



CORD Academic Assembly Review Committee Update

Linda Regan, MD, MEd, Review Committee Chair

Felicia Davis, MHA, Executive Director

Conflict of Interest Disclosure

Speaker(s):

Linda Regan, MD, MEd and Felicia Davis, MHA

Disclosure to the Learner:

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.



Today We'll Discuss...

- *Program Requirement Clarification*
- *Block Diagram*
- *Committee Discussions*
- *Emergency Medicine Accreditation*
- *Review Committee for Emergency Medicine*
- *ACGME Updates*



C is for...

Committee. The Review *Committee* is just that.

The Review Committee for Emergency Medicine operates within a community and a structure...the ACGME.

“ACGME accreditation is overseen by a Review Committee made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of Sponsoring Institutions and specialty and subspecialty residency and fellowship programs.”



We Want to HELP!

The Review Committee may seem like the group you avoid/hide things from... BUT!

Our goal is to:

- Help you understand and interpret the Requirements
- Provide support for institutional issues
- Ensure programs are in compliance with Program Requirements and are able to educate and train residents to the best of their abilities!



Emergency Medicine GME Concerns

- 2023 emergency medicine Match results showed increase in unfilled positions
- Emergency medicine workforce concerns raised by several stakeholders even before this Match



ACGME

- Accreditation is achieved through a voluntary process of evaluation and review based on published accreditation standards through the work of the Review Committees
- The ACGME's accreditation process does not regulate the maximum number of graduate medical education programs in any specialty or subspecialty nor does the ACGME establish the numbers of practicing physicians in the various specialties
- The practice of not establishing the numbers of practicing specialists and their residency programs has been articulated in the ACGME's policies dating back to 1984 when the ACGME reaffirmed the policy of its predecessor organization



ACGME's Policy

At its meeting on February 13-14, 1984, the ACGME voted to reaffirm a statement of policy originally adopted by the Liaison Committee on Graduate Medical Education, the predecessor organization of the ACGME, at its November 17-18, 1980 meeting.

The ACGME is not intent upon establishing numbers of practicing physicians in the various specialties in the country, but rather...the purpose of accrediting by the ACGME is to accredit those programs which meet the minimum standards as outlined in the institutional and program requirements. The purpose of accreditation is to provide for training programs of good educational quality in each medical specialty.

This resolution remains the policy of the ACGME today.



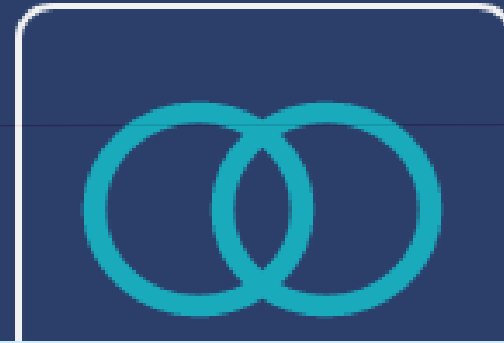
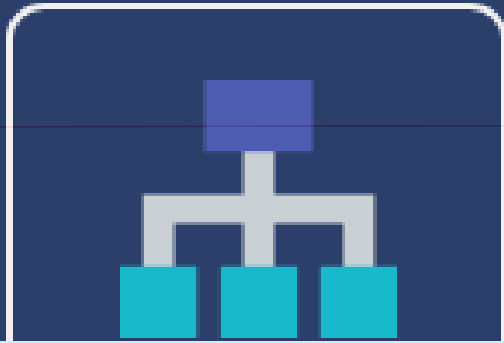
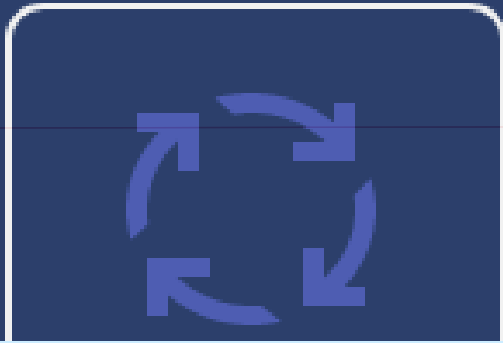
Federal Regulation Compliance

