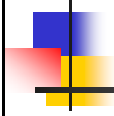
Update
Residency Review Committee for Internal Medicine

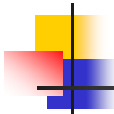


APDIM President's Plenary

October 5, 2007

Thomas Cooney, MD

RRC-IM Vice Chair



RRC-IM Mission

- Protect the educational environment
- Develop Standards
  - Based on specialty trends and practices
- Communicate standards
- Assure minimum compliance with standards
  - Public
  - Profession
  - Trainees

RRC ←→ APDIM Communication

- At Each Meeting
  - Plenary
  - Workshop(s)
  - Consultations (new 2006)
    - Conduct twice a year
  - Curbside
- Committees
  - APDIM Council
  - ASP Council
- Listserve postings
  - At APDIM invitation

RRC-IM Committee

EDITOR'S VIEWPOINT | ACCREDITATION

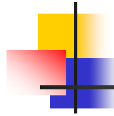
Tyranny of the Good

ACGME - 26 RRCs

- RRC-IM is the largest RRC (2006)
  - **23%** of all programs (1878)
    - 4.7% of core programs (2nd)
  - **30%** of all residents & fellows (31,322)
  - 680 programs reviewed 2006 (including Progress Reports)
    - Plus ~150 administrative/expedited reviews
  - 4 meetings/ 15 days per year

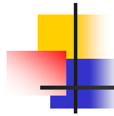
RRC-IM Member Qualifications

- Nominated by ABIM, ACP, AMA
- Appointed by ACGME (new 2006)
- GME experience/ expertise
  - PD (core/sub), Chair, DIO, DME, KCF
- Specialty expertise/ voice
- Willing to work hard for no honorarium
  - 15-20 meeting days/ year
  - 40 hours prep time/ meeting



