

*The ACGME Webinar Series on the
Single Accreditation System*

Institutional Accreditation in the Single Accreditation System

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March 27, 2015



Institutional Accreditation in the Single Accreditation System

Webinar 3.27.15

Disclosure

Patricia M. Surdyk, PhD *has recently retired as Executive Director of the Institutional Review Committee and remains employed by the ACGME via contract as special advisor to Kevin B. Weiss, MD, Senior Vice President, Institutional Accreditation*



Learning Objectives

- Review significant characteristics of ACGME accreditation in the context of institutional accreditation
- Address similarities and differences in specific areas of the ACGME Institutional Requirements and the Institutional Requirements for Osteopathic Graduate Medical Education
- Determine possible impact of the transition to the Single Accreditation System on current institutional structures in the AOA system, e.g., OPTI organization, leadership positions
- Identify features of a successful application for ACGME institutional accreditation



ACGME ACCREDITATION



What is the ACGME?

- Mission
- Function
- Process



ACGME Mission

We improve health care by assessing and advancing the quality of resident physicians' education through accreditation.



Functions of the ACGME

- Establish national standards for GME
 - Current Program and Institutional requirements found on ACGME website at www.acgme.org
- Establish policies and procedures
 - *ACGME Bylaws, Policies and Procedures*, and *Glossary*, on ACGME website at www.acgme.org



Current (2015) ACGME Member Organizations

- American Association of Colleges of Osteopathic Medicine (AACOM)
- American Board of Medical Specialties (ABMS)
- American Hospital Association (AHA)
- American Medical Association (AMA)
- American Osteopathic Association (AOA)
- Association of American Medical Colleges (AAMC)
- Council of Medical Specialty Societies (CMSS)



ACGME Accreditation System

- *30 Committees with 7-20 volunteer physician members along with resident and public members
 - 27 Specialty Review Committees
 - 1 Transitional Year Review Committee
 - 1 Institutional Review Committee
 - 1 Osteopathic Principles Committee

* See *ACGME Policies and Procedures*, 9.00-9.80



INSTITUTIONAL ACCREDITATION



Added Value of Institutional Accreditation

- Institutional Requirements represent core components for a sponsoring institution tested over time since the Institutional Review Committee (IRC) was awarded delegated authority for institutional accreditation in 2005.
- Revised ACGME *Policies and Procedures* (2014) assign the IRC responsibility for all sponsoring institutions, regardless of size.
- IRC assures single standard of excellence for all sponsoring institutions.



The Process of Institutional Accreditation

The intent of institutional accreditation for all sponsoring institutions is to determine substantial compliance with the Institutional Requirements in these four areas:

- Structure and administration of institutional oversight
- Institutional resources
- Resident/fellow learning and working environment
- Institutional GME policies and procedures



Who is the IRC
and
why are they
doing this to me?



Institutional Review Committee

- Sets accreditation standards for sponsoring institutions
- Provides peer evaluation of sponsoring institutions
 - Assesses the degree to which sponsoring institutions comply with a published set of Institutional Requirements
 - Confers an accreditation status on sponsoring institutions based on substantial compliance with meeting those Requirements



Institutional Review Committee

- 12 Members include:
 - Nine DIOs
 - One AOA nominee
 - One public member
 - One resident member
- Staff includes:
 - Senior Vice President (*Kevin Weiss, MD*)
 - Executive Director (*TBD*)
 - Accreditation Administrator (*Anne Down*)



The IRC at Work



ACGME

Institutional Requirements

ACGME approved: July 1, 2014 for existing sponsoring institutions (including both multiple- and single-program sponsors); revisions effective July 1, 2015 for single-program sponsoring institutions



Requirement Classification

- **Core:** statements that define structure, resource, or process elements essential to every GME program.
- **Detail:** statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.
- **Outcome:** statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.



Core Elements

- I. Structure for Educational Oversight
- II. Institutional Resources
- III. Resident/Fellow Learning and Working Environment
- IV. Institutional GME Policies and Procedures



I. Structure for Educational Oversight

- One Sponsoring Institution has ultimate authority and responsibility for its ACGME-accredited programs
- DIO, in collaboration with GMEC, has authority and responsibility for oversight and administration



I. Structure for Educational Oversight

- One Sponsoring Institution has ultimate authority and responsibility for its ACGME-accredited programs
- DIO in collaboration with GMEC have authority and responsibility for oversight and administration



**I. Structure for Educational Oversight:
A. Sponsoring Institution**

I.A.1

Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. (Core)

**IV. Institutional Requirements for Osteopathic Graduate Medical Education
A. Institutional Requirements: Sponsoring OPTIs and Base Institutions**

IV.A.4.1

AOA-approved OGME programs shall function under the authority of an AOA-accredited sponsoring OPTI.

