

# What's Up With the Common Program Requirements?

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### **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**

#### Common Program Requirements Approved with Future Effective Date

ACGME Review Committee 2019 Eligibility Decisions ACGME Review Committee 2019 Faculty Scholarly Activity Decisions 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**

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.

Background and Intent - Section II.C



# **Faculty**

- Need sufficient number with <u>competence</u> 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 <u>NOT</u> 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?)









## 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.),
- what community the program will serve and how that will be accomplished,
- 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]

### **Mission and Aims**

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

#### Scholar

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.]

Recruitmen

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)]

**SWOT** 

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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)]

Program
Curriculum
(Health
Disparities)

Faculty

Program Director

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)]

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# 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.

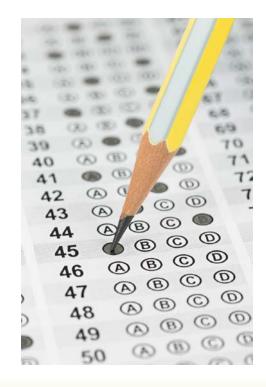


# What does this mean for you?

- 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.

Certification Type	Offered	Aggregate	Compliance 1	Compliance 2
Written	Annually	3 Years	80%	higher than the bottom fifth percentile of programs in that specialty
Oral	Annually	3 Years		
Written	Bi-Annually	6 Years		
Oral	Bi-Annually	6 Years		



### 5<sup>th</sup> 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)



# 5<sup>th</sup> Percentile Example 1

5th Percentile = 91.3%

Program 3-Year Aggregate Pass Rate = 85%



# 5<sup>th</sup> 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%



## 5<sup>th</sup> Percentile Example 2

5th Percentile = 91.3%

Program 3-Year Pass Rate = 75%



## 5<sup>th</sup> Percentile Example 2

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

#### **NOT COMPLIANT**

Program pass rate is <u>less than</u> the 5th percentile <u>AND</u> <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**





# 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**





## **Changes to WebADS**





## **Upcoming Changes to ADS**

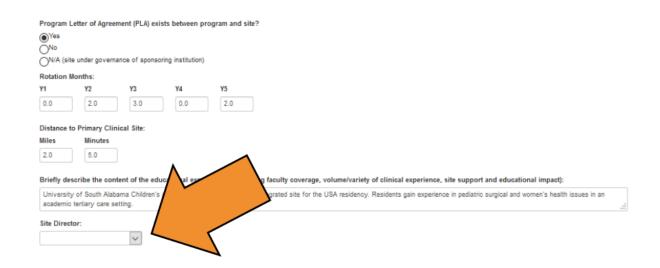
Changes will go live after ADS Rollover June 24, 2019

	Initial Accreditation	Continued Accreditation Status
Site Director Identification	X	X
Designation of Core Faculty	X	X
Faculty Certification reported by Expiration Date	X	X
Faculty Scholarly Activity Reporting	х	X
Common Application & Annual Update Questions	X	X
Attachment/Uploaded Documents	X	



### **ADS Change: Site Director Identification**

Edit Participating Sites



Buchter, S., Fischer, C. (March 2019). ACGME Annual Conference: Pediatric Specialty Update [PowerPoint Slides].



#### **ADS Change: Faculty Scholarly Activity Reporting**

Physician Non-Physician Osteopathic **PMIDs** 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 Leadership Other Conference Other Grant or Peer-Formal **PMIDs** Publications **Domains** Presentations Presentations Chapters/Textbooks Leadership Review Role Courses Pub Med Ids Articles without Other Chapters or textbooks Grants for Active Responsible for Abstracts. (assigned by PMIDs non-peer posters, and presentations published between which faculty leadership role seminars. PubMed) for (grand rounds. member had a conference reviewed articles publ. publicat... show nternati... show invited profes. leadership r... series, or co... serving on show more committ... show show more Other presentations (grand rounds, invited professorships), materials lot final-subject to chams Research in basic science, education, translational science, patient care, or 0 population health Peer-reviewed grants Quality improvement and/or patient safety 0 Systematic reviews, meta-analyses, review 0 8 articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, 0 0 didactic educational activities, or electronic educational materials Contribution to professional committees. 0 6 (3) educational organizations, or editorial boards Innovations in education 03 23 ■ None (checkbox that disables all other checkboxes on the screen and is stored in the database)

Barbaro, N., Pamela, D. (March 2019). ACGME Annual Conference: Neurological Surgery Specialty Update [PowerPoint Slides].





## **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??



