

Accreditation Council for Graduate Medical Education

Updates on the Next Accreditation System Drs. Davis, Vydareny and Ling

Diagnostic Radiology June 24, 2013

First Update

- New Executive Director for RRC-DR
- Felicia Davis
- Since June 17, 2013
- ACGME since 2001
- Associate Executive Director for Internal Medicine
- Lynne Meyer
- University of Florida, Gainesville

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

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

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

Decisions in the NAS

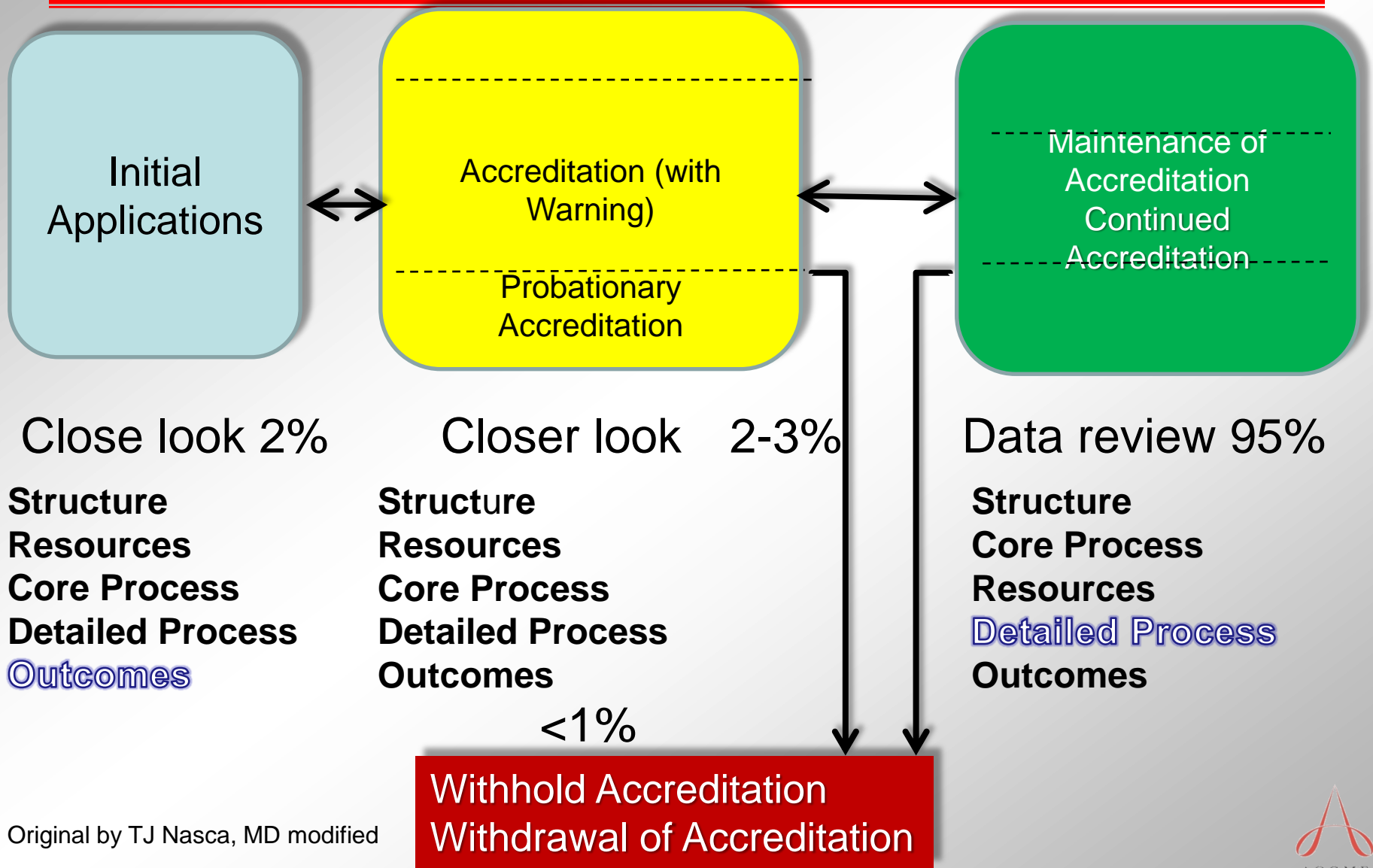
New Program Requirements

Clinical Competency Committee

Program Evaluation Committee

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

Program Review in the NAS 2013



Original by TJ Nasca, MD modified

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)
- 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

Review Process in the Next Accreditation System

1. RRC screens programs using Performance Indicators – 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

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

From the Green to the Yellow Box

1. Continued accreditation (with warning)
 1. Public status is Continued Accreditation
 2. Analagous 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

