
Session 047

Specialty Update

Family Medicine

2012 ACGME Annual Educational Conference

James Martin, MD, MPH, Chair, RRC for Family Medicine

Lynne Meyer, PhD, MPH, Previous Executive Director



Disclosure

- No conflicts of interest to report

RC-FM Staff 2012

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Objectives

- 1. Review RC-FM work**
- 2. Updates: Duty Hours and Maternity Care**
- 3. Discuss Resident Survey**
- 4. Discuss proposed revisions to Family Medicine Program Requirements**
- 5. Discuss Milestones Project**
- 6. Length of Training Project**

RC Members

- ABFM

- James Martin, MD* - Chair
- Colleen Conry, MD - Co-Vice Chair
- Michael K. Magill, MD

- AAFP

- Peter J. Carek, MD MS - Co-Vice Chair (Sp Med) (Incoming Chair)
- Penelope K. Tippy, MD*
- Robin O. Winter, MD MMM (Geri)

- Resident

- Adam J. Roise, MD*

- AMA

- Suzanne Allen, MD (Incoming Vice-Chair)
- Richard Neill, MD*
- Thomas C. Rosenthal, MD (Geri)

- Incoming Members (7/1/2012)

- Tanya Anim, MD (Resident)
- John R. Bucholtz, DO
- Gary Buckholz, MD (HPM)
- Paul Callaway, MD

* RC Terms end 6/30/2012



ACGME

RRC Composition

- 3 appointing organizations - AAFP, ABFM, AMA
- 10 voting members
- 6 year terms -- except resident (2 years)
- Program Directors, Chairs, Faculty
- Geographic Distribution
 - CO, IA, ID, IL, NJ, NY, PA, SC, TX, UT
- Ex-officio members from each appointing organization (non-voting)

RRC Review of Programs

- Peer Review – 2 reviewers for core
- Reviewers use the following information to determine compliance with the requirements:

program
information
form (PIF)

site visitor's
report

resident
survey
findings

board
scores

- The questions in the PIF correspond to program requirements
- Reviewers present program to Committee
- Committee determines degree of compliance and assigns accreditation status along with review cycle, range of 1-5 years

Review Cycle of Cores and Subs

- Historically: Review cycle of sub was aligned with core.
 - If core has a three year cycle, the sub (s) will have a three cycle.
 - The cycle of the sub did not exceed that of the core
- Now: RRC has un-coupled subs cycle from that of core.
 - Subs are still considered dependent, but the cycle of the sub can exceed that of the core.

New Core Applications	New Subspecialty Applications
<ul style="list-style-type: none">•Rare events•Site Visit required•12 month process•Maximum of a 3 yr cycle	<ul style="list-style-type: none">•More regular occurrence•No site visit required•Need 2 months prior to meeting (agenda closing date)•Maximum of 3 yr cycle

- ACGME document: Applying in eight steps:

http://www.acgme.org/acWebsite/home/accreditation_application_process.asp



Citation

- Citation = the program has not provided evidence of compliance with the requirements, or, an area identified by the site visitor is non-compliant

Don't Have

- *Patients (# & types); required certified faculty; required experience; facilities/equipment; time/support; required program personnel*

Don't Do

- *Lack of evidence that required experience is provided; no documentation of compliance with requirements*

Didn't Bother to Proof/Edit PIF

- *Incomplete or inaccurate information; did not fully describe/provide sufficient details; discrepant data*



For Core Family Medicine Programs in AY 11/12, there are....

- 452 accredited programs
- Specialty Length = 3 years

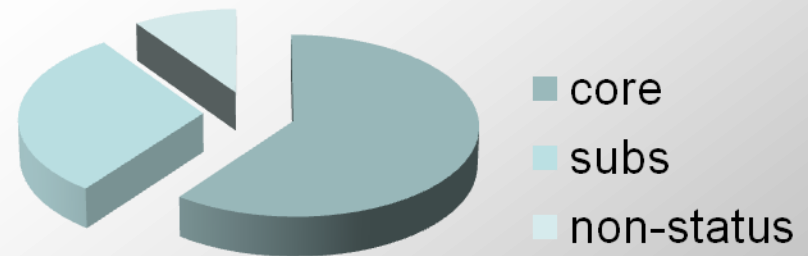
- 10,111/10,646 filled resident positions
- Average Program Cycle Length = 4.20

