Otolaryngology Review Committee Update

Pamela Derstine, PhD, MHPE, Executive Director

OPCO Annual Meeting
November 12, 2016

Topics

• Review Committee (RC) Members and Staff
• Accreditation Statistics
• Change Requests
• Case Logs
• NAS Highlights: 2015-2016 Annual Program Review
• Single Accreditation System
• Focused Program Requirement Revisions
• Other ACGME News and Initiatives
Accreditation Council for Graduate Medical Education

REVIEW COMMITTEE MEMBERS AND STAFF

Review Committee Membership

John S. Rhee, MD, MPH  Marci M. Lesperance, MD
Chair

David J. Terris, MD  Liana Puscas, MD
Vice-Chair

Angelique M. Berens MD  Wayne K. Robbins, DO
Resident Member

Sukgi S. Choi, MD  Michael G. Stewart, MD, MPH

Howard W. Francis, MD  D. Bradley Welling, MD, PhD

David B. Hom, MD  Robert H. Miller, MD, MBA
Ex-Officio ABO
Welcome New Members!

Effective July 1, 2017

- C. Gaelyn Garrett, MD, MMHC
  Vanderbilt University Medical Center
- Alan G. Micco, MD, FACS
  Northwestern University

ACGME Review Committee Staff

Pamela L. Derstine PhD, MHPE
  • Executive Director

Deidre M. Williams
  • Accreditation Administrator

Susan E. Mansker
  • Associate Executive Director

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### Accreditation Statistics: Current

<table>
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<th>Total # Accredited Programs</th>
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### Program Accreditation Status (Core)

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### Program Accreditation Status (Neurotology)

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Accreditation Statistics: Current

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Accreditation Decisions: 2016

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<td>Complement Increases (Core)</td>
<td>15/10 Permanent: # Requested/# Approved 5/4 Temporary: # Requested/# Approved</td>
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<tr>
<td>Complement Increases (Neurotology)</td>
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<td>Complement Increases (Pediatrics)</td>
<td>Approve 2 Temporary</td>
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<td>Site Visit Requests (Core)</td>
<td>0 Core Full 3 Core Focused</td>
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<td>Progress Reports Requested</td>
<td>2 Will be reviewed January 2017</td>
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<td>Complaint Review (core)</td>
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Citation Statistics: NAS second year

Citation Frequency 2016

- Procedural Experience: 49%
- Scholarly Activity: 8%
- Program Director: 6%
- Evaluation: 3%
- Resources: 2%
- Duty Hours/Supervision: 16%
- Faculty: 8%
- Institutional: 8%

Citation Statistics: Comparative

Citation Category Trends

- Pre-NAS (2010-2014) n=359
- 2015 n=92
- 2016 n=83

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Upcoming Review Committee Meetings

- January 13-14, 2017
  - Agenda closed
- April 3-4, 2017
  - Agenda closing date: February 27, 2017
- August 2017*
  - Date TBA

* Business Meeting ONLY complement change requests will be reviewed

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CHANGE REQUESTS
Complement Change

RC approves by year and total
ALL requests reviewed at RC meeting

Deviations from approved by year not permitted

Formal request for exception must be
submitted for review at a scheduled RC
meeting

Approval of exceptions is rare

Information required for RC approval: see
Otolaryngology section of ACGME website

Participating Site Change

Educational Rationale

• For a distant site, must include:
  • plan to mitigate disruption of education of the rotating resident and that of those remaining
  • Description of provision for housing/travel assistance

Once submitted, RC staff will contact program to request

• PLA
• Site director CV
• Current and proposed block diagram
• Site director attestation that request and rationale reviewed and agreed upon

Residents must not rotate to proposed site until RC has approved
Program Director Change

Submit via ADS

• Must be approved by DIO and ABTo-certified
• CVs reviewed for qualifications:
  • Minimum 3 years clinical practice in specialty post-residency/fellowship
  • Minimum 1 year as associate program director of ACGME-accredited Otolaryngology program or 3 years as active faculty in such a program
  • Evidence of periodic updates of knowledge and skills in teaching, supervision, formal evaluation of residents

Usually reviewed as an interim decision

Not final until notice of Review Committee decision received (administrative LON)

• If not approved, program must update ADS information as soon as possible

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Case Log Guidelines updated 8/2016 following biennial review; changes announced last November have been made and FAQs updated.