*No programs on probation

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

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

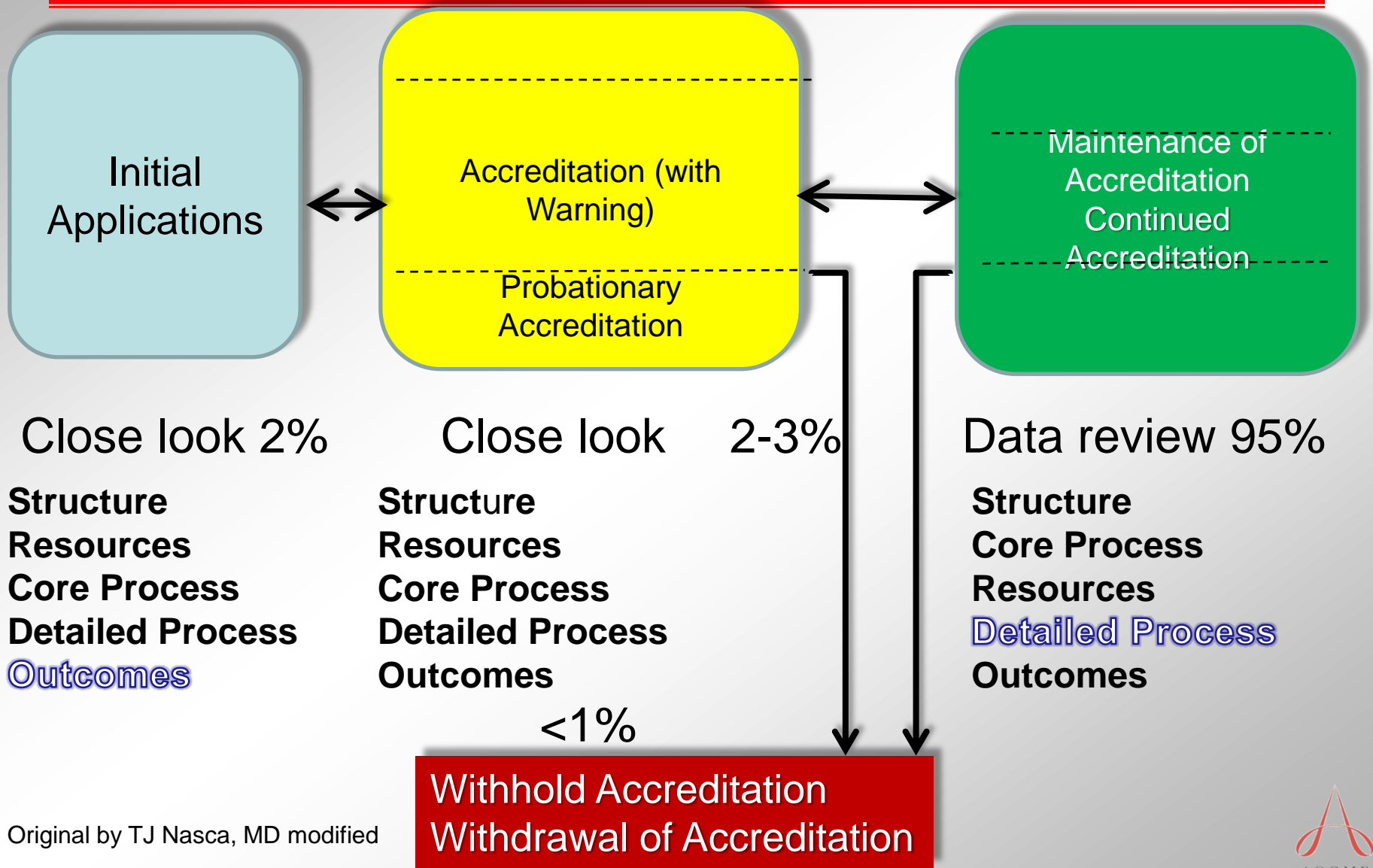
Decisions for Applications

1. Withhold accreditation
 2. Initial accreditation
- Subspecialties based on application only
 - Core programs require an application and a site visit

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)

Program Review in the NAS 2013



Original by TJ Nasca, MD modified

New Program Requirements

- Requirement on Clinical Competency and Program Evaluation Committees
- Approved June 9, 2013
- Effective July 1, 2013 for Phase 1
(Effective July 1, 2014 for Phase 2)

New CCC Program Requirement

- Program director appoints a CCC
- Must be at least three faculty members
 - Can include non-physician faculty
 - Subs can include faculty from cores
 - Can include program director
 - PD role is undefined, but consider conflicts
- Optional members in addition
 - Other physicians and non-physicians
 - No residents

New CCC Program Requirement

Written description of responsibilities

1. CCC reviews all resident evaluations
Semi-annually
2. Assure semi-annual reporting to ACGME
3. Advise the Program Director
 1. Promotion
 2. Remediation
 3. Dismissal

New CCC Program Requirement

- General concept: many is better than one
- Program size and structure varies wildly
- Program Requirement is broad on purpose

- Each Program will have to decide what works best
- E.g. subcommittees, individual reviewers, multiple meetings and other innovative formats are allowed

New PEC Program Requirement

- Program Evaluation Committee
- Can be same or different or overlap with CCC or Education Committee, APDs
- Adds structure to current requirement for annual review so should it not be new process

New PEC Program Requirement

- Appointed by program director
- Must be at least 2 members of the faculty and can include PD
- PD role is undefined
- Should include at least one resident
 - (recognizes sometimes no resident/fellow)
- Should meet even if no residents
- Written description

New PEC Program Requirement

Active participation (deliberately broad):

1. Plans, develops, implements and evaluates program activities
2. Recommend Goals and Objectives revisions
3. Annually review the program
4. Address (not fix) non-compliant areas

New PEC Program Requirement

- Produce annual program evaluation (APE)
- Written (not necessarily long)
- Systematic review of the curriculum
- Use faculty and resident feedback
- Document action plan to improve
- Monitor improvement

(Program responsibility, not GMEC or DIO)

Milestones in Diagnostic Radiology

What? When? How?

