Town Hall
Medical and Hospital-Based Specialties
SES009

Mary W. Lieh-Lai, MD
Senior Vice-President, Medical Accreditation
Louis J. Ling, MD
Senior Vice-President, Hospital-Based Accreditation

ACGME Annual Education Conference
San Diego, CA
27th, February 2015
Disclosures

- Recovering
  - Emergency Medicine/Pediatric Critical Care Physicians
  - Program Directors
  - DIOs
- Fiduciary
  - Full-time employees of ACGME
- Financial
  - None
Outline

• Team members
• Evolution of the ACGME
• Structure of the ACGME today
• Update on the Next (New/Current) Accreditation System
  • Inactive Programs
  • Milestones
  • CLER
  • Self-Study
  • Lessons learned
• Duty Hour Studies
• Single Accreditation System
• Miscellaneous
<table>
<thead>
<tr>
<th>Hospital-Based Accreditation</th>
<th>Medical Accreditation</th>
<th>Surgical Accreditation</th>
<th>Osteopathic Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Louis Ling, MD</strong></td>
<td><strong>Mary Lieh-Lai, MD</strong></td>
<td><strong>John Potts, MD</strong></td>
<td><strong>TBD</strong></td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Allergy and Immunology</td>
<td>Colon &amp; Rectal Surgery</td>
<td>Osteopathic Recognition</td>
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<td>Diagnostic Radiology</td>
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<td>Neurological Surgery</td>
<td>Osteopathic Neuro-musculoskeletal medicine</td>
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<td>Preventive Medicine</td>
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<td>Surgery</td>
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<td>Urology</td>
<td></td>
</tr>
</tbody>
</table>
Hospital Based Accreditation Teams

*Review Committees for Emergency Medicine, Nuclear Medicine and Radiology*

Executive Director: Felicia Davis, MHA
Associate Executive Director: Tiffany Moss, MBA
Accreditation Administrator: Sara Thomas
Hospital Based Accreditation Teams

Review Committees for Anesthesiology and Transitional Year

Executive Director: Anne Gravel Sullivan, PhD
Associate Executive Director: Tiffany Moss, MBA
Accreditation Administrators: Sonia Sangha, MPH and Nicole Wright
Hospital Based Accreditation Teams

Review Committees for Medical Genetics, Pathology and Radiation Oncology

Executive Director: Laura Edgar, EdD, CAE
Accreditation Administrators: Erin Berryhill and Nicole Wright
Hospital Based Accreditation Teams

**Review Committee for Preventive Medicine**

Executive Director: Lorraine Lewis, EdD
Accreditation Administrator: Kristin Rohn, JD
Medical Accreditation Teams

- **Team Anthony**
  - Family Medicine
  - Dermatology
- Eileen Anthony (Executive Director)
- Sandra Benitez (Sr. Accreditation Administrator)
- Luz Barrera (Accreditation Assistant)
Medical Accreditation Teams

• Team Fischer
  • Pediatrics
  • PM&R

• Caroline Fischer, (Executive Director)
• Denise Braun-Hart (Associate Executive Director)
• Kim Rucker, MPH (Accreditation Administrator)
• Luz Barrera (Accreditation Assistant)
Medical Accreditation Teams

• Team King
  • Allergy & Immunology
  • Neurology
  • Psychiatry
• Louise King, (Executive Director)
• Karen Lambert (Associate Executive Director)*
• Debra Martin (Accreditation Administrator)
Medical Accreditation Teams

• Team Vasilias
  • Internal Medicine
• Jerry Vasilias, PhD (Executive Director)
• William Hart (Associate Executive Director)
• Karen Lambert (Associate Executive Director)
• Lauren Johnson (Senior Accreditation Administrator)
• Betty Cervantes (Accreditation Assistant)
Evolution of the ACGME

- First residency: 1890
- First RRC: 1950
- ACGME established: 1960
- ACGME independent: 1970
- Single Accreditation
- CLER
- NAS
- ACGME-I
- Milestones Project
- JGME
- Outcomes Project

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Evolution of the ACGME

60 yrs

First residency
1890
1900
1910
1920
1930
1940
1950
1960
1970
1980
1990
2000
2010
2020

First RRC
ACGME established
ACGME independent
Single Accreditation
CLER
NAS
ACGME-I
Milestones Project
Outcomes Project
JGME

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Evolution of the ACGME

First residency

First RRC

ACGME established

ACGME independent

2003 Duty Hours

2011 Duty Hours

2014 Duty Hours studies in Medicine and Surgery

14 yrs

Single Accreditation

CLER

NAS

ACGME-I

Milestones Project

JGME

Outcomes Project

JGME

2010

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ACGME Strategic Plan

http://www.acgme.org/acgmeweb/Portals/0/PDFs/StrategicPlan/ACGMEStrategicPlan.pdf
ACGME Mission

“We improve health care and population health by assessing and advancing the quality of resident physicians’ education through accreditation.”
ACGME Values

- Honesty and integrity
- Excellence and innovation
- Accountability and transparency
- Fairness and equity
- Leadership and collaboration
- Stewardship and service
- Engagement of stakeholders
Strategic Plan: ACGME Vision

- A structured approach to evaluating the competency of all residents and fellows;
- Motivated physician role models leading all GME programs;
- High quality, supervised, humanistic, clinical educational experiences, with customized formative feedback;
- Clinical learning environments characterized by excellence in clinical care, safety and professionalism;
- Residents achieving specialty-specific proficiency prior to graduation;
- Residents prepared to become virtuous physicians who place the needs and well-being of patients first.
Principles
Medical Education Must:

• Be outcomes-oriented and evidence-based whenever possible;
• Be forward-facing and improvement-oriented;
• Be responsive to societal needs;
• Anticipate the needs of the public;
• Promote effective inter-professional team-based care
Principles

Medical education must result in graduates who:

• Are competent, skilled, and caring physicians;
• Provide for and promote safety and quality of patient care throughout their careers;
• Recognize the impact of their intervention on patients, their families and society, and;
• Manifest professionalism and effacement of self-interest to meet the needs of their patients.
ACGME

- 501(c)(3)
- Corporate offices in Chicago
- 160 employees
  - 50 provide direct support for accreditation
- www.acgme.org
ACGME

- Accredits 9,527 GME programs
- 120,108 residents
- 693 sponsoring institutions
- 136 specialty and subspecialty areas
- 28 Review Committees
- Approximately 6000 items/decisions/year
ACGME Today

• Board of Directors
  • 2 **AACOM** nominees (4 as of 2020)
  • 4 AAMC nominees
  • 4 ABMS nominees
  • 4 AHA nominees
  • 4 AMA nominees
  • 2 **AOA** nominees (4 as of 2020)
  • 4 CMSS nominees
  • 1-4 ‘at-large’ directors
  • 3 public directors
  • Chair Council of Review Committee Chairs
  • Chair Council of Review Committee Residents
  • At-large resident
  • 2 Federal representatives (*ex officio*)
ACGME Governance Today

