AOGME Webinar
New Common
Program Requirements

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Learning Objectives

- Review the process undertaken to write the new program requirements

- Review highlights of the revisions to the Common Program Requirements

- Review the timeline of the Common Program Requirements (Residency) Sections I - V Implementation Dates

Disclosures

I have nothing to disclose or

financial conflicts

ACGME Overview

- Nationally and internationally recognized accrediting body for graduate medical education

- Independent, not-for-profit, physician led-organization

- 501(c)3 Corporation – Illinois Corporation

- Sets and monitors professional educational standards in preparing physicians for practice

"The mission of the ACGME is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation"
-ACGME Mission-

Implementation

- June 10, 2018: Approved by ACGME Board

- July 1, 2019: Effective date

- July 1, 2020: Implementation date for select new program requirements

Implementation

- Updated specialty specific requirements

- Updated applications

- Updated Specialty specific FAQs

General Announcements

Accreditation Data System (ADS) Academic Year Rollover

The Accreditation Data System will be unavailable June 24, 2019 at 11:59 p.m. until June 25, 2019 at 5:00 p.m Central.

Common Program Requirement changes:

Due to the new Common Program Requirements that go into effect July 1, 2019, programs will begin to see changes reflected in the ADS data collection screens. These changes include the addition of new data fields and the removal of outdated data fields. As these changes occur, the "Software Updates" section of ADS will be updated to help track these changes after each update. The Software Updates notes can be found in the ADS menu located in the upper right corner beneath your name, or in the footer of every page in the bottom right corner. These newly added data fields may require completion as they appear in ADS, but they will not be mandatory until the 2019-2020 academic year annual update. The new Common Program Requirement data fields will begin to appear with software version 3.0.34 on 2/27/2019 and will continue with subsequent software updates until July 1, 2019.

Applications:

Programs that are currently applying for accreditation or recognition are **strongly encouraged** to submit their applications prior to the 2019-2020 academic year (prior to June 24, 2019). Applications submitted after June 24, 2019 will be required to complete the newly added data fields, confirm all residents, and re-enter other data collected by academic year.

Revision Process

- Comprehensive review of all information available, including:

  - Position statements from 69 organizations, including a broad range of specialties, osteopathic organizations, and national medical orgs.

  - Public comment

  - Feedback from ACGME specialty Review Committees, Coordinator Advisory Group, Field Staff, Monitoring Committee, Council of Review Committee Chairs

Revision Process

- Comprehensive review of all information available, including:

  ➢ Extensive review of specialty-specific Program Requirements

  ➢ Feedback from ACGME Milestones staff on evaluation and assessment

  ➢ Literature review related to topics such as scholarly activity, rotational transitions, and end-of-life care

Highlights Sections I-V Common Program Requirements

Sections I-V: Major Changes

- New preamble

- Philosophy (not citable)

  ➢ Describes the underlying philosophy of the requirements within the section

- Background and Intent (not citable)

  ➢ Additional guidance on how to implement the requirements in a manner consistent with the intent

Major Changes

- All requirements categorized as "core"

- Review Committee may further specify only where indicated

- New Fellowship Common Program Requirements

- New One-Year Common Program Requirements

- New Program Director Guide and FAQs coming soon

Participating Sites

- I.B.2.a) Program letters of agreement

  - ➢ Renewed every 10 years

  - ➢ Require DIO approval

  - ➢ Required elements deleted

Participating Sites

- I.B.3. Program must monitor the clinical learning and working environment at all sites

- I.B.3.a) Program director must designate at each participating site one faculty member as the site director

Diversity and Inclusion

- I.C. Program and Sponsoring Institution focus on mission-driven, ongoing, systematic recruitment and retention of diverse and inclusive workforce

  ➢ Residents/Fellows

  ➢ Faculty

  ➢ Senior administrative staff

  ➢ Other relevant members of the academic team

Resources

- I.D.2. - I.D.2.e) Addition of Program Requirements that mirror the Institutional Requirements:

  ➢ Access to food

  ➢ Sleep and rest facilities

  ➢ Security and safety measures

  ➢ Accommodations for residents with disabilities

  ➢ New Program Requirement addressing lactation facilities

Program Director

- II.A.2. Residency version: Minimum 20% FTE (8h/per week) salary support for program administration – Review committee may specify

- II.A.2. Fellowship version: Program Director must be provided with support adequate for program administration based on program size and configuration – Review Committee must specify

