Next Accreditation System (NAS)

Caroline Fischer, MBA,
Executive Director
RC for PM&R
Goals of the NAS

• To begin the realization of the promise of the Outcomes Project
• To free good programs to innovate
• To assist poor programs in improving
• To reduce the burden of accreditation
• To provide accountability for outcomes (in tandem with ABMS) to the public
Attributes of the NAS

- Continuous program accreditation model
  - Based on annual data submitted, other data requested, and program trends
- 10 year Self-Study and site visit
  - Interim site visits as needed
- Requirements revised every 10 years
  - Categorized by outcome, core and detail
- Foster innovation
- Concentrate on problem programs to rapidly enhance performance/outcomes

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The Next Accreditation System

Timeline

- Seven specialties/RC’s begin “training” July 2012
  - Pediatrics
  - Internal Medicine
  - Diagnostic Radiology
  - Emergency Medicine
  - Orthopedic Surgery
  - Neurological Surgery
  - Urological Surgery
- Sponsor Visit Program begins September 2012
- The “Next Accreditation System” begins July 2013
- These seven specialties “go live” and specialties in phase II begin “training” July 2013
- All specialties/RC’s using the “Next Accreditation System” 7/2014

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The Next Accreditation System

Program Review

• RC hiatus from program review – July 2013 through June, 2014, except:
  • Programs with a short cycle (two years or less)
  • Proposed adverse actions
  • Programs with initial accreditation that are due for a site visit
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
✓ Semi-Annual Resident Evaluation and Feedback
  ➢ Milestones
  ➢ Faculty Survey
Program Attrition

- **General Definition**: Composite variable that measures the degree of personnel and trainee change within the program.
- **How measured**: Has the program experienced any of the following:
  - Change in PD?
  - Decrease in core faculty?
  - Residents withdraw/transfer/dismissed?
  - Change in Chair?
  - DIO Change?
  - CEO Change?
Program Changes

• **General Definition**: Composite variable that measures the degree of structural changes to the program.

• **How measured**: Has the program experienced any of the following:
  - Participating sites added or removed?
  - Resident complement changes?
  - Block diagram changes?
  - Major structural change?
  - Sponsorship change?
  - GMEC reporting structural change?
Scholarly Activity in NAS

• Annual summary for faculty and residents/fellows:
  • Publications (PubMed IDs and textbooks)
  • Number of presentations (conferences/grand rounds)
  • Grant activity (funding, PI)
  • Teaching responsibilities
## Scholarly Activity as Performance Indicator

### Templates for Scholarly Activity

**Faculty Scholarly Activity**

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters / Textbooks</th>
<th>Grant Leadership</th>
<th>Leadership or Peer-Review Role</th>
<th>Teaching Formal Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
<td>32411</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>Y</td>
<td>N</td>
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</tbody>
</table>

**Resident Scholarly Activity**

<table>
<thead>
<tr>
<th>Resident</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>Conference Presentations</th>
<th>Chapters / Textbooks</th>
<th>Participated in research</th>
<th>Teaching / Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>June Smith</td>
<td>12433</td>
<td></td>
<td></td>
<td>1</td>
<td>0</td>
<td>N</td>
<td>Y</td>
</tr>
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</table>
Faculty Scholarly Activity

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

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Present</th>
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<tbody>
<tr>
<td>John Smith</td>
<td>12433</td>
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</table>

Enter Pub Med ID #’s
### Faculty Scholarly Activity

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<td></td>
<td></td>
<td>3</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Conference Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

Enter a number
Faculty Scholarly Activity

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

1

Enter a number
### Faculty Scholarly Activity

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

<table>
<thead>
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<th>PMID 1</th>
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</table>

Enter a number

**Chapters / Textbooks:** 1
Faculty Scholarly Activity

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

Enter a number

Grant Leadership

3
Faculty Scholarly Activity

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.

