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**Geriatric Medicine:  
Updates from the RC-FM**  
2012 American Geriatric Society Annual Meeting

Peter J. Carek, MD, MS  
Vice-Chair, Review Committee for Family Medicine



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**RC-FM Staff 2012**

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**Objectives**

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1. Review RC-FM work
2. Update: Geriatric Medicine Requirements
3. Review scholarly activity for faculty and fellows
4. Discuss Milestones Project
5. Present overview of NAS



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### RRC Composition

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- 3 appointing organizations - AAFP, ABFM, AMA
- 10 voting members
- 6 year terms -- except resident (2 years)
- Program Directors, Chairs, Faculty
- Geographic Distribution
  - CO, IA, ID, IL, NJ, NY, PA, SC, TX, UT
- Ex-officio members from each appointing organization (non-voting)



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### Term for Members

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- Review Committee members shall be appointed to a six-year term. *(Upon completion of a six-year term, a member may not be appointed again to the same Review Committee.)*
- Resident member: one 2-year term
- Each member evaluated by each RC member at end of 2<sup>nd</sup> year
- Chair and Vice Chair elected by RC
  - Chair term 3 years
  - Vice-Chair term either 1 or 2 years



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### Responsibilities of RC Members

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- Attendance at 3 meetings each year
- Exercise fiduciary responsibility
  - Each member of a Review Committee must be attentive to the needs and priorities of the ACGME, and must act in what he or she reasonably believes to be the best interests of the ACGME.
- Maintain confidentiality
- Avoid conflict or duality of interest
- Program reviews (20-30 hours before each meeting)



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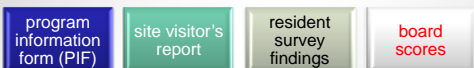
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## RRC Review of Programs

- Peer Review – 2 reviewers for core
- Reviewers use following information to determine compliance with requirements:



- Questions in PIF correspond to program requirements
- Reviewers present program to Committee
- Committee determines degree of compliance and assigns accreditation status along with review cycle, range of 1-5 years




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## Review Cycle of Cores and Subs

- Historically: Review cycle of sub aligned with core.
  - If core has three year cycle, sub (s) will have three cycle
  - Cycle of sub did not exceed that of core
- Now: RRC has un-coupled subs cycle from that of core.
  - Subs still considered dependent, but cycle of sub can exceed that of core

New Core Applications	New Subspecialty Applications
<ul style="list-style-type: none"> <li>• Rare events</li> <li>• Site Visit required</li> <li>• 12 month process</li> <li>• Maximum of a 3 yr cycle</li> </ul>	<ul style="list-style-type: none"> <li>• More regular occurrence</li> <li>• No site visit required</li> <li>• Need 2 months prior to meeting (agenda closing date)</li> <li>• Maximum of 3 yr cycle</li> </ul>

- ACGME document: Applying in eight steps:  
[http://www.acgme.org/acWebsite/home/accreditation\\_application\\_process.asp](http://www.acgme.org/acWebsite/home/accreditation_application_process.asp)




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## Citation

- Citation = program has not provided evidence of compliance with requirements, or, area identified by site visitor is non-compliant

**Don't Have**

- Patients (# & types); required certified faculty; required experience; facilities/equipment; time/support; required program personnel

**Don't Do**

- Lack of evidence that required experience is provided, no documentation of compliance with requirements

**Didn't Bother to Proof/Edt PIF**

- Incomplete or inaccurate information; did not fully describe/provide sufficient details; discrepant data




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### For Core Family Medicine Programs in AY 11/12, there are....

- 452 accredited programs
- Specialty Length = 3 years
- 10,050/10,770 filled resident positions
- Average Program Cycle Length = 4.20
- 438 programs with continuing accreditation
- 10 programs with initial accreditation (in existence 3 years or less)
- 2 programs with probation
- 2 programs that voluntarily withdrew




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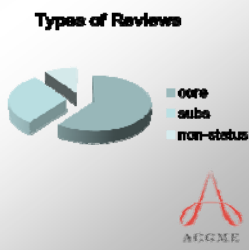
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### Summary of RC Activities – AY 2011/12

- RC meets three times per year – January, May, September
- During AY 2011/2012, the Committee reviewed 157 programs so far (May meeting not included)
  - Average per meeting:
    - 40 core programs
    - 20 fellowship programs
    - 10 non-status (progress & duty hours reports, innovation requests, etc)