Program Director Qualifications

- II.A.3.a) - II.A.3.d) Qualifications must include:

  ➢ Minimum 3 year educational and/or administrative experience, or qualifications acceptable to the Review Committee

  ➢ AOA or ABMS certification, or qualifications acceptable to the Review Committee

  ➢ Current medical licensure and medical staff appointment (*residency version only*)

  ➢ Ongoing clinical activity (*residency version only*)

Program Director Responsibilities

- II.A.4.a. - II.A.4.a.(7) Program Director responsibilities - *new*:

  ➢ Be a role model of professionalism

  ➢ Design and conduct program consistent with community needs and mission(s) of the program and Sponsoring Institution

  ➢ Program curriculum should address community needs and health disparities

Program Director Responsibilities

- II.A.4.a.(4) - II.A.4.a.(7)

  ➢ Process for evaluation of candidates for program faculty

  ➢ Authority to approve and remove faculty for participation in the residency program at all sites

  ➢ Authority to remove residents from supervising interactions and/or learning environments that do not meet program standards

Program Director Responsibilities

- II.A.4.a.(9) Provide information regarding board certification requirements to program applicants

- II.A.4.a.(10) Provide environment with opportunities for residents to raise concerns/provide feedback without fear of intimidation or retaliation

Program Director Responsibilities

- II.A.4.a.(11) - II.A.4.a.(13).(a).

  ➢ Ensure compliance with SI's policies and procedures on grievance, due process, employment and non-discrimination

  ➢ Ensure program's compliance with SI's policies/procedures for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of a resident

  ➢ Ensure program's compliance with SI's policies/procedures on employment and non-discrimination

Program Director Responsibilities

- II.A.4.a.(13).(a) - II.A.4.a.(15) No restrictive covenants or non-competition guarantees for residents

- Document verification of program completion for all graduating residents within 30 days

- Provide verification of an individual resident's completion upon the resident's request, within 30 days

Faculty Responsibilities

- II.B.2.a. Be role models of professionalism

- II.B.2.b. Commitment to safe, quality, cost-effective, patient-centered care

- II.B.2.g. Faculty development participation at least annually

  - ➢ II.B.2.g.(1)-(4) Residency version only: to enhance skills as educators, in QI and patient safety, fostering well-being, and patient care based on PBLI

Faculty Qualifications

- II.B.3. - II.B.3.c) Faculty Qualifications

  ➢ **ABMS and AOA certification acceptable**

  ➢ Any non-physician faculty members who participate in residency program education must be approved by the program director

Core Faculty

- II.B.4. – II.B.4.b) Designation based on role in resident education and supervision, devote a significant portion of effort to resident education and/or administration

- Designated by the Program Director

- Complete annual ACGME Faculty Survey

- Non-physician faculty members may be designated as core faculty

Core Faculty

- Scholarly activity assessed for the program as a whole

- Allows core faculty selection based on educational contributions

Program Coordinator

- New–II.C.1 – II.C.2. There must be a program coordinator

  - ➢ II.C.2. Residency version: Support for the coordinator must be at least 50% FTE (at least 20 hours per week) for administrative time (Review Committee may further specify)

  - ➢ II.C.2. Fellowship version: Support must be adequate for program administration, based on program size and configuration (Review Committee may specify minimum level of support)

Eligibility

- III.A.1. – III.A.1.b.(2) Eligibility criteria from Institutional Requirements mirrored in Common Program Requirements

- III.A.2. Residency version: All prerequisite post-graduate education required for initial entry or transfer into ACGME training must be completed:

  - ➢ ACGME – accredited programs

  - ➢ AOA-approved programs

Eligibility

- III.A.2. Residency version: All prerequisite post-graduate education required for initial entry or transfer into ACGME training must be completed: *(Continued)*

  ➢ Royal College of physicians and Surgeons of Canada accredited programs (RCPSC)

  ➢ College of Family physicians of Canada accredited programs (CFPC)

  ➢ ACGME-International (ACGME-I) Advanced Specialty accredited

Fellow Eligibility

- Fellowship version III.A.1. Review Committee 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

Fellow Eligibility

- All Review Committees except Neurological Surgery chose Option 1

  ➢ If Review Committee chose option 1, exceptions *may* be permitted

  ➢ Exception Table - Link: https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/ACGME-Review-Committee-2019-Eligibility-Decisions.pdf

