ACGME

2024 ACGME
ANNUAL EDUCATIONAL
CONFERENCE

SES014: Specialty Update: Psychiatry
March 8, 2024

Donna Sudak, MD
Chair, Review Committee for Psychiatry

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Conflict of Interest Disclosure

Speaker(s): Donna Sudak, MD

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

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Discussion Topics

- Review Committee for Psychiatry Activities
- Accreditation Process
- Specialty Program Requirements
- Competency-Based Medical Education (CBME)

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Special Announcement

ACGME President and CEO Announces Transition

ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP announced he intends to step down from his current role on January 1, 2025, to establish the ACGME Center for Professionalism and the Future of Medicine. Dr. Nasca will serve as the initial Senior Fellow and Administrative Director. The ACGME Board of Directors will undertake a national search to identify the next President and CEO.

Review Committee Staff

ACGME Leadership

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ACGME Mission

The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

ACGME MISSION, VISION, and VALUES

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Purpose of ACGME Accreditation

- Accreditation of Sponsoring Institutions and residency/fellowship programs by the ACGME is a voluntary process of evaluation and review.
- Accreditation benefits the public, protects the interests of residents and fellows, and improves the quality of teaching, learning, research, and professional practice.
- The accreditation processes are designed to evaluate, improve, and publicly recognize Sponsoring Institutions and graduate medical education programs that are in substantial compliance with standards of educational quality established by the ACGME.

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ACGME Accreditation

The ACGME has a twofold purpose:

1. To establish and maintain accreditation standards that promote the educational quality of residency and fellowship education programs; and,
2. To promote residency/fellowship education that is sensitive to the quality and safety of patient care in an environment that fosters the well-being, learning, and professionalism of residents and fellows.

It is not the intent or purpose of the ACGME to establish numbers of physicians in any specialty.

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ACGME Board of Directors and Review Committees

- Board sets policy and direction
- Board delegates authority to accredit programs/Sponsoring Institutions to the Review Committees
- Board monitors Review/Recognition Committees
  - Monitoring Committee
- Board approves:
  - Institutional/specialty-specific/Recognition requirements
  - Common Program Requirements

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Differences between the ACGME and the Certifying Boards

- Accredits residency/fellowship *programs*
- Develops Program Requirements for programs
- Evaluates programs through annual data review and site visits

- Certifies *individual* physicians
- Sets the standards residents and fellows must meet to gain certification
- Works with the ACGME to ensure alignment of Program and Certification Requirements

When to Notify the Review Committee of Program Changes

Submitted in the ACGME Accreditation Data System (ADS) at www.acgme.org
Participating Site Changes
Program Director Changes
Complement Changes (temporary and permanent) ***The complement requests are reviewed in between scheduled Review Committee meetings.***
Voluntary Withdrawals
Change in Sponsoring Institution

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When *Not* to Notify the Review Committee

Exceptions for an individual's education and training:

- ❑ Leaves of absence
- ❑ Extensions due to remediation
- ❑ Electives (including international)
- ❑ Other training not required by the Review Committee (including pathways)
  - *In these circumstances you should contact your certifying board*
  - ✓ *American Board of Psychiatry and Neurology – www.abpn.org*

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Review Committees

There are 28 specialty Review Committees, including one for transitional year programs.

The Institutional Review Committee reviews and accredits institutions that sponsor graduate medical education programs.

Each Review Committee receives data on all accredited or applicant programs or institutions within its purview, and makes an accreditation status decision on each, annually.

Psychiatry Review Committee Members

- Donna Sudak, MD *(Chair)*
- Brigitte Bailey, MD *(Vice Chair)*
- Sandra D. Batsel-Thomas, MD
- Sheldon Benjamin, MD
- Adam Brenner, MD
- Catherine Crone, MD
- Peter Daniolos, MD*
- Richard L. Frierson, MD
- Tracee Hall, MPH *(Public Member)*
- Erick Hung, MD
- Furhut Janssen, DO
- Maria Lapid, MD
- Judith L. Lewis, MD
- Tanya Lopez, MS (Ex-Officio, AMA)
- Jeffrey M. Lyness, MD (Ex-Officio, ABPN)
- Vishal Madaan, MD (Ex-Officio, APA)
- Robert McCarron, DO
- Jonathan Nahmias, MD* *(Resident Member)*
- Julie A. Niedermier, MD*
- Jason Ouimette (Ex-Officio, AOA)
- Ismene L. Petrakis, MD
- Art Walaszek, MD

