ACGME Update

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Orthopaedic Surgery RRC Executive Director

American Academy of Orthopaedic Surgeons
2014 Annual Meeting, New Orleans LA
Sports Fellowship Program Directors Meeting
March 14, 2014

Topics

• ACGME Accreditation Basics
• Fellowship Accreditation (Policy 15.00)
  ➢ Independent/Dependent Fellowship Programs
  ➢ “Stand-alone” Programs
  ➢ “Single Program Institutions”
• Fellowship Eligibility
• Single Accreditation System
• Next Accreditation System Basics
ACGME Accreditation Basics

• ACGME accredits sponsoring institutions and their residency/fellowship training programs
  ➢ Education-related Functions
• ABMS boards – NOT ACGME - certify residents/fellows
• Joint Commission – NOT ACGME – accredits hospitals
  ➢ Health Care-related Functions

ACGME Accreditation Basics

• One Sponsoring Institution has ultimate authority and responsibility for its ACGME-accredited programs
• DIO in collaboration with GMEC have authority and responsibility for oversight and administration
ACGME Accreditation Basics

ACGME Board of Directors delegates accreditation authority to:

• Residency Review Committees – program accreditation
• Institutional Review Committee – sponsoring institution accreditation

ACGME Accreditation Basics

Orthopaedic Surgery Review Committee

• Three nominating organizations
  ➢ ABOS (3 members)
  ➢ AAOS (3 members)
  ➢ AMA (3 members)
• 6 year terms (non-renewable)
• 1 resident member
  ➢ 2 year non-renewable term
  ➢ Solicitation through email to all program directors
• ABOS ex-officio member (non-voting)

Fiduciary responsibility is to the ACGME NOT the nominating organization
Institutional Review Committee

- Members appointed by the ACGME Board of Directors Executive Committee
  - Nine physician members (DIOs)
  - One resident member
  - No ex-officio member

PUBLIC MEMBER (1 per RC) Policy 9.00

- Not a physician (nurses and affiliated healthcare providers permitted)
- Not a member or employee of an organization with a vested interest in outcome work of Review Committee
- Not employed by same program, institution, or affiliated institution as current RC members
- Evidence of distinguished and advanced career, leadership and membership in public organizations
- 6 year term, full voting privileges
- First public member term expected to begin 7/1/2015
Policy 15:00 Independent Subspecialties

Effective 7/1/2013

- The ACGME will not accredit new independent subspecialty programs
- An independent subspecialty program within an institution that also sponsors a core residency program must function as a dependent subspecialty program to the core program

Policy applies to ALL specialties

Definitions

- Stand-alone subspecialty: a program within an institution that does NOT sponsor a core residency program
  - Institution may be either MPI or SPI
- Single Program Institution (SPI): a program within an institution that sponsors ONLY the fellowship program
### Subspecialty Total # # Stand-alone # SPI

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Total</th>
<th>Stand-alone</th>
<th>SPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Reconstruction</td>
<td>21</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Foot and Ankle</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hand (orthopaedic)</td>
<td>65</td>
<td>10</td>
<td>2</td>
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<tr>
<td>Hand (GS/PS)</td>
<td>16</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Pediatric</td>
<td>26</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Spine</td>
<td>18</td>
<td>4</td>
<td>2</td>
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<tr>
<td>Sports</td>
<td>96</td>
<td>41</td>
<td>36</td>
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<tr>
<td>Trauma</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Musculoskeletal Oncology</td>
<td>11</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Information available 12/6/2013

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### Stand-alone Programs

- If the stand-alone program is within an ACGME-accredited sponsoring institution that is accredited under the authority of the Institutional Review Committee, no action is needed (all MPIs).

