Common Program Requirements

Sections I- V

New and Improved for July 2019

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AHME Webinar

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Objectives

1. Describe ACGME Expectations for New Common Program Requirements

2. Identify ways to adapt your institution and program for July 2019

3. Collaborate across institutions and programs to enable smoother transition to new requirements,

4. Utilize interactive tools and exercises to help further the discussion in home institution readiness and adaptation required at home institution

Accreditation in transition

Common Program Requirements I-V

Common Program Requirements-VI

Institutional Accreditation Requirements

CLER

Milestones

Continuous Accreditation with 10 year cycle

Components of Next Accreditation System (NAS)

Timeline- Phase 2- CPR- Sections 1-5

Effective Date- July 1, 2019
   citations as of 7/1/2020

Two sets of Common Program Requirement
- Residency
- Fellowship

Common Program Requirements- Phase I- Revisiting

Section VI- The Learning and Working Environment
- Patient Safety, Quality Improvement (IV.A.1)- some req'd in 2019
- Supervision and Accountability (IV.A.2)
- Professionalism (IV.B)
- Well-Being (IV.C)- some req'd in 2019
- Fatigue Mitigation (IV.D)
- Clinical Responsibilities, Teamwork, Transitions of Care (IV.E)
- Clinical Experience and Education (IV.F)- aka Duty Hours

Common Program Requirements- Phase 2

Sections I-V- Key concepts/Changes

- Expectations for Sponsoring Institutions and Participating Sites

- Program Personnel and Resources

- Resident Appointment and Eligibility

- Educational Program dimensions

- Evaluation of Residents, Faculty and Program

For today's presentation

Focus on specific areas for collaborative discussion

-primarily residency program standards

Materials received from AHME are more detailed

CPR
Section 1- Oversight

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Section I- Oversight

- PLAs can now be 10 year duration and must be approved by DIO

- Recruitment/retention of diverse workforce for all participants in program (trainees, faculty, staff) in alignment with institutions mission and aims (I.C)

- Resources- Lactation room/facilities

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Question #1 Oversight

I.C. 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. (Core)

 Background and Intent: 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. The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).

Poll #1
Has your program started incorporating changes related to diverse workforce including residents, faculty and staff that aligns with your institutional mission and aims?

a) We are not aware of our institutional mission and aims related to diversity and inclusion of workforce

b) We are aware of the institution's mission/aims related to diversity and inclusion

c) We have designed and implemented policies/procedures that align with the mission planning in this areas for each of the groups (residents, faculty and staff)

d) We have implemented specific strategies to meet our institutional mission/aims.

#1: Ideas from the Group

Pictures of current residents on website with names

Starting a geriatric program to meet the needs of elderly population

Recruit residents that can match the ethnic map of the community

Medical Education policy that mirrors health system's commitment to diversity

Keep offering visa sponsorship

Not always hire from within

Collate diversity information and include as part of AIR to ensure it is reviewed by program, GMEC and Health system leadership

Other ideas?- add to the chat box

CPR
Section II- Personnel

Section II- Personnel

- **<u>Program Director</u>** – dedicated time outlined minimum of 8 hrs/week

- Minimum of 3 yrs experience (admin and/or educational) *
    (or quals acceptable to RC)

- Board certified by ABMS <u>or AOA</u>

- Authority over faculty (<u>approve, evaluate, remove</u>)

- Design and conduct program consistent with community needs/mission of the hospital/program- req'd in 2019

Section II- Personnel- con't

Faculty

- **Role model** of professionalism

- **Annual faculty development participation in: Must be reported**
  - **education/teaching   req'd in 2019**
  - **QI/PS**
  - **well-being – personal and resident**
  - **patient care based on practice-based learning (own PBLI- role model)**

- Quals- certified by AMBS or AOA

- Core faculty does not have hours requirement but have "significant role"

- Must be approved by Program Director

Section II- Personnel- con't

Program Coordinator/Administrators

- Clearer definition of support- no less than 50% FTE (residency)

- Intent language also encourages

  - Skills in leadership and personnel management
  - SI and programs should encourage professional development

Question # 2 Personnel - Program Director

II.A.4.a).(2) design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)

Background and Intent: The mission of institutions participating in graduate medical education is to improve the health of the public. Each community has health needs that vary based upon location and demographics. 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

Poll #2
Has your program planned and implemented strategies that take into consideration the social determinants of health of population served?

a) We have not begun this discernment

b) We have started planning to implement programming specifically targeted to meet this need.

c) We have implemented programming for this need

Question #2: Ideas

- Invest in a rural track surgical program

- Teach residents to regard diversity in common

- Conduct the program in such a way that increases resident retention

- Expose residents to the advantages of practicing in the community so they can come back to practice

- Provide incentives for recruitment

- Use hospital's community needs assessment to choose focus areas for each program. Make connections with our community health department

Other ideas?- add to the chat box

Question # 3- Personnel- Faculty

II.B.2.g) pursue faculty development designed to enhance their skills at least annually: (Core)

Background and Intent: Faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the residency program faculty in the aggregate.

