Review Committee/ACGME Update
ACOI 2017 Annual Congress on Medical Education
Friday, May 5, 2017

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Disclosures
No conflicts to disclose
Plan for Session

General Information Related to Review and Application Process
Update on Actions for Internal Medicine Applications
Update on Actions for SUBSPECIALTY Applications
Review Committee Position on Single GME Accreditation System
New Requirements and Other New Things
NAS 101
Review Committee Members and Staff

What does the Review Committee do?

• Reviews applications and programs with regards to Common and specialty-specific Program Requirements
• Determines accreditation status for programs and applications
• Proposes revisions to Program Requirements
• Discusses matters of policy, issues relevant to the specialty
• Recommends changes in policy, procedures, and requirements to the ACGME Council of Review Committee Chairs
What does the Review Committee review?

- Applications and programs to determine substantial compliance with minimum Program Requirements
- Areas of non-compliance may be identified
  - Substantial compliance even with areas of non-compliance
- The big question...
  - What’s the “tipping point”? What combination of citations leads to an undesirable (continued pre-accreditation) or adverse action (warning, probation, or withdrawal)?
  - There is no formula: peer review process

“Areas of non-compliance”?

Review Committee communicates non-compliance with requirements via...

Citations
- Require response in the Accreditation Data System (ADS)

AFIs = “Areas for Improvement”
- AFIs do not require specific response in ADS
- Review Committee assumes the program and institution will address AFIs
- Will draw further scrutiny (possibly become citation) if the trend continues
## Contrast: Citations and AFIs

<table>
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<tr>
<th>Citations</th>
<th>Areas for Improvement/Concerning Trends</th>
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<tr>
<td>A citation identifies an area of non-compliance and refers to a specific program requirement.</td>
<td>An AFI can identify an area of non-compliance, but also be a warning that compliance is borderline, or that non-compliance may be imminent. It may also be issued so site visitor can verify at time of visit.</td>
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<td>A citation is added to the program’s history and requires a response in ADS.</td>
<td>An AFI is added to the program’s history, but does not require a response in ADS, though identifying corrective actions in the “Major Changes” field is good practice.</td>
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<td><strong>If at Initial Accreditation:</strong> The response to a citation will be reviewed at time of the site visit. If the Review Committee is satisfied with the response, the citation is “resolved.” If not, the citation is “extended.”</td>
<td><strong>If at Initial Accreditation:</strong> The field representative will verify progress on addressing the AFI at time of the site visit.</td>
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<td><strong>If at Continued Accreditation:</strong> The response is reviewed annually until the Review Committee is satisfied that the issue has been adequately addressed and the citation is “resolved.” Otherwise the citation will be “extended.”</td>
<td><strong>If at Continued Accreditation:</strong> An AFI is not reviewed unless the program is re-identified as an outlier. If the AFI is still a concern during a subsequent review, it will likely escalate to a citation. The Review Committee expects that the concern will be addressed, corrected, and monitored for continued compliance locally.</td>
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## When will my application be reviewed?

- Check agenda closing dates on the website, but keep in mind…
  - All core applications need a site visit.
  - Subspecialty applications do not need a site visit.

- **CORE application**…
  - must be submitted in ADS, and
  - site visit must take place, and
  - field representative’s report must be submitted to Review Committee staff by agenda closing date in order to be reviewed at meeting.

- **SUBSPECIALTY application**…
  - must be submitted in ADS by closing date.
What happens after the Review Committee reviews the application?

• Program director + designated institutional official (DIO) will receive an e-mail w/ the Review Committee’s decision w/in **5 business days** of the Review Committee meeting.
• A Letter of Notification follows 6-8 weeks, detailing areas of non-compliance, if any.

When can a subspecialty application be submitted?

• Subspecialties are considered dependent.
• Subspecialties must be associated with core program in same Sponsoring Institution.
• A subspecialty application can be initiated after the core program has received **pre-accreditation**.
• A subspecialty application cannot be submitted in ADS until its core achieves **Initial Accreditation**.
  
