What’s Up With the Common Program Requirements?

Brad Clark
DeLaura Shorter
Outline

• 3 versions of CPR
• Increased PD authority
• Individualized learning plans
• PD and PC support
• Core faculty
Outline

• Independent practice
• Faculty Development
• Mission and Aims
• Diversity/ Health Disparities
• Standardized board pass rate
• Broadened scholarly activity
• Changes to ADS
3 Separate CPR

- Residency
- Fellowship
- One-year fellowship
Common Program Requirements Approved with Future Effective Date

7/1/2019  Common Program Requirements (Residency)
          7/1/2019  Common Program Requirements (Residency) Tracked Changes Copy
          Common Program Requirements (Residency): Table of Implementation Dates »

7/1/2019  Common Program Requirements (Fellowship)
          7/1/2019  Common Program Requirements (Fellowship): Table of Implementation Dates

7/1/2019  Common Program Requirements (One-Year Fellowship) »
          7/1/2019  Common Program Requirements (One-Year Fellowship) Tracked Changes Copy
          ACGME Review Committee Fellowship Common Program Requirement Version Decisions »

https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements
Background and Intent: Participating sites will reflect the health care needs of the community and the educational needs of the residents. A wide variety of organizations may provide a robust educational experience and, thus, Sponsoring Institutions and participating sites may encompass inpatient and outpatient settings including, but not limited to a university, a medical school, a teaching hospital, a nursing home, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, an educational consortium, a teaching health center, a physician group practice, federally qualified health center, or an educational foundation.
PD Authority

• PD is given broader authority
• Role is greatly expanded
• Section II.A
Areas of Authority & Responsibilities

• Monitoring the learning environment
• All things related to residents
• Authority to approve and remove faculty
• Appoint site directors at all sites
• Mission and aims
• Emphasis on role modeling
• Must have clinical activity
PD Authority & Faculty

• Evaluate and approve program faculty
• Evaluate faculty annually
• Approve (and remove) faculty at all sites
Individualized Learning Plans

• Pediatrics already has this
• Assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth (V.A.1.d.2)
PD & PC Support

• PD – Base is 0.2 FTE or 8 hours/week
• PC
  – Must be a PC
  – 0.5 FTE minimum for a residency
  – Fellowship not defined
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 members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.

The program coordinator is a member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management. Program coordinators are expected to develop unique knowledge of the ACGME and Program Requirements, policies, and procedures. Program coordinators assist the program director in accreditation efforts, educational programming, and support of residents.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth. Programs with fewer residents may not require a full-time coordinator; one coordinator may support more than one program.
Faculty

• Need sufficient number with competence at each site (II.B.1)
• Need to pursue faculty development
• Emphasis on being role models
Core Faculty

• Devote significant portion of entire effort to program (II.B.4)
• Selected based on broad knowledge of and involvement in program
• Do ACGME survey
Independent Practice
Requirements IV.E. (fellowship ONLY)

• Can assign fellows to engage in the independent practice of their core specialty during their fellowship program.

• must not exceed 20 percent of their time per week or 10 weeks of an academic year.

This section will be deleted for those Review Committees that choose not to permit the independent practice option. For those that choose to permit this option, the Review Committee may further specify.
What does this mean for you?

• If specialty allows independent practice you will have to:
  - Consider impact
  - Ensure you meet curricular requirements
  - Revise block schedule
Faculty Development
Requirements II.B.2.g

Faculty members must pursue faculty development designed to enhance their skills at least annually

- **Residency CPR**
  Specifies the domains faculty must pursue in faculty development
  *(educators, QI/PS, personal or residents well-being and, PBLI)*

- **Fellowship CPR**
  Only requires the statement above.
  Does **NOT** specify domains

- **One-Year Fellowship CPR**
  Does **NOT** require annual pursuit of faculty development
What does this mean for you?

• Collect faculty development for all of your faculty
• report in aggregate (in ADS?)
Mission & Aims
Requirements IV.: Program Mission

The mission statement is a written statement of a program’s core purpose. This statement should:

1) clarify the focus of the educational program (e.g. academic/research focus, community care focus, etc.),

2) what community the program will serve and how that will be accomplished,

3) and how the program’s mission aligns with the larger mission of the Sponsoring Institution.
USF MCOM Mission

The mission of the Morsani College of Medicine at the University of South Florida is to provide for the education of students and professionals of the health and biomedical sciences through the creation of a scholarly environment that fosters excellence in the lifelong goals of education, research activity and compassionate patient care.
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Requirements IV.: Program AIMS

Define specific program aims consistent with:

1) overall mission of its Sponsoring Institution,
2) the needs of the community it serves and that its graduates
3) and the distinctive capabilities of physicians it intends to graduate.

Within this framework, programs may place different emphasis on research, leadership, public health, etc.
Mission and Aims should be the driving force of your program
It is expected that the program’s scholarship will reflect its mission(s) and aims, and the needs of the community it serves. [CPR IV.D]

Faculty members must be provided feedback on their contribution to the mission of the program [CPR BI V.B.1.]

The choice of a program director should be informed by the mission of the program and the needs of the community. [CPR BI II.A.3.a]

PEC review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims. [CPR V.C.1.b).(4)]

The mission of institutions participating in graduate medical education is to improve the health of the public… Programs must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum...[CPR BI II.A.4.a).(2)]

It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution’s mission and aims. [CPR BI I.C.]

