
Review Committee – Family Medicine (RC-FM) Update

**2013 Workshop for Directors of Family Medicine Residencies
(PDW)**

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Eileen Anthony - Executive Director

Mary Lieh-Lai, MD – Senior Vice President, Medical Accreditation



Disclosure

- Neither I, Peter J. Carek, MD, MS, nor any family member(s), have any relevant financial relationships to be discussed, directly or indirectly, referred to or illustrated with or without recognition within the presentation.

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Objectives

1. Review RC-FM work
2. Updates:
 - Duty Hours
 - Maternity Care
 - Scholarly Activity
 - Complement Increase Requests
 - Resident / Faculty Surveys
3. Milestones / NAS
4. Length of Training (LoT) Project
5. Core Requirement Revisions

RC-FM Composition

- 3 appointing organizations - AAFP, ABFM, AMA
- 10 voting members
- 6 year terms -- except resident (2 years)
- Program Directors, Chairs, Faculty
- Geographic Distribution
 - CA, CO, GA, FL, ID, KS, NJ, NY, SC, UT
- Ex-officio members from AAFP and ABFM (non-voting)

RC Members

- ABFM

- John R. Bucholtz, DO
- Colleen Conry, MD
- Michael K. Magill, MD

- AAFP

- Peter J. Carek, MD, MS -
Chair (*Sports Medicine*)
- Paul Callaway, MD
- Robin O. Winter, MD, MMM
(*Geriatrics*)

- Resident

- Tanya Anim, MD

- AMA

- Suzanne Allen, MD – Vice
Chair
- Gary Buckholz, MD (*HPM*)
- Thomas C. Rosenthal, MD
(*Geriatrics*)



RC Review of Programs

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

program
information
form (PIF)

site visitor's
report

resident
survey
findings

board
scores

- Questions in 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

Citation

- Citation = program has not provided evidence of substantial compliance with requirements, or, area verified by 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

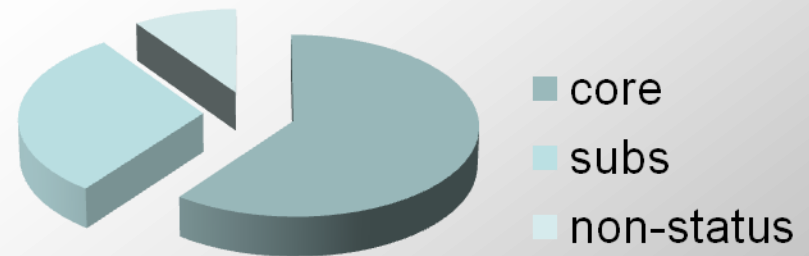
- *Incomplete or inaccurate information; did not fully describe/provide sufficient details; discrepant data*



Summary of RC Activities in AY 2011/2012 (January - October Meetings)

- RC-FM meets three times annually
 - Jan, May, Sept/Oct
 - AY 2011/2012, Committee reviewed 247 programs
 - Average per meeting:
 - 40 core programs
 - 35 fellowship programs
 - 7 non-status
- (progress & duty hours reports, innovation requests, etc)*

