Colon & Rectal Surgery Program Coordinator Workshop

Pamela L. Derstine, PhD, MHPE
Executive Director

ACGME
May 4, 2012

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Colon & Rectal Surgery Program Coordinator Workshop

Session 1:
Program Requirements and PIF

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Overview

- DAS/RRC Update
- Duty Hour Requirement Update
- Program Information Form

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DAS/RRC Update

Department of Accreditation Services

- Surgical Section

  John R. Potts III, MD, Senior Vice President

  - **Derstine Team:** Colon & Rectal Surgery; Neurological Surgery; Orthopaedic Surgery; Otolaryngology
  - **Johnston Team:** Obstetrics & Gynecology; Committee of Review Committee Chairs
  - **Levenberg Team:** Ophthalmology; Urology
  - **Simpson Team:** Plastic Surgery; General Surgery; Thoracic Surgery

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Department of Accreditation Services

- Medical Section

  Mary Lieh-Lai, MD, Senior Vice President

  - **Anthony Team:** Dermatology; Family Medicine
  - **Fischer Team:** Pediatrics; Physical Medicine & Rehabilitation
  - **King Team:** Allergy & Immunology; Neurology; Psychiatry
  - **Vasilias Team:** Internal Medicine

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Department of Accreditation Services

- Hospital-based Section

  Louis J. Ling, MD, Senior Vice President

  - **Lewis Team:** Anesthesiology; Preventive Medicine; Transitional Year
  - **Meyer Team:** Diagnostic Radiology; Emergency Medicine; Nuclear Medicine
  - **Thorsen Team:** Medical Genetics; Pathology; Radiation Oncology

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Derstine Team

- Pamela L. Derstine, PhD, MHPE
  Executive Director
  (312) 755-5083 – pderstine@acgme.org

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Review Committee Members

- Eric Dozois, MD
- Patrice Gabler Blair, MPH
  Ex-Officio (ACS)
- Karin M. Hardiman, MD
  Resident (term ends 6/30/12)
- Bruce A. Orkin, MD
  Vice Chair (Chair-elect)
- David J. Schoetz, Jr., MD
  Ex-Officio (ABCRS)
- Anthony Senagore, MD
  Vice Chair-elect
- Michael J. Stamos, MD
- Eric G. Weiss, MD
  Chair (term ends 6/30/12)
- Charles Whitlow, MD

New Members as of July 1, 2012

- Matthew G. Mutch, MD
- Jacquelyn Turner, MD (Resident)

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Upcoming RRC Meetings

- September 21, 2012
  - Agenda closing date August 10, 2012
- April 5, 2013 (tentative)*
  - Agenda closing date February 22, 2013
- September 19, 2013 (tentative)
  - Agenda closing date August 8, 2013

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April Newsletter

- Photos!
- Statistics!
- Reminders!
- Announcements!

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Program Requirements/PIF

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Duty Hour Requirements Update

Colon and rectal surgery residents are considered to be in the final years of education.

- 80 hours/week
- 1 day off in 7
- Maximum duty period 24+4 hours
- 1 day in 3 free of in-house call
- <8 hours between duty periods is allowed

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Duty Hour Requirements Update

- Specialty-specific requirements requested for 3 common requirements in section VI: Resident Duty Hours in the Learning and Working Environment
  - Supervision
  - Teamwork (new)
  - Circumstances for less than 8 hours between scheduled duty periods

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Duty Hour Requirements Update

VI.D. Supervision of Residents

VI.D.1. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

Only attending physicians will be ultimately responsible for a patient's care.

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Duty Hour Requirements Update

VI.F. Teamwork*

Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

**** Each resident must have the opportunity to interact with other providers such as nurses, enterostomal therapists, other specialists, social workers, and mid-level providers.***

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Duty Hour Requirements Update

VI.G.5.c).(1) Minimum Time Off between Scheduled Duty Periods

…While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

The Review Committee defines such circumstances as required continuity of care for a severely ill or unstable patient, or a complex patient with whom the resident has been involved; events of exceptional educational value; or, humanistic attention to the needs of a patient or family.

Program Requirement

- Program Director support
  - I.A.1 SI must provide 10% protected time
  - I.A.2 Salary support must be provided by SI, foundation or practice
  - I.A.3 PD must not be required to generate clinical or other income for this support
- Qualifications of the Program Director
  - II.A.3.b) ABCRS certification (rare exceptions must be reviewed and approved by RRC)
  - II.A.3.d) Must have 3 years CRS clinical practice
  - II.A.3.e) Must have 3 years prior faculty experience

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Documentation

- Program Director Support
  - Specialty-specific PIF
    Section: Sponsoring Institution items 1-2
  - SV verifies
- Qualification
  - Common PIF PD info section
  - Staff verifies with ABCRS
  - Specialty-specific PIF
    Section: Program Personnel and Resources
    A. Program Director items 1-2 (y/n)

Program Requirement

- Qualifications of the Faculty
  - II.B.6 Three FTE ABCRS-certified faculty (including program director)
  - II.B.5.e) Min one active in scholarly activity:
    - regional or national societies
    - research
    - national/international meetings
    - peer-reviewed pubs
    - contributing current standards papers to medical pubs

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Documentation

- Faculty Number
  - Common PIF physician faculty roster
  - Staff verifies certification with ABCRS
- Scholarly activity
  - Common PIF physician faculty roster
  - Specialty-specific PIF
    Section: Program Personnel and Resources
    B. Faculty items 1-2 (y/n)
  - SV verifies

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Program Requirement

- Other Program Personnel

  II.C.1 Program coordinator

  10% time (1 resident)
  15 % time (2 residents)
  20% time (3 residents)
  25% time (4 residents)
  30% time (5 residents)

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Documentation

- Program Coordinator
  - Specialty-specific PIF
    Section: Program Personnel and Resources
    Items C.1-2
  - SV verifies