Kay Vydareny, M.D.

Chair, Radiology Milestones Working Group

June 24, 2013

Topics

- What are Milestones?
- What are the Diagnostic Radiology Milestones?
- How do I use them?

What is a milestone?

- Key to NAS
- “A behavior, attitude or outcome related to general competencies that describe a significant accomplishment expected of a resident by a particular point in time, progressing from beginning of residency thru graduation”
- Ideally will link student-resident-practitioner
- Joint initiative of ABMS and ACGME (ie ABR and DR RRC)

Who are milestones for?

- RRC – for accreditation, public accountability
- Programs – better assess residents, better feedback to residents, identify deficient residents earlier
- Public (government) – trust that physicians are competent, trust that we self-regulate
- ABR – could use to assess ability to take certification exam
 - Even more important with move to EOF

DR Milestone committee

- Steve Amis (RRC)
- Gary Becker (ABR)
- Jim Borgstede (ABR)
- Dorothy Bulas (Peds)
- Janni Collins (RRC)
- Larry Davis (RRC, NM)
- Jennifer Gould (APDR)
- Jason Itri (resident)
- Jeanne LaBerge (ABR, RRC, IR)
- Duane Mezwa (ABR, RRC)
- Rick Morin (ABR, physics)
- Kay Vydareny, Chair (ABR)
- Bob Zimmerman (ABR, RRC, Neuro)
- Steve Nestler, ACGME
- Lynne Meyer, ACGME

What did we do?

- Joint ABMS/ACGME workshop on Milestones, Dec 2009
- Face-to face meeting March 2011
 - Developed list of EPA's ("what does a diagnostic radiologist do?")
 - Worked backward from EPA's to Milestones

What does a diagnostic radiologist do? (EPA's)

- Triage and protocols exams
- Interprets exams
- Communicates results of exams
- Performs procedures
- Manages patient after imaging
- Educates
- ◆ Practices good citizenship
- ◆ Manages professional practice
- ◆ Behaves professionally
- ◆ Treats patients

-
- Face-to-face meeting, November 2011
 - DRAFT of Milestones for non-Patient care competencies based on “expert groups” template
 - Re-worked DRAFT of Patient care competencies
 - Began work on evaluation tools (incomplete)
 - Two conf calls, Jan-Feb 2012
 - Re-worked all the DRAFT Milestones

-
- Presented at AUR/APDR meeting, March 2012
 - 30 milestones
 - Feedback – written and verbal (!!)
 - Final meeting June 2012
 - Reduced number to 12
 - Published December 2012 (<http://www.acgme-nas.org/>)
 - Changed column headers from year-based to level-based (pre residency – aspirational)

-
- Pilot at few programs going on now
 - Programs evaluating 1-2 residents/year to test
 - Results could influence final look

Core DR Milestones

- Patient Care and Technical Skills
 - PCTS1- Consultant
 - PCTS2- Competence in procedures
- Medical Knowledge
 - MK1 - Protocol selection and optimization of images
 - MK2 - Interpretation of examinations

- Professionalism

- PROF1- Professional Values and Ethics

- Interpersonal and Communication Skills

- ICS1: Effective communication with patients, families, and caregivers
- ICS2: Effective communication with members of the health care team

-
- **Systems-based Practice**
 - SBP1: Quality Improvement (QI)
 - SBP2: Health care economics
 - **Practice-based Learning and Improvement**
 - PBLI1: Patient safety: contrast agents; radiation safety; MR safety; sedation
 - PBLI2: Self-Directed Learning
 - PBLI3: Scholarly activity

What do they look like?

PCTS1: Consultant					
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>Uses established evidence-based imaging guidelines such as American College of Radiology (ACR) Appropriateness Criteria®</p> <p>Appropriately uses the Electronic Health Record to obtain relevant clinical information</p>	<p>Recommends appropriate imaging of <u>common</u>* conditions independently</p> <p>*As defined by the residency program</p>	<p>Recommends appropriate imaging of <u>uncommon</u>* conditions independently</p> <p>*As defined by the residency program</p>	<p>Integrates current research and literature with guidelines, taking into consideration cost effectiveness and risk-benefit analysis, to recommend imaging</p>	<p>Participates in research, development, and implementation of imaging guidelines</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

Possible Methods of Assessment/Examples:

- 360 Evaluation/Multi-rater/Peer
- Direct observation and feedback
- End-of-Rotation Global Assessment
- Self-Assessment and Reflections/Portfolio
- End-of-Year Examination
- Simulation/OSCE

How will I know where a resident fits?

