graduate medical education to one that is outcomes based, requiring fellows in training to achieve competence in six broad domains. Programs should begin using resident performance data as a basis for improvement and use external measures (i.e. patient surveys, clinical quality measures) to verify fellow and program performance.

## **Letters of Agreement**

Beginning **August 1, 2006**, program directors should not attach the program letters of agreement to the PIF for a continued accreditation review. All of these letters must be available on-site at the program. During the site visit the surveyor will 'spot check' several of the letters for the required elements.

However, program letters of agreement must be included in the documents submitted for an application for a new specialty or subspecialty program.

## **Standard Notification Letters**

The ACGME has developed a standard format and standard language for accreditation notification letters across specialties. These changes are in effect now. In addition, the method for distribution of these letters has changed. The ACGME will no longer mail hard copies of accreditation notification letters. Instead, letters will be posted to the ACGME Accreditation Data System as a PDF and will be accessible to the program director by entering the program's user ID and password. DIOs will also be able to access notification letters for programs via the same user ID and password.

## **Duty Hour Achievement Report**

Recently Ingrid Philibert produced the third annual report on ACGME accomplishments about monitoring duty hours. It will be posted to the website.

## **Updating ADS**

More and more of the data collection

related to programs will be handled by ADS. All programs should also be interacting with the ACGME's Accreditation Data System (ADS) to record any changes in basic information about the program. This information can then easily be retrieved at the time of survey. Programs should also be aware of the Resident Survey, which is also used at the time of survey.

## **The PIF**

The RRC has noticed various inconsistencies and errors in PIF's submitted by programs. This inattention to detail can result in deferral of action and does impede the accreditation process. In preparing the PIF, the program director should carefully review the information submitted for accuracy and consistency.

## **Paul Batalden Receives the John C. Gienapp Award**

Paul B. Batalden, MD, has been awarded the John C. Gienapp Award from the Accreditation Council for Graduate Medical Education to honor his outstanding contributions to graduate medical education.

His peers in academic medicine who nominated him for the award praised his leadership, bold vision for improving medical education, and warmth and generosity in sharing his time and knowledge with his colleagues and the residents he teaches.

"Dr. Paul Batalden has set a high standard for service to the graduate medical education community," said David C. Leach, MD, executive director of the ACGME. "He has brought deep experience, enthusiasm, and practical wisdom to our community. He always has the patients' best interest at heart, and understands that good learning requires good patient care."

He has developed what is arguably the most creative and empowering residency in the country and has brought that spirit to all of us.”

Dr. Batalden is director of the Dartmouth-Hitchcock Leadership Preventive Medicine Residency Program at Dartmouth-Hitchcock Medical Center.

## Accredited Programs

There are 75 accredited programs with 629 approved residents. Under the aegis of preventive medicine, there are 24 programs in preventive medicine, 4 in aerospace, 31 in occupational medicine, and 16 in public health. Sixty-three programs hold at least a 5 year cycle.

## Residency Review Committee

Mark B. Johnson, MD, MPH (chair)  
Philip Harber, MD, MPH (vice-chair)  
P. Glenn Merchant, Jr., MD, MPH  
Clyde B. Schechter, MD  
William W. Greaves, MD, MSPH  
Michael R. Valdez, MD, MPH  
Peter Rumm, MD, MPH, FACPM  
Timothy J. Key MD, MPH  
Roy Hoffman, MD (resident)  
James Vanderploeg, MD, MPH (ex-officio)

## RRC Staff

Patricia B. Levenberg, PhD, Executive Director (312.755.5048 e-mail: [plevenberg@acgme.org](mailto:plevenberg@acgme.org))  
Eileen Anthony M.J, Senior Accreditation Administrator (312.755.5047 e-mail: [eanthony@acgme.org](mailto:eanthony@acgme.org))  
Linda Roquet, Administrative Secretary (312.755.5494 e-mail: [lroquet@acgme.org](mailto:lroquet@acgme.org))

In order to ensure an orderly and efficient RRC meeting, we must establish cut-off dates for requested agenda items. Please note these deadlines in the event you have submissions for future RRC meetings; March 2007 meeting deadline for materials is **February 12, 2007** and **August 13, 2007** for the October 2007 meeting.

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 Preventive Medicine  
ACGME  
515 North State Street  
Suite 2000  
Chicago, IL 60610

We invite your comments:  
[plevenberg@acgme.org](mailto:plevenberg@acgme.org)