Updates from the Review Committee for Physical Medicine and Rehabilitation

Gerard Francisco, MD, Chair, Review Committee for Physical Medicine & Rehabilitation

Caroline Fischer, MBA, Executive Director
Congratulations!

- Courage to Teach Award
  - Kevin Means, MD, Program Director for Physical Medicine and Rehabilitation, University of Arkansas for Medical Sciences College of Medicine
Residencies and Fellowships

Academic Year 2014-2015

- 78 PM&R Residency Programs
- 66 Fellowship Programs
  - 19 SCI Medicine
  - 17 Pediatric Rehabilitation Medicine
  - 3 Brain Injury Medicine
  - 10 Pain
  - 16 Sports Medicine
  - 0 Hospice and Palliative Medicine
  - 1 Neuromuscular Medicine
What do Programs Need to do?

1. Annual data update
2. Interim program changes
3. Case Log review
4. Program Evaluation Committee (PEC)
5. Clinical Competency Committee (CCC)
6. Milestone reporting
7. Faculty Survey administration
8. Resident Survey administration
1. Annual Data Update

- Updates can be made as changes occur *until* the ADS rollover
  - Participating sites
  - Resident data
  - Program director
  - Block diagram
  - Major structural changes
  - Faculty
  - Faculty and resident scholarly activity
  - Respond to previous citations
1. Annual Data Update \textit{cont.}  
\textit{Incomplete/Inaccurate Data}

- Faculty Roster
  - Certification information
- Scholarly Activity
- Block Diagram
  - Abbreviations, non-standard format
- Response to Citations
  - Explain how corrected/progress made toward correction/what is the action plan
- Data
2. Interim Program Changes

- Participating sites added or removed
- Program director change
- Coordinator change
- Resident complement changes
  - Must request approval prior to increase
3. Case Log Review

• Review the number and mix of procedures
  • How do you know what your residents are doing?
• Correct incomplete data entry
  • Need all numbers for each procedure, not just those with required minimums
  • Tracking incomplete reporting
• Specialty-specific Case Log procedure entry instructions now available in ADS
The Case Logs interface optimized for mobile devices

www.acgme.org/mobilercl
## Procedure and Case Logs

### [PART 1]

<table>
<thead>
<tr>
<th>Number of Programs in the Nation:</th>
<th>76</th>
<th>Number of Residents in the Nation:</th>
<th>382</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>RRC Area</th>
<th>RRC Procedure</th>
<th>Total</th>
<th>Performed</th>
<th>Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>226.8</td>
<td>77</td>
<td>218</td>
</tr>
<tr>
<td></td>
<td></td>
<td>36.6</td>
<td>57</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Axial epidural injection</td>
<td>17.2</td>
<td>35</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Axial facet, SI joint, nerve block</td>
<td>59.4</td>
<td>71</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Peripheral joint/intra-articular injection</td>
<td>8.0</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Tendon sheath/bursa injection</td>
<td>13.4</td>
<td>19</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Trigger point injection</td>
<td>2.1</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Peripheral nerve injection</td>
<td>28.9</td>
<td>38</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Botulinum toxin injection</td>
<td>2.2</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Phenol injection</td>
<td>5.5</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Programming baclofen pump</td>
<td>7.0</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Refilling intrathecal baclofen pump</td>
<td>0.1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Lumbar axial injection - facet joint - lumbar</td>
<td>0.0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Lumbar axial injection - SI joint</td>
<td>0.0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Cervical axial inj - epidural: cervical/thoracic</td>
<td>5.6</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Ultrasound extremity</td>
<td>18.5</td>
<td>35</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Ultrasound guidance</td>
<td>4.3</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Other Procedures</td>
<td>435.7</td>
<td>225</td>
<td>388</td>
</tr>
</tbody>
</table>

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## 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>
4. Program Evaluation Committee

