Accreditation Council for Graduate Medical Education

Introduction to the ACGME and its Accreditation Process

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Session Overview

• ACGME
  • Mission
  • Organizational structure
  • Responsibilities

• Standards
  • Institutional
  • Common
  • Specialty/Subspecialty-specific

• Accreditation process

• Questions/Answers
ACGME
ACGME’s Mission

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

ACGME Board, September, 2005
ACGME’s Purpose

• The purpose of accreditation is to ensure that residency/fellowship programs are of high educational quality in each medical specialty & subspecialty.
• ACGME accredits US allopathic residency & fellowship programs that meet the standards as outlined in the institutional and program requirements.
• ACGME accredits institutions that sponsor US allopathic residency & fellowship programs that meet the standards as outlined in the institutional requirements.
ACGME Organizational Structure

- Private, nonprofit educational accreditor
  - Originated within AMA in 1981
  - Incorporated in 2000
- Board of Directors (n=28)
  - 5 Member (Founding) Organizations
    - Association of American Medical Colleges
    - American Board of Medical Specialties
    - American Hospital Association
    - American Medical Association
    - Council of Medical Specialty Societies
  - Public Members (3)
  - Resident Members (2)
  - At-large Members
  - Chair of Council of Review Committee Chairs
  - Chair of Council of Review Committee Residents
ACGME Organizational Structure

- **Corporate offices**
  - Downtown Chicago
  - 155 employees
  - 50 staff members provide direct support for accreditation activities
  - www.acgme.org

- **ACGME delegates authority to accredit programs/institutions to its Review Committees**
  - Peer specialists
  - Resident physicians

- **Review Committees = 28**
  - 26 Specialty/Subspecialty
  - 1 Transitional Year
  - 1 Institutional
ACGME Review Committees

- Peer physician specialists:
  - 7-20 /committee (300 total)
  - Volunteers
  - Nominated by ABMS, AMA, Specialty Society/College
  - Approved by ACGME Board

- Resident members
  - 1-2/committee

- Ex officio members - nominating organizations

- Administrative teams (ACGME staff):
  - Executive Director and administrative staff
  - 2-8 staff/committee
RRC for Dermatology

- Ten members
  - Nominated by ABD and AMA
  - 1 ex officio – ABD
  - 1 resident
- Staff
  - Patricia Levenberg, PhD, Executive Director
  - Jenny Campbell, MA, Accreditation Administrator
  - Linda Roquet, Accreditation Assistant
  - Arlene Walker, Accreditation Assistant
Review Committee Responsibilities

- Establish and periodically revise standards (requirements) for respective specialty/subspecialties (133 sets) and sponsoring institutions (1 set)
  - Review Committee recommends standards
  - ACGME Board of Directors approves for implementation
- Periodically review programs/institutions substantial compliance with the requirements and render accreditation decisions and cycle lengths
  - Initial Accreditation (9%)
  - Continued Accreditation (88%)
  - Probation/Warning (3%)
  - Withdrawal of Accreditation (1%)
Review Committee Responsibilities

- Approve
  - Changes in resident/fellow complement
  - Changes in participating sites
  - Program directors
- Advise ACGME (Council of Chairs, Council of Residents) about GME practices, policies and procedures
- Educate program directors and institutional leaders
Scope of the Work

- 700 accredited institutional sponsors in 50 states
  - 400 institutions sponsor multiple programs (SI) (2.....120)
  - 300 institutions sponsor a single program (SPSI)
  - 18 different classifications of institution type (e.g., private office, clinic, medical school, consortia, general/teaching hospitals, etc.)
- 8,800 accredited residency and fellowship programs
- 111,000 residents/fellows currently enrolled
- 2000 accreditation site visits/year
Accreditation Standards
Types of Standards

- Institutional Requirements
  - Compliance Assessed by Institutional Review Committee or by RRC for Single Program SI

- Specialty-Specific Program Requirements
  - Compliance Assessed by Residency Review Committee (Specialty Committee)

- Common Program Requirements
Institutional Requirements
(apply to all SIs regardless of type)

• Contain elements that standardize components of the learning environment

• Requirements that specify for institutions the responsibilities needed to sponsor residency program:
  • Commitment and support
  • Facilities and resources
  • Educational program and evaluation methods
  • Resident/fellow affairs (eligibility, financial, benefits, etc)

• Implemented at the sponsoring institution (SI) through a Graduate Medical Education Committee (GMEC) with oversight from a ‘designated institutional official’ (DIO)
Institutional Requirements (Single Program SIs)

