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Meet Your New ACGME Team

Dr. Pamela Derstine assumed the position of Executive Director for the Review Committees for Psychiatry, Neurological Surgery and Medical Genetics, while Dr. Lynne Meyer became Executive Director for the Review Committees of Emergency Medicine and Family Medicine. Dr. Derstine earned her PhD in molecular genetics from Northwestern University, and is completing a master's in health professions education from the University of Illinois Chicago with a research project to assess the measurement characteristics of a multi-program online evaluation system. Pam enjoys cooking, gardening, biking, kickboxing, and visiting her three children and very first grandchild.

Susan Mansker and Jennifer Luna continue supporting the Review Committee for Psychiatry on the administrative staff, and are joined by Deidre Williams.



Deidre Susan Pam Jennifer

Susan Mansker joined the ACGME in 2001. She previously worked as an executive administrator for the Chair of the American Medical Association's (AMA) Board of Trustees. She is currently working toward her Bachelor's degree at DePaul University. During her down time, Susan enjoys volunteering at the Ronald McDonald House, swimming, and participating in a book club.

Jennifer Luna joined the ACGME in 1999, before which she worked in the AMA's Human Resources Department. She is working toward her Bachelor of

MEETING AND AGENDA CLOSING DATES

MEETING:	OCTOBER 22-23, 2010
AGENDA:	CLOSED
MEETING:	APRIL 15-16, 2011
AGENDA CLOSING:	FEBRUARY 4, 2011

NOTIFICATION DEADLINES

5 DAYS AFTER MEETING:	E-MAIL NOTIFICATION OF REVIEW STATUS/ CYCLE LENGTH AUTOMATICALLY SENT TO PROGRAM DIRECTOR AND DIO.
60 DAYS AFTER MEETING:	E-MAIL ALERT SENT STATING THAT LETTER OF NOTIFICATION IS POSTED IN ADS.

UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.

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

Science in health care management from Kaplan University. Jennifer recently became engaged, and is using her free time to plan her wedding!

Deidre Williams earned her Bachelor of Science in business administration with a concentration in health care management from Robert Morris College. She began her career in GME as an Accreditation Assistant with the Review Committee for Internal Medicine. Deidre loves to collect “Disney on Ice” cups and has accumulated an extensive collection!

Committee Membership Changes

The Committee thanked Drs. Kailie Shaw and Jonathan Morris for their service, dedication, and wisdom, as their terms concluded June 30, 2010.

Dr. Carl Chan, Dr. Mina Dulcan and Dr. Mark Servis joined the Committee on July 1, 2010. The Committee welcomes them all, and looks forward to their contributions over the tenure of their terms.

Recent Review Committee Activity

The following are the activity details from the October 2009 Review Committee meeting:

- The Committee reviewed 27 core programs, 7 addiction programs, 19 child psychiatry programs, 10 forensic programs, 8 geriatric programs, and 4 psychosomatic medicine programs.
- The Committee reviewed 6 progress reports, 2 duty hour reports, and 2 rebuttals to proposed adverse actions.
- The Committee considered and/or approved 47 continuing accreditations, 5 applications, 9 complement increase requests, 2 voluntary withdrawals, and 15 other non-status items (e.g. add or delete sites, curriculum).
- There were three adverse actions—1 proposed probation (adult), 1 confirmed probation (adult), and 1 proposed withhold for an application (forensic).

The following are the activity details from the April 2010 Review Committee meeting:

- The Committee reviewed 42 core programs, 4 addiction programs, 16 child psychiatry programs (including 4 Post-Pediatric Portal Project programs), 5 forensic programs, 6 geriatric programs, and 12 psychosomatic medicine programs.
- The Committee reviewed 11 progress reports, and 1 rebuttal to a proposed adverse action.
- The Committee considered and/or approved 57 continuing accreditations, 11 applications, 9 complement increase requests, 1 voluntary withdrawal, and 8 other non-status items (e.g. add or delete sites, curriculum).
- There were five adverse actions: 1 proposed probation (adult), 1 confirmed probation (adult), and 3 proposed withhold for applications (1 adult, 1 child, 1 psychosomatic).

