Accreditation Council for Graduate Medical Education

Applying for ACGME Accreditation: Neurological Surgery

Kim Burchiel, MD, RRC Chair
Pamela Derstine, PhD, MHPE, Executive Director

Webinar
May 14, 2015

ACGME

Overview

For basic information about ACGME structure/function, ACGME accreditation of AOA programs, Next Accreditation System, and Milestones, please review the Overview webinar/slides available at:

http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system/Pages/webinars.aspx

ACGME

The Transition to ACGME Accreditation:
An Overview for AOA Programs

John R. Potts, III, MD, FACS
Senior Vice President, Surgical Accreditation
ACGME

Webinar originating from the offices of the ACGME
Chicago
1 April 2015

ACGME

Accreditation Council for Graduate Medical Education

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Discussion Topics

- Review Committee Members and Staff

- Accreditation Statistics

- Program Director and Faculty

- Program Coordinator

- Eligibility and Approved Complement

- Curriculum

- Case Logs

- Duty Hours and the Learning Environment

- Resources for Programs Applying

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Accreditation Council for Graduate Medical Education

Review Committee Members and Staff

A C G M E

RRC Membership

- 7 voting members (current)
  - ABNS nominees – 2 members
  - ACS nominees – 2 members
  - AMA nominees – 2 members
  - Resident member – 1

- 9 voting members (effective 7/1/2015)
  - Public – 1 member
  - AOA nominee – 1 member

- Leadership
  - Kim Burchiel, MD, Chair
  - Nicholas Barbaro, MD, Vice-Chair

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RRC Membership (Current)

- Kim Burchiel, MD **RRC Chair**

- Nicholas Barbaro, MD **RRC Vice-Chair**

- H. Hunt Batjer, MD

- M. Sean Grady, MD

- Griffith. R. Harsh, MD

- Benjamin C. Kennedy, MD Resident Member

- Nelson M. Oyesiku, MD, PhD

A C G M E

RRC Membership: New

Effective July 1, 2015:

Karin Muraszko, MD will replace Hunt Batjer, MD

Harry Rosenbluth, MBA: Public Member

Gregory Smith, DO: AOA Member

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RRC Membership: public
Harry Rosenbluth

- Founder, Boston Partners Asset Management

- Senior Advisor, Robeco Investment Management

- BA Economics George Washington University

- MBA Amos Tuck School of Business Administration Dartmouth College

- Qualities:
  - Demonstrated leadership in institutional equity money management and people management
  - Distills complex data into something useful
  - Established family foundation 10 years ago
    - Healthcare – focus on community clinics
    - Education – science and math scholarship program

A C G M E

RRC Membership: AOA
Gregory Smith

- Texas Health Physician Group, Fort Worth TX

- AOBS Neurosurgery

- Adjunct Clinical Professor University of North Texas
  - AOA Residency Program Director 2001-2012
  - Chair Surgical Quality Assurance Committee 2011-present
  - Director Spine Program 2012-present

- Former Chair, ACOS Residency Evaluation and Standards Committee

- Member AANS, CNS, AOA, ACOS, North American Spine Society

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ACGME RRC Staff

- Pamela L. Derstine, PhD, MHPE
  Executive Director
- Susan E. Mansker
  Associate Executive Director
- Jennifer M. Luna
  Accreditation Administrator (primary)
- Deidre M. Williams
  Accreditation Administrator (secondary)

Also…..
Tom Hackett
WebADS Representative

ACGME RRC Staff

Deidre   Susan   Pam   Jennifer

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Accreditation Statistics

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Accreditation Statistics AY 14/15

Total # Accredited Programs	
# Core	105+1 (see below)
# Sub	2
Applications	
# Core	1 approved 7/1/2015
# Sub	0

A C G M E

Accreditation Statistics: January 2015

| Program Accreditation Status (Core)	
Status	# Programs
Continued Accreditation	96
Continued Accreditation w/ Warning	4
Continued Accreditation w/o Outcomes	2
Initial Accreditation	4

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Accreditation Statistics: January 2015

