Session 022
Updates from the Review Committee for Physical Medicine and Rehabilitation

David Pruitt, MD, Review Committee Vice Chair, Chair-Elect
Caroline Fischer, MBA, Executive Director

#ACGME2017
Disclosure

No conflicts of interest to report
Review Committee Composition

4 appointing organizations
- AAPM&R, ABPM&R, AOA, AMA

9 voting members
6-year terms – except resident (2 years)
Generalists, subspecialists, 1 public member

1 ex-officio (non-voting) member each from AAPM&R and ABPM&R
Geographic Distribution of the Review Committee

Current members: CA, IL, MI, OH, PA, TX, and UT

 Incoming members: MA and MD
Review Committee Composition

Anthony E. Chiodo, MD
Gerard E. Francisco, MD, FAAPMR (Chair)
Susan Garstang, MD
Nancy D. Harada, PhD, PT (Public Member)
Wendy Helkowski, MD

Lawrence L. Prokop, DO
David W. Pruitt, MD (Vice Chair)
Carol Vandenakker-Albanese, MD
Julian Willoughby, MD (Resident Member)
Congratulations!

New Review Committee members:
- Robert Mayer, MD
- Sunil Sabharwal, MD

ACGME Courage to Teach Awardee (honoring program directors):
- Vu Nguyen, MD, MBA
Number of Accredited Residency and Fellowship Programs

As of January 2017

83 Physical Medicine and Rehabilitation residency programs
89 fellowship programs

- 21 Spinal Cord Injury Medicine
- 20 Pediatric Rehabilitation Medicine
- 13 Brain Injury Medicine
- 15 Pain Medicine
- 19 Sports Medicine
- 1 Neuromuscular Medicine
New Programs Accredited in January 2017

Brain Injury Medicine
- Case Western Reserve University (Metrohealth)
- University of Pennsylvania
- Baylor College of Medicine
- University of Texas HSC at Houston

Sports Medicine
- Mayo Clinic College of Medicine and Science (Rochester)
- SUNY Health Science Center at Brooklyn
## 2017 Status Decisions

<table>
<thead>
<tr>
<th>Status</th>
<th>Core</th>
<th>Subs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Accreditation</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>72</td>
<td>65</td>
</tr>
<tr>
<td>Continued Accreditation w/Warning</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Probation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Withholding of Accreditation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Withdrawal of Accreditation</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Citations vs. Areas for Improvement (AFIs)

- Core: 25 Citations, 7 AFIs
- Subs: 24 Citations, 8 AFIs

#ACGME2017
AFIs/Citations - Core Programs

Board pass rate
- Part II

Evaluations
- Only one assessment method
- Timeliness of feedback
- Used for program improvement
- Appropriate evaluators

Incomplete/inaccurate data
- Faculty roster – current certification information, devote ≥10 hours
- Block diagram – key for abbreviations, non-standard format, don’t use individual schedules
- CVs – current licensure, scholarly activities from last 5 years

#ACGME2017
AFIs/Citations - Subspecialty Programs

Evaluations

- Timeliness of feedback
- Only one assessment method
- Appropriate evaluators
- Program Evaluation Committee – action plan

Incomplete/inaccurate data

- Similar issues to core programs
# Year 1 vs. PGY-1

## Duty Hour, Patient Safety and Learning Environment

1. **Does the program have residents for the specified year?**
   - Year 1 residents?
   - Yes
   - Year 2 residents?
   - Yes
   - Year 3 residents?
   - Yes

2. **What percentage of residents participate in patient safety programs during the current academic year?**
   - Year 1 Residents %
   - Year 2 Residents %
   - Year 3 Residents %
   - Yes

3. **What percentage of residents participate in interprofessional clinical quality improvement programs to improve health outcomes?**
   - Year 1 Residents %
   - Year 2 Residents %
   - Year 3 Residents %

4. **How often do clinical care needs (in terms of volume and/or complexity of cases) exceed residents’ ability to provide appropriate and quality care?**
   - Year 1 Residents
   - N/A
   - Year 2 Residents
   - Sometimes
   - Year 3 Residents
   - Sometimes

© 2017 ACGME
AFIs

- Major Changes section expanded so programs can include improvements and/or innovations implemented to address potential issues identified (AFIs) during the Annual Program Review.

