

**Frequently Asked Questions: Preventive Medicine
(effective July 1, 2018)
Review Committee for Preventive Medicine
ACGME**

| Question | Answer |
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| Institutions | |
| <p>If the Sponsoring Institution is expected to provide funds for residents to attend a national professional meeting, is it expected to cover the full cost, including travel, and is there a limit to how much it is expected to cover?</p> <p><i>[Program Requirement: I.A.1.]</i></p> | <p>The Sponsoring Institution must ensure that every resident is afforded the opportunity to attend a national meeting. The sponsor is expected to provide funds to cover the usual costs of attending a national meeting, including registration fees, travel, lodging, and meals. There is no specific upper limit to what this would require of an institution.</p> |
| Program Personnel and Resources | |
| <p>What specialty qualifications are acceptable to the Review Committee if the program director does not have current certification in preventive medicine by the American Board of Preventive Medicine (ABPM)?</p> <p><i>[Program Requirement: II.A.3.b)]</i></p> | <p>In rare and unusual circumstances, the Review Committee will consider an exception to the requirement for ABPM certification for the program director. Exceptions are made on a case-by-case basis. In these cases the Committee considers physicians with certification in a specialty recognized by the American Board of Medical Specialties who have demonstrated experience in the field of preventive medicine through:</p> <ul style="list-style-type: none"> • at least five years' administrative experience; • significant peer-reviewed publications; or, • acknowledged work in the field. |
| <p>What is considered an adequate level of scholarly activity for core faculty members?</p> <p><i>[Program Requirement: II.B.5.b)]</i></p> | <p>At least 70 percent of the core faculty members should participate in at least one of the following forms of scholarly activity each year:</p> <ul style="list-style-type: none"> • scholarship of discovery, such as peer-reviewed funding or publication of original research in a peer-reviewed journal; • scholarship of dissemination, such as review articles or chapters in textbooks; or, • scholarship of application, such as publication or presentation of case reports or clinical series; lectures and workshops at local, regional, or national professional and scientific society meetings; or participation in national committees or |

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| | leadership roles in professional or academic societies. |
| <p>If a program has a concentration in aerospace medicine, must its sponsor also sponsor the required flight training program?</p> <p><i>[Program Requirement: II.D.1.]</i></p> | <p>No; it is not necessary that both programs have the same sponsor. However, both programs must be geographically proximate to each other so that residents can conveniently use the flight training site. The distance between the two locations must not interfere with the residents' other program responsibilities.</p> |
| Resident Appointments | |
| <p>Are individuals who completed a broad-based clinical year in an American Osteopathic Association (AOA)-approved program eligible to apply to ACGME-accredited preventive medicine programs?</p> <p><i>[Program Requirement: III.A.1.]</i></p> | <p>The Review Committee understands that during the transition to a single GME accreditation system, programs may wish to consider applicants currently enrolled in an AOA-approved prerequisite program that is not yet pre-accredited or accredited by the ACGME. A core program will not jeopardize its accreditation status if it accepts such individuals. Programs should check with the ABPM and/or the AOA regarding certification eligibility.</p> |
| <p>Is spending a month reading x-rays in a radiology rotation without physically interacting with a patient acceptable clinical experience?</p> <p><i>[Program Requirement: III.A.1.a)]</i></p> | <p>If the experience is part of an ACGME-accredited program, the primary focus of which is direct patient care (e.g., internal medicine), then reading x-rays during a radiology rotation would be considered acceptable.</p> |
| <p>Is "direct patient care" only one-on-one examination and treatment of individual patients?</p> <p><i>[Program Requirement: III.A.1.a)]</i></p> | <p>Direct patient care includes assessment, screening, diagnosis, and treatment of patients. These educational experiences can occur in a range of adequately supervised, patient-focused clinical settings, such as a tuberculosis clinic, a private practitioner's office, a sexually transmitted disease (STD) clinic, a rural health clinic, a migrant worker clinic, or a travel medicine clinic.</p> |
| <p>What documentation is required to appoint a resident entering the program at the PM-2 level?</p> <p><i>[Program Requirements: III.A.1.a).(2)-III.A.1.a). (2).(b)]</i></p> | <p>Program directors are responsible for ensuring that residents appointed at the PM-2 level have the following documents in their folders to verify eligibility: written or electronic verification of previous educational experiences; a summative evaluation issued upon completion of the previous residency program; transcript of master's-level courses completed prior to entry to the PM-2 year; and, an individual educational plan developed upon entry to the PM-2 year.</p> |

