Transitioning to the Single Accreditation System: Welcome and Update from the Review Committee for Neurology

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No financial conflicts to disclose
Plan for Webinar

- Overview of NAS
- ACGME Structure
- RC Members and Staff
- RC Accreditation Actions in 2015
- Outcome of Applications Reviewed in 2015
- Citations related to Adverse Actions
- Discussion of Potential Issues
- Application Timeline
Today’s Webinar

• Will provide general information re SAS, but the majority of content will be specialty specific.
• General webinar on the accreditation application process (April 1st) available webpage of ACGME and AOA pages
## Frequently Asked Questions: Single Accreditation System
### Accreditation Council for Graduate Medical Education (ACGME)

These FAQs address elements of the single accreditation system resulting from an agreement among ACGME, the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM). Please refer to the ACGME Glossary of Terms for clarification on some of the terms used in this document.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
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<tbody>
<tr>
<td><strong>Benefits</strong></td>
<td><strong>A single accreditation system will promote improved health and health care for the public by enhancing the education of the next generation of physicians.</strong></td>
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<tr>
<td>What are the benefits of the single accreditation system?</td>
<td>The single accreditation system is intended to achieve four significant benefits:</td>
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<tr>
<td></td>
<td>1. Establish and maintain consistent evaluation and accountability for the competency of resident physicians across all accredited graduate medical education (GME) programs.</td>
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<td>2. Eliminate duplication in GME accreditation.</td>
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<td>3. Achieve efficiencies and cost savings for institutions currently sponsoring “dually” or “parallel” accredited allopathic and osteopathic programs.</td>
</tr>
<tr>
<td></td>
<td>4. Ensure all residency and fellowship applicants are eligible to enter all accredited programs in the United States, and can transfer from one accredited program to another without repeating training, and without causing the sponsoring institutions to lose Medicare funding. (See Appendix 1: Eligibility for Residency and Fellowship for additional detailed information.)</td>
</tr>
</tbody>
</table>

| **Program Accreditation**                                                | **Under the terms of the agreement among the ACGME, the AOA, and AACOM, there are three pathways to ACGME accreditation:**                                                                             |
|                                                                        | 1. Programs that are AOA-approved and have matriculated residents as of July 1, 2015, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020, are eligible for “pre-accreditation status,” may have AOA-certified faculty members, and may have co-program directors (one American Board of Medical Specialties (ABMS)-certified and one AOA-certified). |
|                                                                        | 2. Programs that are AOA-approved as of July 1, 2015 with no matriculated residents as of that date, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020, are eligible for “pre-accreditation status.” |
|                                                                        | 3. AOA-approved programs that do not meet the criteria in 1. or 2. above may apply at any time for ACGME accreditation, but will not benefit from the terms of the agreement. |
What if I have questions?

- If you have any questions about requirements, the application process, etc…contact the RC staff.
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ACGME Mission

• “We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”
Changes at ACGME

- As of July 1, 2013, *Next* Now/New Accreditation System
- Delivers on promise of *outcomes-based accreditation*
- Provides annual RRC review to identify “problem programs” and help them improve
- Changes the workflow of the process of accreditation
  - *Annual review* – no more review cycles
  - Site visits only every 10 years *(or as needed)*
  - Annual ADS data entry replaces PIFs
- Categorized PRs allow for innovation
  - *Detail* PRs = potential for innovation
NAS is Conceptually Different from the Previous Accreditation System

**Pre-NAS…**

- Rules
  - Corresponding Questions
    - “Correct or Incorrect” Answer
      - (meeting minimum standards)
        - Citations and Accreditation Decision

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NAS is about Continuous Improvement

- Annual Data Submission
- Annual ACGME Feedback
- Annual Program Evaluations
- Annual Written Action Plans
NAS: Innovation + Accreditation

**Neurology PRs vs. Common PRs** (% Outcome, % Core, % Detail)

- Established programs in “good standing” can innovate with “detail” PRs
- New programs will need to demonstrate compliance with *all* PRs

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ACGME Board of Directors: Changes

- 2 AACOM nominees (4 as of 2020)
- 4 AAMC nominees
- 4 ABMS nominees
- 4 AHA nominees
- 4 AMA nominees
- 2 AOA nominees (4 as of 2020)
- 4 CMSS nominees
- 3 ‘at-large’ directors
- 3 public directors
- Chair Council of Review Committee Chairs
- Chair Council of Review Committee Residents
- At-large resident
- 2 Federal representatives (ex officio)
ACGME Governance

Committees that will include AOA nominees
ACGME Accreditation Structure

Composition

Nominating Organizations:
- AACOM
- AAMC
- ABMS
- AHA
- AMA
- AOA
- CMSS

From the GME community, at large

Nominating Organizations:
- +/-ABMS Board
- +/-AMA
- +/-Specialty Society
- +/- AOA

