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NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: MSCHWAB@ACGME.ORG.

Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program Requirements

Revisions to the ACGME Common Program Requirements (CPRs) related to duty hours in the learning and working environment were approved by the ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revised CPRs include several sections that necessitate further specialty-specific definitions. Several of these areas, as denoted by an asterisk below, require immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

Areas that Require Specialty-Specific Definitions to be Developed by Each Review Committee:

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
5. Define Intermediate level residents and residents in the final years of education (senior level residents) (VI.G.5.b and c).*
6. Define circumstances when "senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).*
7. Review Committees may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).*

** must be defined or specified by the Review Committees for review at the February 2011 ACGME Board meeting.*

Review Committees have developed these definitions, and have submitted them to the ACGME for review and approval at the February 2011 ACGME meeting. The approved definitions will be posted shortly after that meeting and, as already mentioned, will become effective July 1, 2011.

MEETING AND AGENDA CLOSING DATES

MEETING: APRIL 15-16, 2011
AGENDA: CLOSED

MEETING: OCTOBER 14-15, 2011
AGENDA CLOSING: AUGUST 5, 2011

NOTIFICATION DEADLINES

5 DAYS AFTER MEETING:

E-MAIL NOTIFICATION OF REVIEW STATUS/
CYCLE LENGTH AUTOMATICALLY SENT TO
PROGRAM DIRECTOR AND DIO.

60 DAYS AFTER MEETING:

E-MAIL ALERT SENT STATING THAT LETTER
OF NOTIFICATION IS POSTED IN ADS.

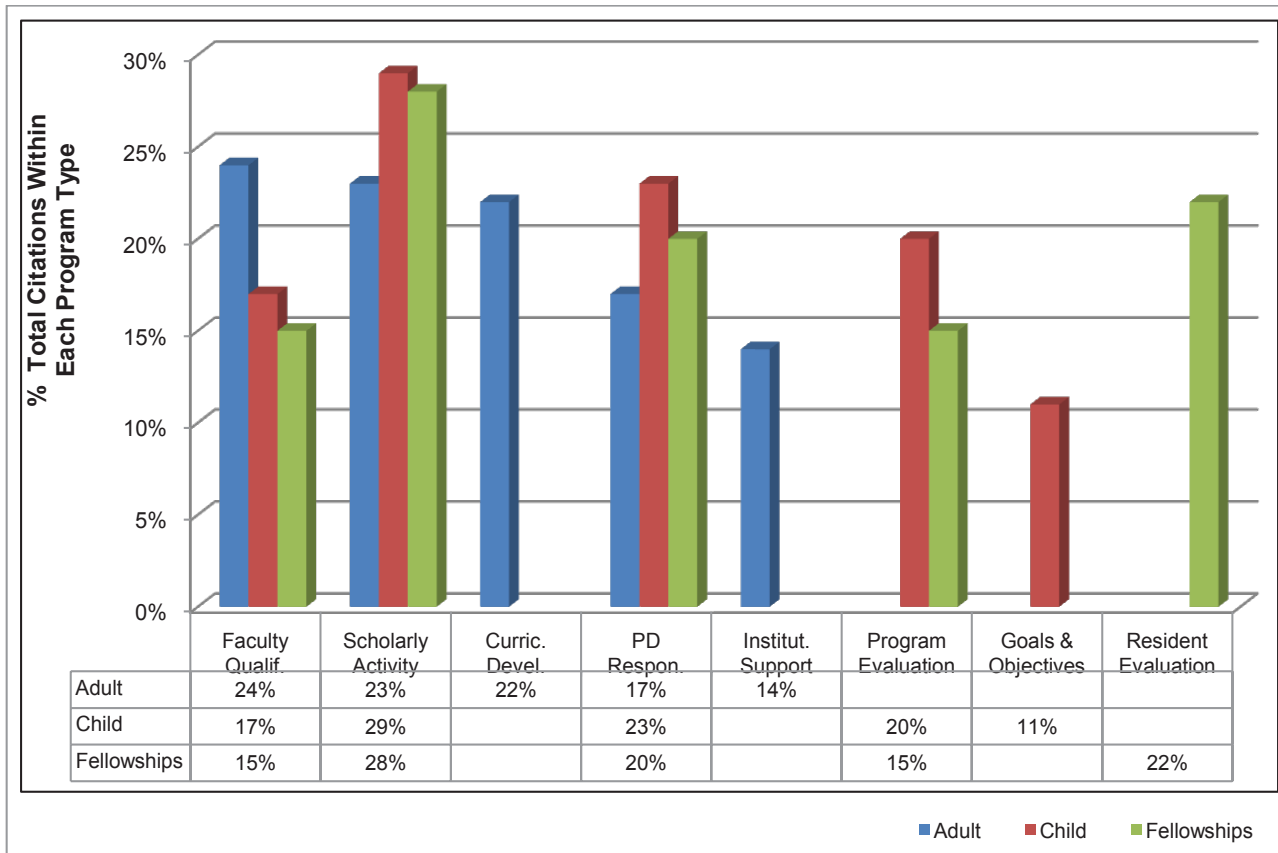
UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.