- If the stand-alone program is also an SPI, then one of the following actions is needed:
  
  1. Become an ACGME-accredited sponsoring institution under the oversight of the ACGME Institutional Review Committee OR
  
  2. Change sponsorship to a geographically proximate institution that is currently ACGME-accredited under the oversight of the ACGME Institutional Review Committee

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Single Program Institutions

- SPI programs that choose option 1 (or do nothing) will automatically come under IRC accreditation authority as a sponsoring institution by 7/1/2015 AND will remain under RRC accreditation authority as a program
- SPI programs that choose option 2 should contact the RRC executive director for further information (this option available at any time)
- All SPIs will receive a communication from the IRC/RRC later this year

Stand-alone Programs

- Stand-alone SPI programs choosing option 1 (become an ACGME-accredited sponsoring institution under the oversight of the ACGME Institutional Review Committee):
  - Will have NAS annual reviews by the IRC for compliance with institutional requirements
  - Will have NAS annual reviews by the RRC for compliance with program requirements
  - Will have self-study visits for both the institution and the program (scheduled as close together as possible)
  - Will have CLER visits
Fellowship Eligibility

• Current Requirement Int.C: Fellowship education should take place after completion of an accredited orthopaedic surgery residency
  ➢ Exceptions permitted as long as they are rare
• New Requirement III.A. effective 7/1/2016
  ➢ Requires completion of either ACGME-accredited or RCPSC-accredited orthopaedic surgery residency

Fellowship Eligibility

• New eligibility exception requirements III.A.2 effective 7/1/2016
  ➢ “Exceptionally qualified”
    o Completed non-ACGME-accredited core orthopaedic surgery residency
    o Demonstrated clinical excellence compared to peers throughout training
    o Additional: e.g., additional clinical or research training; demonstrated scholarship; demonstrated leadership; completion of ACGME-I accredited residency
Fellowship Eligibility

• New eligibility exception requirements III.A.2 effective 7/1/2016
  ➢ Must be reviewed and approved by the GMEC or GMEC subcommittee
  ➢ Satisfactory completion of USMLE Steps 1, 2, and, if eligible, 3
  ➢ ECFMG verification if international
  ➢ Evaluation by CCC using the fellowship milestones within 6 weeks of matriculation
    o Waived if graduate of ACGME-I program
    o Remediation overseen by GMEC if applicant does not meet entry milestones
    o Remediation time does not count toward required 12 months training

Fellowship Eligibility

• Decision to allow the exception differs among RRCs
  ➢ Orthopaedic Surgery RRC will allow the exception (effective 7/1/2016)
Fellowship Eligibility

Enrolled Fellows AY 2012-2013*

<table>
<thead>
<tr>
<th>Medical School</th>
<th>#</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>RCPSC</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>IMG</td>
<td>18</td>
<td>8%</td>
</tr>
<tr>
<td>Osteopathic</td>
<td>21</td>
<td>9%</td>
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<tr>
<td>LCME</td>
<td>180</td>
<td>81%</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>223</strong></td>
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</table>

* Source: ACGME Data Resource Book 2012-2013

Definitions

- **AOA**: American Osteopathic Association
  - Accredits osteopathic programs and medical schools; hospitals and other healthcare facilities
  - Certifies osteopathic physicians
- **AACOM**: Association of American Colleges of Osteopathic Medicine
Single Accreditation System

- AOA and AACOM will become ACGME member organizations
  - Phased-in membership on ACGME Board
  - Phased-in membership on RRCs
- There will be osteopathic-focused programs under ACGME accreditation
  - Osteopathic Principles Committee will review osteopathic aspects
- DO and MD graduates will have access to all GME programs
  - Pre-requisite competencies and training for MD graduates to apply to osteopathic-focused program

<table>
<thead>
<tr>
<th>AOA-accredited Program*</th>
<th>#</th>
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<tbody>
<tr>
<td>Orthopaedic Surgery</td>
<td>39</td>
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<tr>
<td>Hand</td>
<td>1</td>
</tr>
<tr>
<td>Musculoskeletal Oncology</td>
<td>1</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>22</td>
</tr>
<tr>
<td>Spine (dormant)</td>
<td>0</td>
</tr>
</tbody>
</table>