IV.A.4.1.a)

An OPTI seeking to academically sponsor an AOA-approved OGME program at a base institution must have been provisionally accredited at least six months or longer, preceding the date of approval of the training program(s).

**I. Structure for Educational Oversight:
A. Sponsoring Institution**

**IV. Institutional Requirements for Osteopathic Graduate Medical Education
A. Institutional Requirements: Sponsoring OPTIs and Base Institutions**

I.A.1

Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. (Core)

IV.A.4.13

The base institution shall be the point of contact for all business and other correspondence regarding approved programs.

IV.A.4.13.a)

OPTIs shall not assume this responsibility for base institutions; however, shall be copied on all official correspondence.

I. Structure for Educational Oversight:
A. Sponsoring Institution

I.A.1

Residency and fellowship programs accredited by the ACGME must function under the ultimate authority and oversight of one Sponsoring Institution. Oversight of resident/fellow assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites. (Core)

IX. Standards for Accreditation of OPTIs

**I. Structure for Educational Oversight:
A. Sponsoring Institution**

I.A.2
The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements, as well as the ACGME Policies and Procedures. (Outcome)

**IV. Institutional Requirements for Osteopathic Graduate Medical Education
A. Institutional Requirements: Sponsoring OPTIs and Base Institutions**

IV.A.4.3.b)
The academic sponsor must declare accountability for compliance of base institutions with AOA policies including contracts, AOA Match program, quality performance, trainee evaluations, participation in on-site program reviews, corrective action plans, internal reviews, and core competency compliance.

IV.A.4.3.c)
The affiliation/sponsor agreement shall be a single agreement and available at all on-site reviews.

**I. Structure for Educational Oversight:
A. Sponsoring Institution**

I.A.2
The Sponsoring Institution must be in substantial compliance with the ACGME Institutional Requirements and must ensure that its ACGME-accredited programs are in substantial compliance with the ACGME Institutional, Common, and specialty/ subspecialty-specific Program Requirements, as well as the ACGME Policies and Procedures. (Outcome)

**IV. Institutional Requirements for Osteopathic Graduate Medical Education
B. Required Compliance with AOA Policies**

IV.B.4.1
All base institutions shall be in substantial compliance with AOA requirements for institutions and programs in accordance with all AOA general requirements and specialty standards.

I. Structure for Educational Oversight

- One Sponsoring Institution has ultimate authority and responsibility for its ACGME-accredited programs
- **DIO**, in collaboration with GMEC, has authority and responsibility for oversight and administration



**ACGME Institutional
Requirements: I. Structure for
Educational Oversight**

**IV. Institutional Requirements for
Osteopathic Graduate
Medical Education
A. Institutional Requirements:
Sponsoring OPTIs and Base
Institutions**

I.A.5.a)

Designated Institutional Official (DIO): The individual who, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accreditation programs, as well as responsibility for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements[;] (Core)

IV.A.4.10

At the time of AOA program on-site review, documentation must be provided that a designated representative of the sponsoring OPTI is present at the base institution annually to review program activity and evaluations and meet with trainees.

IV.A.4.11

Designated representatives from the base institution, and the OPTI must sign all corrective action responses to deficiencies indicated by the Program and Trainee Review Council. (PTRC)

**ACGME Institutional Requirements:
I. Structure for Educational
Oversight**

**VI. Postdoctoral Leadership
Requirements:
A. Director of Medical Education**

I.A.5.a)

Designated Institutional Official (DIO):
The individual who, in collaboration with a Graduate Medical Education Committee (GMEC), must have authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accreditation programs, as well as responsibility for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements[;] (Core)

VI.A.6.1

There must be an osteopathic Director of Medical Education (DME) formally appointed by the base institution and approved by the Internship Evaluating Committee.

**ACGME Institutional Requirements:
I. Structure for Educational
Oversight**

**VI. Postdoctoral Leadership
Requirements:
B. Institutional Educational
Officer/Administrative Director of
Medical Education**

I.A.5.a)
Designated Institutional Official (DIO):
The individual who, in collaboration
with a Graduate Medical Education
Committee (GMEC), must have
authority and responsibility for the
oversight and administration of the
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accreditation programs, as well as
responsibility for ensuring compliance
with the ACGME Institutional,
Common, and specialty/subspecialty-
specific Program Requirements[;] (Core)

VI.B.6.1
Each institution shall have an
Institutional Educational Officer (IEO)
and in addition, may have an
Administrative Director of Medical
Education (ADME).

