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

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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) is available on webpage of the ACGME and AOA
  
  
RC-Psychiatry webpage

http://www.acgme.org/acgmeweb/tabid/147/ProgramandInstitutionalAccreditation/MedicalSpecialties/Psychiatry.aspx
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>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>A single accreditation system will promote improved health and health care for the public by enhancing the education of the next generation of physicians. The single accreditation system is intended to achieve four significant benefits: 1. Establish and maintain consistent evaluation and accountability for the competency of resident physicians across all accredited graduate medical education (GME) programs. 2. Eliminate duplication in GME accreditation. 3. Achieve efficiencies and cost savings for institutions currently sponsoring &quot;dually&quot; or &quot;parallel&quot; accredited allopathic and osteopathic programs. 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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SVP, Medical Accreditation

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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.”
As of July 1, 2013, Next Now/New Accreditation System
Delivers on promise of outcomes-based accreditation
Provides annual RC review to identify “underperforming programs” and help them improve
Changes the workflow of the process of accreditation
  - Annual review – no time-limited 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

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

Board of Directors

Executive Committee

Audit
Awards
Compensation

Education
Governance
Finance

Journal
Monitoring
Requirements

ad hoc Appeals Panels

Committees that will include AOA nominees

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From the GME community, at large

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

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

*Each with at least one public and one resident member

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

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• 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 a core program in the same sponsoring institution.
- Subspecialties can apply for accreditation after its core program has received Pre-Accreditation.
- However, a subspecialty 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
George A. Keepers, MD
Chair, RC - Psychiatry
Who is the RC?

- 4 nominating organizations - ABPN, APA, AMA + AOA
- Currently 16 voting members
  - 2 AOA members started terms July 1, 2015
  - 1 public (non-physician) member, as of July 1, 2015
- 6 year terms -- except resident (2 years)
- Generalists and subspecialists
  - Addiction Psychiatry, Brain Injury Medicine, Child and Adolescent Psychiatry, Forensic Psychiatry, Geriatric Psychiatry, Hospice & Palliative Medicine, General Psychiatry, Pain Medicine, Psychosomatic Medicine, Sleep Medicine
- PDs, Chairs, DIOs, faculty members
- Geographic Distribution
  - CA, CT, FL, HI, IL, MI, MO, OH, OR, RI, TX, WI
Current Composition of the RC

George A. Keepers - Chair
Mark Servis - Vice Chair

Iqbal Ahmed
Robert J. Boland
Carlyle H. Chan
Josepha A. Cheong
Mina Dulcan
Steven A. Epstein
Anne L. Glowinski
M. Philip Luber
Jed Magen (AOA)

Gerald A. Maguire
Cristin C. McDermott
(Resident Member)
Ronald Paolini (AOA)
Robert J. Ronis
Deborah Simpson
/Public Member/
Andrea Stolar
Dorothy E. Stubbe
Richard F. Summers

Larry Faulkner (ABPN Ex Officio)
Tristan Gorrindo (APA Ex Officio)
New Members

Terms began  7/1/2015

• Steve A. Epstein, MD
• Jed Magen, DO
• Cristin C. McDermott, (Resident Member)
• Ronald Paolini, DO
• Deborah Simpson, PhD (Public Member)
RC Staff

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What does the RC do?

- Reviews programs with regard to 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 519 programs

Approximately 14 programs

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RC-Psychiatry Webpage

- RC-Psychiatry meets *two* times per year.
- Meeting dates and agenda closing deadlines can be found on the RC’s page

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Agenda Closing Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 5-6, 2016</td>
<td>November 27, 2015</td>
</tr>
<tr>
<td>April 29-30, 2016</td>
<td>February 19, 2016</td>
</tr>
</tbody>
</table>

⚠️ *Contact an administrator for new program application due dates.*
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 and Preparation
Program Requirements: Common vs Specialty Specific

<table>
<thead>
<tr>
<th>Program Requirements</th>
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<tbody>
<tr>
<td>Currently In Effect</td>
</tr>
<tr>
<td>Approved but not in Effect until 2016</td>
</tr>
</tbody>
</table>

Psychiatry

- Requests for Changes in Resident Complement

II.A.3. Qualifications of the program director must include:

II.A.3.a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee; (Core)

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, (Core)

II.A.3.c) current medical licensure and appropriate medical staff appointment. (Core)
<table>
<thead>
<tr>
<th>Summary of Actions Taken at February 2015 Meeting of RC for Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>53 Programs Reviewed</td>
</tr>
<tr>
<td>4 Applications</td>
</tr>
<tr>
<td>17 Previous Citations</td>
</tr>
<tr>
<td>32 Annual Review</td>
</tr>
</tbody>
</table>

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Specialty Specific FAQs

- [http://www.acgme.org/acgmeweb/tabid/147/ProgramandInstitutionalAccreditation/MedicalSpecialties/Psychiatry.aspx](http://www.acgme.org/acgmeweb/tabid/147/ProgramandInstitutionalAccreditation/MedicalSpecialties/Psychiatry.aspx)