Other RRC Meeting Decisions (Core)	
Complement increases	
Permanent: # Requested/#Approved	13/6
Temporary: # Requested/# Approved	9/5
Site Visit Requests (to be reviewed June 2015)	
Full	2
Focused	1
Progress Reports Requested	8
Will be reviewed January 2016	
Participating Site Requests	
#Requested/# Approved	9/6
Other (fellowship, curriculum change, etc.)	
# Reviewed/# Approved	8/8

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Citation Statistics: January 2015

Accreditation Statistics

Growth of Neurosurgery Over Time
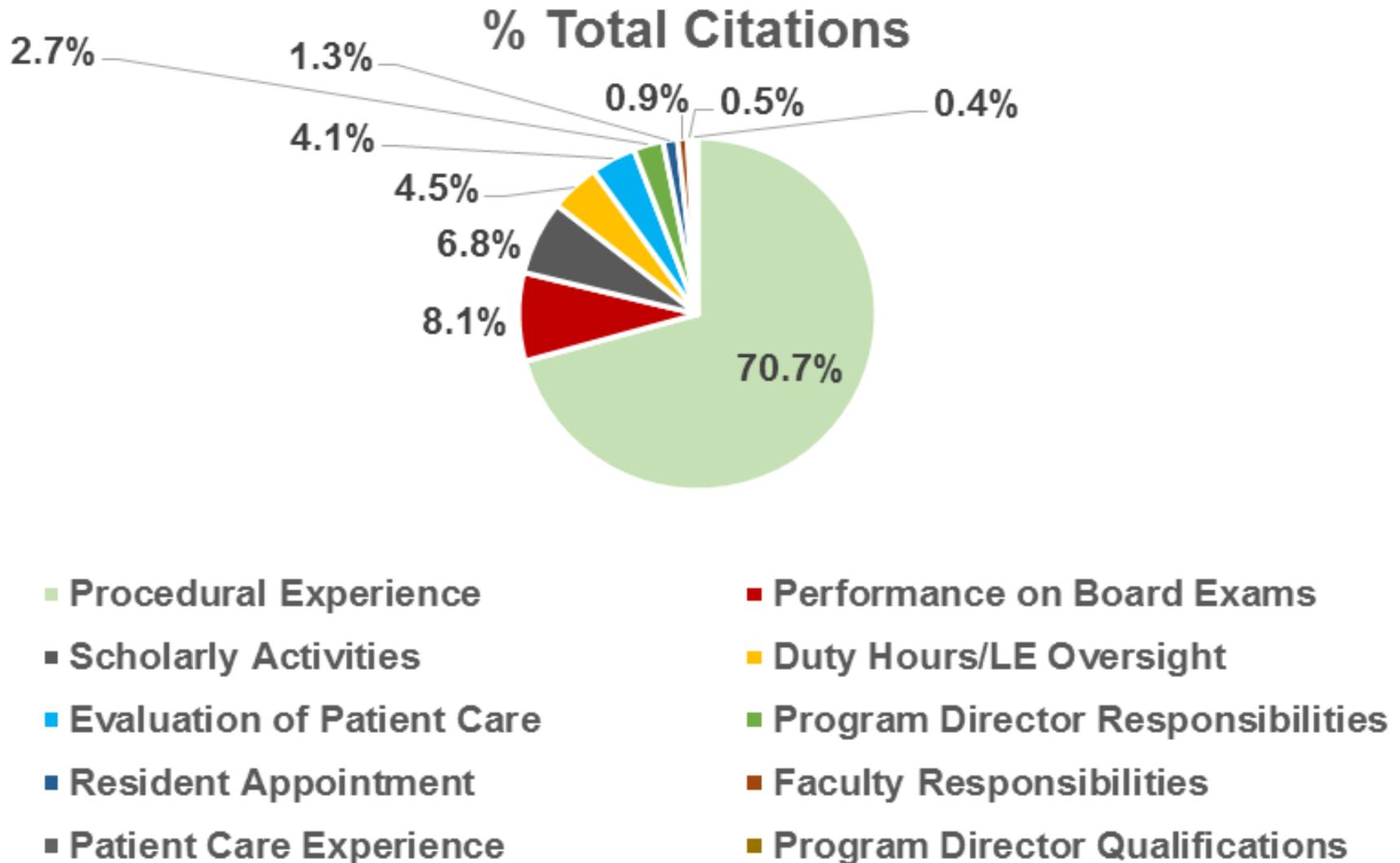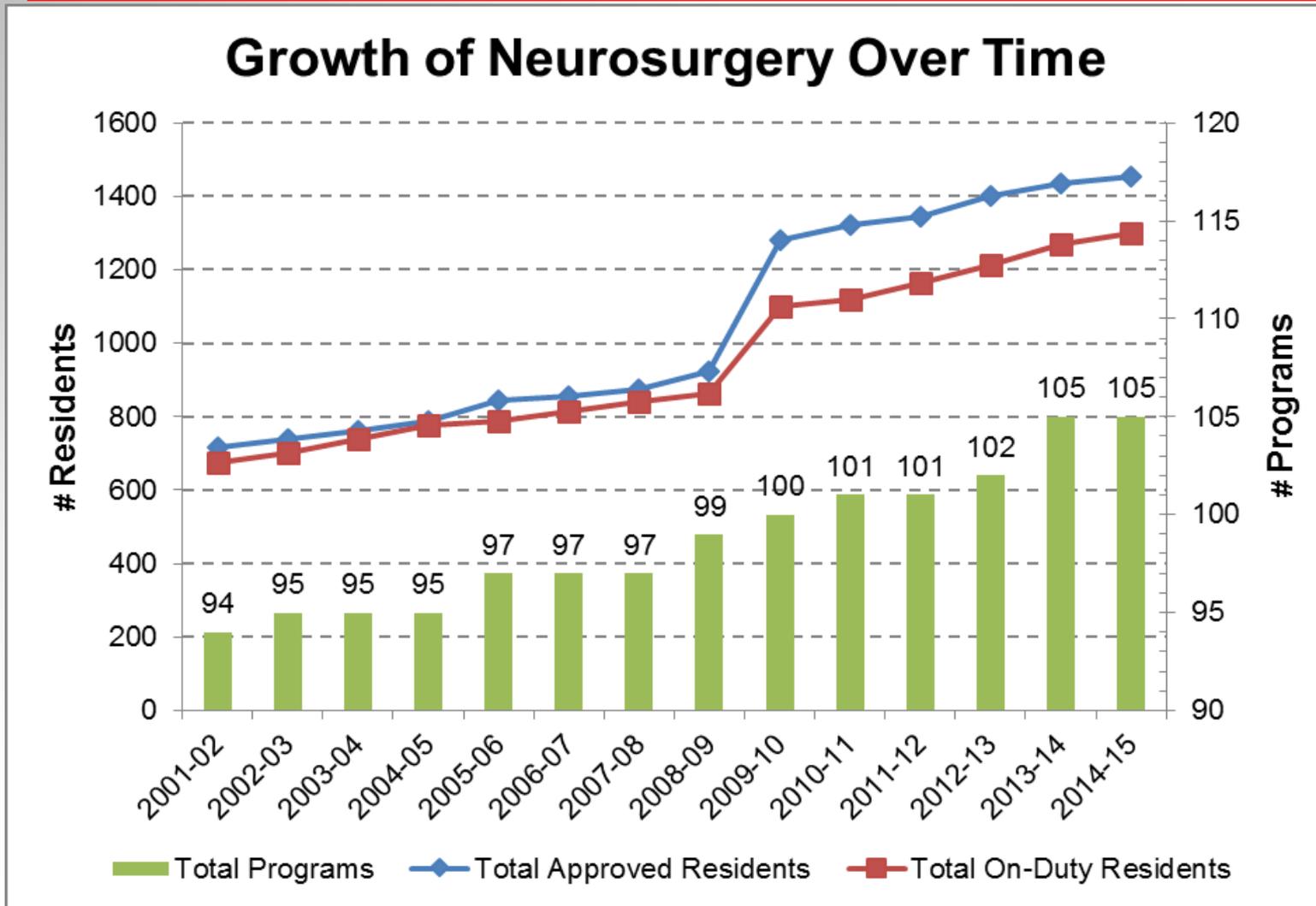
Recent Application Outcomes