*Term ends June 30, 2024

Review Committee members are not allowed to discuss Review Committee activities, including accreditation decisions

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Incoming Review Committee Members

Evangelia Assimacopoulos, MD (Resident Member)	• University of South Dakota Sanford School of Medicine – Sioux Falls, SD
Sandra M. DeJong, MD	• Cambridge Health Alliance/Harvard Medical School – Cambridge, MA
Daniel E. Elswick, MD	• West Virginia University School of Medicine – Morgantown, WV

Terms begin: July 1, 2024

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Psychiatry Program Accreditation Academic Year 2023-2024

Psychiatry	319
Addiction Medicine	36
Addiction Psychiatry	55
Child and Adolescent Psychiatry	154
Consultation-Liaison Psychiatry	68
Forensic Psychiatry	50
Geriatric Psychiatry	61
Sleep Medicine	4

Upcoming Review Committee Meeting Dates

Psychiatry

Meeting Dates:	Agenda Closing Date:
February 9-10, 2024	November 3, 2023
April 26-27, 2024	January 12, 2024
February 7-8, 2025	November 8, 2024
April 25, 2025	January 24, 2025

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2022-2023 Frequent Citations and Areas for Improvement (AFIs)

Psychiatry/Psychiatry Subspecialties

Citations	AFIs
Responsibilities of Program Director (53; 21.5%)	Specific Domains in the Resident/Fellow Survey
Resources (28; 11.4%)	Performance on Board Exam
Supervision (27; 11.0%)	Failure to Provide Accurate Information
Evaluation of Residents/Fellows (24; 9.8%)	Scholarly Activity

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Citation – Program Director Responsibilities

Program Director Responsibilities
Program Requirement: II.A.4.a).(10)
Provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the Program Requirement. At the time of the site visit, the residents reported that they were not provided a learning and working environment in which they were able to raise concerns. The residents described the learning and working environment as being “psychologically unsafe” among fellow residents. In addition, the residents reported they are not willing to discuss anything with anyone (directly or on evaluation forms) for fear of being placed on remediation or potentially having their actions result in compromising letters of recommendations for future fellowships or practice opportunities. The results from the ACGME 2021-2022 Resident Survey provide further evidence to support the issue of noncompliance indicating that residents are not able to raise concerns without fear of intimidation or retaliation. (Site Visit Report, pages 6-8, 16-17, and 2021-2022 ACGME Resident Survey)

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Citation - Resources

Resources
Program Requirement: IV.A.4.a) and VI.B.2.a) The learning objectives of the program must: be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; (Core)

The information provided did not demonstrate compliance with the Program Requirement. Based on a review of the 2021-2022 ACGME Resident Survey, the program has compliance issues with items in the Resources section of the survey, particularly with regards to the items related to whether there is an appropriate balance between education and patient care.

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Citation - Supervision

Levels of Supervision

Program Requirements: VI.A.2.c).(1), VI.A.2.c).(1).(a).(i), IV.A.2.c).(1).(a).(i).(a), VI.A.2.c.(1).(a).(i).(a).(i)-(iii) Direct Supervision: the supervising physician is physically present with the resident during the key portions of the patient interaction; or, (Core) PGY-1 residents must initially bye supervised directly, only as described in VI.A.2.c).(1).(a). (Core) PGY-1 residents should progress to being supervised indirectly with direct supervision available only after demonstrating competence in: (i) the ability and wiliness to ask for help when indicated; (Detail) (ii) gathering an appropriate history; (Detail); (III) the ability to perform an emergent psychiatric assessment; and, (Detail)

The information provided to the Review Committee did not demonstrate substantial compliance with the Program Requirements. The Supervision Policy did not reflect the progression of a PGY-1 resident's progression from direct to indirect supervision by demonstrating competence delineated in the program requirements. In addition, the Supervision Policy did not address supervision of a resident requiring direct supervision who provides remote care. (Site Visit Report, pages 36-37)

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Citation - Evaluation

Evaluation

Program Requirement: V.A.1.a) Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)

The information provided to the Review Committee did not demonstrate compliance with the Program Requirement. Based on a review of the 2021-2022 ACGME Resident Survey, the program has compliance issues with items in the Evaluation section of the survey, particularly with regards to the items related to whether residents are satisfied with faculty members' feedback.