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Program Requirement

- Resident Eligibility Criteria
  - III.A.2.a) Must complete ACGME- or RCPSC-accredited surgery program
  - III.A.2.b) Must be ABS-certified or completed requirements for ABS qualifying exam
  - ➢ Non-US and non-Canada residents cannot fill an ACGME-approved position
  - ➢ If such residents or other learners are appointed, the program should reduce the number of on duty ACGME-approved residents

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Documentation

- Eligibility
  - Common PIF resident appointment section
  - Certification status verified by staff or at site visit
- Other learners
  - Specialty-specific PIF
    Section: Appointment of Other Learners table
  - Staff/SV cross check with number of on-duty residents

Type of Program	Name of Rotation	Length of Rotation	Number of Residents/Fellows Assigned

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Program Requirement

- Educational Program/Didactic Sessions and Conferences
  - IV.A.1.a) Comprehensive curriculum required (APDCRS curriculum a starting point but not sufficient)
  - IV.A.2.a) Goals & objectives jointly reviewed beginning and end of each rotation
  - IV.A.3.a) Structured didactic sessions
  - IV.A.3.b).(2) Conference attendance (min. 70% for residents)
  - IV.A.3.c).(1) Monthly M&M with resident presentations
  - IV.A.3.c).(2) Quarterly Journal Club with resident presentations

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Documentation

- Goals and Objectives
  - Specialty-specific PIF Section: Educational Program A. Competency-based G&O items 1-2 (y/n)
  - SV verifies

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Documentation

- Didactic Sessions
  - Specialty-specific PIF Section: Educational Program B. Regularly Scheduled Didactic Sessions items 1-3
  - Be detailed and complete – RRC carefully reviews (SV will verify)

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Documentation

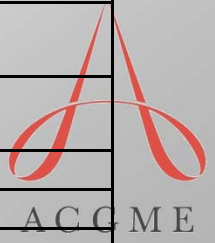
Provide the titles of the conference lectures for the program over the last year, including whether or not staff or resident (underline resident's name) is giving the presentations. (PR IV.A.3.a))

Are regular colon and rectal conferences coordinated among program sites to allow attendance by a majority of faculty and residents? (PR IV.A.3.b)) ( ) YES ( ) NO

How is resident and faculty attendance monitored? (PR IV.A.3.b).(1))

Does each resident attend at least 70% of all educational conferences (excluding excused time away for meetings, vacation and illness)? (PR IV.A.3.b).(2)) ( ) YES ( ) NO

Name of Session/ Conference	Frequency (weekly, monthly, etc.)	Required or Elective	Presented by Residents (Y/N)	Colon and Rectal Surgery Faculty Participation (Y/N)
Morbidity and Mortality				
Journal Club				
Formal clinical teaching rounds				
Related pathology and radiology studies				
Other (specify)				



Program Requirement

ACGME Competencies (Patient Care/Medical Knowledge/PBLI)

IV.A.5.a-c) Outcomes specified (will link to milestones)

IV.A.5.a).(1).(a) Patient evaluation and management

IV.A.5.a).(1).(b); IV.A.5.a).(2) Essential disorders and procedures

Definition: All residents must have formal instruction and clinical experience leading to proficiency

IV.A.5.b).(3-4) Substantially familiar disorders and procedures

Definition: All residents must receive education

Able to recognize and refer

Not included in index case categories

IV.A.5.c).(9-10) analyze patient care outcomes use EBM approach to patient care

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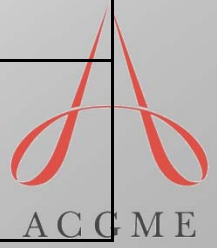
Documentation

- Specialty-specific PIF Section: Educational Program C: Patient Care Table 1. (develop proficiency in evaluation and management)

Competency Area	Settings/Activities	Method Used to Evaluate Fellow Proficiency
preoperative diagnosis, indications, alternatives, risks and preparation; [PR IV.A.5.a).(1).(a).(i)]		
assessment of patient risk, nutritional status, co-morbidities, and need for preoperative treatment and perioperative prophylaxis; [PR IV.A.5.a).(1).(a).(ii)]		
appropriate non-operative management; [PR IV.A.5.a).(1).(a).(iii)]		
operative management including all technical aspects, intraoperative decision-making, avoidance and management of intraoperative complications, and management of unexpected findings; and [PR IV.A.5.a).(1).(a).(iv)]		
postoperative management including recognition and treatment of complications; and, appropriate follow-up and additional treatment. [PR IV.A.5.a).(1).(a).(iv)]		



Documentation

- Specialty-specific PIF Section: Educational Program C: Patient Care Table 2. (develop proficiency in evaluation and management essential disorders)
  - Similar to table 1 but in addition asks settings/activities/evaluation methods in which residents develop competence in their knowledge
- Specialty-specific PIF section: Educational Program C: Patient Care Table 3 (demonstrate skill and dexterity in performance of procedures)
  - Similar to Table 1
  - SV reviews evaluation forms and verifies PIF information

PC Settings (e.g., OP/clinic/office) in hospital, ambulatory surgery center, free-standing clinic, office suite, laboratory, endoscopy center, etc.

****helpful to reference block diagram****

PC Activities (patient evaluation, management, surgery, physiologic testing, data analysis, etc.)

