Accreditation Council for Graduate Medical Education

Specialty Update – Nuclear Medicine

SNMMI Midwinter Meeting
01/26/2013
New Orleans

Christopher Palestro, MD; RC-NM Chair
Lynne Meyer, PhD, MPH; RC-NM Executive Director
RRC Structure
Member Selection

Nominating organizations include:

- American Medical Association (2)
- American Board of Nuclear Medicine (2)
- Society of Nuclear Medicine (2)

Resident Member
- Each RC includes 1 resident member

RRC
- Votes on nominees
Term for Members

- 6 years each (two 3 year terms)
  - Resident member: one 2-year term
- Each member is evaluated by each RRC member at end of 2\textsuperscript{nd} year
- Chair and Vice Chair elected by RRC
  - Chair term is 3 years
  - Vice-Chair term is either 1 or 2 years
Membership

2012-2013 RRC Members

- Christopher J. Palestro, M.D., Chair (SNM)
- Lorraine Fig, M.D. (SNM – term ended 12/31/2012)
- Tracy Y. Brown, M.D. Ph.D. (AMA Alternate)
- Leonie Gordon, M.D. Vice-Chair (AMA)
- Barry L. Shulkin, M.D., M.B.A (ABNM)
- Harvey Ziessman, M.D. (ABNM)
- Gauri R. Khojekar, M.D. (Resident)
- Henry Royal, M.D. (ex-officio, ABNM)
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<tr>
<th>Role</th>
<th>Name</th>
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RRC Meetings

• Number: 2 meetings/year during May & November

• Dates: Check RRC website for agenda closing dates & meeting dates
  • May 3-4, 2013 (closing date March 8, 2013)
  • Nov 15, 2013 (closing date September 20, 2013)

• Meeting Length: 1 – 1½ days

• Agenda: Program reviews & Other pertinent matters
Nuclear Medicine 2012-2013

- 51 accredited programs

- 122/184 (66%) filled out of approved residents positions
Nuclear Medicine
2000-2013

Number of Programs and Filled Positions by Academic Year

ACGME
Actions Taken in 2012

- Initial Accreditation: 1
- Continued Accreditation: 10
- Complement Changes: 1
- Progress/Duty Hour Reports Reviewed: 2
- Progress/Duty Hour Reports Requested: 5
- Voluntary Withdrawal Requests: 4
Cycle Lengths: 2012

Continued Accreditation Decisions by Cycle Length

Frequency

- 2 yr cycle
- 3 yr cycle
- 4 yr cycle
- 5 yr cycle

- Nov-12
- May-12

Graph showing distribution of cycle lengths and frequency.
Citations

- Citation = the program has not provided evidence of compliance with the requirements, or, an area identified by the site visitor is non-compliant

**Don’t Have**
- Patients (# & types); required certified faculty; required experience; facilities/equipment; time/support; required program personnel

**Don’t Do**
- Lack of evidence that required experience is provided; no documentation of compliance with requirements

**Didn’t Carefully Proof/Edit PIF**
- Incomplete or inaccurate information; did not fully describe/provide sufficient details; discrepant data
Most Common Citations: 2012

Program Evaluation: 7

Program Director Responsibilities (program leadership/stability; PIFmanship): 5

Resident Evaluation: 3
Current Resident Eligibility

- Program Requirement III.A.1.a)
  - one year of graduate medical education in a program accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada (RCPSC), or the American Osteopathic Association (AOA). This year must include a minimum of nine months of direct patient care; or alternatively,
    - AOA may no longer be acceptable in 2015 due to revision of common program requirements

- Program Requirement III.A.1.b)
  - Two or more years of graduate medical education and a passing score on the United States Medical Licensing Exam (USMLE) Step 3.
    - This PR will be eliminated due to revision of common program requirements that will be effective in 2015
Complement Increases