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Communicating Results back to the Program(s)

- Within 5 business days following the RC meeting
- Email notifications are sent to the PD(s), DIO, and PC containing accreditation status decisions

5 Days

- Up to 60 days following the RC meeting
- Letters of Notification (LONs) are posted to ADS
- PD(s), DIO, and PC are notified via email that LON is available
- LONs attached to email notifications for all programs

60 days

Discussion Topic

Program Requirements for Graduate Medical Education in Psychiatry

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Requirements

- Programs are accountable to both Common Program Requirements and the applicable specialty-specific Program Requirements.
- The Common Program Requirements are a basic set of standards (requirements) for education, training, and preparation of physicians applicable to all programs regardless of specialty or subspecialty.
- The Program Requirements set the context within clinical learning environments for development of the skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients.
- The Program Requirements facilitate an environment in which residents and fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions.

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Psychiatry Subspecialty Program Requirements

- The Review Committee for Psychiatry underwent a major revision of the Program Requirements for the subspecialties of **addiction psychiatry, child and adolescent psychiatry, consultation-liaison psychiatry, forensic psychiatry, and geriatric psychiatry**.

- The proposed psychiatry subspecialty Program Requirements were reviewed at the February 2, 2024, ACGME Committee or Requirements meeting.

- The subspecialty Program Requirements will become effective July 1, 2024.

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Psychiatry “Shaping GME”

Requirements must be reviewed with potential for **major revisions every 10 years**.

- **Shaping GME** (scenario-based strategic planning): Review Committee and relevant specialty communities to think rigorously and creatively about what the specialty will look like in the future, well beyond 10-year increments, recognizing that the future is marked with significant uncertainty
- **Psychiatry is tentatively scheduled to undergo this process in 2026**

Interim revisions may be considered at scheduled intervals between major requirement revisions, which will **typically be every three years**.

On rare occasions, with approval of the ACGME Board, revisions may be considered between these scheduled intervals.

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Discussion Topic

ACGME Resident/Fellow and Faculty Surveys

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ACGME Resident/Fellow and Faculty Surveys

ACGME Resident/Fellow and Faculty Surveys

- Program Directors are not requested to complete the Faculty Survey
- Core faculty members in specialty programs (physicians and non-physicians) are requested to complete the Faculty Survey
- All faculty members in subspecialty programs (physicians and non-physicians) will be scheduled to participate in the Faculty Survey

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ACGME Resident/Fellow and Faculty Surveys

"How does the Review Committee use Resident/Fellow Surveys in determining accreditation decisions?"

- The Committee reviews the program's trend data from the survey results, which includes information for each domain area versus individual questions.
- The Committee issues AFIs for non-compliance with specific areas from each domain.
- The Committee issues citations for the surveys if the program has received multiple AFIs in a particular domain area.
- The Committee will issue a citation for non-compliance in the domain area of professionalism relative to the questions surrounding the ability to raise concerns without fear of intimidation or retaliation and satisfaction with the process for dealing confidentially with problems and concerns.

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Institutional Requirements – Guiding Principles for Vacation and Leaves of Absence

- Address medical, parental, and caregiver leave
- Six weeks of paid leave once during program, with one-week additional vacation time in same year
- Health insurance available during leave
- Equitable treatment of residents under leave policies (e.g., call responsibilities, promotion/ renewal)
- Flexibility of scheduling, time off utilization, and fellowship start dates
- Policies widely available for prospective residents
- Policies consistent with board requirements
- Address extended leaves or multiple episodes of leave

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Institutional Requirements

IV.H. Vacation and Leaves of Absence

IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: (Core)

IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; (Core)

IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; (Core)

IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; (Core)

IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; (Core)

IV.H.1.f) be available for review by residents/fellows at all times; and, (Core)

IV.H.1.g) ~~This policy must~~ ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). (Core)

https://www.acgme.org/programs-and-institutions/institutions/institutional-application-and-requirements/

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Institutional Requirements - FAQs

Question	Answer
Institutional GME Policies and Procedures	
Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence? *[Institutional Requirement: IV.H.1.]*	Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.
Can vacation and other pay sources be used to support residents'/fellows' salary during leaves of absence? *[Institutional Requirement: IV.H.1.b)-c)]*	Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws, and that one week of paid time off is reserved for use outside of the first six weeks of leave. The IRC will not cite Sponsoring Institutions for new elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.
Is there a timeframe within which residents/fellows must use the week of paid time off that is reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken? *[Institutional Requirement: IV.H.1.c)]*	The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken. It is not required that this reserved week carry over into subsequent years of an individual's educational program. The IRC will not cite Sponsoring Institutions for elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.

https://www.acgme.org/globalassets/pdfs/faq/ir_faqs.pdf

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Discussion Topic

Competency-Based Medical Education (CBME)

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Competency-Based Medical Education (CBME)

The ACGME and American Board of Medical Specialties (ABMS) have been conducting symposia with the goal to accelerate the development of and transition to CBME in graduate medical education (GME).

