Updates from the Review Committees for Internal Medicine and Pediatrics

Caroline Fischer, MBA, Executive Director
Jerry Vasilias, PhD, Executive Director
Disclosure

We have no conflicts of interest to report.
Congratulations!

ACGME Courage to Teach Award (honoring program directors)
- Sandra A. Moutsios, MD; Vanderbilt University Medical Center; Nashville, Tennessee (Med-Peds)
- Brett W. Robbins, MD; University of Rochester; Rochester, New York (Med-Peds)

David C. Leach Award (honoring residents or fellows)
- Eric J. Chow, MD, MPH; Brown University/Rhode Island Hospital – Lifespan; Providence, Rhode Island (Med-Peds)
Advancing Innovation in Residency Education (AIRE) Pilot

- Several pediatrics programs were approved to participate in an AIRE proposal pertaining to X+Y Immersion Scheduling.
- These programs have been granted a waiver to the requirement that continuity sessions must not be scheduled in fewer than 26 weeks per year.
- Currently, programs are allowed to implement a modified X+Y schedule with added continuity sessions throughout the year.
80-Hour Requirement Citations

- Letter to the Community dated January 9 from Dr. Nasca
- Compliance with 80-hour requirement will be strictly monitored
- Programs will receive citations where violations are identified
Common Program Requirements: Sections I-V

- Effective date is July 1, 2019

- All specialty-specific requirement documents will be updated to include the new Common Program Requirements and will be posted by July 1
Common Program Requirements: Specialty-Specific Changes

- Minimum number of core faculty or core faculty/resident ratio
- Faculty scholarly activity dissemination – whether to require peer-reviewed publications
- Frequent rotational transitions, length of educational experiences and supervisory continuity
Common Program Requirements: Specialty-Specific Changes

- Focused revisions to align with the aforementioned changes will be made to all requirements.
- The pediatrics and med-peds requirements should be posted for public review and comment in late spring/early summer.
Future Requirement Revisions

- The pediatrics requirements are due for a major revision within the next couple of years
  - Mental Health
  - Procedures
- The med-peds requirements will undergo a subsequent focused revision
Pediatric Hospital Medicine

- Development of Program Requirements began last year
- Posted for review and comment: Comments due April 10
- Requirements should be approved in September 2019
- Application form will be available once requirements are finalized
- Review Committee will probably begin to review applications in January 2020
Upcoming Changes in ADS

- Align the data collected with the Common Program Requirements going into effect July 1, 2019
- Changes will go live after ADS Rollover June 24, 2019
- Programs applying and re-applying will be required to respond to new/updated ADS elements
- Accredited programs will be required to respond to new/updated questions in the ADS Annual Update
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.
Self-Study Resources

- Updated site visit [FAQs](#) on the ACGME website, with more information about the Self-Study and 10-Year Accreditation Site Visit

- Webinar, August 2, 2019:

  Maximizing the Value of the ACGME Self-Study Process for Your Program:

  *No Need to Be Afraid!*
Milestones 2.0

- A pediatrics working group will convene in August 2019 for its first of typically three meetings
- Draft will be posted for review and comment
- A Supplemental Guide (SG) will be developed to provide insight into the intent of the subcompetencies with examples for each level, sample assessment methods, and other available resources
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Review Committee for Internal Medicine

Update

Jerry Vasilias, PhD, Executive Director
• Major Revision of Program Requirements for Internal Medicine
• Next Accreditation System (NAS) YR6!
• NAS Lessons Learned from Self-Study/10-year visits
• Major Revision of IM PRs
• NAS YR6!
• NAS Lessons Learned from Self-Study/10-year visits
Current Program Requirements for Internal Medicine in effect since 2009. Review Committees do major revisions every 10 years. For this major revision, ACGME asked 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.

**Predictive Planning:**

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Today → “Most Likely” Future → Master Plan
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**Scenario Planning:**

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Today → Alternative Futures → Strategies Across Futures
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Key insights from the scenario planning workshops

- Executive summary from the workshops 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.
  - 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.
  - 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.
  - 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.
  - 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.
Major Revision - Timeline

- 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

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

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

- Jan 2018
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• Major Revision of IM PRs
• NAS YR6!
• NAS Lessons Learned from Self-Study/10-year visits
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, 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)*
Use “Major Changes and Other Updates” in ADS

- Be proactive
- Provide context
- Describe outcomes

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]
NAS: Few *med-peds* programs have citations
AY 2017-18: no difference between Review Committees Citations and Areas for Improvement (AFI)
AY2017-18 and 2018-2019: no difference between Review Committees for Accreditation Status

- **AY2017-2018**
  - RC-IM med-peds (n=39)
  - RC-Peds med-peds (n=38)

- **AY2018-2019**
  - RC-IM med-peds (n=40)
  - RC-Peds med-peds (n=38)

* There are no med-peds programs on the RC-IM’s April meeting.
There is 1 program on the RC-Peds’ April Meeting.

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• Major Revision of IM PRs
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• NAS Lessons Learned from Self-Study/10-year visits
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 the Department of Field Activities to provide the programs feedback on the Self-Study.
Summary of 10-year compliance visits

150 programs
- All programs on Continued Accreditation
- 5 years of entirely/mostly 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 compliance 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 compliance 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
Questions?
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