- Must be composed of at least two faculty members
- Resident representation
- Written description of responsibilities
  - Planning, developing, implementing, and evaluating all significant activities of the program
  - Review and make recommendations for revision of competency-based goals and objectives
  - Review the program annually using evaluations from faculty members, residents, and others
  - Ensure areas of non-compliance are corrected
4. Program Evaluation Committee \textit{cont.}

- The PEC must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a full, written, annual program evaluation.
- The annual evaluation should include a written “plan of action” to improve performance in the areas listed below.
- The program must monitor and track:
  - resident performance
  - faculty development
  - graduate performance
  - program quality
  - progress on the previous year’s action plan
5. Clinical Competency Committee

• Must be composed of at least three faculty members
  • Additional non-physician members may be included
  • Program director can be a member in some capacity
• Written descriptions of responsibilities
  • Review all resident evaluations semi-annually
  • Prepare/ensure reporting of Milestone evaluations of each resident to the ACGME semi-annually
  • Make recommendations to the program director for resident progress, including promotion, remediation, and dismissal

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5. Clinical Competency Committee cont.

- Must understand the Milestones
- Review all evaluations for each resident
- Assess the quality of the source of information
- For each resident, decide for each Milestone the narrative that best fits
- Identify gaps in existing evaluation system
6. Reporting on the Milestones

Documenting Resident Outcomes

- Reporting tool/form will be available in ADS
- Reporting of the Milestones to the ACGME for PM&R programs:
  - November 3 – January 9, 2015
  - May 1 – June 15, 2015
- Development of Milestones for PM&R subspecialties has been completed
7. Faculty Survey

- Core programs – all faculty members identified as “core”
- Subspecialty programs – faculty members who devote significant time to the program
- Minimum 60% participation required
- Use survey results to make improvements to the program and/or educate faculty members
8. Resident Survey

- Monitor resident participation
- Minimum 70% participation required
- Use survey results to make improvements to the program and/or educate residents
Review of Annual Data

Decisions Available to the Review Committee

- Confirm existing accreditation status based on data review
- Change existing status based on data review
- Request additional information from program
  - Clarifying information
  - Site Visit
Notification of Site Visits

- Announced
  - Focused site visit – 30 day min.
  - Full site visit – 30 day min.
- “Unannounced”
  - Up to 3 weeks’ notice
Information to Provide for the Site Visit

- Updated application form for programs with Initial Accreditation/Initial Accreditation with Warning
- Up-to-date ADS data, including responses to previous citations
- Documents identified in site visit announcement letter
- Documentation requested in notification letter
Citations versus Areas of Improvement
Citations

- Identify areas of non-compliance
- Linked to a specific requirement
- Response to citations required in ADS
- Responses reviewed annually by the Review Committee
- Remain active until corrected
  - Your current citations will go away after two cycles of Continued Accreditation in the NAS, if no new issues are identified

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Areas for Improvement

• Result from annual review of program data elements
• May not be specifically linked to a requirement
• General concern
• Written response not required
• Not automatically carried over
Interpreting Your Notification Letter cont.

Key to Standard Notification Letter for Status of Continued Accreditation
(Text in italics provides explanations of the sections in the letter; non-italicized text is standard text of the letter)

Date

Program Director Name
Director, Residency Program
Program Name
Address Line 1
Address Line 2
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty

Name of Program
Sponsoring Institution
City, ST

Program 1000000000

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:
Interpreting Your Notification Letter cont.

Status: This is the accreditation status assigned to the program or institution by the Review Committee following annual review of the program or institution.

Maximum Number of Residents: If the Review Committee approves resident complement, this section lists the maximum number of residents that may be appointed to the program at any given time.

Residents per Level: If the Review Committee approves resident complement by year, this section specifies the maximum number of residents that may be appointed at each level of the program.

Effective Date: The effective date of the accreditation action is the date of the Review Committee meeting at which the action was taken.

Approximate Date of Self-Study Visit: This is the approximate date of the program’s next Self-Study visit. Each program will undergo a self-study visit once every 10 years.