- 438 programs with continuing accreditation
- 10 programs with initial accreditation (in existence 3 years or less)
- 2 programs with probation
- 2 programs that voluntarily withdrew

Summary of RRC Activities in AY 2010/2011

- The RRC meets three times a year – January, May, September
- During AY 2010/2011, the Committee reviewed 170 programs
 - Average per meeting:
 - 37 core programs
 - 12 fellowship programs
 - 8 non-status
(progress & duty hours reports, innovation requests, etc)

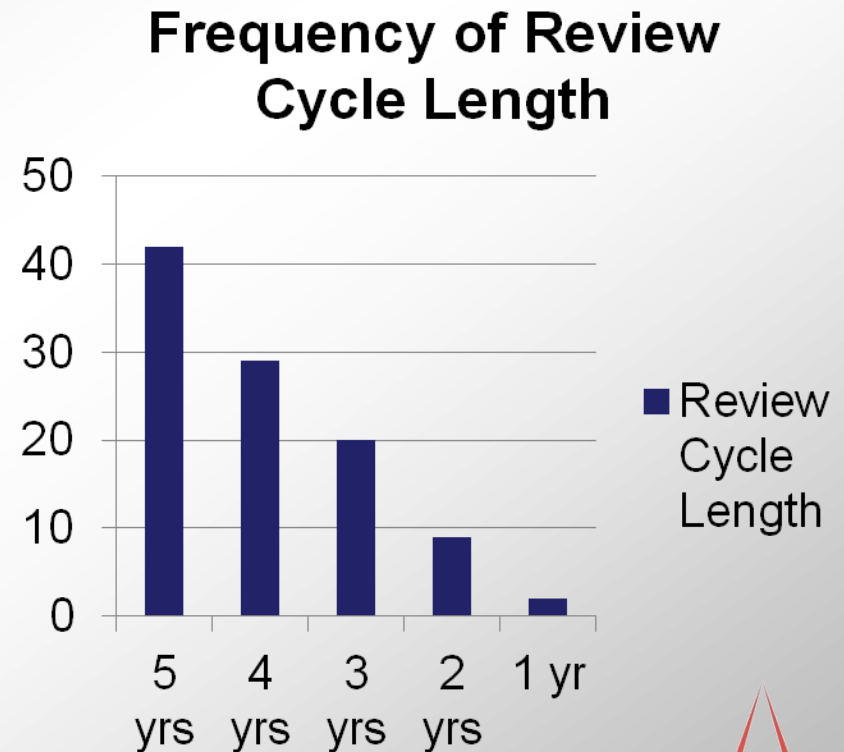
Types of Reviews



Accreditation Decisions in AY 2010/2011

Core Family Medicine

Summary of Status Decisions	
Initial Accreditation	3
Continued Accreditation	102
Proposed Adverse Actions	2
Confirmed Adverse Actions	1
Voluntary Withdrawal	2
Total	110



Most Frequent Citations in AY 2010/2011

Core Family Medicine

Curricular Development (required hrs/months, experiences, etc.)	58
FMC Patient Visits (1650 & 150)	48
Maternity care (total and continuity deliveries)	43
Board Exam Performance	43
Faculty Qualifications	41
Institutional Issues – internal review; facilities issues; lack of support for GME	31
FMC Demographics (<10 yrs; >59 yrs)	29
Responsibilities of the PD (PIF not accurate or complete, etc.)	26

