Review Committee for Internal Medicine Update

APDIM Program Administrators Meeting
April 14, 2019

Jerry Vasilias, PhD, Executive Director
William Hart, Associate Executive Director
We have no conflicts to disclose.
• Program Requirement Revisions
• President and CEO’s Letter to Community
• Next Accreditation System (NAS) YR6!
• NAS Lessons Learned from Self-Study/10-Year Accreditation Site Visits
• Single GME Update
• Thank You, Next…
• Program Requirement Revisions
  • President and CEO’s Letter to Community
  • Next Accreditation System (NAS) YR6!
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  • Thank You, Next…
Program Requirement Revisions

1. Focused
2. Major
Focused Revisions to date...

• Revisions to accommodate new Common Program Requirements
  – Edit current Program Requirements to remove redundancies/conflicts
  – Clarify Review Committee’s expectation for new Common Program Requirements by adding new language

• Focused revisions for **Internal Medicine, Pulmonary Disease and Critical Care Medicine, Hematology and Medical Oncology, Hematology** and **Oncology** vetted thru March 13
  – Will be reviewed at June Committee on Requirements meeting
  – Once approved will be posted before July 1, 2019
  – Remaining subspecialty focused revisions are coming soon
Focused Revisions

Clarifications/new language for RESIDENCY Program Requirements…

- New Common Program Requirements now use ‘core’ faculty - physicians + non-physicians. The Review Committee needed to clarify it still expects minimum number of core **INTERNIST** faculty members
  - Certified by American Board of Internal Medicine (ABIM) or **American Osteopathic Board of Internal Medicine (AOBIM)**
- Expectation for scholarly activity remains broad – do not expect publication
- Hours devoted to program were removed because new Common Program Requirements do not allow, will create specialty-specific Background and Intent:

  *The residency program must have a minimum number of ABIM- or AOBIM-certified core faculty members who devote significant time to teaching, supervising, and advising residents, and working closely with the program director and associate program directors. One way these core internist faculty members can demonstrate that they are devoting a significant portion of their effort to resident education is by dedicating an average of 15 hours a week per year to the residency program.*
Focused Revisions

Clarifications/new language for RESIDENCY Program Requirements…

• This is where the program requirement for coordinator support is at for focused revision…

   II.C.1. There must be a program coordinator. (Core)

   II.C.2. At a minimum, the program coordinator must be supported at 50 percent FTE (at least 20 hours per week) for administrative time. (Core)

   II.C.2.a) Program coordinator support must increase relative to the size of the program. (Core)

• Additional conversations and input is necessary for the major revision

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Clarifications/new language for FELLOWSHIP Program Requirements...

- New Common Program Requirements use “core” faculty—physicians and non-physicians. Review Committee cannot continue to use “key clinical faculty,” so will clarify it still expects a minimum number of core subspecialty-certified physician faculty members
  - Certified in the subspecialty by ABIM or AOBIM
- Program director support 20-50% and “core” instead of “detail”
- Common Program Requirement for fellows to practice independently in specialty will not appear in Internal Medicine subspecialty program requirements
  - But will be in multidisciplinary Clinical Informatics, at community’s request
- Expectation for scholarly activity remains broad
  - No expectation for a peer-reviewed publication
  - 50% of graduates must have engaged in more than one scholarly activity from long list
  - 50% of faculty must engage annually in a variety of scholarly activity from long list
- Adding new language to be mindful of frequency of rotational transitions and clinical experiences to ensure continuity of care, supervision, etc.
Focused Revisions going forward…

All subspecialties except, Pulmonary Disease and Critical Care Medicine, Hematology, Oncology, and Hematology/Medical Oncology, will undergo two-step focused revision process…

1. Focused revision that is **editorial** to harmonize current subspecialty Program Requirements with new Common Program Requirements
   - Entire incorporation of Common Program Requirements and removing redundancies and conflicts
   - Why is scope limited to minor edits and removing redundancies/conflicts? Because cannot post anything beyond editorial edits without Committee on Requirements approval
   - Why not wait? Need a Program Requirement document with the new Common Program Requirements on website by July 1

2. Focused revision **to add new Program Requirement language**
   - To allow the Review Committee to clarify expectations for new Common Program Requirements
   - Not many; biggest clarification: still expect a minimum number of certified subspecialty faculty

**EXAMPLE: Cardiology**
- Now, preparing Cardiology Program Requirements for public vetting with new Program Requirement language
- On July 1, 2019, Cardiology Program Requirements will have new Common Program Requirement format, but **no new language**
- After September Committee on Requirements 2019 meeting, Cardiology Program Requirements will be updated to reflect new Program Requirements
• Current Internal Medicine Program Requirements in effect since 2009. Review Committees do major revisions every 10 years.
• For this major revision, the ACGME asked the Review Committee to pilot *scenario-planning*.
• Intent of *scenario-planning*: not to predict the future and then build a master plan, but rather to ask what might future hold and identify actions today that are most likely to be valuable regardless of how the future turns out.
Key insights from the scenario planning workshops

