**Accreditation Council for Graduate Medical Education**

# The Next Accreditation System
# ACGME Webinar

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# Disclosures

- No financial disclosures



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# RRC for Dermatology Members

- Robert Brodell, MD
- William Hanke, MD
- Nicole Owens, MD, *Chair*
- Amy Paller, MD, *Vice Chair*
- James Patterson, MD
- Mary Stone, MD
- George Turiansky, MD
- John Zitelli, MD



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# Accredited Programs 2013-2014

Dermatology (*core*) = 112

Procedural Dermatology = 62

Dermatopathology = 54



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# NAS and Milestones

- NAS: Background
- NAS: Goals
- NAS: Structural overview
- NAS: What is different?
- Milestones



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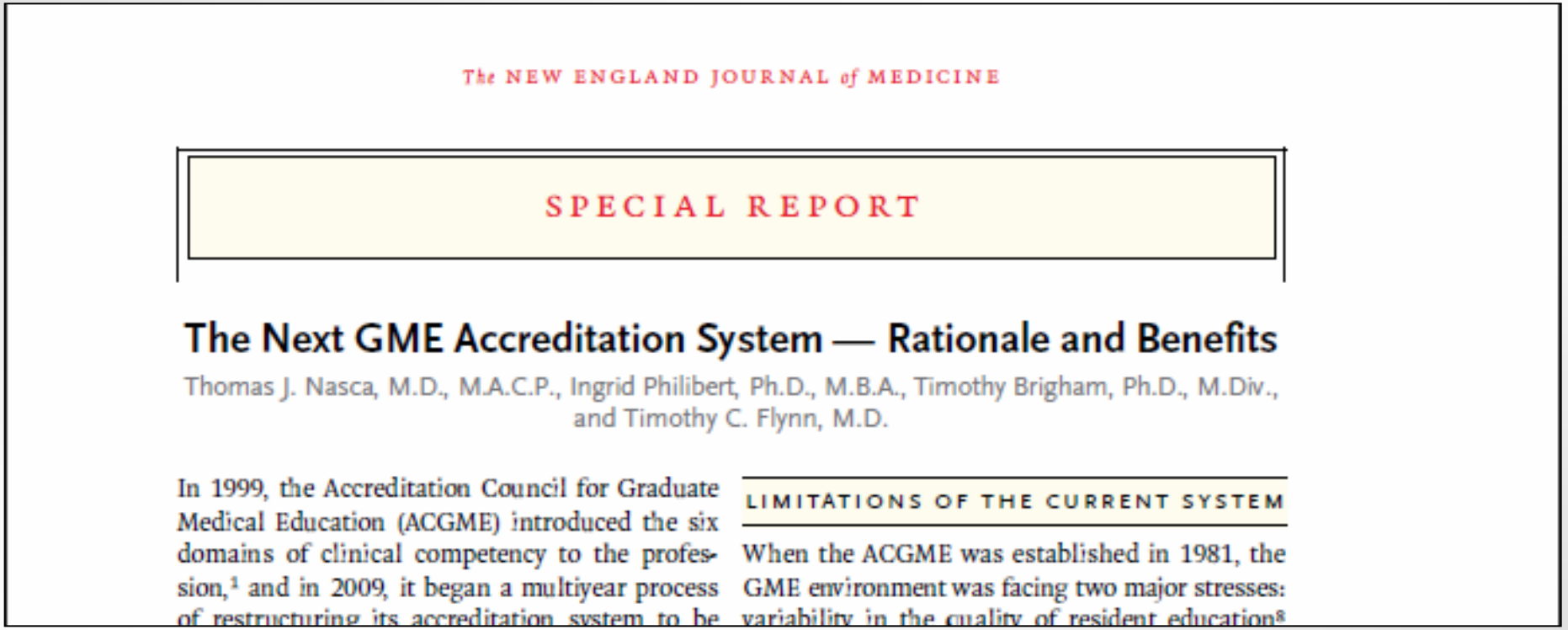
# NAS Background



The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

## The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham, Ph.D., M.Div., and Timothy C. Flynn, M.D.

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession,[1] and in 2009, it began a multiyear process of restructuring its accreditation system to be

### LIMITATIONS OF THE CURRENT SYSTEM

When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education[8]

N Engl J Med. 2012 Mar 15;366(11):1051-6



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# NAS Background

- GME is a public trust
- ACGME is accountable to the public



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# NAS Background

- Efforts rewarding by many measures
- But:
  - Program requirements increasingly prescriptive
  - Innovation squelched
  - PDs have become “Process Developers”*

*Term borrowed from Karen Horvath, M.D.