Types of Reviews



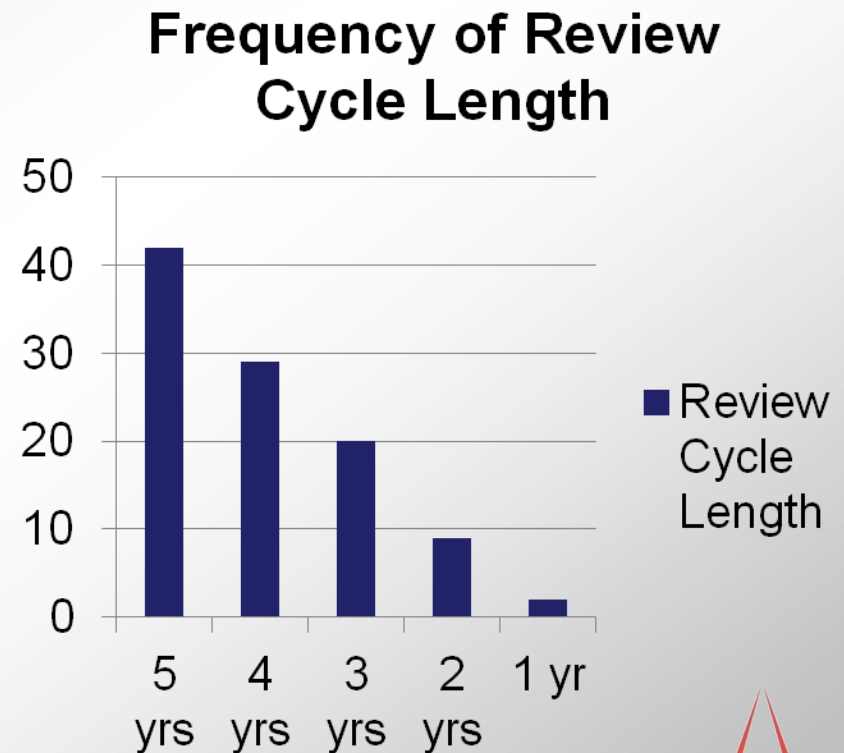
For Core Family Medicine Programs in AY 11/12, there are....

- 452 accredited programs
 - 441 programs with continuing accreditation
 - 10 programs with initial accreditation (in existence ≤ 3 years)
 - 1 programs with probation
 - 3 programs voluntarily withdrew
- Specialty Length: 3 years
- 10,011/10,688 filled resident positions
- Average Program Cycle Length: 4.0 years

Accreditation Decisions in AY 2011/2012

Core Family Medicine

Summary of Status Decisions	
Initial Accreditation	6
Continued Accreditation	99
Proposed Adverse Actions	12
Confirmed Adverse Actions	3
Deferral	
Total	120



Most Frequent Citations in AY 2011/2012

Core Family Medicine

Curricular Development (required hrs/months, experiences, etc.)	58
FMC Patient Visits (150 and 1650)	48
Maternity care (total and continuity deliveries)	43
Board Exam Performance	45
Faculty Qualifications	40
Institutional Issues – internal review; facilities issues; lack of support for GME	43
FMC Demographics (<10 yrs; >59 yrs)	29
Responsibilities of the PD (PIF not accurate or complete, etc.)	38

Length of Cycle Determination

Core Programs

- Citation specifics
- Resident Survey Variances (w/ Site Visitor verification)
- Program History
 - Previous cycle length
 - Survey trends
 - Sponsor or leadership instability
- Board Scores Pass Rate
 - <90%= loss of one year
 - <70%= loss of two years