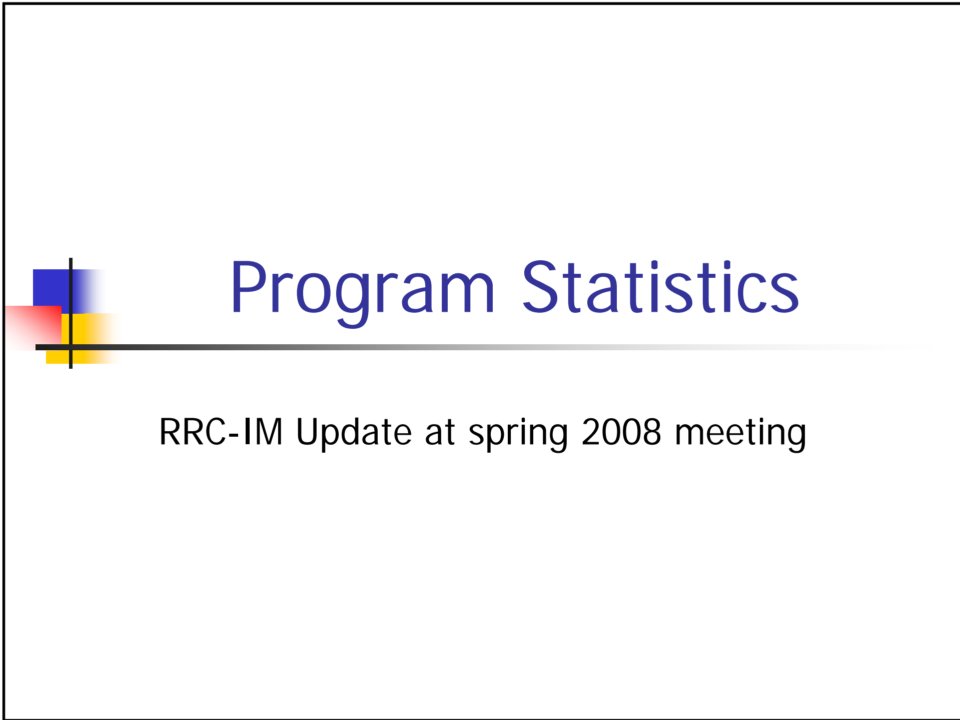
RRC-IM – Members 2007

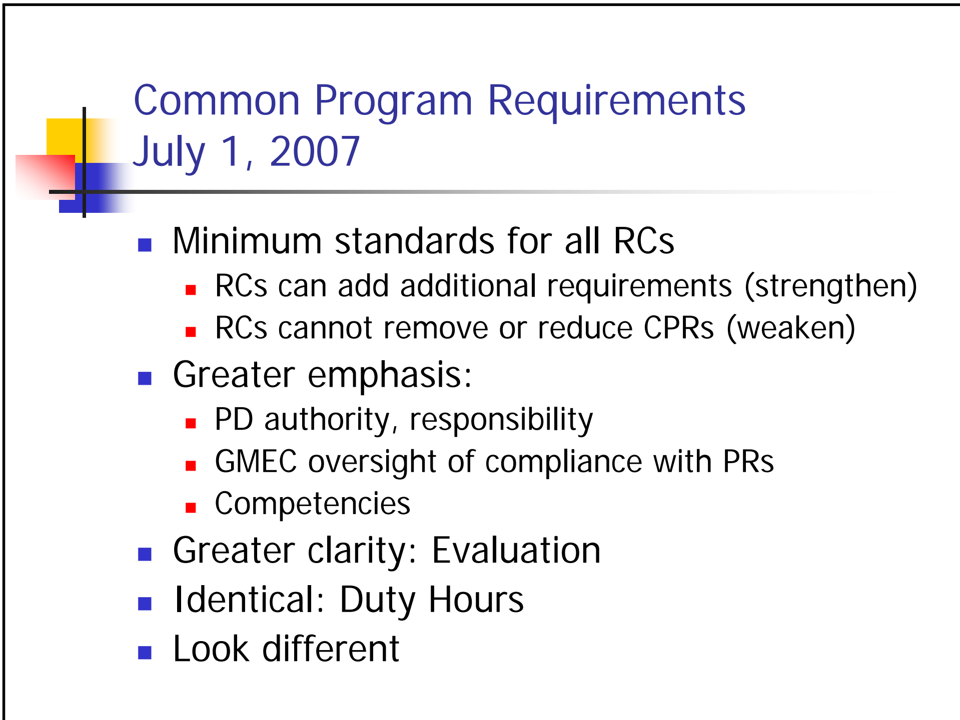
- Rosemarie Fisher, Chair
- Thomas Cooney, Vice-Chair
- Henry Schultz, Past-Chair
- Jeanette Mladenovic
- Glenn Mills
- Roger Bush
- Kenneth Torrington
- Stuart Quan
- Eileen Reynolds
- Dennis Boulware
- Jack Fitzgibbons
- David Faxon
- John Frohna
- Richard Simons
- Mary Walsh
- Grace Minamoto
- Beverly Biller
- Michael Lucey
- Khaled Ismail
- Karen Hsu-Blatman



News from the ACGME/RRC

- New Chief Executive Officer
  - Thomas J. Nasca, MD
    - Dean, Jefferson Medical College
    - Former Chair IM-RRC
    - Past President APDIM
- On-line “Virtual Program Director’s Guide”
- Program Director’s Guide to the Common Program Requirements
- New process for submission of Innovations


Program Statistics
RRC-IM Update at spring 2008 meeting


Common Program Requirements
July 1, 2007
Minimum standards for all RCs
RCs can add additional requirements (strengthen)
RCs cannot remove or reduce CPRs (weaken)
Greater emphasis:
PD authority, responsibility
GMEC oversight of compliance with PRs
Competencies
Greater clarity: Evaluation
Identical: Duty Hours
Look different

Common Program Requirements - Sections

- I. Institution
- II. Program Personnel & Resources
- III. Resident Appointment
- IV. Educational Program
  - Competencies
- V. Evaluations
- VI. Resident Duty Hours in the Learning and Working Environment
- VII. Experimentation and Innovation

Subspecialty PIF

- No more CAAR, no more paper PIF
- Common PIF – electronically
- Site visits scheduled after December 10, 2007
- Fellows will still complete RQ

PIF PREPARATION
COMMON PIF
Accreditation Information
Respond to Citations/Major Cha
Participating Sites
Faculty/Teaching Staff
Resident Appointments
Evaluation
Resident Duty Hours/Board Pas
SPECIALTY SPECIFIC PIF- CARDI
Participating Sites - Additional I
Administration of the Fellowshi
Graduates of the Program
Rotation Schedule - Year 1
Rotation Schedule - Year 2
Rotation Schedule - Year 3
Rotation Schedule Narrative
Continuity Clinic Experiences
Other Ambulatory Experience
Research and Scholarly Activit
Research & Scholarly Activity -
Evaluation – Additional Informat
Evaluation Narrative
Performance Improvement
Institution Information
General Competencies - Interna
Educational Program Part 1
Educational Program Part 2
Educational Program Part 3
Educational Program Part 4
Educational Program Part 5
Educational Program Narrative
Procedures & Technical
Print/Preview PIF
PIF Tutorials
Competency/Assessment Form

ANNUAL UPDATE TO BEGIN ON: NOT SCHEDULED
ANNUAL UPDATE TO BE COMPLETED BY: NOT SCHEDULED
ANNUAL UPDATE COMPLETED? NO (There are currently 14 residents that have an unconfirmed status)

WEB ACCREDITATION DATA SYSTEM HIGHLIGHTS

New Menu in ADS for Program Directors (8/14/2007)

Program Directors now have a new menu in ADS. The new menu features major sections with expanding and collapsing sub-sections. If you have any questions, please contact your ADS representative. The menu for DIOs has not changed.