- **ALL** complement increases **MUST** be approved by the RRC
- Program **MUST** have Full accreditation
  - 50% 1st time Board pass rate
- Temporary increases are for temporary situations such as:
  - Off cycle residents, delayed graduation (leave, remediation), resident transfer from closed program
- All requests are entered through ADS
Resident Case Logs

Programs are now required to use the ACGME Case Log System

- Each program sent a letter in December 2012
- 79445 Radiopharmaceutical therapy, by intra-arterial particulate administration added in January 2013
Required Key Index Areas/Procedures to be documented are:

- Parenteral Therapy (79101, 79445)

- Radioiodine Therapy (79005): Type Descriptions of
  - Less than or equal to 33 millicuries (mCi) I-131
  - Greater than 33 millicuries (mCi) I-131
Required Key Index Areas/Procedures to be documented are:

- PET/CT: Type Description of
  - Oncologic/Tumor (78811, 78812, 78813, 78814, 78815 and 78816)
  - Other (Cardiac: 78459 and Neurologic: 78608)

- Cardiac Stress Test: Pharmacologic or Exercise (93015)
Required Key Index Areas/Procedures to be documented are:

• **Pediatric (0-18 years of age):** There are no specified CPT codes and would result in a frequency count only. Residents may enter the name of the procedure/therapy in the comment box. (If needed for credentialing, residents may perform a search and enter an actual CPT code and enter the data a second time in the ACGME case log system using the actual CPT code or use another system to track those procedures.)
Program Requirements

• Program requirements are being formatted for the NAS (core, detail, outcome)

• Are being revised with focused changes and will be posted for public comment
What are core, detail and outcome program requirements?

- **Core Requirements**: Statements that define structure, resource, or process elements essential to every graduate medical educational program.

- **Detail Requirements**: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

- **Outcome Requirements**: 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 & Detail PR Examples

- There **must** be a formal didactic lecture schedule *(Core)*
  - The didactic lecture schedule **should** indicate the specific date and time of each lecture, the topic of each lecture, the individual presenting the lecture, and the duration of the lecture *(Detail – describes how to achieve core PR)*
  - Participation in regularly scheduled seminars, conferences and journal clubs **should** be documented with attendance logs. *(Detail – describes how to achieve core PR)*
Posting for Public Comment

- You will be notified via an ACGME e-Communication when the revised program requirements are posted for comment.
- You will have the ability to comment on the revisions and on how the program requirements were categorized (detail, core, outcome), if clarifying language and/or FAQs are needed.
IV.A.5.a).(2).(a) Each resident must participate with preceptors in at least three therapies involving oral administration of I-131. Documentation of the resident’s participation must include the date, diagnosis, and dose of each I-131 therapy.
IV.A.5.a).(2).(a) [Residents] must perform under preceptor supervision at least three therapies involving oral administration of I-131 in quantities less than or equal to 33 millicuries (mCi) and at least three therapies in quantities greater than 33mCi. (Outcome)

IV.A.5.a).(2).(a).(i) Residents must participate in patient selection, informed consent, understanding and calculating the administered dose, counseling of patients and their families on radiation safety issues and patient follow up. (Outcome)
Resident Survey

Data Reviewed by RCs

• **Resident Survey**
  - Results aggregated into 7 areas (duty hours, faculty, evaluation, educational content, resources, patient safety, teamwork)
  - Results compared to national normative data (all specialties, not just nuclear medicine since these are for common program requirements)
  - Potential RC actions: warning letter, request for progress report, advanced or expedited site visit
Next Accreditation System (NAS)

- NAS Overview
- Milestones
- Clinical Competency Committees
- Self-Studies
NAS Background

- GME is a public trust
- ACGME accountable to the public
What is the NAS and when does it start?

