Overview of Common and Institutional Requirements

Javier A. Gonzalez del Rey, MD, MEd
Cincinnati Children’s Hospital Medical Center
Objectives

• Understand the content and differences
  – Institutional Requirements
  – Core Pediatrics Requirements
• Review most common AGME / RRC citations associated to these requirements
• Discusses resources available
Did you notice?

- IR:
- CPR:
- PR:

??????
Did you notice?

- IR: Institutional Requirements (2007)
- CPR: Common Program Requirements (2011)
- PR: Program Requirements (…2013)
What should I do first?
Organized – TEAM work

- APD
- Staff
- Chiefs
- Residents
- DIO
- Chair
- Family …
Rule # 1: Program Director Shall Read!

www.ACGME.org

- Staff & RC Member Listing:
  - Staff Contacts by Subject
  - RRC Members

- Program Requirements:
  Common & Institutional Requirements:
  Requirements for use by all RRCs
  - Program Requirements
  - Institutional Requirements
  - Common Program Requirements
  - Program Director Guide to the Common Program Requirements

- Program Information Forms:
  - Program Information Forms (PIFs)

- Program Resources:
  Information and tools to help you with residency review committees
  - Notable Practices

  Common Guidelines
  - Key to Standard Notification Letter
  - How to Apply for Accreditation
  - Program Directors' "Virtual Handbook"
  - Proposals for Experimentation and Innovation

  - Appointment Process for ACGME Review Committee Members
  - Competency-based Resident Education
  - Clarification about Resident Transfers

- Specialty-specific Guidelines
  - Resident Complement

- Links

- Site Visit: Resources for the site visit
  - Accreditation Process
  - Department of Field Activities Staff
  - Electronic Evaluation Systems Evaluation - Site Visit
  - Field Staff
  - FAQ - New Programs
  - FAQ - Site Visit

- FAQ: Frequently Asked Questions
  - Duty Hour FAQ
  - ACGME FAQ on master affiliation agreements and program letters of agreements
  - Pediatrics FAQ
“The ACGME 9 Red Flags”

1. Lack of Program Leadership
2. Lack of Program Infrastructure for Teaching and Evaluation
3. Lack of Appropriate Volume and Variety of Patients
4. Problems with Resident Recruitment or Retention
“The ACGME 9 Red Flags”

5. Lack of Dedicated Teachers
6. Lack of Meaningful Didactics
7. Lack of Financial and Human Resources
8. Service has a Higher Priority than Education
9. Lack of Preparation for the Accreditation Process
### Most Common Citations 2010

**“Core Programs - Pediatrics”**

51 Core Programs Reviewed for a Status Decision
Total of 210 Citations – 4 citations/program

<table>
<thead>
<tr>
<th>Rank</th>
<th>Category</th>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Supervision</td>
<td>inadequate supervision of adolescent medicine and DBP</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>Qualifications of Faculty</td>
<td>lack ABP cert</td>
<td>12</td>
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<tr>
<td>3</td>
<td>PD Responsibilities</td>
<td>provision of complete and/or accurate information</td>
<td>11</td>
</tr>
<tr>
<td>4</td>
<td>Service to Education Imbalance</td>
<td>excessive patient volume</td>
<td>9</td>
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<tr>
<td>5</td>
<td>Evaluation of the Program</td>
<td>not confidential; lack of improvement plan</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>Performance on Board Exam</td>
<td>60% pass rate not met</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>Scholarly Activities</td>
<td>lack of scholarly activity by faculty</td>
<td>8</td>
</tr>
<tr>
<td>8</td>
<td>PICU</td>
<td>insufficient volume; complexity and acuity</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Resident Appointment Issues</td>
<td>attrition, presence of other learners</td>
<td>8</td>
</tr>
<tr>
<td>10</td>
<td>Inpatient</td>
<td>inadequate experience with full range of subspecialties</td>
<td>7</td>
</tr>
</tbody>
</table>
### Most Common Citations 2010

