RRC Review Process: What Do We Really Do?

Anthony C. Arnold, MD
RRC for Ophthalmology

ACGME

PD Perspective

Accreditation Council for Graduate Medical Education

- RRC =
  - Residency Ruining Committee
  - Residency Ruling Committee
  - Residency Removal Committee
  - Residency Reprimanding Committee
  - Really Ridiculous Committee

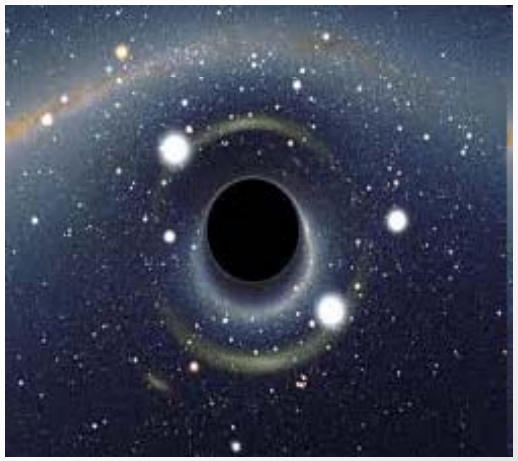
ACGME

PD Perspective

Accreditation Council for Graduate Medical Education

- Data sent to Them
  - Enters into

⇒



  - Reviewed by

⇒

ACGME

PD Perspective

Accreditation Council for Graduate Medical Education

Data Returns:

Citation #4

Resident Operative Experiences
Program Requirement IV.A.5.a.11
"Residents must participate in the management (including critical care) and surgical care of adult and pediatric patients and experience should include the full spectrum of neurosurgical disorders."

The program offers an inadequate experience in five operative categories (head trauma, spinal instrumentation, peripheral nerve, pediatric brain tumor, transsphenoidal).
(Program Information Forms, pages 59 through 66)

REQUEST FOR PROGRESS REPORT

The Review Committee requests a progress report in which each of the following citations is addressed. This information is requested in triplicate by the date given above. As specified in the ACGME Institutional Requirements, the report should be reviewed and approved by the sponsoring institution's

6

ACGME

The Process

Accreditation Council for Graduate Medical Education

- RRC 9 members (from AAO, AMA, ABO) + 1 resident member + Exec Director + staff
- 2 meetings/year
- Each member reviews 3-5 programs/meeting
  - Primary & secondary reviewers
- Materials received months ahead of meetings

ACGME

The Process

- Materials for Review:
  - Site Visitor Report (SVR)
  - Program Information Form (PIF)
  - Program History
  - Resident Survey
  - Surgical Case Log
  - Board Pass Rates

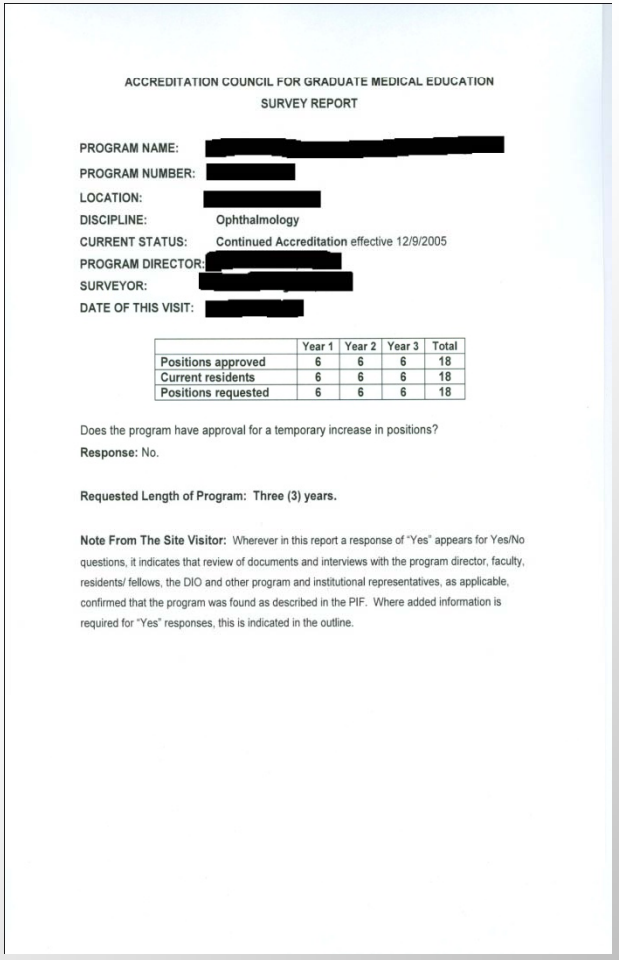
  - NO OTHER SOURCES, NO HERESAY OR ANECDOTAL DATA

ACGME

The Process

Accreditation Council for Graduate Medical Education

- SVR
  - Directed information elicited by SV from residents and faculty
  - PIF and other information is verified and clarified by SV
  - SV does not make decisions regarding accreditation



ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION
SURVEY REPORT

PROGRAM NAME: [redacted]
PROGRAM NUMBER: [redacted]
LOCATION: [redacted]
DISCIPLINE: Ophthalmology
CURRENT STATUS: Continued Accreditation effective 12/9/2005
PROGRAM DIRECTOR: [redacted]
SURVEYOR: [redacted]
DATE OF THIS VISIT: [redacted]

	Year 1	Year 2	Year 3	Total
Positions approved	6	6	6	18
Current residents	6	6	6	18
Positions requested	6	6	6	18

Does the program have approval for a temporary increase in positions?
Response: No.