ACGME Review Committee Eligibility Decisions
Updated 3/12/19

Fellowship Eligibility

The ACGME Common Program Requirements (Fellowship), effective July 1, 2019, include two choices for fellowship eligibility (see III.A.1.). The table below reflects the eligibility decisions for each Review Committee. Review Committees that chose Option 1 needed to decide whether to allow exceptions to the eligibility requirements. *Note: Review Committees that do not accredit fellowships are not listed in the table.*

Fellowship Eligibility			
Review Committee	Option 1 (Prerequisite education must be completed in a program with one of the following: ACGME accreditation; AOA approval; ACGME-I Advanced Specialty Accreditation; or, RCPSC or CFPC accreditation)	Option 2 (Prerequisite education must be completed in a program with one of the following: ACGME accreditation or AOA approval)	Allows Fellowship Eligibility Exception (not permitted with Option 2)
Anesthesiology	X		Yes
Dermatology	X		Yes
Emergency Medicine	X		Yes
Family Medicine	X		Yes
Internal Medicine	X		Yes
Medical Genetics and Genomics	X		Yes
Neurological Surgery		X	Exceptions not available with Option 2
Neurology	X		Yes
Obstetrics and Gynecology	X		No
Ophthalmology	X		Yes
Orthopaedic Surgery	X		Yes
Otolaryngology – Head and Neck Surgery	X		Yes
Pathology	X		Yes
Pediatrics	X		Yes
Physical Medicine and Rehabilitation	X		Yes
Plastic Surgery	X		Yes
Preventive Medicine	X		Yes
Psychiatry	X		Yes
Radiation Oncology	X		Yes
Radiology	X		Yes
Surgery	X		No
Thoracic Surgery	X		No
Urology	X		No

Residency Eligibility

Additionally, a Review Committee may permit the eligibility exception if the specialty requires completion of a prerequisite residency program prior to admission (see Common Program Requirements (Residency), III.A.4.). Review Committees for which this is applicable are listed below with their decisions regarding whether or not to allow the exception.

Resident Eligibility Exception	
Review Committee	Allows Resident Eligibility Exception
Allergy and Immunology	Yes
Colon and Rectal Surgery	No
Nuclear Medicine	Yes
Preventive Medicine	Yes

Curriculum

- New IV.A.1. – IV.A.1.a) Curriculum must include program aims, consistent with SI's mission, needs of the community, and desired capabilities of program graduates

- Program aims must be made available to program applicants, residents, and faculty

  - Review Committees <u>will not</u> measure programs based on their aims

  - Will look for evidence that program aims are addressed in the curriculum

Competencies

- IV.B. – IV.B.1.f).(2) Competency requirements re-categorized from "outcome" to "core"

- IV.B.1.b) - IV.B.1.c) Fellowship version): Allows fellowships to focus on advanced subspecialty patient care and Medical knowledge expertise (Review Committee must further specify)

- IV.B. - IV.B.1.a), IV.B.1.d) - IV.B.1.f) Sub-competencies for Professionalism, PBLI, Interpersonal and Communication Skills, and Systems-based Practice (Review Committee may not further specify)

Competencies

- New IV.B.1.e).(2) Interpersonal and Communication Skills (residency version): communicating with patients/families to assess care goals, including end-of-life goals

- New IV.B.1.f).(2) Systems-based Practice Requirement (residency version): advocating for patients to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals

Curriculum

- New IV.C.1. – IV.C.2. requirements:

  ➢ Curriculum structure to optimize education experiences, length of experiences, and supervisory continuity

  ➢ Program must provide instruction and experience in Pain management applicable for the specialty, including recognition of the signs of addiction (Review committee may further specify)

Scholarship

- New scholarship section replaces previous faculty and resident scholarly activity sections

- IV.D.1.a) The program must demonstrate scholarly activities consistent with its missions and aims

  - Focus on scholarly activity for the program as a whole

  - Expanded list of domains of scholarly activity

  - Review Committees to decide whether peer-reviewed publications will be required

Independent Practice

- Fellowship version: Review Committee may permit programs to assign fellows to engage in the independent practice of their core specialty

  ➢ Maximum 20 percent of their time per week or 10 weeks of an academic year. (IV.E.1.) (The Review Committee may further specify)

- Review Committees that decide to permit will gather input through review and comment process