• The Next Accreditation System (NAS) begins July 1, 2014 for Nuclear Medicine programs

• NAS Strategic Plan:
  • Foster innovation and improvement in the learning environment
  • Increase the accreditation emphasis on educational outcomes
  • Increase efficiency and reduce burden in accreditation
  • Improve communication and collaboration with key internal and external stakeholders
The Building Blocks of The Next Accreditation System

- Self Study
- Institutional Review
- prn Site Visits (Program or Institution)
- Continuous RRC Oversight and Accreditation Sponsor Oversight
- CLER Visits
NAS and ADS Annual Updates

• Each year, program data will be required to be entered in ADS such as:
  • Faculty information
  • Resident information
  • Block diagrams (NM1, NM2, NM3 years)/curricular information
  • Scholarly activity information (faculty and residents)
  • Participating site information
  • Responses to previous citations
  • Duty Hour, Patient Safety and Learning Environment information
  • Evaluation information
  • Reporting of major changes in the program
Instead of biopsies, annual data collection
- Trends in key performance measurements
- Milestones, residents, fellows and faculty survey
- Scholarly activity
- Operative/case log data
- Board pass rates

Scheduled accreditation visits every 10 years (Self-study) with focused site visits if annual data trends suggest problems

PIF replaced by self-study
NAS

- Ongoing data collection and trend analysis
- Enhance oversight to ensure high quality education and a safe and effective learning environment
- High-quality programs will be freed to innovate – detailed process standards
  - Programs with continued accreditation in good standing do not have to adhere to the “detail” program requirements as written, but are allowed to innovate
NAS and Quality Improvement…

*The “Next Accreditation System”*

“Continuous”
Observations

Assure that the Program
Fixes the Problem

Number of Potential
Problems

Promote
Innovation

Diagnose
the Problem
*(If there is one)*
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

**STANDARDS**

**Core and Detailed:**
- Structure
- Resources
- Process
- Outcomes

**Withhold Accreditation**
- 2.8%

**Withdrawal of Accreditation**
- 2.8%

**Initial Accreditation**
- New Programs
- 2-4%

**Accreditation with Warning**
- New Programs, Accredited Programs with Major Concerns
- 10-15%

**Probationary Accreditation**
- Accredited Programs without Major Concerns

**Maintenance of Accreditation**
- Accredited Programs without Major Concerns
- 75%-80%

**Maintenance of Accreditation with Commendation**
- Accredited Programs with Major Concerns

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Do I have to adhere to the “detail” program requirements?

- Programs that have initial accreditation or are in trouble must demonstrate compliance with all “detail” program requirements as written.

- Programs that have continued accreditation that are in good standing will be allowed to “innovate” or use alternate ways for those program requirements that are identified as “detail”.
Some Data Reviewed by RRC

Most already in place

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

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Milestones

Specific benchmarks of skills, knowledge and behaviors in the six general competency domains that residents in every specialty must achieve at certain identified points or stages during residency education.
Milestones

Joint initiative of the ACGME and specialty certification boards and with the involvement of the specialty community

RRC’s initially will use aggregate resident performance on the milestones to identify aspects of educational programs needing improvement
Specialty Specific Milestones
Patient Care & Medical Knowledge

Working Group
Educators and leaders from the Review Committee (including resident member and executive director), American Board of Nuclear Medicine, and the Society of Nuclear Medicine (SNM)
Chair: Lorraine Fig, M.D.

Advisory Group
Specialty leaders
Assist with establishing support for the Milestones
Provide feedback to the Working Group
Uses and Implications

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

**Residency Programs**
- Guide curriculum development
- More explicit expectations of residents
- Support better assessment
- Enhanced opportunities for early identification of under-performers

**Certification Boards**
- Potential use – ascertain whether individuals have demonstrated qualifications needed to sit for Board exams

**Residents**
- Increased transparency of performance requirements
- Encourage resident self-assessment and self-directed learning
- Better feedback to residents
**Milestones**

- Observable developmental steps moving from Novice to Expert/Master (Level 1: entrance to Level 4: residency graduation or even Level 5: expert or mastery level)

