SPR 2015: RRC Update

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Disclosure

• No conflicts of interest to report
Topics Today

- The RRC
- Case Logs
- NAS
- Diagnostic Radiology Requirements
- Interventional Radiology

RC Composition

- Appointing Organizations: ABR, AMA, ACR
- 1 resident member
  - 2 nominations each from ACR and APDR
  - RRC then selects from nominated candidates
- ABR Ex Officio
Review Committee Members 2014-2015

- James Anderson - Chair (Neuro)
- Duane Mezwa - Vice Chair (Abdomen)
- Kristen DeStigter (Abdomen, US)
- Mary Mahoney (Breast Imaging)
- Donald Flemming (Musculoskeletal)
- Jeanne LaBerge ( Interventional)
- Elizabeth Oates (Nuclear)
- Gautam Reddy (Cardiothoracic)
- Susan John (Peds)
- Bradley Carra (Resident)
- Kay Vydareny (ABR ex officio)

New! Public Member

- ACGME Board recommendation for all Review Committees
- To foster accountability to the needs of the greater public and create a transparency to the work of the Committee.
- Nominees should not be an MD or person(s) directly related to GME (i.e. GME coordinator, faculty members)
- Shall be appointed for a 6-year term
- Jennifer Bosma, ABR retiree, has been selected and will begin July 1, 2015.
New! AOA Member

- In conjunction with the Single Accreditation System, the Review Committee will add one AOA member

- George Erbacher, DO from Oklahoma State University will begin as of July 1, 2015

The “Next Accreditation System”
NAS

AR = Annual Review

Self Study
10yr Site Visit

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NAS Core Tenets

• To review programs based on reporting of outcomes through educational milestones.

• To help poor programs to improve

• To allow programs in good accreditation standing to innovate.

How do Programs Innovate?

• Program requirements have been categorized into three areas:
  • Core
  • Detail
  • Outcome

• Programs with an accreditation status of continued accreditation will be allowed to “innovate” or use alternate methods for those program requirements that are identified as “detail”.

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Examples of core, detail, and outcome program requirements

- II.A.4.s) [The program director must:] ensure that residents have protected time to attend all scheduled lectures and conferences; (Core)
  - II.A.4.s).(1) Resident attendance at conferences/lectures must be documented. (Detail)

- IV.A.5.c).(11) [Residents must:] demonstrate on an ongoing basis an awareness of radiation exposure, protection, and safety, as well as the application of these principles in imaging. (Outcome)

Do I have to adhere to the “detail” program requirements?

- “Innovation” does not mean you don’t have to adhere to detail requirements, it means you can do them a different way.

- Programs do not have to innovate.

- Only programs with a status of “Continued Accreditation” have the freedom to innovate

- Programs with other statuses (Warning, Probation, Initial) must demonstrate compliance with all “detail” program requirements as written.
Annual Data
Reviewed by RRC

- Annual ADS Update – All data
  - Program Characteristics
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Omission of data
- Board Pass Rate
- Resident Survey
- Faculty Survey
- Clinical Experience – Case Logs
  - Milestones (TBD)
  - Ten year visit/Self-study (TBD)

NAS: Role of the RRC

- Concentrate efforts on programs with problems
- Identify noncompliance with PRs (citations)
- Determine whether citations have been resolved and a change in accreditation status is needed
- Provide other useful feedback for improvement (AFIs)
- Motivate programs to improve
Case Log System

- Cases tracked for entire training period for a residency class
- Applies to Diagnostic Radiology Residency programs only
- There are no requirements for reporting numbers of cases in the subspecialty programs at this time.

Program Requirements
ACGME 2016 Requirements

• New Eligibility Requirements take effect July 1, 2016
  • Prerequisite ACGME (RCPSC- or CFPC-) clinical training prior to residency
  • Prerequisite ACGME (RCPSC- or CFPC-) residency training prior to fellowship
    • Exceptions by sub-specialty
• The Radiology RC has allowed the fellow eligibility exception option for subspecialty programs

DR Fellowship Programs - Eligibility

• Prerequisite ACGME-accredited (RCPSC- or CFPC-) DR residency training prior to fellowship
  • Exceptions by sub-specialty
• Fellowship PDs must assess if candidate has completed an ACGME-accredited DR residency, if not, PD can invoke the “Fellow Eligibility Exception” option outlined in 2016 requirements.
DR Requirement Revision

• RC will begin the major revision process in 2015
• 12-18 month process
• Constituents will be solicited for early input
• Process Steps
  • Request for input
  • Draft revisions
  • Review and comment period
  • Evaluate comments and responses
  • Final draft
  • Approval

Considerations:
• Integration with IR residency program requirements
• Alignment with ABR process
• AOA and SAS
• Outcomes based
  » Fellowship program requirement revisions will begin after the DR program requirement revisions are completed.
10-year Visit and Self Study

- ACGME Self Study and 10 Year Site visits will begin in 2015
  - Initial programs have been notified.
  - Subspecialty programs will be visited at the same time as the DR program
- Fellowship program directors will be responsible for the subspecialty program self study documents
  - Will need to work closely with the DR Program Director

Single Accreditation System

AOA  ACGME  AACOM

Single Accreditation System
Why Are We Doing This?