Executive summary from the workshops the Review Committee held in June and September of 2017,
https://www.acgme.org/Portals/0/PFAssets/ProgramResources/IM2035ExSummary.pdf?ver=2018-08-16-133452-567
Key insights from the scenario planning workshops

Excerpts from the report:

What residency programs should do to prepare internal medicine programs to practice in 2035:

• The Program Requirements will need to be flexible to allow programs to individualize residents’ experience, depending on interests and post-residency plans.

  o Requirements and programs will need to ensure that those residents who want more subspecialty experiences can have it. Residents will have more subspecialty experiences as the delineation between general medicine and subspecialty education and training blurs, general internists take on some current subspecialty responsibilities, AI-based knowledge systems support immediate access to medical information, and residents pursue Master Clinician positions.

  o Requirements and programs will need to allow residents interested in crossing medicine with traditionally non-clinical/non-medicine areas (like public policy, business administration, and law) the option of doing so.

  o Requirements and programs will need to allow residents interested primarily in either an inpatient/hospital or an outpatient/ambulatory setting to have significant portions of their education occur in that setting during residency.

  o New subspecialties will develop, some in response to technological advancements (bio-sensor stress or tech-related anxieties/disorders), others in response to global changes (climate-change medicine), and programs will need to allow residents to pursue such options.
**June 2017**
IM2035 Workshop #1
IM & non-IM discuss IM in 2035

**Sept 2017**
IM2035 Workshop #2
RC & non-RC

**Jan 2018 RC Meeting**
Review Report from IM2035 Workshops + SI2025
Identify Chair of PR Writing Group + members

**Feb/March 2018**
CEO & RC Chair at AEC and APDIM
Discuss use of scenario planning for PR revision

**May 2018**
Solicit input from PDs
Make IM2035 report available to PDs
Conduct Literature Review

**September 2018**
IM2035 Writing Group Meeting #1

**November 2018**
IM2035 Writing Group Meeting #2

**April 2019**
IM2035 Writing Group Meeting #3

**June/July 2019, TBD**
IM2035 Writing Group Meeting #4

**Major Revision**
Major Revision – Updated Timeline

June 2017
IM2035 Workshop #1
IM & non-IM discuss IM in 2035

Sept 2017
RC & non-RC

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Letter from the President and CEO, January 9, 2019

“As stated in the Background and Intent on oversight responsibilities: The ACGME Review Committees will strictly monitor and enforce compliance with the 80-hour requirement. Where violations of the 80-hour requirement are identified, programs will be subject to citation and at risk for an adverse accreditation action.”

Letter from the President and CEO, January 9, 2019

Dear Members of the Graduate Medical Education Community,

On behalf of the ACGME, its administration, Review Committees, and Board of Directors, I would like to wish you all a joyous, happy, and healthy New Year! As we embark on 2019, many challenges and opportunities face us, and I would like to bring a number of these to the forefront of our collective thought.

The first is to remind each of us that the third quarter of the academic year, beginning in January, is the second highest period of risk for resident and fellow suicide (see Yaghmour, et al. Academic Medicine, 2017;92:976-983), especially for those in their first year in a program. Our collective goal is the creation of a clinical learning environment focused on the well-being of all. Numerous resources are available on the ACGME website, including a resident suicide prevention video you might use to foster discussion in your programs. The National Academy of Medicine (NAM)’s Knowledge Hub is also an outstanding source of materials and tools for improvement of the well-being of our residents and fellows, faculty members, other professionals in the learning environment, and ultimately our patients. Please avail yourselves of these important resources.

As we start off the New Year, this letter is a reminder of the importance of creating a clinical learning environment that focuses on a culture of patient safety in residency and fellowship programs year round. An important component of creating that environment is compliance with the Maximum Hours of Clinical and Educational Work per Week requirement (Common Program Requirement V.F.1.) that went into effect in July 2017. This ACGME Common Program Requirement states that “Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)”

In 2016, the ACGME requested position statements on resident and fellow work hours from every specialty society and program directors association. Without exception, specialty societies affirmed their support for the 80-hour standard, when averaged over four weeks, while requesting greater flexibility for programs and residents and fellows within those maximum hours. The ACGME provided the requested increased flexibility, but emphasized that non-compliance from the 80-hour rule would not be tolerated. In other words, with increased flexibility as introduced into the Requirements, programs will need to account for the potential for residents and fellows to remain beyond their assigned work periods when developing schedules, to avoid exceeding the 80-hour maximum weekly limit, averaged over four weeks. This responsibility rests with the program and its Sponsoring Institution.
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Let’s get NAS-ty What is NAS?