Requested Length of Program: Three (3) years.

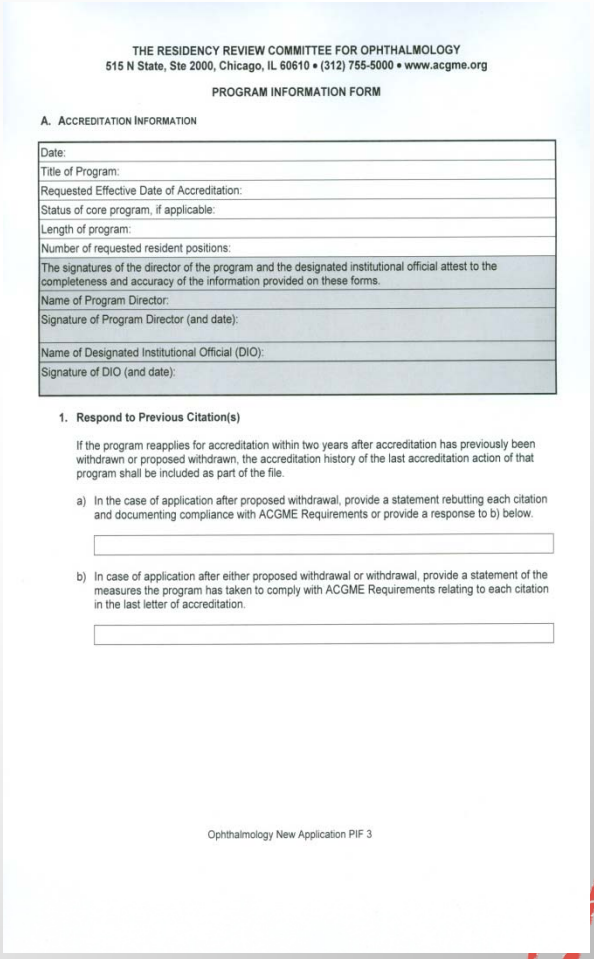
Note From The Site Visitor: Wherever in this report a response of "Yes" appears for Yes/No questions, it indicates that review of documents and interviews with the program director, faculty, residents/ fellows, the DIO and other program and institutional representatives, as applicable, confirmed that the program was found as described in the PIF. Where added information is required for "Yes" responses, this is indicated in the outline.

ACGME

The Process

Accreditation Council for Graduate Medical Education

- PIF
  - Detailed program information
  - Primary avenue for PD to supply view of program



THE RESIDENCY REVIEW COMMITTEE FOR OPHTHALMOLOGY
515 N State, Ste 2000, Chicago, IL 60610 • (312) 755-5000 • www.acgme.org

PROGRAM INFORMATION FORM

A. ACCREDITATION INFORMATION

Date:
Title of Program:
Requested Effective Date of Accreditation:
Status of core program, if applicable:
Length of program:
Number of requested resident positions:
The signatures of the director of the program and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.
Name of Program Director:
Signature of Program Director (and date):
Name of Designated Institutional Official (DIO):
Signature of DIO (and date):

1. **Respond to Previous Citation(s)**

If the program reapplies for accreditation within two years after accreditation has previously been withdrawn or proposed withdrawn, the accreditation history of the last accreditation action of that program shall be included as part of the file.

a) In the case of application after proposed withdrawal, provide a statement rebutting each citation and documenting compliance with ACGME Requirements or provide a response to b) below.

b) In case of application after either proposed withdrawal or withdrawal, provide a statement of the measures the program has taken to comply with ACGME Requirements relating to each citation in the last letter of accreditation.

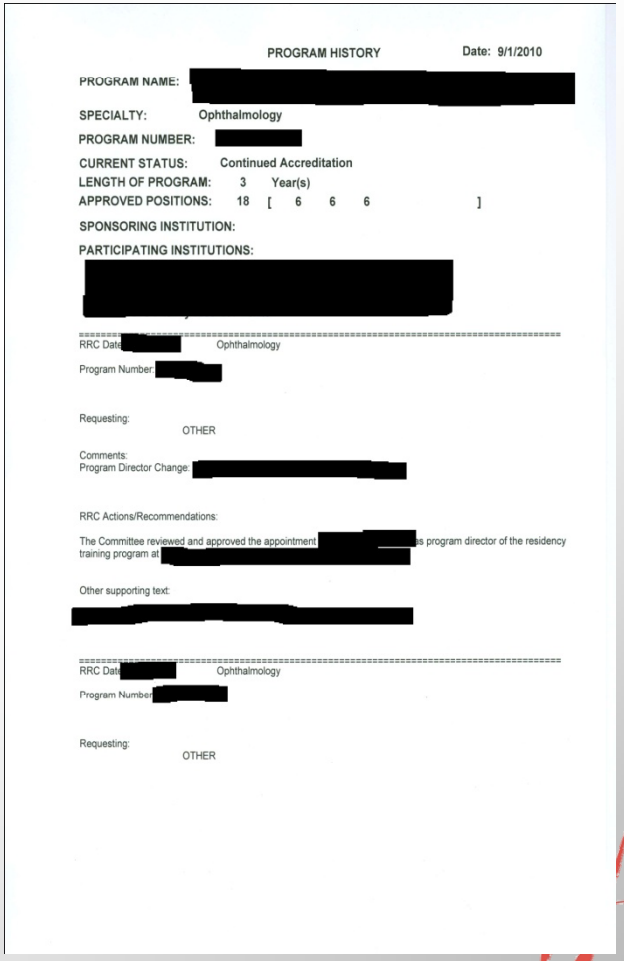
Ophthalmology New Application PIF 3

ACGME

The Process

Accreditation Council for Graduate Medical Education

- Program History
  - Previous cycle length
  - Program director turnover
  - Changes in resident complement