Resident Evaluation

- V.A.1.d) - V.A.1.d.(3) Program Director or designee, with input from Clinical Competency Committee 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

Resident Evaluation

- New V.A.1.e) At least annually program director or designee must provide summative evaluation of resident's readiness to progress to the next year of the program

- V.A..2. – V.A.2.a) Program Director must provide a final evaluation for each resident upon completion of the program

Faculty Evaluation

- V.B.1. Program must have process to evaluate each faculty performance as it relates to the educational program <u>at least annually</u>

- V.B.2. Feedback on evaluations at least annually

- V.B.3. Incorporation of faculty evaluation results into program-wide faculty development plans

Program Evaluation Committee

- V.C.1.b - V.C.1.b.(4)): PEC responsibilities

  ➢ Advising the program director, through program oversight

  ➢ Reviewing program goals and progress in meeting them

  ➢ Guiding program improvement

  ➢ Identifying program strengths, challenges, opportunities, and threats

Annual Program Evaluation

- V.C.1.c) – V.C.1.c).(7).(b) Expanded list of elements to be addressed

- V.C.1.d) Evaluation of program mission and aims, strengths, areas for improvement, and threats

- V.C.1.e) – V.C.1.e).(2) Annual review and action plan:

  ➢ Shared with faculty and residents

  ➢ Submitted to DIO

Board Certification

- V.C.3. Program Director should encourage graduates to take applicable ABMS or AOA certification examination– *replaces all existing specialty-specific take rate requirements*

Board Certification

- V.C.3.a) – V.C.3.d) Board pass rate (addresses both written and oral exams):

  - ➢ Aggregate pass rate of first time takers must be higher than the bottom fifth percentile of programs in the specialty

Board Certification

- V.C.3.e) Any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty

- V.C.3.f) Programs must report board certification status annually for the cohort of board-eligible residents that graduated seven years earlier

One-Year CPRs

- One Year Common Program Requirements

  ➢ Approved by ACGME Board in February 2019

    ❖ Effective July 1, 2019

  ➢ Closely aligned with Fellowship Common Program Requirements

  ➢ Review Committees decisions posted if will utilize the One-Year version utilize

ACGME Review Committee Fellowship
Common Program Requirement Version Decisions
Final as of May 1, 2019

A new set of One-Year Fellowship Common Program Requirements, closely aligned with the Common Program Requirements (Fellowship), has been developed. Review Committees have made decisions as to which version each one-year subspecialty will use (One-Year Fellowship Common Program Requirements or Common Program Requirements (Fellowship)). Additionally, several two-year subspecialties currently use the One-Year Common Program Requirements and are eligible to be grandfathered in to use the One-Year Fellowship Common Program Requirements. Version decisions for all eligible subspecialties are listed in the table below.

The One-Year Fellowship Common Program Requirements will be effective July 1, 2019.

