Neurological Surgery Review Committee Update

Kim J. Burchiel MD, Chair
Pamela L. Derstine PhD, MHPE
Executive Director

Disclosures

• None
• The speakers appear on behalf of the ACGME in their respective roles
Discussion Topics

- Review Committee Members and Staff
- Accreditation Statistics
- Site Visits
- Updates
- Common Program Requirements
- The Learning Environment for Neurological Surgery Programs

REVIEW COMMITTEE MEMBERS AND STAFF
Review Committee Membership: Current

- Kim J. Burchiel, MD, Chair
- Nicholas M. Barbaro, MD, Vice Chair/Chair-elect
- M. Sean Grady, MD
- Griffith R. Harsh IV, MD Vice Chair-elect
- Nickalus Kahn, MD, Resident Member
- Harry Rosenbluth, MBA, Public Member
- Karin Muraszko, MD
- Nelson M. Oyesiku, MD, PhD
- Gregory Smith, DO

Effective July 1, 2017

Review Committee Membership: New

Welcome New Members!

- Sepi Amin-Hanjani, MD
  University of Illinois Chicago
- Robert Harbaugh, MD
  Penn State Hershey
ACGME Review Committee Staff

- Pamela L. Derstine, PhD, MHPE
  - Executive Director
- Susan E. Mansker
  - Associate Executive Director
- Jennifer M. Luna
  - Senior Accreditation Administrator

© 2017 Accreditation Council for Graduate Medical Education (ACGME)

ACCREDITATION STATISTICS
Accreditation Statistics: Current

### Total # Accredited Programs

<table>
<thead>
<tr>
<th># Core</th>
<th>110</th>
</tr>
</thead>
<tbody>
<tr>
<td># Sub</td>
<td>2</td>
</tr>
</tbody>
</table>

Accreditation Statistics: Current

<table>
<thead>
<tr>
<th>Program Accreditation Status (Core)</th>
<th># Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Accreditation</td>
<td>97</td>
</tr>
<tr>
<td>Continued Accreditation w/ Warning</td>
<td>3</td>
</tr>
<tr>
<td>Continued Accreditation w/o Outcomes</td>
<td>3</td>
</tr>
<tr>
<td>Initial Accreditation</td>
<td>5</td>
</tr>
<tr>
<td>Probationary Accreditation</td>
<td>2</td>
</tr>
<tr>
<td>Accreditation Withheld (allopathic)</td>
<td>1</td>
</tr>
<tr>
<td>Accreditation Withdrawn (under appeal)</td>
<td>1</td>
</tr>
</tbody>
</table>
Accreditation Statistics: AY 2016-2017

**Other Meeting Decisions (Core)**

<table>
<thead>
<tr>
<th>Decision</th>
<th>Requested</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complement increases</td>
<td>7/1</td>
<td>3/2</td>
</tr>
<tr>
<td>Site Visit Requests (reviewed in April 2017)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Progress Reports Requested</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Participating Site Requests</td>
<td>12/7</td>
<td></td>
</tr>
<tr>
<td>Duty Hour Exception Requests</td>
<td>7/7</td>
<td></td>
</tr>
<tr>
<td>Other (fellowship, curriculum change, etc.)</td>
<td>7/7</td>
<td></td>
</tr>
</tbody>
</table>

Citation Statistics: AY 2016-2017

- Procedural Experience: 43%
- Program Director: 6%
- Resources: 4%
- Evaluation: 6%
- Faculty: 7%
- Scholarly Activities: 6%
- Duty Hours/LE: 15%
- Institutional: 9%
- Board Exams: 8%
Upcoming Review Committee Meetings

- **August 3, 2017**
  - Agenda close: July 6, 2017
- **January 5-6, 2018**
  - Agenda close: October 27, 2017
- **April 6-7, 2018**
  - Agenda close: March 9, 2018
- **Fall 2018 TBD**

*Interim requests only: complement changes, participating site changes, curriculum changes, international rotations

© 2017 Accreditation Council for Graduate Medical Education (ACGME)