Designated Institutional Official (DIO) must initiate Program Director Changes

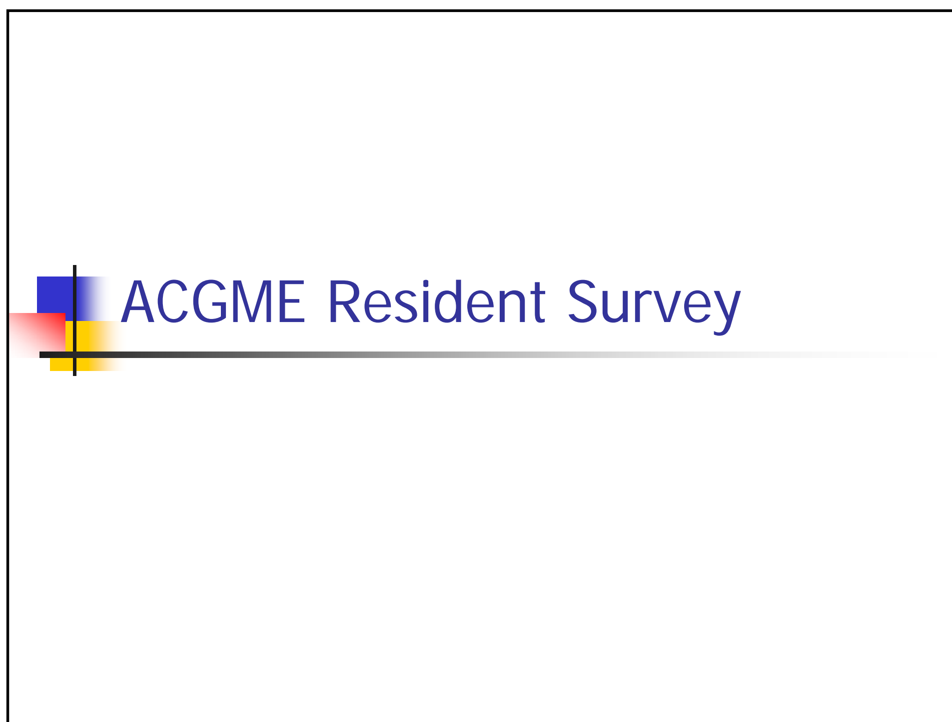
Effective March 22, 2007, all program director changes must be initiated by the DIO. To initiate a change in program director, the DIO must select *Initiate PD Change* from the menu on the left. The DIO must then click on the *Request PD Change* Icon for the appropriate program and is prompted to respond to several questions, including the new program director name, date and term of appointment, phone number, and PD email. The DIO must also verify that the new PD meets the required qualifications and is approved by the GMEC.

An email which provides the login information will be automatically sent to the new PD when the request is initially submitted. The program director must log into ADS to complete professional and certification information as well as other required documentation. The documentation (full or abbreviated curriculum vitae) varies by specialty, but the specific information requirements will be provided within ADS. After the request is complete and submitted, the new program director name will be posted in ADS, and the submitted materials are forwarded to the review committee staff. The next business day the new program director will receive a welcome letter containing useful information including password confirmation. The review committees generally review and approve program director changes at the next review committee meeting. The PD and the DIO will be informed of any submissions that do not meet the RC requirements.

New method of distribution for the accreditation letters

ACGME no longer mails hard copies of the letters of notification. They are posted to the Accreditation Data System (ADS) as PDFs in the program's password-protected area and are accessible by using the program and the sponsoring institution login information. In general, within two to eight weeks following review committee meetings, only Program Directors, DIOs, and core program directors for dependent subspecialties are notified by email that the accreditation letter will be posted in ADS within the next business day (ACGME system posts in ADS overnight as part of the daily update).

If the action is a proposed adverse action, a copy of the site visitor report and the procedures for proposed adverse actions are posted in ADS, along with the letter. If the action is a confirmed adverse action, the procedures for appeals for adverse actions are posted in ADS, along with the letter.



