
Ninth Annual Coordinator Conference

Louis Ling, MD

Senior Vice President, Hospital-based Accreditation
ACGME

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Common Program Requirements:



UPDATED



Cheryl Gross, CAE
John Potts, MD
Louis Ling, MD



What are they?

- **Institutional Requirements**
 - *Proposed by IRC*
- **Common Program Requirements**
 - *Proposed by task force of members of:*
 - ACGME Board of Directors
 - Council of Review Committee Chairs
- **Specialty-Specific Requirements**
 - *Proposed by Review Committee*
- **ALL must be approved by ACGME BoD**





How did we get here



- **Major revisions: 2007, 2011, 2016-2018**
- **Usually tweaks**
- **Latest revision was a big deal done in two parts:**
 - **Section VI approved 2/6/2017; effective 7/1/2017**
 - **Sections I-V approved 6/10/2018; effective 7/1/2019**



How did we get here



- 1. What do physicians need to know in 2039?**
- 2. Lessons learned from osteopathic review**
- 3. Lessons from CLER**
- 4. Lessons about duty hours/clinical work and education for section VI**



Where are we now?

- **Almost all requirements categorized as “core”**
- **Review Committee may further specify only where indicated**



Where are we now?

- **Section VI**
 - In effect now
 - No citations for new requirements were issued before 2019 training year



Where are we now?

- **Phase II – Sections I-V**
 - *Approved June 2018*
 - *In effect July 1, 2019*
 - *Review Committees are discussing integration of new CPRs in specialty requirements*
 - *Will be 45-day Review and Comment period and revised by July 1, 2020*



Where are we now?

Three sets of Common Program Requirements

- 1. *Residency (most basic)***
- 2. *Fellowship (more flexible)***
- 3. *New optional One-Year Fellowship (most flexible)***

Latest CPRs: Style

- Statements of philosophy
- *In italics*
- **NOT citable**

VI.A.1.b).(2)

Quality Metrics

Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.

VI.A.1.b).(2).(a)

Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)

Latest CPRs: Style

- **Statements of background and intent**
- **Set off by boxes**
- **NOT citable**
- **“Spirit of the law”**

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).



Where are we now?

- **Almost all requirements categorized as “core”**
- **Review Committee may further specify only where indicated**
- **New Fellowship Common Program Requirements**
 - *Current One-Year Common Program Requirements will be discontinued*
 - *New Program Director Guide coming soon*



Where are we now?

Six Sections:

- I. Oversight**
- II. Program Personnel**
- III. Resident Appointments**
- IV. Educational Program**
- V. Evaluation**
- VI. The Learning and Working Environment**



Section IB: Oversight

- **Elimination of required elements for PLAs**
 - Recommended elements to be included in the Program Director Guide
- **PLAs must be approved by the DIO**



Section I: Oversight*

- **I B3 Program must monitor clinical learning and working environment at all sites**
 - *Includes a faculty member who is accountable for resident education at each participating site*
- **I C Mission-driven, ongoing, systematic recruitment and retention of diverse workforce**



Section I: Oversight

- **I D Addition of PRs that mirror the Institutional Requirements:**
 - *Access to food*
 - *Sleep and rest facilities*
 - *Security and safety measures*
 - ***New PR addressing lactation facilities***
 - ***New PR requiring accommodations for residents with disabilities, consistent with Sponsoring Institution policy.***



Section I E: Oversight

- **Other learners and providers:**
- ***Residency version:* The presence of other learners and other care providers, including, but not limited to, residents from other specialties, subspecialty fellows, and advanced practice care providers, must enrich the appointed residents' education.**
- **...must report when other learners interfere to DIO and GMEC**



Section I: Oversight

- ***Fellowship version: Fellows should contribute to the education of residents in core programs, if present.***
 - *Emphasizes program responsibility to ensure:*
 - *Fellows' education is not compromised by the presence of other providers and learners*
 - *Fellows' education does not compromise core residents' education*



