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# Updates from the Residency Review Committee for Physical Medicine and Rehabilitation

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Caroline Fischer, MBA, Executive Director



# Objectives

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- Role of the ACGME and RC
- Recent Actions by the PM&R RC
- Milestones
- Procedure Logs
- Program Requirements
- The Next Accreditation System



# RC: Standards

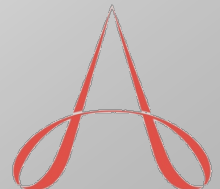
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- Current Accreditation System

- Revise accreditation standards (Core, SCI, PRM)
- Provide input into Sports, NMM, Hospice & Palliative Med. & Pain PRs every 5 years
- Write accreditation standards for new subspecialties
- Revise the Program Information Forms
- Review programs every 1-5 years

- Next Accreditation System – ***July 2014***

- Revise accreditation standards (Core, SCI, PRM)
- Provide input into Sports, NMM, Hospice & Palliative Med. & Pain PRs every **10 YEARS**
- Write accreditation standards for new subspecialties
- **ELIMINATE** Program Information Forms
- **REVIEW PROGRAM DATA ANNUALLY**



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# RC: Accreditation

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- Current Accreditation System

- Evaluate residency programs for their compliance to the standards
- Identify areas of non-compliance, improvement, commendation, and “notable practices”
- Determine accreditation status
- Assess new program applications
- RRC is reviewed by the ACGME Monitoring Committee every 5 years

- Next Accreditation System – ***July 2014***

- Evaluate residency programs for their compliance to the standards
- Identify areas of non-compliance, improvement, commendation, and “notable practices”
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- RRC is reviewed by the ACGME Monitoring Committee every ***10 YEARS***



# RC Composition

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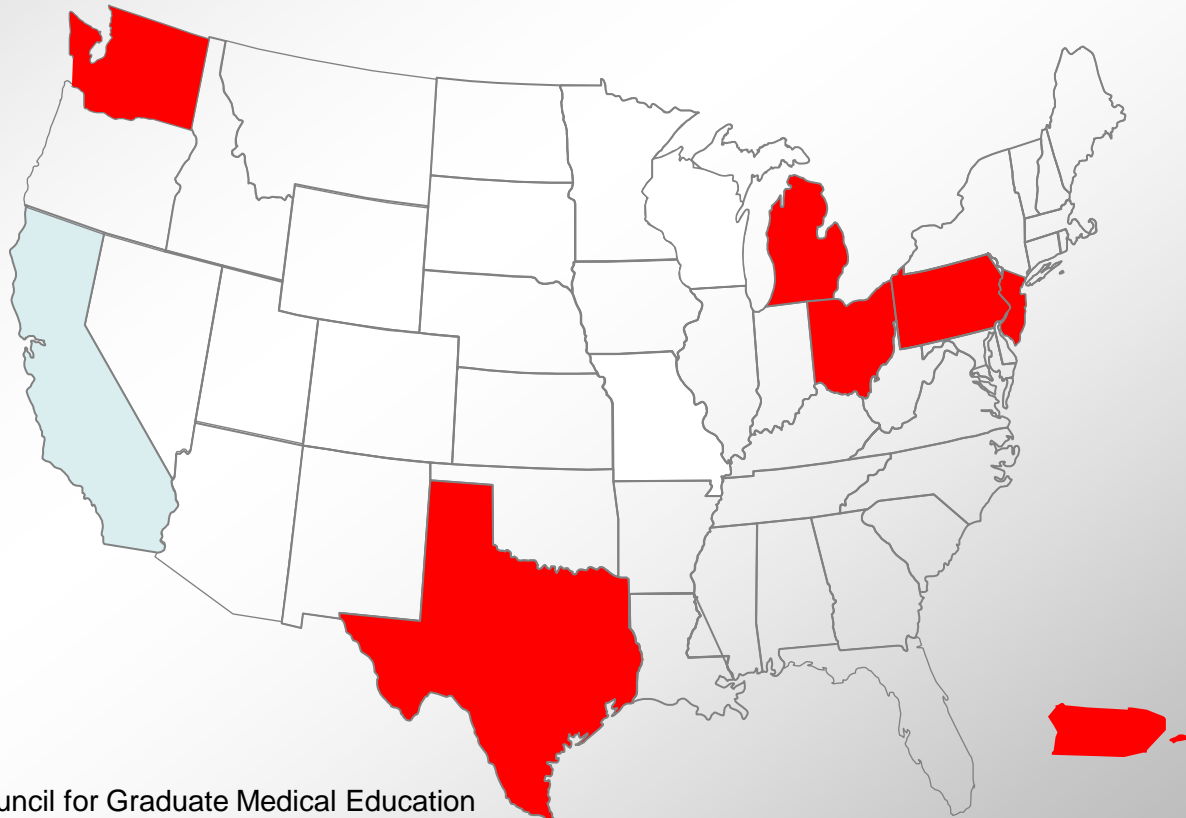
- 3 appointing organizations - AAPMR, ABPMR, CME
- 7 voting members
- 6 year terms – except resident (2 years)
- Generalists and Subspecialists
- 1 Ex-officio (non-voting) member from AAPMR and ABPMR



