

# Update 2011

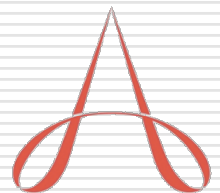
# The New RRC Program Requirements

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*Residency Review Committee for  
Anesthesiology*



ACGME

# Specialty Program Issues

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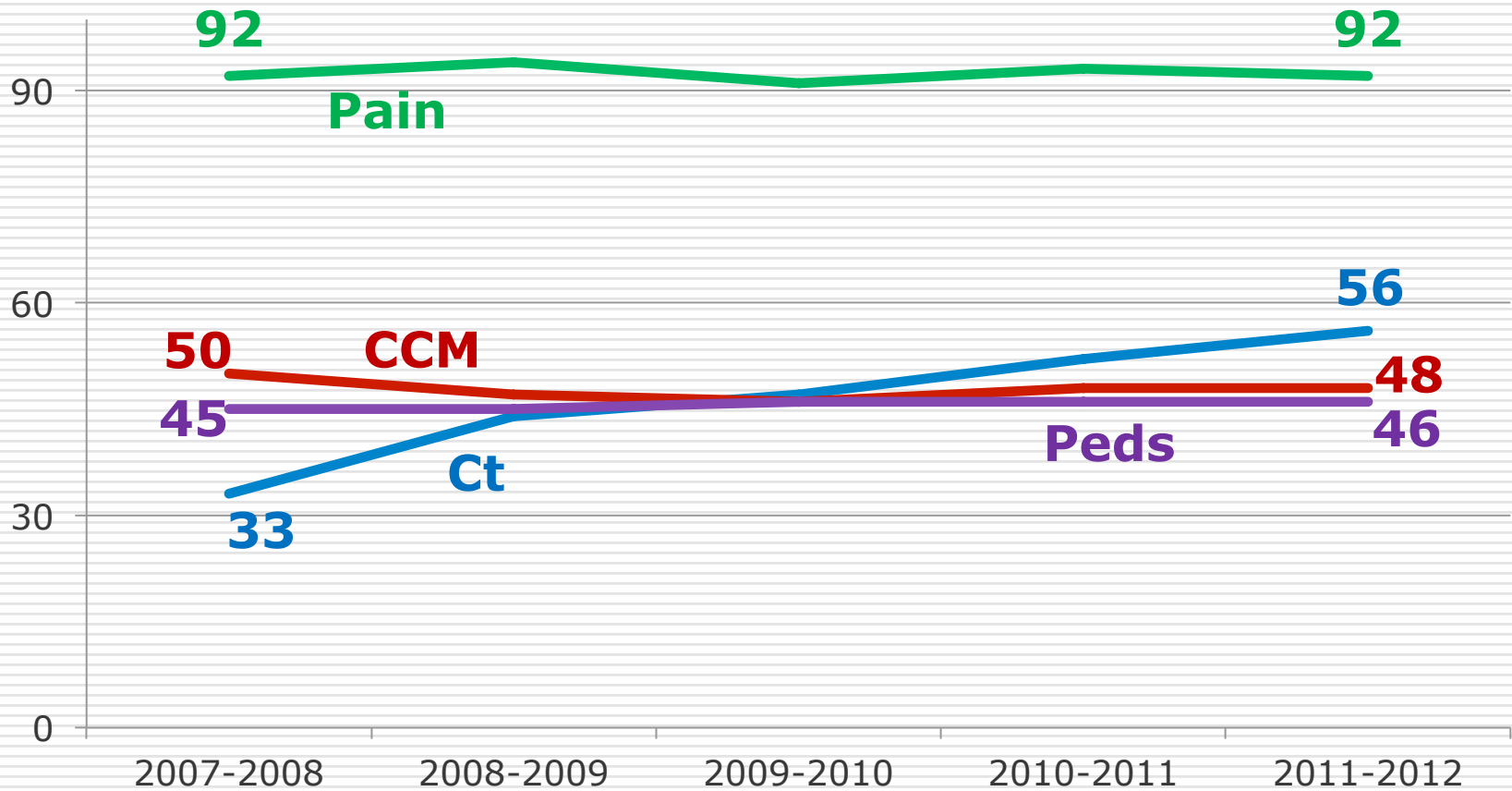
- Current Status
  - Program Requirements
  - Interdisciplinary CCM
  - Obstetric Anesthesiology Fellowship
  - Next Accreditation System
  - Eligibility Criteria
  - GME Funding
  - Administrative Changes
-