II A: PD Support

- **Residency and fellowship versions now address PD support – previously addressed in some, not all, specialty PRs**
- ***Residency version:* Minimum 20% FTE (8h/per week) salary support for program administration (RC may specify)**
- ***Fellowship version:* PD must be provided with support adequate for program administration based on program size and configuration (RC must specify)**



II A3: PD Qualifications

- **Qualifications must include:**
 - ***At least 3 years of educational and/or administrative experience, or qualifications acceptable to RC (residency version only)***
 - ***AOA or ABMS certification acceptable***
 - ***Current medical licensure and medical staff appointment (residency version only)***
 - ***Ongoing clinical activity (residency version only)***



II A4: PD Responsibilities*

- *Be a role model of professionalism*
- *Design and conduct program consistent with community needs and mission(s) of the program and SI*
 - **Program curriculum should address community needs and health disparities**



II A4a(4): PD Responsibilities*

- Develop and oversee process for evaluation of candidates for program faculty prior to appointment and annually thereafter**
- Have authority to appoint and remove faculty at all sites**
- Have authority to remove residents from supervising interactions that do not meet program standards**



II A4a(9): PD Responsibilities

- Provide applicants with information related to board eligibility**
- Provide an environment in which residents may confidentially raise concerns and provide feedback without fear of intimidation or retaliation**



II A4a(13): PD Responsibilities

- **Ensure compliance with SI's policies and procedures on employment and non-discrimination**
 - **No restrictive covenants or non-competition guarantees for residents**



II A4a(14): PD Responsibilities

- **Document and provide, upon request:**
 - **Verification of residency education within 30 days of program completion**
 - **Summative evaluation of residency education for all residents**



II B2: Faculty Responsibilities

- **Be role models of professionalism**
- **Demonstrate commitment to safe, quality, cost-effective, patient-centered care**
- **Pursue faculty development at least annually:**



II B2g: Faculty Development

- ***Residency version: Faculty development to enhance skills:***
 - **As educators**
 - **In quality improvement and patient safety**
 - **In fostering well-being**
 - **In patient care based on PBLI efforts**



II B3: Faculty Qualifications

- **AOA certification acceptable**
- **Any non-physician faculty member must be designated by the program director**



II B4: Core Faculty

- **Definition now based on role in resident education and supervision – not number of hours devoted**
- **Includes, at a minimum, CCC and PEC members**
- **Must complete annual ACGME Faculty Survey**



II B4 Core Faculty

- Non-physician faculty members may be appointed as core faculty**
- Scholarly activity now assessed for the program as a whole, not individual core faculty (allows core faculty selection based on educational contributions)**



II C: Program Coordinator*

- ***New* - There must be a program coordinator**
 - **Support for coordinator now required for all programs**



II C: Program Coordinator

Background and Intent:

Program coordinator is the lead administrative person

Member of the leadership team

Title varies across institutions

Responsibilities vary based on needs of the program

Programs should encourage professional development for coordinators



II C: Program Coordinator

- ***Residency version:*** Support for the coordinator must be at least 50% FTE (at least 20 hours per week) for administrative time (RC may further specify)
- ***Fellowship version:*** Support must be adequate for program administration, based on program size and configuration – (RCs may specify minimum level of support)



Section III: Eligibility

- **Eligibility criteria from Institutional Requirements now mirrored in Common Program Requirements**
- ***Residency version: ACGME-I Advanced Specialty accreditation acceptable for prerequisite clinical education***



Section III: Eligibility

- ***Fellowship version: RC to decide on prerequisite education accredited by:***
 - *Option 1: ACGME, AOA, RCPSC, CFPC or ACGME-I Advanced Specialty Accreditation*
 - *Option 2: ACGME or AOA only*
- **RC may elect to permit exceptions regardless of which eligibility option is chosen (mostly IMGs)**