2011-2015

- 8 Neurological Surgery applications reviewed

  ➤ 5 initial accreditation

  ➤ 3 withhold

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Upcoming RRC Meetings

- June 12-13, 2015
  - ➢ Agenda closed
- January 8-9, 2016
  - ➢ Agenda closes 10/30/2015
- April 8-9, 2016
  - ➢ Agenda closes 3/11/2016

A C G M E

Program Director and Faculty

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Program Director Qualifications

- CPR II.A.3.b)

  ➢ must include current certification in the specialty by the ABNS, or specialty qualifications that are acceptable to the Review Committee. (Core)

- **FAQ**

Program Director Qualifications

- **FAQ**

  The Review Committee expects all program directors to have current ABNS certification. Current program directors who are not ABNS-certified and for whom there is no documentation of approval by the Review Committee must submit a request for an exception. Newly appointed program directors who are not ABNS-certified must also request an exception.

  - ➢ Letter of recommendation from department chair; DIO approval
  - ➢ Complete CV, including education, academic appointments and scholarly activity
  - ➢ Alternative certification in lieu of ABNS-certification

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Program Director Qualifications

- CPR II.A.3.b)

  ➢ must include current certification in the specialty by the ABNS, or specialty qualifications that are acceptable to the Review Committee. (Core)

- At this time 103 of 105 current program directors are ABNS certified. It is highly unusual for a newly appointed program director who is not ABNS-certified to be approved.

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Program Director Support

- This specialty does not have a requirement for program director support *per se*. However:

PR I.A.1.

➢ The sponsoring institution must demonstrate commitment to the program in terms of financial and academic support, including timely appointment of a permanent department or division chairperson of neurological surgery. (Core)

Program Director Responsibilities

These following requests must be submitted for review at a scheduled RRC meeting.

PR I.B.4

- The addition or deletion of any participating site, as well as any change in rotations at an existing participating site, must be approved by the Review committee prior to assigning any residents to that site. (Detail)

FAQ: Please review the FAQ regarding special requirements related to proposed international rotations.

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Program Director Responsibilities

These following requests must be submitted for review at a scheduled RRC meeting.

PR III.D.2.

- Programs must notify the Review Committee when they sponsor or participate in any clinical fellowship taking place within sites participating in the program. (Core)

  ➢ Notification must occur before the commencement of such education.

  ➢ Documentation must be provided describing the fellowship's relationship to and impact on the residency.

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Site Director

PR II.A.4.b).(1)

➢ The site director must be an ABNS-certified neurological surgeon appointed by and responsible to the program director. (Core)

PR II.A.4.b).(2)

➢ Each site director must have major clinical responsibilities at that site. (Core)

A C G M E

Faculty

PR II.B.2.

- The physician faculty must have current ABNS certification or possess qualifications acceptable to the Review Committee. (Core)

PR II.B.6.

- There must be a minimum of three full-time clinically active neurological surgeons on the faculty and located at the primary clinical site. (Core)

  ➢ The RC will accept current AOA-certification in accordance with the MOU.

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Program Coordinator

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Program Coordinator

PR II.C.1.

- There must be a designated program coordinator with financial support from the sponsoring institution. (Core)

Program Coordinator

PR II.C.1. FAQ

- The intent of this requirement is to ensure that the sponsoring institution provides resources, including personnel other than the program director, for the effective administration of the program. Additional duties may be assigned to the program coordinator as long as those duties do not interfere with the effective administration of the program. For example, the program coordinator for a small program may also function as the program coordinator for another small residency program or fellowship, or might provide support for the department chair. The position of program coordinator may be shared by two individuals, as long as this arrangement does not interfere with the effective administration of the neurological surgery program.

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Approved Complement

- New programs are generally approved for 7 (1-1-1-1-1-1-1) residents.

  ➢ Approval is based on careful review of the proposed rotations (must clearly indicate how the proposed complement will improve the education of residents) and clinical resources.