Recent Review Committee Activity

Actions Approved in 2010

ACTION	NUMBER
Continuing Accreditation	95
Initial Accreditation	14
Non-status (progress reports, participating site changes, resident complement changes, other)	58
Adverse Actions	9

The top five citation areas for each program type (adult, child, and the four fellowships) are shown below. The most frequently cited area for adult programs was “faculty qualifications” while the most frequently cited area for child programs and fellowship programs was “scholarly activity.”



Current Projects

- Major revision of all program requirements for psychiatry (core and subspecialty programs) has begun. The Committee expects that drafts of proposed revisions for addiction psychiatry, forensic psychiatry, geriatric psychiatry, and psychosomatic medicine will be posted for review and comment by July, 2011, and drafts of proposed revisions for adult psychiatry and child and adolescent psychiatry will be posted for review and comment by July 2012.
- Draft FAQ documents for all current requirements have been prepared and are under review. The Committee expects these will be available on its page on the ACGME website by this summer.

ACGME Resident Survey Aggregate Reports are Useful to Programs, Sponsoring Institutions, and ACGME Review Committees

A common topic facing Review Committees is the disposition of results of the Resident Survey and how the results in particular may impact a program's accreditation status. The ACGME and its Review Committees take residents' engaged participation in this annual survey very seriously. In response to numerous recent inquiries regarding this topic, the ACGME wanted to provide clarification on how it utilizes the information gleaned from survey responses.

Use in Program Evaluation: Review Committees, programs, and sponsoring institutions consider residents' evaluations of their programs important sources of information about program quality (CPR V.C.). Since the implementation of the annual ACGME Resident Survey in 2004, many programs and sponsoring institutions have used its results to focus improvement efforts, and as one method of gathering resident input. After the survey window closes, the program director and designated institutional official (DIO) can assess an aggregate summary of the results for their individual program or sponsoring institution, and implement an action plan to address issues of concern. In addition, many programs and institutions use their own survey to assess programs that are not eligible to complete the ACGME survey (i.e., fellowship programs with fewer than four fellows) or to explore topics of local or institutional relevance.

Use during Accreditation Site Visits: During site visits, the ACGME field staff representatives use the results of the ACGME Resident Survey, along with other information provided by the program or institution, to verify and clarify issues during this part of a program's accreditation assessment. Information from the site visit, along with all other accreditation documents, is considered by the Review Committee to determine accreditation outcomes.

Use by ACGME and Review Committees: Beginning in 2007, the ACGME and its Review Committees initiated standardized follow-up with programs and institutions when the results of the Resident Survey exceeded an established ACGME compliance threshold for duty hours (these plans were communicated to the GME community in a [special message from Dr. Thomas Nasca in September 2008](#), as well as through individual Review Committee newsletters). Then, in 2009, the Council of Review Committees and ACGME senior leadership discussed methods for aggregating data from multiple areas of the survey as a way for Review Committees to review interim (between site visits) information about programs and sponsoring institutions. Additionally, the aggregation of individual survey questions into domains of program functioning (faculty, evaluation, educational content, resources, duty hours) offers a way to learn about areas and patterns of noncompliance that may be present in a program.

This year, the ACGME Board of Directors recommended that Review Committees follow-up with programs that had significant noncompliance with the aggregated duty hour domain, as well as significant non-compliance in two or more other domains (faculty, evaluation, educational content, resources). Of the

5703 programs that participated in the 2010 ACGME Resident Survey, 274 (4.8%) required follow-up. Follow-up methods included letters sent to program directors and DIOs requesting that they implement improvement plans to address the problem areas, and, for 34 programs, scheduling early site visits. The ACGME sent a copy of any letter sent to a program to the chief executive officer of that program's sponsoring institution in order to involve him or her in supporting program improvements.