- CRCC
- CRCR
- Board of Directors
- Executive Committee
- Audit
- Awards
- Compensation
- Education
- Governance
- Finance
- Journal
- Monitoring
- Requirements
- ad hoc Appeals Panels
Review Committee

- All volunteers
- Number of members from 7-20
- Physician *nominees* from:
  - American Medical Association
  - ABMS specialty board
  - American Osteopathic Association
  - Specialty academy/college
- At least one resident member per RC
- At least one public member per RC
Review Committee Functions

- Review programs and institutions
- Determine accreditation status*
- Propose program/institutional requirements

*Authority for accreditation actions delegated by ACGME Board of Directors
## Review Committees Today

### Institutional

**Kevin Weiss, M.D.**

**Institutional Review**

<table>
<thead>
<tr>
<th>Hospital-Based</th>
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<td>Colorectal Surg</td>
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</table>
The Conceptual Change
From…

The Previous (Old) Accreditation System

Rules
↓
Corresponding Questions
↓
“Correct or Incorrect”
↓
Answer
↓
(meeting minimum standards)
↓
Citations and Accreditation Decision

“Do this or else…..”
The New Accreditation System

Continuous Observations

Identify Opportunities for Improvement

Program Makes Improvement(s)

Assess Program Improvement(s)

Promote Innovation
What’s Different?

- All specialties now in NAS
- **No** cycle lengths
- Continuous accreditation model
- *Every* program reviewed *every* year

Every program receives a notification letter every year
  - More about this later
Data Reviewed Annually by RC

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD/core faculty/residents
  - Scholarly Activity – Faculty and residents
  - Response to active citations
  - Omission of data
- Board Pass Rate
- Resident Survey
- Faculty Survey
- Clinical Experience – Case logs
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
Additional data: Ten year self-study
With Annual Data, RRC can…

- Request clarifying information
- Issue citation(s)
- “Resolve” citation(s)
- “Continue” citation(s)
- Provide Areas for Improvement (AFIs)
- Change accreditation status
- Request progress report
- Require site visit (focused or full)
Citations

- Identify areas of noncompliance
- Linked to a specific requirement
- Response to citations required in ADS
- Responses reviewed annually by the RC
- Remain active until corrected
New: Based on current review

Extended: Prior citations that have not been addressed to the satisfaction of the RC*

Resolved: Corrected

*Citations issued prior to July 1, 2013 may not have been reviewed by the RC.
What’s Different?

• Citations
  • Will be reviewed annually by RRC
  • Can be removed quickly based upon:
    • Progress report
    • Site visit (focused or full)
    • New annual data from program
Response to Citations

- Provide **current** information
  - Plans are just plans
  - RRC wants actions taken and results
    - Do **not** simply repeat prior response(s)
  - Update annually
    - Update fully
Areas for Improvement (AFI)

- Result from annual review of program data elements
- May not be specifically linked to a requirement
- May be a general concern
- Written response not required, but data will be reviewed
- When does an AFI rise to the level of a citation?
With Annual Data, RRC *will*...

- Send a letter to every program every year
  - Confirm accreditation status
  - List citations which are new, continued, resolved
  - Indicate if additional information is needed
    - Clarifying report
    - Progress report
    - Site Visit
The “Departmental LON”

To: core PD  
Cc: sub PDs, DIO

Sub 1: Continued Accreditation

Sub 2: Probation. Program will receive separate letter: **LTR designation**

Sub 3: Program not reviewed at meeting because it received initial in 2012, and has no/limited NAS data. ** designation

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Program Statuses

• Existing programs
  • Continued accreditation
  • Continued accreditation with warning
  • Probationary accreditation
  • Withdrawal of accreditation

• New programs
  • Accreditation withheld
  • Initial accreditation
  • Initial accreditation with warning
  • Continued accreditation without outcomes
NEW Status: Inactive Programs

- Effective July 1, 2015, a program on Continued Accreditation or Continued Accreditation with Warning that has not had any residents or fellows enrolled for three consecutive academic years will be deemed inactive.
NEW Status: Inactive Programs

Before an inactive program may enroll a resident, the program must first inform the Review Committee (RC) of its intent through the Accreditation Data System (ADS) annual update. At its discretion, the RC may determine if a site visit is needed. If a site visit is not needed, the inactive program may begin the process for enrolling a resident or fellow.
NEW Status: Inactive Programs

• Administrative Withdrawal:
  • Administrative Withdrawal of Accreditation will be conferred on programs that have not enrolled residents or fellows for six or more consecutive years pursuant to Section 18.70.
  • A site visit must be conducted for all re-applications for core specialties, and may be conducted for re-applications for subspecialties after Administrative Withdrawal of accreditation.
ADS Annual Update

• “Traditionally” the coordinator’s job
• Now speaks directly to RRC
• PD responsible for content
ADS Annual Update

- Program Director:
  - Is responsible for information entered
  - Should assure entries are:
    - Timely
    - Accurate
    - Complete
ADS Update: Faculty List

- Degree (MD, DO, PhD, etc.)
- Certification
- Re-certification/In MOC Phase
- Explain equivalent qualifications for RRC consideration if not ABMS certified
ADS Update: Faculty List

- Number of hours per week (averaged) in:
  - Clinical supervision
  - Administration of the program
  - Research/scholarly activity with residents
  - Didactics/teaching with residents
Block Schedule

- Uploaded by program as PDF
- Instructions and formats detailed in ADS
- Essential elements (more on this later):
  - PGY
  - Clinical site
  - Rotation name (Specific)
  - % outpatient time
  - % research time
- Important for RRC to understand program
Omission of Data

• If it is not listed, it isn’t so/didn’t happen

• Common omissions (examples later):
  • Faculty credentials (degree, certification, MOC)
  • Participating sites
  • Complete scholarly activity
  • Updated response to citation(s)
  • Complete block diagram
What’s Different?

• No site visits (as we know them) but…
  • Focused site visits for an “issue”
  • Full site visit (no PIF)
  • Self-Study Visits every ten years
What is a Focused Site Visit?

• 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
What is a Focused Site Visit?

- Minimal notification given
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) assessed as instructed by the RC
Full Site Visits

- Application for a new core program
- At the end of the initial accreditation period
- RC identifies broad issues/concerns
- Other serious conditions or situations identified by the RC
- 30-day notification given
- Minimal document preparation
- Team of site visitors
Section: 16.60 Failure to Undergo a CLER site visit

If a sponsoring institution fails to complete a CLER site visit, the administration of the ACGME may recommend to the ACGME Board that it place that sponsoring institution on Administrative Probation for no less than 18 months, and no more than 24 months.