From the GME community, at large

Authority to accredit

ACGME Board of Directors*

ACGME Policies

ACGME BOD Monitoring Committee

26 Specialty Review Committees*

Program Requirements

Transitional Year Committee*

Program Requirements

Institutional Review Committee*

Institutional Requirements

Osteopathic Principles Committee*

Osteopathic Recognition Requirements

Council of RC Public Members

Council of Review Committee Residents

Council of Review Committee Chairs

Authority to accredit

*Each with at least one public and one resident member

© 2015 Accreditation Council for Graduate Medical Education (ACGME)
ACGME Structure: RC Executive Director and Staff
MOU announced *February 26, 2014*
- Institutions may apply *April 1, 2015*
- AOA programs may apply *July 1, 2015*
- Application window closes *June 30, 2020*
- AOA ceases accreditation *June 30, 2020*
Applicant programs which, on 1 July 2015:
- Are AOA-approved, and
- Have matriculated residents

Get “Pre-Accreditation Status”

Get relief from two Common Program Requirements:
- AOA-certified faculty will be acceptable to RC
- May have AOA-certified co-program director
Applicant programs which, on 1 July 2015:
  - Are AOA-approved, and
  - Do not have matriculated residents
Get “Pre-Accreditation Status”
Do not have relief from common program requirements
### SAS Applications: Who gets what?

<table>
<thead>
<tr>
<th>AOA-Approved 7/1/2015</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matriculated Residents 7/1/2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Can have Pre-Accreditation Status</th>
<th>Can have AOA-certified Co-PD</th>
<th>AOA-certified faculty systematically “acceptable”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>+</td>
<td>-</td>
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<tr>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
• DIO needs to initiate application process, but after that…
• Application in **two parts**:  
  o *General information for all programs* (ADS)  
  o *Specialty-specific application* (Word format)
• Cannot alter applications after submitting  
• Describe plan to meet each requirement  
• In policies/attachments, etc., use ACGME language
Applying to ACGME: Which standards to comply with?

- Programs in Pre-Accreditation status still AOA-approved and must function according to AOA standards, but.....
- Applications for ACGME accreditation must be written to ACGME standards
- Policies/procedures/etc. meeting ACGME standards will become effective upon ACGME accreditation
Subspecialty Programs

- Subspecialty programs are considered *dependent*, which means...
  - They *must* be associated with core program in same sponsoring institution
- Subspecialty or fellowship *can* apply for accreditation after its core program has received *Pre-Accreditation*
- However, a subspecialty or fellowship *cannot* be reviewed until its core receives *Initial Accreditation*
Single Accreditation System for AOA-Approved Programs

On February 26, 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) that outlines a single graduate medical education accreditation system for residency and fellowship programs in the United States.

Click here for the executive summary of the MOU

The single accreditation system allows graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common milestones and competencies.

Over the next five years, beginning July 1, 2015, AOA-approved programs and sponsoring institutions will have the opportunity to apply for ACGME accreditation. The ACGME and AOA have created and will continue to create elements of operations and infrastructure to ensure a smooth transition to the single system.

Click here for the timeline (Updated December 3, 2014)

The ACGME will continue to update information on the single accreditation system as new developments unfold, and as questions arise during the systems implementation. Please return to this page periodically for updates and answers to your questions. Thank you for your interest as we work together to implement this important step forward in American graduate medical education.

Related Links

> Program Eligibility Requirements
> ACGME Glossary of Terms
> Requirements for Review and Comment

Events

Contact Us
E-mail questions to info@acgme.org

Single Accreditation System for AOA-Approved Programs Main Page

Pathways (Posted December 3, 2014)

> Pathways to ACGME Accreditation for AOA-Approved Programs

Education

> Education

Application Process

The following guidelines apply to currently AOA-approved core residency and subspecialty programs that apply for ACGME accreditation.

> Application Process
> Timeline (Updated December 3, 2014)
> Intent to Apply for Institutional Accreditation

News and Communications

> News and Communications

FAQs
These FAQs address common areas of the
Steve Lewis, MD
Chair, RC-Neurology
Who is the RC?

- 4 nominating organizations - ABPN, AAN, AMA + AOA
- Currently 10 voting members
  - 1 AOA member started term in July 1, 2015
  - 1 public (non-physician) member to be appointed November 2015
- 6 year terms -- except resident (2 years)
- Generalists and subspecialists
- PDs, Chairs, DIOs, faculty members
- Geographic Distribution
  - CA, FL, GA, IL, IA, MA, MI, MD, NY, OH
Current Composition of the RC

Steven L. Lewis - Chair
Shannon M. Kilgore - Vice Chair
Imran I. Ali
David J. Capobianco
Charles C. Flippen, II
Laurie Gutmann
Jonathan W. Mink

Kathryn S. Nevel ( Resident Member)
Lori Schuh
Barney J. Stern
Jayne Ward (AOA)

Larry Faulkner (ABPN Ex-Officio)
Catherine Rydell (AAN Ex-Officio)
New Members

Terms began 7/1/2015

• Charles C. Flippen, II, MD
• Jonathan W. Mink, MD
• Kathryn S. Nevel, MD (Resident Member)
• Jayne Ward, DO
Louise King  
*Executive Director*  
liking@acgme.org  
312.755.5498

Tiffany Hewitt  
*Accreditation Administrator*  
thewitt@acgme.org  
312.755.7471
What does the RC do?