### Frequently Asked Questions: Psychiatry
(effective: July 1, 2015)
Review Committee for Psychiatry
ACGME

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institutions</strong></td>
<td></td>
</tr>
<tr>
<td>How much time and support is ‘sufficient protected time and financial support’ for the program director’s educational and administrative responsibilities to the program?</td>
<td>The program director must dedicate at least 20 hours per week of his or her professional effort to administrative and educational activities of the program. The sponsoring institution must provide additional dedicated time either for the program director or for associate program directors based on program size and complexity of participating sites. For programs with an approved complement of 24-40 residents, a total of 30 hours per week of protected time and financial support must be provided. For programs with an approved complement of 41-79 residents, a total of 40 hours per week of protected time and financial support must be provided. For programs with an approved complement of 80 or more residents, 40 hours per week plus additional time (10 additional hours for every 20 residents) and financial support must be provided for directing the program.</td>
</tr>
<tr>
<td><strong>Program Personnel and Resources</strong></td>
<td></td>
</tr>
<tr>
<td>How should a change in program leadership be reported?</td>
<td>A new program director must be reported electronically through the ACGME’s Accreditation Data System (ADS), using the program’s existing password for login. All requested information must be provided. Once the required information has been submitted, a new temporary program password will be sent to the e-mail address provided for the new program director. ADS will generate a notice of the change to the Review Committee. At its next meeting, the Committee reviews all program director changes that have occurred since its last regularly-scheduled meeting, and will notify the program if the change is not approved. Programs whose institutions require documentation for approval of a change in program director should contact the Review Committee Executive Director at the ACGME.</td>
</tr>
</tbody>
</table>

**Good resource to provide additional information on PRs.**

**Caveat:** FAQs need to be updated to be in line with some recent SAS decisions

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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, (Core) |

- **FAQ:**
  
  | What specialty qualifications other than American Board of Psychiatry and Neurology (ABPN) certification are acceptable to the RRC? | The RRC accepts only ABPN certification; no other credentials or "Equivalent Qualifications" are accepted. The RRC does not grant waivers to this requirement and will withhold accreditation of new programs that are not led by ABPN-certified psychiatrists. |

- **RC-Psychiatry discussed the program director certification for an AOA program at its June 5-6, 2015 meeting.**
- **FAQ above is pre-SAS and needs to updated to be in line with expectation.**
### Potential Issue: Experience in GME

**• PR:**

<table>
<thead>
<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; (Core)</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, (Core)</td>
</tr>
<tr>
<td>II.A.3.c)</td>
<td>current medical licensure and appropriate medical staff appointment. (Core)</td>
</tr>
</tbody>
</table>

**• 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:**
  - I.A.1.a) provide at least 50 percent salary support and protected time of 50 percent FTE (at least 20 hours per week) for the program director dedicated to direct program administration and education; and,

- **FAQ:**

| Institutions | The program director must dedicate at least 20 hours per week of his or her professional effort to administrative and educational activities of the program. The sponsoring institution must provide additional dedicated time either for the program director or for associate program directors based on program size and complexity of participating sites. For programs with an approved complement of 24-40 residents, a total of 30 hours per week of protected time and financial support must be provided. For programs with an approved complement of 41-79 residents, a total of 40 hours per week of protected time and financial support must be provided. For programs with an approved complement of 80 or more residents, 40 hours per week plus additional time (10 additional hours for every 20 residents) and financial support must be provided for directing the program. |

- **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.**

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**Potential Issue:**

**Scholarly Activity – CORE**

- **PR:**

  | II.B.5. | The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. [Core] |
  | 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 institutions |

How much of the faculty must participate in scholarly activity to fulfill the faculty scholarship requirements?

**FAQ:**

| Program Requirement II.B.5) | All physician faculty members must demonstrate scholarship through participation in national committees or educational organizations. A majority of the physician faculty must demonstrate scholarship through peer-reviewed publications/book chapters/review articles and presentations at regional and national meetings. Some faculty members should demonstrate scholarship through peer-reviewed funding, in addition to the above. Programs may be cited for non-compliance with this requirement if all physician faculty members do not provide evidence for regular (at least annual) scholarly activity, since active faculty scholarship is needed in order to establish and maintain an educational environment of inquiry and scholarship. |

- 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.

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### 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) |

- The RC also has higher expectations for faculty scholarly activity for subspecialties
Timeline: Reminder

• Institutions can start applying April 1, 2015
• AOA programs can 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
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.
In all likelihood, any applications submitted after July 1, will be seen at the RC’s February 2016 meeting.
“Pre-Accreditation”: What is it again?

- New status for any AOA programs applying to ACGME
  - If AOA approved before July 1, 2015: Pre-Accreditation
  - If AOA approved after July 1, 2015: will 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 Psychiatry 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 – b/c application will not be WH
  – Pre-Accreditation goes away when receive 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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