Results Available in the ACGME Accreditation Data System (ADS): DIOs and program directors are encouraged to continue using the results of the ACGME Resident Survey as an ongoing quality improvement tool. Multiple reports are available to provide this resource to programs and institutions via ADS:

- Programs can view the **2010 Resident Survey National Data Overall** report by selecting "Resident/Fellow Survey" from the left-hand menu, and then clicking on "National Data." DIOs can view this same report selecting "Reports" from the left-hand menu, clicking on "Reporting Tools," and then clicking on "Resident Survey National Data Overall."
- DIOs can view the **Aggregate 2009-2010 Institution Level Resident Survey** report for each sponsoring institution by selecting "Reports" from the left-hand menu, clicking "Reporting Tools," and then clicking the "Institution Level Resident Survey Results" link and selecting the 2009-2010 academic year.
- **2009-2010 Resident Survey individual** reports have been reposted with a *new* column that displays the "National Noncompliance Rate." Programs can view the report by selecting "Resident/Fellow Survey" from the left-hand menu, and then clicking on "Aggregate Report." DIOs can view this report by selecting "Program & Resident Info" from the left-hand menu, clicking "View and Update Sponsored Programs," and then selecting the report link for each program under the "Resident/Fellow Survey Report" column.
- Programs can view the **Aggregate 2007-2010 Combined Resident Survey Results** report for programs with fewer than four active residents: by selecting "Resident/Fellow Survey" from the left-hand menu, and clicking on "Aggregate Report." DIOs can view this report by selecting "Program & Resident Info" from the left-hand menu, clicking on "View and Update Sponsored Programs," and selecting the report link for each program under the "Resident/Fellow Survey Report" column.

- The **2010 Resident Survey National Data for Specialty-Specific Questions** report is **only** available for specialties that have a specialty-specific survey section. Programs can view the report by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “National Data—Specialty-Specific Questions.” DIOs can view this report by selecting “Reports” from the left-hand menu, clicking on “Reporting Tools,” selecting “Resident Survey National Data—Specialty-Specific Questions,” and then selecting the 2009-2010 academic year.
- Programs can view the **2010 Resident Survey National Data by Core Specialty** report by selecting “Resident/Fellow Survey” from the left-hand menu, and clicking on “National Data by Core Specialty.” DIOs can view this report by selecting “Reporting Tools” from the left-hand menu, clicking on “Reporting Tools,” and then selecting “Resident Survey National Data by Core Specialty.”

ACGME Resident Survey Results

The 2010 Resident Survey results for psychiatry compared with results for all specialties are summarized below.

Resident Survey Average Potential Compliant Response Rate, 2010

Survey Area	Psychiatry Data	National Data
Faculty (Q1-6)	93.7%	95.2%
Evaluation (Q7-8, Q11-12, Q15)	96.3%	97.3%
Educational Content (Q9-10, Q13-14, Q19)	88.5%	90.3%
Resources (Q16-18)	83.5%	86.3%
Duty Hours (Q20a-20i)	98.3%	97.9%

2010 Resident Survey Questions with Potential Non-compliant Psychiatry Response Rate ≥ 10%

Responses to Survey	Psychiatry Data	National Data
	4452 (92%)	97,771 (92%)
Q5 - Do your faculty members regularly participate in journal clubs?	11.3%	7.3%
Q16 - Has your ability to learn been compromised by the presence of trainees who are not part of your program, such as residents from other specialties, subspecialty fellows, PhD students, or nurse practitioners?	16%	17.5%
Q17a – Does your program provide an environment where residents/fellows can raise problems or concerns without fear of intimidation or fear of retaliation?	10%	6.9%
Q17b – How satisfied are you with your program’s process to deal confidentially with problems or concerns you might have?	24.2%	20.6%
Q18 – How often are you able to access, either in print or electronic format, the specialty-specific and other reference materials that you need?	15.9%	10%
Q19a – How often do your rotations and other major assignments provide an appropriate balance between clinical education and other demands, such as service obligations?	19%	16.8%
Q19b – How often has your clinical education been compromised by excessive service obligations?	32%	29.1%