# RC Composition *cont.*

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- Geographic Distribution
  - Through 6/30/2013: **MI, NJ, OH, PA, PR, TX, WA**
  - After 7/1/2013: New Members from: **CA**



# Residencies and Fellowships

*Academic Year 2011-2012*

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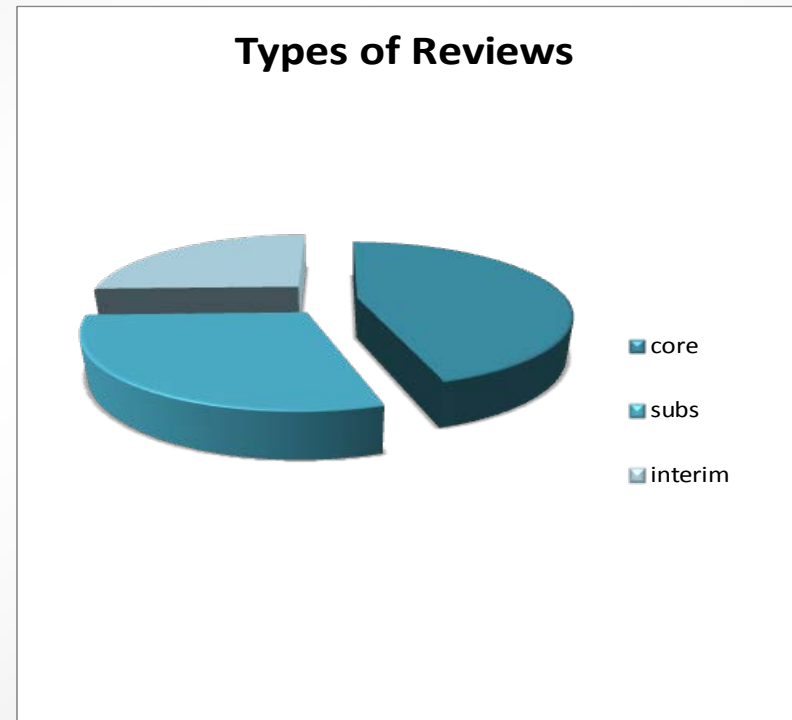
- 77 PMR Residency Programs
- 45 Fellowships
  - 18 SCI Medicine
  - 18 Pediatric Rehabilitation Medicine
  - 9 Pain
  - Sports Medicine (Accredited by the RRC-FM)
  - Hospice and Palliative Medicine (Accredited by the RRC-FM)
  - Neuromuscular Medicine (Accredited by the RRC-N)