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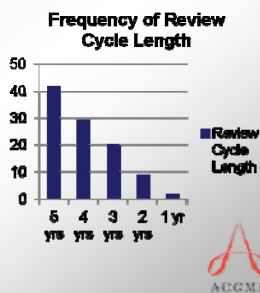
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### Accreditation Decisions in AY 2011/2012 Core Family Medicine (Sept 2011 & Jan 2012 mtgs)

Summary of Status Decisions	
Initial Accreditation	4
Continued Accreditation	72
Proposed Adverse Actions	6
Confirmed Adverse Actions	1
Voluntary Withdrawal	N/A
<b>Total</b>	<b>83</b>




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### Most Frequent Citations - AY 2011/2012

#### Core Family Medicine

FMC Patient Visits (1650 / 150)	42
Curricular Development (required hrs/months, experiences, etc.)	39
Board Exam Performance	31
Responsibilities of the PD (PIF not accurate or complete, etc.)	29
Institutional Issues – internal review; facilities issues; lack of support for GME	27
Faculty Qualifications	26
Evaluation of Faculty	19
Evaluation of Resident	14




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### Citations (cont'd)

- Citations such as poor board examination pass rates may affect program's cycle length




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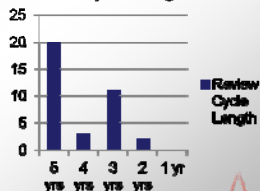
### Accreditation Decisions - AY 2011/2012

#### Subspecialties of FM (Sept 2011 & Jan 2012 mtgs)

GM – 6 programs; SM – 40; HPM – 11

Summary of Status Decisions	
Initial Accreditation	10
Continued Accreditation	39
Proposed Withhold	5
Proposed Withdrawal	2
Voluntary Withdrawal	1
Voluntary Withdrawal of Application	0
<b>Total</b>	<b>57</b>

Frequency of Review Cycle Length




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**For Geriatric Medicine Programs  
- AY 2011/2012, there were....**

- 44 accredited programs
- Specialty Length = 1 year
  
- 66/109 filled resident positions
- Average Program Cycle Length = 4.29
  
- 36 programs with continuing accreditation
- 8 programs with initial accreditation (in existence  $\leq$  3 years)




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**Most Common Citations –  
Subspecialties AY 2011/2012**

	Geriatrics	Sports Med	HPM
Evaluation of Program	XX	XX	XX
Scholarly Activities	XX	XX	
Instit. Support – Sponsoring Inst.	XX		
Instit. Support – Participating Sites	XX		
Other Program Personnel		XX	XX
PD Responsibilities		XX	
PD Qualifications			XX
Faculty Qualifications			XX




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**Geriatric Medicine Program by RC**

- FM Geriatric Programs = 45
- IM Geriatric Programs = 105




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### GM Requirements Update

- Reqs: joint venture between FM and IM
- Reqs last revised in July 2006.
  - *Currently*, requirement revisions are in process.
- ACGME's revision process takes approximately 18-24 months
- December 2009 Family Medicine RRC Newsletter clarifies steps in process
- First draft of revision has been internally reviewed with goal to be posted for public comment later this summer.



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### GM Requirements Update (cont'd)

- Medical Records: Access to an electronic health record should be provided
- Long-term care setting experience: Each fellow must have ~~10~~ 12 months
- Didactics: Fellows must participate in clinical case conferences, journal clubs, and morbidity and mortality (or quality improvement) conferences



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### GM Requirements Update (cont'd)

- **Interesting Point of Clarification:**
  - Although GM reqs are same regardless of whether program is accredited by RC for FM or IM, general sub reqs to be used in conjunction with GM requirements are *different*.
  - There will be one set of program requirements that both IM & FM will use (there will no longer be two documents from which to refer).
- RC for IM has taken turn at revising requirements
  - Reviewed/incorporated AGS recommendations and RC-FM reviewed IM draft and provided suggestions
- Reduced Common Requirements for 1 yr subs
  - Common Program Requirements for one year fellowships were endorsed by ACGME Board of Directors at its February 2008 meeting. Next set of revisions will reflect these changes.