Complement Change Requests

FAQ

Q. How must a request for a change in resident complement be submitted?

A. All requests for changes in resident complement, whether permanent or temporary, must be made through the ACGME's Accreditation Data System (ADS). Note that ACGME staff members will not receive the resident complement request until the designated institutional official (DIO) has approved the request. Requests must be submitted to and approved by the RC prior to accepting additional resident(s) into the program. Requests will only be reviewed at a regularly scheduled RC meeting.

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Fellowship Eligibility

Endovascular Surgical Neuroradiology (eff. 6/30/2013)

- Fellows entering from neurological surgery should have completed an ACGME-accredited residency in neurological surgery and completed a preparatory year of neuroradiology training which provides education and clinical experience. The preparatory year may occur during the neurological surgery residency.

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Curriculum

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Curriculum Resources

- PR Int. D. The educational program must be 84 months in length

- PR I.A.2. ACGME-accredited programs in anesthesiology, diagnostic radiology, internal medicine, neurology, pediatrics, and surgery, should be available at either the primary clinical site or a participating site. (Core)

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Curriculum Resources

- PR II.D.1.a-e). Inpatient facilities must be available and should include:

  ➤ A neurological surgery operating room with microsurgical capabilities

  ➤ An intensive care unit specifically for the care of neurological surgery patients

  ➤ A neuroangiography suite with extracranial and intracranial interventional capabilities

  ➤ Access to a stereotactic radiosurgery facility

  ➤ A unit designated for the care of neurological surgery patients - **FAQ**

Curriculum Resources

FAQ

Q. Must the unit designated for the care of neurological surgery patients be a physically distinct unit?

A. No, this unit may either be a stand-alone unit that is physically distinct, or be located within a patient care unit that contains beds designated for neurological surgery patients and that has staff members trained in the care of such patients.
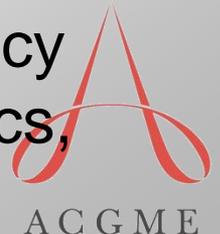
Curriculum Resources

PR II.D.2

- There must be outpatient facilities, and clinic and office space for educating residents in the regular pre-operative evaluation and post-operative follow-up for cases for which residents have responsibility.

PR II.D.3.

- There must be space and support personnel for research.

PR II.D.4.

- There should be clinical services available for the education of residents in anesthesiology, critical care, emergency medicine, endocrinology, ophthalmology, orthopaedics, otolaryngology, pathology, and psychiatry.

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Curriculum Resources

PR II.D.5.a-b)

- There should be cases distributed among cranial, extracranial, spinal, peripheral nerve, and endovascular surgical procedures to include all of those areas related to required outcomes for patient care and medical knowledge.

  ➤ There should be a total of at least 500 major neurological surgery procedures per year for each resident completing the program.

  ➤ Each hospital participating in the program should have at least 100 major neurological surgery procedures per year distributed appropriately among the spectrum of cases.

FAQ

Curriculum Resources

FAQ

Q. What are the expectations for the distribution of institutional cases across the spectrum of neurological surgery procedures?

A. The Review Committee reviews institutional case numbers for all new program applications, as well as for all resident complement increase requests and all participating site change requests. The Institutional Case Report Form, as well as guidelines for expected institutional case numbers, is available on the Review Committee web page on the ACGME website.

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Curriculum

- PR IV.A.6.a).(1-5) PGY1: Year of Fundamental Skills

- PR IV.A.6.b).(2) First 18 months: at least 3 months of basic clinical neuroscience education and at least 3 months of critical care education applicable to the neurosurgical patient

- PR IV.A.6.b) 54 months of clinical neurological surgery education to include 6 months of structured education in general patient care and minimum of 42 months of operative neurological surgery

- PR IV.A.6.c) Remaining months (30) used for elective clinical education and/or research

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Curriculum

FAQ

Q. What is expected for the required 6 months of structured education in patient care?

A. Must ensure that residents have the experiences that enable them to demonstrate outcomes required for fundamental skills (PR IV.A.6.a) (1-5). While not worded as such, these 6 months would generally take place during PGY1.

