

Accreditation Council for Graduate Medical Education

Updates on the Next Accreditation System Drs. Sutton, Edgar, and Ling

**Medical Genetics
March 31, 2014**

First Update

- New Executive Director for RRC-MG
- Laura Edgar, EdD, MBA, CAE
- Since January 1, 2014
- ACGME since 2011, Outcomes Assessment
- Executive Director for Milestone Development

- New Administrator – Erin Berryhill
- ACGME since 2012

Medical Genetics Review Committee Member Make-Up

- 2 member from ABMG
- 2 members from ACMG
- 2 members from AMA
- 1 Resident member
- 1 Ex-officio

Residency Review Committee Members

- Hans Christoph Andersson, MD
- Mimi Blitzer, PhD (Ex-Officio)
- Laurie Demmer, MD
- Katrina Dipple, MD
- Susan Gross, MD
- Shawn McCandless, MD (Vice Chair)
- Alpa Sidhu, MD, PhD (Resident Member)
- V. Reid Sutton, MD (Chair)

Goals of The “Next Accreditation System”

- To begin the realization of the promise of Outcomes
- To free good programs to innovate
- To assist poor programs to improve
- To reduce the burden of accreditation
- To provide accountability for outcomes (in tandem with ABMS) to the Public

Where are we going?

The Next Accreditation System

- Continuous Accreditation Model
- Review programs every 10 years with self-study
- Leave Good Programs alone
- Good Programs can innovate detailed standards
- Identify weak programs earlier
- Site visit or progress report from weak programs
- Weak programs held to detailed standards

Where did we come from?

- 2002 Six Core competencies in PR
- 2012 work done so far
 - Core and Detailed Process
 - Outcome in Requirements
 - New policies and procedures
 - ADS rebuilt to prepare for NAS
 - Annual update: free text replaced by data
 - Scholarly activity replaces CVs
 - 2012 Milestones 1.0 developed