* Information available from AOA website 3/5/2014
Single Accreditation System

• AOA-accredited programs may apply for ACGME-accreditation 7/1/2015 - 6/30/2020
  ➢ ACGME-accredited osteopathic programs with a DO program director must also have an MD co-program director
  ➢ ACGME program requirements otherwise remain unchanged
  ➢ Graduates from AOA core programs that have applied for ACGME accreditation must meet fellowship eligibility requirements in effect 7/1/2013

Fellowship Eligibility

Eligibility of AOA-accredited program graduates:
2015 match
• Current rules (eligible if rare in a program)
Eligibility of AOA-accredited program graduates:
2016 match
• If AOA program has applied for ACGME accreditation by 8/1/2016 (matriculation date) then current (2013) eligibility rules
• If AOA program has NOT applied for ACGME accreditation by 8/1/2016, then the AOA graduate could potentially enter orthopaedic fellowship programs as permitted under the exception
Next Accreditation System: Overview

- Site Visit or Clarifying Info Requested
- Program Review by RRC (June)
- Annual Program Review by RRC (Jan)
- Annual Data Submission (Fall)

Next Accreditation System: Annual Review

- RRC January 2014 meeting: annual data review for all programs
  - Faculty and Fellow Scholarly Activity
  - Major Changes and Response to Current Citations
  - Current Participating Site Information
  - Current Block Diagram
  - Fellow and Faculty Surveys
  - (Case Logs)
  - Program and sponsoring institution history (previous accreditation and non-status decisions 2000 - current)
  - Progress reports, site visit reports, other requests
Next Accreditation System: Statuses

Appealable Accreditation Actions

- Accreditation Withheld
- Probationary Accreditation
- Withdrawal of Accreditation
- Non-voluntary Reduction in Resident/Fellow Complement

ACGME Policies
Subject 18.00
Approved 29 September 2012
Effective 1 July 2013

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NAS: Accreditation Statistics Current

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th># Programs</th>
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<tbody>
<tr>
<td>Continued Accreditation</td>
<td>86</td>
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<tr>
<td>Continued w/Warning</td>
<td>4</td>
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<tr>
<td>Probation</td>
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<tr>
<td>Initial</td>
<td>5</td>
</tr>
<tr>
<td>Initial w/Warning</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>96</strong></td>
</tr>
</tbody>
</table>

• Milestones now available on the RRC website
• Fellowship programs should be forming their Clinical Competency Committee and establishing a milestone evaluation process
• Faculty Development Resources: http://www.acgme.org/acgmeweb/tabid/442/GraduateMedicalEducation/SlidePresentationsforFacultyDevelopment.aspx

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### Orthopaedic Surgery

**Program Requirements**
- Currently in Effect
- Approved but not in Effect
- Approved but not in Effect 2016

**Milestones**
- Orthopaedic Surgery
- Orthopaedic Trauma Milestones
- Foot and Ankle Milestones
- Pediatric Orthopaedic Surgery Milestones
- Adult/Neurosurgical Surgery Milestones
- Musculoskeletal Oncology Milestones
- Orthopaedic Sports Medicine Milestones
- Trauma Orthopaedic Surgery Milestones
- Joint Surgery Milestones

### Slide Presentations for Faculty Development

In an effort to provide information on the Next Accreditation System, the ACGME Senior Vice Presidents for Accreditation created slide presentations that are available to the GME community for downloading and use in faculty development. The presentations are brief (no more than 20 minutes) and include slides and accompanying text that are meant to be used by program directors within their programs and institutions. The slide presentations are provided in PowerPoint format. Please note that the information is current through November 15, 2013. The intention is to update the information periodically. The following slide presentations are available at this time:

1. NAS
2. Clinical Competency Committee
3. Milestones
4. Update on Policy Changes
5. The Program Evaluation Committee and the Annual Program Evaluation