Program Curriculum (Health Disparities)
Requirement I.C: Diversity

• The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.

• …the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution’s mission and aims.
Requirement II.A.4.a).(2): Health Disparities

• **The mission of institutions participating in graduate medical education** is to improve the health of the public… **Programs** must understand the social determinants of health of the populations they serve and incorporate them in the design and implementation of the program curriculum, with the ultimate goal of addressing these needs and health disparities.
What does this mean for you?

• Institutional Policy on Diversity
• Collect data on workforce diversity
• Include in curriculum social determinants of health unique to Tampa
• Collaborative effort between SI and Program
Standardized Board Pass Rate
## Requirements V.C.3.

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Offered</th>
<th>Aggregate</th>
<th>Compliance 1</th>
<th>Compliance 2</th>
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<tbody>
<tr>
<td>Written</td>
<td>Annually</td>
<td>3 Years</td>
<td></td>
<td>80% higher than the bottom fifth percentile of programs in that specialty</td>
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<tr>
<td>Oral</td>
<td>Annually</td>
<td>3 Years</td>
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<tr>
<td>Written</td>
<td>Bi-Annually</td>
<td>6 Years</td>
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</tr>
<tr>
<td>Oral</td>
<td>Bi-Annually</td>
<td>6 Years</td>
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</table>
5th Percentile

- Board pass rates provided by each ABMS member Board (SAME)

- ACGME will calculate the 5th percentile separately for each specialty board and exam type (NEW)
5th Percentile Example 1

5th Percentile = 91.3%

Program 3-Year Aggregate Pass Rate = 85%
5th Percentile Example 1

5th Percentile = 91.3%
Program 3-Year Aggregate Pass Rate = 85%

**COMPLIANT**

Program pass rate is **NOT** greater than the 5th percentile, BUT the pass rate is >=80%
5th Percentile Example 2

5th Percentile = 91.3%

Program 3-Year Pass Rate = 75%
5th Percentile Example 2

5th Percentile = 91.3%
Program 3-Year Pass Rate = 75%

NOT COMPLIANT

Program pass rate is less than the 5th percentile AND <80%
5th Percentile Example 3

5th Percentile = 47.5%

Program 3-Year Aggregate Pass Rate = 60%
5th Percentile Example 3

5th Percentile = 47.5%
Program 3-Year Aggregate Pass Rate = 60%

**COMPLIANT**

Program pass rate is **greater** than the 5th percentile
Scholarly Activity

Application
Discover
Learning
Investigating
Teaching
Research
Publications
Excellence
Collaboration
Knowledge
Passion
Presentations
Inquiry
Methodology
Outreach
Requirement IV.D.2.
Faculty Scholarly Activity: Domains

Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains:

- Research
- Peer-reviewed grants
- QI/PS
- Systematic reviews
- Creation of curricula
- Contribution to professional committees
- Innovations in education
Requirement IV.D.2.b): Faculty Scholarly Activity: Dissemination

- **Residency programs will:**
  - complete a table for all physician faculty members and a separate table for non-physician faculty members
  - no longer report scholarly activity by individual faculty member

- **Fellowship Programs will (??):**
  - continue to report scholarly activity by individual faculty member

ALL Programs will report domains of scholarly activity for all faculty in the program (with the exception of one-year programs)
Requirement: IV.D.3. Resident/Fellow Scholarly Activity

• **Residency programs:**
  – Residents must participate in scholarship

• **Fellowship Programs:**
  – [The Review Committee may further specify]
Evaluation

KEEP CALM
EXCITING NEWS
COMING SOON
Changes to WebADS

BRACE YOURSELVES

CHANGES ARE COMING
# Upcoming Changes to ADS

Changes will go live after ADS Rollover June 24, 2019

<table>
<thead>
<tr>
<th></th>
<th>Initial Accreditation</th>
<th>Continued Accreditation Status</th>
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<tbody>
<tr>
<td>Site Director Identification</td>
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<tr>
<td>Designation of Core Faculty</td>
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<td>Faculty Certification reported by Expiration Date</td>
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<td>Faculty Scholarly Activity Reporting</td>
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<td>Common Application &amp; Annual Update Questions</td>
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<tr>
<td>Attachment/Uploaded Documents</td>
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### ADS Change: Faculty Scholarly Activity Reporting

**Faculty Scholarly Activity**

For the previous academic year (programmatically show July 1, YYYY – June 30, YYYY), select the methods that all faculty in your program have demonstrated in the dissemination of scholarly activity. If none, select none.

#### Dissemination Methods

<table>
<thead>
<tr>
<th>Domains</th>
<th>PMDs</th>
<th>Other Publications</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters/Textbooks</th>
<th>Grant Leadership</th>
<th>Leadership or Peer-Review Role</th>
<th>Formal Courses</th>
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<tbody>
<tr>
<td>Research in basic science, education, translational science, patient care, or population health</td>
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<td>Peer reviewed grants</td>
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<td>Quality improvement and/or patient safety initiatives</td>
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<td>Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports</td>
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<td>Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials</td>
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<td>Contribution to professional committees, educational organizations, or editorial boards</td>
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<td>Innovations in education</td>
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Other presentations (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer-reviewed publications between 7/1/10 and 6/30/12.

**Barbaro, N., Pamela, D.**
Next Steps

• Read the requirements thoroughly
• Note any areas that will require RC documentation
• Began planning now
• Reach out if you have questions
  – Speciality RC
  – Peers
  – GME
Questions??