



# Specialty Update: Preventive Medicine

SES 043

**Denece O. Kesler MD, MPH *Chair, Review Committee for Preventive Medicine***

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# Disclosures

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- Chair, Review Committee for Preventive Medicine
- Program director, University of New Mexico School of Medicine Public Health and General Preventive Medicine Program
- No conflicts of interest to report



# Objectives for today's session

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1. Describe the fifth annual review of programs using the Next Accreditation System (NAS)
2. Discuss new Common Program Requirements and possible implications for Preventive Medicine programs
3. Provide an overview of proposed major revision of specialty-specific Program Requirements for Preventive Medicine



# Membership Preventive Medicine Review Committee

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Tarah Castleberry, DO, MPH

Marie Dotseth, *Public member*

Tina C. Foster, MD, MPH, MS, *Vice chair*

Laura Higginbotham, MD, MPH,  
*Resident*

Denece Kesler, MD, MPH *Chair*

Judith McKenzie, MD, MPH, FACOEM

Timothy Mallon, MD, MPH

Samual Sauer, MD, MPH

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# December 6-7, 2018 meeting

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## Data elements reviewed

- Annual Update submitted in September 2018, reflecting the 2017-2018 academic year
- ABPM exam results from October 2017 exam
- Faculty scholarly activity completed/published during the 2016-2017 academic year
- Faculty and Resident Surveys from spring 2018



# December 6-7, 2018 meeting

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52 programs on the consent agenda

22 programs on the main agenda and sent to a reviewer including

- 3 new program applications
- 1 scheduled site visit for a program to move from Initial to Continued Accreditation





# December 6-7, 2018 meeting

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Results of the program review:

67 programs Continued Accreditation

3 programs Initial Accreditation

4 programs held for review in April 2019

- 1 request for clarifying information
- 3 requests for a site visit



# Preventive Medicine stats

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74 Residency programs

- 5 Aerospace Medicine
- 26 Occupational Medicine
- 43 Public Health/General Preventive Medicine

357 Residents

747 Faculty members



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# Current citations

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Qualifications of program director – 1

Educational program – 6

Resident evaluation – 1

Evaluation of the program – 2

Performance on board exam – 5



# Most failed indicators

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Clinical experience questions for graduating residents are non-compliant

Not all current core faculty members listed scholarly activity for 2016-17 academic year

5-year or 3-year pass rate on ABPM exam is below 75 percent





# Take away number 1 – Clinical experience

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Are your graduating residents carefully answering the 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

1. Use nationally recognized, peer-reviewed guidelines to provide high-quality, evidence-based health care in my specialty (aerospace medicine, occupational medicine, public health/general preventive medicine)

**Note:** *All of these questions can be found on the last page of your ACGME Resident Survey report.*



# Take away number 2 – Block Diagrams

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When was the last time you looked at your block diagram?

- ✓ Can you easily tell where residents obtain direct patient care experience?
- ✓ Can you easily tell where residents in public health/general preventive medicine programs obtain governmental agency experience?
- ✓ Does the block diagram allow the time for these experiences to be easily calculated?
- ✓ Are all abbreviations defined?



PM Year 1	1	2	3	4	5	6	7	8	9	10	11	12
One Block												
Institution	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 3	Site 3	tba
Rotation Name	Health Disparities	Health Disparities	OEMC	OEMC	IM	CW	CW	Foundations in Preventive Medicine	SBH	DOH	DOH	Elective
% Outpatient	10	10	50	50	10	10	10	10	40	10	10	tba
% Research	0	0	0	0	0	0	0	20	0	0	0	0

NOTES: Site 3 is a governmental public health agency.  
 Clinical Time: Each 10% of outpatient care noted above is equivalent to one half day clinic/week or at least 4 half days/rotation block. Total number of half days for this year: at least 88 plus elective. (Or if have continuity clinic, state that volume of half days in the notes.)  
 Key to Abbreviations: Occupational and Environmental Medicine Center (OEMC); City Department of Health (DOH); Integrative Medicine (IM); School Based Health (SBH); Community Wellness (CW)

**Direct patient care is easy to calculate**

**Government agency noted**

**Abbreviations noted**





# Take away number 3 – Practice Prevention

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Did you notice a troubling result on your ACGME Resident or Faculty Survey?

Were the results discussed at the Program Evaluation Committee(PEC) meeting?

**Note:** *You can indicate to the Review Committee that you are dealing with issues by noting what you have done and/or future plans in the ‘Major Changes’ section of the Annual Update in ADS.*



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# A different look

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Italics describes the underlying philosophy of the requirements.