Progress Report Due: If the Review Committee requests a progress report, the due date is included in this section.

Areas Not in Substantial Compliance (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME’s Program Requirements and/or Institutional Requirements:

- If applicable, the LON will include this section, listing areas in which the program is not in compliance with ACGME Requirements for Graduate Medical Education. These areas of non-compliance are also referred to as citations. Each citation will include a descriptive heading, the date the citation was issued, the actual Institutional or Program Requirement for the area that is not in compliance and the Review Committee’s brief explanation of non-compliance.
Extended Citations: Citations from the program’s or institution’s previous review that have not been adequately addressed will appear in the LON as extended citations, with the Review Committee’s brief description of the continued non-compliance.

New Citations: Citations resulting from the current review of the program will appear in the New Citations section of the LON.

Resolved Citations: Citations from the program’s or institution’s previous review that have been adequately addressed will appear in the Resolved Citations section of the LON.

Areas for Program Improvement/Concerning Trends: The Review Committee may identify one or more areas for improvement based on the current review of the program and/or concerning trends based on data related to the current review, as well as from previous annual reviews of the program.

The Review Committee identified the following areas for program improvement and/or concerning trends:

Request for Progress Report: If a progress report is requested, the citations to be addressed in the progress report will be indicated in the Areas Not in Substantial Compliance (Citations) section of the LON and the following text will appear:

The Review Committee requests a progress report in which each citation listed above (“Reference in progress report) is addressed. This information is requested via email to the Executive Director. As specified in the ACGME Institutional Requirements, the report should be reviewed and approved by the sponsoring institution’s Graduate Medical Education Committee and co-signed by the Designated Institutional Official prior to submission to the ACGME. If you have concerns about the due date for the progress report, please contact the Review Committee Executive Director.
Interpreting Your Notification Letter cont.

Other Comments: The letter may include additional text such as:
- Commendation for exemplary program performance or innovations.
- Approval of a change in participating sites.
- Approval or denial of a change in resident complement.
- Comment on recent or anticipated changes in the program.

Subspecialty Programs: If the program has associated subspecialty programs, the following text, along with a listing of the subspecialty programs and, in most cases, the accreditation status assigned to each program, will appear in the LON as described below:

The following is a list of subspecialty programs associated with your program. Subspecialty programs with ** preceding the program number were not reviewed at the most recent RC meeting. Subspecialty programs with LTR preceding the program number will receive a separate Letter of Notification.

**1010000000 Name of subspecialty
Accreditation status of subspecialty program and effective date

LTR 1020000000 Name of subspecialty
Accreditation status of subspecialty program and effective date

Closing Statement:
The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Executive Director
Residency Review Committee for X
Program Requirements

• Currently in Effect
  • Contains the most recent specialty-specific changes

• Approved but not in Effect until 2015
  • Revised CCC requirements
  • No changes to specialty-specific requirements

• Approved but not in Effect until 2016
  • Eligibility requirements
  • No changes to specialty-specific requirements
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.

• Programs must receive verification of each applicant’s level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program. (Core)
Eligibility Requirements
Effective: July 1, 2016 cont.

• Applicants participating in the 2015 advanced match for PM&R may complete a traditional rotating osteopathic internship (TRI) on June 30, 2016 and then enter an ACGME-accredited PM&R program on July 1, 2016. Thus ACGME-accredited PM&R programs may match applicants for a PGY-2 position in the upcoming Match regardless of whether those applicants complete an AOA or ACGME internship in 2016.
Eligibility Requirements
Effective: July 1, 2016 cont.

- Anyone in a TRI program who did not participate in the advanced Match held in 2015 (or did not successfully Match into an advanced position) and enters the 2016 Match for an ACGME position, would only be eligible if that TRI program held “pre-accreditation status”.

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Eligibility Requirements
Effective: July 1, 2016 cont.