Decisions in the NAS

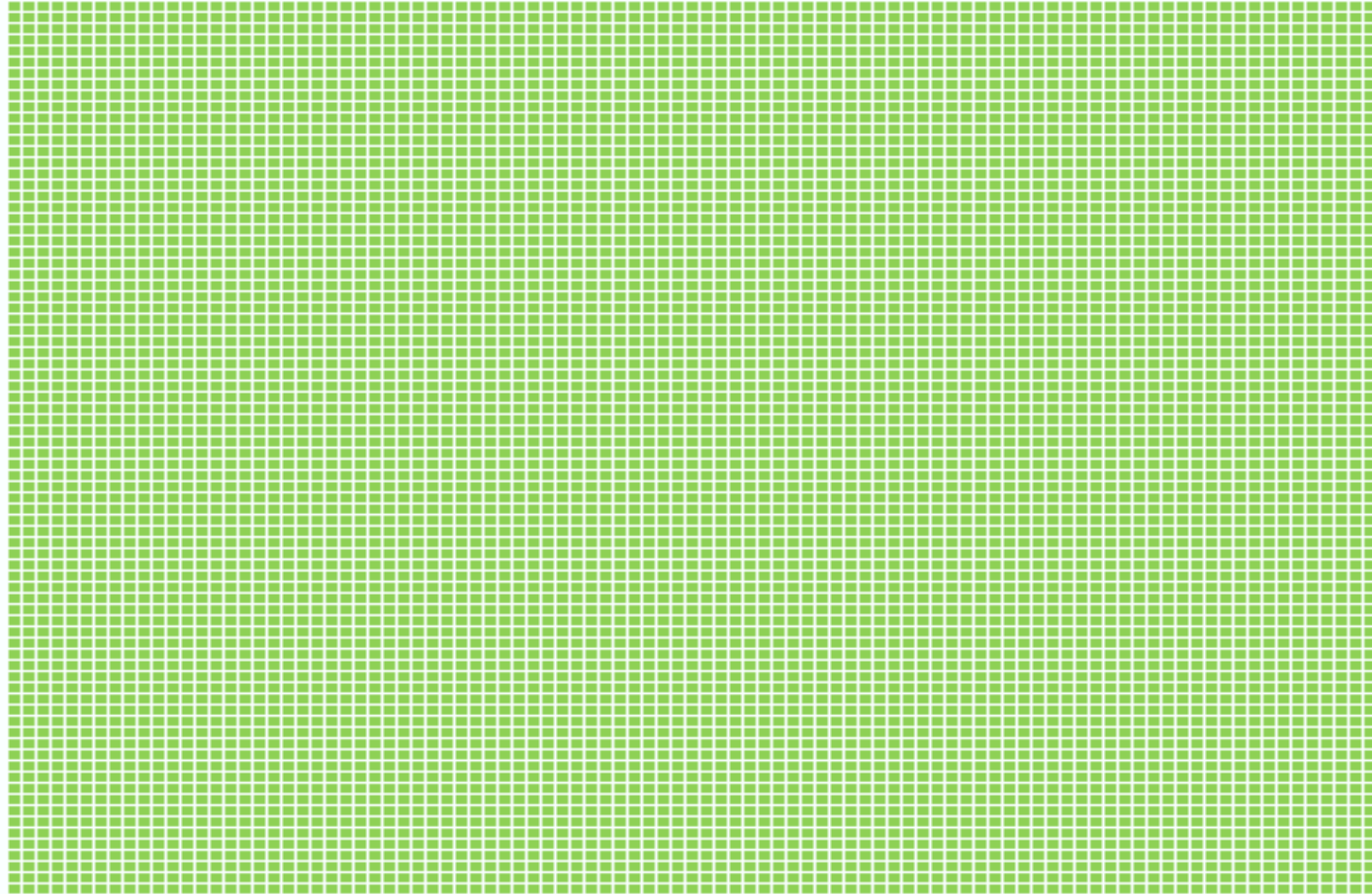
New Program Requirements

Clinical Competency Committee