...[The] issue relating to an ACGME role in national future physician workforce policy is that this type of activity would risk exposure of the ACGME to allegations of anticompetitive behavior, i.e., antitrust. The IOM reminded us of this risk as recently as 2014:

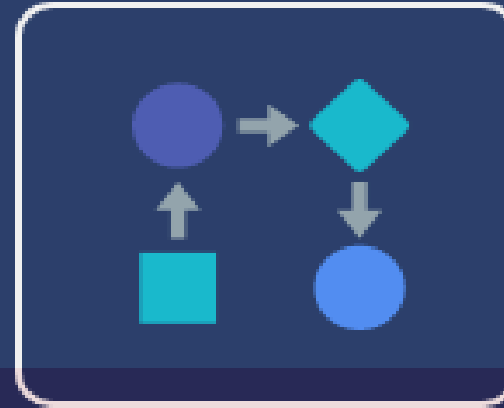
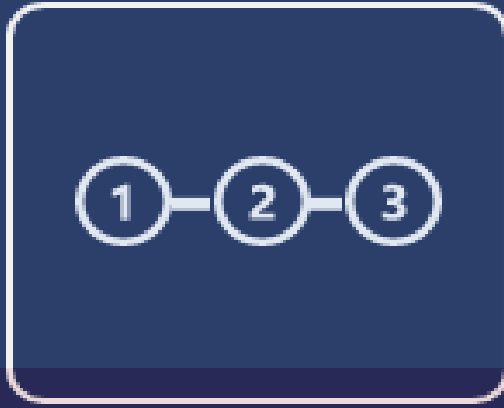
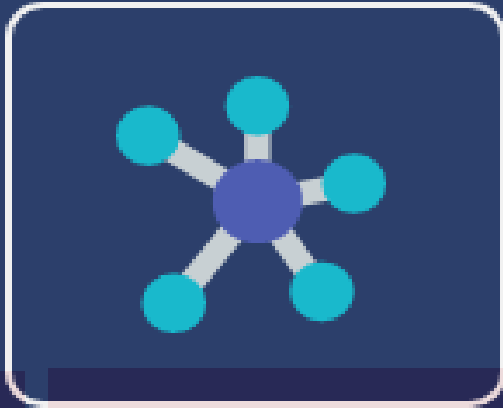
GME accreditation is essential to ensuring that GME programs meet professional standards and produce physicians that are ready to enter practice with required knowledge, experience, and skills. However, antitrust and fair trade prohibitions preclude accreditors from addressing broader national objectives such as the makeup of the physician workforce, the geographic distribution of GME resources, or other priority concerns [11].

Carlson,D; Nasca,T. (2016). Graduate Medical Education Specialty Mix and Geographic Residency Program Maldistribution: Is There a Role for the ACGME?. *AMA Journal of Ethics*, 18(3),258-263.





Curricular Elements – The Block Diagram!



Emergency Medicine

“...at least **60 percent of each resident’s clinical experience**, including experiences dedicated to the care of pediatric patients less than 18 years of age in the pediatric emergency department, **must take place in the emergency department** (treating undifferentiated [emergency department] patients)”



How Do We Calculate?

36-month programs: (36 months versus 39 blocks)

36 months in 12 month-long blocks = not less than 21.6 months

36 months in 13 four-week blocks = not less than 23.4 blocks

48-month programs: (48 months versus 52 blocks)

48 months in 12 month-long blocks = not less than 28.8 months

48 months in 13 four-week blocks = not less than 31.2 blocks



Emergency Medicine

What do we consider?

- Orientation blocks must be labeled as clinical to count toward 60 percent
- Emergency medicine ultrasound rotations can count IF based in the emergency department
- Vacation is not excluded from the denominator
- Do not round up → must be over 60 percent without rounding



Critical Care

The curriculum must include:

IV.C.4.a) four months of dedicated critical care experiences, including critical care of infants and children;

At least two months of these experiences must be at the PGY-2 level or above.

Critical care rotations must occur in a dedicated critical care unit.

ICU experiences based in the emergency department do not fulfill this requirement.



