Update on the
Next Accreditation System
Drs. Aboff, Craig, and Ling
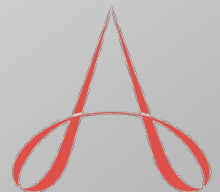
Transitional Year
May 22, 2014

ACGME

Background of the Next Accreditation System

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

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

ACGME

NAS

* Instead of biopsies, annual data collection
  * Trends in annual data
  * Milestones, Residents, fellows and faculty survey
  * Scholarly activity template
  * Operative & case log data
  * Board pass rates
* PIF replaced by self-study
* High-quality programs will be freed to innovate: requirements have been re-categorized (core, detail, outcome)

Terminology

* Each requirement labeled:

  * Core   - All programs must adhere

  * Outcome   - All programs must adhere

  * Detail   - Programs with status of "Continued Accreditation" may innovate (but not ignore)

ACGME

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

ACGME

Where did we come from?

- 2002 Six Core competencies in PR
- 2012-13 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
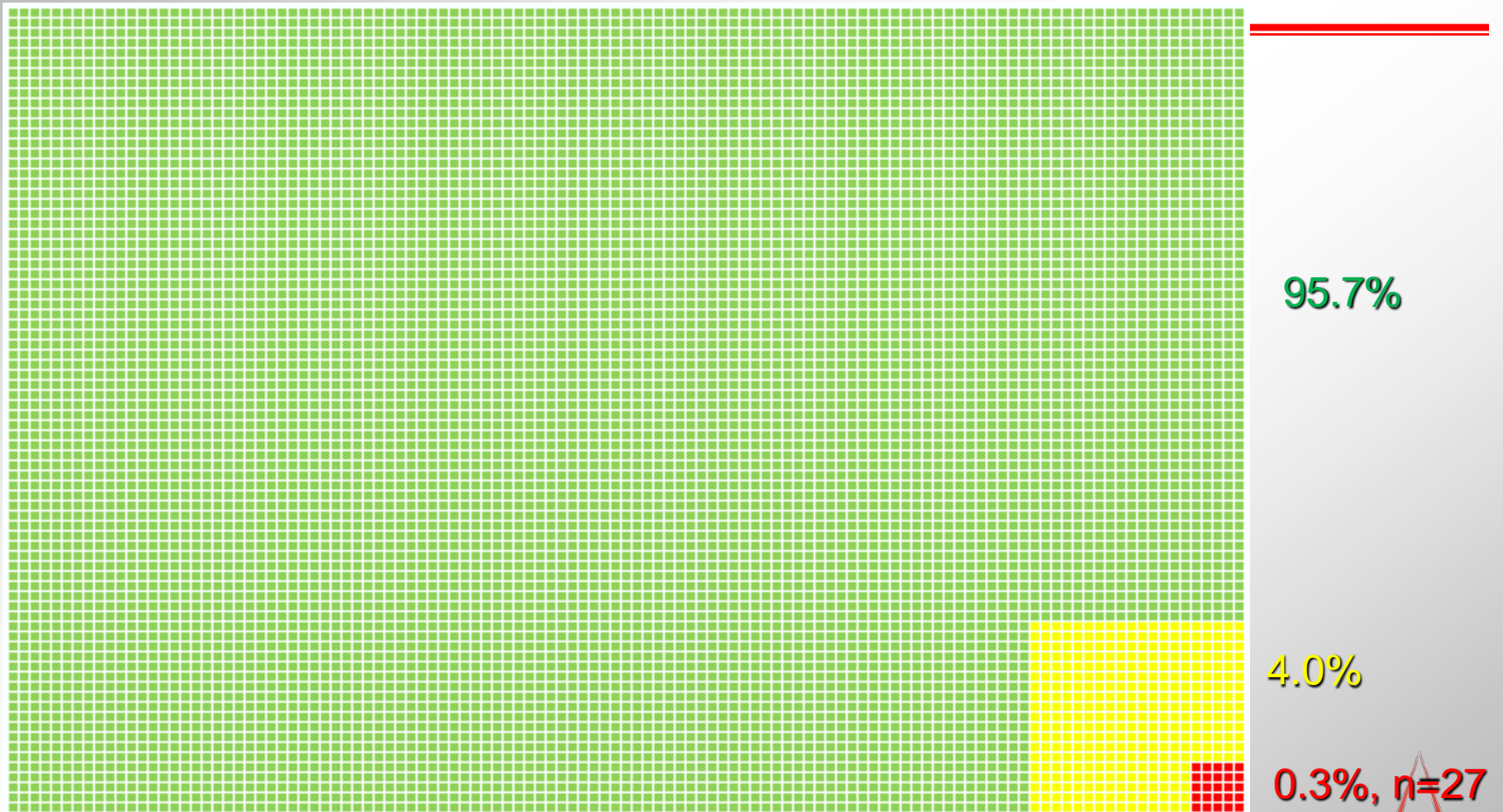 - Scholarly activity replaces CVs
  - Milestones 1.0 developed