If Administrative Probation is conferred, the sponsoring institution may not

(1) apply for accreditation of new programs, or

(2) request a permanent increase in complement for any accredited program.

The status of Administrative Probation will be publicly listed on the ACGME website. (Continued)
Section: 16.60 Failure to Undergo a CLER site visit

(Continued)

If a sponsoring institution fails to complete a CLER site visit while on Administrative Probation, the administration of the ACGME may recommend to the ACGME Board that the accreditation of the sponsoring institution be administratively withdrawn pursuant to Section 18.70, b & c.

The status of Administrative Probation will be removed, upon successful completion of a CLER site visit, but no earlier than 18 months after Administrative Probation was conferred.
Section: 18.30 Continued Accreditation without Outcomes

After the period of Initial Accreditation, the Review Committee may confer a status of Continued Accreditation without Outcomes to a new program or sponsoring institution holding Initial Accreditation or Initial Accreditation with warning that, after a full site visit and review within two years from the original accreditation, has insufficient data to be conferred the status of Continued Accreditation.

Programs and sponsoring institutions holding Continued Accreditation without Outcomes are subject to accreditation review under detailed and core requirements.

The length of accreditation for programs and sponsoring institutions holding Continued Accreditation without Outcomes must not exceed the length of training plus one year, at which time the Review Committee must confer either Continued Accreditation or Withdrawal of Accreditation.
Permanent Increase in Complement

Programs with the following statuses may not request a permanent increase in resident complement:

- Initial Accreditation (18.20)
- Initial Accreditation with Warning (18.20)
- Continued Accreditation with Warning (18.30)
- Probation (18.40)
- Administrative Probation (16.60)
• Examples of ADS entry issues
Annual Update Submission

Confirmation of Accuracy: the job of the program director

Are you sure you are ready to submit your annual update?

The ACGME relies on data collected and reviewed annually. It is critical, therefore, that the data reported by programs each year are accurate and timely. As the program director, by submitting the ADS Annual Update, you acknowledge that all data are accurate and complete as of the time of submission. Any institution, program, resident/fellow, faculty, or other changes that occur after the annual update has been submitted should be indicated in ADS, as they occur, throughout the academic year.
Findings from RC Annual Data Review

Incomplete/Inaccurate Data

• Response to Citations
  • Explain how corrected/progress made toward correction/what is the action plan
  • Include data, if applicable
  • Keep up-to-date
    • Not limited to providing updates at the time of the annual review
Findings from RCs Annual Data Review

**Incomplete/Inaccurate Data – Faculty Roster**

- Faculty Roster
- Certification information
- Hours devoted to the program

<table>
<thead>
<tr>
<th>Name</th>
<th>Core Faculty</th>
<th>Specialty / Subspecialty</th>
<th>Original Certification</th>
<th>Current Certifying Board</th>
<th>Recertification Year</th>
<th>No. of Years Teaching in This Specialty</th>
<th>Average Hours Per Week Spent On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Overtime, MD</td>
<td>Y</td>
<td>Pediatrics</td>
<td>ABMS 1987</td>
<td>N</td>
<td>-</td>
<td>24</td>
<td>10</td>
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<tr>
<td>(Assistant Program Director)</td>
<td>Y</td>
<td>Pediatric hematology/oncology</td>
<td>ABMS 1952</td>
<td>R</td>
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<td>Y</td>
<td>Pediatric critical care medicine</td>
<td>ABMS 1986</td>
<td>R</td>
<td>1997</td>
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<td>37</td>
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</table>

| (Associate Program Director) | Y            | Pediatrics               | ABMS 2008              | O                        | -                    | 3                                    | 7                              |

- No Board certification provided

= 57 hrs.

= 70 hrs.
Saving:
Do not use “Save Faculty” to save this module/container information. To apply changes, use controls on the right hand side before pressing “Save Faculty”.

Specialty:

Other Specialty:

Certification Type:

Original Certification Year:

Certification Status:

Re-Certification Year:

Display Order:

Explain Equivalent Qualifications for RRC Consideration:
Findings from RCs Annual Data Review

Incomplete/Inaccurate Data – Scholarly Activity

<table>
<thead>
<tr>
<th>FACULTY SCHOLARLY ACTIVITY</th>
<th>Scholarly activity for the previous academic year (2011-2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Member</td>
<td>PMID1</td>
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<tr>
<td>Walker-Descartes, Ingrid</td>
<td>21652071</td>
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<tr>
<td>Arroyo, Alexander</td>
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<td>Bhutada, Alok</td>
<td>2290696022854377</td>
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<td>Canary, Catherine</td>
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<td>Caronia, Revital</td>
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<td>Kaptovitz, Harry</td>
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<td>Kazachkov, Mikhail</td>
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<td>Kupchik, Gabriel</td>
<td></td>
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<tr>
<td>Kupferman, Juan</td>
<td>22892504</td>
</tr>
</tbody>
</table>

Note: data entered into the CV doesn’t transfer to the SA table

Indicates that zeroes were entered into the SA table in each category

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## Annual Data Review Element

### Faculty Scholarly Activity

The faculty scholarly activity is presented in a table format. Each faculty member's activity is listed, including the number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012. Additionally, the number of chapters or textbooks published between 7/1/2011 and 6/30/2012, as well as the number of grants for which the faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012, is also provided.

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters Textbooks</th>
<th>Leadership or Peer-Review Role</th>
<th>Teaching Formal Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
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<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td></td>
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</tbody>
</table>

### Definitions

- **Pub Med ID (PMID)**: An unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

- **Number of other presentations given**: (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012. Articles without PMIDs should be listed in this section. This will include publications which are peer reviewed but not recognized by the National Library of Medicine.

- **Leadership or Peer-Review Role**: Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012.