- Fellowships
  - Required clinical education must be completed in ACGME- or RCPSC-accredited program
  - Fellow Eligibility Exception
    - PM&R Review Committee will not allow exceptions

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Single Accreditation System
Timeline for AOA Applications

• April 1, 2015: Institutions may apply
• July 1, 2015: Programs may apply
• June 30, 2020: Application window closes
• June 30, 2020: AOA ceases accreditation
Provisions in MOU

• Applicant programs which, on July 1, 2015:
  • Are AOA-approved, and
  • Have matriculated residents
• Hold “Pre-Accreditation Status”
• Get relief from two Common Program Requirements:
  1. AOA-certified faculty members acceptable to Review Committee
  2. May have an AOA-certified co-program director

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“Pre-Accreditation Status”

- Created for programs currently approved by the AOA; and to be applied *only* during the transition to ACGME accreditation
- Extended to include institutions
- Granted upon receipt of completed application
- Does *not* require Review Committee review
- Status will be publicly acknowledged
- Not synonymous with Initial Accreditation

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“Pre-accreditation Status”

• Importance to AOA programs:
  • Individuals who complete programs that have previously achieved “pre-accreditation status” will be subject to 2013 or 2016 eligibility standards, whichever are less restrictive.*

*Not all graduates of programs with “pre-accreditation status” will be eligible for all ACGME programs.
“Pre-accreditation Status”

• Remains in effect until:
  1. Program achieves Initial Accreditation; or,
  2. Program withdraws application; or,
  3. June 30, 2020
Provisions in MOU

- Applicant programs which, on July 1, 2015:
  - Are AOA-approved
  - But do **not** have matriculated residents
- Get “pre-accreditation status”
- Do *not* get relief from Common Program Requirements
Dually-accredited Programs

• Dually-accredited programs do not need to submit a new program application.
• They may need to ask the Review Committee for a complement increase if residents in the AOA program are not currently counted in the ACGME complement.
• They may seek Osteopathic Recognition.
New Committees

• Review Committee for Osteopathic Neuromusculoskeletal Medicine
  • Delegated accreditation authority for accreditation of neuromusculoskeletal and osteopathic manipulative medicine residency programs

• Osteopathic Principles Committee
  • Responsible for review and evaluation of the osteopathic principles dimension of programs that seek ongoing Osteopathic Recognition
Osteopathic Recognition

• Any ACGME-accredited program may seek Osteopathic Recognition (after July 1, 2015)
• Requirements for Osteopathic Recognition approved by the ACGME Board of Directors February 2015
• Osteopathic Recognition will be conferred by new Osteopathic Principles Committee
• Osteopathic Recognition separate from accreditation of specialty program
• Program must be accredited to gain Osteopathic Recognition
Program Resources

www.acgme.org

- Website redesign
- ACGME Policies and Procedures
- Milestones
- List of accredited programs
- Accreditation Data System (ADS)
- FAQs (specialty, Milestones, Duty Hour, etc.)
- General information on site visit process and your site visitor
- Faculty development slide decks
Program Resources cont.

• PM&R Web Page
  • Resident complement increase policy
  • Program Requirements and program application forms
  • PM&R FAQ documents
  • Case Log procedure entry instructions
  • Milestones
  • Presentations

• Weekly e-Communication
  • Contains general GME information, accreditation-related updates, announcements regarding requirements, Review Committee updates on ACGME issues/initiatives, etc.
Program Resources
Your Contacts at the ACGME

• **ADS:** [WebADS@acgme.org](mailto:WebADS@acgme.org)
  • Raquel Running ([rrunning@acgme.org](mailto:rrunning@acgme.org)) 312.755.7111

• **Site Visit:**
  • Ingrid Philibert ([iphilibert@acgme.org](mailto:iphilibert@acgme.org)) 312.755.5003
  • Jim Cichon ([jcichon@acgme.org](mailto:jcichon@acgme.org)) 312.755.5015
  • Penny Lawrence ([pil@acgme.org](mailto:pil@acgme.org)) 312.755.5014

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