RRC Review Process: What Do We Really Do?

Anthony C. Arnold, MD
RRC for Ophthalmology
PD Perspective
Accreditation Council for Graduate Medical Education

• RRC =
  • Residency Ruining Committee
  • Residency Ruling Committee
  • Residency Removal Committee
  • Residency Reprimanding Committee
  • Really Ridiculous Committee
PD Perspective
Accreditation Council for Graduate Medical Education

• Data sent to Them
  • Enters into

  ⇒

• Reviewed by

⇒
Data Returns:

Citation #4

Resident Operative Experiences
Program Requirement IV.A.5.a.11
“Residents must participate in the management (including critical care) and surgical care of adult and pediatric patients and experience should include the full spectrum of neurosurgical disorders.”

The program offers an inadequate experience in five operative categories (head trauma, spinal instrumentation, peripheral nerve, pediatric brain tumor, transsphenoidal).
(Program Information Forms, pages 59 through 66)

REQUEST FOR PROGRESS REPORT

The Review Committee requests a progress report in which each of the following citations is addressed. This information is requested in triplicate by the date given above. As specified in the ACGME Institutional Requirements, the report should be reviewed and approved by the sponsoring institution’s
The Process
Accreditation Council for Graduate Medical Education

- RRC 9 members (from AAO, AMA, ABO) + 1 resident member + Exec Director + staff
- 2 meetings/year
- Each member reviews 3-5 programs/meeting
  - Primary & secondary reviewers
- Materials received months ahead of meetings
The Process

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• Materials for Review:
  • Site Visitor Report (SVR)
  • Program Information Form (PIF)
  • Program History
  • Resident Survey
  • Surgical Case Log
  • Board Pass Rates

• NO OTHER SOURCES, NO HERESAY OR ANECDOTAL DATA
The Process

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- **SVR**
  - Directed information elicited by SV from residents and faculty
  - PIF and other information is verified and clarified by SV
  - SV does not make decisions regarding accreditation
The Process
Accreditation Council for Graduate Medical Education

- PIF
  - Detailed program information
  - Primary avenue for PD to supply view of program
The Process

Accreditation Council for Graduate Medical Education

• Program History
  • Previous cycle length
  • Program director turnover
  • Changes in resident complement
The Process

Accreditation Council for Graduate Medical Education

- Resident Survey
  - Resident perspective, covering education, CPR, and duty hours
  - Very critical 6.1 minutes!
The Process

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• Case log
  • Objective
  • Comparative (to national averages and between residents in the program)
• Statistics
  • Numbers of procedures in each category/subcategory
  • Equality in numbers
  • Surgeon to assistant ratio
The Process

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- Board Pass Rates
  - Number of Graduates who take the WQE (80%)
  - First time pass rates for WQE & Oral Exam (60%)
The Process
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• Program Requirements
  • Document specialty-specific programmatic standards
  • Citations reflect lack of compliance
  • Requirements periodically modified
  • PD Guide to CPR: required reading!
The Process
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- Operative Minimum Numbers
  - Programs must meet minimums
  - Overall borderline numbers may raise a concern
  - Individuals need not meet every minimum (yet)

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<td>Cataract*</td>
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<td>Strabismus*</td>
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<td>Globe Trauma*</td>
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* Operative minimums per class of procedures are now established only for cases where the resident is the primary surgeon.
** Operative minimums per class of procedures are established for cases where the resident is either the primary surgeon and/or the assistant.

Residents are expected to input surgeries on which they are the first assistant as well as cases on which they are the primary surgeon. This is necessary for the program to show a progressive graduated and broad surgical experience. At least 364 total procedures (surgeon + assistant) should be completed at the end of the residency.
The Process
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- Primary & secondary reviewers present summaries and recommendations
- Entire committee discusses
- Consensus recommendations made
- Details and review by Chair + Exec Director
- Letters of Notification prepared
Letter of Notification
Accreditation Council for Graduate Medical Education

Outcomes:

- Continued accreditation (cycle up to 5 years)
  - Progress report needed
  - Commendations
- Probation
- Withdrawal of accreditation
- All adverse actions are **proposed** by RRC
(Lack of Substantial Compliance with PR)

Evaluation/Program/Annual Written Confidential Evaluation by Residents and Faculty
Common Program Requirement: V.C.1.d).(1)
Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually. Citation code: 5.C

The information provided on page 62 of the PIF regarding annual confidential evaluation of the program could not be verified by the site visitor. Upon further investigation, the site visitor and DIO acknowledged that confidential evaluation had not been performed annually by the residents and faculty.

Source
Program Requirement number: V.C.1.d).(1)
SVR page(s): 4,12,22,49
PIF page(s): 62 (inaccurately noted)
Resident Survey:
Case Logs:
Interim Correspondence:
Is this a repeat citation? ( ) Yes ( x ) No
Program Strengths & Notable Practices

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PROGRAM STRENGTHS

The Review Committee noted the following strengths or areas of substantial improvement since the last review:

The Committee commends the program for its efforts to comply with the competency initiative, and the longevity of the program director and his leadership to guide residents in scholarly activities.

It is the policy of the ACGME and of the Review Committee that each time an action is taken regarding the accreditation status of a program, the residents and applicants (those invited for interviews) must be notified. This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating institutions and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Patricia B. Levenberg, Ph.D.
Executive Director
Residency Review Committee for Ophthalmology
Followup

- Response to RRC (if requested)
  - Specific red flags: duty hours, etc
- Response to GMEC (Internal Review)
- Submission of citations to Institution to support improvement efforts
- Strengths & Recommendations may support future activities
Summary

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• RRC is NOT a black hole into which data is lost
• RRC members are dedicated leaders, with field experience (all are current or prior PD’s & GME leaders, from AAO, AMA, ABO)
• Multisource data is reviewed by multiple reviewers and vetted by group
• Citations are specific to PR
• Goal is to assess compliance, improve programs, and protect the public