Documentation

- Specialty-specific PIF Section: Educational Program D: Medical Knowledge Table 1. (demonstrate expertise in knowledge-general)

Competency Area	Settings/Activities	Method Used to Evaluate Resident Proficiency
Anatomy, embryology and physiology of the colon, rectum, anus and related structures; [PR IV.A.5.b).(1)]		

- Specialty-specific PIF section: Educational Program D: Medical Knowledge Tables 2 and 3. (demonstrate substantial familiarity in knowledge of disorders and procedures)
  - Similar to above
  - SV reviews evaluation forms and verifies PIF information

MK settings/activities (e.g., type of didactic session, including rounds)
Evaluation methods (e.g., direct observation, simulation, multi-course evaluation)

Documentation

- Specialty-specific PIF Section: Educational Program E: Practice-based Learning and Improvement Items 7-8 (redundant questions 5-6 will be removed)

  Describe how residents develop skills and habits to be able to evaluate and analyze patient care outcomes. [PR IV.A.5.c).(9)]

  Describe how residents develop skills and habits to be able to utilize an evidence-based approach to patient care. [PR IV.A.5.c).(10)]

Residents should evaluate a targeted dataset of outcomes for patients under their care and demonstrate the use of a plan-do-study-analyze (PDSA) cycle approach (e.g., use of a specific post-operative care modality).

EBM steps: resident develops a clinical question arising from care of a patient; select resources and conduct search; appraise the evidence; integrate evidence with clinical expertise and apply to patient care as appropriate; evaluate results.

Program Requirement

- Curriculum Organization and Resident Experiences
  - IV.A.6.a) Patient evaluation and care in specific settings
  - IV.A.6.b) Basic and complex patient conditions
  - IV.A.6.c) Broad operative experience
  - IV.A.6.d) Exposure to testing methods
  - IV.A.6.f) Minimum numbers patient disorders
  - IV.A.6.g) Minimum numbers operative procedures

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Documentation

- Specialty-specific PIF Section: Curriculum Organization and Resident Operative Experiences
  - Block diagram
  - Items 2-4 (y/n questions)
  - ADS case log reports for program graduates

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Program Requirement

- Residents' Scholarly Activities
  IV.B.2.a) Each resident must participate in at least 2 of the following:
  - ongoing faculty research study
  - resident-initiated research project
  - scientific presentation
  - article preparation/submission to peer-reviewed publication
  - write book chapter or current standards paper

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Documentation

- Specialty-specific PIF Section: Residents' Scholarly Activities items 1-4
  - Ensure all citation information is complete
    - Project: exact title, dates, supervisor, project/research sponsor (funding info if relevant)
    - Presentation: exact presentation title, presentation date; co-presenters; name of meeting, meeting location
    - Publication: exact title, author/co-authors, date, publication name, volume and issue, first through last pages
  - Underline resident name

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Program Requirement

- Resident and Program Evaluation
  - V.A.1.a).(1-2) Quarterly formative evaluation (all competency domains; case log review)
  - V.A.1.d-e) Use of CARSITE for formative evaluation; ABSITE must not be used
  - V.C.1.d).(3) 70% program graduates must take ABCRS certifying exam within 3 years
  - V.C.1.d).(4) 70% of first time takers in the preceding 5 years must pass ABCRS certifying exam

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Documentation

- Specialty-specific PIF Section: Evaluation
  - Resident Evaluation information verified by site visitor and RRC review of ADS case log reports
  - ABCRS certification data verified with ABCRS

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Resources

- CRS FAQs
  http://acgme.org/acWebsite/downloads/RRC_FAQ/060_colon_rectal_surgery_FAQs.pdf
- Duty Hour Common FAQs
  http://acgme.org/acWebsite/dutyHours/dh-faqs2011.pdf
- Duty Hour Glossary of Terms
  http://acgme.org/acWebsite/dutyHours/dh-GlossaryofTerms2011.pdf
- CRS newsletters
  http://acgme.org/acWebsite/RRC_060_News/060n_Index.asp
- ACGME weekly e-communication

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Colon & Rectal Surgery Program Coordinator Workshop

Session 2: Case Logs

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Overview

- Case Log Interface
- Case Log Reports
- RRC Monitoring
- Announcements and Resources

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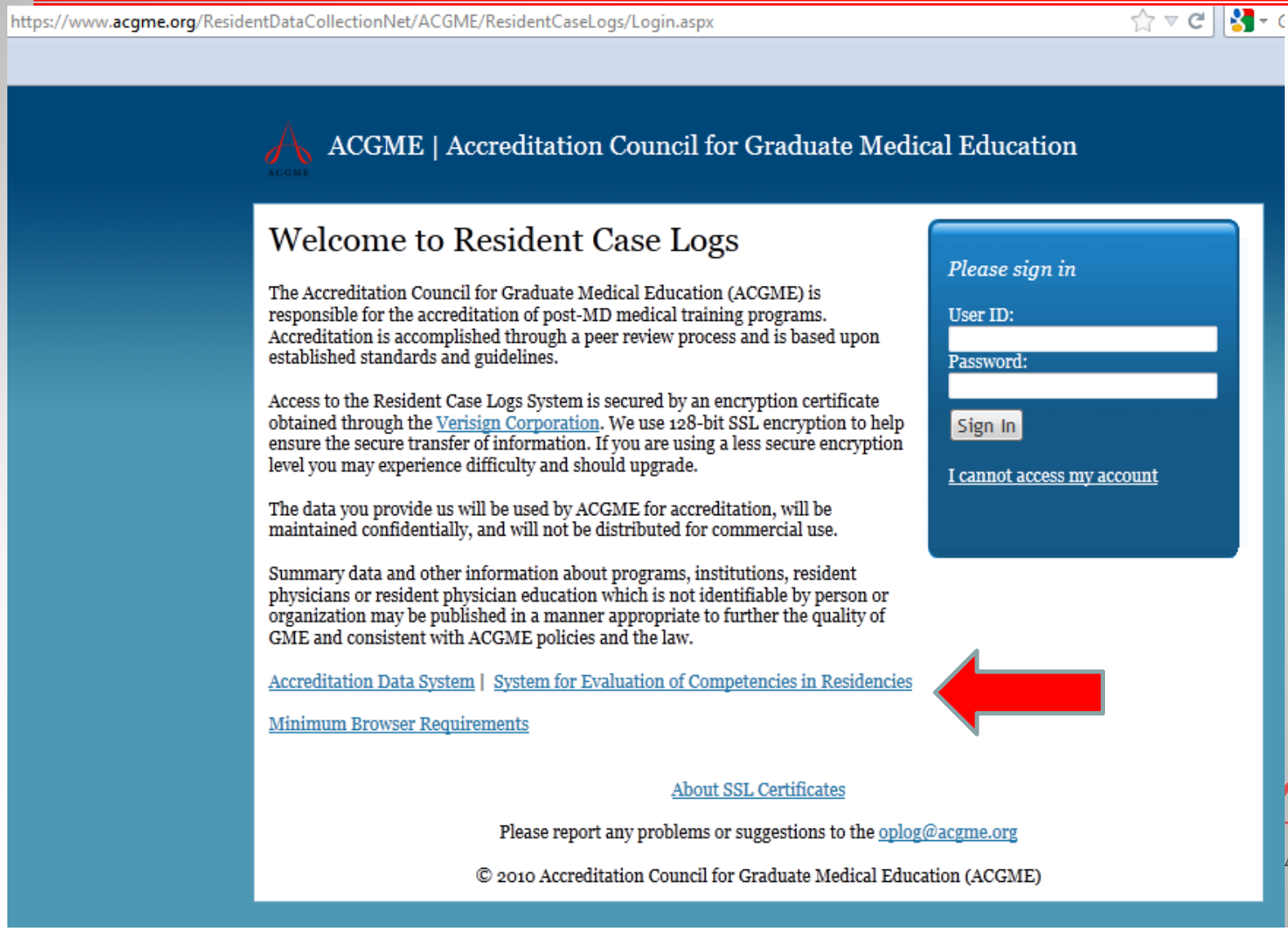
Case Log Interface