Requests for Voluntary Withdrawal Must be Submitted 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; and
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 Director & Program Coordinator area of the ACGME website for an overview.

Changing a Dependent Subspecialty Relationship from One Specialty/Core Program to a New Specialty/Core Program Requires Review Committee Approval for Subspecialty Programs in Hospice and Palliative Medicine and Sleep Medicine

Dependent subspecialty programs are required to function in conjunction with an ACGME-accredited residency (also known as a specialty or core) program. The continued accreditation of the subspecialty is dependent on the specialty program’s maintaining its accreditation. The dependent subspecialty program must be sponsored by the same ACGME-accredited sponsoring institution of the linked specialty program and should be geographically proximate to the specialty program. In the case of three multi-disciplinary subspecialty areas, one Review Committee has the authority to review and accredit such programs, regardless of the specialty program with which the subspecialty program is aligned. These subspecialties include:

- *Hospice and Palliative Medicine* – the Review Committee for Family Medicine accredits all of these programs, which may be aligned with specialty programs in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, psychiatry, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, radiation oncology, or surgery.
- *Sleep Medicine* – the Review Committee for Internal Medicine accredits all of these programs, which may be aligned with specialty programs in internal medicine, neurology, psychiatry, otolaryngology, or pediatrics.

Should any programs in these subspecialties (hospice and palliative medicine, sleep medicine) need to realign and establish a new dependent relationship with a new specialty/core program, the program director of the subspecialty program must request voluntary withdrawal of accreditation through ADS and then formally submit a new application to the applicable Review Committee per that Committee’s process. The sponsoring institution’s GMEC and DIO must approve the voluntary withdrawal and new application.

ACGME staff members of the respective Review Committees can answer questions and provide guidance about the process (www.acgme.org/acWebsite/about/RRCactivity.pdf).

Common Citations for Core Programs

Listed here are the most common citations between July 2007 and June 2010:

- Program Director Responsibilities (e.g., complete and accurate PIF, transferring resident verification)
- Curricular Development/Goals and Objectives (competency-based, specific to clinical experience and level of education)
- Qualifications of Faculty (e.g. Board certification)
- Scholarly Activities
- Program Evaluation (e.g., annual documentation, confidential & written, Education Policy Committee, Board Examination data, written and documented plan of action)

Did You Know?

The number of ACGME-accredited programs in academic year 2009-2010 was:

- 182 core psychiatry programs
- 125 child and adolescent psychiatry programs
- 58 geriatric psychiatry programs
- 48 psychosomatic medicine programs
- 45 addiction psychiatry programs
- 44 forensic psychiatry programs

Core Psychiatry Programs in Academic Year 2009-2010 Facts:

- 5725 approved resident positions
- 4916 filled positions
- average program cycle length = 4.19 years
- 177 programs with continuing accreditation
- 3 programs with initial accreditation
- 2 programs with probation

Program Requirement Revision Update:

- The major revision process has begun for the core and all subspecialty psychiatry program requirements, including child and adolescent psychiatry; addiction psychiatry; forensic psychiatry; geriatric psychiatry; and psychosomatic medicine. Comments from program directors on the current program requirements and specialty-specific PIF items are being solicited through American Association of Directors of Psychiatric Resident Training.

New Format for Citations

“Citations” – areas of non-compliance that the Review Committee identified during its review of a program

– have a new format. Citations will now include the following five components:

- (1) Citation Heading – Summary of issue being cited
- (2) Program Requirement
- (3) Program Requirement Reference
- (4) Citation
- (5) PIF, Board Reference, Case Log Information, and/or Site Visit Report (if proposed adverse action)

Example of New Citation Format:

Program Director/Responsibilities/ACGME Required Information/Accurate and Complete Common Program Requirement: II.A.4.f)

The program director must prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete.