Pediatrics

- ...**five FTE months, or 20 percent of all emergency department encounters**, dedicated to the care of pediatric patients less than 18 years of age in the pediatric emergency department or other pediatric settings;
 - (1) At least 50 percent of the five months should be in an emergency setting.
 - (2) This experience must include the critical care of infants **and** children.
- Because the critical care of infants **and** children is required, PICU alone is sufficient, NICU alone is not.
- Total pediatric ICU time (in aggregate) of less than four weeks/one month can expect feedback recommending the experience be lengthened... in the form of an area for improvement (AFI).



Pediatrics – How Do We Calculate?

Assigned pediatric months/blocks + [(% ED A peds x months in ED A) + (% ED B peds x months in ED B)] = months of pediatrics

An Example: 2 months PEM, 1 month PICU, 12 ED months at General Hospital, and 10 ED months at Memorial Hospital. GH sees 6% peds and MH 12% peds

$$[2 \text{ PEM} + 1 \text{ PICU}] + [(12 \text{ months} \times 6\%) + (10 \text{ months} \times 12\%)$$

$$2 \text{ month} + 1 \text{ month} + 0.72 \text{ month} + 1.2 \text{ months} = \mathbf{4.92 \text{ months}}$$

This does NOT meet the requirement



Pediatrics

Areas that can be hard to interpret:

- What if kids are seen in the “Peds ED” of your emergency department from 7:00 a.m.-11:00p.m. and then kids are seen in the “main ED” overnight?
- If emergency medicine months are “mixed” between departments of varying pediatric percentage, calculating pediatrics can be challenging when the percentage of time assigned to each emergency department is not specified
- Site 1 has blocks of PEM time, but you also do longitudinal time

The curriculum design is up to you... showing how the curriculum meets the requirements is also up to you!



Pediatrics

If the Review Committee cannot determine if the requirements are met, you can expect a citation.

To avoid this!

- Consider a very detailed explanation for areas that are confusing
- Show the math → do your own calculation



Vacation

- Do not depict vacation as an entire block/month unless you intend to assign it that way
- When minimum time is stipulated in a requirement, we expect your residents to train for at least that amount of time
 - 60 percent emergency medicine
 - four months critical care
 - five months pediatrics
- Vacation should not occur during these required experiences above **UNLESS** *minimal time is already satisfied*



Key Points

Be as clear as possible

Provide a legend for the Review Committee at the bottom of your block diagram

Look for areas of misunderstanding

- Names: NICU – Neonatal ICU versus Neuro ICU
- % time in each ED when multiple sites are used in a single rotation
- Longitudinal experiences that span multiple blocks

Follow the template online



Review Committee Discussions



Resources

The Review Committee looks for the availability of required resources at *each* participating site

I.D.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for: (Core)

I.D.2.a) access to **food** while on duty; (Core)

I.D.2.b) safe, quiet, clean, and private **sleep/rest facilities** available and accessible for residents with proximity appropriate for safe patient care; (Core)

I.D.2.c) clean and private **facilities for lactation** that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)

I.D.2.d) **security and safety measures** appropriate to the participating site; and, (Core)

I.D.2.e) **accommodations for residents with disabilities** consistent with the Sponsoring Institution's policy. (Core)



Distant Sites

For rotations to sites that are considered **geographically distant** from the primary site, the Review Committee considers the following:

- Is it needed?
- Are there closer options?
- Total time away: Number of rotations/consecutive rotations
- Impact on resident well-being

Review Committee will change its guidelines for what is a geographically distant site:

*Specialty-Specific Background and Intent: The Review Committee for Emergency Medicine considers a participating site to be geographically distant if it requires extended travel (consistently more than half an hour each way) or if the distance between the site and the Sponsoring Institution exceeds **60 miles 30 miles**.*

Distance for “geographically distant site” = 60 MILES



Diversity Statements

The Review Committee expects programs to demonstrate **program-specific** strategies

ADS question: *Describe how the program will achieve/ensure diversity in trainee recruitment, selection, and retention.*

ADS question: *Describe how the program will achieve/ensure diversity in the individuals participating in the training program (e.g., faculty, administrative personnel, etc.).*

What we DON'T want:

- Institutional policies
- Global statements of the importance of diversity

What we DO want:

At least TWO specific program-level strategies



Faculty Turnover

In recent years, some emergency medicine programs have experienced significant core faculty turnover over a short period of time

→ Review Committee concern for the stability of the learning environment

Our Request? Programs anticipating a turnover in their core faculty roster of > 50 percent within a 12-month period, voluntarily disclose this to the Review Committee

What to Do? The program director submits a letter explaining the rationale and circumstances for the change, as well as any anticipated effects on the program. Information regarding the new faculty members and their qualifications, while not required, would also be welcomed.