Detailed analysis of Key Indicator Procedures (KIP) numbers reported by 2014-2015 graduates reviewed and discussed. Findings include:

- No failures for 6 of 14 KIPs; 273 of 296 graduates met or exceeded all KIPs
- 10th percentile nationally for most KIPs well above the required minimum numbers
- Outlier reported numbers up to 10-fold greater than required KIP minimums
Core Program Case Logs

RC response to Case Log analysis

- Audit will be conducted summer 2017 to include a request for directors of some outlier programs to verify the reported cases
- RC will review current KIP minimum number requirements every 5 years: therefore due in 2017

Results of analysis of the Case Logs for 2015-2016 graduates will be presented at the RC update during the 2017 Annual Educational Conference
REMINDER

At least annually, please ensure that all residents are aware of and use the most recent guidelines available on the ACGME website.

Core Program Case Logs

• Q. What are some of the factors the RC considers regarding adequate clinical volume when reviewing complement increase requests?
• A. One important consideration is the aggregate volume of cases demonstrated by the existing approved complement in each KIP, divisible by the proposed complement.

New FAQ
FAQ Example

- A program is approved for 15 (3-3-3-3-3) and is requesting 20 (4-4-4-4-4)
- The KIP minimum for parotidectomy is 15
- Current graduates reported 27, 23, and 22, respectively (sum = 72)
- 72 / 4 = 18, which is above the KIP minimum

Current surgical volume is evaluated in the context of previous years

Fellowship Program Case Logs

**Neurotology Minimum Number Requirements** (updated 3/2016)

- Compliance reviews go into effect for 2016-2017 graduates
- First reviews take place January 2018 RC meeting

**Pediatric Otolaryngology Minimum Number Requirements** (posted 4/2015)

- Compliance reviews in effect for 2015-2016 graduates
- First reviews take place January 2017 RC meeting
Case Log Monitoring:
Available Reports for Current Residents

- **Otolaryngology Key Indicator Report**
  - To track resident progress toward achieving minimum numbers, generate a separate report for each resident using the default filter settings.
  - Note that the cases reported in the Assistant role do not count for credit; subtract this number from the total in order to calculate the accumulated cases that count toward the required minimum number.
Case Log Monitoring: Available Reports for Current Residents

- The use of filters allows a program to get specific information to use for targeting needed program improvements. Examples:
  - Selecting a specific institution would provide data on that institution’s contribution to the surgical activity in the program. If the institution was added with the goal of providing FPRS procedures, the program could determine if this goal was being met.
  - Selecting the patient type filter could track the number of pediatric patients contributed by each institution.
  - Selecting a specific attending could be used to track the contribution of that attending in terms of case types and/or clinical supervision.
- Programs are encouraged to incorporate these tools as part of their program improvement activities.
Case Log Monitoring:
Available Reports for Current Residents

• **Code Summary Report**
  • Reports # times each CPT code is entered into Case Log System
  • Example uses:
    • Make targeted changes in rotation schedules, curriculum, faculty assignments
    • Monitor procedures that do not count towards KIPs

Case Log Monitoring:
Available Reports for Current Residents

• **Case Brief Report**
  • Lists the procedure date, case ID, CPT code, institution, resident role, attending, and description for each case for each selected resident.
  • Use to investigate specific issues: Example
    • Usage of CPT code 17000
Case Log Monitoring:
Available Reports for Current Residents

- **Activity Report**
  - Provides total number of cases, total number of CPT codes, last procedure date, and last update date for all residents or for a selected resident.
  - Quick way to keep tabs on how frequently residents are entering their cases.
    - For example, if a program requires residents to enter cases each week, the report can be run weekly; a resident that has not entered a case within the past week would be quickly identified.