Answer: Yes or No
Faculty Scholarly Activity

Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants’ 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

N

Answer Yes or No
## Scholarly Activity as Performance Indicator

### Templates for Scholarly Activity

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<td>3</td>
<td>4</td>
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<td>Y</td>
<td>N</td>
</tr>
<tr>
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<td>5</td>
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<td>Y</td>
<td>N</td>
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### Resident Scholarly Activity

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</table>

### Categories for points:
- Peer Review Publication
- Other Scholarly
- Grantsmanship
- Leadership / Peer Review
- Education

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Board Certification

- RRCs working with ABMS boards
- Composite pass rate only, not individual scores
- Multi-year rolling rates for small programs
Resident Survey

- Emphasis on themes
  - De-emphasize individual questions
- High level
- Minimize single resident impact
- Only significant deviation from compliance are indicators
- Trend data
- Domains: Duty hours, Faculty, Educational Content, Evaluations, Resources, Patient safety, Teamwork
Faculty Survey

• “Core” faculty only because they are most knowledgeable about the program
  • dedicate an average of 15 hours/week
  • trained in the evaluation and assessment of the competencies;
  • spend significant time in the evaluation of the residents
  • advise residents w/ respect to career and educational goals

• Similar domains as the Resident Survey
• Will be administered at same time as Resident Survey
  • Start in winter-spring 2013 for 2012-2013 for Phase 1
Clinical Experience

• Procedure Logs
• Review the number and mix of procedures
  • How do you know what your residents are doing?
• Correct incomplete data entry
  • Need all (not just minimum) numbers
  • Tracking incomplete reporting
Review of Annual Data: Decisions Available to the RC

- Confirm existing accreditation status based on data review
- Change existing status based on data review
- Request clarifying information prior to rendering an accreditation decision
  - Request progress report
  - Request focused site visit
  - Request full site visit
Accreditation Status Options:
Core/Subspecialty and SIs

Applications

- Initial Accreditation
- Initial Accreditation with warning – New
- Accreditation Withheld (adverse)
Accreditation Status Options
Core/ Subspecialty and SIs

- Continued Accreditation
- Continued Accreditation with warning - New
- Probationary Accreditation (adverse)
  - can’t exceed 2 years - new
- Withdrawal of Accreditation (adverse)
  - does not require probation first - new
- Administrative Withdrawal
Focused Site Visit

• Assesses selected aspects of a program and may be used:
  • to address potential problems identified during review of annually submitted data;
  • to diagnose/explore factors underlying deterioration in a program’s performance
  • to evaluate a complaint against a program
Full Site Visits

• **May** be scheduled:
  • To review an application
  • When review of continuous data identifies broad issues and/or concerns
  • For other serious conditions or situations at the discretion of an RC

• **Must** be scheduled:
  • at the end of initial accreditation
Along with an accreditation decision...

...a Review Committee may:

- Recognize and commend exemplary performance or innovations
- Identify opportunities for improvement
- Identify concerning trends
- Issue citations
- Acknowledge correction of previous citations
- Increase or reduce resident complement
Self Study

- Departmentally coordinated effort
- Respond to active citations
- Evaluate program performance against goals
- Review previous 10 year annual program evaluations
- Demonstrate effectiveness of modifications of the program over time/Continuous improvement
- Establish program goals for the future

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Self Study Visit

• Team of site visitors
• Review the self-study of the core and subs
• Conduct a PIF-less site visit
• Validate annual data submitted
• Potentially serve as a vehicle for:
  • Description of salutary practices
  • Accumulation of innovations in the field

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Clinical Competency Committee

- May already be in place under a different name
- Start thinking about the composition, procedure, data elements
- What should be reviewed:
  - Continue to look at current methods of evaluations: OSCE, simulation, 360-degree evaluations
  - Milestones, Entrustable Professional Activities, narratives
Clinical Competence Committee

Operative Performance Rating Scales
Mock Orals
End of Rotation Evaluations
Self Evaluations
Case Logs
Unsolicited Comments
Student Evaluations
Clinic Work Place Evaluations
Patient / Family Evaluations
Nursing and Ancillary Personnel Evaluations
OSCE
Peer Evaluations
ITE
Sim Lab
Assessment of Milestones

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CCC: Who/how many

- Decision for PD

- Consider:
  - Sufficient number for broad consensus
  - Representation from each major site
  - Subspecialty representation
  - Dedication to education
Categorization of All Requirements

• Standards (CPRs and Specialty specific) Organized by
  • Core (Structure, Resource, Process)
    • Followed by all programs
  • Detail (Structure, Resource, Process)
    • Way to achieve compliance with “Core” requirements
    • Good programs allowed to innovate/use alternate methods
  • Outcomes
    • The Competencies and Sub-competencies which are tied to the Milestones
Decisions on Program Standing in NAS

Application for New Program → Initial Accreditation w/ warning → Continued Accreditation