New EM Program Director Candidates

Review Committee expectations for all new emergency medicine program director candidates:

- **Board certified**, either ABEM or AOBEM
- **Three years of educational/administrative experience** as evidenced by three years as a core faculty member in an accredited emergency medicine program
- **Demonstrated leadership experience:** Associate Program Director, Chair of Department, Chair of Clinical Competency Committee, Research Director, etc.
- Demonstrated ongoing involvement in **scholarly activity**, *including* at least one peer-reviewed publication in the previous five-year period

If ANY of these qualifications are missing, the candidate will not be approved

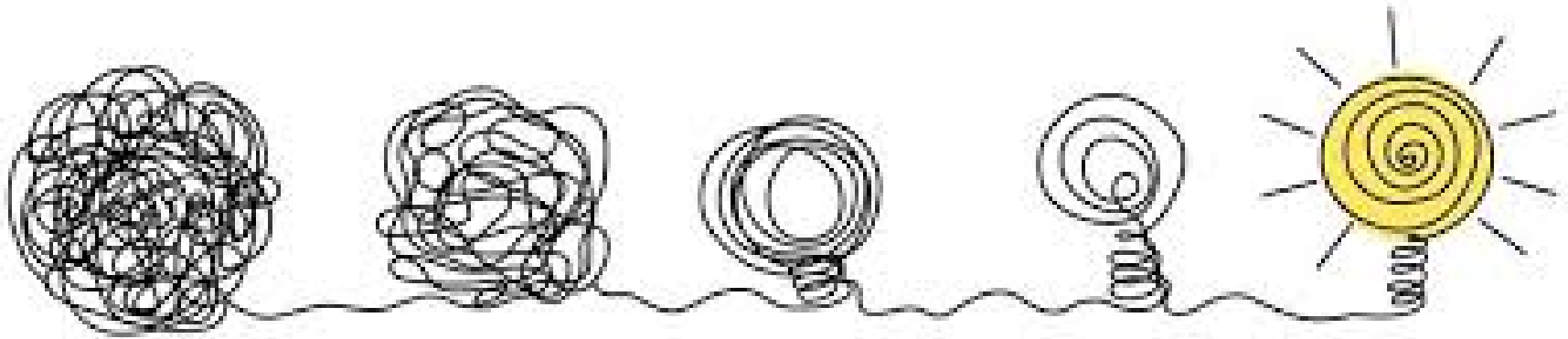


Emergency Medical Services (EMS) Supervision Policies

- The supervision policy should correctly use the three types of supervision
- The supervision policy should describe how the fellow progresses from direct to indirect supervision
- The supervision policy should explicitly state what procedures/circumstances the fellow must call for supervision
- The Review Committee recognizes there may be differences in “physical presence of supervisor” for EMS programs



Program Requirement Clarification



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Program Director

Dedicated Time/Support

II.A.2) The program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors as follows: (Core)

(See support scale next slide)

II.A.2.a) Program directors of programs approved for 18-35 residents must be provided no less than 35 percent of the **aggregate** support defined in the table above, and program directors of programs approved for 36 or more residents must be provided no less than 50 percent of the **aggregate** support defined in the table above. (Core)



Program Director Dedicated Time/Support

II.A.2.a) Program directors of programs approved for 18-35 residents must be provided no less than 35 percent of the **aggregate** support defined in the table above, and program directors of programs approved for 36 or more residents must be provided no less than 50 percent of the **aggregate** support defined in the table above. (Core)

Program Size	Minimum Support Required (FTE)	Minimum Number of APDs
18-20	0.6	1
21-25	0.7	1
26-30	0.8	1
31-35	0.85	1
36-40	1.0	2
41-45	1.10	2
46-50	1.20	2
51-53	1.20	2
54-55	1.30	3
56-60	1.40	3
61-65	1.50	3
66-70	1.55	3