# Summary of Activities in 2012

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- The RC meets twice a year
  - February and August
- The Committee reviewed 38 programs for a status decision and 13 non-status (duty and progress reports)





# Accreditation Decisions in 2012

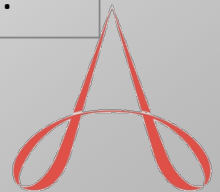
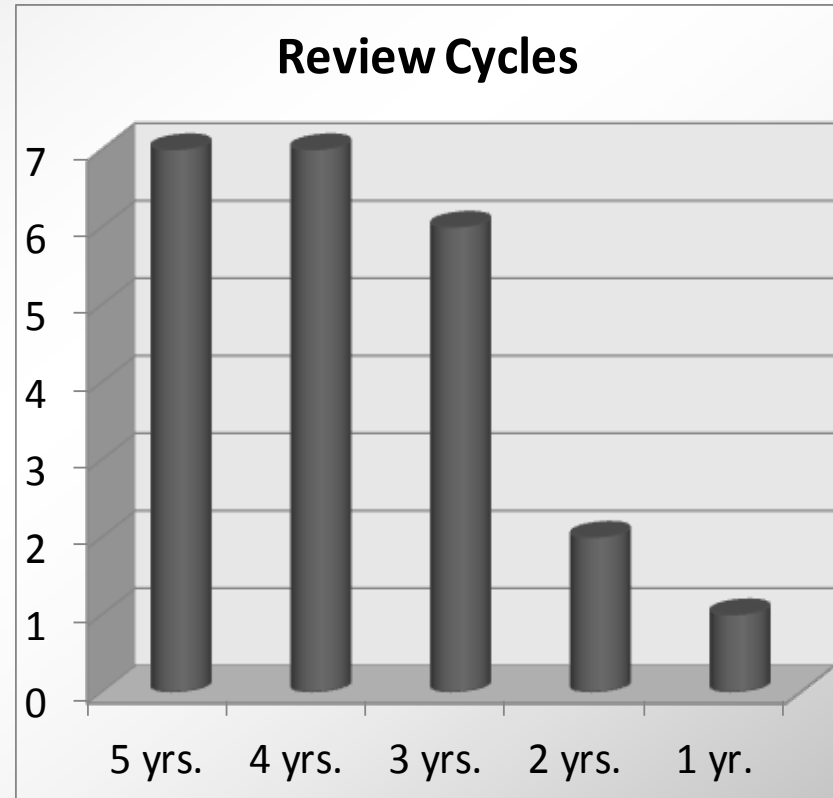
## Core PM&R

### Summary of Status Decisions

Continued Accreditation 22

Initial Accreditation 1

**Total 23**



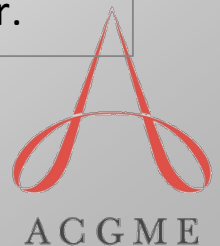
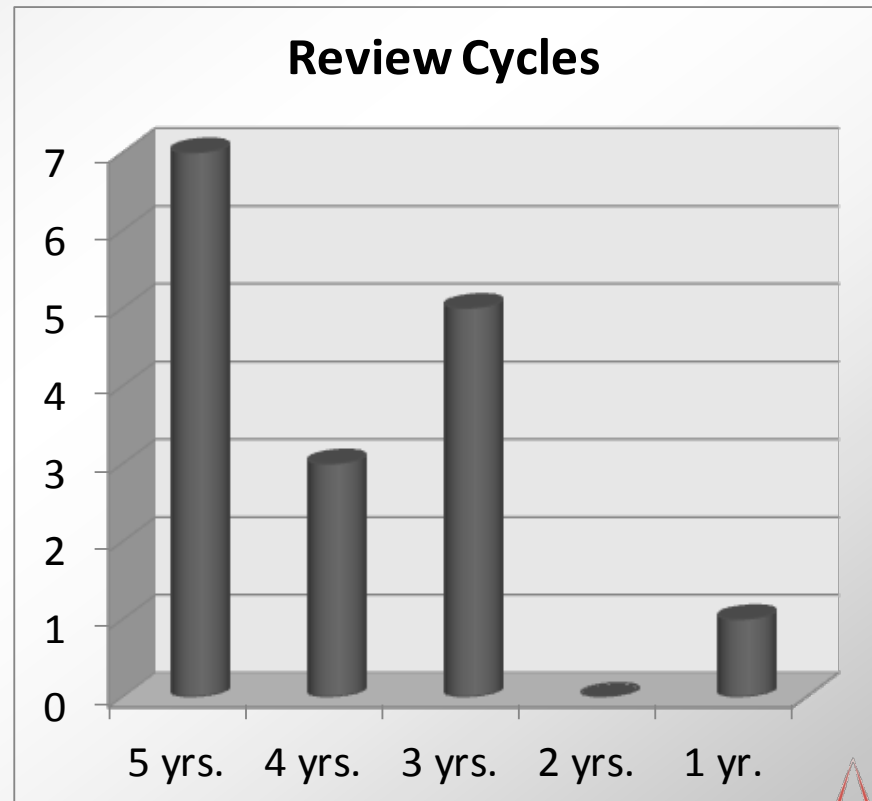
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# Accreditation Decisions in 2012