ACGME

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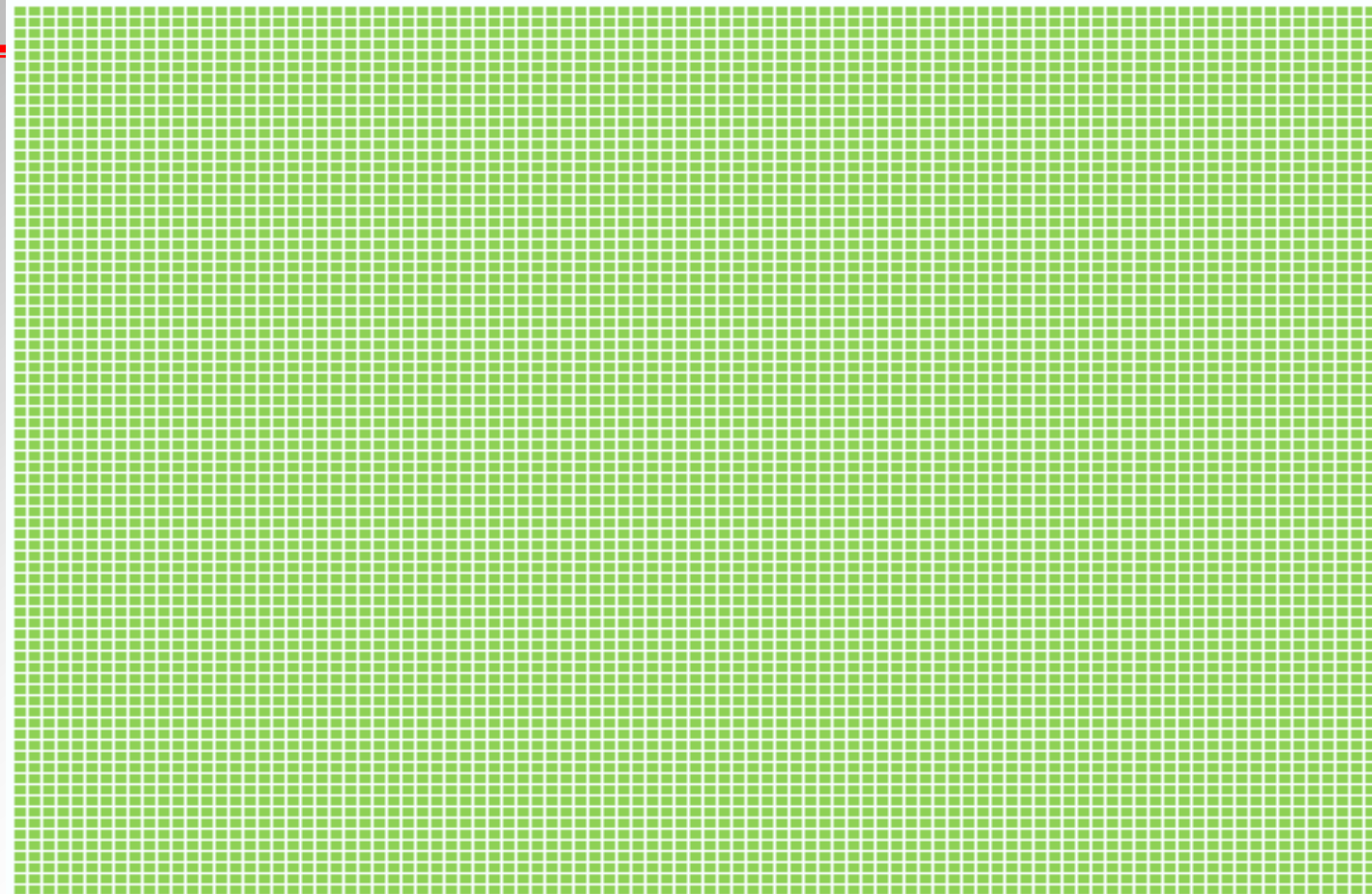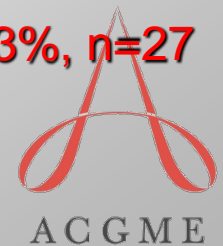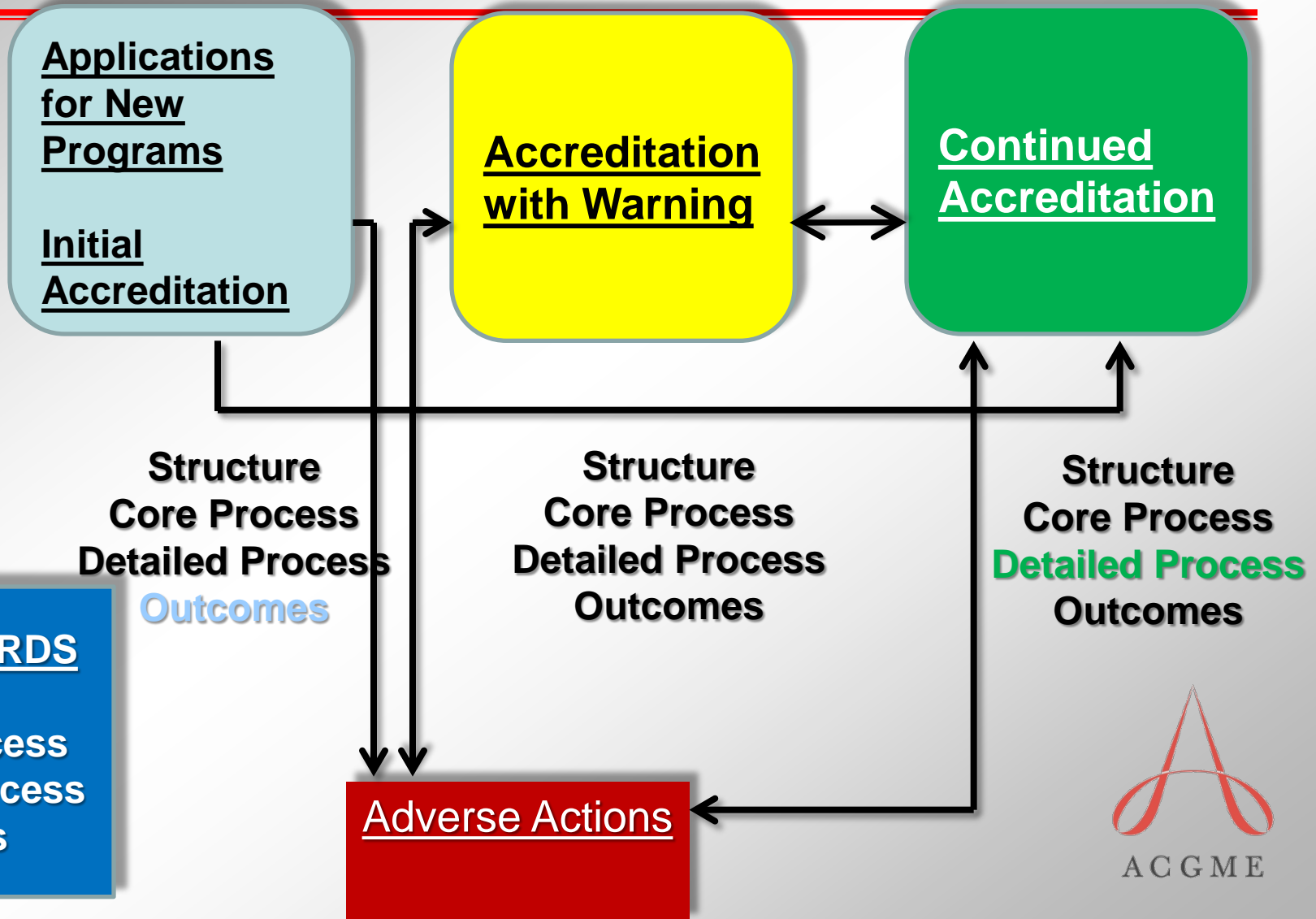