ACGME Resident Survey

- All programs every two years
  - Programs with > 4 residents
- New survey
  - Common questions
  - Specific to Internal Medicine
  - Additional questions specific to PGY 3s
  - EIP specific

ACGME Resident Survey

- 167/385 total core programs surveyed
  - 38% of residents
  - Mean time to complete = 13.0 minutes
- 509/1261 subspecialty programs surveyed

Duty Hours Resident Survey

- Threshold: 15% of residents or at least 10 residents outside standard in 3 of the duty hours questions

Duty Hours – Resident Survey

- First time – get a letter from RRC ED and get resurveyed the next year.
- Second time - RRC reviews report: options
  - Progress report, or
  - if no site visit scheduled in 2 years, may get cycle length reduction
  - RRC accountability to monitoring committee
- Third consecutive time – RRC reviews report
  - if site visit more than a year away, short cycled

RRC Initiatives

EIP

- EIP Annual Report to Monitoring Committee of the ACGME
- Initial Phase Participants (17) Submitted First Annual Report for RRC Review
- List will be compiled of best practices to be circulated to IM community
- RRC will solicit input from EIP participants regarding reporting mechanism
- EIP will hold annual meeting at Spring APDIM with poster presentations from all 21 programs

Med-Peds Programs

- All programs that have applied have been accredited

Experimentation & Innovation

- Innovations (section VII)
  - 3 programs have submitted proposals
  - 2 reviewed and approved at September RRC meeting
  - 1 pending review

"Requests for experimentation or innovative projects that may deviate from the institutional, common and specialty specific program requirements must be approved in advance by the RC. In preparing requests, the program director must follow Procedures for Approving Proposals for Experimentation or Innovative Procedures located in the ACGME Manual on Policies and Procedures. Once an RC approves a project, the sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project."

Experimentation & Innovation

- New process for Innovations
  - Application on ACGME website
  - Only duty hours "off the table"
- CILE Pilots
  - Duty hours based
  - Competency based

RRC-IM/CILE Pilot Projects

- Collect data on the feasibility and impact of refining selected common duty hour standards.
- Gather data on the utility and applicability of initially promising approaches for teaching and evaluating the general competencies.
- Evaluate pilots as a tool for refining the accreditation standards and processes by promoting Review Committee and constituent involvement and reducing barriers to innovation.

RRC-IM/CILE Pilot Projects

- Fall 2007/Winter 2008 – RRCs select pilots and inform constituents
- Spring/Summer 2008 – 2 year pilots begin
- Spring/Summer 2009 – Initial evaluation of the pilots at the end of the first year
- July 2010 - Pilots conclude, final assessment is conducted

RRC-IM/CILE Pilot Projects

- Incentives:
  - Waiver of selected program requirements (e.g., duty hour pilot)
  - Exempting participating programs from a site visit during the period of the pilot (unless program requests a visit)
  - Opportunity to contribute to improving the evidence base for accreditation

RRC-IM/CILE Pilot Projects

- Duty Hour Based
  - Achieving Continuity of Care and Education with 14-hour shifts
  - Change the Rest Requirement to "must be 8 hours"

RRC-IM/CILE Pilot Projects

- Competency Based
  - Enhancing Communication with Patients About Discharge from the Inpatient Setting
  - Teaching and Assessment of a Comprehensive Patient Safe Curriculum

RRC-IM/CILE Pilot Projects

- Only for core programs
- Programs submit letter to RRC-IM
- Up to 90 programs between 4 projects
- Stay tuned, more information soon…

Program Requirement Revisions

RRC Meeting

"I was just going to say 'well, we don't make the rules' But, of course, we do make the rules."

Program Requirement Revisions

- Continued collaboration with AAIM, APDIM and ASP
- Presentation by AAIM Accreditation Committee at July RRC meeting
- July and September RRC meetings spent primarily on Program Requirement re-write
- Draft copy to go to AAIM group by end of October
- “Final” copy for posting will be developed in January, posted in February for comment

Program Requirement Revisions

- Final re-write in May
- ACGME approval (hopefully) in September
- July 2009 – new requirements effective

PR Revisions: Questions for stakeholders

- Requirements for didactics
  - Structure, hours, specificity
- Emergency Medicine training
  - Minimum, maximum months
- Ambulatory including continuity clinic structure
- Need for educational coordinators
- Resource protection for PDs, programs and residents

Questions?

See you at the Workshops

(identical- don't need to attend both)

And bring your questions!!