Program Evaluation Committee

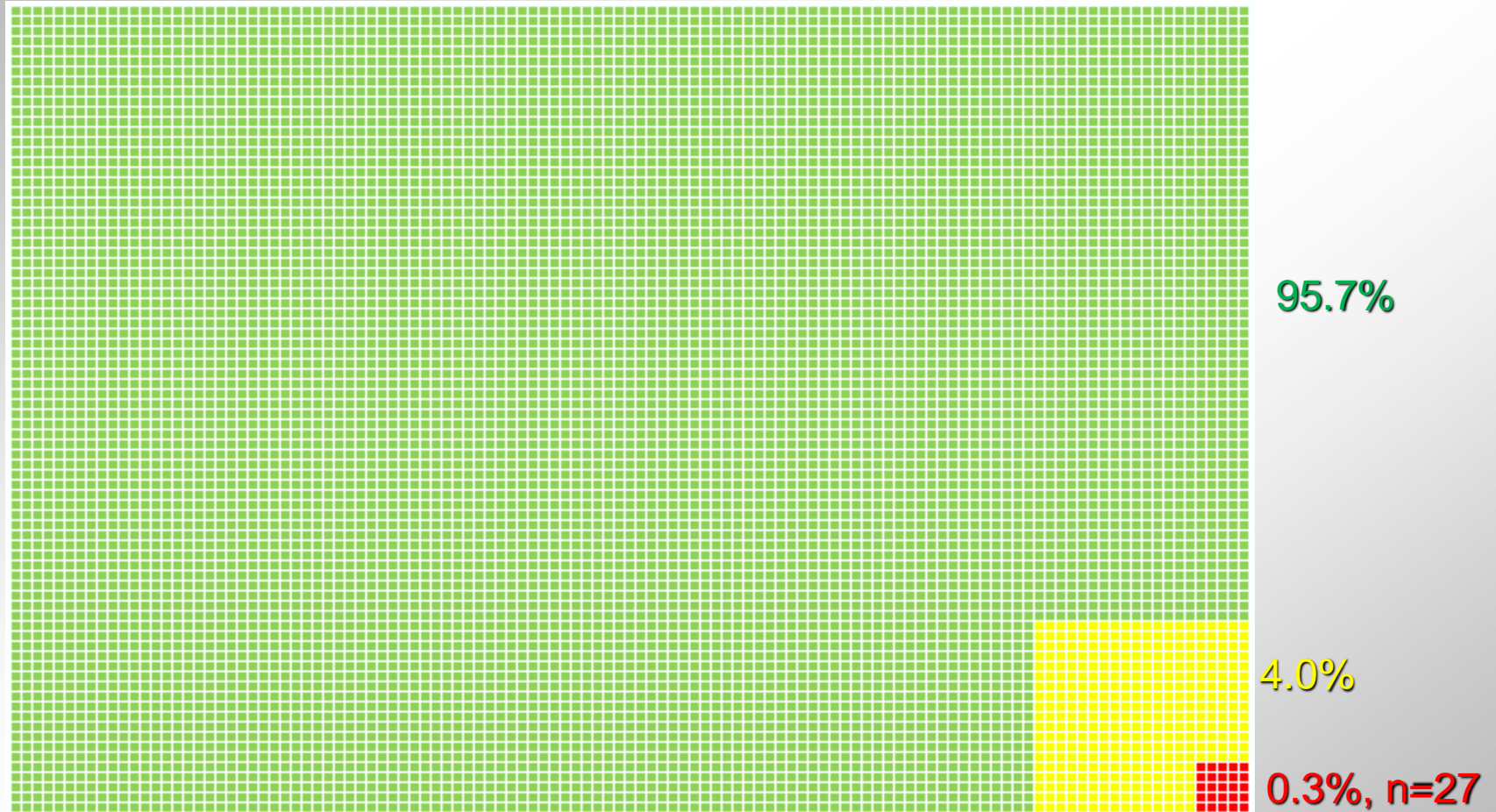
Louis Ling, MD
Senior VP, Hospital-based Accreditation
ACGME