Excludes programs with Initial Accreditation

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

95.7%

4.0%

0.3%, n=27

Excludes programs with Initial Accreditation

ACGME

Accreditation Statuses

Applications for New Programs

Initial Accreditation

Accreditation with Warning

Continued Accreditation

Structure
Core Process
Detailed Process
Outcomes

Structure
Core Process
Detailed Process
Outcomes

Structure
Core Process
Detailed Process
Outcomes

STANDARDS
Structure
Core Process
Detail Process
Outcomes

Adverse Actions
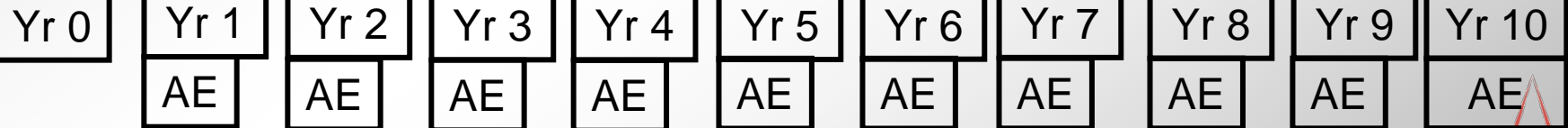
ACGME

Ten Year Self-Study Visit

Annual Program Evaluation (PR V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-Study

Self-Study VISIT

Ongoing Improvement

Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10
	AE	AE	AE	AE	AE	AE	AE	AE	AE	AE

AE: Annual Program Evaluation
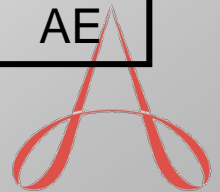
ACGME

Work of the TY Review Committee

Brian M. Aboff, MD, MMM, FACP
*Chair, Transitional Year RC*

Work of the TY Review Committee in the NAS

- Annual review all transitional year programs using data submitted to the ACGME

- Review of self study and site visit results

ACGME

Data Being Used for Annual Screening Review

- ADS annual update
- Resident Survey
- Faculty Survey (new for core faculty)
- Scholarly Activity (new format replaces CVs)
- Milestones Data (new, will be phased in)