## *Subspecialties of PM&R*

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<b>Summary of Status Decisions</b>	
Continued Accreditation	13
Accreditation	1
Proposed Withdrawal from Warning	1
<b>Total</b>	<b>15</b>



# Most Frequent Citations in 2012

## Core PM&R

**23 Status Decision Reviews – Total of 126 Citations – 5.4 citations/program**

14	<b>PD Responsibilities</b>	PD turnover; PIF inaccuracy omission of information, no signatures, errors in data, not answering questions or following directions
11	<b>Patient Care Experience</b>	Insufficient exposure – pediatric, spinal cord, TBI, acquired conditions; 12 months direct care of IP; 8 IP per FTE resident; 12 OP Clinic months
9	<b>Scholarly Activities</b>	Lack of scholarly activity by faculty and residents; no structured research training
8	<b>Patient Care</b>	Failure to reach 200 electrodiagnostic studies
7	<b>Systems Based Practice</b>	Lack of participation in Quality Improvement and Patient Safety



# Most Frequent Citations in 2012 *cont.*

## Core PM&R

### **23 Status Decision Reviews – Total of 126 Citations – 5.4 citations/program**

7	<b>Didactics</b>	Failure to provide list of all didactics for one cycle; didactic lectures/workshops not well organized, thoughtfully integrated, based on sound educational principles, attended by residents
7	<b>Evaluation of Program</b>	No written plan of action; failure to use evaluation data; faculty development
6	<b>Goals and Objectives</b>	Not distributed; not rotation and level specific
5	<b>Qualifications of Faculty</b>	Specialty certification lacking
5	<b>Evaluation of Residents</b>	Multiple evaluators not used; no verification statement related to competence; failure to document after each assignment; semi-annual reviews not completed/documentated



# Accreditation Notification

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- E-mail status of programs on RC agenda
  - Approximately 2-3 days after meeting
- E-mail notification when letter is available on Accreditation Data System (ADS)
  - Hard copies of letters not provided
  - Letter is posted approximately 8 weeks following meeting
- Notification letter includes
  - Citations/areas of non-compliance (must be addressed)
  - Areas for improvement (“concerns”)
  - Areas of commendation



# Accreditation Notification *cont.*

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- Request for Progress Report (specific issue)
  - Please provide only information requested and at the time it is requested
  - Cycle length may be shortened/lengthened upon review of a progress report



# RRC Concerns

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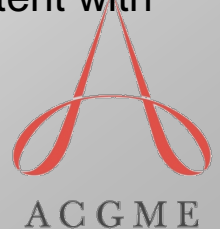
- What constitutes fundamental research design?  
IV.A.5.b.(5)
- What is a QI project? IV.A.5.c.4
- What site visitors are looking for when they ask to see "overall educational goals and objectives"
- Supervision guidelines: direct, indirect, oversight