All 9,022 ACGME Pre-NAS Accredited Residency and Fellowship Programs 2013*



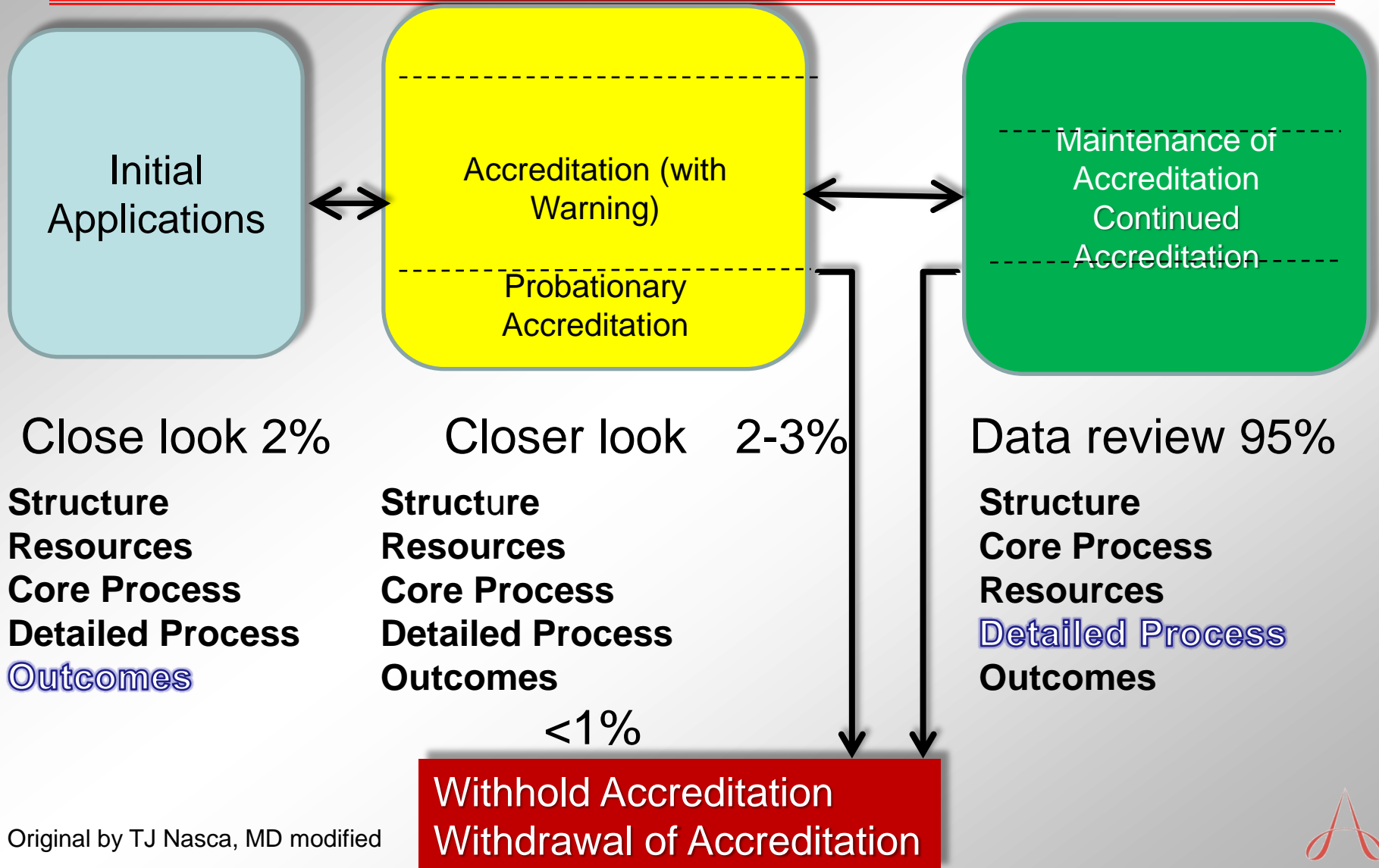
* *Excludes programs with Initial Accreditation*

All 9,022 ACGME Pre-NAS Accredited Residency and Fellowship Programs 2013*



* Excludes programs with Initial Accreditation

Program Review in the NAS 2013



Original by TJ Nasca, MD modified

The Next Accreditation System

- Screening based on annually submitted data
 - ADS annual update
 - Resident Survey
 - Faculty Survey (new for core faculty)
 - Milestones Data (new, will be phased in)
 - Procedure or Case Logs
 - Boards Pass Rate Data
 - Scholarly Activity (new format replaces CVs)
- RRC review programs based on RRC set performance indicators and thresholds
 - High performing programs moved to consent agenda
 - Programs with potential problems require more information with a progress report or site visit

Review Process in the Next Accreditation System

1. RRC screens programs using annual outcome data – high level screening
 1. No review comparing to requirements
 2. Identify some programs for closer look
 3. Decide what information to gather
2. For some programs, RRC reviews additional information or site visit and may compare to requirements
3. Every program will get an accreditation letter every year

RRC Decisions for the Green Box

1. Continued accreditation (likely)
 1. No cycle length any more
 2. May note areas for improvement
 3. May note trends
 4. May issue citations (unlikely)
2. RRCs wants more information
 1. Clarification or progress report from PD
 2. Focused site visit for specific concern
 3. Full site visit for general concern

From the Green to the Yellow Box

1. Continued accreditation (with warning)
 1. Public status is Continued Accreditation
 2. Analogous to old 1-2 year cycle
 3. RRC data review next year
2. Probation*
 1. Requires a site visit before going on probation
 2. Site visits will have short notice and no PIF
 3. Requires a site visit before going off probation

