



ACGME

Updates from the Review Committee for Physical Medicine and Rehabilitation

David W. Pruitt, MD, Review Committee Chair

Caroline Fischer, MBA, Executive Director

Disclosure

We have no relevant financial disclosures.



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

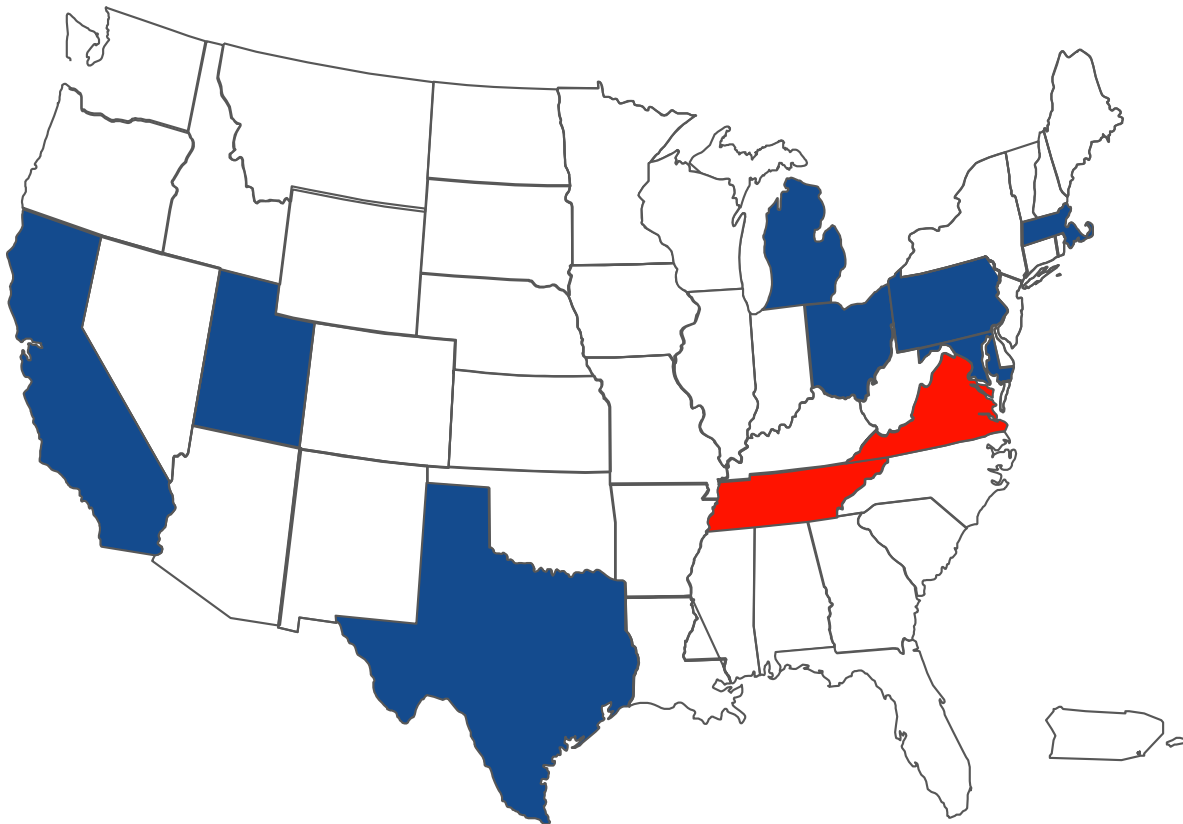
1 ex-officio (non-voting) member each from AAPM&R and ABPM&R



Geographic Distribution of the Review Committee

Current Members: CA, MA, MD, MI, OH, PA, TX, & UT

Incoming Members: TN, VA



Review Committee Composition

Susan Garstang, MD

Nancy D. Harada, PhD, PT
(Public Member)

Wendy Helkowski, MD
(Vice Chair)

Robert Samuel Mayer, MD

Lawrence L. Prokop, DO

David W. Pruitt, MD
(Chair)

Sunil Sabharwal, MBBS,
MRCP

Carol Vandenakker-
Albanese, MD

Charles M. Taylor II, MD
(Resident Member)



New Review Committee Members

- Beverly Roberts-Atwater, DO
- Stacy Stark, DO



Number of Accredited Residency and Fellowship Programs

As of January 2018

88 Physical Medicine and Rehabilitation Residency Programs

87 Fellowship Programs

- 21 Spinal Cord Injury Medicine
- 20 Pediatric Rehabilitation Medicine
- 16 Brain Injury Medicine
- 10 Pain Medicine
- 19 Sports Medicine
- 1 Neuromuscular Medicine