These working conferences are conducted to develop a set of actions by the certification boards and the Review Committees to support advancing CBME within GME.

Teams consist of Member Board executives, Review Committee chairs, one learner from the specialty, 1-2 representatives (such as a specialty society leaders or others to be selected jointly by the Member Board and Review Committee representatives)

Competency-Based Medical Education (CBME)

Objectives included:

- Recognizing the role and importance of the five essential core components of CBME in GME.
- Identifying the policy, financial, and administrative facilitators that have empowered spread and innovation in CBME.
- Identifying the policy, financial, and administrative barriers that inhibit the growth of CBME.
- Recommending changes in ACGME and ABMS policies and procedures that promote innovation and reduce or eliminate barriers to CBME.
- Working within and across specialties to create an action plan to support innovations and the widespread implementation of CBME.

Outcomes-Based Education: What Is it?

- Central tenet: *start with the end in mind*
  - Focus on what type of physician will be produced
  - Structure and process flow from the outcomes
- Educational outcomes should be "*clearly and unambiguously specified*."
- These educational outcomes determine:
  - Curriculum, assessment processes, and the learning environment

© AAFP: Collaboration Improves Patient Outcomes, Lowers Cost (aafp.org)

Slide provided by Dr. Eric Holmboe

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Implementing Outcomes-Based Medical Education: Enter CBME

"An approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of ***societal and patient needs****.*

It de-emphasizes [fixed] time-based training and promises greater accountability, flexibility and learner-centeredness."

Slide provided by Dr. Eric Holmboe

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LEARN at ACGME

Distance Learning

Faculty Development Courses:

- Foundations of Competency-Based Medical Education
- Managing Your Clinical Competency Committee
- Multi-Source Feedback

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Site Visits

NEW! Program Site Visit Update

As part of its ongoing commitment to program improvement, the ACGME will conduct site visits annually for approximately one to two percent of programs with the status of Continued Accreditation. Programs will be selected through a random sampling process. The site visits will help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements in support of the **ACGME's Mission**.

Email questions to **accreditation@acgme.org**.

- Programs identified in this process include: 5 psychiatry; 2 addiction psychiatry; 2 child and adolescent psychiatry; 3 consultation-liaison psychiatry; 1 forensic psychiatry; and 1 geriatric psychiatry

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Medically Underserved Areas and Populations (MUA/P)

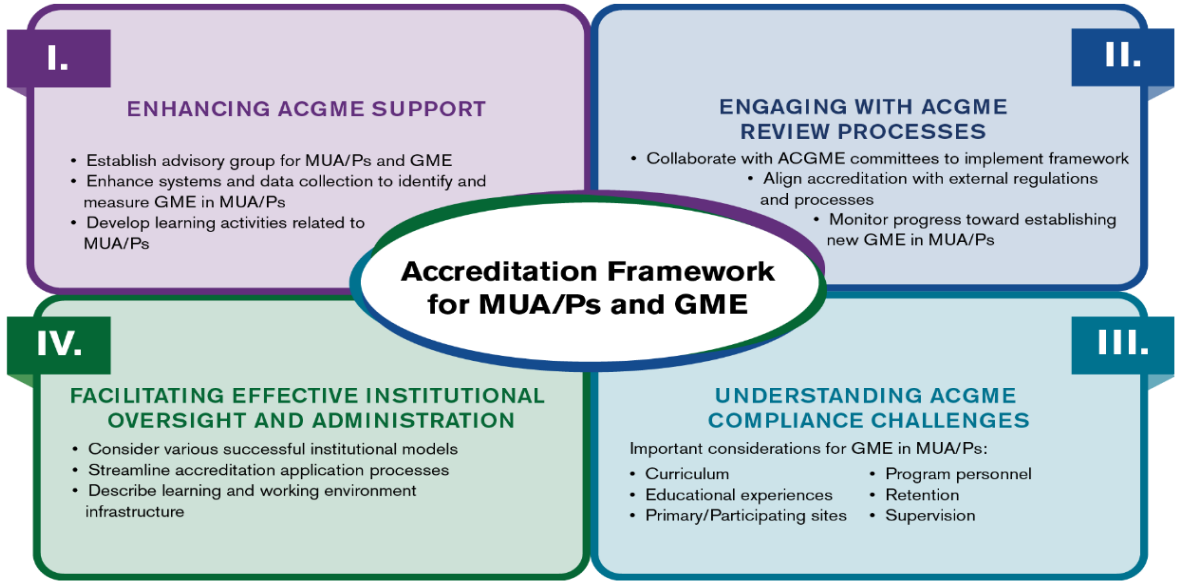
Medically Underserved Areas and Populations

Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME developed a framework to encourage the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This framework outlines initial actions addressing graduate medical education in MUA/Ps.



Quick Links

- Medically Underserved Areas and Populations »
- Advisory Group »
- Rural Track Program Designation »
- ACGME Newsroom and Blog Updates on Medically Underserved Areas »
- ACGME Specialties »
- ACGME Program Application Information »
- ACGME Diversity, Equity, and Inclusion »

Relevant Presentations in Learn at ACGME

- MUA/P: Partnerships to Establish and Sustain Rural GME

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Medically Underserved Areas and Populations

The following processes are available to obtain ACGME Rural Track Program (RTP) designation:

- Permanent complement increase and identification of new rural site(s) for an existing program
- Application for a new program*

*New programs may share resources and overlapping resident/fellow experiences with an already existing ACGME-accredited program. Requests for RTP designation during the program application process may identify an existing program as an ACGME Rural Track Related Program (definition available on the website or contact muap@acgme.org).

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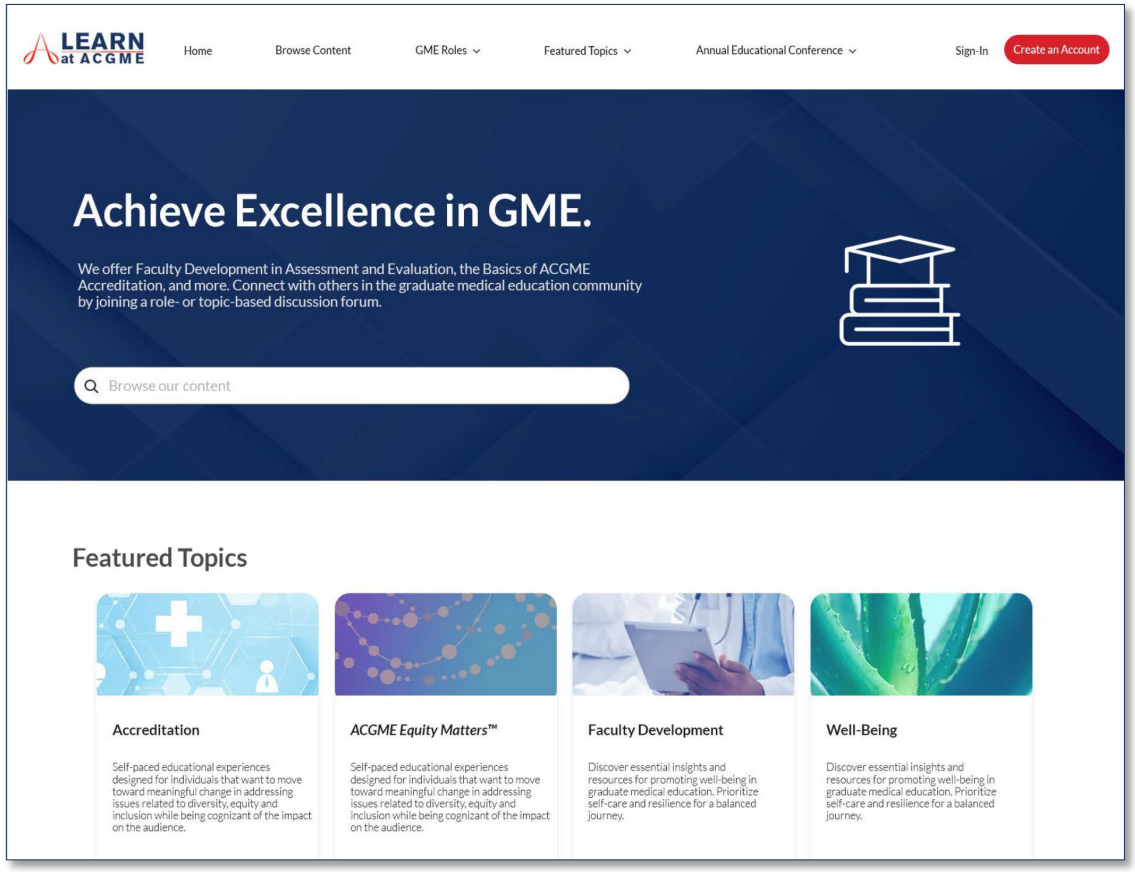
The ACGME's Online Learning Portal

Learn at ACGME Redesign
Coming Soon!