*No programs on probation

Decisions for the Yellow Box

1. Continued accreditation (green box)
Probation can only be lifted after a site visit
2. Continued accreditation (with warning)
3. Probation (max 2 years)
4. Withdraw accreditation (red box)
5. Request additional information
 1. Progress report
 2. Site visit, focused or full

Proposed Adverse Actions Gone

- No longer proposed adverse actions
- Can go directly to (warning) from any status
- Can go directly to probation from any status (site visit required)

- Faster to get off an adverse action after a site visit

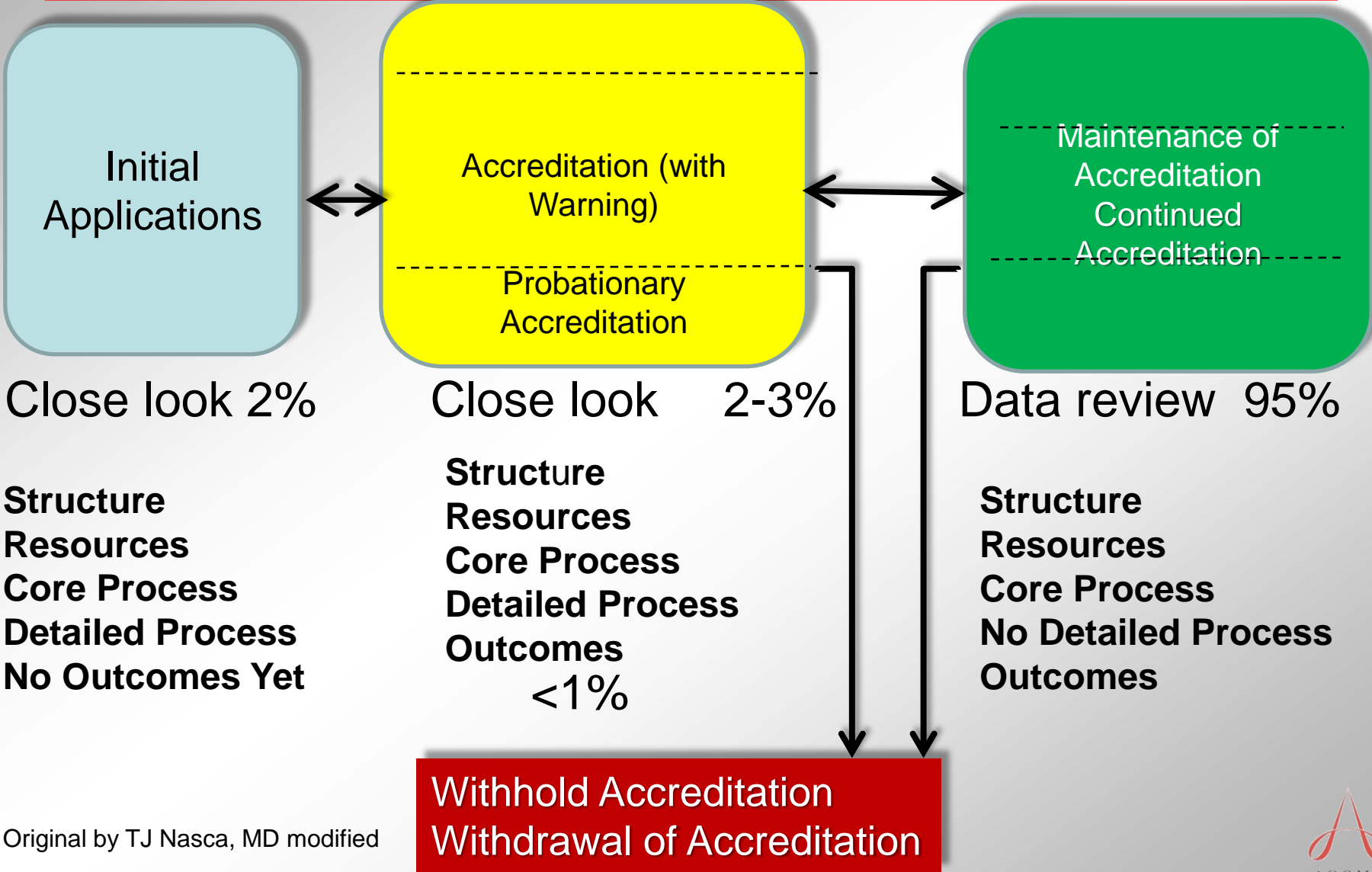
Decisions for Applications

1. Withhold accreditation
 2. Initial accreditation
- Subspecialties based on application only
 - Core programs require an application and a site visit

Decisions for Initial Accreditation

- Requires a full site visit within 2 years
 1. Continued Accreditation (green box)
 2. Initial accreditation with warning
(for one more year)
 3. Withdrawal accreditation (red box)
 4. No probation (either up or out)

Program Review in the NAS



Original by TJ Nasca, MD modified

New Program Requirements

- Requirement on Clinical Competency and Program Evaluation Committees
- Approved June 9, 2013
- (Effective July 1, 2013 for Phase 1)
- Effective July 1, 2014 for Phase 2

New CCC Program Requirement

- Program director appoints a CCC
- Must be at least three faculty members
 - Can include non-physician faculty
 - Subs can include faculty from cores
 - Can include program director
 - PD role is undefined, but consider conflicts
- Optional members in addition
 - Other physicians and non-physicians
 - No residents

New CCC Program Requirement

Written description of responsibilities

1. CCC reviews all resident evaluations
Semi-annually
2. Assure semi-annual reporting to ACGME
3. Advise the Program Director
 1. Promotion
 2. Remediation
 3. Dismissal

New CCC Program Requirement

- General concept: many is better than one
- Program size and structure varies wildly
- Program Requirement is broad on purpose

- Each Program will have to decide what works best
- E.g. subcommittees, individual reviewers, multiple meetings and other innovative formats are allowed