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Curriculum

FAQ

Q. Does the required 3 months of clinical neuroscience fulfill part of the 6 months of general patient care?

A. No

Q. Does the required 3 months of critical care fulfill part of the requirement for 6 months of general patient care?

A. No

Curriculum

FAQ

Q. What types of rotations will fulfill the requirement for 3 months of basic clinical neuroscience?

A. May include rotations in neurology, additional rotations in critical care beyond the required three months of critical care, related specialties, e.g., neuropathology, medical neurooncology, neurorehabilitation, neuro-ophthalmology, neuroradiology. Each rotation must be at least one month in duration.

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Curriculum

FAQ

Q. What are the RC's expectations for electives?

A. There are no specific expectations for electives, but all permanent electives must receive prior approval by the RC (and ABNS to ensure continued board eligibility). A program may create a one-time elective to meet the needs of a resident. RC approval is needed if the one-time elective requires the addition of a participating site. Prior approval by the ABNS is required to ensure continued board eligibility.

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Curriculum

FAQ

Q. What are the RC's expectations regarding resident participation in the pre- and post-operative continuum of care? *[PR IV.A.6.d) (1-4)]*

A. Residents are expected to have significant experiences following the same patients through all phases of care to demonstrate competence in providing a continuum of care, including evaluation and diagnosis, making pre-operative decisions, participation in operative and other procedures, and post-operative care an counseling. While a minimum number of such patients has not been specified in the requirement, these abilities are including in the patient care milestones for all procedural areas. Programs should design their curricula and closely monitor each resident's developing abilities to ensure that he or she is a competent provider of continuity care for neurological surgery patients by the time he or she graduates.

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Curriculum Scholarly Activity - Faculty

- ## PR II.B.5.b).(1-4)
Some members of the faculty should also demonstrate scholarship by one or more of the following:

  - ➤ 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 local, regional, or national professional and scientific society meetings

  - ➤ Participation in national committees or educational organizations

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Curriculum Scholarly Activity - Resident

- PR IV.A.5.b) (4)
  Residents must demonstrate competence in their knowledge of study design and statistical methods.

- PR IV.B.2.a)
  Residents must participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility.

- PBLI Milestones – Research
  Level 2: Contributes to the peer-reviewed neurological surgery literature
  Level 3: Contributes systematic clinical or scientific information to the peer-reviewed literature; and participates in clinical outcomes data gathering and analysis
  Level 4: Formulates question or hypothesis, design investigation, execute project, and report results; and utilizes M&M and program-level outcome data to institute systematic clinical practice changes

A C G M E

Curriculum Milestones

Patient Care

- Brain Tumor
- Critical Care
- Surgical Treatment of Epilepsy and Movement Disorders
- Pain and Peripheral Nerves
- Pediatric Neurosurgery
- Vascular
- Spinal Neurosurgery
- Traumatic Brain Injury

Medical Knowledge

- Brain Tumor
- Critical Care
- Surgical Treatment of Epilepsy and Movement Disorders
- Pain and Peripheral Nerves
- Pediatric Neurosurgery
- Vascular
- Spinal Neurosurgery; Degenerative Disease
- Spinal Neurosurgery; Trauma, Tumor, Infection

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Curriculum Milestones

Other Competency Domains

- Interpersonal and Communication Skills – relational
- Interpersonal and Communication Skills – technology
- Professionalism – compassion
- Professionalism – accountability
- PBLI - lifelong learning
- PBLI – research
- SBP – economic
- SBP – safety and systems

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Curriculum Evaluation

PR V.C.4-6

- All residents must pass the ABNS primary examination before completing the program.

- At least 85% of a program's residents taking the ABNS certifying written examination for credit for the first time during the past seven years must pass.

- At least 80% of a program's graduates taking the ABNS certifying oral examination for the first time during the past seven years must pass.

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Case Logs

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Case Log Components

- Case Log numbers are an indicator of cumulative resident surgical experience.

- Assistant / Senior / Lead roles are a reflection of progressive responsibility.

- Milestones are an indicator of progressive resident competence.

- All are included in the NAS RRC annual program reviews.