PROGRAM HISTORY Date: 9/1/2010

PROGRAM NAME: [redacted]

SPECIALTY: Ophthalmology

PROGRAM NUMBER: [redacted]

CURRENT STATUS: Continued Accreditation

LENGTH OF PROGRAM: 3 Year(s)

APPROVED POSITIONS: 18 [6 6 6]

SPONSORING INSTITUTION:

PARTICIPATING INSTITUTIONS:

[redacted]

RRC Date: [redacted] Ophthalmology

Program Number: [redacted]

Requesting:

OTHER

Comments:
Program Director Change: [redacted]

RRC Actions/Recommendations:

The Committee reviewed and approved the appointment [redacted] as program director of the residency training program at [redacted]

Other supporting text:

[redacted]

RRC Date: [redacted] Ophthalmology

Program Number: [redacted]

Requesting:

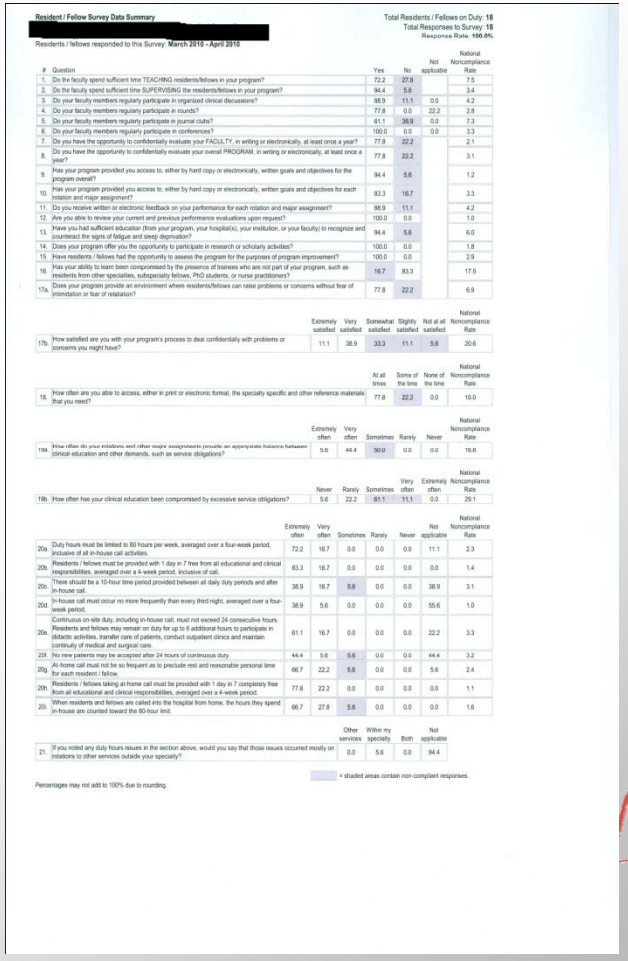
OTHER

ACGME

The Process

Accreditation Council for Graduate Medical Education

- Resident Survey
  - Resident perspective, covering education, CPR, and duty hours
  - Very critical 6.1 minutes!



Resident / Fellow Survey Data Summary

[redacted]

Residents / fellows responded to this Survey: March 2010 - April 2010

Total Residents / Fellows on Duty: 18
Total Responses to Survey: 18
Response Rate: 100.0%

#	Question	Yes	No	Not applicable	National Noncompliance Rate
1.	Do the faculty spend sufficient time TEACHING residents/fellows in your program?	72.2	27.8		7.5
2.	Do the faculty spend sufficient time SUPERVISING the residents/fellows in your program?	94.4	5.6		3.4
3.	Do your faculty members regularly participate in organized clinical discussions?	88.9	11.1	0.0	4.2
4.	Do your faculty members regularly participate in rounds?	77.8	0.0	22.2	2.8
5.	Do your faculty members regularly participate in journal clubs?	61.1	38.9	0.0	7.3
6.	Do your faculty members regularly participate in conferences?	100.0	0.0	0.0	3.3
7.	Do you have the opportunity to confidentially evaluate your FACULTY, in writing or electronically, at least once a year?	77.8	22.2		2.1
8.	Do you have the opportunity to confidentially evaluate your overall PROGRAM, in writing or electronically, at least once a year?	77.8	22.2		3.1
9.	Has your program provided you access to, either by hard copy or electronically, written goals and objectives for the program overall?	94.4	5.6		1.2
10.	Has your program provided you access to, either by hard copy or electronically, written goals and objectives for each rotation and major assignment?	83.3	16.7		3.3
11.	Do you receive written or electronic feedback on your performance for each rotation and major assignment?	88.9	11.1		4.2
12.	Are you able to review your current and previous performance evaluations upon request?	100.0	0.0		1.0
13.	Have you had sufficient education (from your program, your hospital(s), your institution, or your faculty) to recognize and counteract the signs of fatigue and sleep deprivation?	94.4	5.6		6.0
14.	Does your program offer you the opportunity to participate in research or scholarly activities?	100.0	0.0		1.8
15.	Have residents / fellows had the opportunity to assess the program for the purposes of program improvement?	100.0	0.0		2.9
16.	Has your ability to learn been compromised by the presence of trainees who are not part of your program, such as residents from other specialties, subspecialty fellows, PhD students, or nurse practitioners?	16.7	83.3		17.5
17a	Does your program provide an environment where residents/fellows can raise problems or concerns without fear of intimidation or fear of retaliation?	77.8	22.2		6.9

