Updates on the Next Accreditation System

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Preventive Medicine

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Decisions in the Next Accreditation System Clinical Competency Committee Program Evaluation Committee

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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

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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

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Where did we come from?

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

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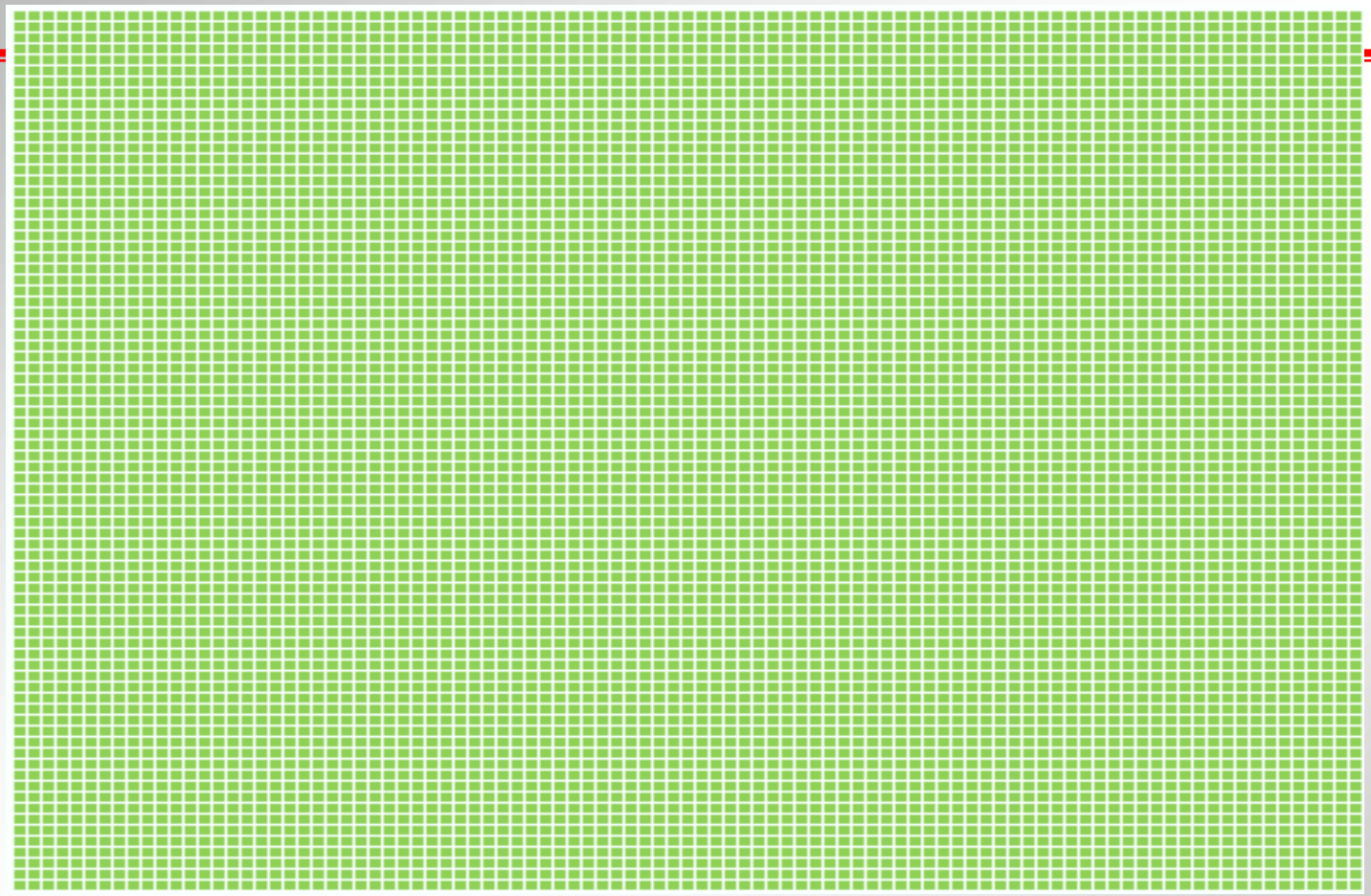
All 9,022 ACGME Pre-NAS Accredited Residency and Fellowship Programs 2013*