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Case Log Reports

- Unique purposes
- Only the Index Case Report distinguishes between indexed and non-indexed codes (see resources)
- **Filtering reports:**
  - Resident (all or specific)
  - Location (e.g., ambulatory, clinic, endoscopy suite, ER, physiology lab, etc.)
  - Resident Status (active/inactive)
  - Date Range
  - Institution (all or by participating site)
  - Resident Role (all/surgeon/teaching assistant)
  - Attending (all or by name)
  - Defined Category (re: stoma)
  - Type Description (all or by specific type within an area)
  - CPT or ICD9 code

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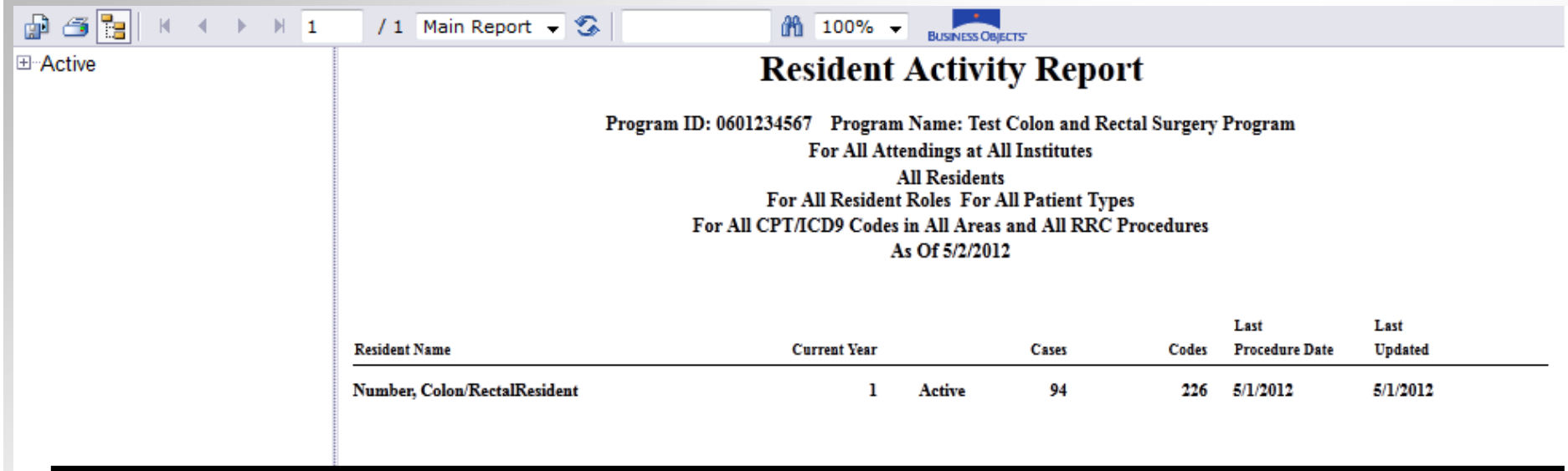
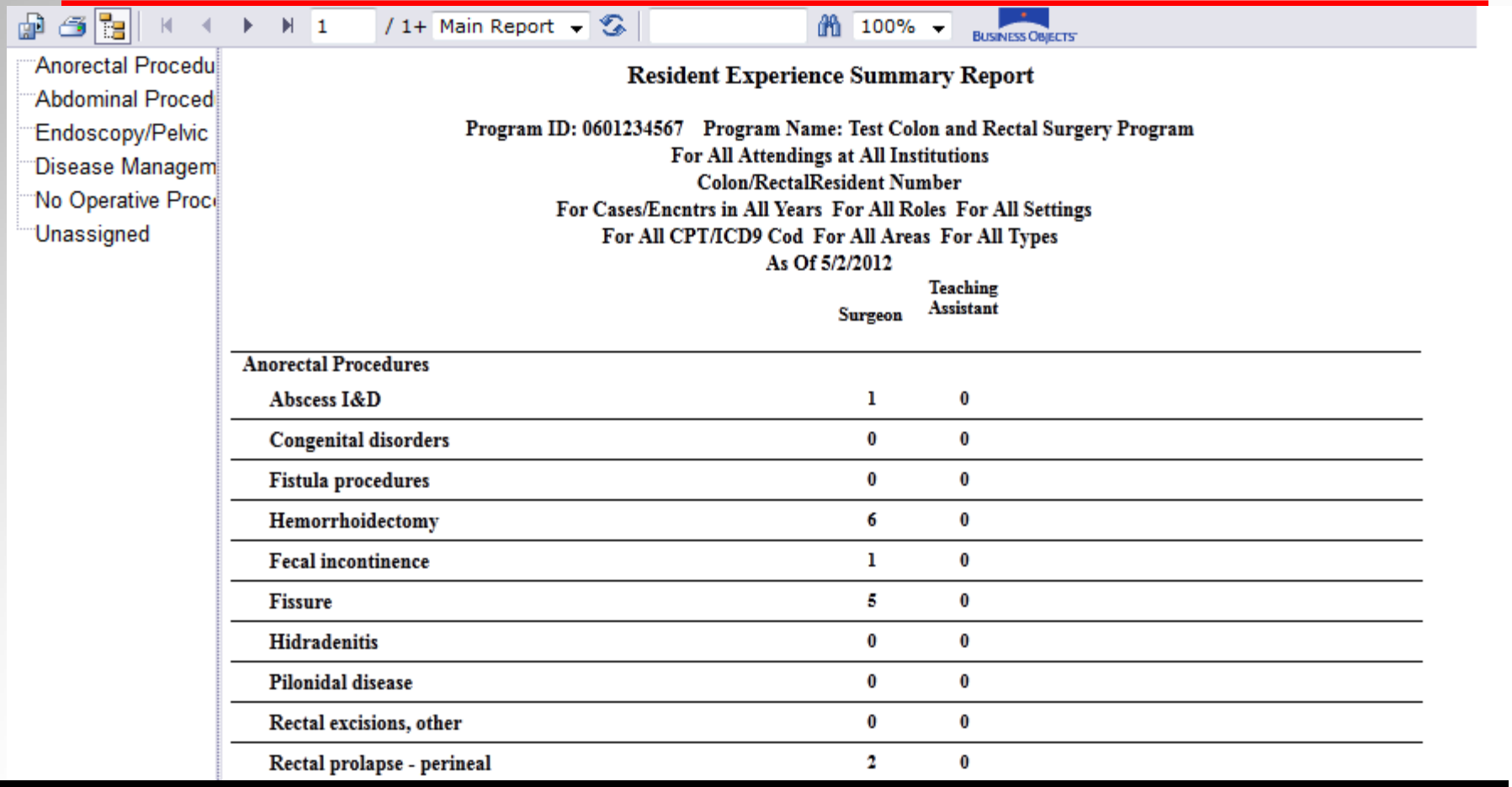
Case Log Reports: Resident Activity