Accreditation Council for Graduate Medical Education

**SELF-STUDY AND 10-YEAR SITE VISITS**
Self-Study/10-Year Site Visit

All programs with Continued Accreditation status have an assigned Self-Study date

- Month/year when completed Self-Study uploaded to ADS
- Assigned dates July 2015-January 2025
- 21 programs have submitted a Self-Study report to date

10-year accreditation visit takes place 18-24 months later

- Pilot visits occurring now
- First 10-year accreditation visits for neurosurgery programs that submitted Self-Study in 2015 (4) planned for this summer
- Site visit reports from those visits will be included in the annual program reviews next year (2018)

Self-Study/10-Year Site Visit

Process Overview

- Conduct a Self-Study (4 months preceding Self-Study date)
- Submit the Self-Study Summary (improvement plan) by Self-Study date
- Work on improvement plan (next 18-24 months)
- Submit Summary of Achievements (12 days before 10-year site visit)
- Full site visit includes compliance review and discussion of improvement achievements
- Review Committee reviews compliance for accreditation decision and summary of achievements as informational item (may provide feedback)
### 10-Year Visit: A Full Accreditation Site Visit

<table>
<thead>
<tr>
<th>Self-Study Date</th>
<th>Summary Due</th>
<th>Approximate Site Visit Date</th>
<th>Review Committee Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2015</td>
<td>7/31/2015</td>
<td>July-Aug 2017</td>
<td>January 2018</td>
</tr>
<tr>
<td>1/1/2016</td>
<td>1/31/2016</td>
<td>Jan-Feb 2018</td>
<td>April 2018</td>
</tr>
<tr>
<td>7/1/2016</td>
<td>7/31/2016</td>
<td>July-Aug 2018</td>
<td>January 2019</td>
</tr>
<tr>
<td>1/1/2017</td>
<td>1/31/2017</td>
<td>Jan-Feb 2019</td>
<td>April 2019</td>
</tr>
</tbody>
</table>

Requests to postpone must be received with 5 calendar days of notice.

Sources of information:
- ADS Update (citation responses, major changes, current block diagram)
- Self-Study Summary (uploaded in ADS)
- Summary of Achievements (uploaded in ADS)
Self-Study Templates

http://www.acgme.org/What-We-Do/Accreditation/Self-Study

Self-Study Summary

• Uploaded to ADS on the Self-Study due date

Self-Study Summary of Achievements

• Uploaded to ADS 12 days before scheduled 10-year site visit date

10-Year Visit: A Full Accreditation Site Visit

Prior to site visit:

• Faculty will be asked to prepare a consensus list of program strengths and opportunities for improvement and send it to the site visitor
• Residents will be asked to prepare a consensus list of program strengths and opportunities for improvement and send it to the site visitor
• Prepare list of documents for review at site visit per notification letter

During the site visit:

• Separate interviews with the program director, faculty, residents, and DIO or designee
• If less than 15 residents, all residents on duty will be interviewed
• If more than 15 residents, a minimum of 15-18 peer-selected residents will be interviewed
• Site visitors will indicate the interview format to be used
Osteopathic Application Status

- Surgical Program Status Decisions as of 5/17/17

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Pre-Accreditation</th>
<th>Continued Pre-Accreditation</th>
<th>Initial Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Surgery</td>
<td>0</td>
<td>6 (75%)</td>
<td>2 (25%)</td>
</tr>
<tr>
<td>Obstetrics Gynecology</td>
<td>2</td>
<td>10 (39%)</td>
<td>16 (61%)</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>0</td>
<td>4 (80%)</td>
<td>1 (20%)</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>0</td>
<td>35 (85%)</td>
<td>6 (15%)</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>1</td>
<td>13 (93%)</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>0</td>
<td>2 (100%)</td>
<td>0</td>
</tr>
<tr>
<td>Surgery</td>
<td>7</td>
<td>33 (70%)</td>
<td>14 (30%)</td>
</tr>
<tr>
<td>Urology</td>
<td>0</td>
<td>3 (30%)</td>
<td>7 (70%)</td>
</tr>
</tbody>
</table>
Milestones Survey