  Initial Contingent ≠ Initial Accreditation
General tips for filling out the application

- **Accurate and complete**
- Start early, particularly on Faculty Roster and CVs
- Answer every question
- Spelling, grammar, neatness, appearance, complete sentences... all matter
- Write with Program Requirements in mind and *in hand*
- "Must" is a *must*
- Be honest, complete, and concise
- Be internally consistent
- Fully explain abbreviations and local terms
- Don’t include unsolicited information

Plan for Session

General Information Related to Review and Application Process

*Accreditation Actions for Internal Medicine Applications*

Accreditation Actions for SUBSPECIALTY Applications

Review Committee Position on Single GME Accreditation System

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NAS 101

Review Committee Members and Staff
Actions for internal medicine applications reviewed
As of April 8, 2017 – after the Review Committee meeting

Initial, Contingent
n=8, 18%

Initial Accreditation
n=36, 82%

Actions for internal medicine applications reviewed
As of April 24, 2017 – after the Institutional Review Committee meeting

Initial, Contingent
n=0, 0%

Initial Accreditation
n=44, 100%
Internal medicine and the transition to a single GME accreditation system

- Initial Accreditation: n=44, 39%
- Pre-Accreditation: n=19, 17%
- Initiated, Not submitted: n=26, 23%
- Not Initiated: n=23, 21%

Total # of AOA-approved programs = 112. Count does not include dually accredited programs.

More internal medicine applications expected before the end of year...

- Initial Accreditation: n=44, 39%
- Pre-Accreditation: n=19, 17%
- Initiated, Not submitted: n=26, 23%
- Not Initiated: n=23, 21%
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Actions for subspecialty applications reviewed

- Continued Pre
  n=7, 44%

- Initial Accreditation
  n=9, 56%
# of citations for subspecialty applications: Initial vs Cont-Pre

Types of citations for subspecialties: Initial vs Cont-Pre

- Supervision policy
- Support for PD
- G&O
- Faculty involvement in program
- Inaccurate app
- Service Issues
- Min # of KCF
- Evaluation (multi-source, CCC)
- SA
- Missing required educ/curric elements

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How many AOA-approved subspecialty programs have applied during the transition to a single GME accreditation system?

15% "in"

- Initial, n=9, 7%
- Cont-Pre, n=7, 6%
- Pre, n=2, 2%
- Initiated, Not submitted, n=31, 25%
- Not Initiated, n=73, 60%

Total # of AOA-approved subspecialty programs = 122
Some subspecialty programs may not be able to submit because their internal medicine program doesn’t yet have Initial Accreditation

How many AOA-approved 3-year subspecialty programs have applied?

22% "in"

- Initial, n=7, 10%
- Cont-Pre, n=6, 9%
- Pre, n=2, 3%
- Initiated, Not submitted, n=20, 30%
- Not Initiated, n=32, 48%

Total # of AOA-approved 3-year subspecialty programs = 67
Some subspecialty programs may not be able to submit because their internal medicine program doesn’t yet have Initial Accreditation
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Expectations for applications

PD, APD, CF, KCF, SEC… AOA is AOK!
**Expectations for non-AOA-approved program applications**

PD, APD, CF, KCF, SEC… AOA is AOK!

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**Change to Program Requirements for certification take and pass rate**

- At least 80 percent of the program’s graduates from the most recently defined three-year period must take the American Board of Internal Medicine (ABIM) or the American Osteopathic Board of Internal Medicine (AOBIM) certification examination. *(Outcome)*

- At least 80 percent of the program’s graduates from the most recently defined three-year period who take either the ABIM or the AOBIM certification examination for the first time must pass. *(Outcome)*

Language will be reviewed by ACGME Board at its June meeting.
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Revised Section VI of the Common Program Requirements

The biggies …

• Eliminated 16-hour rule for PGY-1s
  – Holding all residents to same clinical and educational work hours

• New sections → Patient Safety, Quality Improvement, Well-being
  – Effective date of implementation: July 1, 2017
  – Assessment of new sections will not be cited until 2019

• Introducing flexibility
  – No longer need to document situations where exceed 24 hours

• Potential for burden
  – New requirements related to patient safety, quality improvement, and well-being
  – Counting work at home as part of 80 hours
Revision of all other Common Program Requirements

Beginning the conversation to revise the Program Requirements for Internal Medicine