- Reviews programs: common and specialty program requirements
- Determines accreditation status for programs
- 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.
Current and Future Oversight
# of ACGME + AOA Programs

Approximately 478 programs

Approximately 8 AOA programs

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RC-Neurology meets *two* times per year.
Meeting dates and agenda closing deadlines can be found on the RC’s page.
How will the RC review the application?

• Application + site visit used to determine *substantial compliance* to requirements
  • Requirements are minimums
• Areas of non-compliance (citations) may be identified during review process, but RC will need to determine:
  • What are the *consequences* and *magnitude* of the citations?
  • Is *substantial compliance* achieved even though there are citations?

Note: Webinar on Site Visit format will be presented soon
# Program Requirements: Common vs Specialty Specific

## Neurology

- Solicitation of Public Member
- Requests for Changes in Resident Complement

## Program Requirements

- Currently in Effect
- Approved but not in Effect until 2016

<table>
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<tr>
<th>II.A.3.</th>
<th>Qualifications of the program director must include:</th>
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<tbody>
<tr>
<td>II.A.3.a)</td>
<td>requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;</td>
</tr>
<tr>
<td>II.A.3.b)</td>
<td>current certification in the specialty by the American Board of Psychiatry and Neurology, or specialty qualifications that are acceptable to the Review Committee; and</td>
</tr>
<tr>
<td>II.A.3.c)</td>
<td>current medical licensure and appropriate medical staff appointment.</td>
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March 26-27, 2015 Neurology RRC Meeting Accreditation Decisions

• 13 New Applications (1 Neurology, 12 Epilepsy) – 5 Withholds; 8 Initial Accreditation

• 7 Programs that were on Continued Accreditation with Warning (1 Neurology, 1 Child Neurology, 1 Sleep, 4 Vascular Neurology) – 3 site visits; 4 Continued Accreditation

• 9 Programs on Consent – NAS previous citations resolved (1 Neurology, 1 Clin Neurophys, 1 Neuromusc, 2 Sleep, 4 Vascular Neurology) – 9 Continued Accreditation

• 7 Program Site Visits (OAS) (2 Neurology, 4 Neuromusc, 1 Vascular) – (1 site visit; 6 Continued Accreditation)
Good resource to provide additional information on PRs.

Caveat: FAQs need to be updated to be in line with some recent SAS decisions
Potential Issues: PD Certification

- PR:

  II.A.3.b) current certification in the specialty by the American Board of Psychiatry and Neurology, or specialty qualifications that are acceptable to the Review Committee; and,

- RC-Neurology discussed the PD qualifications for an AOA program at its June 25-26, 2015 meeting.
- FAQ will be created to be in line with expectation.
**Potential Issue: Experience in GME**

- **PR:**
  
<table>
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<td>requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee; (Core)</td>
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<td>II.A.3.c)</td>
<td>current medical licensure and appropriate medical staff appointment. (Core)</td>
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- *PDs need to have prior teaching and administrative experience to prepare them to effectively perform the duties associated with running a program.*
Potential Issue: PD Support

**PR:**

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program. (Core)

I.A.1. At a minimum the sponsoring institution must provide time and funding to support at least 20% FTE and should provide an additional 1% per trainee. (Detail)

I.A.2. The sponsoring institution must provide adequate time and funding for a program coordinator who will assist the program director in the administration of the program. (Core)

**FAQ:**

What if I only have 20% administrative full-time equivalent (FTE) support? (Program Requirement I.A.1.)

Although the second component of this requirement “should provide an additional 1% per trainee” is preceded by the word should, a verifiable rationale must be provided in the Program Information Form if a program director only has 20% support.

What is adequate time and funding for a program coordinator? (Program Requirement I.A.2.)

The Residency Review Committee for Neurology stipulates both time and funding in order to underscore the importance of administrative time for the coordinator in support of the program director’s administrative responsibilities. The following list provides examples of some of the administrative and/or support functions in which program coordinators may perform or assist: data collection and reporting; accreditation; resident recruitment; evaluation processes; appointment processes and credentialing; preparation of teaching materials; distribution of schedules and information; resident function coordination; correspondence and other types of communication; budget; and payroll. The recommendations are as follows:

- A minimum of 0.5 FTE support for programs with three to six residents.
- A minimum of a 1.0 FTE support for programs with more than six residents.