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### GM Requirements Update (cont'd)

- PD: Five years participation as active faculty member in an ACGME-accredited geriatric medicine fellowship
- Scholarship: ~~Majority~~ At least 50% key clinical faculty must demonstrate evidence of productivity in scholarship
- Available Services: dietitians, language interpreters, nurses, occupational therapists, physical therapists, and social workers



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### RC-FM Philosophy 2012

- Flexibility but clear concept of anticipated responses and results
- Transparency
- Committee Member involvement in ACGME communications
- Focus on process improvement
- Commitment to excellence



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### Duty Hours Update

1. Implemented July 1, 2011
2. ACGME/RC-FM inconsistencies
  - RC will use ACGME wording
3. Program documentation
  - actual vs. attestation



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### Resident Survey

- RC monitors results of resident survey on annual basis
- Focus on general areas – not individual questions
  - Duty hours
  - Faculty supervision/teaching
  - Evaluation
  - Educational content
  - Resources
  - Patient safety
  - Teamwork
- RC recommends that each program investigates non-compliant areas indicated on resident survey, and, if indicated, implement action plan where improvement can be demonstrated



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### Resident Survey Update

- First reporting period for resident survey just opened in January 2012.
- In preparation for next accreditation system, all residents and fellows in core specialty and subspecialty programs, regardless of size, will be surveyed
  - There is not a single, unique survey being administered; therefore, a sample of the survey questions is not available.



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### Resident Survey Update (cont'd)

- Depending on their responses and level of training, *residents and fellows* may not all see the same questions.
- Resident Survey reports will be made available after close of each reporting period if:
  - 70 percent compliance rate and
  - four or more residents participated in survey.
- National data will be posted to all reports in August 2012.
  - Sample report will be available shortly.



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## Resident Survey Update (cont'd)

- The ACGME Resident Survey results to programs has a new look for 2012.
- Also new is that all programs, regardless of size will be required to complete the resident survey
  - Of note is that for smaller programs, if there are at least 4 fellows across 3 years, and at least 3 responses in those 3 years, the PD will receive a report.
  - If this "threshold" is reached at the end of 2 years (2 + 2), there will be a report then.




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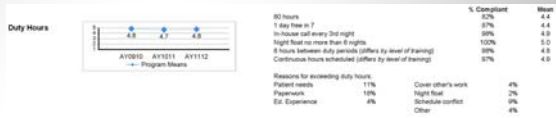
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## Resident Surveys

- All 2010-2011 Resident Survey Individual Program reports with new trend graph were reposted during December 2011.




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## Scholarly Activities

- Scholarly Activity:
  - Shared by peers and contributes to knowledge
  - Evaluation component
- Faculty: regional or national level
- Residents/Fellows: local, regional or national level
- Local – at institution
- Regional – outside the institution




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### Scholarly Activities\*

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples)
Discovery	Build new knowledge through traditional research	<p><b>Residents:</b> e.g. poster presentations, publish original research paper or abstract, original research presentation at a grand rounds</p> <p><b>Fellows/Faculty:</b> e.g. refereed poster presentation, authorship of papers in peer-reviewed journals, investigator on grants, development of patents for discoveries, original research presentations at regional or national meetings</p>

\*Based on Boyer's Scholarship Model

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### Scholarly Activities

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples)
Integration	Synthesize current knowledge to make it useful to others	<p><b>Residents:</b> e.g. case study and literature review presentation at local Grand Rounds, lead local patient education conference series, publish an op-ed in local newspaper regarding current public health concern, letter to editor of national medical journal analyzing results of a paper published by others</p> <p><b>Fellows/Faculty:</b> e.g. publish a POEM, publish a clinical review paper in peer-reviewed national journal, testify in state legislature regarding public health problem strategy, serve as editor for a state or national medical journal</p>

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### Scholarly Activities

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples)
Application	Use knowledge to improve health care, medical practice, health systems operations, public health or policy	<p><b>Residents:</b> e.g. present the design and results of a clinical quality improvement project; local publication of design, implementation and effects of a patient education program, risk behavior, or chronic disease management in a residency newsletter</p> <p><b>Fellows/Faculty:</b> e.g. present results of clinical QI program implemented in a group of practices at a regional professional meeting, present results of a practice-based research network at a national professional meeting; serving on a state or national committee developing and implementing programs to improve medical practice or education; obtainment of grant funding for practice improvement or redesign</p>

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## Scholarly Activities

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples)
Teaching	Development, implementation and evaluation of educational curriculum, courses, program, materials, and so forth for educational purposes.	<p><b>Residents:</b> e.g., preparation of an enduring curriculum for use in a residency program (needs assessment, goals and objectives development, activities, evaluation process, implementation and summarization of pilot results)</p> <p><b>Fellows/Faculty:</b> e.g., obtain Title VII grant funding to implement new curriculum, develop, implement and report to sponsoring professional organization a new curriculum for a national professional educational course or module; publish evaluation of a new curriculum in a peer-reviewed journal</p>




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## Milestones

- Milestones describe performance levels residents are expected to demonstrate for skills, knowledge, and behaviors in the six general competency domains.
- Milestones will lay out framework of observable behaviors and other attributes associated with residents' development as physicians.
- Identification of assessment methods that will be effective in evaluating performance on the milestones is part of this effort.