- "Intuitively" known by experienced medical educators in each specialty

- Organized under the rubric of the six domains of clinical competency
  - Trajectory of progress: neophyte → independent practice
  - Articulate shared understanding of expectations
  - Set aspirational goals of excellence
  - Framework & language for discussions across the continuum
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<td><strong>Professional</strong></td>
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<td><strong>Novice</strong></td>
<td>Beginner</td>
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<tr>
<td>a) Honesty, integrity, and ethical behavior</td>
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<td>b) Humanistic behaviors of respect, compassion, and empathy</td>
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<td>c) Responsibility and follow through on tasks</td>
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<td>d) Receiving and giving feedback</td>
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<td>e) Responsiveness to each patient’s unique characteristics and needs</td>
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<td>f) Overall evaluation of Professionalism</td>
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Resident frequently fails to recognize or actively avoids opportunities for compassion or empathy. On occasion demonstrates lack of respect, or overt disrespect for patients, family members, or other members of the health care team.

Resident demonstrates compassion and empathy in care of some patients, but lacks the skills to apply them in more complex clinical situations or settings. Occasionally requires guidance in how to show respect for patients, family members, or other members of the health care team.

Resident seeks out opportunities to demonstrate compassion and empathy in the care of all patients; and demonstrates respect and is sensitive to the needs and concerns of all patients, family members, and members of the health care team.
Clinical Competency Committee

- May already be in place under a different name
- Start thinking about this and decide on composition, procedure, data elements
- What should be reviewed:
  - Continue to look at current evaluations forms
  - Milestones
- Issues:
  - Time: pilot studies
  - Large residency programs
  - Small fellowship programs
Clinical Competency Committees

- Learn your specialty milestones
  - (will be available this calendar year)
- Decide how to measure milestones
- Tools to evaluate from program director associations, specialty boards, colleges
- Teach the faculty the definitions
- Teach the faculty the tools
- FACULTY DEVELOPMENT IS KEY
The Clinical Competency Committee

- A group of faculty members trained in looking at milestones
- The same set of eyes looking at other evaluations:
  - End of rotation
  - Direct Observation
  - Nurses/Techs
  - Patients and families
  - Peers
  - Others
- The same process is applied uniformly
The Clinical Competency Committee

Avoids common problematic issues:

- “I don’t like to give negative evaluations”
- “I spent little time working with this resident”
- “Herd” mentality: positive or negative
- Grade inflation
- Vague statements:
  - “I just didn’t like this resident, but I can’t put my finger on it”
  - Hearsay: I’ve heard she is lazy
Self-Study & Program Improvement

- ACGME self-study visits will begin in 2015 for Nuclear Medicine programs
  - All new programs (initial accreditation) will require a site visit after approximately 2 years to gain continued accreditation before they can have their first self-study visit (SSV).
  - After the first SSV, they occur every 10 years.
- Tool for program improvement
- Individualized Learning Plan (ILP) on steroids
- Tip: Document changes made for improvement and measured outcomes that indicate improvement for your self-study visits

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Next Accreditation System: Goals

- Accredit programs based on outcomes
- Free good programs to innovate
- Provide public accountability for outcomes
- Produce physicians for 21st century
- Reduce the burden of accreditation
The Next Accreditation System Web Page

http://www.acgme-nas.org/
NAS Information

NAS FAQs
http://www.acgme-nas.org/assets/pdf/NASFAQs.pdf

NAS Policies and Procedures
http://www.acgme-nas.org/assets/pdf/FinalMasterNASPolicyProcedures.pdf
NAS Webinars

• Series of 4 free webinars geared to inform DIOs and PDs about the latest information regarding new accreditation initiatives
  • 12/13/2012 – The Clinical Learning Environment Review (CLER) Program: Early Experiences
  • 1/24/2013 – Implementing the NAS

Access at:  http://www.acgme-nas.org/
ACGME Website

ACGME website:
http://www.acgme.org/acgmeweb/

RRC website:
http://www.acgme.org/acgmeweb/ProgramandInstitutionalGuidelines/Hospital-BasedAccreditation/NuclearMedicine.aspx