- **Teaching Formal Courses**: Between 7/1/2011 and 6/30/2012, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participant’s performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
### Annual Data Review Element

**Resident/Fellow Scholarly Activity**

<table>
<thead>
<tr>
<th>Resident</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>Conference Presentations</th>
<th>Chapters Textbooks</th>
<th>Participated in Research</th>
<th>Teaching Presentations</th>
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</table>


Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

- **Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012**
- **Number of chapters or textbooks published between 7/1/2011 and 6/30/2012**
- **Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012**
- **Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012**
### Findings from RCs Annual Data Review

#### Incomplete/Inaccurate Data – Core Block Diagram

#### 1st Year Block Diagram

| Period | Experience of Rotations | Duty Hours | Supervisory | Block Diagram
|--------|-------------------------|------------|-------------|----------------|
| 1      | GP (IP)1                | 80/30      | Yes         | 1  
| 2      | RS (IP)1                | 80/30      | No          | 1  
| 3      | NICU-SSC (IP)1          | 80/30      | No          | 1  
| 4      | TN (IP)1                | 80/30      | No          | 1  
| 5      | EM (IP)1                | 51/12      | No          | 1  
| 6      | EM (OP)1                | 51/12      | No          | 1  
| 7      | ADOL (OP)1              | 62/28      | No          | 1  
| 8      | GP (OP)1                | 62/28      | No          | 1  
| 9      | DB (OP)1                | 62/28      | No          | 1  
| 10     | (GP/RS) (IP)1           | 62/28      | No          | 1  
| 11     | VAC                     | N/A        | No          | 1  

#### 2nd Year Block Diagram

| Period | Experience of Rotations | Duty Hours | Supervisory | Block Diagram
|--------|-------------------------|------------|-------------|----------------|
| 1      | GP (IP)1                | 80/30      | Yes         | 1  
| 2      | NICU (IP)1              | 80/30      | No          | 1  
| 3      | PICU (IP)1              | 50/12      | No          | 1  
| 4      | EM (IP)1                | 50/12      | No          | 1  
| 5      | EM (OP)1                | 45/9       | No          | 1  
| 6      | SP (OP)1                | 62/28      | No          | 1  
| 7      | GP (IP)1                | 62/28      | No          | 1  
| 8      | GP/RS (IP)1             | 62/28      | No          | 1  
| 9      | CM (OP)1                | 62/28      | No          | 1  
| 10     | SP (IP/OP)              | 62/28      | No          | 1  
| 11     | ELEC (IP/OP)            | 62/28      | No          | 1  
| 12     | ELEC (IP/OP)            | 62/28      | No          | 1  
| 13     | VAC                     | N/A        | No          | 1  

#### 3rd Year Block Diagram

| Period | Experience of Rotations | Duty Hours | Supervisory | Block Diagram
|--------|-------------------------|------------|-------------|----------------|
| 1      | GP (IP)1                | 80/30      | Yes         | 1  
| 2      | RS (IP)1                | 80/30      | Yes         | 1  
| 3      | PICU (IP)1              | 42/12      | Yes         | 1  
| 4      | EM (IP)1                | 68/26      | Yes         | 1  
| 5      | CM (IP/OP)2             | 62/28      | Yes         | 1  
| 6      | ELEC (OP)1              | 62/28      | Yes         | 1  
| 7      | SP (IP/OP)              | 62/28      | Yes         | 1  
| 8      | ROM (OP)1               | 62/28      | Yes         | 1  
| 9      | ROM (OP)1               | 62/28      | Yes         | 1  
| 10     | ROM (OP)1               | 62/28      | Yes         | 1  
| 11     | VAC                     | N/A        | Yes         | 1  
| 12     | VAC                     | N/A        | Yes         | 1  
| 13     | VAC                     | N/A        | Yes         | 1  

### Key Observations

- **Duty Hours not compliant with PRs**
- **Non-standard format**
- **Abbreviations**
- **No key provided for abbreviations**

The academic year is comprised of 13 four week periods.
Findings from RCs Annual Data Review
Incomplete/Inaccurate Data – Subspecialty Block Diagram

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<thead>
<tr>
<th>Block</th>
<th>Dates</th>
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<td>R</td>
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</table>

- **Block Diagram**
- **Abbreviations**
- **Non-standard format**

Only **1 year** provided

“% of time spent on research/clinical”

No key provided for abbreviations
Block Diagram Instructions

• Include the **participating site** in which a rotation takes place, as well as the **name of the rotation**.
  • If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.

• Group the rotations by site. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.

• When “elective” time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.

• For each rotation, the percentage of time the resident spends in outpatient activities should be noted.

• The percentage of time devoted to structured research on a clinical rotation should be noted. If a block is purely research, it should be labeled as such, and should **not** be associated with a participating site.
# Findings from RCs Annual Data Review

## Examples of Accurate/Complete Block Diagrams

**Block Diagram: Use These Abbreviations:**

- **ADOL:** Adolescent medicine
- **AI:** Acute Illness
- **DB:** Developmental/Behavioral
- **CM:** Community Experience
- **EM:** Emergency Medicine
- **GP:** General Pediatrics
- **NICU:** Neonatal Intensive Care
- **PICU:** Pediatric Intensive Care
- **RS:** Required Subspecialty (Required by program, or chosen by resident, to fulfill the requirement for four block subspecialty months from list 1 in the requirements.)
- **SP:** Subspecialty Experience (Subspecialty experience, block or longitudinal, used to fulfill the additional three months of required subspecialty experience, from list 1 or 2).
- **TN:** Term newborn
- **ELEC:** Electives (Experiences chosen by the residents over and above their required experiences)
- **VAC:** Vacation

### 1st Year Block Diagram

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<tr>
<th>Month/4wk</th>
<th>1</th>
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### 2nd Year Block Diagram

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### 3rd Year Block Diagram

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Findings from RCs Annual Data Review

Examples of Accurate/Complete Block Diagrams

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<td>Ward-Y</td>
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<td>NS/ER</td>
<td>ER/Vac</td>
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<td>PICU</td>
<td>Adol</td>
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<td>Heme/Onc</td>
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</table>

Key:
- NS: Night Shift (inpatient wards)
- RS: Required Subspecialty
- CM: Community Medicine
- Res Ed: Resident Educator
- EAC: East Austin Clinic (outpatient)
- Ad/Dev: Adolescent/Development
- IT: Individualized Tracks (see next page for rotations, based on track selection)

ER: At the completion of 3 years a resident will have done 3 blocks (48 shifts) of ER. The experience is divided into 2-3 week sections to allow for vacation and shortened night shift experiences. The ACGME considers ER and ambulatory experience and requires 3 educational units in training.

Vacation: 3 weeks per year, divided as 2 weeks during ER and 1 week in an RS block

Educational Unit Defined: minimum hour requirements—can be consecutive (1 month) or longitudinal (over the course of the year or residency training)
- Inpatient: 200 hours
- Outpatient: 32 half day sessions (4 days/week or 16 days/month)
Continued Accreditation

Date

Program Director Name  
Director, Residency Program  
Program Name  
Address Line 1  
Address Line 2  
City State Zip  

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

S specialty  
Name of Program  
Sponsoring Institution  
City, ST  
Program  

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation  
Maximum Number of Residents:  
Effective Date:  
Progress Report Due:  
Approximate Date of Self-Study Visit:  

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# Notification Letter

## Areas Not in Compliance (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME’s Program Requirements and/or Institutional Requirements:

### Extended Citations

Citation description *(based on citation code)*/Since: *(date citation was originally issued)*/Status: Extended

(Citation and supporting text will be pulled into the LON – no need to reenter)

Continued non-compliance: *(Date citation was extended will be entered)*

### New Citations

Citation description *(based on citation code)*/Since: *(date citation was originally issued)*/Status: New

**Reference in progress report** *(if applicable)* – THIS WILL APPEAR IN THE LON ONLY WHEN THE CITATION IS LINKED TO A PROGRESS REPORT WHEN POST MEETING ACTIONS ARE ENTERED

Type of Response for Progress Report *(if applicable)*

### Resolved Citations

The Review Committee determined that the following citations have been resolved.