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Case Log Minimum: Adult Cranial

	CRANIAL	#
DC1	Craniotomy for brain tumors	60
DC2	Craniotomy for trauma	40
DC3a	Craniotomy for intracranial vascular lesion	40
DC3b	Endovascular surgery for tumors or vascular lesions	10
DC4	Craniotomy for pain	5
DC5	Transsphenoidal sellar/parasellar tumors (endoscopic and microsurgical)	15
DC6	Extracranial vascular procedures	5
DC7	Radiosurgery	10
DC8	Functional procedures	10
DC9	VP shunt	10
	SUBTOTAL	**205**

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Case Log Minimum: Adult Spinal

	SPINAL	#
DC10	Anterior Cervical Approaches for Decompression/Stabilization	25
DC11	Posterior Cervical Approaches for Decompression/Stabilization	15
DC12	Lumbar discectomy	25
DC13	Thoracic/lumbar instrumentation fusion	20
DC14	Peripheral Nerve procedures	10
	SUBTOTAL	**95**

Case Log Minimum: Pediatric; Epilepsy

	PEDIATRIC	#
DC15	Craniotomy for brain tumor	5
DC16	Craniotomy for trauma (uses adult trauma codes)	10
DC17	Spinal Procedures	5
DC18	VP shunt	10
	Total Pediatric	**30**
DC19	**Adult and Pediatric Epilepsy**	10

Case Log Minimum: Critical Care

	PROCEDURE	#
DC20	ICP monitor placement	5
DC21	External ventricular drain	10
DC22	VP shunt tap/programming	10
DC23	Cervical spine traction	5
DC24	Stereotactic frame placement	5
DC25	CVP line placement	10
DC26	Airway management	10
DC27	Arterial line placement	10
DC28	Arteriography	25
	TOTAL	**90**

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Case Log Guidelines

- Resident Roles

  ➢ Assistant Resident Surgeon: positioning, sterile preparation, monitoring devices, microscope preparation, participation in initial (opening) or final (closing) portions of the case, and/or assisting the resident or staff surgeon(s)

  ➢ Senior Resident Surgeon: may include aspects of all of the above and <u>must</u> include participation in the surgical procedures between opening and closing

  ➢ Lead Resident Surgeon: may include aspects of all of the above and <u>must</u> include participation in the critical portion of the case

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Case Log Guidelines

- Logging Cases

  ➤ To claim a case, resident must 'scrub'

  ➤ Several residents permitted per case but each resident may claim only one role per case

  ➤ Only one Lead Resident Surgeon per case allowed

  ➤ Each resident may enter one or more CPT codes per case but may claim credit for only one CPT code per case

  ➤ More than one resident may claim the same CPT code for a case as appropriate and <u>as long as the claimed roles are NOT the same</u>

  ➤ Only cases completed in the role of senior or lead count towards the required minimum numbers

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Case Log Guidelines

- Logging Cases

  ➢ Pediatric patient definition: one who is less than 18 years old at the time of the procedure; a pediatric patient who is 18 years or older at the time of a follow-up procedure must be logged as an adult patient

  ➢ Residents should demonstrate progressive responsibility in logging cases (i.e., assistant, senior and lead experiences should be logged)

  ➢ Residents graduating in 2013/2014 and 2014/2015 expected to demonstrate compliance with all minimum numbers EXCEPT critical care (DC20-28) and endovascular (DC3b)

  ➢ Residents graduating in 2015/2016 and beyond expected to demonstrate compliance with all minimum numbers

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Case Log Resources

- Documents on RRC website

  - ➤ Case Log Mapping Update (CVP line placement and arteriography)

  - ➤ Case Log Guidelines (contains definitions, logging rules, explanation of CPT code for credit, patient type definitions; RC expectations, case log monitoring; reports available in case log system and suggestions for their use)

- Documents within the Case Log System

  - ➤ Program User Guide (pdf)

  - ➤ Resident User Guide (pdf)

  - ➤ Definitions (pdf)

A C G M E

Duty Hours and the Learning Environment

Please consult the FAQs for answers to the following:

- Are there situations in which residents may be supervised by non-neurosurgical-licensed independent practitioners?

- What must a PGY-1 resident demonstrate in order to progress to being supervised indirectly with direct supervision available?

- What is an appropriate patient load for residents?

- What would an appropriate patient load be for a chief resident or a resident in their final year of education?