- Written response to AFIs not required, but encouraged.
# National Case Log Data

**Reporting Period:** Total Experience of Residents Completing Programs in 2015-2016  
**Residency Review Committee for Physical Medicine And Rehabilitation**

[PART 1]  
Number of Programs in the Nation: 77  
Number of Residents in the Nation: 393

<table>
<thead>
<tr>
<th>RRC Area</th>
<th>RRC Procedure</th>
<th>Performed+Observed</th>
<th>Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMG/NCS</td>
<td>239.9</td>
<td>64</td>
<td>227</td>
</tr>
<tr>
<td>Axial epidural injection</td>
<td>32.7</td>
<td>38</td>
<td>17</td>
</tr>
<tr>
<td>Axial, facet, SI joint, nerve block</td>
<td>19.7</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>Peripheral joint/intra-articular injection</td>
<td>60.5</td>
<td>90</td>
<td>39</td>
</tr>
<tr>
<td>Tendon sheath/bursa injection</td>
<td>7.9</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Trigger point injection</td>
<td>13.9</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>Peripheral nerve injection</td>
<td>2.0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Botulinum toxin injection</td>
<td>48.2</td>
<td>63</td>
<td>30</td>
</tr>
<tr>
<td>Phenol injection</td>
<td>2.1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Programming baclofen pump</td>
<td>7.4</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Refilling intrathecal baclofen pump</td>
<td>9.9</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Ultrasound extremity</td>
<td>14.5</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Ultrasound guidance</td>
<td>27.2</td>
<td>49</td>
<td>14</td>
</tr>
<tr>
<td>Other Procedures</td>
<td>2.7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Procedures</td>
<td>493.7</td>
<td>235</td>
<td>441</td>
</tr>
</tbody>
</table>
# Minimum Number of Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMG/NCS (Total performed and observed)</td>
<td>200</td>
</tr>
<tr>
<td>EMG/NCS (Performed)</td>
<td>150</td>
</tr>
<tr>
<td>Axial Epidural Injection (Total)</td>
<td>5</td>
</tr>
<tr>
<td>Axial: facet, SI joint, nerve block (Total)</td>
<td>5</td>
</tr>
<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (Performed)</td>
<td>15</td>
</tr>
<tr>
<td>Botulinum toxin injection (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Botulinum toxin injection (Performed)</td>
<td>15</td>
</tr>
<tr>
<td>Ultrasound (Total)</td>
<td>10</td>
</tr>
</tbody>
</table>
Eligibility Requirements

Effective: July 1, 2016

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada.

However...
Q: Are individuals who completed a traditional rotating osteopathic internship in an AOA-approved program eligible to apply to ACGME-accredited physical medicine and rehabilitation programs? [Program Requirement: III.A.1]

A: The Review Committee understands that during the transition period to a single accreditation system, programs may wish to consider applicants from AOA-approved programs that are not yet pre-accredited or accredited by the ACGME. Core programs will not jeopardize their accreditation status if they accept such applicants. Applicants should check with the appropriate board regarding certification eligibility.
Eligibility Requirements

Rationale for the extension:

- Never the intent of the Review Committee to systematically exclude individuals who completed a traditional rotating osteopathic internship during the transition period.
- AOA transitional rotating internship programs cannot apply for ACGME accreditation until one sponsoring program is pre-accredited.
Eligibility Requirements Transfer Residents

- Programs will not jeopardize their accreditation status if they accept transfer residents from an AOA-approved program if they remain within their approved resident complement or obtain Review Committee approval of an increase, if needed.

- In these circumstances, the program director of the accepting program will determine what credit may be given for prior training, as well as how much further training is necessary to complete the ACGME-accredited program.

- It is the responsibility of the program director to ensure that each resident is made aware of the requirements for eligibility for certification by the applicable American Board of Medical Specialties member board and AOA certifying board.
Eligibility Requirements Fellowships

- Required clinical education must be completed in an ACGME- or RCPSC-accredited program
- Review Committee for Physical Medicine and Rehabilitation will not allow fellow eligibility exceptions
Physical Medicine and Rehabilitation Program Requirement Revisions

- American Osteopathic Board of Physical Medicine and Rehabilitation pass rate requirements added
  - 75% of graduates taking the exam must pass
- Certifying exam take rate has been removed
Brain Injury Medicine

Program director/faculty qualifications

- The grandfathering period to qualify for certification in brain injury medicine has been extended from 2018 to 2022
Pain Medicine Requirements

- Revision process to start this year
- Currently soliciting feedback on the current requirements: Pain-Rev@acgme.org
- Deadline for comments is March 23
- Revisions made to the current requirements will also be posted for review and comment
  - Likely to occur in late 2017
Common Program Requirements Phase 1
Task Force

First Task Force convened to review the Resident Learning and Working Environment requirements

- Review of literature
- Request for organizational positions
- National Congress in March 2016
- Review and comment period was November/December 2016
- Approved by the ACGME Board in February 2017
- Effective date of July 1, 2017
A Common Program Requirements Phase 2 Task Force has been appointed to review Sections I-V

Input from the graduate medical education community was solicited, as well as a general call for comments in the ACGME e-Communication

Proposed changes will be posted for review and comment later this year
Physician Well-Being

- The ACGME, in partnership with the American Foundation for Suicide Prevention and Mayo Clinic, launched an initiative to prevent physician and medical trainee suicides.