Citation description *(based on citation code)*/Since: *(date citation was originally issued)*/Status: Resolved

### Opportunities for Program Improvement/Concerning Trends *(if applicable)*

The Review Committee identified the following opportunities for program improvement and/or concerning trends:
REQUEST FOR PROGRESS REPORT (if applicable)

The Review Committee requests a progress report in which each citation listed above (**Reference in progress report) is addressed. This information is requested via email to the Executive Director. As specified in the ACGME Institutional Requirements, the report should be reviewed and approved by the sponsoring institution’s Graduate Medical Education Committee and co-signed by the Designated Institutional Official prior to submission to the ACGME. If you have concerns about the due date for the progress report, please contact the Review Committee Executive Director.

OTHER COMMENTS (if applicable)

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Executive Director
Residency Review Committee for X

cc: Designated Institutional Official
    Participating Sites

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# Uses of Milestones

## ACGME
- Accreditation – continuous monitoring of programs; lengthening of site visit cycles
- Public Accountability – report at a national level on competency outcomes
- Community of practice for evaluation and research, with focus on continuous improvement

## Training Programs
- Framework for CCC
- Guide curriculum development
- More explicit expectations of trainees
- Support better assessment
- Enhanced opportunities for early identification of under-performers

## Certification Boards
- Research for CBME

## Residents and Fellows
- Increased transparency of performance requirements
- Better feedback
- Encourage informed self-assessment and self-directed learning

**Milestones are a Formative Assessment Framework**
Milestones Team

• Milestone Development and Revision
  • Laura Edgar EdD (Executive Director)
  • Megan Bluth BS
  • Sydney Roberts BS

• Research and Evaluation
  • Stan Hamstra PhD (VP for Milestones R&E)
  • Kenji Yamazaki PhD (statistician)
  • Lisa Conforti MPH
  • Nicholas Yaghmour MPP
Advisory Groups: Research

• Analytic
  • John Norcini (FAIMER)
  • Reed Williams (SIU/IU)
  • Rachel Yudkowski (UIC)
  • Ara Tekian (UIC)

• CCC
  • Karen Hauer (UCSF)
  • Kathy Andolsek (Duke)
  • Jamie Padmore (Medstar Washington)
  • David Berg (Yale)
Milestones Dept. Facilitation

- Webpage within acgme.org
  - Milestone mailbox for questions
  - Building out available PPT presentations
- Education
  - CCC miniGuideBook
  - Revamping assessment toolbox
- Faculty development
  - 1-week assessment courses
- Outreach activities
  - Meetings/talks/engagement/research
Milestones Update

• Phase 1 programs in year 2 of Milestone reporting
• Phase 2 programs in year 1 of Milestone reporting
• Reporting compliance has been excellent
(Very) Early Findings

Areas of reassurance:
• The majority of programs tended to judge more senior residents at higher Milestone levels than for more junior residents.
  • Regression slopes between rating and resident year (PGY) were positive, but varied depending on program and subcompetency.
• Milestone ratings do differ depending on programs.
  • But size, location and number of dependent subs do not appear to be a driver of differences in these five specialties

Areas of early concern:
• Some residents rated in “overly consistent” manner
• Some programs extended the “over-consistent” rating pattern to all of their residents within a training year
Resident-Level Rating Pattern: Over Consistency (Results)

<table>
<thead>
<tr>
<th></th>
<th>EM N=5806</th>
<th>NS N=1272</th>
<th>OS N=3574</th>
<th>DR N=4686</th>
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</thead>
<tbody>
<tr>
<td>% residents with overly consistent ratings</td>
<td>6% (n=360)</td>
<td>7% (n=83)</td>
<td>11% (n=377)</td>
<td>13% (n=618)</td>
<td>2% (n=21)</td>
</tr>
</tbody>
</table>
Program-Level Rating Pattern across PGYs (Example)

[EM, Program=1100712009, PGY1(N=17), PGY2(N=18), PGY3(N=16), PGY4(N=14)]

Rating on PC_Q1

Regression line

Mean
Min
Max

PGY

0 1 2 3 4

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CLER Update

• Phase 1 (~300 multi-program SI’s) ending
• Anticipate report of findings spring 2015
• Phase 2 gearing up
  • Will visit single program SI’s
  • Protocol visits to operating room
CLER Reminders

- Institutional focus
- *Not* used in accreditation
The Self-Study, Self-Study Visit and the 10-Year Accreditation Visit (Update as of January 2015)
Switch in Mindset
Convincing the Community

• Ask not what you have to do (yet again) for the ACGME
• Ask what you can do for your program
What is a Self-Study Anyway?

- A procedure where an education program
  - Describes
  - Evaluates
  - Subsequently improves the quality of its efforts
  - Must be ongoing

The Self-Study (done by the program) is not to be confused with the Self-Study Visit (done by the ACGME)
What is a Self-Study?

• Requires:
  • Commitment to change for the better, not just maintaining status quo (meeting bare minimum of program requirements to get a pass from the ACGME)
What is a Self-Study?

- What is our mission? What are our aims?
- Systematic and thorough evaluation of all components
- Needs input from those involved with the program
- Must be ongoing
- Plan-Do-Study-Act (not Plan-Plan-Plan-Plan)
  - Don’t just make plans that are filed in a binder: meaningless without the other components
The 10-year Self-Study

• A comprehensive review of the program
  • Using the Annual Program Evaluation
    (please don’t call me APE)
• Information on how the program creates an effective learning and working environment
  • How this leads to desired educational outcomes
• Analysis of strengths, weaknesses, opportunities and threats, and ongoing plans for improvement
• Subspecialty Programs
  • Core and subspecialty programs reviewed together
Self-Study: 8 steps

1. Forming the Self-Study “Committee”
2. Longitudinal Annual Program Evaluation data
3. Program Aims
4. Strengths and self-identified areas for improvement
5. Opportunities and threats
6. Aggregating the Self-Study findings
7. Discussion of findings
8. The Self-Study document
Annual Program Evaluation Template
Academic Year (AY)_____

Program: ____________________________
Completed by: ____________________________ Date: _____________