• IR I.B.2: Have available the institutional statement of commitment:
  • commits educational, financial and human resources to support the program
  • signed by reps from SI governance, administration, and GME leadership
Institutional Requirements (Single Program SIs)

- CPR V.C.1. a-d: Describe the formal method by which a periodic evaluation of the program’s educational quality and compliance with the program requirements occurs. Explain how residents and faculty are involved.
  - Written protocol of annual evaluation (curriculum, fellow performance, faculty development, graduate performance)
  - Document that fellows and faculty participate in the evaluation
  - Use the results to improve the program
Institutional Requirements
(Single Program SIs)

- IR II.A and III.B.7: Describe how the institution complies with the Institutional Requirements regarding “Resident Eligibility and Selection” and the development of appropriate criteria for the selection, evaluation, promotion and dismissal of residents in accordance with the Program and Institutional Requirements.
  - Written policies on recruitment and appointment (based on eligibility per IRs)
  - Written criteria for selection, evaluation, promotion, dismissal
Institutional Requirements (Single Program SIs)

• IR II.D.4: Summarize how the institution complies with the Institutional Requirements about fellow support, benefits and conditions of employment - fellow contract or agreement.
  • Contract must include or reference (handbook) all policies noted in II.D.4 a-n.
Institutional Requirements (Single Program SIs)

- IR II.D.4.e and III.B.7: Describe the grievance (due process) procedures available to residents, including composition of the grievance committee, and mechanisms for handling complaints/grievances related to actions that could result in dismissal or non-renewal of a fellow’s contract, or could threaten a fellow’s career development.
  - Procedure should avoid conflict of interest (e.g., program director should not be part of decision-making body)
  - Site visitor and RRC (in case of application) will review policy on discipline and dismissal)
Common Requirements

The same requirements for all specialties/subs:

- Program director responsibilities
- Supervision and duty hours
- Balance of service vs education
- Competency based education & evaluation
  - Interpersonal & Communication Skills
  - Medical Knowledge
  - Practice Based Learning & Improvement
  - Systems Based Practice
  - Patient Care
  - Professionalism
- Faculty qualifications
- Program evaluation and improvement
Subspecialty Program Requirements

- Duration of the educational program
- Structured clinical and didactic experiences
- Types and volume of clinical experience
- Faculty to resident ratios
- Program director and faculty qualifications
- Medical knowledge and skill sets needed to practice in the specialty/subspecialty
Accreditation Process
The Site Visitors

- ACGME Field Staff
  - 2000 on-site visits annually
  - 31 individuals (26 MDs, 7 PhDs)
  - Experienced (most senior 22 years, 9 with 10+ years)
  - Employed by ACGME
  - One site visitor, one program/day (exceptions for complex programs, evaluating complaints)
ACGME Field Staff

- The “Face of the ACGME”
- Verify
- Clarify
- Do not provide consultations
- Do not recommend decisions to the Review Committee
- Do not predict outcomes
The Site Visit Day

- Review the accreditation documents with the program leaders
- Interview leadership (Chair, Chief, DIO)
- Interview key faculty
- Interview peer-selected residents
- Tour the facilities
- Clarification/concluding session
- Send report to the Review Committee team
Program Packet:
Program 10-yr History
Program Information Form
Site Visitor Report
Case Log/Resident Survey
Requirements
Review Committee Meeting

- Reviews programs against standards
- Determines
  - accreditation decision based on compliance with the standards
  - accreditation status (application)
    - Initial accreditation
    - Accreditation withheld (proposed, confirmed)
  - cycle length (application)
    - 1-3 years
Post-Meeting Work

- Executive Director prepares Letters of Notification (LON)
- Review Committee Chair approves
- Executive Director communicates adverse actions to program directors by telephone
- Program director receives LON within 60 days of the meeting
Resources

- ACGME Annual Conference
- ACGME staff members
- Sub&Specialty society meetings
- Program director/DIO associations
- ACGME web site/Review Committee web pages
- Review Committee newsletters
- *ACGME Bulletin* and *Journal of Graduate Medical Education*
Take Home Points

• Institutions and programs must commit to provide the necessary educational, financial, and human resources to support residents’ education.
• Accreditation decisions are based on compliance with **ALL** requirements.
• Many resources are available to PDs.
• ACGME has Review Committee teams (Executive Director) to assist in interpreting the requirements and preparing applications.
Thank you