Poll 3
Has your organization implemented strategies that meet the goal of Faculty development related to enhancing their skills on an annual basis?

a) We have not begun this planning yet

b) We have designed an assessment tool to evaluate the needs of the faculty

c) We have incorporated the faculty development plan to include not only core faculty but extended faculty within the program

d) Our faculty development program has incorporated measures to track achievement and are used for faculty evaluation

Question #3: Ideas

- Conduct Needs assessment/poll faculty to better engage to identify educational topics of interest.

- Integrate Faculty development into accreditation activities and other existing activities/times such as Grand Rounds

- Align education with how faculty want to consume to material

- Train the trainer

- Obtain institutional memberships to access available online modules/resources

- Place faculty development as item on GMEC meeting that occurs once/month – each month a different program director presents so burden is not on one person

- Instruct faculty to go to a session on faculty development at one of their professional meetings or ACGME workshops and report back to program

- Partner with residents on ongoing QI/safety projects

- Teach faculty how to use the evaluation tools we already have to ensure consistency

- Implement Faculty score card and create incentive and align bonuses to meet organizational/GME goals

Other ideas?- add to the chat box

CPR
Section III- Resident Appointment and Eligibility

III- Resident Appointment

- Included transfer from ACGME-I programs
- If completed training in program not accredited by typical groups (ACGME, etc), could enter as PGY1 and advance to PGY2 based on milestone evaluation..

⭐   If you are considering this type of candidate- please review to section III.A.4 for more details.

- Transferred resident- need Milestone Evaluations as well as summative competency based eval

- ACGME has recently published:

    ACGME Review Committee 2019 Eligibility Decisions

CPR
Section IV- Educational Program

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IV- Educational Program

- Define specific program Aims consistent with SI's mission with focus on needs of community it and graduates serve

- Responsibility not necessary ties to PGY level

- Protected time to participate in <u>core</u> didactic activities- program needs to define core

- Specifically noted that resident is expected to develop <u>one's own plan</u> for personal and professional well-being

- Curriculum- organized to optimize supervisory continuity- as defined by each RC

- Scholarship language was changed significantly for faculty

Question #4 – Educational Program

IV.A.4.a) Residents must be provided with protected time to participate in core didactic activities. (Core)

Background and Intent: It is intended that residents will participate in structured didactic activities. It is recognized that there may be circumstances in which this is not possible. Programs should define core didactic activities for which time is protected and the circumstances in which residents may be excused from these didactic activities. Didactic activities may include, but are not limited to, lectures, conferences, courses, labs, asynchronous learning, simulations, drills, case discussions, grand rounds, didactic teaching, and education in critical appraisal of medical evidence.

Question #4 Ideas

- Provide protected mentorship time for residents to discuss long-life learning plans, etc with mentor

- Provide shorter educational sessions at the rotation/clinic level

- No call on night before didactics so – no post call day

- Incorporate into academic time already protected or make protected

- Sample schedules

- Provide time for extra administrative duties

- Faculty support for extra time.

CPR
Section V- Evaluation

V- Evaluation

- Further emphasis on timely <u>formative</u> Eval as well as summative eval
- Formative Evaluation = monitoring resident learning
- Summative Evaluation = evaluating learning by comparison against goals and objectives
- More clearly defined the 6 month review between resident and Program Director
- Final Evaluation- document "able to enter autonomous practice" rather than "competence to enter practice without direct supervision"
- Clearly defines process for evaluation of faculty
- Program Evaluation Committee- broader definition for assessment
- Report to RC- Board certification status- 7-yr rolling average

Summary

- Further Study- review Common Program Requirements Section VI--Implementation Dates
  - approved 6/10/2018 Effective- 7/1/2019

- Other documents of interest:
  - Common Program Requirements (Residency) Sections I-V Table of Implementation Dates
  - Updated FAQs are pending
  - Program Director's Guide to the CPRs- coming

  Moderator: Review of Chat box items submitted

Ongoing Activities

- Start a conversation on AHME Message Board under "GME"

- Share best practices in the members area under COIL or CPFD

- Contact Info:

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