Faculty Roster in Program Information Forms Includes Four Educational Activity Categories

In order to be consistent among all specialties, the ACGME has revised the Faculty Roster in the Common PIF (this is the PIF that the program director assesses by logging into ADS), by expanding the ‘Average hours/week devoted to Resident Education’ to include four categories - clinical supervision, administration, didactic/teaching, and research. The Common PIF for Psychiatry already includes these areas so no modification is

necessary. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

Category of Resident Education	Examples of Resident Educational Activities
Clinical supervision	Bedside rounds; outpatient precepting; operative supervision
Administration	Program oversight; curriculum development; faculty, resident and program evaluation; career counseling
Non-clinical didactics/teaching	Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident
Resident research	Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations

Program Requirements Revision Process

The ACGME requires that each set of program requirements undergo major revision at least once every five years. Approximately 24 months before the scheduled date of the next major revision for a particular set of requirements, the ACGME's Requirement Development Committee (RDC) reviews the existing requirements and PIF and provides feedback to the Review Committee regarding potential areas for improvement. The Review Committee considers the RDC suggestions and also updates the requirements and PIF as needed based on input from the medical community. The revised requirements and PIF are then submitted to the RDC for consideration. Upon approval from the RDC, the revised requirements are posted, along with an impact statement on the ACGME website; program directors and DIOs and others in the GME community are notified through the ACGME weekly *e-Communication* that the proposed requirements are available for review and comment for a period of 45 days. At the conclusion of the review and comment period, the Review Committee reviews the comments submitted in response to the proposed requirements, considers whether additional changes to the requirements are needed in response to the comments, and prepares the final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments, the Review Committee's response to these comments, and any necessary FAQs must accompany the requirements when they are submitted to the ACGME Board. Upon approval by the ACGME Board, the new requirements are posted to the ACGME website, along with the effective date. Program directors and DIOs are notified through the ACGME *e-Communication*.

All requirements posted for review and comment can be found on the [ACGME website](#), by selecting the left-hand links to "Review and Comment" --> "Program Requirements". Posted along with all current documents are the deadlines for comments and the e-mail address to which comments should be submitted.

Introducing: *GME Focus*

The ACGME is proud to announce the official launch of *GME Focus*, a comprehensive, online collection providing an overview of the current literature in graduate medical education. Modeled after similar resource systems provided in the field of clinical medicine, *GME Focus* scans the medical and medical education literature and provides summaries of, and commentary on, articles relevant to program directors, DIOs, faculty, residents and others with interest in graduate medical education, and makes it available in an easily-accessible location open to the public.

Constant advances in medicine and education result in a broad range of new articles on graduate medical education every month. Time constraints and the distribution of articles across many journals can present challenges to individuals attempting to keep current and develop a broad of understanding of new literature. In response to this reality, the ACGME created *GME Focus* to assist program directors, DIOs and others to

maintain an ongoing sense of new information on topics such as educational research and innovation, policy discussions, and practical articles for adoption or adaptation in the local setting.

ACGME staff searches the literature and asks key experts in the field to provide summaries of articles identified as pertinent to the audience. The experts also comment on the relevance and implications of the work to program directors and other leaders in GME. These summaries and commentaries are aggregated on the *GME Focus* web page, which can be accessed via the "Bulletin & Lit Reviews" option from the menu items on the [ACGME website](http://www.acgme.org), or via this direct link: www.acgme.org/acwebsite/gmefocus/default.asp.

The goal of producing this resource is to provide a timely and concise review of the graduate medical education literature for busy professionals. The digest is arranged by topic (in categories such as Accreditation, Duty Hours, Innovation, Patient Safety, Quality Improvement, Supervision, and more) as well as by specialty. The aim is to make the current literature as simple to access as possible. To ensure the most current information is presented, new articles will be added to *GME Focus* approximately every 60 days, and existing content will be moved to an accessible archive after a year. This will keep *GME Focus* live, active, and evolving.

Questions regarding *GME Focus*, or interest in volunteering to review and summarize articles, should be directed to Cynthia Taradejna: cat@acgme.org.

2011 ACGME Annual Educational Conference

Beyond Boundaries

Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee
March 3-6, 2011

[click here](#) for more information