Citations and Cycle Length

- Weighting of citations
- Site visitor survey
- Program history
- Board scores

Accreditation Decisions in AY 2010/2011

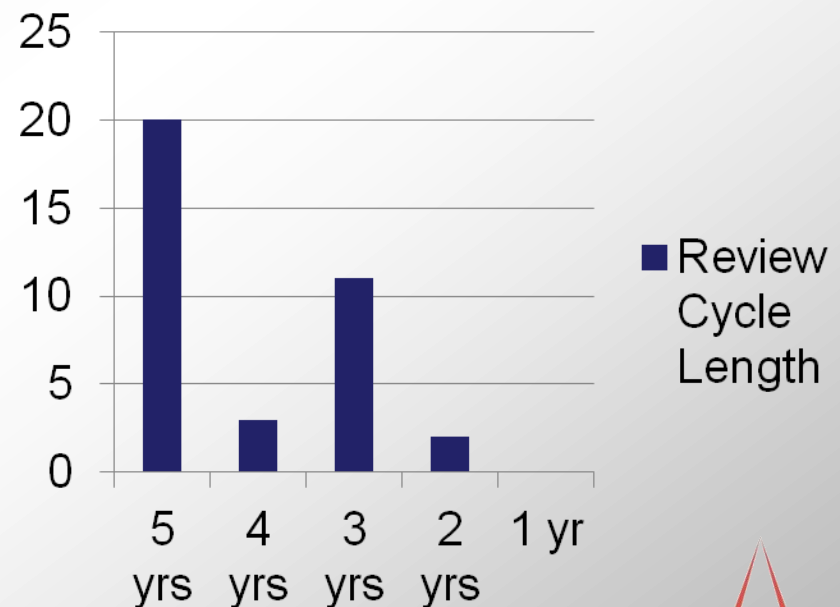
Subspecialties of Family Medicine

GM – 10 programs; SM – 15; HPM – 11

Summary of Status Decisions

Initial Accreditation	10
Continued Accreditation	26
Proposed Withhold	0
Proposed Withdrawal	0
Voluntary Withdrawal	0
Voluntary Withdrawal of Application	0
Total	36

Frequency of Review Cycle Length



For Geriatric Medicine Programs in AY 2010/2011, there were....

- 42 accredited programs
- Specialty Length = 1 year
- 69/109 filled resident positions
- Average Program Cycle Length = 4.29
- 34 programs with continuing accreditation
- 8 programs with initial accreditation (in existence 3 years or less)

For Sports Medicine Programs in AY 2010/2011, there were....

- 111 accredited programs
- Specialty Length = 1 year
- 175/203 filled resident positions
- Average Program Cycle Length = 4.42
- 92 programs with continuing accreditation
- 19 programs with initial accreditation (in existence 3 years or less)

For Core Hospice and Palliative Medicine Programs in AY 2010/2011, there were....

- 78 accredited programs
- Specialty Length = 1 year
- 185/220 filled resident positions
- Average Program Cycle Length = 3.09
- 4 program with continuing accreditation
- 74 programs with initial accreditation (in existence 3 years or less)

Most Common Citations – Subspecialties AY 2010/2011

	Geriatrics	Sports Med	HPM
Evaluation of Program	XX	XX	XX
Scholarly Activities	XX	XX	
Instit. Support – Sponsoring Inst.	XX		
Instit. Support – Participating Sites	XX		
Other Program Personnel		XX	XX
PD Responsibilities		XX	
PD Qualifications			XX
Faculty Qualifications			XX

Committee Updates

- Duty hours – expectation of actual resident hours (Not attestation)
- Protection of Family Medicine Experiences
 - Maternity continuity
 - End-of-life
- **NOT TO BE INCLUDED IN RESIDENT DUTY HOUR SURVEY**

Maternity Care

Posted for Comments during November and December 2011

- **Tier One (required by all)**
 - **20 deliveries**
- **Tier Two (maternity competency)**
 - **80 vaginal deliveries**
 - **10 continuity deliveries**
 - **Proficiency in intrapartum procedures**
 - **Competency at first assist in C-section**
 - **FM faculty role models**



Maternity Care, Cont.

Anticipated Timeline Final Review/Approval

- **November 2011:** Public (45-day) review and comment period concluded.
- **March 2012:** The Committee examined the comments, considered whether additional changes were needed in response to the comments, and will prepare the final document for submission to the ACGME Board of Directors (BOD) meeting in June.
- **June 2012:** BOD may apply an effective date of *July 1, 2013 (to allow programs ample time to come into compliance with proposed revisions).

* *Should the BOD apply a July 1, 2012 effective date, the community will be notified of the decision via the ACGME's weekly e-communication.*



Scholarly Activities

(Based on Boyer's Scholarship Model)

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples for core and subspecialty, and for faculty and residents)
Discovery	Build new knowledge through traditional research	<p>Residents: e.g. poster presentations, publish original research paper or abstract, original research presentation at a grand rounds</p> <p>Fellows/Faculty: e.g. refereed poster presentation, authorship of papers in peer-reviewed journals, investigator on grants, development of patents for discoveries, original research presentations at regional or national meetings</p>

Scholarly Activities

(Based on Boyer's Scholarship Model)