		Extremely satisfied	Very satisfied	Somewhat satisfied	Slightly satisfied	Not at all satisfied	National Noncompliance Rate
17b	How satisfied are you with your program's process to deal confidentially with problems or concerns you might have?	11.1	38.9	33.3	11.1	5.6	20.6

		At all times	Some of the time	None of the time	National Noncompliance Rate
18.	How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?	77.8	22.2	0.0	10.0

		Extremely often	Very often	Sometimes	Rarely	Never	National Noncompliance Rate
19a	How often do your rotations and other major assignments provide an appropriate balance between clinical education and other demands, such as service obligations?	5.6	44.4	50.0	0.0	0.0	16.8

		Never	Rarely	Sometimes	Very often	Extremely often	National Noncompliance Rate
19b.	How often has your clinical education been compromised by excessive service obligations?	5.6	22.2	61.1	11.1	0.0	29.1

		Extremely often	Very often	Sometimes	Rarely	Never	Not applicable	National Noncompliance Rate
20a	Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.	72.2	16.7	0.0	0.0	0.0	11.1	2.3
20b.	Residents / fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call.	83.3	16.7	0.0	0.0	0.0	0.0	1.4
20c.	There should be a 10-hour time period provided between all daily duty periods and after in-house call.	38.9	16.7	5.6	0.0	0.0	38.9	3.1
20d.	In-house call must occur no more frequently than every third night, averaged over a four-week period.	38.9	5.6	0.0	0.0	0.0	55.6	1.0
20e.	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents and fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care.	61.1	16.7	0.0	0.0	0.0	22.2	3.3
20f.	No new patients may be accepted after 24 hours of continuous duty.	44.4	5.6	5.6	0.0	0.0	44.4	3.2
20g.	At-home call must not be so frequent as to preclude rest and reasonable personal time for each resident / fellow.	66.7	22.2	5.6	0.0	0.0	5.6	2.4
20h.	Residents / fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.	77.8	22.2	0.0	0.0	0.0	0.0	1.1
20i.	When residents and fellows are called into the hospital from home, the hours they spend in-house are counted toward the 80-hour limit.	66.7	27.8	5.6	0.0	0.0	0.0	1.8

		Other services	Within my specialty	Both	Not applicable
21.	If you noted any duty hours issues in the section above, would you say that those issues occurred mostly on rotations to other services outside your specialty?	0.0	5.6	0.0	94.4

= shaded areas contain non-compliant responses.

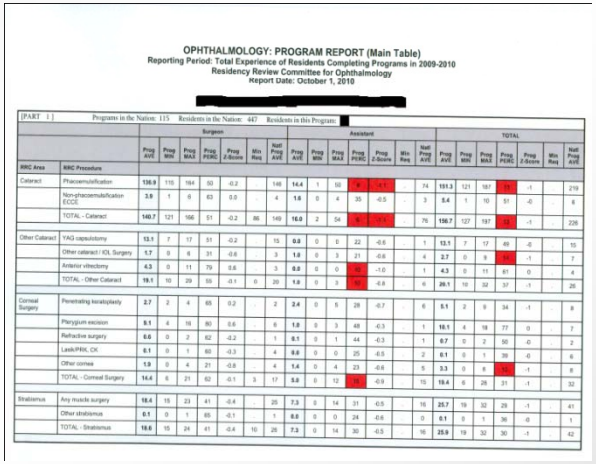
Percentages may not add to 100% due to rounding.

ACGME

The Process

Accreditation Council for Graduate Medical Education

- Case log
  - Objective
  - Comparative (to national averages and between residents in the program)
  - Statistics
    - Numbers of procedures in each category/ subcategory
    - Equality in numbers
    - Surgeon to assistant ratio

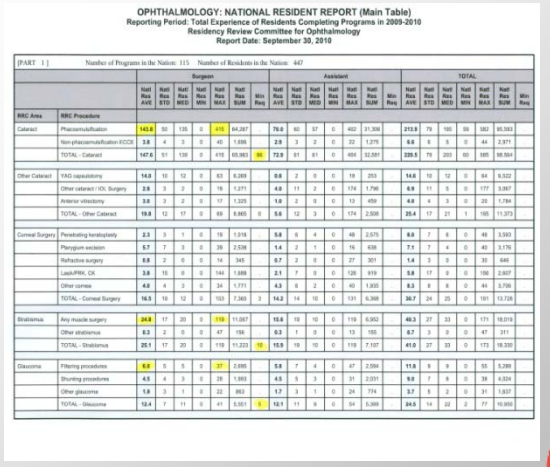


OPHTHALMOLOGY: PROGRAM REPORT (Main Table)
Reporting Period: Total Experience of Residents Completing Programs in 2009-2010
Residency Review Committee for Ophthalmology
Report Date: October 1, 2010

[redacted]

[PART 1] Programs in the Nation: 115 Residents in the Nation: 447 Residents in this Program: [redacted]