** Excludes programs with Initial Accreditation*

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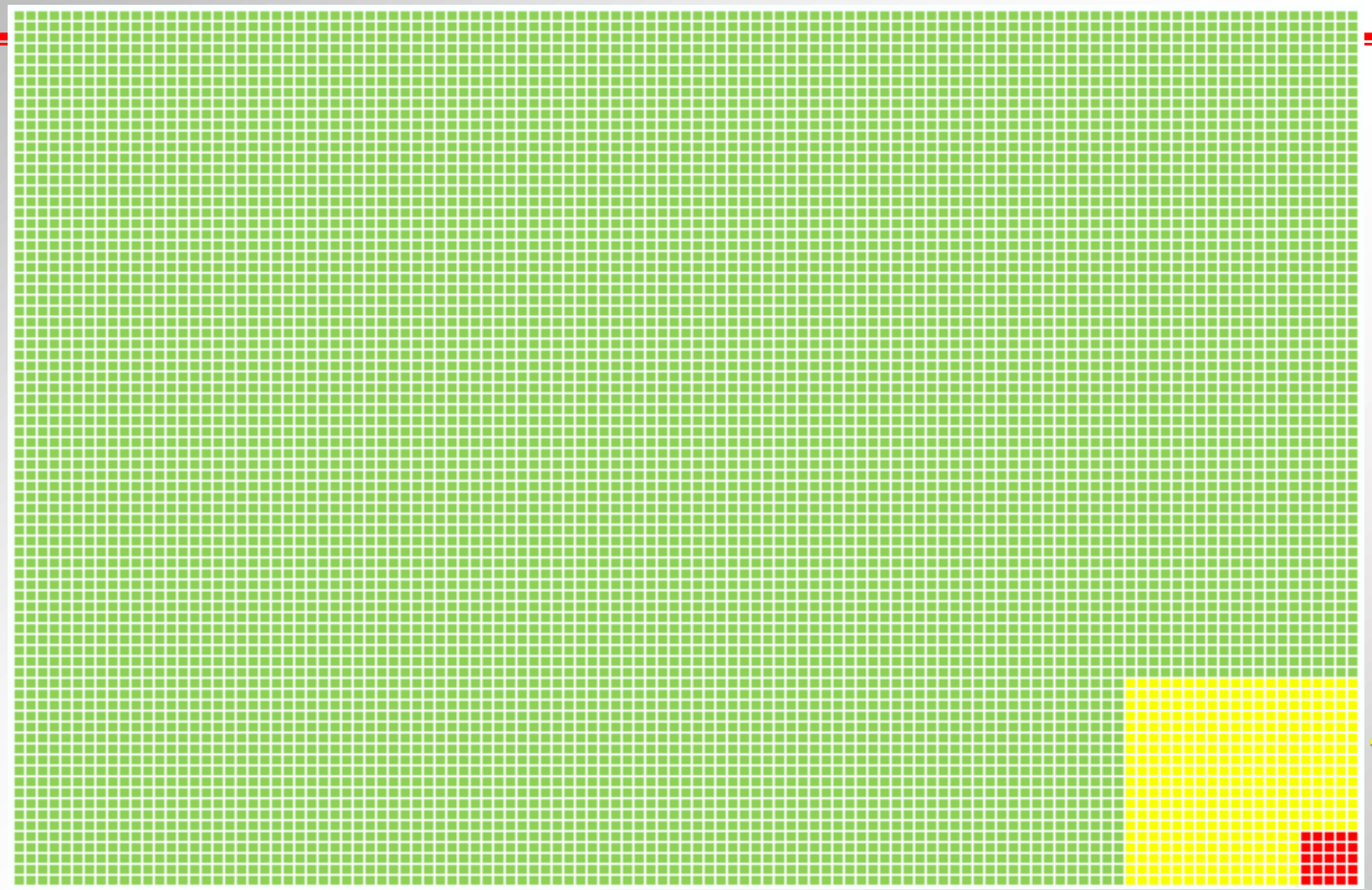