1. Membership, Program Evaluation Committee (Program Requirements (PR) V.C.1.a):

2. Trainee Complement:

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
<th>Year 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positions approved</td>
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<tr>
<td>Current residents</td>
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</tr>
</tbody>
</table>

3. Number/Types of other learners (other residents, fellows, medical students, other health professions):

4. Program Changes in the past year:

5. Plans for upcoming changes:

6. Annual Evaluation Process and Sources of Data:

7. Evaluation Parameters and Results:

   Parameter 1: Resident/Fellow Performance (PR V.C.2.a) and source(s) of information (eg, faculty evaluations, OSCE, in-service exam, case logs, scholarly activity, etc.):

   Parameter 2: Faculty Development (PR V.C.2.b) and sources of information (eg, formal and informal, online, departmental, institutional and regional/national, as well as topics/content, any post development assessment of enhanced skills):

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Parameter 3: Graduate Performance *(PR V.C.2.c)* and sources of information (eg, board examination performance, graduate placement, surveys of graduates and/or their employers or clinical settings):

Parameter 4: Program Quality *(PR V.C.2.d)* (Core) and sources of information (eg, assessments by trainees and faculty, recruitment, institutional data on performance):

8. Key Findings and Action Plans:
   a. Strengths:
   b. Areas for Improvement:
   c. Action Plans for Areas for Improvement *(V.C.2)*:

<table>
<thead>
<tr>
<th>Area for improvement</th>
<th>Intervention/initiative</th>
<th>Responsible individual(s) and resources</th>
<th>Follow-up/reassessment method</th>
<th>Follow-up date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

  d. Date of the review and approval of the action plan by the teaching faculty (documentation in faculty meeting minutes V.C.3.a) (Detail): __________________________

# Sample Summary Template

## Annual Program Evaluation Action Plan and Follow-up

<table>
<thead>
<tr>
<th></th>
<th>Self-Identified Areas for Improvement AY 2014-2015</th>
<th>Intervention</th>
<th>Date Instituted/Person Responsible</th>
<th>Expected Resolution (Outcome Measures/Date)</th>
<th>Status (Resolved and detail, not resolved and date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td>2</td>
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<td>4</td>
<td></td>
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</tr>
<tr>
<td></td>
<td><strong>Self-identified Areas for Improvement AY 2015-2016</strong></td>
<td>Intervention</td>
<td>Date Instituted/Person Responsible</td>
<td>Expected Resolution (Outcome Measures/Date)</td>
<td>Status (Resolved and detail, not resolved and date)</td>
</tr>
<tr>
<td>1</td>
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<td>3</td>
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</tr>
</tbody>
</table>
NEW: Two Separate Site Visits

• Visit 1: A Self-Study Visit (SSV)
  • Team reviews program self-study to assess progress toward aspirational goals

• Visit 2: The 10-Year Compliance Visit
  • A full site visit with a review of the program against all applicable program requirements
  • Programs with continued accreditation assessed against core requirements only

• Separated by 30 months! To give programs time to make improvements
The Self-Study Visit (SSV)

• Based on the self-study and the summary prepared by the program

• Team of site visitors?

• Team offers verbal feedback
  • Strengths and areas/suggestions for improvement identified by the program in its self-study

• Team prepares written report and shares with the program
  • The report is not shared with the Review Committee
The 10-Year **Compliance** Site Visit

- 30 months after the SSV – to allow programs to implement improvements
- Team of site visitors?
  - Different team from the self-study visit (may use a completely separate group of site visitors)
- “PIF-Less” Visit
- Program provides information on improvements based on their self-study
- Site Visit Team provides verbal feedback
  - Key strengths and suggestions for improvement
- Team prepares a written report for the RC
# The New Time Line

<table>
<thead>
<tr>
<th>Time</th>
<th>ACGME</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-7 months</td>
<td>• DFA sends notice to begin self study</td>
<td>• Conducts Self Study</td>
</tr>
<tr>
<td>3 months prior to SSV date</td>
<td>• DFA communicates SSV date(s) to program</td>
<td></td>
</tr>
<tr>
<td>10 days before SSV date</td>
<td></td>
<td>• Uploads self-study summary to ADS</td>
</tr>
<tr>
<td>1 month after SSV date</td>
<td>• Team sends Self-Study Report to program</td>
<td></td>
</tr>
<tr>
<td>~28 months later</td>
<td>• Sends notice of 10-year accreditation site visit</td>
<td></td>
</tr>
<tr>
<td>10 days before site visit date</td>
<td></td>
<td>• Updates ADS data</td>
</tr>
<tr>
<td>1 month after SSV date</td>
<td>• Team uploads site visit report into ADS</td>
<td></td>
</tr>
</tbody>
</table>
The Self-Study Summary

• A brief (5-7 page, ~ 2300 word) summary of key dimensions of the Self-Study
  • Aims
  • External environmental assessment (Opportunities and Threats)
  • Process of the Annual Program Evaluation and the Self-Study
  • Self-Study lessons learned (Optional!)

• Do not include Information on strengths and AFIs identified in the self-study. Program leaders will share verbally during the site visit
Communication Plan

• Communicate with Phase 1 programs
  • Alpha programs: initiate self-study now if scheduled before August 2015
  • All “delayed” programs will initiate self-study on date of their first NAS site visit
• Self-Study Session at AEC
• Planned Webinars: New approach to Self-Study and 10-Year Site Visit, Self-Study Basics, PDSA, program evaluation
• Planned self-study web page
• “Self-Study” mailbox for questions and feedback
Duty Hours Studies

- *Supported* by ACGME
  - Waiver of specific duty hours requirements for participating programs
  - Financial support
- *Not* conducted by ACGME
FIRST (Surgery)

- Flexibility In duty hour Requirements for Surgical Trainees
- Sponsored by:
  - American College of Surgeons
  - American Board of Surgery
- Pragmatic Cluster Randomized Trial
- End point: Patient outcomes
- Metric: NSQIP* data

*National Surgical Quality Improvement Program
FIRST (Surgery)

- Eligible programs:
  - NSQIP used in $\geq 1$ participating site
  - Status of Continued Accreditation
  - No substantial duty hour citations
- 154 programs randomized to study
FIRST (Surgery)

- PRs maintained for programs in study arm:
  - Duty hours limited to 80/week (averaged)
  - One day off/week over 4 weeks (averaged)
  - In-house call ≤ 3/week (averaged)
FIRST (Surgery)

- PRs **waived** for programs in study arm:
  - PGY-1 duty periods limited to 16 hours
  - PGY-2 and above residents limited to 24 hours duty plus 4 for transition of care
  - Must have 14 hrs off after 24 hrs in-house duty
  - Must have $\geq 8$-10 hrs off after regular shift
FIRST (Surgery)

