Department of Accreditation Services Reorganizes

Effective January 1, 2012, the ACGME Department of Accreditation Services (formerly the Department of Accreditation Committees) was reorganized into four sections (hospital-based, institutional, medical, and surgical), each to be led by a newly-hired senior vice president. All senior vice presidents are now in place and hard at work. They are: Senior Vice President, Hospital-Based Accreditation Louis J. Ling, MD; Senior Vice President, Institutional Accreditation Kevin B. Weiss, MD, MPH; Senior Vice President, Medical Accreditation Mary Lieh-Lai, MD; and Senior Vice President, Surgical Accreditation John R. Potts III, MD.

Mary Lieh-Lai, MD leads the medical section, which consists of the following specialties: allergy and immunology, dermatology, family medicine, internal medicine, neurology, pediatrics, physical medicine and rehabilitation, and psychiatry. Before coming to the ACGME, Dr. Lieh-Lai was co-chief of critical care medicine, director of both the intensive care unit and the critical care medicine fellowship program, and a professor of pediatrics at Wayne State University School of Medicine in Detroit, Michigan. Dr. Lieh-Lai completed her residency in pediatrics and a fellowship in pediatric critical care medicine at Children’s Hospital of Michigan.

Clarification Regarding Milestones for Subspecialty Programs

All core and subspecialty internal medicine programs are part of Phase I implementation of the ACGME’s next accreditation system (NAS), and accreditation under the new system will begin July 1, 2013. Although The New England Journal of Medicine (NEJM; 366; 11, 1051-56: 2012) special report that announced the NAS indicated that milestones would be one of the data elements Review Committees would receive annually to determine whether programs are in “good standing,” milestones for the subspecialities will not be available when internal medicine transitions into the NAS in 2013. Milestones for all of the subspecialties will be developed and introduced at some point in the future, allowing the ACGME and the American Board of Internal Medicine (ABIM)—partners in the milestones venture—
A Clinical Competency Committee (CCC) is not required at this time. However, when programs identify themselves as being in “good standing” -- based on defined performance criteria (to include Board Score, Resident Survey, Faculty Survey, Milestones, and other data elements) – they will be able to “innovate,” meaning they will be relieved of needing to document compliance with those requirements categorized as “Detail.” All of the categorized program requirements for internal medicine were posted for a 45-day review and comment period, and the final submitted drafts will be reviewed for approval by the ACGME Board at its September meeting. They will have an effective date of July 1, 2013.

Notification of Self-Study Dates
Most programs were notified in May as to when their “self-study” visits, as part of the NAS, would take place. The first set of self-study visits are tentatively scheduled for May 2014. Programs with short cycles (two years or less, on probation, with a warning, or with a status of initial accreditation) will undergo a site visit prior to receiving a self-study visit date. Programs that recently underwent site visits, but have not yet been reviewed, will be assigned self-study dates after those reviews take place. In the NAS, fellowship programs will receive the same self-study visit dates as their core residency programs. This was set up so that the Review Committees will be able to see and assess how the core and the subspecialty programs relate to one another. This scheduling alignment is also expected to reduce the burden of accreditation on the subspecialty program directors. Program information forms (PIFs) will not be used in the NAS and will not be a part of the self-study process. According to the NEJM special report on the NAS in February, “it is envisioned that these self-studies will go beyond a static description of the program by offering opportunities for meaningful discussion of what is important to stakeholders and showcasing of achievements in key program elements and learning outcomes.” More details related to the self-study visits will be provided in the near future.

Accreditation Data System (ADS) News: Changes to Duty Hours and Evaluation Sections of the Annual Update
In an effort to reduce reporting burden and align ADS with new data collection needs, the Duty Hour and Evaluation sections in the Annual Update have changed. These sections for the coming academic year (2012-2013) contain 30 fewer questions, and many questions are now “forced choice” or “check all that apply” selections rather than the narrative questions common in prior years. Program directors will notice several questions related to whether they have a “clinical competency committee.” Here is the definition that appears in ADS when one “hovers-over” the term: A Clinical Competency Committee (CCC) is not required at this time. The ACGME’s definition of a CCC is a committee that should be appointed by the program director, which should be composed of members of the residency faculty. The CCC should have a written description of its responsibilities to the sponsoring institution and to the program director. The CCC actively reviews all resident evaluations by all evaluators and makes recommendations to the program director for resident progress, including promotion, remediation, and dismissal.
New and Revised Frequently Asked Questions (FAQs)
The two FAQs below were developed at the Review Committee’s January meeting and added to the FAQ document located here.

Q: Can patients admitted to a non-teaching service overnight be transferred to a teaching service the following morning? [Program Requirement: I.A.2.m).(3)]
A: Patients admitted overnight by a non-teaching service may be transferred to a teaching service the following morning. However, the Review Committee believes the initial evaluation of acutely ill patients is an essential component of resident education, and that the volume of such transfers should not compromise resident education. Transfers from non-teaching to teaching services are counted toward resident admission caps. The program director must have overall direction of the policies that govern transfers from non-teaching to teaching services, and should monitor the effects of these policies on the quality of resident education.

Q: Can patients admitted to a teaching service be transferred to a non-teaching service? [Program Requirement: I.A.2.m).(3)]
A: Transfers may occur between teaching and non-teaching services when such transfers enhance the educational value of the experience for residents and facilitate compliance with duty hour requirements and patient caps. Such transfers are expected to be infrequent. The program director must have overall direction of the policies that govern transfers from teaching to non-teaching services, and should monitor the effects of these policies on the quality of resident education.

The Review Committee has also developed new FAQs for a number of the new subspecialty program requirements that became effective July 1, 2012. Perhaps the most significant change in the new critical care medicine requirements is that they will allow emergency medicine graduates to enter internal medicine-critical care medicine programs. FAQs were developed to assist critical care medicine program directors who may have questions related to this change. The final, edited versions of these, as well as revised FAQs for the other internal medicine subspecialties, will be posted online in the coming weeks. An announcement of the revisions to the documents will be made via the ACGME’s weekly e-Communication.

Review Committee Membership News
A very special thank you to Dr. Lynne M. Kirk who completed her term as chair on June 30, 2012. Although her term as chair has ended, Dr. Kirk will continue serving on the Review Committee through 2014.

New Members
As of July 1, 2012, four new members joined the Review Committee: Dr. Robert L. Benz, Dr. Christian T. Cable, Dr. Gates B. Colbert, and Dr. Elaine A. Muchmore. Dr. Benz is program director of the nephrology fellowship at Lankenau Medical Center in Wynnewood, Pennsylvania. Dr. Cable is program director of the medical oncology fellowship at Scott & White Memorial Hospital/Texas A&M University Health Science Center in Temple, Texas. Dr. Colbert is an internal medicine resident at Baylor University Medical Center in Dallas, Texas. Dr. Muchmore, an oncologist, is program director of the internal medicine residency at the University of California (San Diego) in San Diego, California.

Thank you to Those Finishing Their Tenures
Drs. Jack Fitzgibbons and Heather Brislen finished their tenures on the Review Committee June 30, 2012. The Committee thanks both of them for their many contributions and wishes them the best in their future endeavors.

Save the Date
2013 ACGME Annual Educational Conference
February 28-March 3, 2013
Walt Disney World Swan and Dolphin
Orlando, Florida

**more information to follow**