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| <p>What is required in a resident's individual educational plan when he or she enters the program at the PM-2 level?</p> <p><i>[Program Requirement: III.A.1.a).(3)]</i></p> | <p>The program director and the resident entering at the PM-2 level should review the resident's prior educational experiences to identify any competency gaps normally covered in the program's PM-1 year. The plan should include all the required curriculum components of the program's PM-2 year, along with any additional educational experiences needed to close those gaps identified during the initial assessment. Additionally, prior to completion of the program, the resident appointed at the PM-2 level must complete a master of public health (MPH) or equivalent degree and all the required graduate-level courses listed in the Program Requirements.</p> |
| <p>Will a citation result if a program accepts an "other learner," including a physician gaining eligibility for the ABPM's "complementary pathway," who is not part of an ACGME-accredited residency?</p> <p><i>[Program Requirement: III.D.]</i></p> | <p>Any learner that meets all the requirements for appointment at the PM-1 or PM-2 level can be appointed as a resident. A citation could result if the presence of any other learner has a significantly negative impact on the education of enrolled residents.</p> |
| Educational Program | |
| <p>If a resident enters the program having previously obtained an MPH, is the curriculum for that resident still expected to be 24 months in length?</p> <p><i>[Program Requirements: Int.C. and IV.A.3.a)]</i></p> | <p>Yes, a resident appointed to the program must complete 24 months if not appointed at the PM-2 level. Additionally, prior to graduation, a resident who has already earned an MPH or equivalent degree must have completed all the required graduate-level courses in epidemiology, biostatistics, health services management and administration, environmental health, and the behavioral aspects of health, along with those graduate courses required by the concentration of the specific program. These courses must be completed either during, or in addition to, the resident's previously awarded master's degree.</p> |
| <p>What other equivalent degrees are acceptable in lieu of an MPH?</p> <p><i>[Program Requirements: Int.C. and IV.A.3.a)]</i></p> | <p>Equivalent degrees may include a master of science in epidemiology, preventive medicine, community health, environmental science, environmental toxicology, or occupational science; a master of tropical medicine and hygiene; a master of occupational health; a master of health sciences, a master of health administration, and a master of research. Acceptance of the exact type and name of a degree is at the program's discretion.</p> |

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| <p>How will the Review Committee assess compliance with the requirement that residents must complete the specified graduate-level courses? Can the required material be covered in a class not specifically named among the listed required courses, or in practicum experiences, such as in research analysis?</p> <p><i>[Program Requirement: IV.A.3.a]</i></p> | <p>The program must document that each resident participated in graduate course work in the required areas, and that each resident attained sufficient competencies in those areas. This requirement can be met by combining a degree program with other didactic experience, such as a lecture series that covers topics with the same breadth, depth, and scope as a graduate-level course, and that includes evaluation methods, and that is taught by appropriately-credentialed faculty members.</p> <p>For courses taken at an academic institution, documentation requirements would include a transcript and a course syllabus. For courses taught during didactic sessions, documentation requirements would include a rotation description (educational goals and objectives) and a notation of satisfactory course completion in the individual resident's educational plan and portfolio.</p> <p>Assessment of achieving competencies must be addressed (e.g., graded examination). The program must be able to document that the sum total of the didactic sessions offered would be equivalent to a course offered in a graduate school that is sufficient to achieve the competencies in that area.</p> |
| <p>Must the required graduate-level courses in the areas of epidemiology, biostatistics, health services management and administration, environmental health, and the behavioral aspects of health be taught as free-standing courses?</p> <p><i>[Program Requirement: IV.A.3.a]</i></p> | <p>No. The course material may be covered in multiple courses or in one large, mega-course that includes multiple subjects.</p> |
| <p>In general, how should the graduate-level courses listed in the Program Requirements cover their subjects?</p> <p><i>[Program Requirement: IV.A.3.a]</i></p> | <p>Each subject may be covered as a free standing course or a didactic lecture series, and/or be included in broader course(s). The ABPM's <i>Study Guide</i> and the U. S. Preventive Services Task Force's <i>Guide to Clinical Preventive Services</i> are good resources for determining course content. Additionally, the Review Committee recommends the topics specified in the additional FAQs that follow.</p> |