- Not requirements
- Cannot be cited

## Requirement **II.B. Faculty**

*Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of patients, residents, community, and institution.*



# A different look

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Boxes contain 'Background and Intent' statements that indicate a rationale or provide context about how the requirements should be interpreted

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

Background and Intent: Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with learners, faculty, and other staff



# New Common Program Requirements

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## Program director

**II.A.2.** At a minimum, the program director must be provided with the salary support required to devote 20 percent FTE (at least eight hours per week) of non-clinical time to the administration of the program.



# New Common Program Requirements

## Core faculty members

**II.B.4.** Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or to administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents.

**Note:** *15 hours of effort has been eliminated.*

*Non-physicians can be core faculty members if they fulfill the roles listed above.*



# New Common Program Requirements

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## Resident Eligibility

**III.A.2.** All prerequisite post-graduate clinical education must be completed in:

- ACGME-accredited program
- AOA-approved program
- Royal College of Physicians and Surgeon of Canada-accredited program
- College of Family Physicians of Canada-accredited program
- ACGME International-accredited, Advanced Specialty accreditation



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# New Common Program Requirements

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## Resident Eligibility

**III.A.3.** Programs can admit residents who have not satisfied III.A.2. if they are exceptional candidates and if

- GMEC approved
- ECFMG certification for international applicants

***Note:*** *These applicants must have Milestones evaluation within 12 weeks of matriculation*





# New Common Program Requirements

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## Resident Transfers

**III.C.** The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation.

***Note:*** All residents who completed any prior GME are considered to be transfer residents.



# New Common Program Requirements

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## Resident Transfers

**III.C.1.** To be eligible for appointment at the PM-2 level, residents must have completed, a) an ACGME-accredited residency program; and, b) at least 50 percent of the requirements for a Master's degree.

**Note:** *Accepting residents at PM-2 level is permitted if the resident satisfies the requirements listed above*



# New Common Program Requirements

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## Educational Program

**IV.A.1.** The curriculum must include a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates.



# New Common Program Requirements

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## Faculty Scholarly Activity

**IV.D.2.a)** Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains:

- Research in basic science, educational, translational science, patient care, or population health
- Peer-reviewed grants
- Quality improvement and/or patient safety initiatives



# New Common Program Requirements

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## Faculty Scholarly Activity cont.

- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials.

**Note:** *Faculty scholarly activity will be evaluated in the context of the program's mission, aims, size*



# New Common Program Requirements

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## Program Evaluation and Improvement

**V.C.1.** The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.

**Note:** *RAC is no longer required. Programs can keep RACs; however, the ACGME will not require one*



# New Common Program Requirements

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## Program Evaluation and Improvement

**V.C.3.a)** For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty.



# New Common Program Requirements

## Program Evaluation and Improvement

**V.C.3.e)** Any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty.

**Note:** *Programs may satisfy either requirement for their aggregated 3-year pass rate for first-time takers*

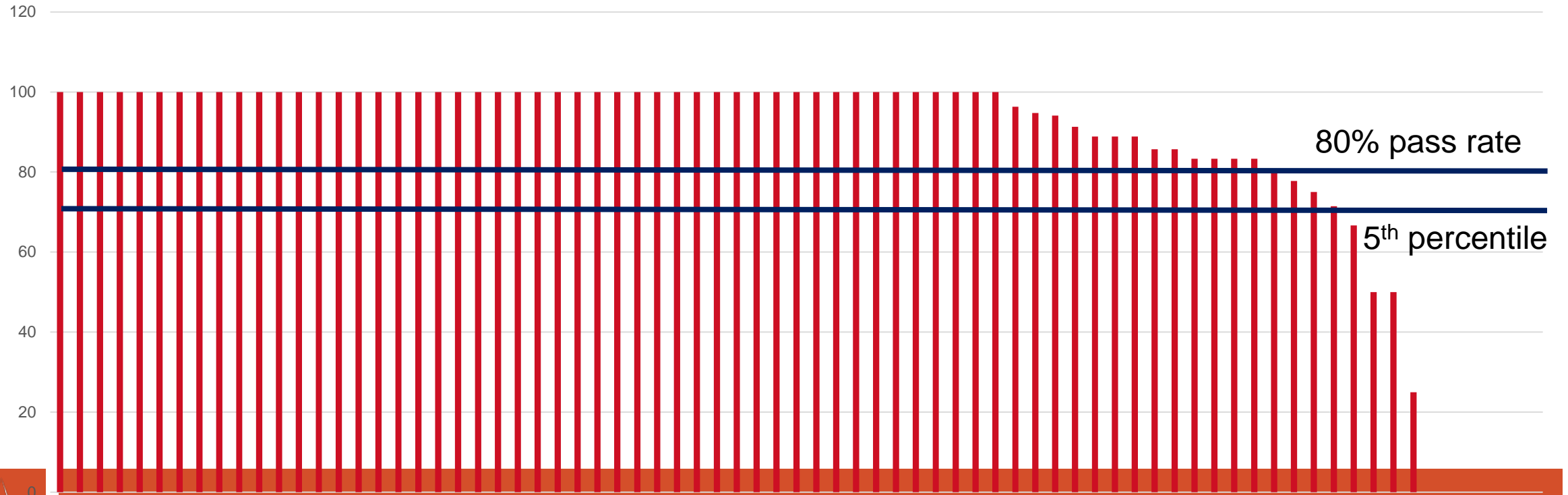
- 1. Above the 5<sup>th</sup> percentile*
- 2. At least 80 percent*