Case Log Monitoring:
Available Reports for Current Residents

- **Experience Report by Year**
  - Summarizes the number of cases for each area/type (or KIP if selected) for each of the five PG years.
  - Provides a quick way to see which procedures are most common for each PG year.
  - Like the Code Summary Report, this report will provide useful information for monitoring surgical activity in the program, and could be used to determine if changes to curriculum rotation schedules are needed.
Case Log Monitoring:
Available Reports for Current Residents

• **Experience Report by Role**
  - Formatted the same as the KIP report but instead reports all cases for each role for each area and type.
  - Example: generate aggregate report to if there is over-reporting and/or under-reporting of participation as assistant or as supervisor; can see patterns if present

Case Log Monitoring:
Available Reports for Current Residents

• **Full Detail Report**
  - All information for each case entered into the Case Log System is displayed in this report, making this report most useful for getting an in-depth view of a resident’s surgical experience during a defined period.
  - Example: generate for each resident for the preceding six-month period and use as part of the semi-annual evaluation meeting with the program director or designated faculty mentor. The use of filters is therefore recommended.
Case Log Monitoring: Available Reports

**Tracked Procedures for Specialty by Category**
- Generates the CPT codes mapped to each area and type as well as the CPT codes that are available but not tracked.
- Use this to verify mapping for specific CPT codes
- Available filters limited to:
  - Area
  - Type
  - Key Indicator
  - Code

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**NAS HIGHLIGHTS:**
**2015-2016 ANNUAL REVIEW**

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Clinical Experience – Case Logs

Minimum Number reports for 2015-2016 program graduates will be reviewed
• Graduates expected to comply with minimum number requirements for all categories

Board Scores
• First-time takers only during the most recent 5 years reported by ABOto to Data Dept.
• Written for credit: 75% pass rate
• Oral: 75% pass rate
2015-2016 Annual Program Review: January/April 2017 RC Meetings

**Resident Survey**
(completed spring 2016)
- 6 survey question domains
- 70% response rate required
- Aggregated non-compliant survey responses for each domain reviewed
- Trends monitored

**Faculty Survey**
(completed spring 2016)
- 5 survey question domains (mirrors Resident Survey)
- 60% response rate required
- Program director and core faculty members only
- Trends monitored
- Resident/faculty member responses to same domains compared

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2015-2016 Annual Program Review:
January/April 2017 RC Meetings

**Resident Scholarly Activity**
2015-2016 ADS Update
- Residents (all levels) in program AY 2014-2015
- SA completed AY 2014-2015 reported

**Faculty Scholarly Activity**
2015-2016 ADS Update
- Faculty in program AY 2015-2016
- SA completed AY 2014-2015 reported

**Major Changes and Responses to Citations**
2016-2017 ADS Update
- Reported Fall 2016
- Locked Sept. 30, 2016

**Also participating site information; duty hours/learning environment section items**
Milestones

- Reported Nov-Dec 2015 and May-June 2016
  - Aggregated program information (not individual residents) being analyzed by Milestones Department
  - Report to Review Committee only for compliance with Milestone submission deadlines

Milestones

- Programs should inform both the Review Committee and ABOto if a resident’s education must be extended due to Clinical Competency Committee evaluation of his/her Milestones levels.
  - Temporary increase request required if the extension is more than 3 months AND the program will exceed its total approved complement
  - Please contact the Executive Director ASAP so request can be expedited
SINGLE ACCREDITATION SYSTEM

Programs with pre-accreditation status must participate in:
- ADS Annual Update
- Case Log reporting
- Resident and Faculty Surveys
- Milestone assessment and reporting

Programs that have applied are listed on the ACGME website with a current accreditation status: pre-accreditation, continued pre-accreditation, or Initial Accreditation.

AOA-approved programs began applying for ACGME accreditation 7/1/2015.
Programs will have a site visit prior to Review Committee review of application.

Programs that do not achieve Initial Accreditation will retain pre-accreditation status and may reapply.

Programs that do not achieve Initial Accreditation by 6/30/2020 will no longer be AOA-approved.

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Single Accreditation System

**Total # AOA core programs applied since 7/1/2015: 274***

**Total # surgical programs applied since 7/1/2015: 120**
- Neurological Surgery: 8
- Obstetrics and Gynecology: 16
- Ophthalmology: 3
- Orthopaedic Surgery: 30
- **Otolaryngology: 13**
- Surgery: 38
- Urology: 10

**Total # medical programs applied since 7/1/2015: 101**

**Total # hospital-based programs applied since 7/1/2015: 53**

3 Otolaryngology program applications have been initiated in ADS (not yet submitted)

* As of 11/7/2016
Single Accreditation System

• Surgical Program Status Decisions To Date*

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* As of 11/7/2016
** Contingent