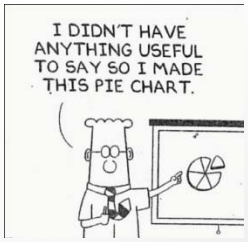
		Surgeon							Assistant							TOTAL						
		Prog AVE	Prog MIN	Prog MAX	Prog PERC	Prog Z-Score	Min Req	Natl Prog AVE	Prog AVE	Prog MIN	Prog MAX	Prog PERC	Prog Z-Score	Min Req	Natl Prog AVE	Prog AVE	Prog MIN	Prog MAX	Prog PERC	Prog Z-Score	Min Req	Natl Prog AVE
RRC Area	RRC Procedure																					
Cataract	Phacoemulsification	136.9	115	164	50	-0.2		149	14.4	1	56	4	-14.1		74	151.3	121	197	21	-1		219
	Non-phacoemulsification ECCE	3.9	1	6	63	0.0		4	1.6	0	4	35	-0.5		3	5.4	1	10	51	-0		6
	TOTAL - Cataract	140.7	121	166	51	-0.2	86	149	16.0	2	56	6	-17.1		76	156.7	127	197	22	-1		226
Other Cataract	YAG capsulotomy	13.1	7	17	51	-0.2		15	0.8	0	5	22	-0.6		1	13.1	7	17	49	-0		15
	Other cataract / IOL Surgery	1.7	0	6	31	-0.6		3	1.0	0	3	21	-0.6		4	2.7	0	9	14	-1		7
	Anterior vitrectomy	4.3	0	11	79	0.6		3	0.0	0	0	0	-1.0		1	4.3	0	11	81	0		4
	TOTAL - Other Cataract	19.1	10	29	59	-0.1	0	20	1.0	0	3	10	-0.8		6	20.1	10	32	37	-1		26
Corneal Surgery	Penetrating keratoplasty	2.7	2	4	65	0.2		2	2.4	0	6	28	-0.7		6	5.1	3	9	34	-1		8
	Pterygium excision	5.1	4	19	80	0.6		6	1.8	0	3	48	-0.3		1	10.1	4	18	77	0		7
	Refractive surgery	0.6	0	2	62	-0.2		1	0.1	0	1	44	-0.3		1	0.7	0	2	50	-0		2
	Lasik/PRK, CK	0.1	0	1	60	-0.3		4	0.0	0	0	25	-0.5		2	0.1	0	1	39	-0		6
	Other cornea	1.9	0	4	21	-0.8		4	1.4	0	4	23	-0.6		5	3.3	0	8	14	-1		8
	TOTAL - Corneal Surgery	11.4	6	21	62	-0.1	3	17	5.0	0	13	34	-0.9		15	19.4	6	28	31	-1		32
Strabismus	Any muscle surgery	18.4	15	23	41	-0.4		25	7.3	0	14	31	-0.5		16	25.7	19	32	28	-1		41
	Other strabismus	0.1	0	1	65	-0.1		1	0.0	0	0	24	-0.6		0	0.1	0	1	36	-0		1
	TOTAL - Strabismus	18.6	15	24	41	-0.4	10	26	7.3	0	14	30	-0.5		16	25.9	19	32	30	-1		42

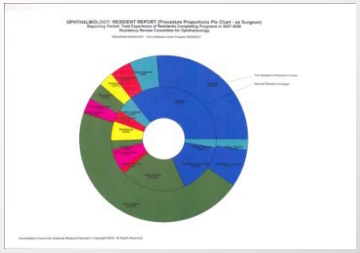


OPHTHALMOLOGY: NATIONAL RESIDENT REPORT (Main Table)
Reporting Period: Total Experience of Residents Completing Programs in 2009-2010
Residency Review Committee for Ophthalmology
Report Date: September 30, 2010

[PART 1] Number of Programs in the Nation: 115 Number of Residents in the Nation: 447

		Surgeon						Assistant						TOTAL					
		Natl Res AVE	Natl Res STD	Natl Res MED	Natl Res MIN	Natl Res MAX	Natl Res SUM	Natl Res AVE	Natl Res STD	Natl Res MED	Natl Res MIN	Natl Res MAX	Natl Res SUM	Natl Res AVE	Natl Res STD	Natl Res MED	Natl Res MIN	Natl Res MAX	Natl Res SUM
RRC Area	RRC Procedure																		
Cataract	Phacoemulsification	143.6	50	135	0	415	64,267	76.0	60	57	0	402	31,306	213.9	79	195	59	582	95,583
	Non-phacoemulsification ECCE	3.8	4	3	0	40	1,696	2.9	3	2	0	22	1,275	6.6	6	5	0	44	2,971
	TOTAL - Cataract	147.6	51	139	0	415	65,963	80	72.9	61	61	0	404	32,581		220.5	79	203	60	595	98,564
Other Cataract	YAG capsulotomy	14.0	10	12	0	63	6,269		0.6	2	0	6	19	253		14.6	10	12	0	64	6,522
	Other cataract / IOL Surgery	3.8	3	2	0	19	1,271		4.0	11	2	0	174	1,796		6.9	11	5	0	177	3,067
	Anterior vitrectomy	3.0	3	2	0	17	1,325		1.0	2	0	0	13	459		4.0	4	3	0	20	1,784
	TOTAL - Other Cataract	19.8	12	17	0	69	8,865	0	5.6	12	3	0	174	2,536		25.4	17	21	1	195	11,373
Corneal Surgery	Penetrating keratoplasty	2.3	3	1	0	19	1,018		5.8	6	4	0	48	2,575		8.0	7	6	0	48	3,593
	Pterygium excision	5.7	7	3	0	39	2,536		1.4	2	1	0	16	636		7.1	7	4	0	40	3,176
	Refractive surgery	0.8	2	0	0	14	345		0.7	2	0	0	27	301		1.4	3	0	0	35	646
	Lasik/PRK, CK	3.8	16	0	0	144	1,689		2.1	7	0	0	126	919		5.8	17	0	0	156	2,607
	Other cornea	4.0	4	3	0	34	1,771		4.3	8	2	0	40	1,935		8.3	8	6	0	44	3,706
	TOTAL - Corneal Surgery	16.5	19	12	0	153	7,363	3	14.2	14	10	0	131	6,368		30.7	24	25	0	191	13,728
Strabismus	Any muscle surgery	24.8	17	20	0	119	11,067		10.8	19	10	0	119	6,952		40.3	27	33	0	171	18,019
	Other strabismus	0.2	2	0	0	47	156		0.3	1	0	0	13	155		0.7	3	0	0	47	311
	TOTAL - Strabismus	25.1	17	20	0	119	11,223	19	10.9	19	10	0	119	7,107		41.0	27	33	0	173	18,330
Glaucoma	Filtering procedures	6.0	6	5	0	37	2,695		5.8	7	4	0	47	2,594		11.8	9	9	0	55	5,289
	Shunting procedures	4.5	4	3	0	28	1,993		4.5	5	3	0	31	2,031		9.0	7	8	0	39	4,024
	Other glaucoma	1.9	3	1	0	22	963		1.7	3	1	0	24	774		3.7	5	2	0	31	1,837
	TOTAL - Glaucoma	12.4	7	11	0	41	5,551	5	12.1	11	9	0	54	5,399		24.5	14	22	2	77	10,950