# How this might look for Prev Med

Three-year pass rate – all preventive medicine programs 2015-2017



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# New Common Program Requirements

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## Program Evaluation and Improvement

**V.C.3.f)** Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier.



# ADS entry will be different

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1. Programs will have the ability to identify core faculty members without indicating hours
2. Site directors will need to be identified for sites with required rotations
3. All programs will need to enter the expiration date of their faculty members' certification (original, time-unlimited, re-certification, MOC)
4. Programs will no longer report faculty scholarly activity for each faculty member but for all core faculty aggregated



# New questions will be added to the Annual Update

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## Provide the program's mission statement

- ✓ A written statement of a program's core purpose
- ✓ Should clarify the focus of the educational program (e.g., academic/research focus, community care focus)
- ✓ Should name what community the program will serve and how that will be accomplished
- ✓ Should be in alignment of the larger mission of the Sponsoring Institution



# New questions will be added to the Annual Update

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## **Provide the program aims (e.g., goals, and objectives) that are guided by the program's mission statement**

- ✓ Description of what the program intends to achieve in accordance with the Common Program Requirements
- ✓ Are consistent with the overall mission of the Sponsoring Institution, the needs of the community served and that it's graduates serve and the distinctive capabilities of its graduates (e.g., leadership, research, public health)



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# Proposed additions

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- Additional time for program director
- Required minimum number of core faculty members and core faculty to resident ratio
- Option for an integrated PGY-1



# Proposed revisions

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- Requirement for 5 core courses (epidemiology, biostatistics, health services management and administration, environmental health, and behavioral aspects of health) is retained, but other required didactic content listed as Medical Knowledge competencies
- Throughout, tried to eliminate duplicative language, and/or requirements





# Proposed deletions

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Because Milestones assessment is emphasized, eliminated requirement to maintain a Resident Learning Portfolio



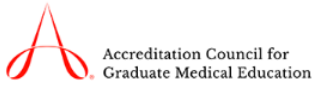
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WE NEED YOU!



to provide comment on the major changes





What We Do	Designated Institutional Officials	Program Directors and Coordinators	Residents and Fellows	Meetings and Educational Activities	Data Collection Systems	Specialties
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Home > What We Do > Accreditation > Review and Comment

## Review and Comment

The ACGME invites comments from the community of interest regarding the proposed requirements listed below.

As part of the ongoing effort to encourage the participation of the graduate medical education community in the process of revising requirements, the ACGME may publish some or all of the comments it receives on the ACGME website. By submitting your comments, the ACGME will consider your consent granted. If you or your organization does not consent, please indicate such in your comments directly, or in the space provided on the Comment Form (below).

### Specialty- and Subspecialty-Specific Program Requirements

For specialty/subspecialty requirements, Review Committees are not permitted to alter Common Program Requirement language, which appears in bold font. Therefore, comments are invited only on requirements not in bold font.

For focused revisions, only the section(s) of the requirements being revised will be open for review and comment.

Comments must be submitted electronically, using the form below, to the respective specialty mailbox indicated by the date indicated. Any responses that do not address the requested information, or which are submitted in a format other than indicated, may or may not be considered, at the discretion of the Review Committee.

### Requirement Review and Approval Process

For details and policies regarding the ACGME process for review and approval of requirements, see Section 10.00 of the ACGME Manual of Policies and Procedures.

Specialty	Type of Revision	Requirements / Impact Statement	Comment Submission	Comment Deadline	Status
Urology	Focused	Program Requirements Impact Statement	Submit comments to Urology-Reviews@acgme.org using the	March 27, 2019	Open for Comment

### Common Resources

This page contains links that are common across all specialty pages.

- [ACGME Glossary of Terms](#)
- [ACGME Review Committee 2019 Eligibility Decisions](#)
- [Application Instructions](#)
- [CLER](#)
- [Committee and Members Selection Process](#)
- [Common Program Requirements \(includes General Competencies\)](#)
- [Common Program Requirements FAQs](#)
- [Eligibility Exception Decisions by Specialty](#)
- [Key To Standard Notification Letter](#)
- [Milestones](#)
- [New England Journal of Medicine Report: The Next GME Accreditation System – Rationale and Benefits \(3/15/2012\)](#)
- [Residency-Dependent and Residency-](#)

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



# Thank you!

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