**ACGME Institutional Requirements:
I. Structure for Educational
Oversight**

**IX. Standards for Accreditation of
OPTIs
B. Organization, Governance, and
Finance**

I.A.5.a)

Designated Institutional Official (DIO):
The individual who, in collaboration
with a Graduate Medical Education
Committee (GMEC), must have
authority and responsibility for the
oversight and administration of the
Sponsoring Institution's ACGME-
accreditation programs, as well as
responsibility for ensuring compliance
with the ACGME Institutional,
Common, and specialty/subspecialty-
specific Program Requirements[;] ^(Core)

IX.B.9.11

Each OPTI shall ensure that its
educational program is under the
direction and supervision of an OPTI
Chief Academic Officer (CAO). The
CAO shall be a DO who is AOA board
certified.

Question

Question

The hospital has AOA and ACGME programs currently. Can the institution be a sponsoring institution and have two DIOs? Can an institution be two sponsoring institutions?

Response

No. A Sponsoring Institution exists as a single entity and has only one DIO. As the AOA programs become ACGME-accredited, they will come under the authority and oversight of the ACGME-accredited Sponsoring Institution through its DIO and GMEC.



Question

Question

Consortium development: can we add a program as a partner after we have applied for accreditation?

Response

Requires clarification. *[It is not clear if the question uses the word “program” as it relates to a specialty program or, because this is an institutional question, if it means another hospital in the consortium]* It is preferable that the application should be as complete as possible. If another hospital is added to the consortium, it is a major change which must be addressed to the Executive Director of the IRC in a separate communication. The impact of this change will be reviewed during the site visit.



Question

Question

We have 17 family medicine programs in the OPTI. How do we describe this? Is it one program with 17 branches?

Response

17 programs, likely each in its own hospital. Focus on the hospitals (i.e., the base institutions). The Review Committee for Family Medicine confers accreditation status on programs. Each is held accountable individually for substantial compliance. The “description” you must provide is how the Sponsoring Institution will exercise authority and oversight over 17 separate programs at different locations. The key question is whether such dissipated oversight can still be effective. The IRC has not defined a “number” of participating sites or programs that can constitute a sponsoring institution.



ACGME

I. Structure for Educational Oversight

- One Sponsoring Institution has ultimate authority and responsibility for its ACGME-accredited programs
- DIO, in collaboration with **GMEC**, has authority and responsibility for oversight and administration



**ACGME Institutional Requirements:
I. Structure for Educational
Oversight**

**IX. Standards for Accreditation of
OPTIs
C. Academic Sponsorship and
Oversight**

I.A.5.a)

Designated Institutional Official (DIO):
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with a Graduate Medical Education
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authority and responsibility for the
oversight and administration of the
Sponsoring Institution's ACGME-
accreditation programs, as well as
responsibility for ensuring compliance
with the ACGME Institutional,
Common, and specialty/subspecialty-
specific Program Requirements[;] ^(Core)

I.B. GMEC

IX.C.9.2

Each OPTI shall have an Osteopathic
Graduate Medical Education (OGME)
Committee to oversee the postdoctoral
training program that meets at least
four times per academic year.

I.B.1 Graduate Medical Education Committee (GMEC) Membership

Multiple-program Sponsoring Institution	Single-program Sponsoring Institution
DIO	DIO
Representative sample of program directors (minimum 2)	Program director (when program director is not DIO)
Minimum of 2 peer-selected residents/fellows from among ACGME-accredited programs	Same, or only resident/fellow if program has only one
Quality improvement or patient safety officer or designee	Individual responsible for monitoring quality improvement or patient safety if this is not DIO or program director
	One or more individuals from different department than that of the program specialty (and other than the QI or PS member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in GME

I.B.2 Additional Members and Subcommittees

- GMEC Subcommittees (*I.B.2*)
 - Subcommittees are not required
 - GMEC decides if it wants subcommittees
 - Subcommittees that address required GMEC responsibilities must include a peer-selected resident and its actions must be reviewed and approved by the GMEC



I.B.2 Additional Members and Subcommittees *(cont'd)*

- GMEC Subcommittees *(I.B.2)*

FOR EXAMPLE:

- An Annual Institutional Review oversight subcommittee must include a peer-selected resident, and its actions must be reviewed and approved by the GMEC.
- A resident party subcommittee would not need a peer-selected resident nor report to the GMEC.