New PEC Program Requirement

- Program Evaluation Committee
- Can be same or different or overlap with CCC or Education Committee, APDs
- Adds structure to current requirement for annual review so should it not be new process

New PEC Program Requirement

- Appointed by program director
- Must be at least 2 members of the faculty and can include PD
- PD role is undefined
- Should include at least one resident
 - (recognizes sometimes no resident/fellow)
- Should meet even if no residents
- Written description

New PEC Program Requirement

Active participation (deliberately broad):

1. Plans, develops, implements and evaluates program activities
2. Recommend Goals and Objectives revisions
3. Annually review the program
4. Address (not fix) non-compliant areas

New PEC Program Requirement

- Produce annual program evaluation (APE)
- Written (not necessarily long)
- Systematic review of the curriculum
- Use faculty and resident feedback
- Document action plan to improve
- Monitor improvement

(Program responsibility, not GMEC or DIO)

Didactic Curriculum – Requirement Change

- The didactic curriculum must include: clinical teaching conferences distinct from the basic science lectures and didactic sessions, which should include formal didactic sessions on clinical laboratory topics, medical genetics rounds, journal clubs, and follow-up conferences for genetic clinics, and lectures or other didactic sessions
- No longer required to have a one-year graduate level course in basic human medical genetics

Topics Required for Didactics (detail)

- Basic mechanisms of inheritance
- Basic molecular biology techniques
- Bayesian analysis and methods of risk assessment
- Behavior of genes in a population
- Bioinformatic interpretation of molecular results
- Cell cycle and molecular genetics of cancer
- DNA, RNA, and protein chemistry
- Gene expression and gene regulation
- Genetic counseling
- Genetic linkage, mapping, and association studies
- Human embryology and development
- Inheritance of complex traits
- Mechanisms of chromosomal rearrangement
- Molecular organization of the genome
- Principles of biochemical genetics
- Principles of replication, recombination, and segregation of alleles in meiosis