Accreditation Decisions in AY 2011/2012

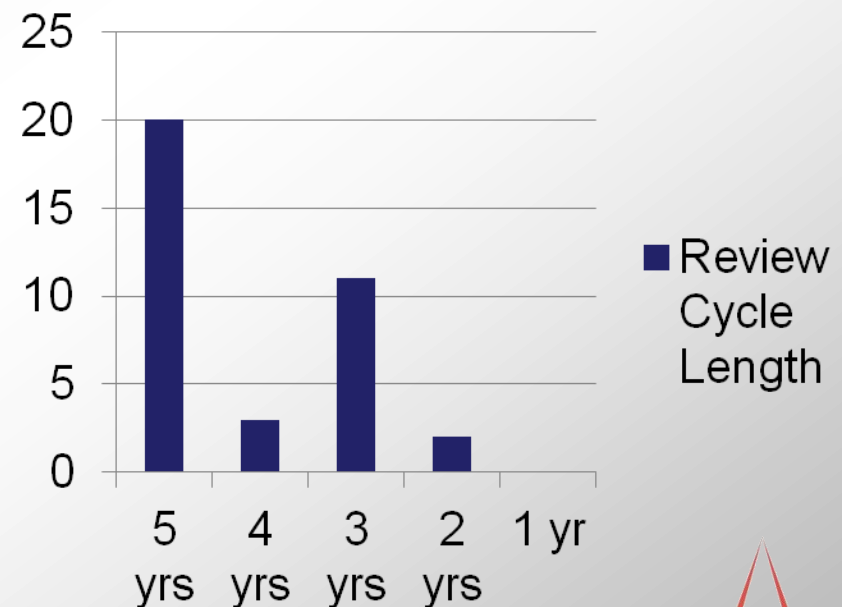
Fellowships of Family Medicine

GM – 9 programs; SM – 43; HPM – 44

Summary of Status Decisions

Accreditation	17
Continued Accreditation	69
Proposed Withhold	4
Proposed Withdrawal	2
Confirm Withhold	3
Voluntary Withdrawal	1
Total	96

Frequency of Review Cycle Length



For Geriatric Medicine Programs in AY 2011/2012, there were....

- 42 accredited programs
 - 38 programs with continuing accreditation
 - 4 programs with initial accreditation (in existence ≤ 3 years)
- Specialty Length: 1 year
- 74/110 filled resident positions
- Average Program Cycle Length: 4.29 years

For Sports Medicine Programs in AY 2011/2012, there were....

- 111 accredited programs
 - 92 programs with continuing accreditation
 - 19 programs with initial accreditation (in existence ≤ 3 years)
- Specialty Length: 1 year
- 176/207 filled resident positions
- Average Program Cycle Length: 4.42 years

For Core Hospice and Palliative Medicine Programs in AY 2011/2012, there were....

- 78 accredited programs
 - 51 program with continuing accreditation
 - 27 programs with initial accreditation (in existence 3 years or less)
- Specialty Length = 1 year
- 192/222 filled resident positions
- Average Program Cycle Length: 3.09 years

Most Common Citations – Fellowships AY 2011/2012

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

Length of Cycle Determination

Fellowships (“Subs”)

- Citation Specifics
- Resident Survey Variances (w/ Site Visitor verification)
- Program History
 - Previous cycle length
 - Survey trends
 - Sponsor or leadership instability

Requirement Clarifications And Committee Updates

Duty Hours

- Duty hours
 - 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 with operative deliveries
 - 10 continuity deliveries
 - Proficiency in intrapartum procedures
 - Competency to first assist in C-section
 - FM faculty role models



Maternity Care (cont.)

Timeline of Review

- **November 2011:** Public (45-day) review and comment period concluded
- **March 2012:** Committee examined comments, considered whether additional changes needed in response to comments, and prepared final document for submission to ACGME Board of Directors (BoD) meeting in June
- **June 2012:** ACGME BoD
 - Denied (“optional requirement” not acceptable)
 - Recommendation given incorporate any revised changes into full set of requirements that are being revised

Maternity Care (proposed)

- Residents must document 200 hours of labor and delivery experience, or two months dedicated to participating in deliveries, and providing prenatal care and post-partum care.
- This experience must include a structured curriculum in prenatal, intra-partum and post-partum care.
- Programs should provide an experience in prenatal care, labor management, and in delivery management. Some of the maternity experience should include the prenatal, delivery and postnatal care of the same patient in a continuity care relationship.

Scholarly Activity

- Contributes to discipline of Family Medicine and/or subspecialty areas
 - ***“Creates a “Culture of Inquiry” and encourages life-long learning***
- Follows Boyer’s model
- Shared with and reviewed by peers
 - Faculty and fellows expected to communicate their work at regional or national level
 - Residents may share work at local, regional, or national level

Scholarly Activity

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

Complement Increases

Programs with citations in following areas will not be considered for permanent increases in complement until deficiency in area resolved:

- Board Pass Rate
- Patient Demographics
- Patient Encounters & Experiences

FM Milestones

- Specific benchmarks of skills, knowledge, and behaviors that each resident expected to achieve at identified stages of residency training
 - Milestones developed for each of six ACGME competencies
- Observable developmental steps describing trajectory of progress from beginning resident to personal physician
 - Provide “roadmap” for learning
 - “Intuitively” known by experienced family medicine educators

FM Milestones

- 14-member Committee (Chair: Suzanne Allen, MD)
- Committee Meetings
 - March, July, October 2012
 - Conference calls between meetings
- Comment Period
 - Began February 2013
 - Presentations at RPS/PDW
- Final Document – Summer 2013
- Implementation – July 2014

FM Milestones

- Each program has a Clinical Competency Committee
- Residents do **not** need to achieve competency at level 4 in each milestone to graduate
- Residents do **not** need to achieve competency at level 2 in each milestone to advance to second year
- Milestone data will **not** affect accreditation cycle at this time

Next Accreditation System (NAS)

- ACGME's public stakeholders have heightened expectations of physicians
 - Patients, Payers, and Public demand
 - information-technology literacy
 - sensitivity to cost-effectiveness
 - ability to involve patients in their own care
 - use of health information technology to improve care for individuals and populations
 - Begin to realize promise of Outcomes Project
 - Reduce administrative burden of accreditation

“Free good programs to innovate; Assist poor programs to improve.”

Beginning July 1, 2013, hiatus on Family Medicine Program site visits



NAS Timeline: Phase 2 Specialties

- Spring 2013:
 - Most programs with ≥ 3 year cycles moved into NAS
- July 1, 2013 – June 30, 2014
 - Programs report annual data
- Spring 2014
 - Identify and train CCCs
- July 2014: Go live!



ACGME

Program Innovation

- Program Requirements classified:
 - Outcome
 - Core
 - Detail
- Programs in good standing:
 - May freely innovate in detail standards



ACGME

“What Happens at My Program?”

- Annual data submission
- Annual Program Evaluation (PR V.C.)
- Self-study visit every ten years
- Other possible actions:
 - Progress reports for potential problems
 - Focused site visit
 - Full site visit
 - Site visit for potential egregious violations



ACGME

Annual Program Data

RRC receives data ‘continuously’ and tracks data on each program/residents

- Milestone Performance
- Resident Survey Results
- Faculty Survey Results
- Case Logs and other parameters of clinical experience
- Scholarly Activity
- Key Quality/Patient Safety Data
- Board Certification Examination Results
- Institutional/Fiscal/Faculty/Leadership, etc..

Resident/Faculty Surveys

- 2011/2012 Resident Survey Categorical Areas (based upon CPRs)
 - Duty Hours
 - Educational Content
 - Evaluation
 - Resources
 - Patient Safety
 - Teamwork
 - Faculty
- 2013/2014 Faculty Survey
 - Core faculty (provide ≥ 15 hrs/wk to residency) will receive faculty survey to complete