- Each MS has suggested evaluation tools
- APDR Milestone committee (Chair, Angelisa Paladin, U Wash) – additional evaluation tools.
 - Info available on APDR website in next few weeks

Clinical Competency Committee

- Minimum of three faculty appointed by PD
 - Could have non-physician faculty
- Review each resident 2x year
 - Divide and conquer vs. all for one
 - Discuss all vs. discuss outliers
 - Could have resident self-evaluation
- Submit documentation of each resident to ACGME 2x year beginning December 2013

FAQ's

- Must a resident fulfill all the descriptors of a MS before he/she “passes” it?
 - No. ACGME expects “substantial compliance”
- Must a resident reach all MS at a certain level before being promoted to next level?
 - No. ACGME expects that residents will not reach all MS at the same time. Promotion from level to level remains a PD decision

-
- Must a resident reach level 4 before being allowed to finish residency?
 - No. Timing of graduation after completing required 4 years is up to PD

-
- Will RRC use attainment of MS to cite programs or review them more frequently?
 - Transition phase. Dr. Davis to discuss
 - Will ABR require attainment of level 4 in all MS in order for resident to take Certifying exam?
 - Not at this time or near future. Plan to use data to correlate attainment of MS with outcome of examination for validation of both

-
- How can the MS help the PD or the resident?
 - Current evaluation system rarely identifies residents behind his/her peers
 - Hope that MS can identify at-risk residents earlier and program can help remediate sooner

-
- What about milestones for the accredited DR subspecialties?
 - Committees formed, will meet in fall, finished by July 2014

ADS Update:

Impact On Diagnostic Radiology

Lawrence P Davis, M.D.
Chair, Diagnostic Radiology RRC
ACGME Webinar
June 24, 2013

NEXT ACCREDITATION SYSTEM

- Maintenance of Accreditation
- Continuous not 5 year episodic demonstration of program quality
- Annual data submission and review
- Institution reviewed every ~12-18 months
- Program on site survey- q 10 years
- RCs role will change- help program to improve- “ educational prescription”

NEXT ACCREDITATION SYSTEM

- Neurosurgery, Orthopedic Surgery, Urology, IM, Peds, EM, and **Radiology**- July 2013 :
- REST: July 2014

NEXT ACCREDITATION SYSTEM

- TIME LINE for Phase 1 Programs
 - Spring 2012- All PRs re categorized by detailed process, core process, outcomes and most programs' site visits moved into NAS cycle lengths
 - Jan 2013- Milestones published for Core Prgs
 - July 2013-Phase 1 Cores and Subs operate under NAS
 - July 2013- Subspecialty Milestones development begins

NEXT ACCREDITATION SYSTEM

- TIME LINE
 - July 2013- Phase 1 programs establish Clinical Competence Committee to begin to assess Milestones
 - Fall 2013- Phase 1 RRCs review annual data in NAS
 - December 2013 and June 2014- Phase 1 Programs submit Milestones assessment data

NEXT ACCREDITATION SYSTEM

- ✓ Annual ADS Update
 - ✓ Program Characteristics – Structure and resources
 - ✓ Program Changes – PD / core faculty / residents
 - Scholarly Activity – Faculty and residents
- ✓ Board Pass Rate – 3-5 year rolling averages
- ✓ Resident Survey – Common and specialty elements
- ✓ Clinical Experience – Case logs
- Milestones
- Faculty Survey
- Ten year self-study



Resident Scholarly Activities

- Residents **must** have training in critical thinking skills and research design
- Residents **must** engage in a scholarly project. This may take the form of **laboratory research, clinical research, the analysis of disease processes, imaging techniques, or *practice management issues***
- Results **must** be published, or presented at institutional, local, regional or national mtgs
 - “institutional:” resident research day, etc.

Metrics for Scholarly Activity

<u>Position</u>	<u>Pass</u>	<u>Fail</u>	<u>Commendation</u>
Residents*	1 pt/resident	<1pt/resident	≥ 1.5 pts/resident on average
Fellows*	1pt/fellow	<1pt/fellow	≥ 1.5 pts/fellow on average
Faculty (FTE)#	Average 2 pts	Average <2pts	Average ≥ 5 pts

*One point given per publication (print-i.e. article, case report, chapter, or electronic- i.e. ACR case in point) or local, regional or national presentation/poster or electronic exhibit over the length of the program

#One point given for documented activity in each of the following activities over the length of the review cycle

Grants

Publications

Selected chapters, text books

Presentation at local, regional or national meeting

Education related service on national committees

LONG ISLAND JEWISH MEDICAL CENTER PROGRAM

Radiology-diagnostic - *New Hyde Park, NY***Annual Update**

Attention Required

Date Required by: November 16, 2012**Complete:** No**Completion Date:** *No Information Currently Present***Program Information:** ⚠

(Verify all information on the program tab including contact information, program leadership, and the additional requirements section)

Update the Duty Hour/Learning Environment section.

[View](#)

Update the Overall Evaluation Methods section.

[View](#)**Resident Information:** ⚠

Update scholarly activity for each resident.

[View](#)**Faculty Information:** ⚠

Update scholarly activity for each physician faculty member.

[View](#)

[← Back To Faculty Scholarly Activity](#)

Add Scholarly Info for Lawrence Davis

✕ Cancel

Save

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.

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.

PMID 1

PMID 2

PMID 3

PMID 4

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Conference Presentations

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

Other Presentations

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Chapters / Textbooks

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Chapters / Textbooks

Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012

Grant Leadership

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

Leadership or Peer Review Role

Yes No

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.

Teaching Formal Courses

Yes No

 Cancel

Save

Add Scholarly Info for Emily R Cuthbertson

Cancel

Save

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.

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.

PMID 1

PMID 2

PMID 3

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Conference Presentations

Number of chapters or textbooks published between 7/1/2011 and 6/30/2012

Chapters / Textbooks

Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012

Participated in Research

Yes No

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

Teaching / Presentations


4203521132 - NSLIJHS/HOFSTRA NORTH SHORE-LIJ SCHOOL OF MEDICINE AT LONG ISLAND JEWISH MEDICAL CENTER PROGRAM

Radiology-diagnostic - *New Hyde Park, NY*

[← Back To Program Summary](#)

 Please be patient while we continue to update the user interface of this website.

patient care again as a competency and select direct observation for a method and attending and preceptor as the evaluators).

