Conflict of Interest Disclosure

Speaker(s):
Kate Hatlak, MSEd, PMC – Executive Director, Review Committee for Preventive Medicine
Judith McKenzie, MD, MPH, FACOEM – Chair, Review Committee for Preventive Medicine

Disclosure to the Learner:
None of the above speakers or planners have any conflicts of interest to report.
Session Objectives

1. Review of Programs
2. Preventive Medicine Program Requirement Revisions
3. COVID-19 Updates
# Review Committee Membership

<table>
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<tr>
<th>Name</th>
<th>Institution/Position</th>
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<td>Sanford Health</td>
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#ACGME2021
Ex-Officio

Chris Ondrula, JD
- American Board of Preventive Medicine (ABPM)

Howard Teitelbaum, DO, PhD, MPH
- American Osteopathic Board of Preventive Medicine
Welcome Incoming Members!

Joseph T. (Tim) LaVan, MD, MPH

- Naval Aerospace Medical Institute

Erin Winkler, MD, Major USAF (Resident Member)

- National Capital Consortium Uniformed Services University of the Health Sciences (USUHS)

#ACGME2021
Review Committee Staff

Kate Hatlak, EdD – Executive Director

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Review of Programs
Preventive Medicine Program Statistics

71 Residency Programs
• 5 Aerospace Medicine
• 24 Occupational Medicine
• 42 Public Health/General Preventive Medicine

356 residents enrolled in Academic Year 2020-2021
November 2020 Program Review

- 9 programs with in-depth review due to existing citations and/or multiple indicators flagged
- 65 programs received Continued Accreditation
- 3 programs not reviewed (Initial Accreditation)
- 3 site visits
  - Will be reviewed in April 2021
Citations

8 New Citations
• Faculty Member Responsibilities
• Progressive Responsibility
• Patient Safety
• Professionalism (2)
• Fatigue Mitigation
• Clinical Experience and Education
• Program Director Administrative Time

3 Citations Extended
• Board Pass Rate (2)
• Resident Evaluation

7 Citations Resolved
Areas for Improvement

13 Areas for Improvement

- Attrition
- Clinical Experience
- Evaluation
- Faculty Scholarly Activity
- Faculty Supervision and Teaching (2)
- Failure to Provide Required Information

- Omission of Data (4)
- Professionalism
- Program Director Responsibilities
Key Takeaways

1. Ensure graduating residents understand clinical experience questions at the end of their Resident Survey
   - “I feel well prepared to perform the following patient care and population health activities without supervision”

2. Ensure block diagrams are clear and easy to read
   - Direct patient care experience?
   - Governmental agenda experience (Public Health/General Preventive Medicine)?
   - Easy to calculate?
   - Abbreviations defined?

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Key Takeaways

3. Pay attention to ACGME Resident and Faculty Survey Results

- Remember, surveys are generic to all ACGME residency programs, not preventive medicine-specific (except questions at end)
- Discuss results at Program Evaluation Committee meeting, develop action plan
- Indicate to Review Committee what your plans are to address poor survey results in the “Major Changes” section of Accreditation Data System (ADS) (this is optional, but helps Review Committee to know you are being proactive)
- Look at multi-year survey results if not enough respondents in one year
Preventive Medicine Program Requirement Revisions
Revision Timeline

- Revisions went into effect July 1, 2020
- Revised FAQs also posted to align with Program Requirement revisions
- Visit the Preventive Medicine section of the ACGME website for Program Requirements and FAQs
  - acgme.org → Specialties → Preventive Medicine → Program Requirements and FAQs and Applications
Fundamental Clinical Skills

Programs can include 12 months of education in fundamental clinical skills of medicine, or transitional year

- These programs will be 36 months in length
- See requirements Int.C., IV.B.1.b).(1).(a), and IV.C.3.
- Programs wishing to do this must submit a request to the Review Committee
  - Contact Review Committee staff members for more information
Program Director Support

Program director support must be at least 20 percent FTE

• Additional 10 percent FTE must also be provided to the program director or can be shared between the program director and associate or assistant program director(s)

• See requirement II.A.2.a)
Core Faculty Ratio

• Requirement II.B.4.c)
• Up to eight residents = at least two core faculty members
• Eight or more residents = ratio of at least 1:4 (core faculty members to residents)
• If calculated ratio is less than .5 then round down, more than .5 round up.
• Be sure to designate core faculty members in ADS (not auto-calculated anymore!)
Graduate-Level Courses

- Residents must complete graduate-level courses in epidemiology, biostatistics, health services management and administration, environmental health, and behavioral aspects of health
- All other didactic content previously listed as required courses are now required medical knowledge competencies
- See requirements IV.C.6.a), IV.B.1.c).(4)-(6)
Curricular Requirements

New medical knowledge requirements
• Lifestyle management (IV.B.1.c).(2).(a))
• Social determinants of health (IV.B.1.c).(a).(b))
• Use of technology, including telemedicine (IV.B.1.c).(3))

Redundancy reduced throughout patient care competencies
Milestones 2.0

- Work group for public health/general preventive medicine will start soon!
- Aerospace medicine and occupational medicine are posted and will go live July 2021
- Resources are available in the Milestones section of the ACGME website and Learn at ACGME
- Email milestones@acgme.org with questions
COVID-19 Update
Site Visits/Self-Studies

- All site visits conducted virtually through at least June 2021
- Self-Studies postponed indefinitely for now
  - Programs who have already completed self-studies may have 10-Year Accreditation Site Visit
- ACGME COVID-19 section of website contains FAQs, guidance statements, letters to the community, Pandemic Emergency Status forms, and more
Preventive Medicine Review Committee Guidance

- Letter to the community posted March 30, 2020
- Review Committee will allow flexibility in what may be counted as “direct patient care (IV.C.8.a), IV.C.9.a), and IV.C.10.a))
- See letter for example of alternative approaches
- Review Committee will allow flexibility in experience at a governmental health agency for public health/general preventive medicine residents (IV.B.10.b))
- Review Committee will not allow flexibility in completion of a Master’s in Public Health (IV.C.5.) or required graduate-level courses (IV.C.5.a))
It is ultimately up to the program director to determine a resident’s readiness for autonomous practice
- See the ACGME’s guidance on competency-based medical education during program disruptions
- Some residents may require additional education/training to make up missed experiences
- Contact Review Committee staff members and ABPM with questions
- Programs should report disruptions or modifications of resident experiences or curricula in the “Major Changes” section of ADS
Questions?
Thank You