I.B.2 Additional Members and Subcommittees *(cont'd)*

- GMEC Subcommittees *(I.B.2)*

FOR EXAMPLE:

- A Special Review Oversight and Monitoring subcommittee must include a peer-selected resident, and its actions must be reviewed and approved by the GMEC.
- Peer-selected residents are not required for the conduct of each Special Review unless otherwise required by your GMEC Special Review protocol.



I.B.3 Meetings and Attendance

- Meetings **at least** once every quarter
- Attendance
 - Each meeting must include attendance by at least one resident/fellow member
 - GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities



I.B.4.a) GMEC Oversight

- Accreditation status of the Sponsoring Institution and each program
- Quality of learning and working environment with the Sponsoring Institution, each program, and its participating sites
- Quality of educational experiences in each program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements
- Programs' annual evaluation and improvement activities
- All process related to reductions and closures of the Sponsoring Institution, programs, and participating sites



I.B.4.b) GMEC Responsibilities

- GME policies
- Stipends/benefits
- New applications
- Changes in complement
- Program structure or duration of education
- Additions/deletions
- New Program Directors
- Progress reports
- *CLER responses
- Duty hour exceptions
- Voluntary withdrawal of accreditation
- Requests for appeal of adverse action
- Appeal presentations

*Responses to CLER reports are not required.



I.B.5 AIR: Oversight of Institutional Accreditation

- Annual Institutional Review (AIR) is a “core” requirement and associated with identified performance indicators that are detail requirements
 - Results of institutional self-study (Detail)
 - Results of ACGME surveys (Detail)
 - Notification of programs’ accreditation statuses and self-study visits (Detail)



Evidence of AIR Oversight

- AIR must have monitoring procedures for action plans (Core)
 - Monitoring should be documented in the GME minutes
- Written executive summary of AIR submitted to governing body each year (Core)



I.B.6 GMEC Special Review: Focus on Improvement

- Effective oversight of underperforming programs (Core)
 - Special Review Protocol (Core)
 - Establishes criteria for underperformance (Core)
 - Results in report describing quality improvement goals, corrective actions, process for GMEC monitoring of outcomes (Core)



Evidence of Effective Oversight through a Special Review

- GMEC establishes approved Special Review (SR) protocol
- GMEC minutes serve as a source that documents:
 - Need for SR based on protocol criteria
 - SR completed, reviewed and approved by GMEC
 - Monitoring of program quality improvement goals/corrective actions



Special Review Report: “Protected” Information

- Content of Special Review Report (SRR) “protected” during IRC accreditation review.
 - The IRC will not generate citations or opportunities for improvement based on specific findings in the SRR.
 - The SRR serves as documentation of effective oversight of programs that warrant such a review as per protocol.



II. Institutional Resources

- The Institutional Requirements focus on the relationship of the Sponsoring Institution to its programs. Participating sites are where these programs as a whole or through various rotations may be located.
- The Sponsoring Institution must ensure that resources are available.



II. Institutional Resources

IV. Institutional Requirements for Osteopathic Graduate Medical Education

A. Institutional Requirements: Sponsoring OPTIs and Base Institutions

II.B.

Program Administration: The Sponsoring Institution, in collaboration with each ACGME-accredited program, must ensure that:

II.B.1

program directors have sufficient financial support and protected time to effectively carry out their educational, administrative, and leadership responsibilities as described in the Institutional, Common, and specialty/subspecialty-specific Program Requirements. (Core)

IV.A.4.4

The base institution (sponsored institution conducting training) must provide administrative, financial, educational, technological and other support services for each educational program and provide resources to maintain quality training program(s) including faculty development, curriculum, evaluation methods development and osteopathic principles and practice training.

II.C Resident Forum

- Resident Forum (*II.C., II.C.1. and II.C.2.*)
 - Can be an organization, council, town hall, or other forum (electronic)
 - Must be organized so that any resident can directly participate in the forum and does not need to communicate through representatives
 - Must have option to conduct the forum without others present (DIO, faculty members, administration)



II.D. Resident Salary and Benefits

II. Institutional Resources: D. Resident Salary and Benefits

The Sponsoring Institution, in collaboration with each of its ACGME-accredited programs and participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited program(s). (Core)

VII. Trainee (Intern/Resident/Fellow) Requirements: B. Trainee Financial Support and Benefits of Appointment

VII.B.1
Base institutions shall provide all trainees with financial support and benefits to achieve required educational objectives. A trainee shall not self-fund his or her own residency position.