Lab Rotations – Requirement Clarification

- Residents must not be assigned clinical responsibilities at the same time they are participating in the required laboratory experiences

Scholarly Activity

Faculty and Residents **MUST** participate in
scholarly activity

Scholarly Activity – Faculty and Residents

- Peer reviewed publication
- Presentation at an international/national/regional conference
- Local Grand Rounds, development educational materials or non-peer-reviewed publications
- Chapter textbook
- PI/Co-PI on research grant
- National leadership role
- Course director for an organized GME course

Scholarly Activity – Program Director

- MUST document at least one of the following scholarly activities for each academic year:
 - Peer-reviewed funding
 - Publication of original research or review articles in peer-reviewed journals, or chapters in textbooks
 - Publication or presentation of case reports or clinical series at regional or national professional and scientific society meetings

Guide to Successful Continued Accreditation

- Accreditation Status
- Common Citations
- Annual Data
- Milestones
- Clinical Competency Committee
- Program Evaluation Committee
- Preparation
- Implementation
- **ACCURACY AND COMPLETENESS COUNT**

Annual Data Collection

- Every program submits data every year
- Every program is reviewed every year
- Site visit only if RRC asks for it after review of program

Annual Data Collection

- Annual Program, Faculty and Resident Update
- 5 year first-time Board pass rate
- Case Logs
- Resident Survey
- Faculty Survey
- Scholarly Activity of Core Faculty
- Scholarly Activity of Residents
- Milestones

Annual Data Collection

Annual Program, Faculty and Resident Update

- Most common error is outdated or missing information: certification dates, updates to resident list, updates to faculty list

Annual Data Collection

6 year first-time Board pass rate

- Low pass rate

Case Logs

- Incomplete data

Annual Data Collection

Resident Survey

- Somewhat is noncompliant

Faculty Survey

- Only sent to core faculty (>15 hours)
- Must complete
- Somewhat is noncompliant

Annual Data Collection

Scholarly Activity of Core Faculty

Scholarly Activity of Residents

- Must be entered to be counted

Annual Data Collection

Milestones

ARE YOU READY??

Medical Genetics Milestones

Assess and participate in a clinical or translational research study or clinical trial involving patients with or at-risk for a genetic disorder —

Medical Knowledge

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> • Completes training in protection of human subjects • Demonstrates knowledge of the principles of research studies and clinical trials 	<ul style="list-style-type: none"> • Identifies research studies or clinical trials appropriate for management with substantial guidance • Facilitates enrollment of patients in research studies with substantial guidance • Addresses the ethical issues that are specific to genetic and genomic studies and clinical trials with substantial guidance 	<ul style="list-style-type: none"> • Identifies research studies or clinical trials appropriate for management with minimal guidance • Facilitates enrollment of patients in research studies with minimal guidance • Addresses the ethical issues that are specific to genetic and genomic studies and clinical trials with minimal guidance 	<ul style="list-style-type: none"> • Independently identifies research studies or clinical trials appropriate for management • Independently facilitates enrollment of patients in research studies • Independently addresses the ethical issues that are specific to genetic and genomic studies and clinical trials 	<ul style="list-style-type: none"> • Makes a nationally recognized contribution by conducting a clinical research study or clinical trial

Comments:

Not yet rotated

Available on the Medical Genetics program page:

<http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/MedicalGeneticsMilestones.pdf>

Medical Genetics Milestones

Adhere to the ethical principles relevant to the practice of medicine – Professionalism				
Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> Is aware of basic bioethical principles and their importance in patient care Demonstrates respect for patient privacy and autonomy 	<ul style="list-style-type: none"> Effectively manages personal beliefs to avoid any negative impact on patient care with substantial guidance Recognizes and manages ethical issues in genetics practice with substantial guidance 	<ul style="list-style-type: none"> Effectively manages personal beliefs to avoid any negative impact on patient care with minimal guidance Recognizes and manages ethical issues in genetics practice with minimal guidance 	<ul style="list-style-type: none"> Independently effectively manages personal beliefs to avoid any negative impact on patient care Independently recognizes and manages ethical issues in genetics practice 	<ul style="list-style-type: none"> Makes a nationally recognized contribution develops educational materials for patients and/or providers Makes a nationally recognized contribution participates in the development of clinical practice guidelines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Not yet achieved Level 1 <input type="checkbox"/>				