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| <p>What specific topics should be included in the graduate-level course in health services management and administration required for all preventive medicine residents?</p> <p><i>[Program Requirement: IV.A.3.a]</i></p> | <p>Examples of health services management and administration topics for all residents include organization, personnel management, human resources, labor relations, strategic planning, health care financing, and budgeting. These may be included in one course covering administration and management, or through additional didactics.</p> |
| <p>What specific topics should be included in the graduate-level course in environmental health required for all preventive medicine residents?</p> <p><i>[Program Requirement: IV.A.3.a]</i></p> | <p>Examples of environmental health topics for all residents include effects of biological, chemical, and physical agents; population health implications of air and water quality; food safety; climate change; hazardous materials management; sanitation and management of solid waste; and exposure to radiation, noise, temperature, mechanical injury, and vector control. Residents should be familiar with principles of risk assessment, including exposure assessment, hazard identification (dose/response and toxicology), risk management, and risk communication. Content may also include emergency preparedness (disaster planning and management for natural events, bioterrorism, and manmade disasters), an introduction to environmental epidemiology, and the basic principles and legal and regulatory issues in occupational medicine and aerospace medicine.</p> |
| <p>What specific topics should be included in the graduate-level course in behavioral health required for all preventive medicine residents?</p> <p><i>[Program Requirement: IV.A.3.a]</i></p> | <p>Examples of behavioral health topics for all residents include models of counseling for behavior change, such as transtheoretical, ecologic, precede-proceed, and the “5 As.” Residents should also be familiar with the epidemiology, prevention, intervention, and risk factors related to mental health disorders, as well as epidemiology, risk factors, screening, prevention, and intervention related to substance abuse. Content should also include proper communication techniques related to health risks, health promotion, and health education models for individuals and population groups.</p> |

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| <p>What specific topics should be included in the graduate-level course in toxicology required for aerospace medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(1)]</i></p> | <p>Examples of toxicology topics for aerospace medicine residents include basic toxicological principles, hazard identification and recognition, clinical effects and management of agents found in the aviation and space environment, countermeasures and protection concepts, forensic and legal issues, specific aerospace occupational risks, and monitoring for short-term and long-term health sequelae in those exposed to toxicological agents. Residents should be familiar with general principles and basic concepts of toxicology, including dose response, toxicokinetics, toxicodynamics, target organs, and effect modification by toxicant; and major mechanisms of toxicity, including mutagenesis, teratogenesis, carcinogenesis, and immunotoxicity. In addition, toxic effects of selected substances, including solvents, metals, pesticides, fibers, toxins, and radiation, are to be surveyed. Coursework should also evaluate the validity of toxicological literature generated by the lay press, the scientific community, and regulatory agencies.</p> |
| <p>What specific topics should be included in the graduate-level course in global health and travel medicine required for aerospace medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(1)]</i></p> | <p>Examples of global health and travel medicine topics for aerospace medicine residents include review of endemic diseases in tropical and developing countries, including the epidemiology, prevention, control, diagnosis, and treatment of illnesses in international travelers; the impact of worldwide air travel; and deployment planning/counseling for those traveling to remote locations.</p> |
| <p>What specific topics should be included in the graduate-level course in principles of aviation and space medicine required for aerospace medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(1)]</i></p> | <p>Examples of principles of aviation and space medicine topics for aerospace medicine residents include history of aviation/spaceflight; overview of the specialty of aerospace medicine; the aviation and space environment; human physiology in aviation and spaceflight; crew protection; human factors engineering concepts; the role of aerospace medicine specialists in crew selection, training, medical certification, and health maintenance; and aerospace medical operations, including aeromedical transport of patients with common medical problems.</p> |
| <p>What specific topics should be included in the graduate-level course in accident investigation/risk management and mitigation required for aerospace medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(1)]</i></p> | <p>Examples of accident investigation/risk management and mitigation topics for aerospace medicine residents include aerospace safety and accident overview, biomechanics and physiology of impact, restraint systems, crew protection and protective equipment, crew escape and extrication concepts, aviation and space vehicle crashworthiness, aerospace injury mechanisms, post-accident survival equipment, conduct of an accident investigation, forensic concepts, legal issues, interface with governmental bodies, and promoting prevention strategies to mitigate accident injury and avoid future accidents.</p> |