IV A: Curriculum

- **New program aims**
- **Goals and objectives for autonomy**
- **Protected time for core didactics**
- **Ethical principles for professionalism**



IV C: Curriculum organization*

- **Structured to optimize length of experiences and supervisory continuity**
- **Pain management and signs of addiction**



IV D: Scholarship

- **New scholarship section replaces previous faculty and resident scholarly activity sections**
- **Focus on scholarly activity for the program as a whole**
- **Scholarly activity must be consistent with the mission of the program (IVD1.a.)**
- **...must advance residents' ...scholarly approach to evidence-based patient care.**



IV D2 Faculty Scholarly

Activity

Programs must have efforts in at least three of the following domains: (Core)

- **Research in basic science, education, translational science, patient care, or population health**
- **Peer-reviewed grants**
- **Quality improvement and/or patient safety initiatives**
- **Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case report**



IV D2 Faculty Scholarly Activity

- **Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials**
- **Contribution to professional committees, educational organizations, or editorial boards**
- **Innovations in education**



IV D2b Scholarly Activity

- **The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods [each RC chose (1) or (1 and 2)]**
 - *(1) faculty participation in grand rounds, poster presentations, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)*
 - *(2) peer-reviewed publication. (Outcome)*



IV D3 Scholarly Activity

- ***Residency version only*** - Residents must participate in scholarship. Each graduating resident should have a scholarly activity that is disseminated as further described in IV.D.2.b).(1) or IV.D.2.b).(2). (RC may further specify)
- ***Fellowship version*** – No common requirement for fellow scholarly activity – RC may specify requirements



Section IV: Independent Practice (New for Fellowship only)

- **Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship.**
- **If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year. (Core)**
 - **(The Review Committee may further specify)**



V A: Resident Evaluation

- **PD or designee, with input from CCC, must:**
 - *Meet with and review with each resident documented semi-annual evaluation, including Milestones progress*
 - *Assist residents in developing individualized learning plans*
 - *Develop plans for residents failing to progress*
- **Provide summative evaluation of resident's readiness to progress to the next year of the program**



V C: Program Evaluation

- **Addition of list of required elements to be addressed in the Annual Program Evaluation**
- **PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats**



V C: Program Evaluation

- **Annual review, including action plan, must be:**
 - Distributed to and discussed with faculty and residents
 - Reviewed by the GMEC
- **Program must complete a Self-Study prior to 10-year accreditation site visit**



V C3: Board Certification

- **PD should encourage graduates to take applicable ABMS or AOA certification examination—*replaces all existing specialty-specific take rate requirements***



V C3: Board Certification

- **Board pass rate (for both written and oral exams):**
 - **Aggregate pass rate of for first time takers**
 - **three years of data for an annual exam**
 - **six years of data for a biennial exam**



V C: Board Certification*

Program are OK if either one:

- 1. Pass rate is above the bottom 5th percentile**
- 2. First time taker pass rate equal to 80 percent no matter the percentile rank of the program.**

Programs must report in ADS the ultimate board certification rates annually for the cohort of residents that graduated seven years earlier.



Take home points:

- More flexibility for fellowships
- More flexibility about scholarship
- More about wellness and quality and safety
- More emphasis on faculty development
- More detail about program evaluation
- More consistency about board pass rate