ACGME

Work Flow
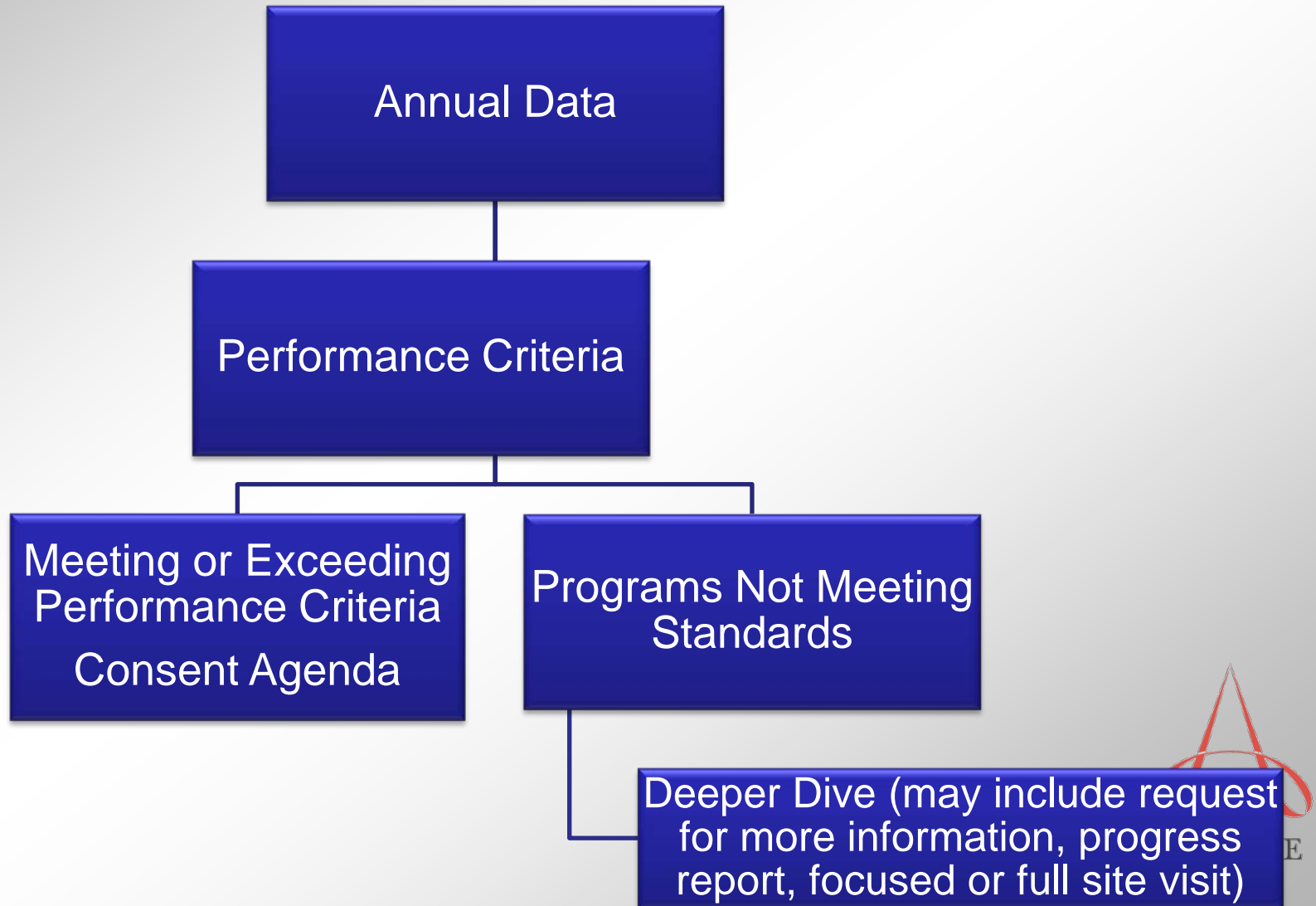
Step-wise review of programs in NAS