**“Subspecialty Programs - Pediatrics”**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Category</th>
<th>Issue Description</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Scholarly Activities</td>
<td>faculty and fellow scholarly activity lacking</td>
<td>62</td>
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<tr>
<td>2</td>
<td>Practice Based Learning</td>
<td>no ILP; no evidence of quality improvement project; no curriculum to teach teaching skills</td>
<td>58</td>
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<tr>
<td>3</td>
<td>Systems Based Practice and Improvement</td>
<td>no/limited didactic and/or experiential; identifying systems errors; training in administering subspecialty; faculty oversight</td>
<td>53</td>
</tr>
<tr>
<td>4</td>
<td>Responsibilities of the PD</td>
<td>PIF not complete or accurate</td>
<td>38</td>
</tr>
<tr>
<td>5</td>
<td>Qualifications of Faculty</td>
<td>no ABP certification; no evidence of ongoing scholarship</td>
<td>34</td>
</tr>
<tr>
<td>6</td>
<td>Evaluation of Fellows</td>
<td>no semiannual written evaluations or evidence of final evaluation stating ability to practice w/o supervision</td>
<td>34</td>
</tr>
<tr>
<td>7</td>
<td>Evaluation of the Program</td>
<td>not done annually; fellows and faculty don’t provide written, confidential evaluation; no evidence of action plan to address deficiencies</td>
<td>28</td>
</tr>
<tr>
<td>8</td>
<td>Evaluation of Faculty</td>
<td>evaluation by fellows does not ensure confidentiality</td>
<td>14</td>
</tr>
<tr>
<td>9</td>
<td>Goals and Objectives</td>
<td>not rotation- and level-specific or competency-based</td>
<td>12</td>
</tr>
<tr>
<td>10</td>
<td>Responsibilities of the Faculty</td>
<td>do not devote sufficient time teaching/supervising</td>
<td>9</td>
</tr>
</tbody>
</table>
The “Survey”...
Rule # 2
Make sure your “Institution” / DIO is “synchronized” with your program!!

- Review the “Institutional” requirements
- Review the “ACGME” survey results
- Review the “most common citations”
Institutional Requirements
“Institutional” Requirements: Why me?

• Several work environment questions moved from your PIF to institutional requirements
  – Patient support services
  – Laboratory / Radiology / Pathology
  – Medical Records
  – Food services / On call rooms
  – Security and Safety
Some topics for discussion…

• I.A.3. “Sponsoring Institution's failure to maintain accreditation will jeopardize the accreditation of all sponsored programs”

• I.B.4.b) “The DIO and / or the Chair of the CMEC must present and annual report to the Organized Medical Staff and the governing body of the Sponsoring institution.”
“The Sponsoring Institution must ensure…”

- I.B.5.a) “… that the DIO has sufficient financial support and protected time to effectively carry out his/her educational and administrative responsibilities to the Sponsoring institution.”

- I.B.5.b) “… that program directors…”

- I.B.5.b) “… that the Sponsoring institution and program must ensure sufficient salary support and resources to allow for effective administration…”
Other Responsibilities from the “Sponsoring Institution”:

• I.C.2. “Current Master Affiliations must be renewed every 5 years and must exist between the Sponsoring Institution and all its major participating sites”
  – You are responsible for the “letters of agreement”

• I.D. “Sponsoring Institutions and Major Participating sites must be accredited hospital”
“Institutional Responsibilities” for Residents...

• II.A. “The Sponsoring Institution must have written policies and procedures for resident recruitment and appointment and should monitor each program for compliance”
  – Eligibility
  – Selection
Institutional Responsibilities for Residents...

- II.C. “Candidates for programs (who are invited for an interview) must be informed ... in writing or electronically...about Benefits and Conditions of Appointment...”
  - Financial
  - Vacations
  - Parental
  - Sick and other leaves of absence
  - Professional Liability
  - Health and disability insurance (residents and families)
  - Call rooms, meals, laundry, ...
II.D.4. The Resident agreement/contract must contain or provide reference to at least the following institutional policies:

- Responsibilities
- Duration appointment
- Financial Support
- Conditions for reappointment
- Grievance procedures and due process
- Professional Liability Insurance
- Leaves of absence
- Duty hours
- Moonlighting
- Counseling services
- Physician impairment
- Harassment
- Accommodation for Disabilities
- Closures and Reductions
- Restrictive Covenants
II.E “Resident Participation in Educational and Professional Activities”

• Participate on committees and councils whose actions affect their education and/or patient care…

• Participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.
II.F. Resident Educational and Work Environment

• Environment in which residents may raise and resolve issues without fear of intimidation or retaliation…
  – Organization or forum to communicate
  – A process by which individual residents can address concerns in a confidential and protected manner.
III. Graduate Medical Education Committee

- The Sponsoring institution must have a GMEC
- Voting member must include residents
- Must meet quarterly and maintain minutes
- Must communicate with program directors
- Must develop and implement written policies and procedures regarding duty hours
III. Graduate Medical Education Committee