Resident/Faculty Surveys

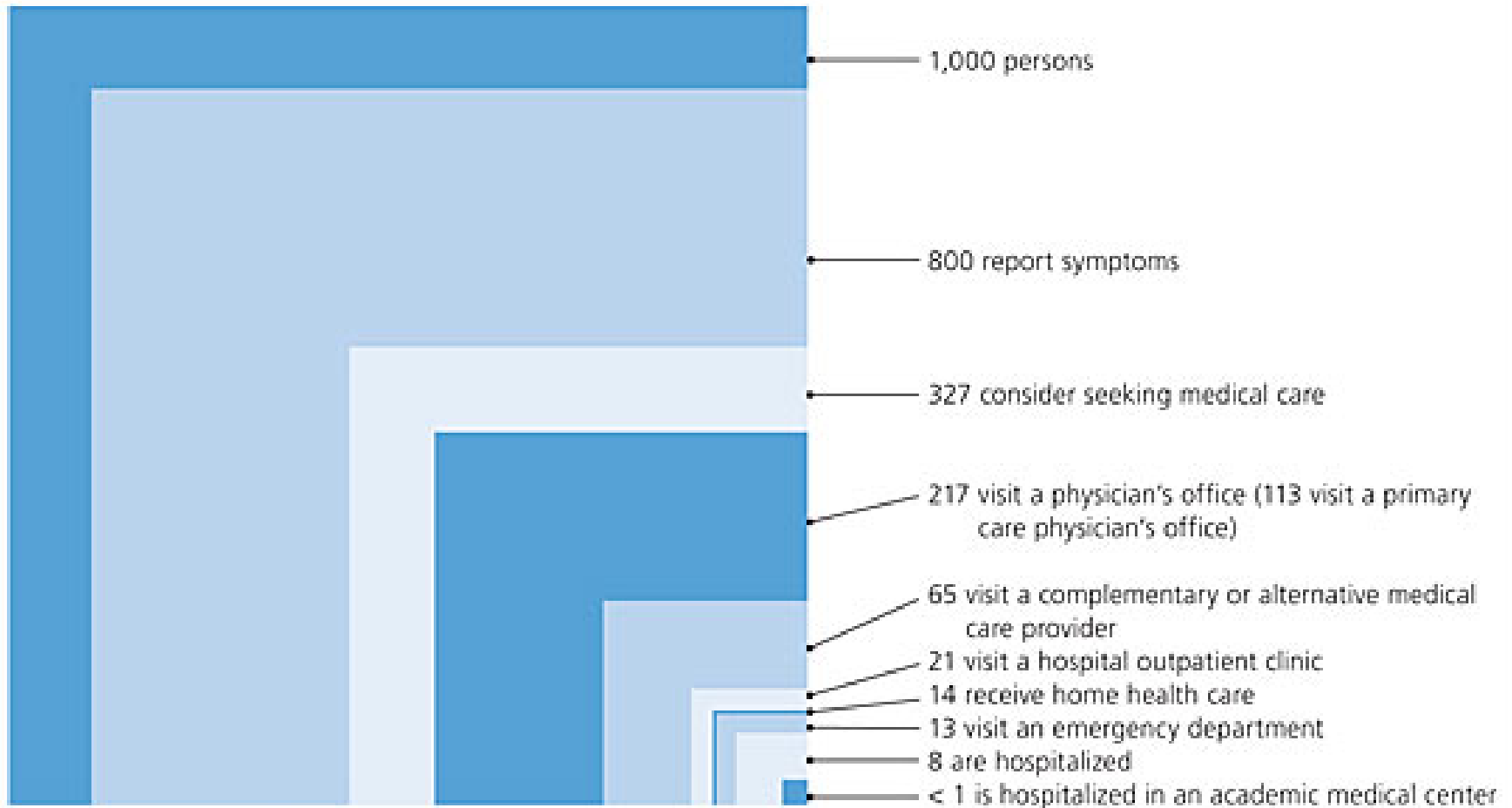
- Core physician faculty
 - All physicians who devote at least 15 hrs to resident education and administration
 - All core physician faculty should:
 - Teach and advise residents
 - Evaluate the competency domains
 - Work closely with and support program director
 - Assist in developing and implementing evaluation systems
- Program Director not considered core (but surveyed)

Length of Training Project

- Aim
 - To examine whether extending length of Family Medicine training to 4 years through the development of innovative training paradigms further prepares family physicians to serve as highly effective personal physicians in high performance health care system.
 - To allow innovations tested in residencies participating in pilot to inspire and guide substantial changes in content, structure, and location of training of family physicians and guide revisions in accreditation and certification requirements.

Core Requirements Revision

The Ecology of Health Care



Core Requirements Revision

- PDW Presentation
 - April 7th, 2013
- Public comment period
 - Ends April 12th, 2013
- Response of RC-FM regarding comments to CoR
 - Presentation to CoR September 28th, 2013
- Proposed effective date (*pending final CoR approval*) - July 2014