1.
Key annual data elements screen programs

95% of programs receive Continued Accreditation

2.
Additional information needed (site visit, progress report)

3.
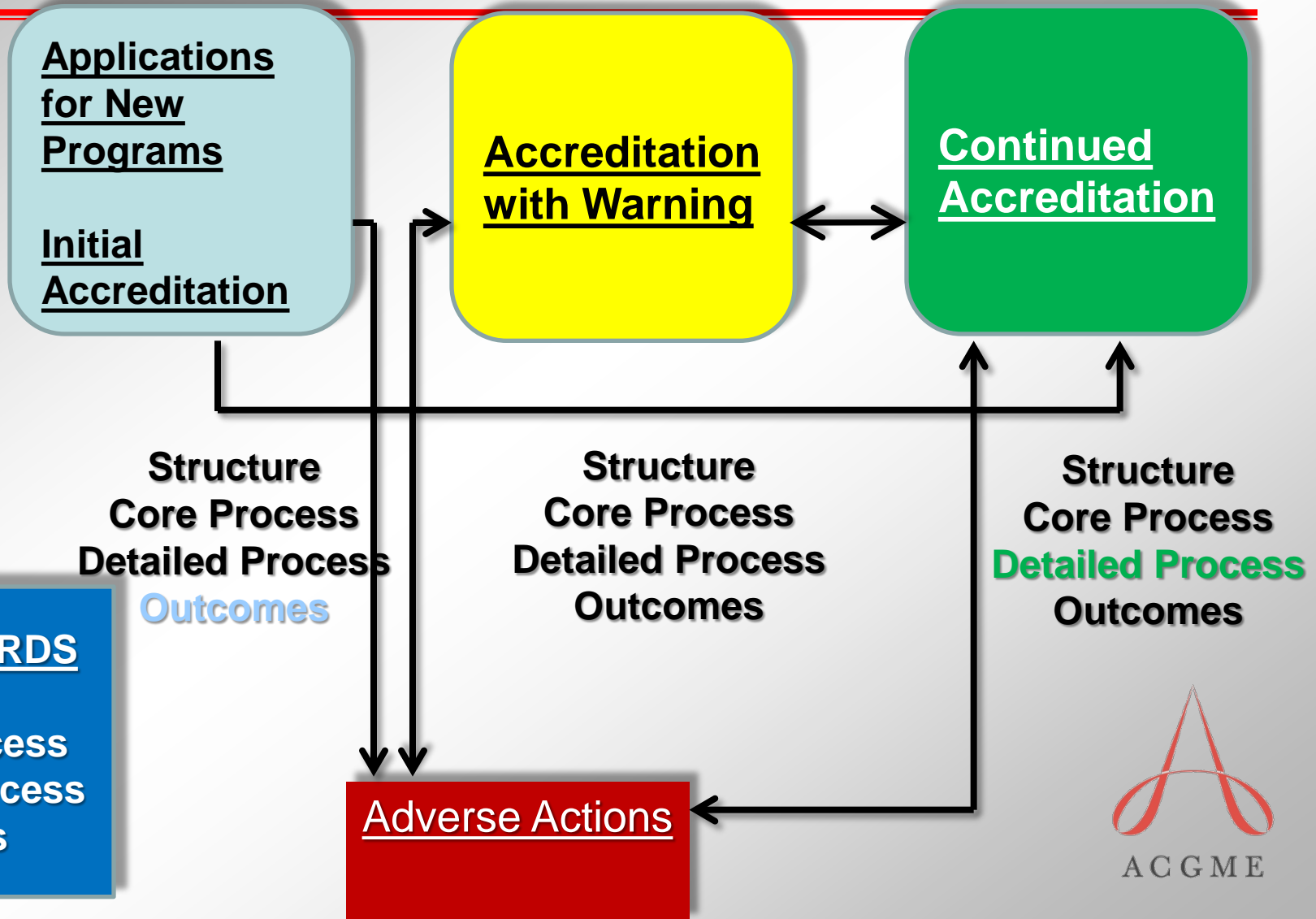Committee reviews all information to make annual accreditation decision

ACGME

Review Process in the
Next Accreditation System

Every program will get an accreditation letter every year

ACGME

Accreditation Statuses

RRC Decisions for the Green Box

Continued Accreditation

- No cycle length anymore
- May note areas for improvement
- May note trends
- May issue citations (unlikely)

ACGME

From the Green to the Yellow Box

Continued accreditation with warning

- Analogous to old 1-2 year cycle
- RRC data review next year
- May not request increase in resident complement

ACGME

From the Green to the Red Box

Probation

- Requires a site visit before going on probation

- Site visits will have short notice and no PIF

- Requires a site visit before going off probation

ACGME

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

ACGME

Decisions for the Red Box

- No longer <u>proposed</u> 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

ACGME

Decisions for New Program Applications

- Initial accreditation
  - Subsequently requires full site visit within two years
- Withhold accreditation

ACGME

To summarize…Adverse Actions
What has changed

- No proposed adverse actions

- Adverse accreditation status can only be conferred following a site visit

- Programs with adverse accreditation status cannot request an increase in resident complement

- Probation cannot exceed 2 consecutive annual reviews

ACGME

To summarize…Adverse Actions
What hasn't changed

- A program on Withdrawal can complete the current academic year

- No new residents can be appointed

- If program re-applies within 2 years, they must address previous citations
  - A site visit is needed for all applications following a withdrawal

ACGME

Citations in NAS

- Citations *will* be levied by RRC

- *Could* be removed quickly based upon:

  - Progress report

  - Site visit (focused or full)

  - New annual data from program

ACGME

Site visits in NAS

- No site visits (as we know them)

  but…

  - <u>Focused</u> site visits for an "issue"

  - <u>Full</u> site visit (no PIF)

  - <u>Self-study</u> visits every ten years

ACGME

Focused Site Visits

- Assesses *selected* aspects of a program and may be used:

  - to address *potential* problems identified during review of annually submitted data;

