Review Committees for Internal Medicine and Pediatrics Update

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Self-Study Timeline

Self-studies for Phase I programs started in April 2015

- Programs receive approximately 9 months advance notice
- Self-study summary uploaded to ADS on the last day of the month identified in ADS

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
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
Self-Study Feedback

Measurable aims

The more collaboration the better

- Program level
- Department/institutional level
  - As shared engagement in the self-study by core and med-peds programs and subspecialty programs, including shared aims or aims developed collectively in some programs
  - As shared improvement work and shared resources
- Community level
  - Exemplified by the efforts of the APPD Self-Study Collaborative under the direction of Dr. John Frohna, from the University of Wisconsin
Program Requirement Revision Process

Major revision every ten years
Two-year process
Draft revisions developed by the Review Committees
Internal review
Public review and comment
Review of comments by Review Committees
Final draft prepared
Reviewed by the ACGME Committee on Requirements (CoR)
Program Requirement Revision Timeline

March 2017: Draft requirements posted to the ACGME website for public review and comment

April 12, 2017: Review and comment period ends

April-June 2017: Review Committees finalize draft Program Requirements

July 2017: Submitted to the ACGME CoR

September 2017: ACGME CoR meeting/Board meeting

July 1, 2018: Effective Date
Common Program Requirements

Common Program Requirements may not be edited

- No exceptions (eligibility, 80 hours)
- Program Letters of Agreement (PLAs)
  - There is no intent to change the practice for med-peds
  - PLAs are only required for sites unique to the med-peds program
- Milestones reporting
  - Med-peds programs will continue to report annually
- Fellowship eligibility
  - Not applicable, but cannot be removed
Common Program Requirements
Section VI

Approved by the ACGME Board in February 2017
Effective date of July 1, 2017

- Some new Patient Safety, Quality Improvement, and Well-being requirements will not be cited before 7/1/19; AFIs may be issued

Revised Section VI will be added to the proposed Med-Peds Requirements

- Changes may be made to the specialty-specific language in this section, as needed
- Averaging in-house call over a four-week period is specialty-dependent
Common Program Requirements
Sections I-V

- 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
Discrepancies with Categorical Program Requirement Language

- Detail requirement = should
- Core requirement = must
- Future revisions to categorical requirements may impact the med-peds requirements
Single Program Director

Common Program Requirement – There must be a single program director...

- Typically a grace period for compliance with this requirement when new specialties/subspecialties are accredited
- Vast majority of med-peds programs have a single program director
Associate Program Director (APD) Support

<table>
<thead>
<tr>
<th>Number of Residents</th>
<th>APD FTE</th>
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<tbody>
<tr>
<td>20-40</td>
<td>.25</td>
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<tr>
<td>41-60</td>
<td>.5</td>
</tr>
<tr>
<td>&gt;61</td>
<td>.75</td>
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- Compromise between internal medicine and pediatrics requirements
  - Internal medicine has a minimum of 24 residents for required APD support
  - Pediatrics has a minimum of 12 for additional program director or APD support
Residents must not enter combined residency training after completion of the PGY-1 beyond the beginning of the PGY-2 level. (Core)

- Intent has not changed
Curriculum

The majority of educational experiences that constitute the combined internal medicine-pediatrics curriculum must be derived from the educational experiences and training that have been accredited as part of the categorical core internal medicine program by the Review Committee for Internal Medicine and as part of the categorical core pediatrics program by the Review Committee for Pediatrics

- Allows more flexibility to offer unique experiences
Elective Experiences

Off-site elective experiences should not exceed two months in either specialty during the four years of training. In each specialty, up to two months per specialty off-site is allowed for outside elective experiences. (Detail)

- The intent has not changed
Continuous Assignments

For the first two years of training, continuous assignments to one specialty or the other should be for periods of at least one month and not less than three or more than six months. (Core Detail)

- Allows greater flexibility
Continuity Clinic Sessions

The sessions must be scheduled over a minimum of 26 weeks per year. (Core Detail)

- Clinic every 4-5 weeks may not provide adequate opportunity to maintain continuity of care for pediatric patients
- The expectation that families are able to identify their resident as their primary care provider again will not occur if the resident has limited availability
Continuity Clinic Patients

There must be an even distribution of pediatric and adult patients, whether the experience occurs in combined or alternating separate clinic settings. (Core)

- Intent is to have a proportionate balance of patients
Internal Medicine Experiences

subspecialty experience, including neurology experience, that is inpatient, outpatient, or a combination of the two; (Core)

significant exposure to cardiology. (Core)

- Consistent with internal medicine requirements
An pediatric educational unit must should be a block (four weeks or one month) or longitudinal experience. (Core)

- Terminology differs between internal medicine and pediatrics
- More important/less confusing to be consistent with the terminology used in the specialty