Edit	Delete	Competency	Assessment Method	Evaluator(s)
		Interpersonal & Communication Skills	Direct observation	<input checked="" type="checkbox"/> Allied Health Professional <input type="checkbox"/> Consultants <input type="checkbox"/> Junior Resident/Medical Student <input type="checkbox"/> Patient/Family Member <input type="checkbox"/> Self <input checked="" type="checkbox"/> Chief/Supervising Resident <input type="checkbox"/> Evaluation Committee <input checked="" type="checkbox"/> Nurse <input checked="" type="checkbox"/> Peer Resident <input checked="" type="checkbox"/> Technicians



What percentage of residents will participate in patient safety programs during the current academic year? Leave blank if no residents are on duty for a specific year within the program. *

Year 1 Residents %

Year 2 Residents %

Year 3 Residents %

Year 4 Residents %

What percentage of residents participate in interdisciplinary clinical quality improvement programs to improve health outcomes? Leave blank if no residents are on duty for a specific year within the program. *

Year 1 Residents %

Year 2 Residents %

Year 3 Residents %

Year 4 Residents %

During nights and weekends, indicate which of the following back-up systems your program has in place when clinical care needs exceed the resident's ability. Check up to 3 most commonly available system(s). *

<input type="checkbox"/> Physicians are immediately available (on site)
<input type="checkbox"/> Physicians are available by phone
<input type="checkbox"/> Senior Residents or Fellows are immediately available (on site)

<input type="checkbox"/> Senior Residents or Fellows are available by phone
<input type="checkbox"/> Mid-level Providers are immediately available (on site)
<input type="checkbox"/> Mid-level Providers are available by phone
<input type="checkbox"/> No back-up system
<input type="checkbox"/> Other (specify below)

Only specify if Other is selected

You have **5000** characters remaining of the 5000 characters allowed for your entries...

Save

Indicate which methods below the program uses to ensure that hand-over processes facilitate both continuity of care and patient safety? Check all that apply. *

- Hand-over form (a stand alone or part of an electronic medical record system)
- Paper hand-over form
- Hand-over tutorial (web-based or self-directed)
- Scheduled face-to-face handoff meetings
- Direct (in person) faculty supervision of hand-over
- Indirect (via phone or electronic means) hand-over supervision
- Senior Resident supervision of junior residents
- Hand-over education program (lecture-based)
- Other (specify below)

Only specify if Other is selected

You have **5000** characters remaining of the 5000 characters allowed for your entries...

Save

Indicate the ways that your program educates residents to recognize the signs of fatigue and sleep deprivation. Check all that apply. *

<input type="checkbox"/> Didactics/Lecture
<input type="checkbox"/> Computer based learning modules
<input type="checkbox"/> Grand rounds
<input type="checkbox"/> Small group seminars or discussion
<input type="checkbox"/> Simulated patient encounters
<input type="checkbox"/> On-the-job training
<input type="checkbox"/> One-on-one experiences with faculty and attending
<input type="checkbox"/> Other (specify below)

Only specify if Other is selected

You have **5000** characters remaining of the 5000 characters allowed for your entries...

Save

	A	B	C	D	E	F	G	H	I	J
1	Institution: 1 Long Island Jewish Medical Center (LIJ)									
2	2 North Shore University Hospital (NSUH)									
3										
4										
5	R1									
6	Block	1	2	3	4	5	6	7	8	9
7	Rotation	Chest Radiology	Neuro Radiology	GI/GU	Ultrasound	Nuclear Medicine	Pediatric Radiology	Body CT	MSK Radiology	Vacat
8	Institution	1	1	1	1	1	1	1	1	
9	Duration in weeks	7	6	10	5	4	4	8	4	4
10										
11	R2									
12	Block	1	2	3	4	5	6	7	8	9
13	Rotation	Chest Radiology	Neuro Radiology	GI/GU	Ultrasound	Nuclear Medicine	Pediatric Radiology	Interventional Radiology	Body CT	Emerg Radiol
14	Institution	1	1	1	1	1	1	1	1	1
15	Duration in weeks	4	4	2	3	4	4	4	4	7
16										

Block Rotation Grid for ACGME.xls

	A	B	C	D	E	F	G
29		Rotation	R1	R2	R3	R4	Total
30		Chest	7	4	3	2	16
31		Neuroradiology	6	4	4	3	17
32		GI/GU	10	2	2	0	14
33		US	5	3	2	4	14
34		Vascular US	0	0	0	2	2
35		Nuclear Med.	4	4	4	3	15
36		Pet CT	0	0	2	1	3
37		Pediatric Rad.	4	4	4	4	16
38		Body CT	8	4	4	8	24
39		MSK Rad.	4	3	4	3	14
40		Interventional Rad	0	4	4	4	12
41		Emergency Rad	0	7	5	0	12
42		Mammography	0	4	4	4	12
43		Cardiac Rad.	0	0	2	2	4
44		Elective	0	5	0	8	13
45		AIRP	0	0	4	0	4
46		Vacation	4	4	4	4	16
47		Totals	52	52	52	52	208