Use this report to answer:

- Are residents logging data?
- How much data are they logging and with what frequency?
- How can I quickly and easily see what residents are doing?

Case Log Reports: Resident Experience Summary



Resident Experience Summary Report

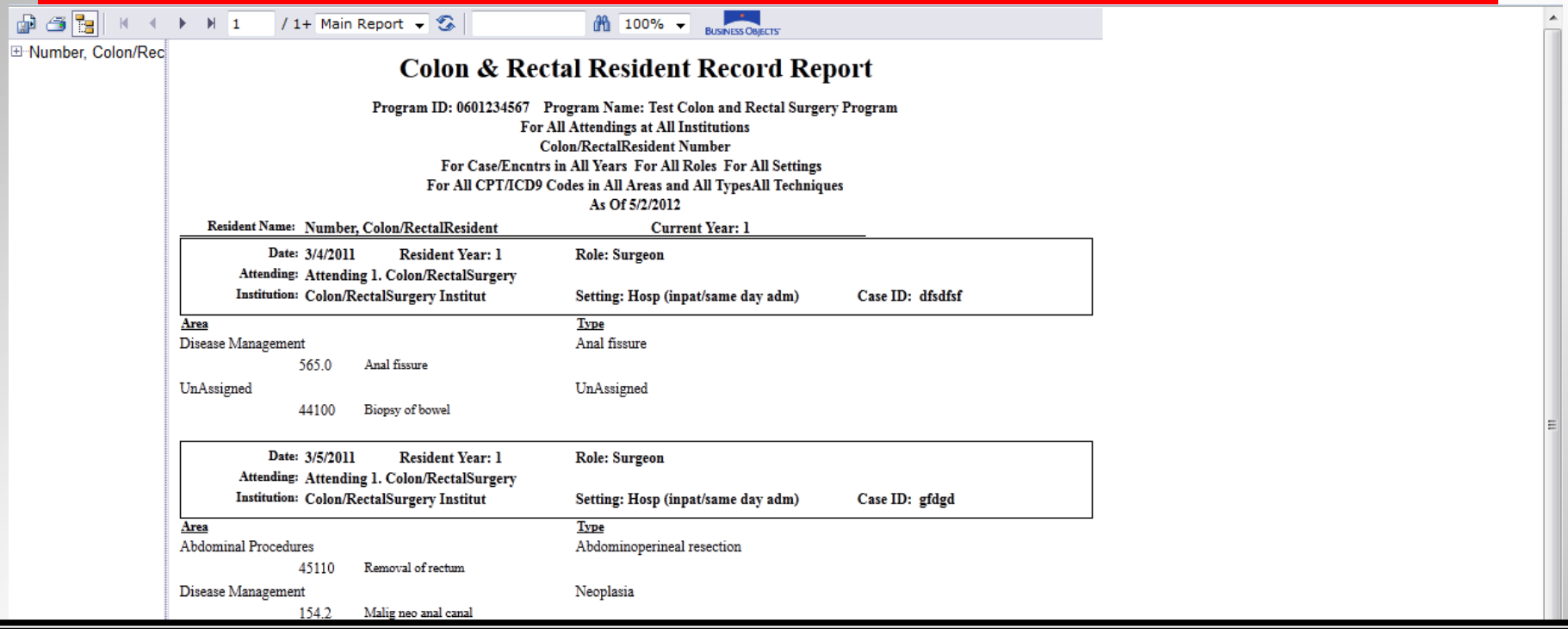
Program ID: 0601234567 Program Name: Test Colon and Rectal Surgery Program
For All Attendings at All Institutions
Colon/RectalResident Number
For Cases/Encntrs in All Years For All Roles For All Settings
For All CPT/ICD9 Cod For All Areas For All Types
As Of 5/2/2012