- Next Accreditation System
- Review Committee reviews every established program annually using data elements
NAS: Programs are reviewed annually using...

Data Elements (Indicators)
- Resident/Fellow Survey
- Clinical Experience
- ABIM/AOBIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Performance of sub
- Omission of Data

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NAS: What happens with “outliers”? 

1. Programs with Citations 
   - *Is the program addressing the citations?*
   - *Are there positive outcomes?*
   - *Is there enough information?*

2. Programs flagged on NAS data elements 
   - *Just because program flagged, does not mean it is an outlier*
   - *Review Committee needs to consider…*
     - *Are there multiple elements flagged?*
     - *Which elements were flagged?*
     - *Are there trends?*
     - *Is there enough information?*
**NAS: What happens with “outliers”?**

- If there is not enough information or there is concern, the Review Committee may request a site visit.

- Request for site visit is a rare event
  - *This year, only 15 programs got a site visit (total 2,200 programs)*
Major Changes and Other Updates

Major changes to the training program since the last academic year, including changes in leadership. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.

[Enter text here]
Resident Survey is *one* data element

Resident Survey can be sensitive, so if flagged, we ask:

"Is this a signal, or is it noise?"

Considerations:

- How many sections are flagged? One, two, more?
- Which sections?
- Degree of non-compliance? 50 percent of what size program?
- How long has Resident Survey been flagged? First time? Multiple years?
- What is overall impression of the program?
- Did other NAS data elements flag?
- Has an Area for Improvement (AFI) already been issued?
- Did program provide justification in “major changes and other updates”
Let’s talk about the survey some more…

QUESTION at APDIM a couple of years back:

Is there a relationship between the Resident Survey and the certification exam pass rate?

ANSWER:

As a matter of fact, there is. Programs with higher non-compliance on the Resident and Faculty Surveys tend to have lower board pass rates.
Relationships Between the ACGME Resident and Faculty Surveys and Program Pass Rates on the ABIM Internal Medicine Certification Examination

Holt, Kathleen D., PhD; Miller, Rebecca S., MS; Vasilias, Jerry, PhD; Byrne, Lauren M., MPH; Cable, Christian, MD, MHPE; Grosso, Louis, MEd; Bellini, Lisa M., MD; McDonald, Furman S., MD, MPH

Academic Medicine: August 2018 - Volume 93 - Issue 8 - p 1205–1211
doi: 10.1097/ACM.0000000000002228
Research Reports

https://journals.lww.com/academicmedicine/Abstract/2018/08000/Relationships_Between_the_ACGME_Resident_and.35.aspx
High non-compliance on the Resident and Faculty Surveys is correlated with lower board pass rate.
Takeaway Point #2

- Programs in lowest BPR quartile (BPR below 80%) had more survey sections flagged as non-compliant than programs in the highest BPR quartile (BPR 93% or higher)
The surveys will be changing…

- New Common Program Requirements means Resident and Faculty Surveys will need to be updated
- Survey experts have been hired to revise and update
- Requested input on survey items
- Committed to keeping as many current items that are clear unchanged, to allow for trend analysis
- Will go live in early spring of 2020
Also, ADS will be changing…

- ADS will also be updated as a result of new Common Program Requirements
- Edits being made with a mindfulness to burden
- Some new questions will be added… some current items will be removed
Six years in…

What have we learned from NAS?
% of internal medicine programs (core and sub) with site visits per year

NAS: Fewer Site Visits

Pre-NAS ~25%

NAS <1%
NAS: Few programs have citations

% of internal medicine programs (core and sub) with citations

Pre-NAS: 79%
NAS: 5%
NAS: Few core programs have citations

% of programs

- CIT
- CIT + AFI
- AFI
- Neither

AY 2013-14
AY 2014-15
AY 2015-16
AY 2016-17
AY 2017-18

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NAS: Very few subspecialty programs have citations

% of programs


CIT  CIT + AFI  AFI  Neither

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**FALSE**

Citations require a response in ADS, AFIs (Areas for Improvement) do not. Citations are typically weightier than AFIs. However, if you receive an AFI, a good practice would be to write a couple of sentence in the “major changes and other updates” section in ADS on efforts to improve.
Annually, about 60% of the 2,200 Internal Medicine programs are flagged as outliers on at least one NAS data element, but only 5% have a citation. This means that “flags” do not translate to citations! A “flag” means that a program undergoes “human” review to determine if flag is real (signal) or not (noise).