**Intent of this PR is to ensure that the PD has protected time to devote to adequately administer the residency program and not have to generate clinical income to cover the cost of the administrative time.**
Potential Issue: Scholarly Activity – CORE

**PR:**

- The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)
- The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)
- Some members of the faculty should also demonstrate scholarship by one or more of the following:
  - peer-reviewed funding; (Detail)
  - publication of original research or review articles in peer reviewed journals, or chapters in textbooks; (Detail)
  - publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or; (Detail)
  - participation in national committees or educational organizations. (Detail)

**FAQ:**

- What is an appropriate range of research or scholarly activity for faculty members?

  [Program Requirement II.B.3.b)]

- The majority (at least 51%) of the faculty must participate in the scholarship of:
  - discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;
  - dissemination, as evidenced by review articles or chapters in textbooks; or
  - application, as evidenced by the publication or presentation of, for example, case reports, clinical series, or didactic lectures, at local, regional, or national professional and scientific society meetings.

Scholarly activities may also include participation in academic societies, leadership roles in professional societies; journal club and grand rounds presentations.

- Broad definition of SA for core programs. RC is interested in seeing that the program can create an “environment of inquiry and scholarship with an active research component.”
- Only scholarly discussions (journal clubs, etc.) would not demonstrate compliance to PR - too narrow in scope.
Potential Issue: Scholarly Activity – SUBs

- **PR:**

  II.B.5.a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. *(Detail)*

  II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

  II.B.5.b).(1) peer-reviewed funding; *(Detail)*

  II.B.5.b).(2) publication of original research or review articles in peer reviewed journals, or chapters in textbooks; *(Detail)*

  II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, *(Detail)*

  II.B.5.b).(4) participation in national committees or educational organizations. *(Detail)*

- **FAQ:**

<table>
<thead>
<tr>
<th>What is an appropriate range of research or scholarly activity for faculty members?</th>
<th>Scholarly activity includes one or more of the following:</th>
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<tbody>
<tr>
<td>[Program Requirement: II.B.5. (Clinical Neurophysiology, Epilepsy, Neuromuscular Medicine, and Vascular) II.B.6 (Child)]</td>
<td>(1) peer-reviewed funding;</td>
</tr>
<tr>
<td></td>
<td>(2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;</td>
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<td>(4) participation in national committees or educational organizations.</td>
</tr>
</tbody>
</table>

- **The RC also has higher expectations for faculty scholarly activity for subs.**
Timeline: Reminder

• Institutions can start applying April 1, 2015
• AOA programs will start applying July 1, 2015
  • Both will receive ‘Pre-Accreditation’
    – Core programs will get a site visit before review by RC
    – Sub will not be reviewed until core receives Initial Accreditation
  • NOTE: Only programs that were approved as of 1 July 2015 will get pre-accreditation status
• AOA Application window closes June 30, 2020
  • Until then – AOA may continue to approve new programs
  • If submitted after, the application will be treated like any new application
    – No “Pre-Accreditation”
    – If Initial Accreditation is not granted = application is Withheld
• AOA ceases accreditation June 30, 2020
**Application Timeline**

**DIO initiates application via webADS and designates the program director of the new program**

- Program director completes the application.
- Program receives status of pre-accreditation upon submission

**Application is forwarded to the Department of Field Activities to be scheduled for a site visit (cores only)**

- The site visit will be scheduled between 30-90 days after the submission of the application.

**After the site visit occurs, the program will be placed on a meeting agenda and reviewed by the RRC.**

- The program director and DIO will receive an email notification of the RRC's decision within 5 business days. A formal letter of notification will follow.

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In all likelihood, any applications submitted after July 1, will be seen at the RC’s January or March 2016 meetings.
“Pre-Accreditation”: What is it again?

- New status for any AOA programs applying to ACGME
  - If AOA approved before July 1, 2015 = get Pre-Accreditation
  - If AOA approved after July 1, 2015 = do NOT get Pre-Accreditation
- Core eligible for Pre-Accreditation only if
  - sponsor has Pre-Accreditation, Initial or Continued Accreditation
- Granted upon receipt of completed application
- Status will be acknowledged on ACGME website
- Not synonymous with Initial Accreditation
“Pre-Accreditation”: Why is it important for Neurology programs?

- Biggest advantage of Pre-Accreditation: programs that do not receive Initial Accreditation **will not** receive withhold of accreditation (WH)
  - *Pre-Accreditation remains in effect*
  - *No re-application fee*
  - *Pre-Accreditation goes away when program receives Initial Accreditation, or application is withdrawn, or, June 30, 2020*

- Allows use of either 2013 or 2016 eligibility PRs, whichever is less restrictive
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