Visit dl.acgme.org or scan the QR code.

Have a question or need assistance? Contact us!

desupport@acgme.org



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LEARN at ACGME
THE ONLINE LEARNING PORTAL OF THE ACGME

Remediation Toolkit

- 11 modules authored by **renowned experts** in the field
- Equips participants with tools for **addressing needs of struggling learners**
- **CME** offered after completion

The ACGME designates this enduring material for a maximum of ***5.25 AMA PRA Category 1 Credits*** ™

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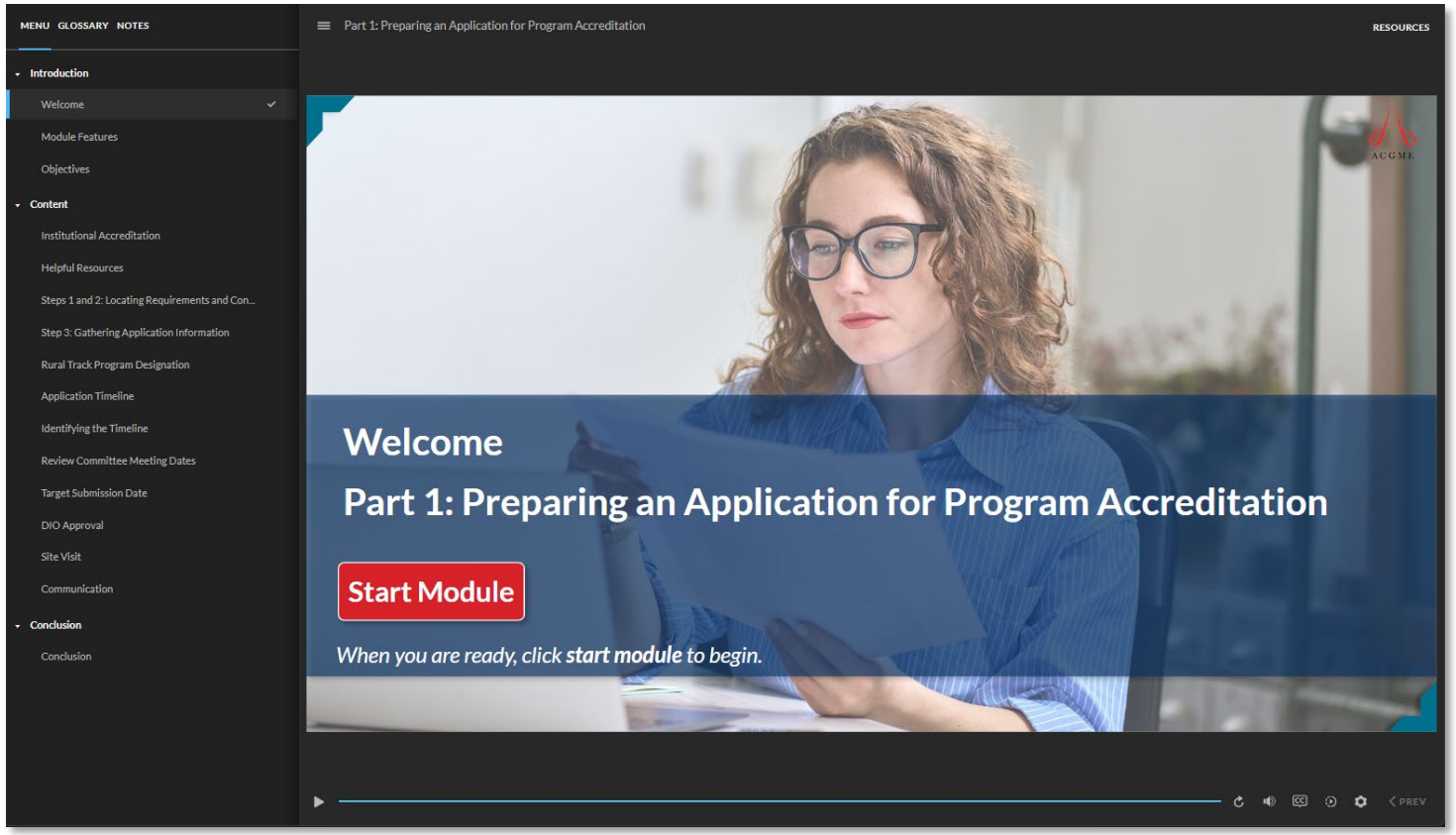
Applying for Program Accreditation Course