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## Milestones

Joint initiative of the ACGME and ABMS with the involvement of the specialty community

RC's initially will use aggregate resident performance on the milestones to identify aspects of educational programs needing improvement




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**Specialty Specific Milestones**  
**Patient Care & Medical Knowledge**


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Working Group

- Educators and leaders from RC (including resident member and executive director), ABFM, and AAFP
- Chair: Suzanne Allen, M.D.

Advisory Group

- Specialty leaders
- Assist with establishing support for the Milestones
- Provide feedback to the Working Group



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**Specialty Specific Milestones**  
**Patient Care & Medical Knowledge**

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First Meeting: March 18-19, 2012

Working Draft:

- Completed by end of 2012
- Public comment & pilot testing



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**NEXT ACCREDITATION SYSTEM**

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- Maintenance of Accreditation
- Continuous, not 5-year episodic demonstration of program quality
- Annual data submission and review
- Institutional review on regular basis
- Program self-study every 10 years
- RC's role will change - help program to improve - "educational prescription"



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### NEXT ACCREDITATION SYSTEM

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- Annual Data Submission examples:
  - ADS annual update
  - Resident survey
  - Faculty survey
  - Milestones data
  - Board scores
  - Procedural information
  - Others to be determined



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### NEXT ACCREDITATION SYSTEM

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- Program level site visit
  - LCME-like self study: several site visitors
  - Establish goals for next 10 years
  - Strive for continued improvement
  - Focus not on data verification
  - Similar to - Education Innovation Project
- Phase I: Neurosurgery, Orthopedic Surgery, Urology, IM, Peds, EM, and Radiology (2013)
- Phase II: Remaining RCs will follow (2014)



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### ACGME Data Collection

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- All residents and fellows in core specialty and subspecialty programs, regardless of size, will be surveyed annually
- More information is being/will be collected through ADS
  - Common PIF = Questions all programs need to complete
    - Information on faculty/teaching staff
    - Residents/fellows - # completed; # transfer, withdraw; dismissed
  - Responses to previous citation
  - Evaluation (resident, faculty and program)
  - Duty hours
  - Complement increases, PD/Institution changes
  - Voluntary withdrawal



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## ACGME Communications

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- Weekly e-communication
  - Contains GME information: New requirements, newsletters; updates on ACGME issues/initiatives
- E-mail status of programs on RRC agenda
  - 5 business days after meeting will receive email w/status and review cycle.
- E-mail notification when letter is available on Accreditation Data System (ADS)
  - Hard copies of letters not provided
  - Letter is posted following the meeting
- E-mail notification of site visit date
  - For questions related to site visits contact:
    - Ingrid Philibert: (312) 755-5003, [iphilbert@acgme.org](mailto:iphilbert@acgme.org)
    - Jane Shapiro: (312) 755-5015, [jshapiro@acgme.org](mailto:jshapiro@acgme.org)
    - Penny Lawrence (312) 755-5014, [pl@acgme.org](mailto:pl@acgme.org)



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## Program Resources

### *Program Director Guide*

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- Common competency questions inserted in all specialty PIFs (common but not hard-wired into ADS as in Part I of the PIF).
- PD Guide to the Common Requirements:  
[http://www.acgme.org/acWebsite/navPages/nav\\_commonpr.asp](http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp)
- Provides PDs:
  - Explanations of the intent of most of the common requirements (particularly competency-based)
  - Suggestions for implementing requirements and types of documentation expected.



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## www.acgme.org

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- ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- Accreditation Data System (ADS)
- Duty hours Information/FAQ
- Affiliation Agreements FAQ
- General information on site visit process and your site visitor
- Notable Practices
- Family Medicine Webpage
  - Resident complement increase policy
  - Program Requirements and PIFs
  - Archive of RRC Updates/Newsletters
  - FAQs



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Questions?



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