  - to diagnose factors underlying deterioration in a program's performance

  - to evaluate a complaint against a program

ACGME

Focused Site Visits

- Very short notification

- Minimal document preparation expected

- Team of site visitors

- Specific program area(s) looked at as instructed by the RRC

ACGME

Full Site Visits

- Application for a new core program

- At the end of the initial accreditation period

- RRC identifies broad issues/concerns

- RRC identifies other serious conditions or situations

- Short notification period

- Minimal document preparation

- Team of site visitors

ACGME

Annual Data Submission

- Accuracy is **IMPORTANT**

- Timeliness is **IMPORTANT**
  - Missing information is a data element that will be considered in the annual review

ACGME

NAS: Annual Data Submission

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
ADS update							■	■	■			
Milestones (twice)					■	■					■	■
Resident survey			■	■	■							
Faculty survey			■	■	■							

PROGRAM COMMITTEES

Transitional Year Education Committee

- Program oversight and program evaluation responsibilities of the TYEC migrate to the new Program Evaluation Committee

- Resident evaluation responsibility migrates to the Clinical Competency Committee

ACGME

Change to Common Program Requirements

Common Program Requirements - Evaluation

- Program Evaluation Committee (PEC) conducts *evaluation of the program, including the curriculum*

- Clinical Competency Committee (CCC) documents milestone *evaluations for individual residents*

ACGME

Program Evaluation Committee (PEC)

V.C.1. The program director must appoint the Program Evaluation Committee (PEC). (Core)

V.C.1).a) The Program Evaluation Committee:

**(1)** must be composed of at least two program faculty members and should include at least one resident; (Core)

(2) must have a written description of its responsibilities; and, (Core)

ACGME

Program Evaluation Committee (PEC)

(PEC) should participate actively in:

- planning, developing, implementing, and evaluating educational activities of the program;

- reviewing and making recommendations for revision of competency-based curriculum goals and objectives;

- addressing areas of non-compliance with ACGME standards; and,

- reviewing the program annually using evaluations of **faculty, residents, and others, as specified.**
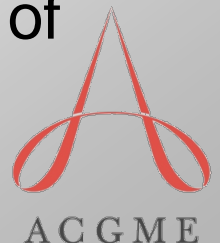
Program Evaluation Committee

Former requirements for TYEC added, including

1. Committee Membership
   - TY program director, program directors or designees of sponsoring programs and representing disciplines regularly included in the curriculum, DIO, resident

2. Committee Functions
   - Evaluate adequacy of appropriateness of patients and financial support
   - Evaluate equivalency of educational experiences with categorical programs

3. Must meet at least once a quarter

ACGME

CLINICAL COMPETENCY COMMITTEE (CCC)

Dr. Craig will cover the membership requirements, roles & responsibilities of the Clinical Competency Committee

Core Faculty

All physician faculty with a significant role in the education of residents and who have documented qualifications to instruct and supervise

- Core faculty listed in scholarly activity table and complete faculty survey

- Core faculty roles:
  - Evaluate the competency domains;
  - Work closely with and support the program director;
  - Assist in developing and implementing evaluation systems;
  - Teach and advise residents

ACGME

Core Faculty

What about the 15 hours?

- Meeting criteria for core faculty is more important than hours

- Only physician faculty that meet all necessary criteria (i.e. core faculty) will be surveyed

ACGME

Transitional Year Milestones

Steve Craig, MD

Co-Chair, TY Milestones Working Group

ACGME

Background of ACGME Milestones

- ACGME change in focus to educational outcomes
- Six competencies developed to provide framework for evaluation of outcomes
- Dreyfus model adopted to describe continuum of physician development
- Integration of competencies and Dreyfus model led to milestones

ACGME

Six Competencies, Education Continuum, Dreyfus Model

- Medical knowledge
- Patient care and procedural skills
- Interpersonal and communication skills
- Professionalism
- Practice-based learning and improvement
- Systems-based practice

**Undergraduate
Graduate
Continuing**

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert
- Master

Milestones Defined

- Observable developmental steps moving from Novice to Expert/Master

- Milestones define knowledge, skills, attitudes, and other attributes for each competency

- Organized under the Six Clinical Competencies
  - Shared understanding of core expectations
  - Framework and language for discussion across the continuum of professional development
  - Provide trainees understanding of expectations and aspirational goals of excellence

ACGME

Purpose of Milestones

- Track what is important – Outcomes
- Use existing tools and faculty observations + new assessment methods/tools
- Establish common expectations for progress of individual residents
- Provide specialty specific normative data
- Support ACGME accountability for effectiveness of educational program and accreditation

ACGME

Transitional Year Specifics

- No expectation for independent practice at completion

- Relatively short period of time for evaluation of resident progress

- TY is an early portion of the developmental continuum

- Advanced Beginner/Competent (Level 3) is more realistic target for TY training

- Proficient, Expert, Master are purviews of future residency training and graduate development

- Level 3 is a graduation "target" for TY but not a requirement for graduation

A C G M E

Milestones Reporting

- TYRC to require reporting of milestone data during Phase II NAS (1st reports due December 2014)
- Semiannually report milestone data for each resident
- TYRC to review aggregate de-identified program data
- Later, data on national trends in milestone performance will allow program comparisons
- TY Residents: Individualized Learning Plans
- TY Programs: Program Improvement Plans

ACGME

Milestone Reporting

JGME March 2014 Supplement: pg. 358

The Transitional Year Milestone Project

The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in Accreditation Council for Graduate Medical Education (ACGME)–accredited residency or fellowship programs. They neither represent the entirety of the dimensions of the 6 domains of physician competency, nor are they designed to be relevant in any other context.

