Disclosures

• No financial disclosures and we are not talking about drugs or devices.
• Opinions and interpretations are my own, from my past life as a PD for 15 years.
Objectives

1. Learn why these requirements are important
2. Understand the content of these 2 sets of requirements
3. Be aware of areas at risk for citations
4. Identify resources for help
Abbreviations

• IR: Institutional Requirements
• CPR: Common Program Requirements
• PR: Program Requirements
ACGME Requirements

• Core Pediatrics
  – Institutional
  – Common
  – Pediatric

• Pediatric Subs
  – Institutional
  – Common
  – Common Subspecialty
  – Subspecialty
Why are Common and Institutional Requirements important?
### Most Frequent Citations in 2008
**Core Pediatrics**

<table>
<thead>
<tr>
<th>1. <strong>PICU</strong></th>
<th>insufficient volume; complexity and acuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. <strong>Qualifications of Faculty</strong></td>
<td>lack ABP cert</td>
</tr>
<tr>
<td>3. <strong>Continuity Experience</strong></td>
<td>not meeting minimum #'s; 36 weeks</td>
</tr>
<tr>
<td>4. <strong>Evaluation of the Program</strong></td>
<td>not done annually; residents and faculty don’t provide written, confidential evaluation; no evidence of action plan to address deficiencies</td>
</tr>
<tr>
<td>5. <strong>Responsibilities of PD</strong></td>
<td>PIF not complete or accurate</td>
</tr>
<tr>
<td>6. <strong>Scholarly Activities</strong></td>
<td>lack of scholarly activity by faculty; residents</td>
</tr>
<tr>
<td>7. <strong>Institutional Issues/IR</strong></td>
<td>internal reviews; facilities</td>
</tr>
<tr>
<td>8. <strong>Practice Based Learning</strong></td>
<td>no ILP; no evidence of quality improvement project; no curriculum to teach teaching skills</td>
</tr>
<tr>
<td>9. <strong>Service Versus Education Issues</strong></td>
<td></td>
</tr>
<tr>
<td>10. <strong>Systems-Based Practice and Improvement</strong></td>
<td>no/limited didactic and/or experiential; identifying systems errors; faculty oversight</td>
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[www.acgme.org/acWebsite/RRC_320/APPDPrenary0409.ppt](http://www.acgme.org/acWebsite/RRC_320/APPDPrenary0409.ppt)
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<td>faculty and fellow scholarly activity lacking</td>
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<td>4. <strong>Systems Based Practice and Improvement</strong></td>
<td>no/limited didactic and/or experiential; identifying systems errors; training in administering subspecialty; faculty oversight</td>
</tr>
<tr>
<td>5. <strong>Evaluation of Fellows</strong></td>
<td>no semiannual written evaluations or evidence of final evaluation stating ability to practice w/o supervision</td>
</tr>
<tr>
<td>6. <strong>Institutional Support</strong></td>
<td>internal review off schedule; facilities/working environment issues</td>
</tr>
<tr>
<td>7. <strong>Qualifications of Faculty</strong></td>
<td>no ABP certification; no evidence of on-going scholarship</td>
</tr>
<tr>
<td>8. <strong>Responsibilities of the PD</strong></td>
<td>PIF not complete or accurate</td>
</tr>
<tr>
<td>9. <strong>Curricular Development</strong></td>
<td>general sub curriculum not covered during conferences; limited time devoted to required curricular; fellows involvement in conferences lacking</td>
</tr>
<tr>
<td>10. <strong>Goals and Objectives</strong></td>
<td>not rotation and level specific or competency based</td>
</tr>
</tbody>
</table>
ACGME Resident Survey

Each question (except #29) is linked to a common or institutional requirement noted in the left hand column.
# ACGME Resident Survey

<p>| | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>InstReq</td>
<td>Q17</td>
<td>Does your program and/or institution have a system through which you are able to raise and resolve issues without fear of intimidation or retaliation?</td>
</tr>
<tr>
<td>II.E</td>
<td>Q18</td>
<td>How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?</td>
</tr>
<tr>
<td>VI.A.2-3</td>
<td>Q19</td>
<td>Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations?</td>
</tr>
</tbody>
</table>
ACGME Resident Survey

- Common Requirements
  - Questions 1-16, 18-28, 30-32
- Institutional Requirements
  - Question 17 (intimidation/retaliation)
ACGME Resident Survey