STANDARDS
Outcomes
Core Process Detail Process

Outcomes
Core Process Detail Process

Outcomes
Core Process Detail Process

Outcomes
Core Process Detail Process
The Clinical Learning Environment Review (CLER) Program

- Focus on institutional environment – *not* individual programs
- Six focus areas
CLER Program

Integration of residents/fellows (along with demonstration of impact) into:

1. Patient Safety Programs
2. Quality Improvement Programs
   - Reduction of Disparities in Health Care Delivery
3. Supervision
4. Transitions in Care
5. Duty hours policy, fatigue management and mitigation
6. Professionalism (including Honest and Accurate Reporting of Information, Scientific Integrity and Issues of Mistreatment)
SCHEMATIC OF FLOW OF CLER SITE VISIT

Three phases of Visit

1. Team Huddle and review
   - Resident meeting
   - Core faculty meeting

2. Walk-Around
   - Walk-Around I
   - Walk-Around II
   - Team Huddle and review
   - Initial Drafting

3. P.D. meeting
   - Exit meeting
   - Review, Clarify & Feedback

Initial meeting
- DIO, GMEC Chair
- CEO, CSO/CMO

Exploration and Inquiry

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Future Educational Sessions

- Completed/posted: CLER and NAS
- Future ACGME webinars
  - Milestones
  - Self-study
  - Phase 1 specialties
- Previous webinars available for review at: http://www.acgme-nas.org under “ACGME Webinars”.

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The Accreditation Council for Graduate Medical Education is a private, non-profit council that evaluates and accredits more than 8,000 residency programs in 135 specialties and subspecialties in the United States, affecting more than 116,000 residents. Its mission is to improve health care in the U.S. by assessing and advancing the quality of graduate medical education for physicians in training through accreditation.

This website shares background and detail regarding the ACGME’s next accreditation system, an outcomes-based accreditation process through which the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21st century.

Recent News

NAS FAQs (Updated 12-2012)
ACGME Board Approved Policies and Procedures for the Next Accreditation System (Effective date: 7/1/2013)
Key Dates for Phase I Specialties
NAG Slideshow – ACGME Conference Presentation by Dr. Nasca
ACGME Webinars - The Next Accreditation System (NAS)
ACGME Webinar 2: Implementing the Next Accreditation System: Download Slides
Register to view slides and audio
ACGME Webinar 1: The Clinical Learning Environment Review (CLER) Program: Early Experiences: Download Slides
### Key Dates for Phase II specialties under NAS

**ACGME News and Reviews, J Grad Med Educ, 2012; 4(4): 562**

**http://www.acgme-nas.org/assets/pdf/KeyDatesPhase1Specialties.pdf**

<table>
<thead>
<tr>
<th>Month &amp; Year</th>
<th>ACGME Activities</th>
<th>Program and Institutional Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2013</td>
<td>PRs categorized into detail and core processes, and outcomes</td>
<td></td>
</tr>
<tr>
<td>July 1, 2013 – June 30, 2014</td>
<td>Programs provide: annual ADS, RS, FS, Case Log data, SA</td>
<td></td>
</tr>
<tr>
<td>Spring 2014</td>
<td>Final SVs in the current system completed for newly accredited or with short cycle length</td>
<td></td>
</tr>
<tr>
<td>June 2014</td>
<td>Phase II Programs form CCC and prepare to assess milestones</td>
<td></td>
</tr>
<tr>
<td>July 2014</td>
<td>Phase II Specialties and Subspecialties Begin Operating in NAS</td>
<td></td>
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</tbody>
</table>
Key Dates for Phase II specialties under NAS

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Event Description</th>
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</thead>
<tbody>
<tr>
<td>7/1/14-6/30/15</td>
<td>Milestones assessments begin for core programs</td>
</tr>
<tr>
<td>Fall 2014</td>
<td>RRCs review annual data from Academic year 2013-2014 (without milestone data)</td>
</tr>
<tr>
<td>December 2014</td>
<td>Core Programs submit the first set of milestones assessments to ACGME</td>
</tr>
<tr>
<td>June 2015</td>
<td>Programs submit 2(^{nd}) set of milestones assessments to ACGME</td>
</tr>
<tr>
<td>Fall 2015</td>
<td>First self study SVs for programs with 2015 self study date</td>
</tr>
<tr>
<td>Fall 2015</td>
<td>RRCs review annual data from 2014-2015 (with milestone data)</td>
</tr>
</tbody>
</table>

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Questions???