Milestone Reporting

This document presents Milestones designed for programs to use in semiannual review of resident performance and reporting to ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as the resident moves from entry into residency through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's residents as 1 element in the Next Accreditation System (NAS) to determine whether residents overall are progressing.

For each reporting period, review and reporting will involve selecting the level of Milestones that best describes each resident's current performance level in relation to Milestones. Milestones are arranged into numbered levels. Selection of a level implies that the resident substantially demonstrates the Milestones in that level, as well as those in lower levels (see FIGURE). A general interpretation of the levels for Transitional Year Milestones is below:

Level 1: The resident demonstrates Milestones expected on entrance into transitional year education.

Level 2: The resident is advancing and demonstrating additional Milestones.

Level 3: The resident continues to advance so that he or she now substantially demonstrates the Milestones targeted for transitional year education. This level is designed as the graduation target for transitional residents.

Level 4: The resident has advanced so that he or she now substantially demonstrates the Milestones targeted for completion of categorical residency education.

Level 5: The resident has advanced beyond performance targets set for residency, and is demonstrating aspirational goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Level 3 is designed as the graduation *target* for transitional year residency education but *does not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director. (See the NAS Frequently Asked Questions for educational Milestones on the ACGME's website for further discussion of this issue: "Can a resident graduate if he or she does not reach every Milestone?") Study of Milestone performance data for transitional year residency programs will be required before the ACGME and its partners will be able to determine whether Level 3 Milestones and Milestones in lower levels are in the appropriate level within the developmental framework, and whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Some Milestone descriptions include statements about performing independently. These activities must follow the ACGME supervision guidelines. For example, a resident who performs a procedure or takes independent call must, at a minimum, be supervised through oversight.

ACGME Milestone Report Form

The FIGURE presents an example set of Milestones for 1 subcompetency in the same format as the Milestone Report Form. For each reporting period, a resident's performance on the Milestones for each subcompetency will be indicated by:

- selecting the level of Milestones that best describes the resident's performance in relation to the Milestones, or

- selecting the "Has Not Achieved Level 1" option.

ACGME

JGME March 2014 Supplement: pg. 355

Educational Milestone Development for Transitional Year Residency Training

STEVEN R. CRAIG, MD, COCHAIR,
DANNY M. TAKANISHI JR, MD, FACS, COCHAIR,
ON BEHALF OF THE TRANSITIONAL YEAR
MILESTONE WORKING GROUP

Introduction

The Accreditation Council for Graduate Medical Education (ACGME) Outcome Project has shifted the focus for accrediting residency training programs from structure and process to documented outcomes. A central part of the ACGME's Next Accreditation System (NAS) is "articulating milestones of competency development in each discipline."[1] Resident achievement of educational Milestones will be an indicator of the educational effectiveness of residency programs.

Most specialties have developed their Milestones through a collaborative effort involving representatives from the ACGME, the pertinent American Board of Medical Specialties (ABMS) organization, the pertinent professional specialty society, and the pertinent program directors' association. In contrast, the approach was quite different for Transitional Year (TY) residency programs, which comprise only 1 year of accredited postgraduate medical education, where there is no corresponding ABMS board certification entity or professional specialty society. In addition, graduates of TY training programs are not expected to demonstrate sufficient competency to enter the independent practice of medicine, as is the case with other specialty (categorical) residency programs.

Milestone Development History

In October 2010, the ACGME appointed Danny M. Takanishi Jr, MD, chair of the ACGME TY Review Committee, and Steven R. Craig, MD, chair of the Council of Transitional Year Program Directors (CTYPD) as cochairs of the TY Milestone Working Group (BOX 1). In January 2011, TY program directors were invited to apply to serve on the Milestone Working Group. The cochairs and ACGME staff assigned to the working group (Steven P. Nestler, PhD, initially Linda Thorsen, MA, and subsequently Lorraine Lewis, EdD, RD) selected the other members of the working group. The working group membership included members of the ACGME TY Review Committee, the CTYPD, at-large members, and a resident representative. Community-based programs,

Corresponding author: **Steven R. Craig, MD,** Transitional Year Program Director, Iowa Methodist Medical Center, 1415 Woodland Avenue, Suite 130, Des Moines, IA 50309, steven.craig@unitypoint.org