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

First reporting date is November/December 2014

Subspecialty Milestones

- Medical Biochemical Genetics and Molecular Genetic Pathology milestones will be available in May
- First reporting date will be November/December 2015



2013-2014 Resident Milestone Evaluations - Diagnostic Radiology

Resident:
Year in Program:
Position Type:
Start Date:
Expected End Date:

Evaluation Period:

Select the option corresponding to the resident's performance in each area below. Your selections should be based on the longitudinal or developmental experience of the resident. Evaluation must be based on observable behavior. Mouse over the radio buttons to read the criteria for each developmental level.

Patient Care

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Competence in procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Medical Knowledge

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Protocol selection and optimization of images	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Interpretation of examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Systems-Based Practice

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Quality Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Health care economics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Practice-Based Learning and Improvement

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Patient safety: contrast agents; radiation safety; MR safety; sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Self-Directed Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Scholarly activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Professionalism

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Professional Values and Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interpersonal and Communication Skills

	Level 1 Not Yet Achieved	Level 1		Level 2		Level 3		Level 4		Level 5
a) Effective communication with patients, families, and caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Effective communication with members of the health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit

For any comments, concerns or suggestions about the survey, contact us (<mailto:facsurvey@acgme.org>).
 © 2013 Accreditation Council for Graduate Medical Education (ACGME)

ACGME Reporting Tool



2013-2014 Resident Milestone Evaluations - Emergency Medicine

Resident:

Year in Program:

Position Type:

Start Date:

Expected End Date:

Evaluation Period:

Select the option corresponding to the resident's performance in each area below. Your selections should be based on the longitudinal or developmental experience of the resident. Evaluation must be based on observable behavior. Mouse over the radio buttons to read the criteria for each developmental level.

Patient Care

	Has Not Achieved Level 1	Level 1		Level 2		Level 3		Level 4		Level 5
a) <u>Emergency Stabilization:</u> Prioritizes critical initial stabilization action and mobilizes hospital support services in the resuscitation of a critically ill or injured patient and reassesses after stabilizing intervention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) <u>Performance of Focused History and Physical Exam:</u> Abstracts current findings in a patient with multiple chronic medical problems and, when appropriate, compares with a prior medical record and identifies significant differences between the current presentation and past presentations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) <u>Diagnostic Studies:</u>										

Mouse-over Description

able data, narrows and ighted differential diagnoses to management.	•	•	•	•	•	•	•	•
appropriate pharmaceutical vant considerations such as ntended effect, financial e adverse effects, patient otential drug-food and . institutional policies, and effectively combines agents venes in the advent of adverse	•	•	•	•	•	•	•	•
essment: ndergoing ED observation (and appropriate data and resources, itial diagnosis and, treatment	•	•	•	•	•	•	•	•

Constructs a list of potential diagnoses, based on the greatest likelihood of occurrence
Constructs a list of potential diagnoses with the greatest potential for morbidity or mortality

Implementation

- How many of you have thought about how to implement NAS into your program?
- Have you “cross-walked” your assessment tools to the milestones?
- Have you had a dry run with the CCC?

ACCURACY AND COMPLETENESS COUNT

We are here to help

- Executive Director: Laura Edgar, EdD, CAE
- ledgar@acgme.org 312-755-5029

- Accreditation Administrator: Erin Berryhill
- eberryhill@acgme.org 312-755-5045

- ADS Representative: Samantha Alvarado
- webads@acgme.org 312-755-7118

Summary

Submit Questions on the bottom of the screen
Reviewed and returned by e-mail

Thanks.