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| <p>What specific topics should be included in the graduate-level course in toxicology required for occupational medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(2)]</i></p> | <p>Examples of toxicology topics for occupational medicine residents include the general principles and basic concepts of toxicology, including dose response, toxicokinetics, toxicodynamics, target organs, and effect modification by toxicants. Major mechanisms of toxicity, including mutagenesis, teratogenesis, carcinogenesis, and immunotoxicity, should be discussed. The responses of various organ systems to toxicants should be covered. In addition, toxicological principles and management of selected substances, including specific substances such as carbon monoxide, lead, mercury, cadmium, cyanide, benzene, beryllium, organic solvents, carbon disulfide, n-hexane, hydrogen sulfide, isocyanates, organophosphates, and methemoglobinemia, as well as toxic agents in solvents, metals, pesticides, and fibers, should be included. Coursework should also evaluate the validity of toxicological literature generated by the lay press, the scientific community, and regulatory agencies.</p> |
| <p>What specific topics should be included in the graduate-level course in occupational epidemiology required for occupational medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(2)]</i></p> | <p>Examples of occupational epidemiology topics for occupational medicine residents include exposure assessment for occupational epidemiological studies. Other content areas should include occupational-based studies, such as retrospective cohort and registry-based studies of populations of workers. Occupational epidemiology could be included as part of an introductory epidemiology course, provided that course also covers graduate-level occupational epidemiology subject matter.</p> |
| <p>What specific topics should be included in the graduate-level course in industrial hygiene, safety, and ergonomics required for occupational medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(2)]</i></p> | <p>Examples of industrial hygiene, safety, and ergonomics topics for occupational medicine residents include hazard recognition, exposure controls and ventilation principles, chemical and other exposure monitoring methods, respiratory protection, respirable particulates, asbestos, silica, biological hazards, temperature, radiation, and noise.</p> |
| <p>What specific topics should be included in the graduate-level course in advanced applied epidemiology required for public health and general preventive medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(3)]</i></p> | <p>Examples of advanced applied epidemiology topics for public health and general preventive medicine residents expand on basic epidemiology concepts covered in prior courses. Content should also include practical use of epidemiologic concepts for the analysis and description of multiple acute and chronic diseases. While no specific diseases are required to be covered, infectious diseases, sexually transmitted infections, diabetes, heart disease, obesity, and cancer (among others) are logical topics to consider. Concepts to be covered include data sources (records, surveys, registries, reportable diseases), study design (experimental, quasi-experimental, observational studies), measurements of morbidity and mortality (including life expectancy, population pyramids, measures of disability), and measures of effect (attributable risk, relative risk, odds ratio). Data interpretation, including causality, bias,</p> |

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| | and generalizability, should also be expanded upon. Epidemiologic principles, such as agent/host/environment, disease transmission and outbreaks (including investigation), and intervention evaluation, should be included, along with legal and ethical considerations. |
| <p>What specific topics should be included in the graduate-level course in advanced biostatistics required for public health and general preventive medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(3)]</i></p> | <p>Examples of advanced biostatistics topics for public health and general preventive medicine residents include general concepts, as well as descriptive, simple, and multi-variable analyses in greater depth than the basic courses. General concepts include measures of central tendency and variation, probability, statistical inference, hypothesis testing, standard scores, and p-values. Statistical analyses include frequencies and distributions, t-test, ANOVA, logistic regression, simple and multiple linear regression, ANCOVA, time series, chi-square, binomial, correlation, survival analysis, and meta-analysis. Other specific statistical tests should be explored as well (e.g., Fisher exact, McNemar, Mann-Whitney, Wilcoxon).</p> |
| <p>What specific topics should be included in the graduate-level course in advanced health services management required for public health and general preventive medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(3)]</i></p> | <p>Examples of advanced health services management topics for public health and general preventive medicine residents include review of the general concepts and additional content with significant depth into the framework and practice of public health in the public and private health sectors. Provide in-depth descriptions and analysis of health care financing and delivery models. Discuss theory and practice relating to the essential public health services, including legal and ethical concerns. Provide application of the public health practice tools to enable residents to appropriately identify areas for improvement and select the tools that may be both effective and efficient. Specific modules should address systems-based practice that covers—at a minimum—medical errors reporting and patient safety program design, quality measurement and improvement approaches, patient satisfaction, and programmatic design of demand- and disease-specific management strategies.</p> |
| <p>What specific topics should be included in the graduate-level course in risk/hazard control and communication required for public health and general preventive medicine residents?</p> <p><i>[Program Requirement: IV.A.3.b).(3)]</i></p> | <p>Examples of risk/hazard control and communication topics for public health and general preventive medicine residents include toxicology concepts, genetics, cancer, animal toxicology studies, exposure assessments, environmental data collection considerations, and tools used in risk analysis and ecological risk assessment. Coursework should cover the fundamentals, principles, and processes that have proven effective in communicating health risk in a high concern/low trust environment.</p> |