BOX 1   MEMBERS OF THE TRANSITIONAL YEAR MILESTONE WORKING GROUP

Steven R. Craig, MD, Iowa Methodist Medical Center, Cochair
Danny M. Takanishi Jr, MD, FACS, University of Hawaii John A. Burns School of Medicine, Cochair
Robert Bing-You, MD, Maine Medical Center
Nikhil Goyal, MD, Henry Ford Hospital
Marko J. Jachtorowycz, MD, St. Francis Hospital of Evanston
Lorraine Lewis, EdD, RD, Accreditation Council for Graduate Medical Education (ACGME)
Ernest D. Moritz, MD, Hospital of Saint Raphael; Pulmonary Associates New Haven
M. Cathy Nace, MD, Uniformed Services University of the Health Sciences
Ethan A. Natelson, MD, The Methodist Hospital
Steven P. Nestler, PhD, ACGME Consultant
Mukta Panda, MD, FACP, University of Tennessee College of Medicine
Matthew W. Short, MD, Madigan Healthcare System
Karolyn Wanat, MD, University of Iowa Hospitals and Clinics, Resident Member

academic health centers, and university programs from all regions of the country were represented. A number of these educators had served as TY program directors for more than 20 years, and 1 was a Parker J. Palmer Courage to Teach Award recipient. Specialties represented in the group included dermatology, emergency medicine, family medicine, internal medicine, obstetrics and gynecology, and surgery. Finally, the working group was editorially independent from the ACGME as it endeavored to craft the TY Milestones.

At its initial meeting in May 2011, the working group reviewed as guiding principles the aspirational goals and objectives of the ACGME Milestone Project, the developmental framework that would serve as the blueprint going forward, and empiric foundations derived from the literature.[2-10] The group also reviewed the initial Milestone drafts formulated by the Internal Medicine, Pediatrics, and General Surgery Milestone Working Groups.

The conceptual underpinning of creating Milestones to document competence observed in performance required the working group to articulate these expected benchmarks of desired characteristics in behavioral language. The compelling need to provide a catalogue of evaluation instruments to document competence in each of the 6 competency areas required the working group to couple the genesis of Milestones with general evaluation strategies. The working group acknowledged at the outset that defining competence is a complex process and occurs in the context of the educational continuum. The group philosophically agreed that achievement of all desired Milestones

2013 Program Requirement Change re Resident Evaluation & Milestones

CLINICAL COMPETENCY COMMITTEES REQUIRED

Clinical Competency Committee (CCC)

V.A.1   The program director must appoint the Clinical Competency Committee. (Core)

V.A.1.a)   At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. (Core)

V.A.1.a) (1)   Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. (Detail)

ACGME

Clinical Competency Committee (CCC)

V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee. (Core)

V.A.1.b) (1) The Clinical Competency Committee should:

(a) review all resident evaluations semi-annually; (Core)

(b) prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, (Core)

(c) advise the program director regarding resident progress, including promotion, remediation, and dismissal. (Detail)

The Resident's Milestone Level is Determined by the Clinical Competency Committee

- A group of key faculty members assessing the milestones for each resident

- The same set of eyes looking at all evaluations

- The same process is applied uniformly (less variation/bias in assessing resident progress)

- CCC advises the Program Director regarding resident progress, including promotion

- Resident promotion is still the final decision of the Program Director

ACGME

Brief Summary of TY Milestone Pilot Test

- 20 TY Programs volunteered

- Tested use of TY milestones in assessing resident progress during July-December 2013

- Completed 15-question survey by 2/1/ 2014

- Feedback generally very positive about:
    * more systematic, fair way to evaluate residents
    * increased awareness of strengths & weaknesses
    * worth the time required to complete them

ACGME

20 Participating Programs

Program Name	State	Program Size	Sponsor
Intermountain Med	UT	12	IM, Surg
Emory	GA	24	IM, Radiology
Newton-Wellesley	MA	9	IM, Anesth
UChicago-Northshore	IL	10	IM, EM
St.Vincent's	IN	18	IM, FM
St. John	MI	4	IM, EM
University of N. Dakota	ND	8	IM, Pych, Surg
Detroit Med Cntr/Wayne St	MI	21	IM, EM
Yale-New Haven Hosp	CT	9	IM, Rad
Central Iowa Health System	IA	4	IM, Ped, Surg
Mt Carmel MC	OH	4	IM, Surg
Bassett Medical Center	NY	9	IM, Surg
Virginia Mason MC	WA	12	IM, Surg
Kettering MC	OH	10	IM, EM
Henry Ford Hospital	MI	17	IM, EM
Aurora Health Care	WI	17	IM, EM
Broadlawns MC	IA	4	FM, IM, Peds
United Health Services	NY	7	IM, FM
University of Tenn	TN	7	IM, Peds
UPMC	PA	8	IM, EM

Suggestions from Pilot Test

- Educate faculty about milestones & expectations
- Improve evaluation forms with more milestone-specific language
- Create new methods/tools to evaluate some of the milestones we don't currently assess well
- Sharing best practices will help
- Residents should participate by completing self-evaluation of TY milestones

ACGME

Suggestions from Pilot Test (continued)

- CCC members need to understand milestones & must work with residents to participate fully
- CCC members need to help decide what changes in evaluation methods/tools needed
- Need to decide how best to have CCC members review resident evaluations
- Need to decide how CCC will conduct meetings to determine milestone ratings
- CCC must allow sufficient time to conduct resident review & milestone rating meetings

ACGME

Thank you for your participation!

ACGME