# Milestones Update

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- Currently milestone sets for 27 sub-competencies (each set shows a developmental progression with 5 levels)
- There is overlap among the milestones which is consistent with how we evaluate residents (overall performance in a patient care interaction vs. isolated behaviors)
- Milestones are a living document, with revisions based on evaluation experience and changes in our field
- Initial experience with the finalized draft milestones, during 2013 and 2014, will likely lead to revisions of the milestones, the assessment tools, and the process of assessment
- Milestones **are not** the same as the RC requirements but should be consistent with the requirements



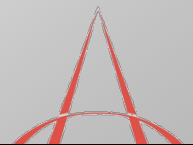


## MK6 Musculoskeletal Disorders

Includes: arthritides, acute and chronic soft tissue injuries and disorders, burns, osteoporosis, spinal disorders, fractures

Level 1	Level 2	Level 3	Level 4	Level 5
Describes basic anatomy of the musculoskeletal system	<p>Discusses anatomy as related to disorders of specific body regions</p> <p>Lists common etiologies for musculoskeletal syndromes across the life span</p> <p>Identifies basic pharmacologic and rehabilitative therapeutic options</p> <p>Describes normal movement patterns and biomechanical forces</p>	<p>Explains pathophysiology and interprets diagnostic information in a patient-specific context</p> <p>Demonstrates knowledge of appropriate pharmacologic and therapeutic treatment options including expected effects, side effects, and contraindications</p> <p>Predicts impact of musculoskeletal disorder on functional outcome (return to work, sport, etc.)</p> <p>Distinguishes deviation from normal movement and describes underlying pathology</p> <p>Identifies factors that may contribute to further impairment (eg, obesity, smoking, ergonomics, etc.)</p>	<p>Integrates comprehensive knowledge of anatomy, pathophysiology and diagnostic information into psychiatric patient care</p> <p>Articulates evidence based indications and contraindications for invasive treatment options (including procedures and surgical intervention)</p> <p>Identifies normal and abnormal findings on common musculoskeletal imaging</p> <p>Integrates knowledge of biomechanics and kinetic chain into evaluation and treatment plan</p>	<p>Demonstrates knowledge of controversial and emerging therapies and investigational interventions</p> <p>Provides expert input in the multidisciplinary management of complex musculoskeletal disorders</p>
○	○	○	○	○

Comments:



# Procedure and Case Logs

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- Currently utilized in majority of specialties
- Initial implementation July 1, 2009 for PGY1 & 2s
- Focus is on Procedures
  - may enter diagnoses, but not required or reviewed by the RC
- As of July 1, 2011, all residents should be entering procedures in the system.
- Programs with PGY-1's should incorporate their PMR related data.
- No logs for subspecialties



# Procedural Codes

## *Observed and Performed*

Procedure	Code
EMG/NCS*	95999
Axial epidural injection - (use for TFESI and ILE in the cervical or lumbosacral spine)	64483
Axial facet joint, costotransverse joint, nerve block injection, radiofrequency ablation, or medial branch blocks or SI - (use for cervical, thoracic or lumbosacral spine)	64470
Peripheral joint/intra-articular injection - (use for small, medium OR major joints, including hip)	20610
Tendon sheath or bursa injection	20550
Trigger point injection*	20552
Peripheral nerve injection (such as suprascapular, infrapatellar, etc.)	64418
Botulinum toxin injection*	64614
Phenol injection	64640
Programming baclofen pump	62368
Refilling baclofen pump	95991
Ultrasound extremity	76882
Ultrasound guidance for needle placement	76942