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| <p>Does an Intermediate Biostatistics course qualify as advanced?</p> <p><i>[Program Requirement: IV.A.3.b).(3)]</i></p> | <p>A course that is beyond the introductory graduate level is considered advanced. The syllabus will support the scope, breadth, and depth of a course if it is not evident in the course title. The program director must assess the appropriateness of the course.</p> |
| <p>Is there a minimum number of credits for the graduate courses required by the Committee?</p> <p><i>[Program Requirements: IV.A.3.b)-IV.A.3.b).(3)]</i></p> | <p>No. There is no specific credit hour requirement, but the program director must document in each individual resident's educational plan that the specific competencies covered by the course were achieved.</p> |
| <p>How must didactic conferences be structured?</p> <p><i>[Program Requirement: IV.A.3.c)]</i></p> | <p>Didactic conferences (to include journal club, grand rounds, and multispecialty conferences) must facilitate faculty member and resident interaction and focus on the required competencies and learning objectives of the program.</p> |
| <p>How will the Review Committee evaluate progressive responsibility for direct patient care?</p> <p><i>[Program Requirement: IV.A.4.]</i></p> | <p>Residents must continually take more responsibility for the services they deliver to their defined patients. For example, a resident must demonstrate the ability to develop progressively more complex patient care plans over time. Progressive population-based care may be demonstrated by initially developing rudimentary plans to address a problem and, later in the program, demonstrating the ability to develop complex solutions. A resident must also develop progressive teaching responsibilities related to direct patient care, which can be done by teaching more junior preventive medicine residents and other learners, as appropriate, in how to manage clinical patients and in population-based problem solving. One way the Committee will evaluate progressive responsibility is through review of the schedule; PM-2 rotation descriptions and goals/objectives must be different from those of the PM-1.</p> |
| <p>Can population-based patient care competencies be assessed through assignments at a clinic?</p> <p><i>[Program Requirement: IV.A.5.a)]</i></p> | <p>In general, a clinic's primary function is to provide <i>individual</i> patient care.</p> <p><i>Population-based</i> patient care competencies generally cannot be assessed through clinic assignments, but rather through experiences with health systems, health plans, or agencies.</p> <p>However, some clinics do deliver care to an entire population. In those cases, it may be possible for a resident to achieve both individual and population-based patient care competencies. For example, the population-based aspects may be accomplished through analyzing aggregate data.</p> |

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| <p>How can a program ensure that its residents have opportunities to attain knowledge of clinical preventive services?</p> <p><i>[Program Requirement: IV.A.5.b).(2).(c)]</i></p> | <p>If a program has established coursework that covers knowledge of clinical preventive services, it can retain those courses. Additionally, the program can use lecture series, workshops, multi-specialty conferences, or other didactic experiences to provide opportunities for residents to gain knowledge of clinical preventive services.</p> |
| Curriculum Organization and Resident Experiences | |
| <p>Is there flexibility in how much direct patient care must be accomplished during each year of the program?</p> <p><i>[Program Requirements: IV.A.6.b).(2), IV.A.6.c).(2), and IV.A.6.d).(2)]</i></p> | <p>No; the curriculum must contain the minimum number of months of direct patient care as outlined in the requirements for each year of the program. Programs can plan additional time in direct patient care, as long as all other required resident experiences are present in the curriculum.</p> |
| <p>Can the required minimum duration of direct patient care experiences be distributed across the academic year, or must it be completed in a solid block?</p> <p><i>[Program Requirements: IV.A.6.b).(2)]</i></p> | <p>The experience can be divided. The minimum shift is a half-day, and 20 days equals one month. An experience obtained during 40 half-days in a clinic that provides direct patient care is equivalent to one month of direct patient care.</p> |
| <p>During the required direct patient care experience, can a resident participate in activities such as an Objective Structured Clinical Examination (OSCE) or other simulated patient encounters, clinical rounds involving patients, and laboratory patient care activities (e.g., reading malaria and parasitology slides, reading x-rays of TB patients)?</p> <p><i>[Program Requirements: IV.A.6.b).(2), IV.A.6.c).(2), and IV.A.6.d).(2)]</i></p> | <p>OSCEs and other simulation tools are high-quality evaluation tools and can be used to supplement, but not replace, experience in direct patient care.</p> |