# Common Citations 2008-2011

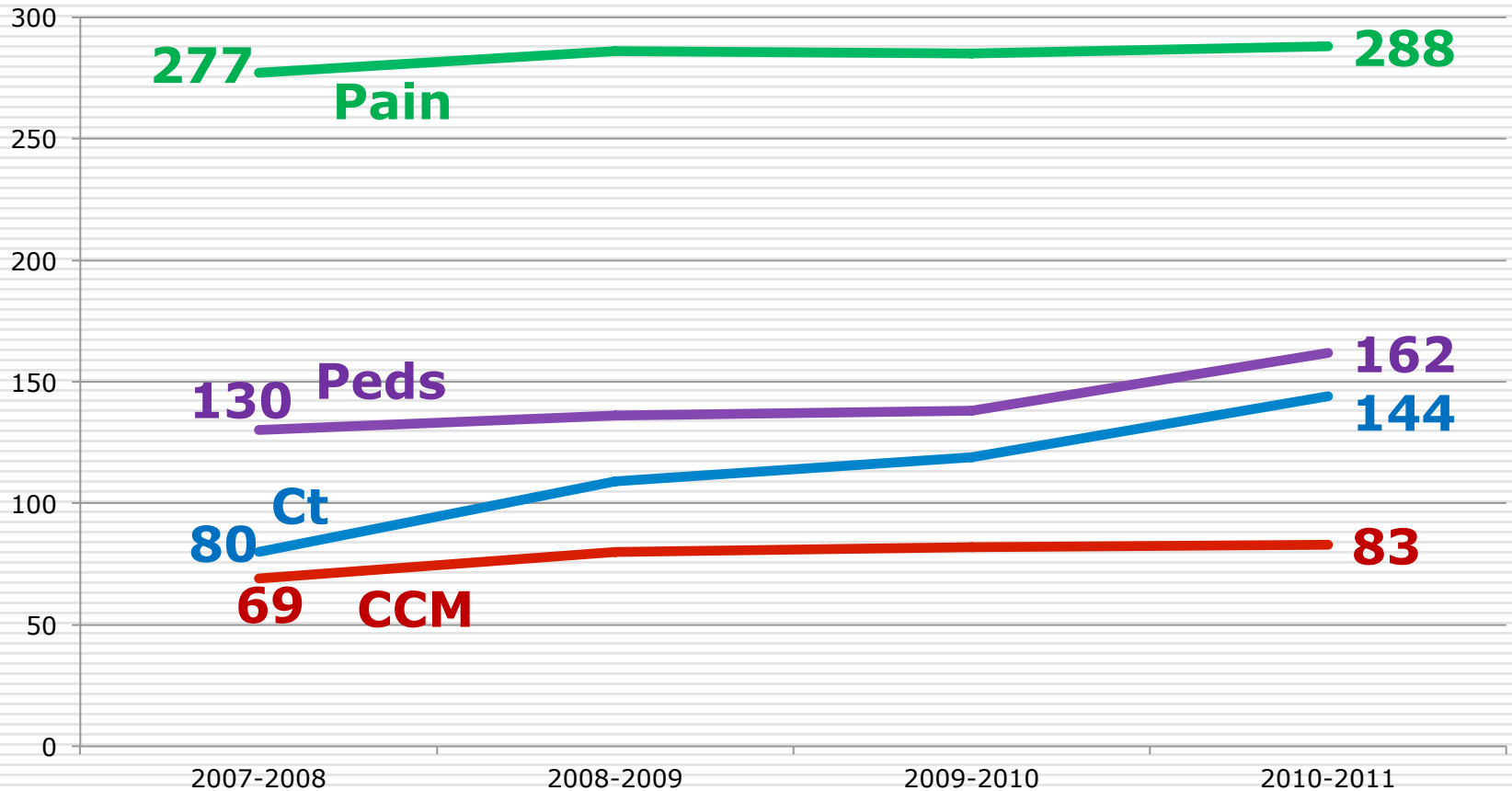
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- Interdisciplinary subs (CCM, Pain)
    - Collaboration with other specialties
    - Qualifications of “other” faculty
  - All subspecialties
    - Scholarly Activity (faculty AND fellows)
    - Program-specific documentation
    - Evaluations (of program, faculty, fellows)
    - Faculty qualifications (eg, ABA certification)
    - Competency-based curriculum
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# Trend Data: Number of Programs