Revised “common” milestones for PBLI, professionalism, interpersonal and communication skills, and SBP

Broad public and specialty input requested

Survey window through 6/7/2017

https://www.surveymonkey.com/r/HarmonizedMilestones

Accreditation Council for Graduate Medical Education

Program Requirements:
Common and Specialty-Specific
Common Program Requirements:
Section VI

Clinical Work Hours

RETAIN
80 hours, one day free in seven, in-house call every third night limit, 14 hours free after 24 hours in-house call; additional 4 hours for special circumstances; DHE

ELIMINATE
most requirements specifically for PGY-1 residents (PGY-1 residents still not permitted to moonlight)

CLARIFY
special circumstances permitting return to work with less than 8 hours off (no more 8 or 10 hour rule); in-house night float (no limit but must comply with 80 hours and 1 day off in 7)

NEW
At-home call counts toward 80 hours and 1 day off in 7 (still not subject to every third night limit)

Learning Environment

RETAIN
Requirements for supervision, professionalism, fatigue mitigation, clinical responsibilities, teamwork, transitions of care

ELIMINATE
Requirements for record keeping

NEW
Patient safety and QI (education, reporting, participation, disclosure of adverse events, access to data); well-being (includes time off for health care appts)
Common Program Requirements: Section VI

- programs as partners with their Sponsoring Institution
- flexibility in educational and clinical work scheduling
- individual and program responsibility over documentation requirements

Emphasizes

Implementation Timeline

- July 1, 2017 for most, including VI.C.2 under patient safety
- Survey language updated in 2018 for work hours and in 2019 for learning environment
- July 1, 2019 for patient safety (except VI.C.2), quality improvement, and well-being
- AFI but no citations may be given before 7/1/2019

Website: www.acgmecommon.org
Common Program Requirements: Sections I-V

Proposed Timeline

- Phase 2 Task Force began work: fall 2016
- Post for public comment: fall 2017
- Board review/approval: 2018
- Effective: 2018 or 2019

Accreditation Council for Graduate Medical Education

THE LEARNING ENVIRONMENT FOR NEUROLOGICAL SURGERY PROGRAMS
Goal of Neurological Surgery Resident Education

Acquire knowledge and skills for safe and effective practice

- Develop technical proficiency
- Abilities for self-analysis of practice
- Preparation for life-long continuous quality improvement

Program Elements

- Cohesive curriculum built on the 6 ACGME Core Competencies
- Scholarly approach to learning by both faculty members and residents
- Primary site with ACGME-accredited programs in neurology, pediatrics, diagnostic radiology, surgery, anesthesiology, internal medicine
Program Elements

May approve a primary site that lacks one of these specialty areas. Requires educational rationale to include:

- Educational opportunities proposed as a remedy for the deficiency in training
- How the proposal overcomes the deficiency
- Methods by which atmosphere of learning will be fostered and maintained by the program

Negative Impact of Geographically Dispersed Programs

Resident Well-being

- Disrupt living arrangements
- Increase demands on resident’s family and friends
- Reduce quality time away from work (rest, travel, recreation)
- Disrupt cohesiveness of faculty/resident team
- Variable levels of institutional support for travel, housing, insurance
Negative Impact of Geographically Dispersed Programs

Diminishes integrity of educational environment
- Conference participation
- Mentoring relationships
- Faculty-directed scholarly activity
- Institutional quality improvement activities
- Team approach to resident education

Compromises patient safety
- Inadequate supervision due to insufficient faculty availability, inexperience, or lack of dedication to GME

Key Program Features

Single primary site that offers most or all core elements critical for education

Additional sites permitted that offer specialty experiences for a comprehensive education

Should be limited to no more than 5 separate health care facilities
- Must ensure an appropriate service-education balance
- Must have ACGME-accredited program in the specialty area that is the focus of the rotation(s)
- Should be located less than 25 miles from primary site (exceptions may be granted following review by the Review Committee)