- Three-part course and **step-by-step guide**
- For those **new** to the process, as well as a refresher for **experienced** users
- Explanation of key steps, timeline, and the **review process** after submission



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Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around **direct observation and feedback**
- Evidence-based **video prompts**
- Answer keys and **facilitator guides**
- **Microlearning** lessons with associated slides and guides

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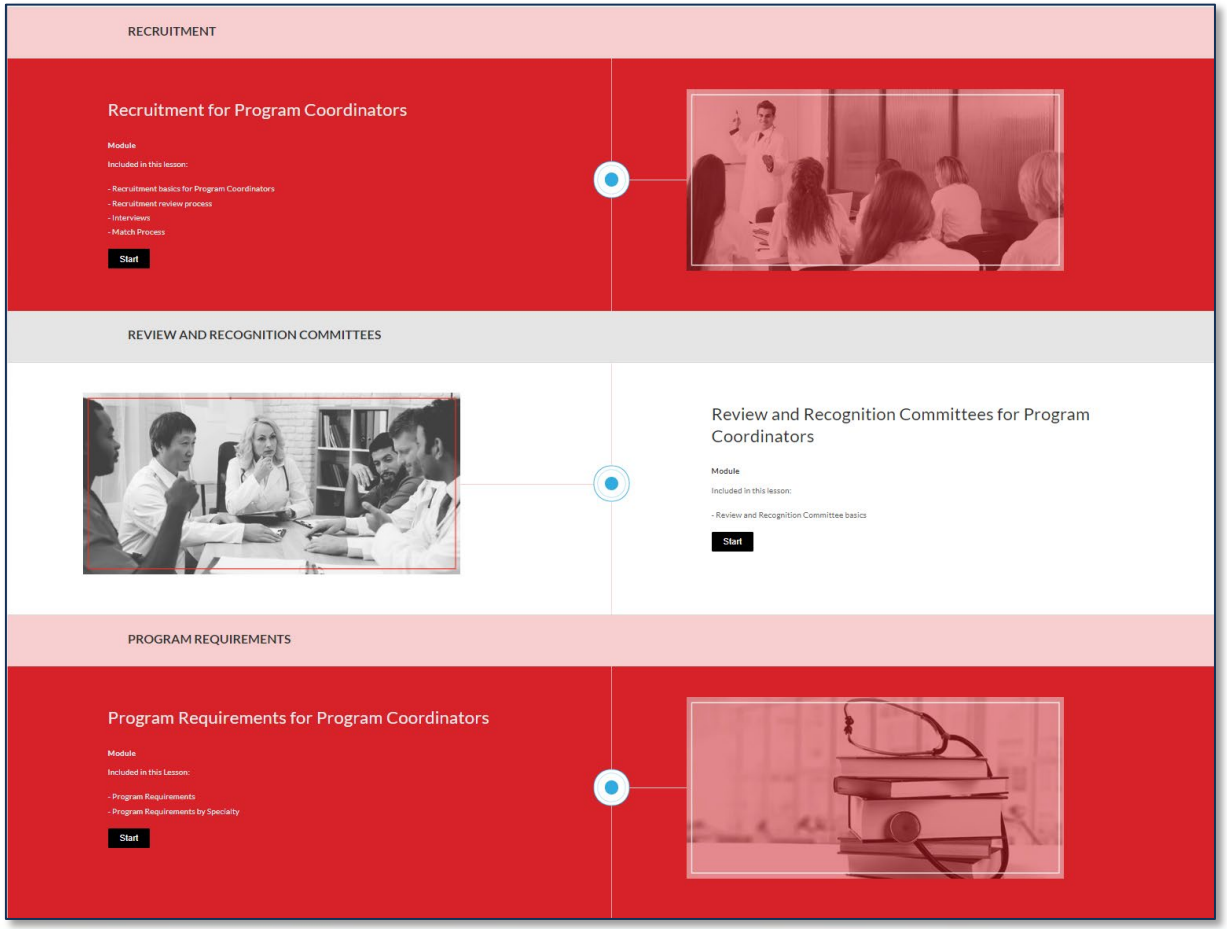
Program Coordinator Course