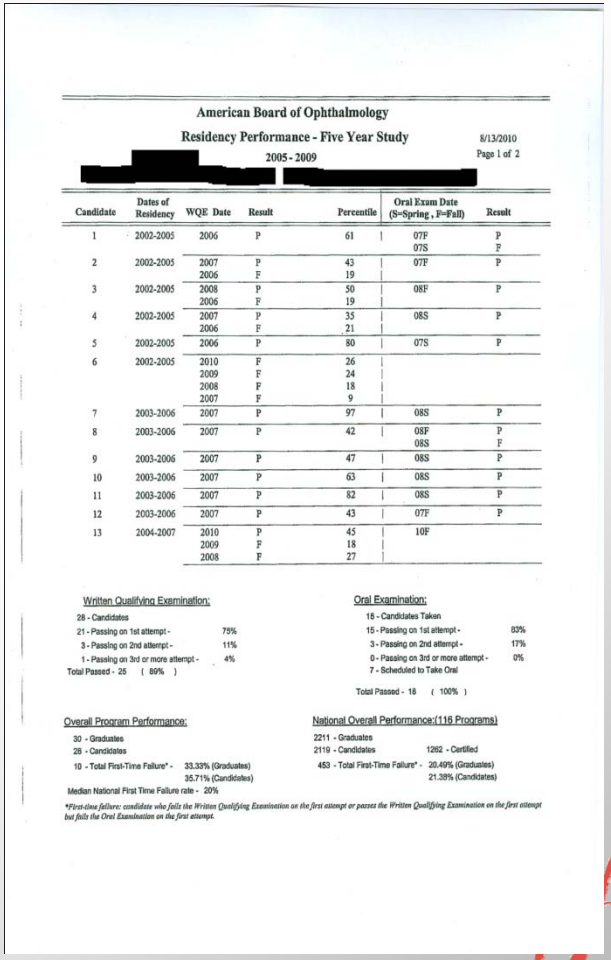


ACGME

The Process

Accreditation Council for Graduate Medical Education

- Board Pass Rates
  - Number of Graduates who take the WQE (80%)
  - First time pass rates for WQE & Oral Exam (60%)



American Board of Ophthalmology

Residency Performance - Five Year Study

8/13/2010

Page 1 of 2

2005 - 2009

[redacted]

Candidate	Dates of Residency	WQE Date	Result	Percentile	Oral Exam Date (S=Spring , F=Fall)	Result
1	2002-2005	2006	P	61	07F	P
					07S	F
2	2002-2005	2007	P	43	07F	P
		2006	F	19		
3	2002-2005	2008	P	50	08F	P
		2006	F	19		
4	2002-2005	2007	P	35	08S	P
		2006	F	21		
5	2002-2005	2006	P	80	07S	P
6	2002-2005	2010	F	26		
		2009	F	24		
		2008	F	18		
		2007	F	9		
7	2003-2006	2007	P	97	08S	P
8	2003-2006	2007	P	42	08F	P
					08S	F
9	2003-2006	2007	P	47	08S	P
10	2003-2006	2007	P	63	08S	P
11	2003-2006	2007	P	82	08S	P
12	2003-2006	2007	P	43	07F	P
13	2004-2007	2010	P	45	10F	
		2009	F	18		
		2008	F	27		

Written Qualifying Examination:

28 - Candidates
21 - Passing on 1st attempt - 75%
3 - Passing on 2nd attempt - 11%
1 - Passing on 3rd or more attempt - 4%
Total Passed - 25 (89%)

Oral Examination:

18 - Candidates Taken
15 - Passing on 1st attempt - 83%
3 - Passing on 2nd attempt - 17%
0 - Passing on 3rd or more attempt - 0%
7 - Scheduled to Take Oral

Total Passed - 18 (100%)

Overall Program Performance:

30 - Graduates
28 - Candidates
10 - Total First-Time Failure* - 33.33% (Graduates) 35.71% (Candidates)