	Surgeon	Teaching Assistant
Anorectal Procedures		
Abscess I&D	1	0
Congenital disorders	0	0
Fistula procedures	0	0
Hemorrhoidectomy	6	0
Fecal incontinence	1	0
Fissure	5	0
Hidradenitis	0	0
Pilonidal disease	0	0
Rectal excisions, other	0	0
Rectal prolapse - perineal	2	0

Use this report to answer:

- What is the overall experience for (as filtered)?

Case Log Reports: Resident Full Detail



Number, Colon/Rec

Colon & Rectal Resident Record Report

Program ID: 0601234567 Program Name: Test Colon and Rectal Surgery Program
For All Attendings at All Institutions
Colon/RectalResident Number
For Case/Encntrs in All Years For All Roles For All Settings
For All CPT/ICD9 Codes in All Areas and All TypesAll Techniques
As Of 5/2/2012

Resident Name: Number, Colon/RectalResident **Current Year:** 1

Date: 3/4/2011 **Resident Year:** 1 **Role:** Surgeon
Attending: Attending 1. Colon/RectalSurgery
Institution: Colon/RectalSurgery Institut **Setting:** Hosp (inpat/same day adm) **Case ID:** dfsdfsf

Area		Type
Disease Management		Anal fissure
565.0	Anal fissure	
UnAssigned		UnAssigned
44100	Biopsy of bowel	

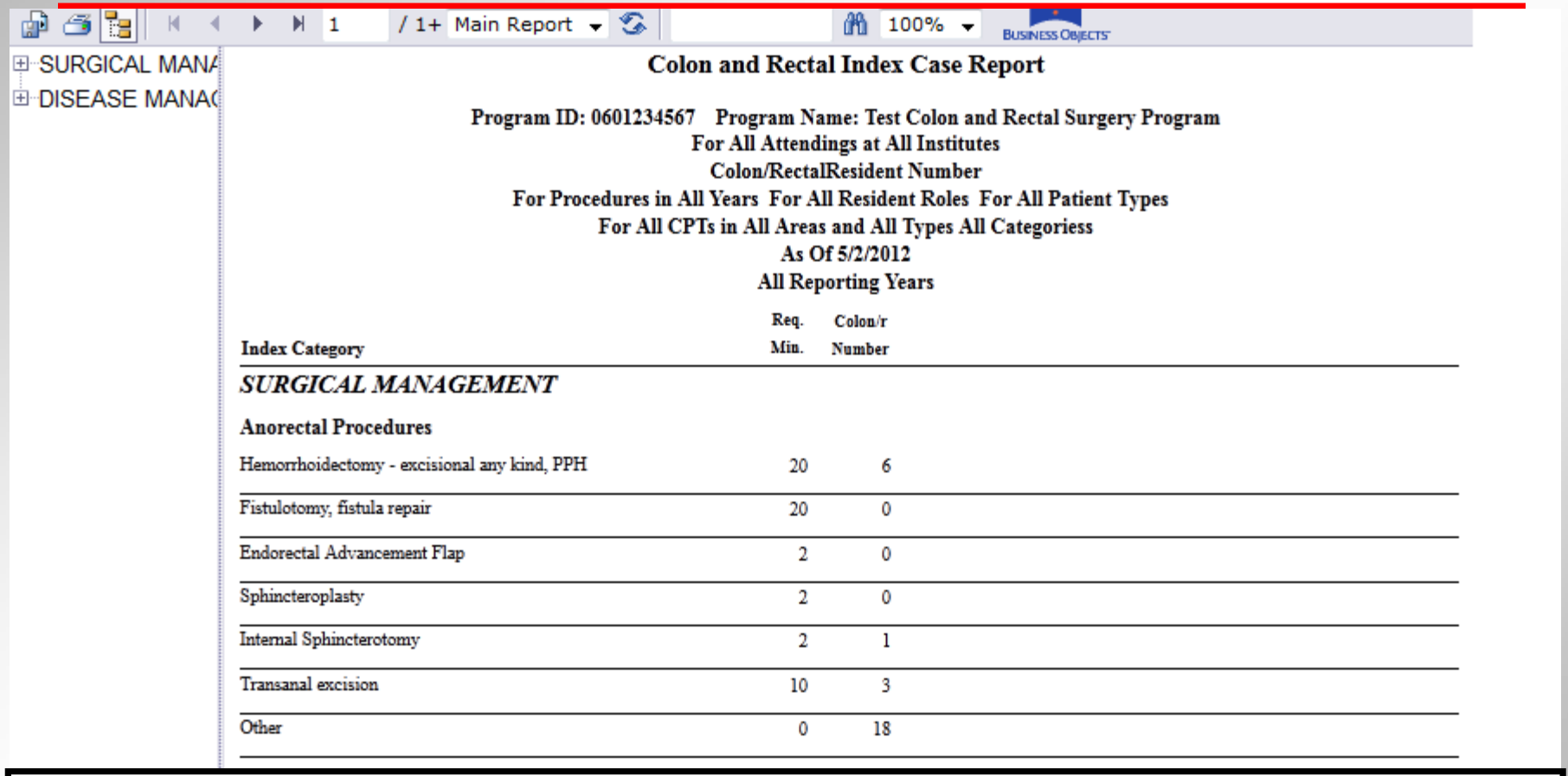
Date: 3/5/2011 **Resident Year:** 1 **Role:** Surgeon
Attending: Attending 1. Colon/RectalSurgery
Institution: Colon/RectalSurgery Institut **Setting:** Hosp (inpat/same day adm) **Case ID:** gfdgd

Area		Type
Abdominal Procedures		Abdominoperineal resection
45110	Removal of rectum	
Disease Management		Neoplasia
154.2	Malig neo anal canal	

Use these reports to answer:

- Does each case include at east one CPT and one ICD9 code?
- Does each case contain no more than 2 CPT and 2 ICD9 codes?
- Are there more than 2 cases per day/resident?
- What are the details of “unassigned” codes?