New Programs Accredited in August 2017 and January 2018

Physical Medicine and Rehabilitation

- OPTI West Program
- University of Nebraska Medical Center College of Medicine Program

Brain Injury Medicine

- Hofstra Northwell School of Medicine Program
- Icahn School of Medicine at Mount Sinai Program
- Carolinas Medical Center Program

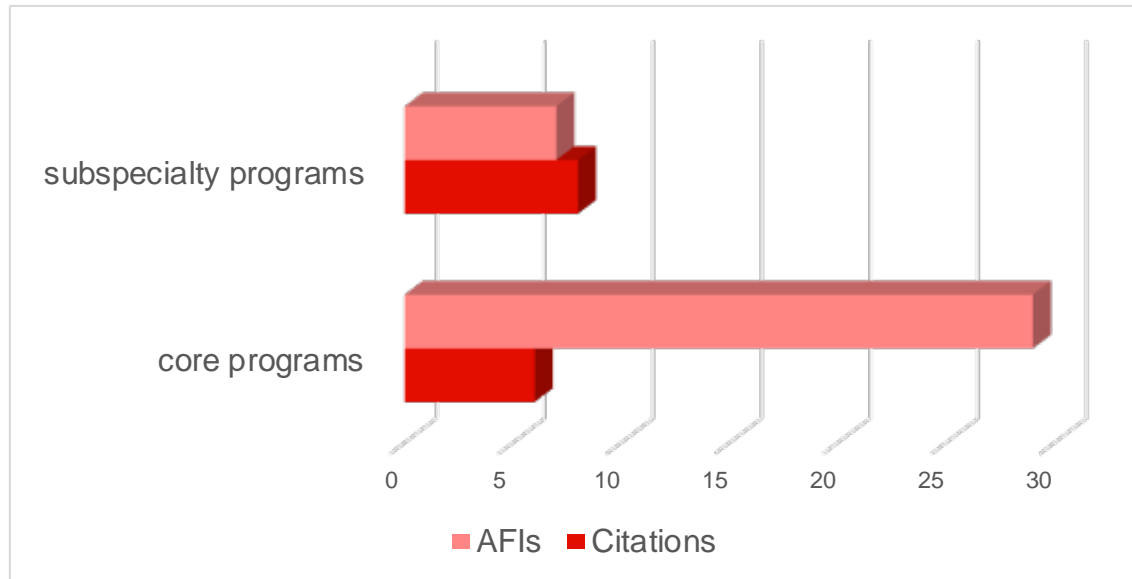


Status Decisions (Fall 2017/Winter 2018)

Status	Core	Subs
Initial Accreditation	2	3
Continued Accreditation	77	71
Continued Accreditation w/Warning	0	0
Probation	0	0
Withholding of Accreditation	0	0
Withdrawal of Accreditation	0	0



Citations vs. Areas for Improvement (AFIs)



AFIs/Citations - Core Programs

- Faculty supervision/interest in teaching
- Incomplete/inaccurate data
- Resources
 - Process to deal with residents' problems and concerns
- Board pass rate
 - Part II



AFIs/Citations - Core Programs

- Incomplete/inaccurate data
 - Faculty Roster – current certification information, devote ≥ 10 hours
 - Block diagram – key for abbreviations, non-standard format, no individual schedules
 - CVs – current licensure, scholarly activities from last 5 years



AFIs/Citations - Subspecialty Programs

- Curriculum
 - BIM/SCI – min. 3 months hospitalized patients and min. 3 months non-hospitalized patients
- Program director support
- Didactics
- Incomplete/inaccurate data
 - Similar issues to core programs



AFIs

- Major Changes section expanded so programs can include improvements and/or innovations implemented to address potential issues identified (AFIs) during annual program review
- Written response to AFIs not required, but encouraged



National Case Log Data

PHYSICAL MEDICINE AND REHABILITATION : NATIONAL RESIDENT REPORT (Main Table)
Reporting Period: Total Experience of Residents Completing Programs in 2016-2017
Residency Review Committee for Physical Medicine And Rehabilitation
Report Date: September 13, 2017

[PART 1] Number of Programs in the Nation: 77 Number of Residents in the Nation: 404