NEXT ACCREDITATION SYSTEM

- ✓ Annual ADS Update
 - ✓ Program Characteristics – Structure and resources
 - ✓ Program Changes – PD / core faculty / residents
 - Scholarly Activity – Faculty and residents
- ✓ Board Pass Rate – 3-5 year rolling averages
- ✓ Resident Survey – Common and specialty elements
- ✓ Clinical Experience – Case logs
- Milestones



ACGME Case Log System

New Requirements:

- Programs **must** participate in the ACGME Case Log System (ACGME initiative)
- Must be submitted annually on line
- Must be reviewed by PD at least annually
- What must be submitted?
 - Number of cases preliminarily interpreted or dictated by each resident for a representative group of imaging exams
 - Will provide basis for benchmark data
 - **Different from procedure log**



Welcome to Resident Case Logs

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-MD medical training programs. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

Access to the Resident Case Logs System is secured by an encryption certificate obtained through the [Verisign Corporation](#). We use 128-bit SSL encryption to help ensure the secure transfer of information. If you are using a less secure encryption level you may experience difficulty and should upgrade.

The data you provide us will be used by ACGME for accreditation, will be maintained confidentially, and will not be distributed for commercial use.

Summary data and other information about programs, institutions, resident physicians or resident physician education which is not identifiable by person or organization may be published in a manner appropriate to further the quality of GME and consistent with ACGME policies and the law.

[Accreditation Data System](#) | [System for Evaluation of Competencies in Residencies](#)

[Minimum Browser Requirements](#)

[About SSL Certificates](#)

Please report any problems or suggestions to the oplog@acgme.org

© 2010 Accreditation Council for Graduate Medical Education (ACGME)

Please sign in

User ID:

Password:

[Sign In](#)

[I cannot access my account](#)

ACL Case Entry



ACGME

Home

Log Off

My Profile

Case Entry

Add

Search/Update

Update Procedure Year

Download Procedures

CPT Codes by Category

Program Setup

Report List Menu

Year End Menu

Resident

ResidentNumber1, Radiatic

Add Select Examinations

Select Examinations

Chest x-ray

CT Abd/Pel

CTA/MRA

Image Guided Bx/Drainage

Mammography

MRI Body

MRI Brain

MRI Knee

MRI Spine

PET

US Abd/Pel

ACGME - Case Entry

X

Resident

ResidentNumber1, Radiatic

Resident Year

2

Procedure Date

11/29/2011



Count	Type Description
<input type="text" value="0"/>	Chest x-ray
<input type="text" value="0"/>	CT Abd/Pel
<input type="text" value="0"/>	CTA/MRA
<input type="text" value="0"/>	Image Guided Bx/Drainage
<input type="text" value="0"/>	Mammography
<input type="text" value="0"/>	MRI Body
<input type="text" value="0"/>	MRI Brain
<input type="text" value="0"/>	MRI Knee
<input type="text" value="0"/>	MRI Spine
<input type="text" value="0"/>	PET
<input type="text" value="0"/>	US Abd/Pel

Comment

Cancel

Save

Year 4	Total
0	659
	27
9	134
	23
	67
8	29
2	37
	22
	25
	26
34	798
064	1847
Year 4	Total
064	1847



ACGME

Home

Log Off

My Profile

Case Entry

Add

Search/Update

Update Procedure Year

Download Procedures

[CPT Codes by Category](#)

Program Setup

Report List Menu

Year End Menu

CPT Codes for Procedures Categories

- **Chest x-ray**
 - 71010, 71015, 71020, 71021, 71022, 71023, 71030, 71034, 71035
- **CT abd/pel**
 - 72192, 72193, 72194, 74150, 74160, 74170, 74176, 74177, 74178
- **CTA/MRA**
 - 71275, 71555, 72191, 72198, 74175, 74185, 70544, 70545, 70546, 70496, 70547, 70548, 70549, 70498, 73725, 73706
- **Image guided bx/drainage**
 - 75989, 76942, 77012
- **Mammography**
 - 77055, 77056, 77057, G0202, G0204, G0206
- **MRI body**
 - 71550, 71551, 71552, 72195, 72196, 72197, 74181, 74182, 74183
- **MRI brain**
 - 70551, 70552, 70553
- **MRI knee**
 - 73721, 73722, 73723
- **MRI spine**
 - 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158
- **PET**
 - 78491, 78492, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816
- **US abd/pel**
 - 76700, 76705, 76770, 76775, 76830, 76856, 76857

DIAGNOSTIC RADIOLOGY: NATIONAL RESIDENT REPORT (Main Table)

Reporting Period: Total Experience of Residents Completing Programs in 2011-2012

Residency Review Committee for Diagnostic Radiology

Report Date: October 24, 2012

[PAGE 1]

Number of Programs in the Nation: 184 Number of Residents in the Nation: 1150

	Natl Res AVE	Natl Res STD	Natl Res MIN	Natl Res MED	Natl Res MAX
Examination					
Chest x-ray	4,724.4	2,690	229	4,283	25,100
CTA/MRA	394.0	341	1	308	4,269
Mammography	761.3	489	0	667	4,186
CT Abd/Pel	1,717.4	1,193	8	1,517	8,591
US Abd/Pel	1,047.8	743	8	852	5,581
Image Guided Bx/Drainage	125.9	156	0	89	2,119
MRI Knee	110.2	113	0	80	953
MRI Brain	349.4	262	1	296	3,331
PET	145.1	181	0	103	2,220
MRI Body	121.7	105	0	97	1,000
MRI Spine	256.7	224	1	201	2,000
TOTAL - Examinations	9,753.9	4,281	1,077	8,821	44,817