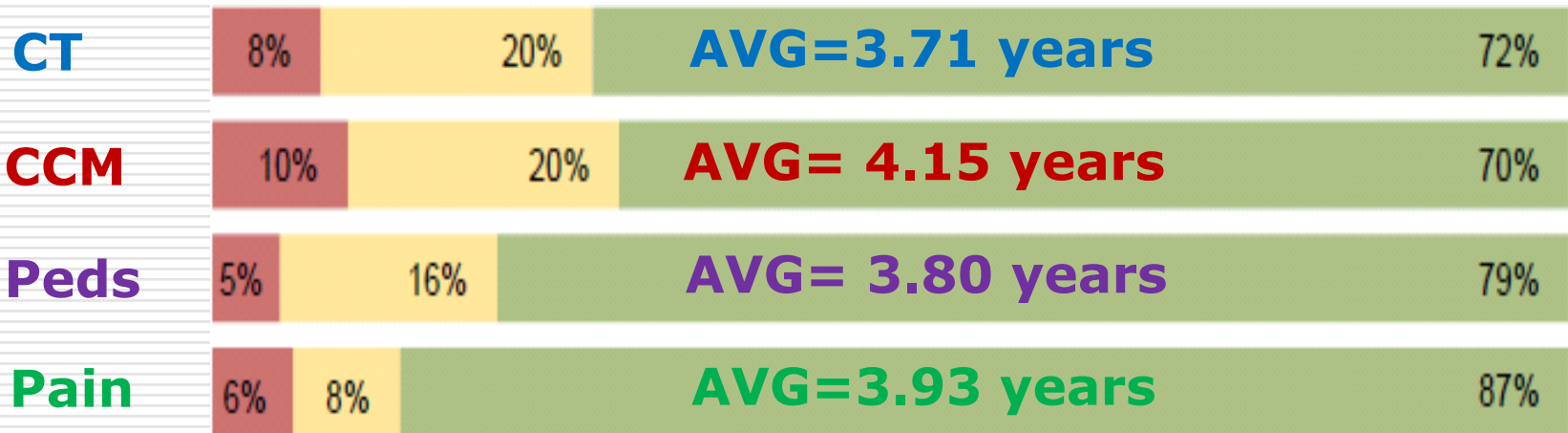
# Trend Data: Number of Filled Positions



# Snapshot: Cycle Lengths

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0-2 years   3 years   4-5 years



# Specialty Program Requirements

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- Incremental progress
    - Common 1-year requirements incorporated into each specialty program
    - Many thoughtful modifications proposed
  - Moratorium on changes
  - Future modifications to program requirements will be made as part of the next accreditation system
    - Increased “autonomy”
    - Encompass milestones
    - More rigorous outcome measures
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# Specialty Program Requirements Challenges and Opportunities (I)

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- Content outline
  - Rapidly changing clinical landscape
    - Clinical opportunities
    - Common expectations across specialties
  - Clinical experience (volume) vs competency
  - Graded responsibility
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# Specialty Program Requirements Challenges and Opportunities (II)

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- Interdisciplinary collaboration
  - Interaction/relationship with other programs (core and specialty), roles of core and specialty program directors
  - Faculty qualifications, including all disciplines participating in training
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# Specialty Program Requirements Challenges and Opportunities (III)