• Some program directors (and residents) have found the survey questions confusing!
• Looking at the requirement link can help PDs (and residents) better understand what the ACGME is looking for
Example #1

- ACGME Resident Survey Question 19
  - Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations
  - Common Requirement VI.A.2-3.
Example #1

• Common Requirement VI.A.2-3
  – The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.
  – Didactic and clinical education must have priority in the allotment of residents’ time and energy.
Example #2

- ACGME Resident Survey Question 17
  - Does your program and/or institution have a system through which you are able to raise and resolve issues without fear of intimidation or retaliation?
  - IR II.F1.
Example #2

• Institutional Requirement II.F.1
  – The sponsoring institution and its programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Mechanisms to ensure this environment must include:
Example #2

• IR II.F.1
  a) An organization or other forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues
  b) A process by which individual residents can address concerns in a confidential and protected manner
ACGME Resident Survey

• Log into ADS on the ACGME site and get a copy of “National Normative Data”
  – Resident survey data 2006-2008 (all specialties)
  – By specialty, Pediatrics 2007-2008
  – No pediatric subspecialty specific data 😞

• Compare your program to others
• Get your DIO to share institutional summary
ACGME Resident Survey

Question 19 (service vs. education)

<table>
<thead>
<tr>
<th></th>
<th>All times</th>
<th>Sometimes</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Specialties</td>
<td>60.4%</td>
<td>31.9%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>56.5%</td>
<td>37%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>
Institutional Requirements
Why do I get cited for Institutional Requirements?

• Many work environment questions moved from program to institutional requirements in 2007
Why do I get cited for Institutional Requirements?

• Puts the responsibility for compliance to the institution not the program for
  – Patient support services
  – Laboratory/Pathology/Radiology
  – Medical Record system
  – Food services
  – Call rooms
  – Security and safety
Who’s responsible? #1

• CPR II.E.
  - Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capability should be available.

• IR I.B.7.
  - Residents must have ready access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capability should be available.
Who’s responsible? #2

• IR I.B.5.b)
  – The **sponsoring institution** must ensure that program directors have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs.

• CPR 1.A.
  – The **sponsoring institution and the program** must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

• Peds PRs II.A.1.a)
  – This level [PD FTE] of program leadership should be supported financially by the **sponsoring and/or participating sites**.
Who’s Responsible? #3

- **Fatigue Education**
  - CPR: Faculty and residents must be educated to recognize the signs of fatigue...and must adopt policies to prevent and counteract negative effects...
  - IR: The sponsoring institution must ensure that residents participate in an educational program regarding...sleep deprivation
Institutional Requirements

• Master affiliation agreements
  – Addresses GME responsibilities between a sponsoring institution and a “Major” participating site
  – Major = all residents rotate for 6 months of required experiences
  – Update every 5 years
  – Different from a PLA (between program and a site)
Program Letter of Agreement (PLA)

• **Common Requirement**
  – Between program and each participating site providing a **required** assignment
    • Identify faculty
    • Responsibilities for teaching, supervising, and evaluation
    • Duration and content of experience
    • Policies and procedures that govern resident education
  – Update every 5 years
Institutional Requirements

• Policy for Eligibility and Selection
  – “The sponsoring institution must have written P&P for resident recruitment and appointment and must monitor each program for compliance.”
Eligibility

• US and Canada LCME schools
• AOA accredited colleges in US
• Outside US and Canada
  – Valid ECFMG certificate prior to appt
  – Full and unrestricted license in US
• 5th pathway students
Selection

• “The sponsoring institution must insure that its ACGME accredited program select from among eligible applicants on the basis of residency program-related criteria…”
  – Such as preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
  – ACGME accredited program must not discriminate
Institutional Requirements

- Financial support for residents
- Benefits
- Contract
- Grievance procedures and due process
- Liability insurance
- Health and disability insurance
Institutional Requirements

• Leaves of absence policies
  – Each program needs a program policy in compliance with program requirements and ABP eligibility

• Duty hours P&P

• Moonlighting policy
  – PD needs to give written permission and must monitor activities
Institutional Requirements

- Counseling services
- Physician impairment
- Harassment
- Accommodation for disabilities
Institutional Requirements

• **Food**: Access to appropriate food services 24 hours a day while on duty in all institutions.