One-Year Subspecialties (Includes two-year subspecialties that currently use the One-Year Common Program Requirements)	
Subspecialty	**Common Program Requirements Version**
Anesthesiology	
Adult Cardiothoracic Anesthesiology	Fellowship
Pediatric Anesthesiology	Fellowship
Obstetric Anesthesiology	Fellowship
Anesthesiology Critical Care Medicine	Fellowship
Regional Anesthesiology and Acute Pain Medicine	Fellowship
Dermatology	
Micrographic Surgery and Dermatologic Oncology	One-Year Fellowship
Emergency Medicine	
Emergency Medical Services	Fellowship
Internal Medicine	
Adult Congenital Heart Disease	One-Year Fellowship
Advanced Heart Failure and Transplant Cardiology	One-Year Fellowship
Clinical Cardiac Electrophysiology	One-Year Fellowship
Interventional Cardiology	One-Year Fellowship
Transplant Hepatology	One-Year Fellowship
Medical Genetics and Genomics	
Medical Biochemical Genetics	Fellowship
Neurology	
Clinical Neurophysiology	Fellowship
Epilepsy	Fellowship
Vascular Neurology	Fellowship
Orthopaedic Surgery	
Adult Reconstructive Orthopaedic Surgery	One-Year Fellowship
Foot and Ankle Orthopaedic Surgery	One-Year Fellowship
Musculoskeletal Oncology	One-Year Fellowship
Orthopaedic Sports Medicine	One-Year Fellowship
Orthopaedic Surgery of the Spine	One-Year Fellowship
Orthopaedic Trauma	One-Year Fellowship
Pediatric Orthopaedic Surgery	One-Year Fellowship
Otolaryngology – Head and Neck Surgery	
Pediatric Otolaryngology	One-Year Fellowship
Pathology	
Blood Banking/Transfusion Medicine	Fellowship
Chemical Pathology	Fellowship
Cytopathology	Fellowship
Forensic Pathology	Fellowship
Hematopathology	Fellowship
Medical Microbiology	Fellowship
Neuropathology	Fellowship
Pediatric Pathology	Fellowship
Selective Pathology	Fellowship
Pediatrics	
Pediatric Transplant Hepatology	Fellowship
Physical Medicine and Rehabilitation	
Pediatric Rehabilitation Medicine	Fellowship
Spinal Cord Injury Medicine	Fellowship
Plastic Surgery	
Craniofacial Surgery	Fellowship
Psychiatry	
Addiction Psychiatry	One-Year Fellowship
Consultation-Liaison Psychiatry	One-Year Fellowship
Forensic Psychiatry	One-Year Fellowship
Geriatric Psychiatry	One-Year Fellowship
Radiology	
Abdominal Radiology	Fellowship
Musculoskeletal Radiology	Fellowship
Neuroradiology	Fellowship
Nuclear Radiology	Fellowship
Pediatric Radiology	Fellowship
Vascular and Interventional Radiology	Fellowship
Surgery	
Complex General Surgical Oncology	Fellowship
Surgical Critical Care	One-Year Fellowship
Thoracic Surgery	
Congenital Cardiac Surgery	One-Year Fellowship
Urology	
Pediatric Urology	Fellowship
Multidisciplinary Subspecialties	
Addiction Medicine	One-Year Fellowship
Brain Injury Medicine	Fellowship
Dermatopathology	One-Year Fellowship
Endovascular Surgical Neuroradiology	One-Year Fellowship
Geriatric Medicine	One-Year Fellowship
Hand Surgery	One-Year Fellowship

One-Year CPRs

- Sleep/rest facilities required <u>if fellows are assigned in-house call</u>

- No faculty scholarly activity language, Review Committee may specify

- Annual evaluation required elements mirror the existing one-year Common Program Requirements

Resources

- Common Program Requirements page: https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements

- Residency, Fellowship, and One-Year versions

- Specialty decisions on fellow eligibility and dissemination of scholarly activity

- Implementation timetable

Link to CPRs

Link to CPRs

Link to CPRs

CPRs Link

Common Program Requirements Currently in Effect

📄 Common Program Requirements
📄 One-Year Common Program Requirements
📄 Common Program Requirements (Post-doctoral Education Program)

📄 Common Program Requirements (Section VI) with Background and Intent
📄 Common Program Requirements Section VI: Table of Implementation Dates

FAQs

📄 Common Program Requirement FAQs (FAQs under revision to reflect changes to Sections I-V)

Common Program Requirements Approved with Future Effective Date

📄 ACGME Review Committee 2019 Eligibility Decisions
📄 ACGME Review Committee 2019 Faculty Scholarly Activity Decisions

7/1/2019 📄 Common Program Requirements (Residency)
    7/1/2019 📄 Common Program Requirements (Residency) Tracked Changes Copy
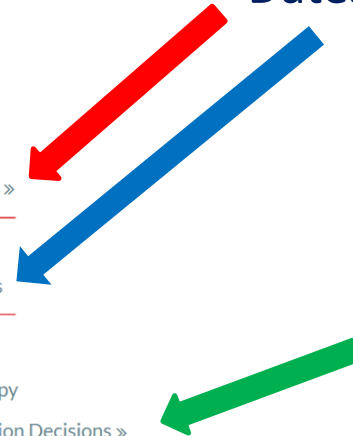   📄 Common Program Requirements (Residency): Table of Implementation Dates »

7/1/2019 📄 Common Program Requirements (Fellowship)
    7/1/2019 📄 Common Program Requirements (Fellowship): Table of Implementation Dates »

7/1/2019 📄 Common Program Requirements (One-Year Fellowship) »
    7/1/2019 📄 Common Program Requirements (One-Year Fellowship) Tracked Changes Copy
       📄 ACGME Review Committee Fellowship Common Program Requirement Version Decisions »

Implementation Dates

Fellowship One Year CPR Decisions

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Thank You