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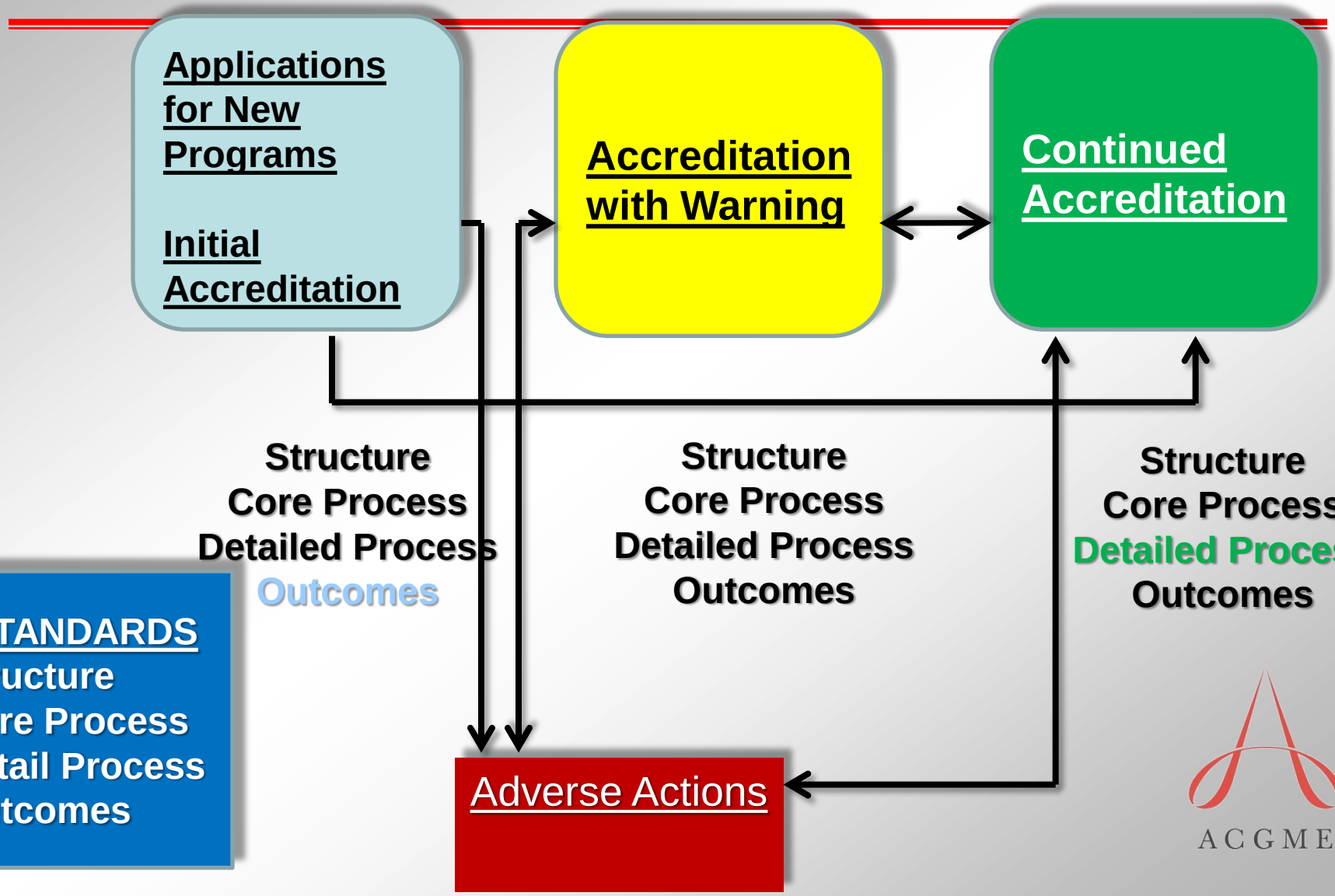
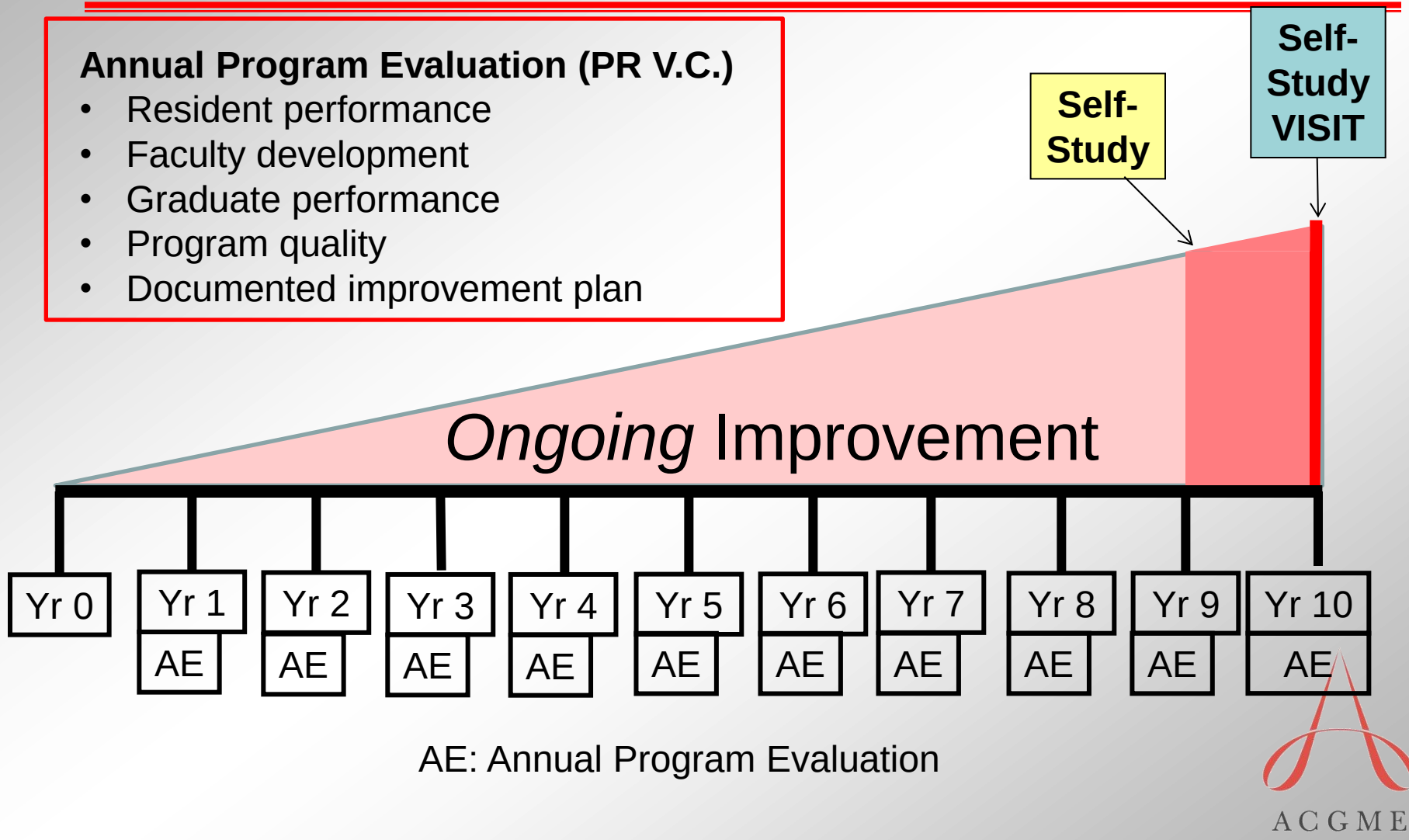
Accreditation Statuses