Case Log Reports: Resident Index Case



Colon and Rectal Index Case Report

Program ID: 0601234567 Program Name: Test Colon and Rectal Surgery Program
For All Attendings at All Institutes
Colon/RectalResident Number
For Procedures in All Years For All Resident Roles For All Patient Types
For All CPTs in All Areas and All Types All Categoriess
As Of 5/2/2012
All Reporting Years

Index Category	Req. Min.	Colon/r Number
SURGICAL MANAGEMENT		
Anorectal Procedures		
Hemorrhoidectomy - excisional any kind, PPH	20	6
Fistulotomy, fistula repair	20	0
Endorectal Advancement Flap	2	0
Sphincteroplasty	2	0
Internal Sphincterotomy	2	1
Transanal excision	10	3
Other	0	18

Use these reports to answer:

- Is each resident making progress in achieving required minimum numbers?

Case Log Monitoring

- Programs should use the Resident Index Case Log Report (available within Case Log System) to monitor resident progress
- RRC will review ADS Case Log reports for all programs at each fall RRC meeting
  - Residents graduating in 2012 and beyond are expected to achieve required minimum numbers in all index case categories
  - Programs will receive feedback following annual Case Log Review

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Announcements

- Opportunity to archive case logs for graduates now open
- Programs may wait until the end of June to begin archiving data

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Resources

- Guidelines and FAQs
  http://acgme.org/acWebsite/RRC_060/060_CRS_Case_Log_Instructions.pdf
- Required Minimum Numbers
  http://acgme.org/acWebsite/RRC_060/060_CRS_Minimum_Case_Numbers.pdf
- Case Log Coding
  http://acgme.org/acWebsite/RRC_060/060_CRS_Case_Log_Coding.pdf
- Printable Case Log Data Card (Opt.)
  http://acgme.org/acWebsite/RRC_060/060_CRS_Printable_Case_Log_Data_Card.pdf

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Colon & Rectal Surgery Program Coordinator Workshop

Session 3:
Next Accreditation System

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Overview

- Background and Rationale
- Program Requirements
- Milestones
- Timeline

http://www.acgme-nas.org/

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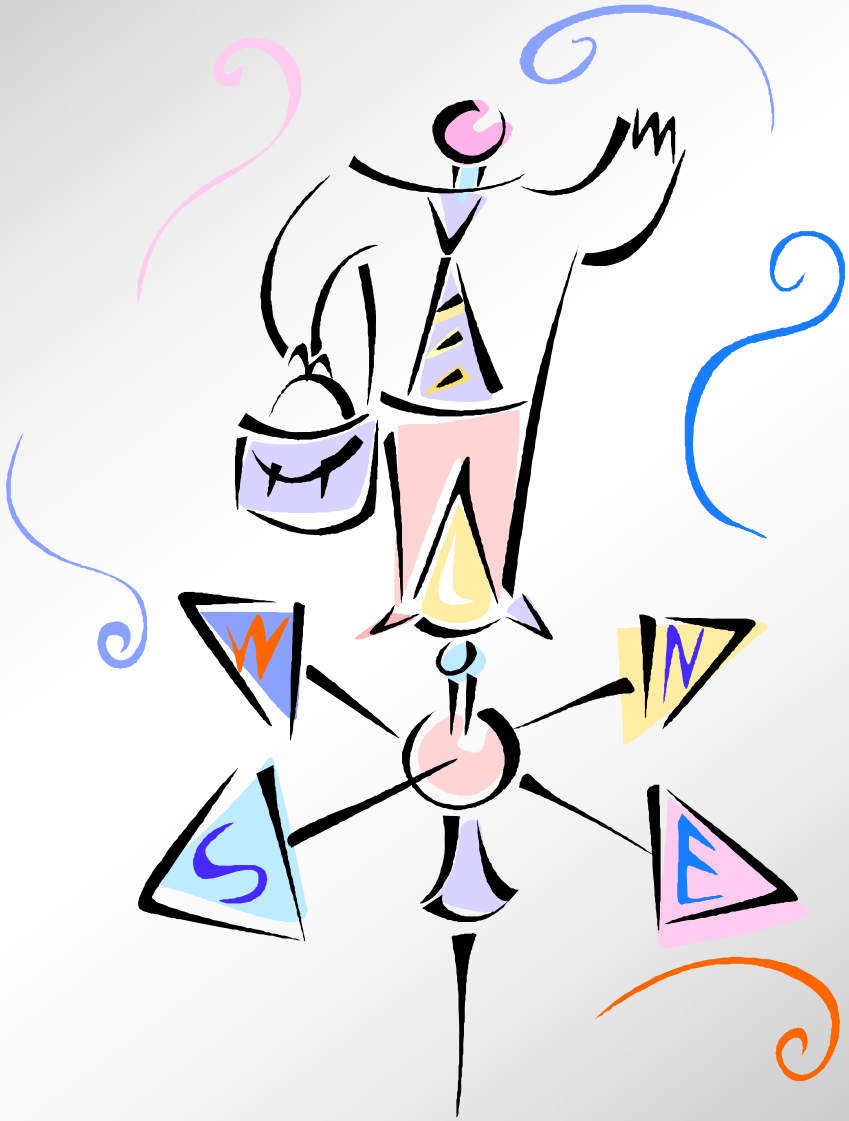
Background and Rationale