What will the practice of medicine look like in 2035?
**Scholarly Activity**

*Expectations for scholarly activity for subspecialty faculty members*

Until the January 2017 meeting, the Review Committee had a very high bar for scholarly activity for subspecialty programs

- *Depending on complement, subspecialty programs needed* $X$ *publications by* $Y$ *faculty*
- *Not having min # of publications = withhold of accreditation*

But everything changed in January…
The Committee requires that fellowship education occur in an environment of inquiry, scholarship, and research productivity in order to promote and inspire a professional commitment to lifelong learning. It determined that its current Program Requirements II.B.7.e),(1)-(2) too narrowly defined scholarship. As such, the Committee has broadened its interpretation of scholarship and now considers the scholarship of not only discovery, but also application, integration, and teaching, as long as the scholarly products are characterized by clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique.1,2,3,4 The Committee will now expect programs to document annually that 50% of the key clinical faculty (KCF) engage in a variety of scholarly activities, as listed in Program Requirements II.B.5.a) and b).(1)-(4). If 50% of the KCF give grand rounds presentations exclusively, the program will not have demonstrated compliance with the expectation. The Committee will consider the fellows' scholarly output as well as their perceptions of whether the program has created a scholarly environment when determining whether the program has adequately established and maintained an environment of inquiry and scholarship. If submitting a new application for accreditation: until the physician curriculum vitae is updated to allow for the entry of organized clinical discussions (as noted in PR II.B.5.a)), list such activities in the field for presentations, abstracts, and grants.

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**NAS 101**  
Review Committee Members and Staff
How does the Review Committee review established programs?

NAS – Next Accreditation System

Review Committee reviews every established program **annually** using data

Using these “data elements”
- Resident/Fellow Survey
- Clinical Experience
- Certification Exam Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Subspecialty Performance
- Omission of Data
How does the Review Committee review established programs annually?

1. Programs with citations
   • Is the program addressing the citations?
   • Are there positive outcomes?
   • Is there enough information?

2. Programs flagged as outliers on data elements
   • Are there multiple elements flagged?
   • Which elements were flagged?
   • Are there trends?
   • Is there enough information?

If there is not enough information, Review Committee will request clarifying information or a site visit.

NAS = Innovation
How does the NAS promote innovation?

In the current accreditation model, Program Requirements are categorized as *Outcome, Core, or Detail*

- **Outcome** - Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents at key stages of their graduate medical education
- **Core** - Statements that define structure, resource, or process elements essential to every graduate medical educational program
- **Detail** - Statements that describe a specific structure, resource, or process for achieving compliance with a Core program requirement. *Programs and Sponsoring Institutions in substantial compliance with the Outcome requirements may use alternative or innovative approaches to meet Core requirements.*

Programs in substantial compliance with *Outcome* and *Core* requirements can innovate with *Detail* requirements.

- *Detail* requirements do not go away, but program directors do not need to demonstrate compliance with them unless it becomes evident that *Outcome* or *Core* requirements are not being met.
When can I innovate?

Applications and new programs with Initial Accreditation status are expected to comply with all requirements.

Innovation is a privilege of demonstrating substantial compliance with the Program Requirements over time → Good Standing

Take away message…
• Something to consider in the future, and,
• There are different types of Program Requirements

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• Review Committee Members and Staff
# Current Composition of the Review Committee

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| Andrew Dentino, MD | Kris Patton, MD |
| Sanjay Desai, MD | David Pizzimenti, DO |
| Sima Desai, MD | Donna Polk, MD |
| Jessica Deslauriers, MD **resident** | Samuel Snyder, DO |
| Oren Fix, MD | David Sweet, MD |
| Christin Giordano, MD **resident** | Jacqueline Stocking, RN **public member** |
| James Herdegen, MD | Heather Yun, MD |
| Russell Kolarik, MD | Patrick Alguire, MD **ex-officio, ACP** |
| Monica Lypson, MD | Alejandro Aparicio, MD **ex-officio, AMA** |
| Brian Mandell, MD **Vice Chair** | Furman McDonald, MD **ex-officio, ABIM** |
| Elaine Muchmore, MD | Don Nelinson, PhD **ex-officio, AOA** |

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"Knowing is not enough we must apply
Willing is not enough we must do."

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