Question

Question

OPTI as a sponsoring institution:

- Only one DIO;
- Hospital A has a union with higher salaries
- Hospital B with lower salaries

Can the OPTI be the sponsoring institution?

Response

Yes, upon condition that the Sponsoring Institution maintains oversight through its GMEC of the budgets. The contract should be under the control of the Sponsoring Institution. Residents/fellows must be aware of the conditions of their employment and educational experience. It is not uncommon for other “payors” to provide resident salaries, e.g., the VA, the military. The Sponsoring Institution must ensure that residents/fellows have the appropriate compensation and benefits.



IV. F Health and Disability Insurance

- Health Insurance (*IV.F.1, IV.F.1.a*)
 - The Sponsoring Institution must provide health insurance benefits for residents/fellows and their eligible dependents beginning on the first day of insurance eligibility. (Core)
 - If the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)



IV.F Health and Disability Insurance *(cont'd)*

- **Disability Insurance** *(IV.F.2, IV.F.2.a)*
 - The Sponsoring Institution must provide disability insurance benefits for residents/fellows beginning on the first day of disability insurance eligibility. (Core)
 - If the first day of disability insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows must be given advanced access to information regarding interim coverage so that they can purchase coverage if desired. (Core)



Expansion of Requirements

- Resident/Fellow Learning and Working Environment (*III.B.*)
 - Patient Safety
 - Quality Improvement
 - Transitions of Care
 - Supervision
 - Duty Hours, Fatigue Management, and Mitigation
 - Professionalism



Take Home Points

- “Institutional oversight” extends to all programs at all participating sites and also involves administrative integrity and effective oversight of the clinical learning environment
- Oversight of accreditation is demonstrated through effective:
 - Program oversight
 - Annual Institutional Review
 - GMEC Special Review



THE INSTITUTIONAL APPLICATION



Operations

- **Timeline:**
 - April 1, 2015: first day institutional applications accepted
 - April 1, 2015–June 30, 2020: period of pre-accreditation
 - See ACGME Policies and Procedures, 18.120-18.150 for detailed information related to pre-accreditation, accreditation, and recognition actions.
- **No extra fees involved for institutional accreditation**
- **No CLER visit during pre-accreditation**



Question

Question

(1) How long does it take to receive Initial Accreditation? **(2)** Do we wait a little while before we apply for programmatic accreditation?

Response

It depends. (1) The IRC will meet in May and also has a special meeting in August in addition to its October meeting. There are a limited number of applications that can be reviewed in May because of the timing. Many other applications will be reviewed in August and from that point on, at all regular meetings unless additional meetings will be called for. **(2)** Whether you wait or not is a local decision.

(see ACGME Policies and Procedures, 18.120)



Question

Question

If an institutional sponsor has Initial Accreditation, is it possible for an AOA training program to skip pre-accreditation status and receive Initial Accreditation?

Response

No. Institutional accreditation is conferred by the IRC; program accreditation is conferred by the specialty-specific Review Committees. They are entirely separate actions.



Question

Question

Will all programs [and institutions] need to undergo a site visit prior to accreditation?

Response

Requires clarification. Core programs must have a site visit before receiving Initial Accreditation. (Some subspecialties do not require site visits prior to receiving Initial Accreditation.) The institutional application is a paper-only review. However, the sponsoring institution and all programs must have a site visit before being awarded Continued Accreditation, at the end of a one- or two-year period.



Completing the Application

- Components
 1. Intent to Apply Form
 2. Application
 - data entered into the ACGME Accreditation Data System (ADS);
 - MS Word[©] document; and,
 - attachments uploaded by the sponsoring institution.



Completing the Application *(cont'd)*

- **Suggestions**
 - Read instructions carefully.
 - Answer the questions clearly and to the best of your ability.
 - Keep a copy of the Institutional Requirements handy.
 - Provide only the information requested in both responses to questions and through the Attachments.
 - Remember that the Sponsoring Institution is the “unit of reference.”



Completing the Application: The Attachments

- Organizational Chart 1, Position of GMEC
- Organizational Chart 2, Position of DIO
- Statement of Commitment
- GMEC Membership (see template)
- GMEC Minutes
- GMEC Special Review Protocol
- AIR Performance Indicators
- *HIPAA Agreement



*HIPAA Agreement

- Required by HIPAA to be in place with all Covered Entities
 - Added to application and annual update to ensure timely completion
- * The IRC does not review the HIPAA agreement.



Questions

Please send specific
institutional questions to:
irc@acgme.org





Good luck!
Thank You!