Ten Year Self-Study Visit



AE: Annual Program Evaluation

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Work of the RRC

Robert Johnson, MD, MPH, MBA
Chair, Preventive Medicine RRC

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The Next Accreditation System

- Screening based on annually submitted data
  - ADS annual update
  - Resident Survey
  - Faculty Survey (new for core faculty)
  - Milestones Data (new, will be phased in)
  - Procedure or Case Logs
  - Boards Pass Rate Data
  - Scholarly Activity (new format replaces CVs)

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The Next Accreditation System

- RRC review programs based on RRC set performance indicators and thresholds
  - High performing programs moved to consent agenda
  - Programs with potential problems require more information with a progress report or site visit

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Review Process in the Next Accreditation System

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

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How will RRC review 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

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RRC Decisions for the Green Box

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

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From the Green to the Yellow Box

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

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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

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Proposed Adverse Actions Gone

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

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

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Decisions for Applications

1. Withhold accreditation
2. Initial accreditation

- Subspecialties based on application only
- Core programs require an application and a site visit

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Decisions for Initial Accreditation

- Requires a full site visit within 2 years

1. Continued Accreditation (green box)
2. Initial accreditation with warning
   (for one more year)
3. Withdrawal accreditation (red box)
4. No probation (either up or out)

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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

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Adverse Actions
What hasn't changed

- A program on Withdrawal can complete the current academic year
  - With RRC approval can complete 1 more 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

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Relationship of Core and Subs

Fellowships must have a relationship with a core residency program

- Self-study visits of core and associated fellowships will occur at the same time
- Adverse action in core results in the same status for their associated fellowships
  - Withdrawal of core means withdrawal of all associated fellowships
- New fellowships can only be granted IA status if core status is Continued Accreditation
  - NO attached programs can be on Probation or in appeal

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RRC decisions: What is different?