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples for core and subspecialty, and for faculty and residents)
Integration	Synthesize current knowledge to make it useful to others	<p>Residents: e.g. case study and literature review presentation at local Grand Rounds, lead local patient education conference series, publish an op-ed in local newspaper regarding current public health concern, letter to editor of national medical journal analyzing results of a paper published by others</p> <p>Fellows/Faculty: e.g. publish a POEM, publish a clinical review paper in peer-reviewed national journal, testify in state legislature regarding public health problem strategy, serve as editor for a state or national medical journal</p>

Scholarly Activities

(Based on Boyer's Scholarship Model)

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples for core and subspecialty, and for faculty and residents)
Application (FM Focus)	Use knowledge to improve health care, medical practice, health systems operations, public health or policy	<p>Residents: e.g. present the design and results of a clinical quality improvement project; local publication of design, implementation and effects of a patient education program, risk behavior, or chronic disease management in a residency newsletter</p> <p>Fellows/Faculty: e.g. present results of clinical QI program implemented in a group of practices at a regional professional meeting, present results of a practice-based research network at a national professional meeting; serving on a state or national committee developing and implementing programs to improve medical practice or education; obtainment of grant funding for practice improvement or redesign</p>

Scholarly Activities

(Based on Boyer's Scholarship Model)

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples for core and subspecialty, and for faculty and residents)
Teaching	Development, implementation and evaluation of educational curriculum, courses, program, materials, and so forth for educational purposes.	<p>Residents: e.g., preparation of an enduring curriculum for use in a residency program (needs assessment, goals and objectives development, activities, evaluation process, implementation and summarization of pilot results)</p> <p>Fellows/Faculty: e.g., obtain Title VII grant funding to implement new curriculum; develop, implement and report to sponsoring professional organization a new curriculum for a national professional educational course or module; publish evaluation of a new curriculum in a peer-reviewed journal</p>

Scholarship Principals

- Contributes to knowledge available to the discipline of Family Medicine and/or its subspecialty fellowship areas
- To be recognized as scholarship, contributions must be:
 - Shared with peers
 - Subject to peer review

Scholarship Principals cont'd

- Peers are defined as similar in level of experience and training as the individual conducting the scholarly work.
- Faculty and fellows (=likely future faculty) are generally expected to communicate their work at a regional or national level for it to be considered a contribution to the discipline as a whole.
- Residents may share their work at a local, regional, or national level for it to be recognized as scholarship.

Scholarship Expectations

- **Residency Faculty**
 - 2 per faculty member on average over 5 years
- **Residents**
 - 1 per resident by end of residency
- **Fellowship Faculty**
 - 1 per faculty member per year, averaged over 5 years
- **Fellows**
 - 1 per fellow by end of fellowship

Milestones

- Milestones describe performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the six general competency domains.
- Milestones will lay out a framework of observable behaviors and other attributes associated with residents' development as physicians.
- Identification of assessment methods that will be effective in evaluating performance on the milestones is a part of this effort.

Milestones

Joint initiative of the ACGME and specialty certification boards and with the involvement of the specialty community

RRC's initially will use aggregate resident performance on the milestones to identify aspects of educational programs needing improvement



Specialty Specific Milestones

Patient Care & Medical Knowledge

Working Group

Educators and leaders from the Review Committee (including resident member and executive director), American Board of Family Medicine, and the American Academy of Family Physicians (AAFP)

Chair: Suzanne Allen, M.D.

Advisory Group

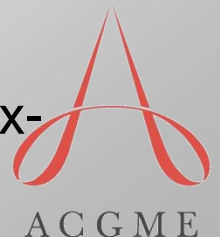
Specialty leaders

Assist with establishing support for the Milestones
Provide feedback to the Working Group



Milestones Working Group

- **Suzanne Allen, MD (CHAIR)**
- Tanya Anim, MD (resident)
- David Araujo, MD
- Diane Beebe, MD
- Julie Dostal, MD
- Tricia Elliott, MD, FAAFP
- Larry Green, MD
- AmyL. McGaha, MD, FAAFP
- Richard Neill, MD
- Perry Pugno, MD, MPH, FAAFP, FACPE
- Martin Quan, MD
- Adam J. Roise, MD
- Allen F. Shaughnessy, PharmD, MMedEd
- Penelope Tippy, MD, PhD
- Eileen Anthony, MJ – Ex-Officio
- Steve Nestler, PhD – Ex-Officio



Specialty Specific Milestones

Patient Care & Medical Knowledge

First Meeting: March 2012

Working Draft:

- Completed by end of 2012
- Public comment & pilot testing

- Core Program Requirement revisions are resuming with the development of the Milestones



Why The 'Next Accreditation System' (NAS)?