DIAGNOSTIC RADIOLOGY: NATIONAL RESIDENT REPORT (Benchmarks Table)

Reporting Period: Total Experience of Residents Completing Programs in 2011-2012

Residency Review Committee for Diagnostic Radiology

Report Date: October 24, 2012

[PAGE 2]		Programs in the Nation: 184		Residents in the Nation: 1150		
		Resident Percentiles				
		10	30	50	70	90
Examination						
Chest x-ray		1,911	3,186	4,283	5,459	7,965
CTA/MRA		117	214	308	450	746
Mammography		282	478	667	888	1,321
CT Abd/Pel		534	1,110	1,517	2,013	3,006
US Abd/Pel		338	625	852	1,193	1,981
Image Guided Bx/Drainage		20	53	89	132	246
MRI Knee		24	55	80	117	211
MRI Brain		111	216	296	399	639
PET		21	64	103	156	273
MRI Body		31	63	97	141	232
MRI Spine		57	138	201	291	477
TOTAL - Examinations		5,448	7,459	8,821	10,898	15,108

DIAGNOSTIC RADIOLOGY: NATIONAL RESIDENT REPORT (Main Table)

Reporting Period: Total Experience of Residents Completing Programs in 2011-2012

Residency Review Committee for Diagnostic Radiology

Report Date: October 24, 2012

[PAGE 1]

Number of Programs in the Nation: 184 Number of Residents in the Nation: 1150

	Natl Res AVE	Natl Res STD	Natl Res MIN	Natl Res MED	Natl Res MAX
Examination					
Chest x-ray	4,724.4	2,690	229	4,283	25,100
CTA/MRA	394.0	341	1	308	4,269
Mammography	761.3	489	0	667	4,186
CT Abd/Pel	1,717.4	1,193	8	1,517	8,591
US Abd/Pel	1,047.8	743	8	852	5,581
Image Guided Bx/Drainage	125.9	156	0	89	2,119
MRI Knee	110.2	113	0	80	953
MRI Brain	349.4	262	1	296	3,331
PET	145.1	181	0	103	2,220
MRI Body	121.7	105	0	97	1,000
MRI Spine	256.7	224	1	201	2,000
TOTAL - Examinations	9,753.9	4,281	1,077	8,821	44,817

Minimum Case Log Values

- Chest 1900 CTA/MRA 100
- Mammo 300 CT Abd/Pel 600
- I.G. Bxs 25 US Abd/pel 350
- Knee MR 20 Body MR 20
- Brain MR 110 Spine MR 60
- PET 30

NEXT ACCREDITATION SYSTEM

- ✓ Annual ADS Update
 - ✓ Program Characteristics – Structure and resources
 - ✓ Program Changes – PD / core faculty / residents
 - Scholarly Activity – Faculty and residents
- ✓ Board Pass Rate – 3-5 year rolling averages
- ✓ Resident Survey – Common and specialty elements
- ✓ Clinical Experience – Case logs
 - Milestones
 - Faculty Survey
 - Ten year self-study



Milestones

- What's a Milestone?
 - A behavior, attitude or outcome related to general competencies that describe a significant accomplishment expected of a resident by a particular point in time, progressing from beginning of residency thru graduation
- Joint venture between ACGME and ABMS
 - Multiple face to face meetings

Core DR Milestones

PCTS1: Consultant										
Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5					
	<p>Uses established evidence-based imaging guidelines such as American College of Radiology (ACR) Appropriateness Criteria®</p> <p>Appropriately uses the Electronic Health Record to obtain relevant clinical information</p>	<p>Recommends appropriate imaging of <u>common</u>* conditions independently</p> <p>*As defined by the residency program</p>	<p>Recommends appropriate imaging of <u>uncommon</u>* conditions independently</p> <p>*As defined by the residency program</p>	<p>Integrates current research and literature with guidelines, taking into consideration cost effectiveness and risk-benefit analysis, to recommend imaging</p>	<p>Participates in research, development, and implementation of imaging guidelines</p>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:										

Possible Methods of Assessment/Examples:

- 360 Evaluation/Multi-rater/Peer
- Direct observation and feedback
- End-of-Rotation Global Assessment
- Self-Assessment and Reflections/Portfolio
- End-of-Year Examination
- Simulation/OSCE

ACGME Timeline for Milestones

- DR CORE Milestones to go into effect by July 1, 2013
- First assessment Winter 2013 then Q 6 months
- Beta test groups
- DR SUBSPECIALTY milestones to begin development Summer 2013 with effective date July 1, 2014

Clinical Competency Committee

- Appointed by Program Director
- Minimum of 3 faculty
- Can have non-physician faculty ie physicist
- No residents because of confidentiality
- Written description of responsibilities

Clinical Competency Committee

- Committee should actively participate in:
 - Reviewing all resident evaluations semi-annually
 - Preparing and assuring the reporting of the Milestone evaluations to ACGME semiannually
 - Making recommendations to the program director for resident progress: promotion, remediation, dismissal

Milestones

- CCC uses current evaluation methods and devises new ones to make consensus decisions- APDR Role
- Programs will get a ACGME Report for each resident to compare to resident's peers and can use for formative or summative feedback, curriculum changes or program assessment
- Consider resident ranking him/herself as part of self-assessment

Milestones

- Initially, RRC will review the progress on the milestones of a program's resident cohort over time.
- Development of national data will take several years
- Entire CCC review every resident or just problem residents??