Proposed Revision

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***Posted for review and comment through March 15; effective July 1*



Shaping GME:
Emergency Medicine
Program
Requirements
Revision



Shaping GME: Emergency Medicine Program Requirements Revision

- Program Requirements for Emergency Medicine up for major revision according to ACGME timeline
- Strategic requirement revision process –

Shaping Emergency Medicine Education for the Future

- Scenario planning workshop held last May



Shaping GME: Emergency Medicine Program Requirements Revision

- All emergency medicine-specific requirements are subject to revision:
 - Key Index Procedures
 - Pediatrics
 - Critical Care
 - Patient Volume
- Review Committee has representatives from each subspecialty
- Residents have been hired to do qualitative analysis



Shaping GME: Emergency Medicine Program Requirements Revision

- Consultant engaged to conduct research interviews to gain perspectives of emergency medicine patients and health care “influencers,” including leaders of health care systems and insurers
- Literature search on topics deemed relevant to emergency medicine resident education
- Emergency Medicine Writing Group has drafted a new definition of the emergency medicine physician of the future, along with a description of the themes that have emerged so far**

**** Currently posted on the ACGME website for public comment *until April 5* ****



Emergency Medicine Accreditation



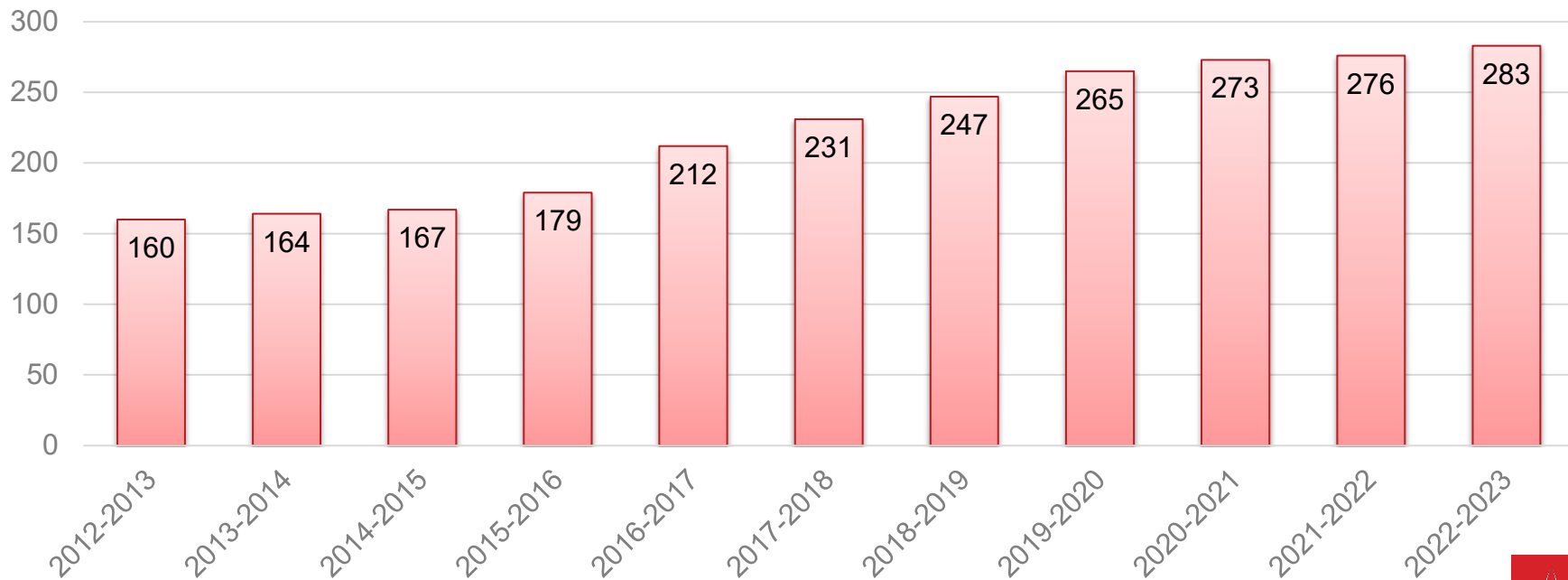
Emergency Medicine: Accredited Programs 2022-2023