**FALSE**
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NAS: Review every year; site visit every decade

- **Annual** Data Submission
- **Annual** ACGME Review
- **Annual** Program Evaluation

Self-Study/10-Year Accreditation
Site Visit
Review Committee's decision about Self-Study report

- At its April 2017 meeting, the Review Committee decided that it will *not* provide programs feedback on their Self-Study.

- It will provide feedback on compliance with requirements and allow Field Activities to provide the programs feedback on the Self-Study.
Timing of Self-Study and 10-Year Accreditation Site Visits

• Programs scheduled with a Self-Study date prior to April 2019 will likely have their 10-year accreditation site visit more than 24 months after the Self-Study date listed in ADS

• Programs with Self-Study dates of May 2019 and beyond will have their Self-Study dates pushed forward into the future (exact timeframe under review)

• More information about the date changes are forthcoming
Summary of 10-year compliance visits

150 programs
• All programs on Continued Accreditation
• 5 years of mostly/entirely clean NAS screens

Results from 10-year compliance reviews...

100% Continued Accreditation
90% no citation
If cited, received 1 citation, on average
Summary of citations from 10-Year Accreditation Site Visits

• First, few programs receive a citation, and, there’s nothing frequent about the citations received

• But, here are two infrequent citations…
  - Inadequate evaluations systems
  - Structural/resource related citations (inadequate work space/lounge; not enough ancillary support)

**QUESTION:** Why are there fewer citations?

**ANSWER:** Maybe, engaging in the Self-Study process 18-24 months in advance of the 10-Year Accreditation Site Visit, allows programs to start making broad improvements throughout
Lessons learned from 10-Year Accreditation Site Visits

• Annual screening works
  - Multiple years clean NAS → positive accreditation outcomes

• Most programs do not receive any citations
  - If cited, on average, program receives a single citation
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The Review Committee has said….
  - AOA certification for Program Director, Associate Program Director, Core Faculty, Key Clinical Faculty, and Subspecialty Education Coordinators is A-OK!

Focused revisions now formally say this
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Current Composition of the Review Committee for Internal Medicine

**Chair:** Christian Cable, MD Hematology-Oncology
Ruth Campbell, MD Nephrology
Alan Dalkin, MD Endocrinology
Andrew Dentino, MD Geriatrics/PM
Sanjay Desai, MD PCCM
Sima Desai, MD GIM Chair-Elect
Jessica Deslauriers, MD Resident Member
Oren Fix, MD Transplant Hepatology
Christin Giordano McAuliffe, MD Resident Member
Russ Kolarik, MD Med-Peds
Monica Lypson, MD GIM

**Vice Chair:** Brian Mandell, MD Rheumatology
Elaine Muchmore, MD Hematology-Oncology
Cheryl O’Malley, MD GIM

Amy Oxentenko, MD GIM
Jill Patton, DO GIM
Kris Patton, MD CCEP
David Pizzimenti, DO GIM
Donna Polk, MD Cardiology
Samuel Snyder, DO Nephrology
David Sweet, MD GIM
Jacqueline Stocking, RN, PhD
Heather Yun, MD ID Vice Chair-Elect

Alejandro Aparicio, MD Ex-Officio, AMA
Davoren Chick, MD Ex-Officio, ACP
Furman McDonald, MD Ex-Officio, ABIM
Don Nelinson, PhD Ex-Officio, AOA
As of July 1, 2019: Composition of the Review Committee for Internal Medicine

Chair: Sima Desai, MD

Ruth Campbell, MD Nephrology
Alan Dalkin, MD Endocrinology
Andrew Dentino, MD Geriatrics/HPM
Sanjay Desai, MD Pulmonary/Critical Care Medicine

Gerald Fletcher, MD Resident Member
Oren Fix, MD Transplant Hepatology
Monica Lypson, MD Resident Member
Alice Ma, MD Hematology-Oncology
Elaine Muchmore, MD Hematology-Oncology
Cheryl O’Malley, MD GIM
Michael Pillinger, MD Rheumatology

Amy Oxentenko, MD Gastroenterology
Jill Patton, DO GIM
Kris Patton, MD Critical Care Medicine
David Pizzimenti, DO GIM
Donna Polk, MD Cardiology
Samuel Snyder, DO Nephrology
David Sweet, MD GIM
Jacqueline Stocking, RN, PhD Public Member
Sheila Tsai, MD Sleep Medicine

Vice Chair: Heather Yun, MD Infectious Disease

Alejandro Aparicio, MD Ex-Officio, AMA
Davoren Chick, MD Ex-Officio, ACP
Furman McDonald, MD Ex-Officio, ABIM
Don Nelinson, PhD Ex-Officio, AOA

New Members, July 2019
Questions?

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