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- Scholarship – faculty, fellows, environment
  - PD qualifications, including scholarly activities
  - Evaluations – fellows, programs
  - Innovation
  - Board pass rates
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# Interdisciplinary CCM

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- ACGME Convened Meeting – September 28, 2011
  - RRCs and Boards
    - Anesthesiology
    - Surgery
    - Medicine
    - Pediatrics
  - Next Steps
    - Define Relationship in Selected Academic Institutions with Existing Interdisciplinary CCM Programs
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# Obstetric Anesthesia Fellowship

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- Program Requirements and Implementation Approved as of October 1, 2011 @ 2pm!
- Minimal Modifications to Requirements
  - Clarify Percent Effort Expected of PD
  - 20/50 Rule

II.A.3.e. [The program director must] devote no less than 20% of his or her professional effort to the fellowship program, included in a total of at least 50% of his or her professional effort devoted to the clinical, educational, administrative, and academic time to the anesthetic care of pregnant women.

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# Next Accreditation System

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- Initial and maintenance of accreditation -  
**No more cycles!**
  - Annual program and institutional data submission
  - Annual institutional (sponsor) visit every 18-24 months
    - Emphasis on patient safety and quality
    - Institutional and departmental metrics
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# Next Accreditation System

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- Program Reviews
    - Dashboards
      - Self Study
      - Both process and outcomes (eg; case logs)
      - Annual resident (and faculty) survey
    - Periodic targeted visits
  - Review of “problem programs”; outliers
  - Focused site visits
  - Site visitor as “diagnostician”
  - Program commendation as “differentiator”
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# Next Accreditation System

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- Ten Year Reassessment
    - Self-Study
    - Critical Evaluation of Programs (Core and Sub)
    - Visits to Each Program Site
    - “Tracer” Methodology
  - Consultation and Assessment of Opportunities for Improvement
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# Next Accreditation System

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- Phased implementation
  - Tier 1 (July 1, 2013)
    - 6 Disciplines
    - Medicine, Neurosurgery, EM, Peds, Urology, Diag Rad
  - Tier 2 (July 1, 2014)
    - Additional core programs
    - Specialty programs/fellowships
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# “Interim” Review Process

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- Current review process will remain in place
  - Expectations linked to program requirements
    - Citations - granularity/clustering
    - Other areas of “concern” – comments
    - Cycle length
  - Progress reports may be used to facilitate the transition
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# Eligibility Criteria

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**III.A.2. Prerequisite clinical education for entry into ACGME-accredited residency programs must be accomplished in ACGME-accredited residency programs or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency programs located in Canada.**

**III.A.3. Prerequisite clinical education for entry into ACGME-accredited fellowship programs must meet the following qualifications:**

**III.A.3.a) for fellowship programs that require completion of a residency program, **the completion of an ACGME-accredited residency program or an RCPSC-accredited residency program located in Canada.****

**III.A.3.b) for fellowship programs that require completion of some clinical education, clinical education that is accomplished in ACGME-accredited residency programs or RCPSC-accredited residency programs located in Canada.**

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# Eligibility Criteria

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- If approved, AN RRC will require completion of an ACGME or RCPSC- accredited residency for entry to any specialty programs
  - Implementation for entry to programs as of July 1, 2015
  - Posted on ACGME website
  - Comment period until November 23, 2011
  - Use form on website
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# GME Funding

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- Proposed reductions could be as large as 50%
  - Implications are overwhelming
    - Residency numbers
    - Workforce issues
  - Need new models for funding educational initiatives
    - Should ACGME accredit fellowships
    - If not, what are implications?
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# AN RRC Administrative Staffing

## January 1, 2012

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- Staffing clustered by “Section”
  - Hospital Based Team
    - Lorraine Lewis, PhD, Executive Director
    - Billy Hart
    - Kelly Carpe
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# Things to Consider

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- Should milestones be required for every fellowship program?
  - If so, should they be used as a formal requirement to progress through the fellowship?
  - Should standard simulations be required of every fellow (procedural skills, team training, etc.)?
  - Should every fellow complete a research project?
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