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| <p>Does prior clinical education fulfill the requirement for direct patient care?</p> <p><i>[Program Requirements: IV.A.6.b).(2), IV.A.6.c).(2), and IV.A.6.d).(2)]</i></p> | <p>No, unless a resident is appointed at the PM-2 level, prior clinical education and experience does not count toward fulfillment of the requirement for the minimum number of months of direct patient care. Direct patient care experience during the program should focus on preventive medicine competencies.</p> |
| <p>What must be included for the setting of a program with a concentration in aerospace medicine to be acceptable?</p> <p><i>[Program Requirement: IV.A.6.b)]</i></p> | <p>Programs with concentrations in aerospace medicine must include access to actual or analogs (research or training) of extreme environments, such as altitude chambers, bed rest facilities, (spaceflight analog) centrifuges, hyperbaric chambers, and in-flight training (real exposures and association with direct crew contact). Other acceptable settings where operational aeromedical problems are routinely encountered include flight medicine clinics, medical certification referral centers, and flight control centers (such as NASA), where residents learn about medical flight rules, life support systems, medical care systems, and how to provide medical care through telemedicine.</p> |
| <p>What would satisfy the direct patient care experience requirements for an occupational medicine setting?</p> <p><i>[Program Requirement: IV.A.6.c).(2)]</i></p> | <p>In addition to the traditional and customary inpatient and outpatient clinical settings for occupational medicine residents (i.e., occupational medical inpatient consultation services, industrial clinics, etc.), residents may work in inpatient and outpatient preventive medicine services where they evaluate, develop treatment plans, treat, and counsel for the prevention component of diseases that result in hospital admissions. In outpatient clinics, residents may screen, treat, and counsel for the prevention component of diseases that result in outpatient visits. In comprehensive outpatient public health clinics, residents can engage with patients who were screened and treated for occupational-related illnesses and injuries, or can screen, treat, and counsel patients with tuberculosis or STDs. The clinical setting could also include engaging with patients regarding family planning and well-child care. <i>(See “Examples of Preventive Medicine Training Opportunities” from the Graduate Medical Education Committee of the American College of Preventive Medicine for additional examples.)</i></p> |
| <p>Does a rotation at a facility of the Department of Veteran Affairs (VA) count as experience at a governmental public health agency?</p> <p><i>[Program Requirement: IV.A.6.d).(4)]</i></p> | <p>No; a VA facility is not a governmental public health agency. The agency must provide public health oversight of a population, as defined by regulatory and legal authority. A rotation at a VA could fulfill clinical requirements or other preventive medicine requirements, but does not count towards the required two months of experience at a governmental public health agency. If a program wants the Committee to consider a specific rotation, it should submit the rotation description, including goals and objectives, to the Committee staff.</p> |

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| Evaluation | |
| <p>Can programs combine the Program Evaluation Committee (PEC) and the Residency Advisory Committee (RAC)?</p> <p><i>[Program Requirements: V.C.1.-V.C.5.]</i></p> | <p>The functions and membership of the PEC and the RAC do overlap. As long as both the membership and the functional requirements as outlined in Program Requirements V.C.1.-5. are met, then the PEC and RAC can be combined. Programs should be certain that the membership of the newly-formed RAC/PEC includes internal and external members, faculty members, and residents, and should ensure that the size of and specific members on the combined committee will allow all PEC and RAC responsibilities to be met. Programs should also make certain that all functions included in the Program Requirements are included in the new committee's charter, and that meeting minutes clearly indicate that they represent a combined RAC/ PEC.</p> |
| <p>What data does the Review Committee use to evaluate the program's pass rate on the ABPM and the AOBPM exam?</p> <p><i>[Program Requirements: V.C.6. and V.C.7.]</i></p> | <p>The Review Committee evaluates the five-year pass rate on the certifying exam as an annual outcome indicator. Each Board reports aggregated pass rate data to the Committee. The aggregated data is reported for each year of the previous five-year period for first-time test takers only. Residents who graduated more than five years prior to taking the exam for the first time are eliminated from the data set.</p> |
| The Learning and Working Environment | |
| <p>Can PM-1 and PM-2 residents be supervised by any licensed allied health professionals?</p> <p><i>[Program Requirement: VI.A.2.a).(1).]</i></p> | <p>PM-1 and PM-2 residents may be supervised by licensed allied health professionals who are identified as faculty members, provided that:</p> <ul style="list-style-type: none"> • the clinical care is within their scope of practice expertise; • the level of clinical care is low risk; • physician faculty members are available by telephone; and, • the program director has approved the supervision with respect to the educational experience. <p>Allied health professionals cannot substitute for physician faculty members to meet the 24-hour requirement for on-site supervision of resident care.</p> |