The information provided was incomplete. Most notably, was the inaccurate listing of individual faculty members' scholarly activities. Dr. X is listed as core faculty in the faculty section but is not included in the core faculty scholarly activities table in the PIF. A question which asked for verification of supervising physician qualifications was not answered.

(Program Information Form pages 10, 25, 42)

Complement Change and Program Format Change Requests

A request for any change in resident complement requires prior approval from the DIO, and must be reported to the Committee through ADS. An educational rationale will be required. Both permanent and temporary increases require additional documentation and DIO approval *prior* to the Committee's review.

If you are requesting a change to program format, follow the process for a complement change request and clarify by stating in your educational rationale that you are requesting a change in program format. For example, "This program requests a change from a PGY-2 – PGY-4 program format to a PGY-1 to PGY-4 program format."

Resident complement information is available on the ACGME website (www.acgme.org/acWebsite/RRC_400/400_resComp.pdf). Click on the "Resident Complement (PDF)" link under the "Program Resources" menu on the Review Committee for Psychiatry [Web page](#).

Useful ACGME Online Resources

- 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/ – click "Search Programs and Sponsors"
- 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"
- Faculty Development Resources for Competency-based Education – a series of four PowerPoint presentations with facilitator's manuals (introduction to competency-based resident education, practical implementation of the competencies, developing an assessment system, developing a competency-based curriculum): www.acgme.org/outcome/e-learn/e-powerpoint.asp

Adult and CAP Summative Evaluations

Larry R. Faulkner, MD, President and CEO, American Board of Psychiatry and Neurology, Inc., Ex-Officio member of the ACGME Review Committee for Psychiatry

The American Board of Psychiatry and Neurology (ABPN) requires that general psychiatry programs and child and adolescent psychiatry programs use approved forms for resident summative evaluation. Examples of approved forms include the following:

PSYCHIATRY CLINICAL SKILLS EVALUATION FORM (CSV v.1)

www.abpn.com/downloads/forms/ABPN_CSV_form_v1.pdf

PSYCHIATRY CLINICAL SKILLS EVALUATION FORM (CSV v.2)

www.abpn.com/downloads/forms/ABPN_CSV_form_v2.pdf

- Note: The ABPN will accept any form that conforms to its requirements and that has been

approved by the ABPN.

Child and Adolescent Psychiatry CLINICAL SKILLS
EVALUATION FORM (CAP-CSV v.1)
www.abpn.com/downloads/forms/ABPN_CAP_CSV1.pdf

Child and Adolescent Psychiatry CLINICAL SKILLS
EVALUATION FORM (CAP-CSV v.2)
www.abpn.com/downloads/forms/ABPN_CAP_CSV2.pdf

- Note: The ABPN will accept any form that conforms to its requirements and that has been approved by the ABPN.

In addition, the ABPN asks that residency programs use its Residency Tracking System for resident experiences, particularly those programs due for an ACGME site visit in 2010 or 2011, including required in-residency evaluations. This system will take the place of the final letter to the ABPN and can track first-year experiences as well. Please contact the ABPN for more information regarding the Residency Tracking System.

2010 Workshop: Basics of Accreditation for New Program Coordinators

Date: November 8, 2010

Location: ACGME Headquarters
515 North State Street, Suite 2000
Chicago, Illinois 60654

This one-day intensive workshop is designed to help new program coordinators understand the basics of ACGME accreditation of residency programs. The workshop is designed for individuals who assist the program director in the administration of the residency program and are new to the accreditation process. Participants must have less than two years of experience as a program coordinator.

More Information:

[Workshop Brochure](#)

Online Registration is now open -- [Click here](#)

Questions about the workshops should be submitted by e-mail to Coordinatorworkshops@acgme.org.

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Educational Conference**

Beyond Boundaries

**Gaylord Opryland Resort Hotel
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http://www.acgme.org/acWebsite/meetings/2011con/m_e_educ_conf_11.asp