RRC Area	RRC Procedure	Performed+Observed					Performed					Observed				
		Natl Res AVE	Natl Res STD	Natl Res MED	Natl Res MIN	Natl Res MAX	Natl Res AVE	Natl Res STD	Natl Res MED	Natl Res MIN	Natl Res MAX	Natl Res AVE	Natl Res STD	Natl Res MED	Natl Res MIN	Natl Res MAX
Procedures	EMGNCS	247.7	61	226	163	629	210.2	59	200	109	624	37.5	32	35	0	249
	Axial epidural injection	38.0	56	19	0	488	21.3	43	7	0	403	16.7	23	9	0	229
	Axial: facet, SI joint, nerve block	31.1	49	14	0	486	17.2	34	6	0	317	13.9	23	7	0	215
	Peripheral joint/intra-articular injection	74.7	102	44	4	1,081	65.0	98	34	3	1,043	9.7	14	4	0	86
	Tendon sheath/bursa injection	7.9	11	4	0	87	6.4	10	2	0	87	1.5	3	0	0	24
	Trigger point injection	13.7	19	9	0	258	11.9	18	7	0	250	1.8	4	0	0	34
	Peripheral nerve injection	2.5	5	0	0	41	1.6	4	0	0	33	0.8	3	0	0	23
	Botulinum toxin injection	53.5	52	35	2	478	44.3	43	29	1	308	9.1	17	5	0	196
	Phenol injection	1.8	4	0	0	45	1.3	4	0	0	35	0.4	1	0	0	16
	Programming baclofen pump	6.6	11	2	0	84	5.9	11	1	0	69	0.7	2	0	0	22
	Refilling intrathecal baclofen pump	9.4	13	4	0	73	8.0	12	3	0	72	1.4	3	0	0	46
	Ultrasound extremity	13.2	21	7	0	175	9.2	17	4	0	146	4.0	8	1	0	70
	Ultrasound guidance	31.2	54	16	0	482	23.6	49	11	0	482	7.7	12	3	0	90
	Other Procedures	2.6	8	0	0	76	1.5	5	0	0	47	1.1	5	0	0	57
	Total Procedures	533.7	255	464	262	2,103	427.4	225	366	181	1,787	106.3	81	86	0	514



National Case Log Data

[PART 1] Programs in the Nation: 77 Residents in the Nation: 404				
	Natl Res AVE	Natl Prog AVE	RC Min	Natl Res Below Min
Defined Category				
EMG/NCS (Total)	247.7	249.2	200	5
EMG/NCS (Performed)	210.2	211.3	150	4
Axial epidural injection (total)	38.0	40.3	5	6
Axial: facet, SI joint, nerve block (total)	31.1	32.4	5	7
Periph joint/intra-artic inj/tendon sheath/bursa inj (total)	82.6	82.6	20	5
Periph joint/intra-artic inj/tendon sheath/bursa inj (performed)	71.4	71.1	15	7
Botulinum toxin injection (total)	53.5	56.6	20	5
Botulinum toxin injection (performed)	44.3	47.6	15	5
Ultrasound (total)	44.4	42.7	10	7



Final Milestones Report

- Fellowship program directors have access to the final Milestones report for an active fellow's most recently completed ACGME-accredited residency program
- The reports can be found within ADS by logging in and navigating to the program's "Reports" tab and selecting the "Residency Milestone Retrieval" option
- The reports are not accessible until the individual has been accepted into the fellowship program



Pain Medicine Requirements

- Revisions made to the current Program Requirements will be posted for review and comment
- Considering requests to change the following requirements:
 - One related residency as opposed to two
 - Allow more than one program to exist within a Sponsoring Institution as opposed to a limit of one
- If you commented on the Requirements previously, you should still comment during the upcoming comment period



Common Program Requirements

Sections I-V

- Proposed changes to Sections I-V of the Common Program Requirements have been posted for review and comment
- Comment period ends March 22, 2018
- Proposed effective date is July 1, 2019



Common Program Requirements

Sections I-V: Major Changes

- Almost all requirements categorized as “Core”
- Addition of requirements that mirror the Institutional Requirements, including access to food, sleep, and rest facilities; security and safety measures; resident eligibility; opportunity to raise concerns
- Philosophy, Background, and Intent added throughout
- Review Committee may further specify where indicated
- New Fellowship Common Program Requirements
 - *Current* one-year Common Program Requirements will be discontinued



Section I

- Elimination of required elements for PLAs
 - Recommended elements to be included in the Program Director Guide
 - PLAs must be approved by the DIO
- New requirement addressing diverse workforce
- New requirement addressing lactation facilities



Section II: Program Director

- For residency programs: Minimum 20% FTE (8h/per week) salary support for administration of the program (Review Committee may specify)
- For fellowships: Program Director must be provided with support adequate for program administration based on program size and configuration (Review Committee must specify)