Milestones

- Does every resident have to reach at least “Level 4” for every milestone in order to graduate?
 - No, they do not. Level 4 is designed as the graduation *target* and does not represent a graduation *requirement*.

Program Evaluation Committee

- Appointed by Program Director
- Minimum of 2 faculty
- Should include resident representation
- Written description of responsibilities
- Must meet even if no residents enrolled

Program Evaluation Committee

- Committee should actively participate in:
 - Planning, developing, implementing and evaluating all significant activities of the residency program
 - Developing competency based curriculum goals and objectives
 - Reviewing annually the program using evaluations from residents and faculty
 - Assuring that areas of non-compliance with ACGME standards are addressed

NEXT ACCREDITATION SYSTEM

- Because of NAS, all Core and Subspecialty Program Requirements re-categorized into:
 - Core Process
 - Detail Process
 - Outcomes

NEXT ACCREDITATION SYSTEM

- CORE requirement-statements that define structure, resource or process elements essential to every GME program
- DETAIL requirement-statements that describe a specific structure, resource or process, for achieving compliance with a CORE requirement. Programs in substantial compliance with the OUTCOMES requirements may utilize alternative or innovative approaches to met CORE requirement.

NEXT ACCREDITATION SYSTEM

- OUTCOME requirement-statements that specify expected measurable or observable attributes (knowledge, abilities, skills or attitudes) of residents and fellows at key stages of their graduate medical education.

409		
410	II.B.2.d)	No faculty member may have primary responsibility for the
411		educational content of more than one subspecialty area, although
412		faculty may have clinical responsibility and/or teaching
413		responsibilities in several subspecialty areas. ^(Core)
414		
415	II.B.2.d).(1)	A pediatric radiologist may have a primary appointment at
416		another site and still be the designated faculty member
417		supervising pediatric radiologic education. ^(Detail)
418		
419	II.B.3.	The physician faculty must possess current medical licensure and
420		appropriate medical staff appointment. ^(Core)
421		
422	II.B.4.	The nonphysician faculty must have appropriate qualifications in
423		their field and hold appropriate institutional appointments. ^(Core)
424		
425	II.B.5.	The faculty must establish and maintain an environment of inquiry
426		and scholarship with an active research component. ^(Core)
427		
428	II.B.5.a)	The faculty must regularly participate in organized clinical
429		discussions, rounds, journal clubs, and conferences. ^(Detail)
430		
431	II.B.5.b)	Some members of the faculty should also demonstrate
432		scholarship by one or more of the following:
433		
434	II.B.5.b).(1)	peer-reviewed funding; ^(Detail)
435		
436	II.B.5.b).(2)	publication of original research or review articles in
437		peer reviewed journals, or chapters in textbooks; ^(Detail)
438		

principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. ^(Core)

IV.B.2. Residents should participate in scholarly activity. ^(Core)

IV.B.2.a) Residents must have training in critical thinking skills and research design (e.g., lectures, journal club, etc.). ^(Core)

IV.B.2.b) During their training, all residents must engage in a scholarly project under faculty supervision. ^(Core)

IV.B.2.b).(1) This may take the form of laboratory research, or clinical research, or the analysis of disease processes, imaging techniques, or practice management issues. ^(Detail)

IV.B.2.b).(2) The results of such projects must be published or presented at institutional, local, regional, or national meetings, and included in the resident's learning portfolio. ^(Outcome)

IV.B.2.b).(3) The program must specify how each project will be evaluated. ^(Detail)

NEXT ACCREDITATION SYSTEM

- Focus on Outcomes
- Programs with demonstrated good educational outcomes will not be assessed for compliance with “DETAILED PROCESSES”
- Programs with good outcomes will be allowed to innovate
- Detailed processes will be mandatory for new programs and those with poor outcomes

NEXT ACCREDITATION SYSTEM

- Focused or diagnostic site visit if annual data report suggests potential problem
 - Targeted review of a specific problem area(s) identified during the continuous review of annual data submission
 - Complaint against program
 - Diagnostic visit to explore factors underlying a deterioration of programs performance over time
 - Site visitor may offer suggestions & ideas to program
 - Few weeks advance notice—NO PIF

NEXT ACCREDITATION SYSTEM

- **Program level site visit ~q10 yrs**
 - Self study: several site visitors
 - Describe how program creates an effective learning and working environment and how this leads to the desired outcomes
 - Analysis of strengths, weaknesses and plans for improvement & establish goals for next 10 years
 - Site visit verifies educational outcomes and their measurements and how the learning environment contributes to these outcomes
 - Encourage innovation/not concentration simply on the PRs
 - 12-15 mo notice and 120D notice of specific date

NEXT ACCREDITATION SYSTEM

- Effect on Subspecialty programs
 - Annual data submission reviewed with the core diagnostic radiology residency program
 - Annual data elements same as the core
 - Self study visit concurrent with the core

Summary

Submit Questions on the bottom of the screen
Reviewed and returned by e-mail

Thanks.