- Consistent evaluation and accountability
- Enhanced opportunities for trainees
- Eliminate unnecessary duplication
- Efficiencies and cost-savings in accreditation

New Committee

- Osteopathic Principles Committee
  - Responsible for review and evaluation of the osteopathic principles dimension of programs that seek ongoing Osteopathic Recognition
  - 17 Members
    - 13 nominated by AOA and appointed by BOD
    - 2 appointed by ACGME
    - Resident member
    - Public member
  - Chair will sit on CRCC
Accreditation in the MOU

- AOA-approved programs may apply for ACGME accreditation July 1, 2015
- To achieve Initial Accreditation, programs must demonstrate substantial compliance with specialty Program Requirements
- Window for application closes June 30, 2020
- AOA ceases accreditation ≤ June 30, 2020

Timeline for Accreditation

- To apply, programs must be associated with ACGME-accredited sponsoring institution or institution with “Pre-Accreditation Status”
- Window for institutional accreditation open April 1, 2015 - June 30, 2020
- Window for program accreditation open July 1, 2015 – June 30, 2020
“Pre-Accreditation Status”

- Granted upon receipt of completed application
- Created for and to be applied only during the transition to ACGME accreditation of currently AOA-approved programs
- Extended to include institutions
- Pre-Accreditation ≠ Initial Accreditation
- Does not require IRC / RRC review
- Status will be publicly acknowledged

Importance to AOA programs:
- Individuals who complete programs that have previously* achieved “Pre-Accreditation Status” will be subject to eligibility standards in effect June 30, 2013 or July 1, 2016 – whichever is less restrictive

Note: This does not mean that such graduates are eligible for all ACGME subspecialty programs

* Pre-Accreditation Status cannot be retroactively granted (“grandfathered”)
SAS and Radiology

- Currently approx ~15 AOA DR programs
- Adding one AOA member to the Committee
- All applications will require site visit
- Anticipate AOA applications for review by spring 2016.

Interventional Radiology
IR Residency: Rationale

IR has fundamentally changed over the past 10-20 years. It is now a clinical specialty.
• This required:
  - acknowledgement by ABMS
  - change in certification as determined by ABR
  - change in training as determined by ACGME

IR Residency

• It's a reality!
• Program requirements approved by the ACGME September 2014
• Still much to do...
  • But time to get started
Still to come…

- FAQs (posted)
- Program Application (posted)
- Case log information
- Procedure log information
- Milestones

IR Residency

- Key components of IR Residency as compared to current IR Fellowship
  - Increased number and breadth of procedures
    - Requires more than 1 year of training
  - Clinical care
    - Critical Care rotation
    - Outpatient clinic experience
IR Residency

- Two pathways
  - Integrated Residency
    - Clinical (intern) year + 5 years
  - Independent Residency
    - Completed DR Residency (including clinical year)
    - 2 years IR Residency

IR Integrated Program

Key Facts

- Will be able to match from med school to PGY-2 program
- Prelim clinical year + 5 year program
- First 3 years are essentially = Diagnostic Radiology training
- ABR Core exam taken after 36 months
- 2 years primarily in IR but allowances for some DR rotations
- Qualifies for ABR IR/DR certificate
IR Integrated Program

- PGY-5 (DR4, IR-Int4) year can have some DR components
- Call/float, Mammo, Nuc Med
- Rotations in the IR domain
- Procedure/patient care oriented rotations

IR Independent Program

- 2 year program
- Requires completion of DR residency
- Match during DR-3 year (PGY-4)
ESIR

• Early Specialization in Interventional Radiology
• Part of DR program, in cooperation with IR
• Takes advantage of R4 year flexibility
• Allows DR program to have “approved” IR curriculum that would allow a DR grad to be placed into advanced 2nd year of an Independent IR residency

ESIR

• DR programs wishing to provide residents with sufficient IR training to qualify for advanced entry into the 2nd year of an Independent IR residency must have prior approval from the RRC for their Early Specialization in IR (ESIR) training program.

• Will not need site visit for approval
• Do not need (but can have) an IR residency for ESIR
ESIR

- ESIR application will require that DR programs specify the IR training that the ESIR resident will receive in PGY2-5.

- Programs will need to verify that residents have received the intended ESIR training upon graduation from the DR program.

- Programs will need to have adequate IR facilities and personnel to provide fundamental level IR training.

Applying for ESIR

- Categories of Procedural Experience
  - Table indicating procedural areas that will constitute the ESIR resident’s experience

- Procedural Volume
  - Expected total volume of procedures during the 4 years
  - Minimum of 500 required to qualify for advanced placement
Terminology

- Complement – the number of total residents approved by the ACGME in a given program.
  - This number is not PGY specific i.e. you can have different numbers per PGY as long as they add up to the complement (4,4,4,4=16 or 5,4,3,4=16)
  - The complement is a maximum. Less is ok, more needs approval.
  - Although the complement is potentially determined by training capacity, it may be less than training capacity due to request of program or funding issues

IR Residency – What Now?
IR: What do I do now?

- No single solution
- Flexible structure to allow local solutions
- Depends on your situation
  - Want an IR residency
    - Have an IR fellowship
    - Don’t have an IR fellowship
  - Don’t want IR Residency
    - Have an IR fellowship
    - Don’t have an IR fellowship

VIR Fellowships

- Will continue for some period
  - Current plan is for last fellowship year to be the 2019-20 academic year (match in spring of 2018).
Timeline…

• Application for IR residency (integrated, independent, or both)
• All are new programs
  • Site visit
  • Review and approval by RRC
  • Site Visit and Re-review at 2 years from approval

Timeline …

• Key Dates
  • Now – Dept, GME, funding decisions – application
  • 2016-17 – Probable 1st IR-Integrated Match
  • 2017-18 – Probable last IR fellowship Match
  • 2018-19 – Probable 1st IR-Independent Match
  • 2019-20 – Last IR fellowship year
  • 2020-21 – 1st IR-Independent Residents
  • 2022-23 – Residents that matched to IR-Integrated finish at end of this year
Questions