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ACGME Mission

We improve healthcare by assessing and advancing the quality of resident physicians' education through accreditation

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Goals of The "Next Accreditation System"

- Begin the realization of the promise of Outcomes
- Free good programs to innovate
- Assist poor programs to improve
- Reduce the burden of accreditation
- Provide accountability for outcomes (in tandem with ABMS) to the Public

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The “Next Accreditation System” in a Nutshell

- Continuous Accreditation Model – annually updated
  - Based on annual data submitted, other data requested, and program trends
- Scheduled Site Visits replaced by 10 year Self Study Visit
- Standards revised every 10 years
  - Standards Organized by
    - Core Processes
    - Detailed Processes
    - Outcomes

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Conceptual Change

The Current Accreditation System

Rules

⇩

Corresponding Questions

⇩

"Correct or Incorrect" Answer

⇩

Citations and Accreditation Decision

Rules

⇩

Corresponding Questions

⇩

"Correct or Incorrect" Answer

⇩

Citation and Accreditation Decision

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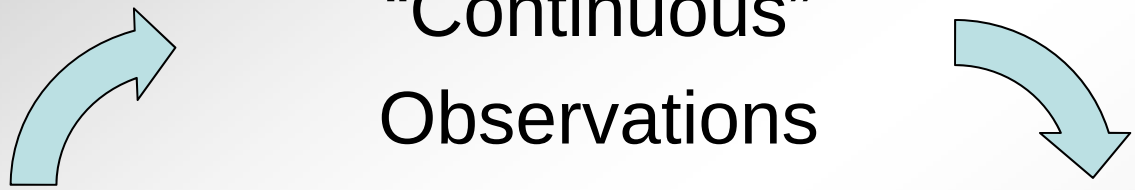
Conceptual Change

The "Next Accreditation System"

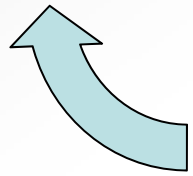


"Continuous"

Observations

Number of Potential Related "Rules" Problems

Diagnose the Problem (if there is one!)



Assure that the Program Fixed the Problem

Promote Innovation

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Next Accreditation System

Continuous Accreditation

No Cycle Lengths

No PIF!!!!!

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Program Requirements

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Program Requirements

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

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Program Requirements

- Examples for CPRs
  - **Core Requirement:**
    Qualifications of the program director must include:
    II.A.3.b) current certification in the specialty by the American Board of Colon and Rectal Surgery (ABCRS)**, or specialty qualifications that are acceptable to the Review Committee; and,** (Core)
  - **Detail Requirement:**
    The program director must:
    II.A.4.l) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents; (Detail)
  - **Outcome Requirement:**
    Residents are expected to:
    IV.A.5.f).(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty; (Outcome)

ACGME

Milestones

ACGME

Brief History of Competencies/Milestones

- Competency evaluation stalls
- MedPac, IOM, and others question the quality of preparation of graduates for the “future” health care delivery system
- House of Representatives codifies “New Physician Competencies” in original Health Care Reform Package
- MedPac calls on CMS to modulate IME payments to hospitals based on quality of competency outcomes in same areas
- Macy Report: Ensuring an Effective Physician Workforce
- IOM new initiative: Governance and Financing of Graduate Medical Education

ACGME

ACGME Goal for Milestones - Permits fruition of the promise of "Outcomes Based Accreditation"

- Tracks what is important - Outcomes
- Begins using *existing tools* and *observations of the faculty*
- Clinical Competency Committee triangulates progress of each resident
  - ABMS Board has the opportunity to track the identified individual
  - ACGME Review Committee tracks unidentified individuals' trajectories
- ACGME and ABMS are able to provide accountability for effectiveness of educational program in producing outcomes, and achieved outcomes of individual trainees
- ACGME can work with AAMC to improve graduation level preparation

ACGME

ACGME Goal for Milestones - Permits fruition of the promise of “Outcomes Based Accreditation”

- Specialty specific normative data and common expectations for progress of individual residents
- Less prescriptive ACGME program requirements, lengthened program site visit cycles, less frequent standards revision
  - Promote curricular innovation
  - Enhance curricular and rotation design flexibility
- Opportunity for communication and improvement across the continuum of medical education
- Development of specialty specific evaluation tools and techniques

ACGME

CRS PC/MK Milestone Domains

- Anorectal
- Colonic Neoplasia
- Large Bowel Obstruction
- Pelvic Floor
- Rectal Prolapse
- Rectovaginal Fistula
- Ulcerative Colitis

ACGME

Next Accreditation System Timeline

- Seven specialties/RRC's begin training 7/2012 (phase 1)
  - Pediatrics
  - Internal Medicine
  - Diagnostic Radiology
  - Emergency Medicine
  - Orthopedic Surgery
  - Neurological Surgery
  - Urological Surgery
- Phase 1specialties/RRC's "go live" 7/2013
- Remaining specialties/RRC's begin training 7/2013 (phase 2)
- Phase 2 specialties/RRC's using the Next Accreditation System 7/2014

ACGME

NAS Timeline for CRS

- Complete draft milestones: 12/31/2012
- RRC prepares proposed categorization of program requirements for phase 2 specialties
  - post for public comment spring 2013
  - ACGME Board approval fall 2013
- RRC staff schedules self-study dates for phase 2 programs (will begin 7/2015)
  - notify programs spring 2013
  - programs with adverse accreditation or short cycles will be scheduled for traditional site visit no later than 1/2014

ACGME

NAS Timeline for CRS

- Training phase begins 7/2013
  - RRC reviews all data for all programs (includes 2013 surveys, annual ADS update info, case log reports, milestone reports): does not 'count'
  - RRC determines benchmarks for follow-up actions (e.g., progress report, focused site visit, etc.)
  - Programs establish process for use of milestone reporting tools
- Enter NAS 7/2014
- First self-study visits begin 7/1/2015

ACGME