# Procedure and Case Logs

		Natl Res AVE	Natl Res STD	Natl Res MED	Natl Res MIN	Natl Res MAX	Natl Res SUM
RRC Area	RRC Procedure						
Procedures	EMG/NCS	253.8	200	207	0	1,976	100,501
	Axial epidural injection	24.3	47	5	0	412	9,614
	Axial facet joint	11.0	27	1	0	227	4,350
	Peripheral joint/intra-articular injection	48.0	63	31	0	501	19,021
	Tendon sheath/bursa injection	6.4	12	2	0	122	2,546
	Trigger point injection	10.4	15	6	0	166	4,114
	Peripheral nerve injection	1.7	5	0	0	58	674
	Botulinum toxin injection	21.5	29	12	0	199	8,513
	Phenol injection	1.8	6	0	0	72	714
	Programming baclofen pump	4.2	9	0	0	73	1,650
	Refilling intrathecal baclofen pump	6.0	12	1	0	86	2,371
	Ultrasound extremity	3.1	16	0	0	264	1,220
	Ultrasound guidance	10.5	37	0	0	347	4,161
	Other Procedures	5.3	18	0	0	228	2,096
	<b>Total Procedures</b>	<b>407.9</b>	<b>299</b>	<b>341</b>	<b>5</b>	<b>2,849</b>	<b>161,545</b>

# Program Requirements

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- Major revision to Core requirements
- Core, and subspecialty requirements were categorized into core, detail and outcome
- Categorized requirements were posted for review and comment
- Requirements will be reviewed for approval by the ACGME Committee on Requirements in June 2013
- Requirements will be effective July 1, 2014



# Core revisions

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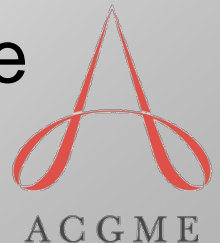
- PD support: 20% + 1%/resident FTE (I.A.2)
- Residency coordinator (II.C.1)
- Fundamental clinical skills must be completed prior to entry into PM&R (IV.A.6.a(4))
  - Any previously granted waiver related to this will expire when the new program requirements go into effect in July 1, 2014
- EDX: 200 from separate patient encounters (IV.A.5.a.2.b.ix)
- Inpt census: 6-14, ave 8 (IV.A.7.c.2-4)
- Inpt consultation now required (IV.A.8)
- Deleted: tables of therapists, disability and impairment ratings, cardiac and pulmonary rehab



# Brain Injury Medicine (BIM)

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- BIM requirements posted for review and comment
  - Deadline for comment: April 10, 2013
- Requirements will be reviewed for approval by the ACGME Committee on Requirements in September 2013
- Requirements will be effective on the date approved by the ACGME Board of Directors
- Applications for program accreditation to be reviewed in early 2014



# Program Resources

[www.acgme.org](http://www.acgme.org)

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- Next Accreditation System Microsite
- 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





# Program Resources

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- PD Guide to the Common Requirements:  
[http://www.acgme.org/acWebsite/navPages/nav\\_commonpr.asp](http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp)
  - Explanations of the intent of most of the common requirements (particularly competency-based)
  - Suggestions for implementing requirements and types of documentation expected.
- PM&R Webpage
  - Resident complement increase policy
  - Program Requirements and PIFs
  - Archive of RRC Updates/Newsletters
  - PM&R FAQ Documents



# Communications

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- ACGME
  - Weekly e-Communication: Contains GME information: NAS updates, New requirements, RC updates on ACGME issues/initiatives
- RRC
  - Semiannual newsletter to be replaced with an 'Updates' area on the specialty webpage
  - Postings announced in weekly e-Communications
- Department of Field Activities
  - E-mail notification of site visit date
    - Ingrid Philibert, PhD, MBA: (312) 755-5003, [iphilibert@acgme.org](mailto:iphilibert@acgme.org)
    - Jane Shapiro, MA Ed: (312) 755-5015, [jshapiro@acgme.org](mailto:jshapiro@acgme.org)
    - Penny Lawrence (312) 755-5014, [pil@acgme.org](mailto:pil@acgme.org)



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# Questions???