- For **new and seasoned** coordinators
- Covers a **wide range of topics** important to program coordinators
- **Videos** from working coordinators
- **Summer 2024**



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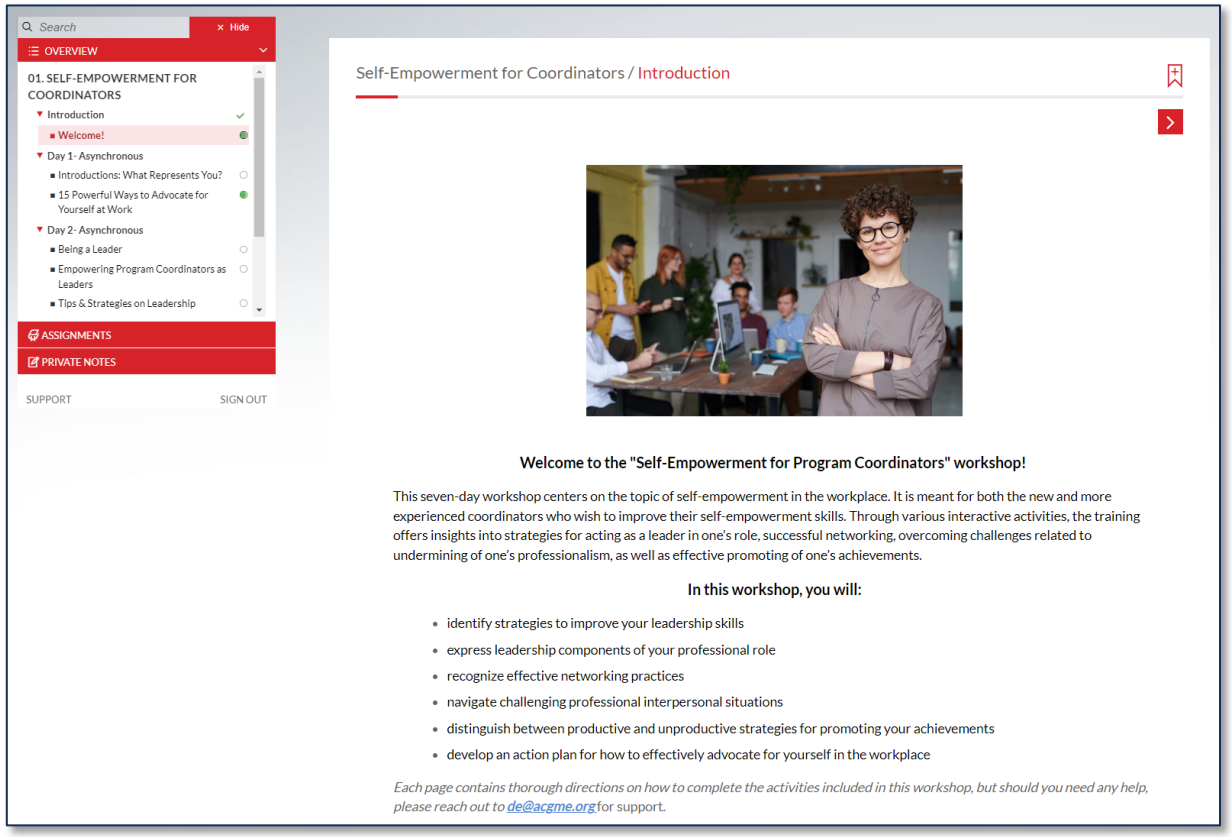
Virtual Workshop

Self-Empowerment for Program Coordinators



- Seven-day workshop for **new and experienced** program coordinators
- Interactive activities and virtual **synchronous workshop**
  - Leadership **strategies**
  - **Networking** opportunities
  - Asserting your **professionalism**

- **April 15-21, 2024**
- **Registration required**

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BACK TO BEDSIDE

Back to Bedside empowers **residents** and **fellows** to create projects that foster **meaning** and **joy** in work

- **Funding opportunity** for resident-/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024

2025 ACGME Awards Nominations

The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline: Wednesday, March 27, 2024

For additional information and to download nomination materials: https://www.acgme.org/initiatives/awards/

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Questions?

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Thank You

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