- Citations *will* be levied by RRC
- *Could* be removed quickly based upon:
  - Progress report
  - Site visit (focused or full)
  - New annual data from program

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RRC decisions: What is 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

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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

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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

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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

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Annual Data Submission

- Accuracy is **IMPORTANT**
  - Data can be updated at any time, but near end of the year ADS submitted to RRC
- Timeliness is **IMPORTANT**
  - Missing information is a data element that will be considered in the annual review

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NAS: Annual Data Submission

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

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Program requirement changes

PROGRAM EVALUATION COMMITTEES

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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)

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Program Evaluation Committee (PEC)

V.C.1.a)(3) (PEC) should participate actively in:

(a) planning, developing, implementing, and evaluating educational activities of the program; (Detail)

(b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives; (Detail)

(c) addressing areas of non-compliance with ACGME standards; and, (Detail)

(d) reviewing the program annually using evaluations of faculty, residents, and others, as specified. (Detail)

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Residency Advisory Committee (RAC)

- Program requirements related to RAC have not changed and begin with V.C.4.
- 2 committees are **NOT** needed as PEC and RAC have similar functions; however,
  - External members must be included
  - Members must be certified in Preventive Medicine or knowledgeable about PM education
  - Must meet at least semi-annually
  - Must complete functions as listed V.C.4.b).1) to 7)
  - Must assist the program director to communicate results of program evaluation to DIO

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Some common questions

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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

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~~Core Faculty~~

- Examples of faculty members that do not meet the definition of core faculty:
  - A physician who supervises residents and nurse practitioners 50/50 during direct patient care rotations and has no other responsibilities (administrative, didactics, research) in the residency
  - Non-physician faculty PhD's teaching in the MPH program

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Core Faculty

- Examples of faculty members that meet the definition of core faculty:
  - A physician who works in the migrant worker clinic with responsibilities that include clinical supervision of residents; is a member of the Clinical Competency Committee; runs simulation exercises in providing care to non-English speaking patients; helps write resident curriculum.
  - A physician scientist who spends most of his time conducting epidemiological research, with only 4 weeks per year of clinical time, but supervises resident research and organizes required monthly EPI journal clubs

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Core Faculty

What about the 15 hours?

- Meeting criteria for core faculty is more important than hours
- If physician faculty meet all necessary criteria, adjust time on webADS to greater than 15 hours to indicate faculty member is core

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Preventive Medicine Milestones

Jeffrey L. Levin, MD, MSPH

Preventive Medicine Milestones Working Group

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Milestones ***ARE…***

- Progressive overtime
  - There is no prescribed speed at which residents must move across levels
  - Levels do not refer to post graduate year within a particular program
- Descriptions of resident competence
  - Residents may move to the right ***OR*** the left along the continuum at any one evaluation period

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Milestones ***ARE NOT…***

- Graduation requirements
  - Program director makes decision if resident is ready for independent practice

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General Competency

Subcompetency

Developmental progression

Evaluating Health Services: Evaluate Population-based health services — Patient Care 5

Level 1	Level 2	Level 3	Level 4	Level 5
• Recognizes distinctions between population and individual health services	• Describes basic measures of effect (e.g., risk ratio) • Describes basic measures of quality (e.g., benchmarking) • Lists populations known to be underserved (e.g., low income)	• Assesses evidence for effectiveness of a population-based health service • Uses scientific literature to identify a target population for a given population-based health service • Uses scientific literature to identify barriers to delivery of population-based health service	• Uses program goals and/or established performance criteria to evaluate a population-based health service • Uses evaluation findings to recommend strategic or operational improvements • Uses data to identify barriers to population-based health services	• Develops program goals and/or performance criteria to evaluate a population-based health service

Milestone

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:

Not yet rotated ☐

Check-off boxes between levels implies ALL Milestones in lower levels and SOME in upper levels have been demonstrated