- A library of educational resources intended to help physicians and medical trainees is available on the ACGME website, and includes:
  - a four-minute video that advises medical students, residents and fellows on how to support each other, express concern to peers, and encourage help-seeking behavior
  - a comprehensive guide to help graduate training programs respond to a resident death by suicide
  - additional information and access to support
Advancing Innovation in Residency Education (AIRE)

- Opportunity to help catalyze, recognize, and highlight innovation in graduate medical education
- Grounded in sound educational principles and theory, including competency-based training principles with a clear focus on outcomes
- Cross-institutional rather than single program
- Limited number of proposals will be accepted
- Reviewed by the Innovation Pilot Research Committee
- Proposal form and information on the ACGME website
Milestones 2.0

- Multidisciplinary Milestones for Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice in development
  - Post for review and comment this spring
  - Goal is to keep common themes across specialties and modify as needed
  - Optional for specialties to use
Milestones 2.0

- Phase II specialties review specialty-specific Milestones in 2018-2019
  - Program directors will be surveyed about the Patient Care and Medical Knowledge Milestones
  - Working group will include representation from the Review Committee, American Board of Physical Medicine and Rehabilitation, RFPD, and American Osteopathic Association, as well as a resident member, public member, and self-nominated individuals
  - Draft Milestones will be posted for review and comment
  - Subspecialty Milestones reviewed after specialty Milestones completed, but timeline may be more protracted
Elements of the Self-Study

- Program Aims
- Assessment of internal factors (SVOT/SLOT analysis)
  - strengths, areas for improvement/limitations/vulnerabilities
- An environmental assessment
  - opportunities and threats
- A five-year look back at changes in the program
- A five-year look forward
  - Plans/considerations for the future
Program Aims

A way to differentiate programs and create priorities for improvement

Relevant considerations:

- Who are our residents/fellows?
- What do we prepare them for?
- Measurable

Ultimate goal: Intentionality in program design

- Stakeholder input, both internal and external
The Self-Study Summary

Brief (~5 pages; 2550-2800 words) summary of key dimensions of the self-study

- Program aims
- Elements of the environmental assessment (omitting areas for improvement)
- Five-year look back and look-forward
- Self-study process (who was involved, data collected and interpreted)

Document uploaded through ADS

#ACGME2017
Self-studies for Phase II programs started in April 2016

- Programs receive about 9 month advance notice
- Self-study summary uploaded to ADS on the last day of the month of the program’s first scheduled site visit in the New Accreditation System

The 10-year accreditation site visit is scheduled 12 to 18 months later

- Programs receive 90 days advance notice of their 10-year site visit
- First Phase I 10-year site visits scheduled February 2017
- First Phase II 10-year site visits to be scheduled February 2018
10-Year Accreditation Site Visit

- A full accreditation site visit with review of compliance with all applicable Program Requirements
- 12- to 18-month period after the self-study to allow programs implement improvements
- Programs submit “Summary of Achievements” detailing improvements made as a result of the self-study
- Site visit opens with the review of the self-study to provide the context for the accreditation section of the site visit
ACGME template completed and uploaded to ADS

- ~ 1500 words, describing (1) program strengths, (2) key improvements accomplished from the self-study
- Areas identified during the self-study where the program has realized improvements
- No information collected on areas not improved

Program may provide an update to its self-study summary

- Changes in aims, context, or future plans
RC Review of the 10-Year Visit

Review Committee provides a Letter of Notification from the 10-year (full accreditation) site visit

- Citations and Areas for Improvement
- Formative feedback (no accreditation impact) for the Review Committee assessment of the self-study
  - “Formative only” envisioned for 5-7 years, as the GME community and Review Committees learn more about program improvement
  - Focus will be on the improvement process,” not the priorities the program has selected
Program Resources

www.acgme.org

Website redesign (webfeedback@acgme.org)
ACGME Policies and Procedures
Milestones and Clinical Competency Committee Guidebooks
List of accredited programs
Accreditation Data System (ADS)
FAQ documents (e.g., Milestones, Common Program Requirements)
General information on site visit process and your site visitor
Program Resources cont.

Physical Medicine and Rehabilitation web pages

- Complement increase policy
- Program Requirements, FAQ documents, and application forms
- Case Log procedure entry instructions
- Milestones
- Presentations

Weekly e-Communication

- Contains general GME information, accreditation-related updates, announcements regarding Program Requirements, updates from the Review Committee on ACGME issues/initiatives, etc.
ACGME Contacts

ADS: ads@acgme.org
   Kevin Bannon (kbannon@acgme.org)
   312.755.7111

Site Visit:
   Ingrid Philibert (iphilibert@acgme.org)
   312.755.5003
   Jim Cichon (jcichon@acgme.org)
   312.755.5015
   Penny Iverson-Lawrence (pil@acgme.org)
   312.755.5014

Requirements, Forms, or Notification Letter:
   Caroline Fischer (cfischer@acgme.org)
   312.755.5046
   Denise Braun-Hart (dbraun@acgme.org)
   312.755.7478
   Kim Rucker (krucker@acgme.org)
   312.755.7054
   Luz Barrera (lbarrera@acgme.org)
   312.755.5077
Questions?