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Duty Hours and the Learning Environment

Please consult the FAQs for answers to the following:

- Who should be included in interprofessional teams?

- Must every interprofessional team include representation from every professional listed above?

- What roles must residents have in the interprofessional health care team?

- What responsibilities should residents at the PGY-3 level or beyond have in order to prepare them to enter unsupervised practice of medicine?

- What are some specific examples of circumstances when residents at the PGY-3 level or beyond may stay on duty or return to the hospital with fewer than eight hours free of duty?

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Accreditation Council for Graduate Medical Education

Resources for Programs Applying for Accreditation

ACGME

Program and Institutional Accreditation ⟩ Surgical Specialties ⟩ Neurological Surgery

Neurological Surgery

- 📄 Neurological Surgery Call for Resident Member
- 📄 Case Log Mapping Update
- 📄 Case Log Guidelines
- 📄 International Rotation Application Process
- 📊 Institutional Case Report Form
- 📄 Case Log System Requirements
- 📄 Duty Hours Exception Request
- Case Log Statistical Reports
- 📄 Requests for Changes in Resident Complement

Email addresses and phone numbers can be obtained by clicking on the symbols next to each person's name

Program Requirements

- ➕ Currently in Effect
- ➕ Approved but not in Effect
- ➕ Approved but not in Effect until 2016

STAFF   **RC MEMBERS**

Derstine, Pamela ✉ ☎
Executive Director, RC
for Colon and Rectal
Surgery, Neurological Surgery, Orthopaedic Surgery,
Otolaryngology

Mansker, Susan ✉ ☎
Associate Executive
Director, RC for Colon
and Rectal Surgery, Neurological Surgery, Orthopaedic
Surgery, Otolaryngology

Luna, Jennifer ✉ ☎
Accreditation Administrator,
RC for Colon and Rectal
Surgery, Neurological Surgery, Orthopaedic Surgery,
Otolaryngology

Williams, Deidre ✉ ☎
Accreditation
Administrator, RC for
Colon and Rectal Surgery, Neurological Surgery,
Orthopaedic Surgery, Otolaryngology

Common Resources

ACGME Glossary of Terms 📄

Approved but not in Effect until 2016

Milestones

Neurological Surgery

Endovascular Surgical Neuroradiology

New Applications

New program applications must use the online application process within ADS. For further information, review the "**Application Instructions**" located under Common Resources.

New Applications

RC Submission Deadlines

Meeting Date	Agenda Closing Date
January 23-24, 2015	November 14, 2014
June 12-13, 2015	April 3, 2015

⚠ *Contact an administrator for new program application due dates.*

Presentations

Program Coordinator Annual Meeting Update

Review Committee Update

Accreditation Update

2013 Milestones Evaluations Presentation

Common Resources

ACGME Glossary of Terms

Appointment Process for ACGME Review Committee Members

Application Instructions

CLER

Common Program Requirements (includes General Competencies)

Common Program Requirements FAQs

Eligibility Exception Decisions by Specialty

Key To Standard Notification Letter

Milestones

New England Journal of Medicine Report: The Next GME Accreditation System — Rationale and Benefits (3/15/2012)

Notable Practices

Program Directors' "Virtual Handbook"

Resident Duty Hours

Review and Comment

Next annual Program Director meeting is hosted by University of Miami on June 6, 2015 at the Mandarin Oriental, Miami Florida. All AOA program directors have received an invitation to attend. For more information please go to: http://www.societyns.org/meeting_info.html

FAQs

> Duty Hour FAQs and Resources

> Neurological Surgery FAQs

> Endovascular Surgical Neuroradiology FAQs

Site Visit

> Accreditation Process
> Department of Field Activities Staff
> Electronic Evaluation Systems
> Evaluation - Site Visit
> Field Staff
> FAQ - New Programs
> FAQ - Site Visit

Relevant Websites

> American Association of Neurological Surgeons
> American Board of Neurological Surgery
> Congress of Neurological Surgeons
> Society of Neurological Surgeons

Program and Institutional Accreditation > Surgical Specialties > Neurological Surgery

Please contact the Executive Director with any questions or concerns:
pderstine@acgme.org
312-755-5083