Median National First Time Failure rate - 20%

National Overall Performance:(116 Programs)

2211 - Graduates
2119 - Candidates
1282 - Certified
453 - Total First-Time Failure* - 20.49% (Graduates) 21.38% (Candidates)

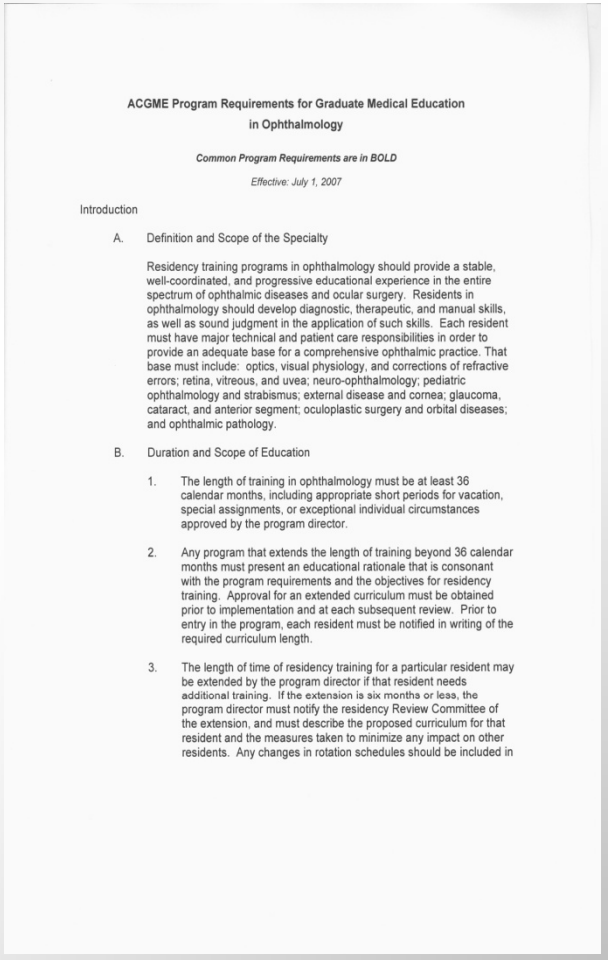
*First-time failure: candidate who fails the Written Qualifying Examination on the first attempt or passes the Written Qualifying Examination on the first attempt but fails the Oral Examination on the first attempt.

ACGME

The Process

Accreditation Council for Graduate Medical Education

- Program Requirements
  - Document specialty-specific programmatic standards
  - Citations reflect lack of compliance
  - Requirements periodically modified
  - PD Guide to CPR: required reading!



ACGME Program Requirements for Graduate Medical Education in Ophthalmology

Common Program Requirements are in BOLD

Effective: July 1, 2007

Introduction

A. Definition and Scope of the Specialty

Residency training programs in ophthalmology should provide a stable, well-coordinated, and progressive educational experience in the entire spectrum of ophthalmic diseases and ocular surgery. Residents in ophthalmology should develop diagnostic, therapeutic, and manual skills, as well as sound judgment in the application of such skills. Each resident must have major technical and patient care responsibilities in order to provide an adequate base for a comprehensive ophthalmic practice. That base must include: optics, visual physiology, and corrections of refractive errors; retina, vitreous, and uvea; neuro-ophthalmology; pediatric ophthalmology and strabismus; external disease and cornea; glaucoma, cataract, and anterior segment; oculoplastic surgery and orbital diseases; and ophthalmic pathology.

B. Duration and Scope of Education

1. The length of training in ophthalmology must be at least 36 calendar months, including appropriate short periods for vacation, special assignments, or exceptional individual circumstances approved by the program director.

2. Any program that extends the length of training beyond 36 calendar months must present an educational rationale that is consonant with the program requirements and the objectives for residency training. Approval for an extended curriculum must be obtained prior to implementation and at each subsequent review. Prior to entry in the program, each resident must be notified in writing of the required curriculum length.

3. The length of time of residency training for a particular resident may be extended by the program director if that resident needs additional training. If the extension is six months or less, the program director must notify the residency Review Committee of the extension, and must describe the proposed curriculum for that resident and the measures taken to minimize any impact on other residents. Any changes in rotation schedules should be included in

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The Process

Accreditation Council for Graduate Medical Education

- Operative Minimum Numbers
  - Programs must meet minimums
  - Overall borderline numbers may raise a concern
  - Individuals need not meet every minimum (yet)

Ophthalmology Resident Operative Minimum Requirements

Procedure	Current Minimum Requirement (*Surgeon) (**Surgeon and Assistant)
Cataract*	86
Strabismus*	10
Corneal Surgery*	3
Refractive Surgery**	6
Glaucoma *	5
Glaucoma Laser*	9
Retina/Vitreous**	10
Other Retinal*	25
Oculoplastics/Orbit*	28
Globe Trauma*	4

** Operative minimums per class of procedures are now established only for cases where the resident is the **primary surgeon**.*
*** Operative minimums per class of procedures are established for cases where the resident is either the **primary surgeon and/or the assistant**.*

Residents are expected to input surgeries on which they are the first assistant as well as cases on which they are the primary surgeon. This is necessary for the program to show a progressive graduated and broad surgical experience. At least 364 total procedures (surgeon + assistant) should be completed at the end of the residency.