• **Call rooms**: Must be provided with adequate and appropriate sleeping quarters that are safe, quite, and private.
Institutional Requirements

• Internal Review
  – Mid cycle (± 6 months?)
  – 1 faculty and 1 resident, within the sponsoring institution, but outside the program being reviewed
  – Interview PD, key faculty, at least one peer selected resident from each level
  – Written report
  – Site visitor does not get to see content
Common Program Requirements

Form the Backbone of the Pediatric and Subspecialties

Common Requirements...many requirements have been expanded/detailed by the Pediatric RRC
Common Program Requirements

- PD Responsibilities: 15
  - “...ensure that the information submitted is accurate and complete.”
Common Program Requirements

• “comply with the sponsoring institution’s written P&P...for selection, evaluation and promotion, disciplinary action...”

• “The PD must comply with the criteria for resident eligibility as specified in the IRs.”
Common Program Requirements

“ensure compliance with grievance and due process procedures as set forth in the IRs and implemented by the sponsoring institution.”
Common Program Requirements

• “implement P&P consistent with the institutional and program requirements for resident duty hours…including moonlighting.”
Common Program Requirements

• Resident Transfers (see glossary)
  – Accepting
    • Written/electronic verification of previous educational experiences
    • Summative competency-based performance evaluation
  – Leaving
    • Verification of residency education and summative performance evaluation
Common Program Requirements

• Goals and objectives
  – Competency-based
  – Each assignment at each educational level
  – Distribute annually (written or electronic)
  – Should be reviewed by the resident at the start of each rotation
Common Program Requirements

• Faculty scholarship
  – “Some members of the faculty should also demonstrate scholarship by one or more of the following…”
  – “Faculty should encourage and support residents in scholarly activities.”
Common Program Requirements

• Resident scholarship
  – “The curriculum must advance...basic principles of research...”
  – “Residents should participate in scholarly activity.”
  – “The sponsoring institution and program should allocate adequate educational resources to facilitate...”
Common Program Requirements

• Competencies (6 of them)
Common Program Requirements

- **Evaluation**
  - Resident
    - Formative
    - Summative
  - Faculty
    - “Confidential”
- **Program Evaluation and Improvement**
  - Formal, systematic
  - Plan of action
  - Documented
And now for something completely different...
Common Program Requirements

• Resident Duty Hours in the Learning and Working Environment
  – Patient safety
  – Resident well-being
  – Supportive educational environment
Common Program Requirements

• Resident Duty Hours in the Learning and Working Environment
  – Not compromised by service obligations
  – Didactic and clinical education must be a priority
  – Faculty and residents have responsibility for the safety and welfare of patients
Common Program Requirements

• Resident Duty Hours in the Learning and Working Environment
  – Supervision of residents
  – Fatigue
  – Duty hours
  – Call
  – Moonlighting
Common Program Requirements

Experimentation and Innovation

Initiative for Innovation in Pediatric Education (IIPE)
Resources

• Common Program Requirements
  – Go to acgme.org and go to the Pediatric RC page
  – [http://acgme.org/acWebsite/navPages/nav_320.asp](http://acgme.org/acWebsite/navPages/nav_320.asp)
  – All bolded requirements in the Pediatrics and Common Subspecialty requirements
Resources

• **Common Program Requirements**
  – Program Directors Guide to the Common Program Requirements
    • Version 2.2, January 2009
    • On the Pediatric RC main page
    • Full version available at bottom of PD Guide page (81 pages)
  – Takes you step by step through each of the common requirements
Resources

• Companion Documents attached to:
  – Pediatric Requirements
  – Common Pediatric Subspecialty Requirements
Resources

• Companion Document
  – Not program requirements
  – Provides “assistance” for PDs and “guidelines” from the Pediatric RRC
Resources

• Institutional Requirements
  – Also available on the Pediatric RC main page

• ACGME Glossary of Terms
  – http://www.acgme.org/acWebsite/about/ab_ACGMEglossary.pdf

• FAQ on agreements
  – http://acgme.org/acWebsite/about/ab_FAQAgreement.pdf
Resources

• Do you know your DIO (Designated Institutional Official)?
Resources

- “Spiff the PIF”
  - Program put on by DIO and GME office
  - Educational session on completing the Common PIF
  - PDs and coordinators the complete portions of the PIF
  - Review and counseling by “expert” PDs
Summary

1. Learned the importance of the Institutional and Common Program Requirements
2. Improved awareness of the content of these requirements
3. Identified areas where you may be at risk for citations
4. Know where to go for help