- Waivers apply to all services and all residents overseen by General Surgery Residency Program
- Rotators *are included* in waiver
  - All rotators identified by participating programs
  - Programs of rotators will **not** be cited for DH violations of those rotators
FIRST (Surgery) Timeline

- One year study (1 July 2014 – 30 June 2015)
- Interim analysis January 2015
- Full data analysis by January 2016
iCOMPARE Study (Medicine)

- Similar to FIRST study but done in Internal Medicine programs using Medicare outcome data
- First 60 programs randomized
- Duty hours waiver – 2 years (7/1/2015-6/30/2017)
- Waiver applies to all rotators
- Participants from AOA-accredited programs – issue under discussion
Duty Hours Studies

• Do not know what results of trials will be
• Do not know if ACGME BOD will alter DH PRs based on study outcome
Accreditation of AOA Programs

AOA-Approved Program

Yes

AOA-Approved as of July 1, 2015

No

Program is under aegis ACGME-accredited sponsoring institution

Yes

Sponsoring institution applies for ACGME accreditation April 15, 2015 – June 30, 2020; Receives “Pre-Accreditation Status”

No

Program cannot apply under the terms of the agreement between AOA, AACOM and ACGME; program begins standard ACGME application process at any time through the DIO of an ACGME-accredited sponsoring institution.

Program submits ACGME application with ACGME-accredited sponsor endorsement July 1, 2015 - June 30, 2020; Receives “Pre-Accreditation Status”

No

Program had matriculated residents/fellows as of July 1, 2015

Yes

Review Committee assesses substantial compliance with current ACGME requirements

Review Committee assesses substantial compliance with current requirements, with two exceptions:
1. Program may have AOA-certified co-program director
2. AOA-certified faculty members are acceptable

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## Accreditation of AOA Programs

<table>
<thead>
<tr>
<th>Program has matriculated residents as of July 1, 2015</th>
<th>Program AOA-Approved as of July 1, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Program has matriculated residents as of July 1, 2015</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Can have Pre-Accreditation Status</th>
<th>Can have AOA-certified Co-PD</th>
<th>AOA-certified faculty systematically “acceptable”</th>
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<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>3</td>
<td>-</td>
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</tbody>
</table>
“Pre-Accreditation Status”

• Created *for* and to be applied *only* during the transition to ACGME accreditation of currently AOA-approved programs

• Extended to include institutions

• Is *not* synonymous with Initial Accreditation

• Granted upon *receipt* of *completed* application

• Does *not* require IRC / RRC review

• Status will be publicly acknowledged
“Pre-Accreditation Status”

Importance to AOA programs:

- Individuals who complete programs that have previously* achieved “Pre-Accreditation Status” will be subject to eligibility standards in effect 30 June 2013 or 1 July 2016 – whichever is less restrictive

Note: This does not mean that such graduates are eligible for all ACGME subspecialty programs

* Pre-Accreditation Status cannot be retroactively granted (“grandfathered”)
## Eligibility Requirements

### Single Accreditation System for AOA-Approved Programs

On February 26, 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) that outlines a single graduate medical education accreditation system for residency and fellowship programs in the United States.

Click here for the executive summary of the MOU

The single accreditation system allows graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common milestones and competencies.

Over the next five years, beginning July 1, 2015, AOA-approved programs and sponsoring institutions will have the opportunity to apply for ACGME accreditation. The ACGME and AOA have created and will continue to create elements of operations and infrastructure to ensure a smooth transition to the single system.

Click here for the timeline (Updated December 3, 2014)

The ACGME will continue to update information on the single accreditation system as new developments unfold, and as questions arise during the systems implementation. Please return to this page periodically for updates and answers to your questions. Thank you for your interest as we work together to implement this important step forward in American graduate medical education.

### Related Links

- Program Eligibility Requirements
- ACGME Directory of Residency
- Requirements for Review and Comment

### Events

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Eligibility Requirements

Specialty and Subspecialty Program Eligibility Requirements

Below are the eligibility requirements for each specialty/subspecialty that are (1) in effect on June 30, 2013, and (2) in effect as of July 1, 2016. If applicable, any interim requirements in effect between those dates are also provided.

<table>
<thead>
<tr>
<th>Specialty/Subspecialty</th>
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<tbody>
<tr>
<td>Allergy and Immunology</td>
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<tr>
<td>Anesthesiology</td>
</tr>
<tr>
<td>Adult Cardiothoracic Anesthesiology</td>
</tr>
<tr>
<td>Anesthesiology Critical Care Medicine</td>
</tr>
<tr>
<td>Clinical Informatics</td>
</tr>
<tr>
<td>Hospice and Palliative Medicine</td>
</tr>
<tr>
<td>Obstetric Anesthesiology</td>
</tr>
<tr>
<td>Pain Medicine</td>
</tr>
<tr>
<td>Pediatric Anesthesiology</td>
</tr>
<tr>
<td>Colon and Rectal Surgery</td>
</tr>
<tr>
<td>Dermatology</td>
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<tr>
<td>Dermatopathology</td>
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</tbody>
</table>
## Eligibility Requirements

Common Program Requirements are in **BOLD**

### Hospice and Palliative Medicine

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>III.A. Eligibility Criteria</strong></td>
<td><strong>III.A. Eligibility Criteria</strong></td>
<td><strong>III.A. Eligibility Criteria</strong></td>
<td><strong>III.A. Eligibility Requirements – Fellowship Programs</strong></td>
</tr>
<tr>
<td>Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee. The program must document that each fellow has met the eligibility criteria.</td>
<td>Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee.</td>
<td>Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee.</td>
<td>All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFP -accredited residency program located in Canada.</td>
</tr>
<tr>
<td>III.A.1. Applicants must have completed an ACGME or American Osteopathic Association (AOA)-accredited residency program in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery.</td>
<td>III.A.1. The program must document that each fellow has met the eligibility criteria.</td>
<td>III.A.1. The program must document that each fellow has met the eligibility criteria.</td>
<td>Prior to appointment in the program, fellows must have completed an ACGME- or RCPSC-accredited program in child neurology, family medicine, internal medicine, pediatrics, physical medicine and rehabilitation, or neurology, or at least three clinical years in an ACGME- or AOA-accredited graduate educational program in one of the following specialties: anesthesiology, emergency medicine, obstetrics and gynecology, psychiatry, radiation oncology, radiology, or surgery.</td>
</tr>
<tr>
<td>III.A.2. Applicants must have completed an ACGME or American Osteopathic Association (AOA)-accredited residency program in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery.</td>
<td>III.A.2. Prior to appointment in the program, fellows must have completed an ACGME- or American Osteopathic Association (AOA)-accredited program in child neurology, family medicine, internal medicine, pediatrics, physical medicine and rehabilitation, or neurology, or at least three clinical years in an ACGME- or AOA-accredited graduate educational program in one of the following specialties: anesthesiology, emergency medicine, obstetrics and gynecology, psychiatry, radiation oncology, radiology, or surgery.</td>
<td>III.A.1. Fellowship programs must receive verification of each entering fellow’s level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program.</td>
<td><strong>(Cont.)</strong></td>
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Example: Hospice/Palliative Care