- The ACGME's public stakeholders have heightened expectations of physicians.
- Patients, Payers, and the public demand
 - information-technology literacy,
 - sensitivity to cost-effectiveness,
 - the ability to involve patients in their own care, and
 - the use of health information technology to improve care for individuals and populations.
- To review programs based on reporting of outcomes through educational milestones which is the next step for the competencies.
- To allow more programs the opportunity to innovate.



The 'Next Accreditation System' in a Nutshell

- NAS allows accreditation process to advance from an episodic “biopsy” model to annual data collection. RRCs will measure compliance through the evaluation of annual program data elements including:
 - Milestones
 - ACGME Resident Survey
 - ACGME Faculty Survey
 - Procedural/Case Log Data

'Next Accreditation System' Cont..

- A few anticipated immediate and long-term positive impacts of NAS on programs include:
 - Programs will no longer complete Program Information Forms (PIF) created periodically (1-5 years) to describe compliance with the requirements.
 - Programs that demonstrate high-quality outcomes will be freed to innovate as the more detailed process standards may be relaxed (e.g., hours of lectures, bedside teaching, etc.).

Resident Surveys

- All **2010-2011 Resident Survey Individual Program** reports with a new trend graph were **reposted** during December 2012. This graph shows non-compliance by category area and year and is available to program directors, DIOs and field staff.
- **2011/2012 Resident Survey Categorical Areas (based upon CPRs)**
 - Duty Hours
 - Educational Content
 - Evaluation
 - Resources
 - Patient Safety
 - Teamwork
 - Faculty



ACGME Upcoming Changes in Program Review

- Site visitor (field staff) focused interviews (tracer method)
- Next Accreditation System (NAS)

ACGME Strategy

- De-emphasize focus on PIF
- Emphasize review of program's actual operations and implementation processes
- Enhance selected elements of visit
 - Review of citations
 - Resident complaints
 - Resident survey (non-compliance)
 - Duty hour and learning environment standards
 - Changes since last visit
 - Annual program evaluation

Emphasized Key 2011 Common Program Requirements

- Resident supervision and faculty communication
- Handovers
- Resident involvement in quality and patient safety initiatives

Site Visitor “Tracer” Method

- Collection of Resident list of program strengths and opportunities for improvement
- Confidential “consensus” list for discussion with residents
- SV/resident discussion
- Strengths shared with PD
- Opportunities shared only with expressed approval of resident group

Site Visitor Schedule

- PD visit for clarifications and corrections
- Resident interview
- Other interviews
 - Faculty → DIO → PD
- Final PD visit
 - Reconciliation of discrepant information
 - Preliminary feed-back

Length of Training Pilot Project (LoT)

- The Review Committee for Family Medicine (in partnership with the American Board of Family Physicians) has submitted and received approval from the ACGME Board of Directors for a pilot project that will examine the length of education in family medicine.
- Specifically, the purpose of the pilot is to examine whether extending the length of the educational program in family medicine to four years through the development of innovative educational paradigms further prepares family physicians to serve as highly effective personal physicians in a high performance health care system.

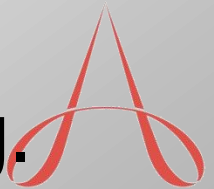
Anticipated Timeline

- March 2012: Call for Proposals posted to ACGME Website.
- June 2012: LoT Steering Committee reviews first batch of applicants with recommendations made to the RRC.
- July-August 2012: RRC makes decisions and informs programs.



Did You Know?

- Complement increase requests and FMC requests are reviewed as they are submitted
- If you have an FMC request that also describes an increase of residents, you also need to submit a separate complement increase request
- ACGME staff will notify you if your requests will be reviewed at a meeting.



www.acgme.org

- ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- Accreditation Data System (ADS)
- Duty hours Information/FAQ
- Affiliation Agreements FAQ
- General information on site visit process and your site visitor
- Notable Practices
- Family Medicine Webpage
 - Resident complement increase policy
 - Program Requirements and PIFs
 - Archive of RRC Updates/Newsletters
 - FAQs



Questions?