- Resident supervision
  - Patient care
  - Educational needs
  - Progressive responsibilities / competency
- Must communicate with Medical Staff
  - Annual report
  - Safety and Quality of care
  - Accreditation status and citations related to patient care
- Curriculum Evaluation

- Resident status
- Oversight of individual programs accreditation
- Management of Institutional Accreditation
- Oversight of program changes
  - Residents #
  - Program Directors
- Experimentation and Innovation
- Oversight of reductions and closures
IV. Internal Review

- Mid point
- Each program must be in compliance with CPR, Specialty and IR
- Goals and Objectives – Competencies
- Policies
- Improvement Efforts
- Final Report – Site visitor does not get to see content!
CPR
Common Program Requirements

- Institutions
- Program Personnel and Resources
- Residents Appointments
- Educational Program

- Evaluation Resident Duty Hours in the Learning and Working environment
- Experimentation and Innovation
Institution

- One institution assumes responsibility
- Institution and Program are responsible for Program Director support
- Program Letter of Agreement (Participating Sites)
  - Responsible faculty & Responsibilities
  - Duration and content
  - Policies and procedures for education and evaluation during the assignment
Program Personnel and Resources

• PD is responsible for
  – Operations
  – Accreditation (PIF – ADS)

• Adequate length of time – stability!

• PD must
  – Expertise
  – Board Certification
  – Medial License
Program Personnel and Resources…and all the other stuff they forgot to mention when you took over!!

- Quality of Education
- Approve selection of faculty
- Evaluation of the program
- Resident supervision
- Semiannual evaluations
- Compliance with grievance and due process
- Verification of resident education

- Implementation of policies and procedures – distribution to residents and faculty
- Back up support systems
- Keep communication with DIO / GMEC
  - Changes in resident compliment
  - Major Changes in program
  - Response to Citations
Faculty

- Sufficient numbers
- Current certifications
- Current medical licensure and medical staff
- Participation in educational activities
- Peer-reviewed funding
- Publications
- National committees and organizations
Resident Appointments

• Comply with IR criteria
• Number of residents must be RRC approved
• Resident transfers
  – PD must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the resident.
  – Provide similar information for residents leaving program
• Input in the appointment of fellows, other learners or new programs
Educational Program:
“Curriculum MUST contain the following educational components:”

- Overall educational goals (must distribute annually to residents and faculty)
- Competency-based goals and objectives for each assignment at each educational level (reviewed at beginning of each rotation)
- Regularly scheduled didactic sessions
- Scholarly activities
- Delineation of responsibilities for patient care, progression and lines of supervision
- Integrate all 6 ACGME competencies
Evaluation

- Resident Evaluation
  - Formative
    - Timely
    - Objective – competency based
    - Multiple sources
    - Progressive performance improvement
    - Accessible for review
  - Summative
    - Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision
Evaluation

• Faculty
  – Clinical teaching abilities
  – Commitment to education
  – Clinical Knowledge
  – Professionalism and scholarly activities
  – At least ONCE a year – Anonymously
Evaluation

• Program Evaluation and Improvement
  – Residents performance
  – Faculty development
  – Graduates performance
  – Program quality
    • Residents and faculty in writing at least once a year
    • Use results for improvement
    • If deficiencies found, must prepare written plan of action and initiative for improvement – approved by faculty and documented in minutes
Resident Duty Hours in the Learning and Working Environment

- Program must promote well being, patient and resident safety and supportive educational environment

- Learning objectives must not be compromised by excessive reliance to fulfill service obligations

- Didactic and clinical education must have priority
- Duty hours assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients
Resident Duty Hours in the Learning and Working Environment

- “Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients”
Resident Duty Hours in the Learning and Working Environment

• Supervision of Residents
  – Qualified faculty always available

• Fatigue
  – Education to recognize the signs of fatigue and sleep deprivation … and MUST adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.
Resident Duty Hours in the Learning and Working Environment

• Integration of Residents in QI
• Duty hours
  – New regulations
  – Moonlighting
  – Duty hours exception

• Experimentation and Innovation
So … for 2013 – Program Requirements in Pediatrics!!!
Highlights…

- FTE / Residents ratio
- PD and MOC
- Faculty Development + Faculty Development
- Competencies + entrusted professional activities
- Procedures (less)
- “Educational Units”
- Continuity changes
Highlights…

• Subspecialty changes
• Requirement changes (# of units)
• Supervision
  – Direct
  – Indirect
• Regular meetings to evaluate program with core faculty – at least 6 / year
Resources

- ACGME - www.acgme.org
- APPD – www.appd.org
- Other program directors
- Your GMEC
- Your DIO