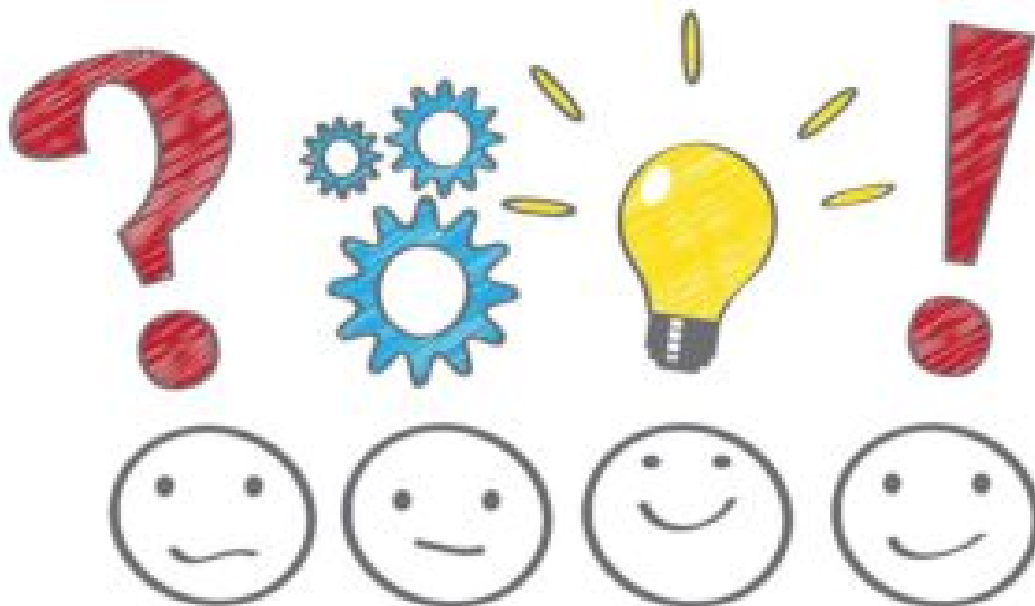


CPRs Summary

- Ambitious changes, some aspirational
- Emphasis on improving the Clinical Learning Environment
- Review committees still developing interpretation
- Time to start working on the changes, use the intent.
- Same goal as before: independent practice....
.....for a life-time



CPRs – Questions?





Section VI

- Includes philosophy and rationale behind requirements (*italicized*)
- “Duty hours” replaced with “the learning and working environment”



VI F1. Maximum Hours

- 80-hour weekly maximum remains
- Clinical work from home counts toward 80 hours
- Charting at home and other physician work
- Responding to patient care questions
- Planned didactics
- Moonlighting counts
 - *Reminder: averaged over 4 weeks*



VI F1. Maximum Hours

- **What does NOT count toward 80 hours**
 - *At home reading done to prep for next day*
 - *At home studying and learner work*
 - *At home research*
- **Above counts toward 80 hours when done in the hospital or site**



VI F1. Maximum Hours

- Does all of at-home call period count toward “clinical work done from home?”
 - *NO! Only the time devoted to patient care activities*



VI.A.1.d).(1) Appointments

Residents must be given the opportunity to attend medical, dental, mental health, and dental care appointments, including those scheduled during their working hours.

- *Intent is to ensure that residents may attend appointments as needed, and that their schedules not prevent them from seeking care*
- *Institution policies dictate whether vacation/sick time must be used*
- ***Common sense and reasonableness should prevail***



VI C1e(3) 24/7 access to mental health professionals

- **Residents must have immediate access to a mental health professional**
- **In-person, telemedicine, or telephonic access is acceptable**
- **Resident Assistance Program like EAP**



Section VI

- **VI.A.1.a).(4)(a): All residents must receive training in how to disclose adverse events to patients and families.**
 - *Many ways to meet this requirement*
 - *Participating is acceptable, but so are simulations*
 - *Review Committee believes that having faculty model examples is appropriate as well.*



Section VI

- **VI.A.1.b).(2).(a): Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.**
 - *Examples: case volumes,*



Section VI

- **Home Call**

- *Understand certain subspecialties are on call for 7 days*
- *“Averaged over a 4-week period”*
- *A weekend break between 2 2-week periods would meet the requirement*
- *PGY-1 residents may be scheduled for in-house and at-home call*



Take home points:

More flexibility for fellowships

More flexibility about scholarship

More about wellness and quality and safety

More emphasis on faculty development

More emphasis on the 80 hours

More aspirational requirements about diversity



CPRs – Questions?