A slide presentation on the Clinical Learning Environment Review (CLER) Program is forthcoming. A slide presentation on the Self-Study process and the Self-Study Visit will likely be available in early 2014.
NAS: Milestone Evaluation

Common Program Requirements for Fellow Evaluation (V.A.1): Effective 7/1/2013

• The program director must appoint the Clinical Competency Committee.
• CCC must have at least three program faculty.
• CCC members may also include non-physician members of the health care team.
• Residents and fellows may NOT be members of the CCC

The Clinical Competency Committee:

• Reviews all fellow evaluations semi-annually
• Prepares and ensures semi-annual reports of milestones for each fellow to the ACGME
• Advises the program director regarding fellow progress, remediation, and dismissal

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NAS: Fellowship Milestones

- First milestone evaluation period: 7/1/14 - 12/31/14
  - First milestone reporting period: 11/1/2014 – 12/31/2014
- Second milestone evaluation period: 1/1/2015 – 6/30/2015
  - Second milestone reporting period: 5/1/2015-6/15/2015
- RRC will see aggregated results as part of the January 2016 annual program review

NAS: Site Visits

- Focused
  - 30 day notice
  - No document preparation
  - Specific program/institution area(s) as specified by RRC/IRC
- Full
  - 60 day notice
  - No document preparation
  - Broad issues/concerns
NAS: Site Visits

• **Self-study**
  - Program self-study visits begin July 2015
  - Notification of approx. date of first self study program visit has been sent
  - Notification of approx. date of first self study institutional visit has been sent to MPIs only
  - Scheduled every 10 years thereafter

Self-Study (programs)
• Review Annual Program Evaluations (PR V.C.)
  - Response to citations
  - Faculty development
• Judge program success at Continuous Quality Improvement (CQI)
• Learn future goals of program
• Verify compliance with Core requirements

Self-Study (institutions)
• Information from IRC forthcoming (IR 1.B)
New Common Program Requirements for Annual Program Evaluation (V.C.1) Effective 7/1/2013

- Program director must appoint Program Evaluation Committee (PEC)
- PEC members: at least 3 program faculty; representation from fellows
- Written description of PEC responsibilities
- PEC plans, develops implements evaluates program activities, develops competency-based goals and objectives, conducts annual program review, ensures areas of non-compliance are corrected

New Common Program Requirements for Annual Program Evaluation (V.C.2) Effective 7/1/2013

- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a full, written annual program evaluation (AE).

Review of AEs will be included in self-study visits
NAS: Ten Year Self-Study Visit

Annual Program Evaluation (PR V.C.)
• Resident performance
• Faculty development
• Graduate performance
• Program quality
• Documented improvement plan

Self-Study Visit

Ongoing Improvement

Yr 0 Yr 1 Yr 2 Yr 3 Yr 4 Yr 5 Yr 6 Yr 7 Yr 8 Yr 9 Yr 10
AE AE AE AE AE AE AE AE AE AE

AE: Annual Program Evaluation

Site Visits

- CLER
  - NOT an accreditation visit: used solely for providing feedback and learning
  - Limited amount of information requested prior to visit; minimal advance notice
  - Visit characterized by series of group discussions, walk-arounds, and debriefings
  - Six focus areas: patient safety; healthcare quality; care transitions; supervision; duty hours/fatigue management and mitigation; professionalism
  - CLER visits to SPIs not yet started
Site Visits

- **CLER**
  - Not an accreditation visit: used solely for providing feedback and learning.
  - Limited amount of information requested prior to visit; minimal advance notice.
  - Visit characterized by series of group discussions, walk-arounds, and debriefings.
  - Six focus areas: patient safety; healthcare quality; care transitions; supervision; duty hours/fatigue management and mitigation; professionalism.
  - CLER visits to SPIs not yet started.

These areas incorporated into the institutional requirements as responsibilities of the sponsoring institution related to the fellow learning and working environment: IR III.B.