Milestone Reporting

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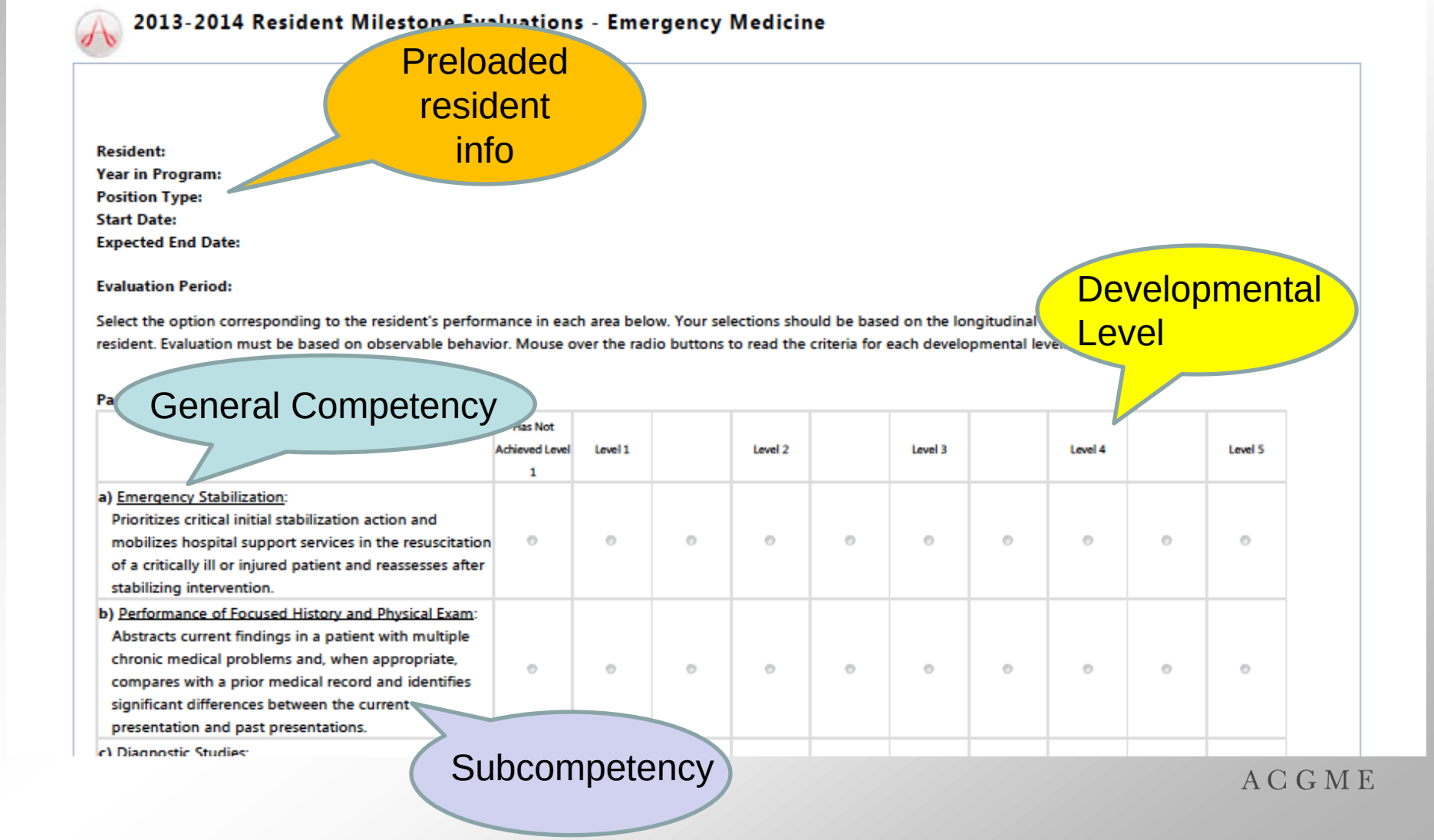
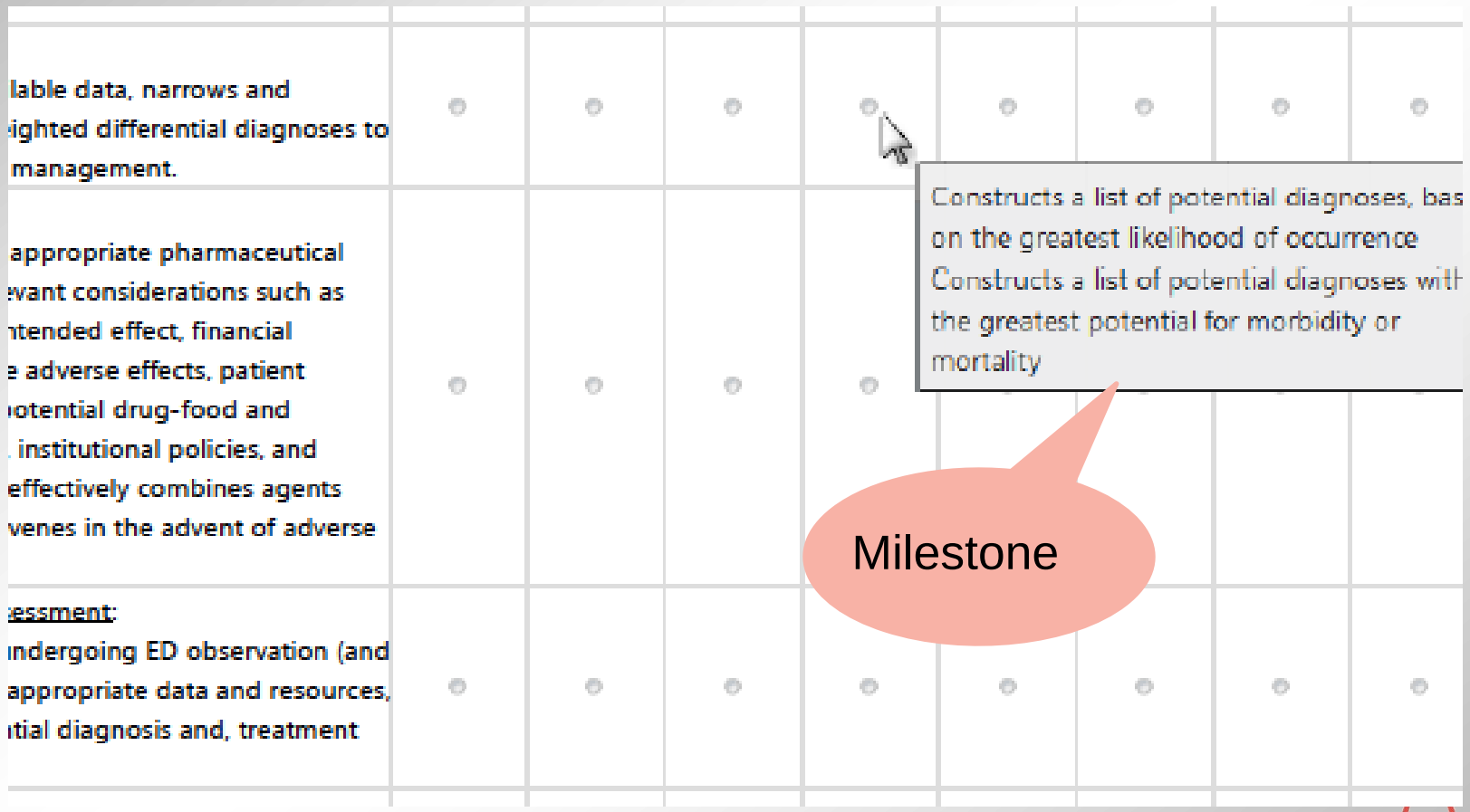
ADS Milestone Reporting Tool