Specialty	Programs	Residents/ Fellows
Emergency Medicine	283	9,390
EMS	81	99
Medical Toxicology	29	93
Pediatric Emergency Medicine (EM)	29	143
Sports Medicine (EM)	9	18
Undersea and Hyperbaric Medicine (EM)	8	13



Emergency Medicine Core Program Trends

Emergency Medicine Residency Programs 2012-2022



New Programs 2022 – 2023

EM	Lakeland Regional Health Program <i>Andrew Barbera, MD</i>	Florida
EM	NYU Long Island School of Medicine <i>Luis Zapata, MD</i>	New York
EM	Geisinger Health System (Wilkes Barre) <i>David Lisbon Jr., MD</i>	Pennsylvania
EM	University of Texas Medical Branch Hospitals <i>Dietrich Jehle, MD</i>	Texas
EMS	Maine Medical Center <i>Michael Bohanske, MD</i>	Maine
EMS	University of Pennsylvania Health System <i>Edward Dickinson III, MD</i>	Pennsylvania



Citation

Most Common

- Evaluations
- Program Director Responsibilities – Inaccurate Information
- Institutional Support
- Patient Care Experience
- Supervision

Most Common AFIs



- Educational Environment
- Faculty Scholarly Activity
- Evaluations
- Inaccurate Information
- Board Pass Rate



Review Committee for Emergency Medicine



Review Committee Members 2022-2023

David Caro, MD

University of Florida Jacksonville

Tiffany Murano, MD

NY Presbyterian Columbia

Brian Clemency, MD

University at Buffalo (*EMS*)

Kimberly Richardson, MA

(*Public Member*)

Rebecca Boyer, MD

Methodist Arcadia (*Resident Member*)

Linda Regan, MD (Chair)

Johns Hopkins

Paul Ishimine, MD

UCSD (*Pediatric Emergency Medicine*)

Melissa Platt, MD

University of Louisville

Alan Janssen, DO

Ascension Genesys (*AOA*)

Jan Shoenberger, MD (Vice Chair)

USC

Eric Lavonas, MD

Denver Health (*Medical Toxicology*)

Jill Stefanucci-Uberti, DO

St. Elizabeth Boardman (*AOA*)

Michael Wadman, MD

University of Nebraska





Congratulations!



2023 ACGME Parker Palmer Courage to Teach Awardee

*Christine Cho, MD – Children's Hospital Los Angeles
(Pediatric Emergency Medicine)*



Meeting Dates

Meeting Date	Agenda Close
January 12-14, 2023	September 23
April 13-15, 2023	February 6
August 24-25, 2023	June 9



Completed application = Common application + Specialty Specific application + Site Visitor Report



ACGME Updates



2024 Resident/Fellow and Faculty Surveys

Current - The process for informing programs, faculty members, and residents/fellows of survey windows will remain unchanged from previous years.

Beginning 2024 – The ACGME plans to update this process and alert individuals directly about the availability of the surveys and their requested participation and deadlines.



Common Program Requirements Revision



- ACGME Common Program Requirements required to undergo revision every five years
- Revision process anticipated to start 2024
- Process will take approximately two years
- More updates to come...



10-Year Accreditation Site Visits



- The ACGME has paused the program Self-Study and 10-Year Accreditation Site Visit.
- All program Self Study and 10-Year Accreditation Site Visit dates in ADS have been removed until the ACGME finalizes future plans. Currently appear as “Postponed.”
- Programs encouraged to incorporate the Self-Study into their Annual Program Evaluation process, and to track ongoing progress and program improvements as outlined in the Common Program Requirements.
- Self-Study web page and FAQs have been revised.





Faculty Development Courses

- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Multi-Source Feedback





Live Virtual Event

Program Director Well-Being



An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being.

Join the event for an open discussion of challenges faced by program directors and potential solutions.

<https://dl.acgme.org/pages/well-being-tools-resources>

- ✓ **April 11, 2023**
- ✓ Registration required



Thank you!