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FOCUSED PROGRAM REQUIREMENT REVISIONS
RevisionsEffective 7/1/2016

Announced last year

• Added Program Director Qualifications
• Eligibility Requirements
• PGY1 Curriculum Requirements
• Chief Resident Requirements

Revisions Effective 7/1/2017

PGY1 Requirements (non-oto)

• Rotations must be selected from the following: anesthesia, emergency medicine, general surgery, neurological surgery, neuroradiology, ophthalmology, oral-maxillofacial surgery, pediatric surgery, plastic surgery, and radiation oncology, and vascular surgery. (Core)
• This must include a surgical or medical intensive care rotation. (Core)
• A one month or 4-week night float rotation is permitted but must have structured educational goals and objectives, and the resident must be evaluated during and at the end of the rotation. (Core)
First-time Taker Board Pass Rates

Allopathic Pathway
- 85 percent of the program’s eligible graduates from the preceding five years taking the ABOto Qualifying Examination for the first time must pass. (Outcome)
- 95 percent of the program’s eligible graduates from the preceding five years taking the ABOto Oral Certification Examination for the first time must pass. (Outcome)

Osteopathic Pathway
- 75 percent of the program’s eligible graduates from the preceding five years taking the American Osteopathic Boards of Ophthalmology and Otolaryngology-Head & Neck Surgery (AOBOO-HNS) otolaryngology written qualifying examination for the first time must pass. (Outcome)
- 70 percent of the program’s eligible graduates from the preceding five years taking the AOBOO-HNS otolaryngology oral certifying examination for the first time must pass. (Outcome)
Council of Public Members

Advisory body to the ACGME, increasing engagement on behalf of the public

Includes the public members of RCs and public members of the ACGME Board of Directors

First meeting May 2016
This RC has no public member at this time

ACGME Coordinator Advisory Group

Consultative group to ACGME administration: improve GME and coordinator role

Meets twice per year

13 current members
Oto, OB/Gyn, Surgery, IM, Peds, FM, Neurology, DR (2), Rad Onc, Institutional (3)

Nominated by program director/DIO

Membership for 2016-2019:
http://www.acgme.org/Program-Directors-and-Coordinators/ACGME-Coordinator-Advisory-Group/Coordinator-Advisory-Group-Members

3-year term (2016-2019)
Common Program Requirements
Phase 1: Section VI

Major proposed revision to Resident Duty Hours and the Learning and Working Environment

- Letter from Dr. Nasca
- Impact statement
- Requirements, including explanatory comments

Public comment period closes 12/19/2016
Common Program Requirements
Phase 1: Section VI

HIGHLIGHTS

• Increased emphasis on systems of, and experiences in, team care, patient safety, quality of care, and physician well-being
• New specific expectations for analysis of the quality of care by residents and faculty members, including expectations that residents evaluate the specialty-specific quality metrics and benchmark data related to their patients
• Supervision requirements emphasize expectation that an individual resident's level of training and ability, as well as the patient's complexity and acuity, are factors in supervision decisions

New requirements for resident and faculty well-being

The terms "clinical experience and education," "clinical and educational work," and "work hours" have replaced the terms "duty hours," "duty periods," and "duty" to emphasize responsibility for patient care over duty to the clock or schedule

Retains: 80-hour weekly limit, 24-hour limit on continuous assigned clinical and educational work, one day off in seven, in-house call no more frequently than every third night
Common Program Requirements
Phase 1: Section VI

HIGHLIGHTS

• Eliminates limit of 16 hours for PGY1
• Eliminates the 8-10 hours off between scheduled clinical/educational work but retains 14 hours off after 24 hours of in-house call
• 80 hours includes clinical work from home, including time at home when taking at-home call
• All clinical and educational work hour requirements are the same for all residents

Common Program Requirements
Phase 2: Sections I-V

• Task Force of RC chairs, residents, RC public members, ACGME Board members formed
• Request stakeholder comments on current requirements
• Call for public comments on proposed revision in 2017
• Proposed effective date 7/1/2018

Process
2017 ACGME ANNUAL EDUCATIONAL CONFERENCE REGISTRATION IS OPEN!

Join others passionate about igniting the sparks of innovation at one of the largest gatherings of GME educators in the world.

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