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The Process

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- Primary & secondary reviewers present summaries and recommendations
- Entire committee discusses
- Consensus recommendations made
- Details and review by Chair + Exec Director
- Letters of Notification prepared

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Letter of Notification

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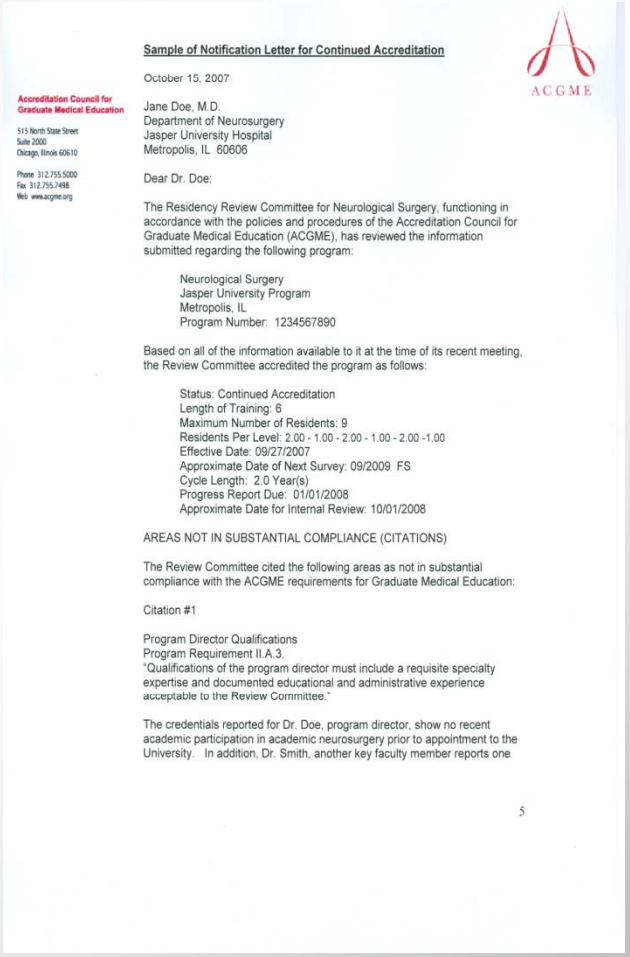
- Outcomes:
  - Continued accreditation (cycle up to 5 years)
    - Progress report needed
    - Commendations
  - Probation
  - Withdrawal of accreditation
  - All adverse actions are **<u>proposed</u>** by RRC



Sample of Notification Letter for Continued Accreditation

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Accreditation Council for Graduate Medical Education
515 North State Street
Suite 2000
Chicago, Illinois 60610
Phone 312.755.5000
Fax 312.755.7498
Web www.acgme.org

October 15, 2007

Jane Doe, M.D.
Department of Neurosurgery
Jasper University Hospital
Metropolis, IL 60606

Dear Dr. Doe:

The Residency Review Committee for Neurological Surgery, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Neurological Surgery
Jasper University Program
Metropolis, IL
Program Number: 1234567890

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Length of Training: 6
Maximum Number of Residents: 9
Residents Per Level: 2.00 - 1.00 - 2.00 - 1.00 - 2.00 -1.00
Effective Date: 09/27/2007
Approximate Date of Next Survey: 09/2009 FS
Cycle Length: 2.0 Year(s)
Progress Report Due: 01/01/2008
Approximate Date for Internal Review: 10/01/2008

AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)

The Review Committee cited the following areas as not in substantial compliance with the ACGME requirements for Graduate Medical Education:

Citation #1

Program Director Qualifications
Program Requirement II.A.3.
"Qualifications of the program director must include a requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee."

The credentials reported for Dr. Doe, program director, show no recent academic participation in academic neurosurgery prior to appointment to the University. In addition, Dr. Smith, another key faculty member reports one

5

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Citations

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(Lack of Substantial Compliance with PR)

Evaluation/Program/Annual Written Confidential Evaluation by Residents and Faculty
Common Program Requirement: V.C.1.d).(1)
Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually. Citation code: 5.C

The information provided on page 62 of the PIF regarding annual confidential evaluation of the program could not be verified by the site visitor. Upon further investigation, the site visitor and DIO acknowledged that confidential evaluation had not been performed annually by the residents and faculty.

Source
Program Requirement number: **V.C.1.d).(1)**
SVR page(s): 4,12,22,49
PIF page(s): 62 (inaccurately noted)
Resident Survey:
Case Logs:
Interim Correspondence:
Is this a repeat citation?
( ) Yes (x) No

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Program Strengths & Notable Practices

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PROGRAM STRENGTHS

The Review Committee noted the following strengths or areas of substantial improvement since the last review:

The Committee commends the program for its efforts to comply with the competency initiative, and the longevity of the program director and his leadership to guide residents in scholarly activities.

[redacted]

It is the policy of the ACGME and of the Review Committee that each time an action is taken regarding the accreditation status of a program, the residents and applicants (those invited for interviews) must be notified. This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating institutions and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely yours,

Patricia B. Levenberg, Ph.D.

Patricia B. Levenberg, Ph.D.
Executive Director
Residency Review Committee for Ophthalmology

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Followup

- Response to RRC (if requested)
  - Specific red flags: duty hours, etc
- Response to GMEC (Internal Review)
- Submission of citations to Institution to support improvement efforts
- Strengths & Recommendations may support future activities

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Summary

- RRC is NOT a black hole into which data is lost
- RRC members are dedicated leaders, with field experience (all are current or prior PD's & GME leaders, from AAO, AMA, ABO)
- Multisource data is reviewed by multiple reviewers and vetted by group
- Citations are specific to PR
- Goal is to assess compliance, improve programs, and protect the public

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