Mouse-over Milestone Description



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Assessment Issues

- Can the Milestones Report replace current assessment tools or end-of-rotation evaluation forms?
  - Pros: when it is relevant and fits the situation; when it is understood by the evaluator
  - Cons: when Milestones language is too broad or general or does not apply to the experience; too many milestones to assess

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How do we Assess Milestones Levels?

- Milestones are a summary of how a resident is progressing
- We have to gather data to be able to decide on how residents progress on the milestones
- Some subcompetencies may be more amenable to monthly, quarterly, or semi-annual global rating scales, some may be collected once during the entire program

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

- A group of faculty members looking at the Milestones
- The same set of eyes looking at other evaluations:
  - End-of-rotation
  - Nurses
  - Patients and families
  - Peers
  - Others
- The same process is applied uniformly
- Allows for more uniformity and less individual bias

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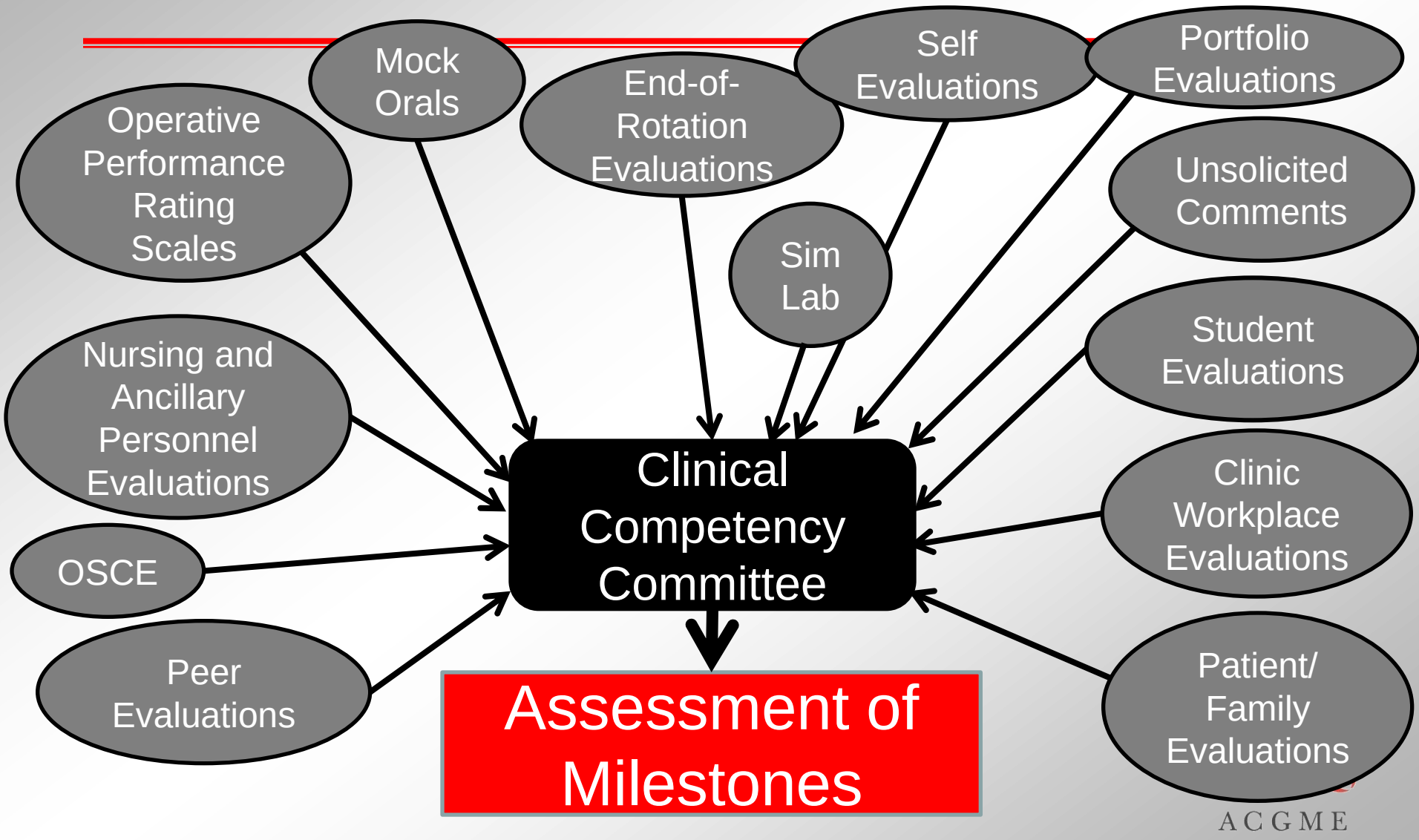
Clinical Competency Committee



What Should a CCC Do First?

- Learn your specialty Milestones
  - Posted on Preventive Medicine page of ***ACGME.org***
- Decide how to assess the Milestones
- If necessary, identify new evaluation tools from program director associations, societies, colleges
- Faculty members should:
  - Discuss definitions and narratives
  - Agree on the narratives
  - Learn about assessment tools

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Program requirement changes

CLINICAL COMPETENCY COMMITTEES

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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)

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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)

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