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<tbody>
<tr>
<td>III.A. Eligibility Criteria</td>
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<td>Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee. (Core)</td>
<td>All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or ACGME or RCPSC-accredited graduate educational program in one of the following specialties: anesthesiology, emergency medicine, obstetrics and gynecology, psychiatry, radiation oncology, radiology, or surgery. (Core)</td>
</tr>
<tr>
<td>III.A.1. Applicants must have completed an ACGME or American Osteopathic Association (AOA)-accredited residency program in physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery. (Core)</td>
<td>III.A.1. Applicants must have completed an ACGME or American Osteopathic Association (AOA)-accredited residency program in physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery. (Core)</td>
<td>III.A.1. Applicants must have completed an ACGME or American Osteopathic Association (AOA)-accredited residency program in physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery. (Core)</td>
<td>III.A.1. Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program. (Core)</td>
</tr>
</tbody>
</table>
Example: Pediatric Surgery

Eligibility Requirements
Common Program Requirements are in BOLD

Pediatric Surgery

<table>
<thead>
<tr>
<th>Eligibility Requirements In Effect on June 30, 2013</th>
<th>Eligibility Requirements Effective July 1, 2014-June 30, 2016</th>
<th>Eligibility Requirements Effective July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>III.A. Eligibility Criteria</td>
<td>III.A. Eligibility Criteria</td>
<td>III.A.2. Eligibility Requirements – Fellowship Programs</td>
</tr>
<tr>
<td>The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements. (Core)</td>
<td>The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements. (Core)</td>
<td>All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC-accredited residency program located in Canada. (Core)</td>
</tr>
<tr>
<td>III.A.1. Prior to entry in the program, fellows must have successfully completed a residency in general surgery accredited by the ACGME or such a program located in Canada and accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC); be admissible to examination by the American Board of Surgery (or its equivalent); or be certified by that board. (Core)</td>
<td>III.A.1. Prior to entry in the program, fellows must have successfully completed a residency in general surgery accredited by the ACGME or such a program located in Canada and accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC); be admissible to examination by the American Board of Surgery (or its equivalent); or be certified by that board. (Core)</td>
<td>Prior to entry in the program, fellows must have successfully completed a residency in general surgery accredited by the ACGME or such a program located in Canada and accredited by the RCPSC; be admissible to examination by the American Board of Surgery or RCPSC; or be certified by that board. (Core)</td>
</tr>
<tr>
<td>III.A.2.a) Fellowship programs must receive verification of each entering fellow’s level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program. (Core)</td>
<td>III.A.2.a) Fellowship programs must receive verification of each entering fellow’s level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program. (Core)</td>
<td>III.A.2.a) Fellowship programs must receive verification of each entering fellow’s level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program. (Core)</td>
</tr>
<tr>
<td>III.A.2.b) Fellow Eligibility Exception</td>
<td>III.A.2.b) Fellow Eligibility Exception</td>
<td>III.A.2.b) Fellow Eligibility Exception</td>
</tr>
<tr>
<td>A Review Committee may grant the following exception to the fellowship eligibility requirements: An ACGME-accredited fellowship program may accept an exceptionally qualified applicant**, who does not satisfy the eligibility requirements listed in Sections III.A.2. and III.A.2.a), but who does meet all of the following additional qualifications and conditions: (Core)</td>
<td>A Review Committee may grant the following exception to the fellowship eligibility requirements: An ACGME-accredited fellowship program may accept an exceptionally qualified applicant**, who does not satisfy the eligibility requirements listed in Sections III.A.2. and III.A.2.a), but who does meet all of the following additional qualifications and conditions: (Core)</td>
<td>A Review Committee may grant the following exception to the fellowship eligibility requirements: An ACGME-accredited fellowship program may accept an exceptionally qualified applicant**, who does not satisfy the eligibility requirements listed in Sections III.A.2. and III.A.2.a), but who does meet all of the following additional qualifications and conditions: (Core)</td>
</tr>
</tbody>
</table>
Example: Pediatric Surgery

<table>
<thead>
<tr>
<th>Eligibility Requirements</th>
<th>Eligibility Requirements</th>
<th>Eligibility Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Effect on June 30, 2013</td>
<td>Effective July 1, 2014-June 30, 2016</td>
<td>Effective July 1, 2016</td>
</tr>
<tr>
<td>Eligibility Requirements</td>
<td>Eligibility Requirements</td>
<td>Eligibility Requirements</td>
</tr>
<tr>
<td>Int.C.1. Admission Prerequisites</td>
<td>III.A. Eligibility Criteria</td>
<td>III.A.2. Eligibility Requirements – Fellowship Programs</td>
</tr>
<tr>
<td>The fellow applicant must have satisfactorily completed a program in general surgery</td>
<td>The program director must comply with the criteria for fellow eligibility as specified in</td>
<td>All required clinical education for entry into</td>
</tr>
<tr>
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</tr>
<tr>
<td>Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada, be admissible to examination by the American Board of Surgery (or its equivalent), or be certified by that board.</td>
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</tbody>
</table>

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“Pre-Accreditation Status”

Importance to ACGME:

• Programs will be in data system
  • ADS annual update
  • Case logs
  • Resident survey
  • Faculty survey
  • Milestones
“Pre-Accreditation Status”

Remains in effect until:

1. Program achieves Initial Accreditation, or
2. Program withdraws application, or
3. 30, June 2020
Dually-Accredited Programs

- Term is not in ACGME Glossary
- Refers to programs that are accredited by both the ACGME and the AOA
- Dually-accredited programs do not need to do anything by way of application in the SAS.
- They may need to ask RC for complement increase if residents in the AOA program are not currently counted in ACGME complement.
Parallel-Accredited Programs

• Term is not in ACGME Glossary
• Refers to two programs in the same specialty/subspecialty and in the same institution with one accredited by ACGME and one accredited by AOA but with no overlap between the two.
• *May* remain separately accredited but…
• Expect in most instances ACGME program will absorb AOA program after complement increase
Osteopathic Recognition

- Any ACGME-accredited program may seek Osteopathic Recognition (after 1 July 2015)

- Anticipate that this is most likely to occur in dually- and parallel- accredited programs.

- Requirements for Osteopathic Recognition just approved by BOD and posted on website

- Applications for Osteopathic Recognition will be reviewed by new Osteopathic Recognition Committee (separate from accreditation of specialty program)
THANK YOU