Section II: Program Director

- Program director qualifications:
 - Must include at least 3 years of educational and/or administrative experience, or qualifications acceptable to the Review Committee (not included in the fellowship Common Program Requirements)
 - Must include ongoing clinical activity (not included in the fellowship Common Program Requirements)
 - AOA certification acceptable



Section II: Program Director

- Program director responsibilities:
 - Design and conduct program consistent with community needs and mission(s) of the program and Sponsoring Institution
 - Develop and oversee process for evaluation of candidates for program faculty prior to appointment and annually thereafter
 - Have authority to appoint and remove faculty members at all sites
 - Have authority to remove residents from supervising interactions that do not meet program standards



Section II: Faculty

- Faculty responsibilities:
 - Pursue faculty development at least annually
- Faculty qualifications:
 - AOA certification acceptable
 - Any non-physician faculty member must be designated by the program director



Section II: Faculty

- Core faculty:
 - Definition now based on role in resident education and supervision – not number of hours devoted
 - Includes, at a minimum, CCC and PEC members
 - Non-physician faculty members may be appointed as core faculty
 - Must complete ACGME Faculty Survey annually
 - Scholarly activity now assessed for the program as a whole, not individual core faculty members (this allows core faculty member selection based on educational contributions)



Section II: Program Coordinator

- There must be a program coordinator
- Support for the coordinator must be at least 50% FTE (at least 20 hours per week) for administrative time (Review Committee may further specify)
- Fellowship Common Program Requirements do not specify minimum level of support for the coordinator – (Review Committee may specify)



Section III: Eligibility

- ACGME-I Advanced Specialty accreditation acceptable for prerequisite clinical education
- Fellowship Common Program Requirements provide 2 options – Review Committee to decide on prerequisite education accredited by:
 - Option 1: ACGME or AOA only
 - Option 2: ACGME, AOA, RCPSC, CFPC, or ACGME-I Advanced Specialty accreditation



Section IV: Competencies

- Fellowship version: subcompetencies for Professionalism, Practice-based Learning and Improvement, Interpersonal and Communication Skills, and Systems-based Practice have been deleted



Section IV: Scholarship

- New scholarship section replaces previous faculty and resident scholarly activity sections
- New requirements focus on scholarly activity for the program as a whole
- Scholarly activity must be consistent with the mission of the program



Faculty Scholarly Activity

- Programs must have efforts in at least three of the following domains: (Core)
 - Research in basic science, education, translational science, patient care, or population health
 - Peer-reviewed grants
 - Quality improvement and/or patient safety initiatives
 - Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports



Faculty Scholarly Activity

- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education



Faculty Scholarly Activity

- The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods: [Review Committee to choose (1) or (1) and (2)]
 - (1) faculty participation in grand rounds, poster presentations, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)‡
 - (2) peer-reviewed publication. (Outcome)



Resident Scholarly Activity

- Residents must participate in scholarship.
- Each graduating resident should have a scholarly activity that is disseminated as further described in IV.D.2.b).(1) or IV.D.2.b).(2). (Core)



Section IV: Independent Practice

New requirement for Fellowship version only:

Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship.

- If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)

[The Review Committee may further specify. This section will be deleted for those Review Committees that choose not to permit this option.]



Section V: Resident Evaluation

- Program director or designee, with input from CCC, must:
 - Meet with and review with each resident documented semi-annual evaluation, including Milestones progress
 - Assist residents in developing individualized learning plans
 - Develop plans for residents failing to progress
- Provide summative evaluation of resident's readiness to progress to the next year of the program



Section V: Program Evaluation

- Addition of list of required elements to be addressed in the Annual Program Evaluation
- PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats
- Annual review, including action plan, must be:
 - Distributed to and discussed with faculty and residents
 - Reviewed by the GMEC
- Program must complete a Self-Study prior to 10-year accreditation site visit



Section V: Board Certification

- Program director should encourage graduates to take applicable ABMS or AOA certification examination – *replaces all existing specialty-specific take-rate requirements*
- Pass rate (address both written and oral exams):
 - Aggregate pass rate of program graduates taking the examination for the first time must be above the fifth percentile
- Based on three years of data for specialty using an annual exam and six years of data for specialties using a biennial exam



Section V: Board Certification

- Programs must report (in ADS) board certification rates annually for the cohort of residents that graduated seven years earlier.



Review and Comment

- Comments must be submitted by March 22
- Comments must be submitted using the Comment Form on the ACGME website:

<http://www.acgme.org/What-We-Do/Accreditation/Review-and-Comment>

- Comments must be submitted to: cprrevision@acgme.org



Review and Comment

- Comments should include:
 - Concerns
 - Recommendations
 - Supportive comments
 - Questions



Program Resources

www.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.



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