# Aims of NAS

- Enhance the ability of the peer-review system to prepare physicians for practice in the 21st century
- To accelerate the movement of the ACGME toward accreditation on the basis of educational outcomes
- Reduce the burden associated with the current structure and process-based approach
  - Note: this may not be evident right away



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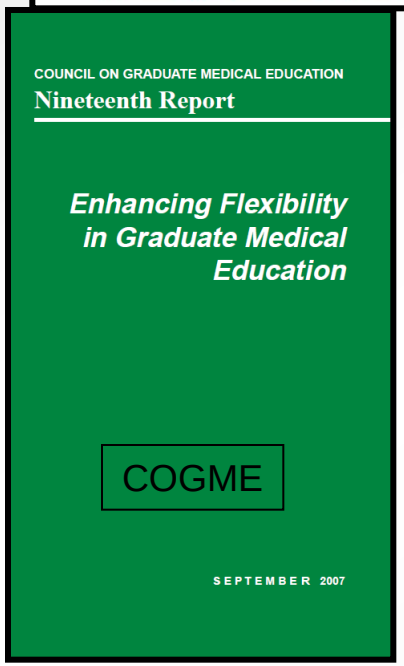
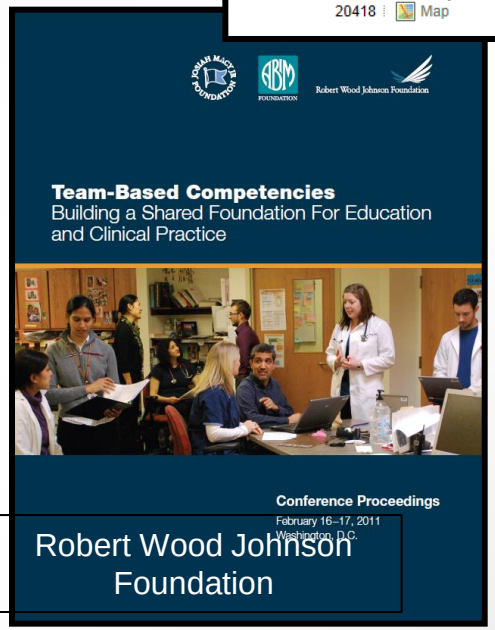
# Competencies/Milestones
# Past decade

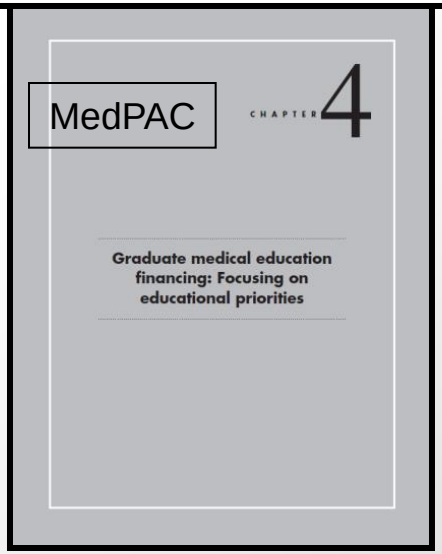
- Competency evaluation stalls at individual programmatic definitions
- MedPac, IOM, and others question
  - the process of accreditation
  - preparation of graduates for the “future” health care delivery system
- House of Representatives codifies “New Physician Competencies”
- **MedPac recommends modulation of IME payments based on competency outcomes**
- Macy Foundation issues 2 reports (2011)
- IOM 2012-2013

# NAS: Background & Rationale





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# How is Burden Reduced?

- Most data elements are in place (more on this later)
- Standards revised q 10y
- No PIFs
- Scheduled (Self-Study) visits every 10 years
- Focused site visits only for “issues”
- Internal Reviews no longer required



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# NAS

- Instead of biopsies, annual data collection
  - Trends in annual data
  - Milestones, Residents, fellows and faculty survey
  - Scholarly activity template
  - Operative & case log data
  - Board pass rates
- PIF replaced by self-study
- High-quality programs will be free to innovate: requirements have been re-categorized (core, detail, outcome)

# The Conceptual Change From…

## The Current Accreditation System

Rules

⇩

Corresponding Questions

⇩

"Correct or Incorrect" Answer

⇩

Citations and Accreditation Decision

"Do this or else….."



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# WHAT IS DIFFERENT?



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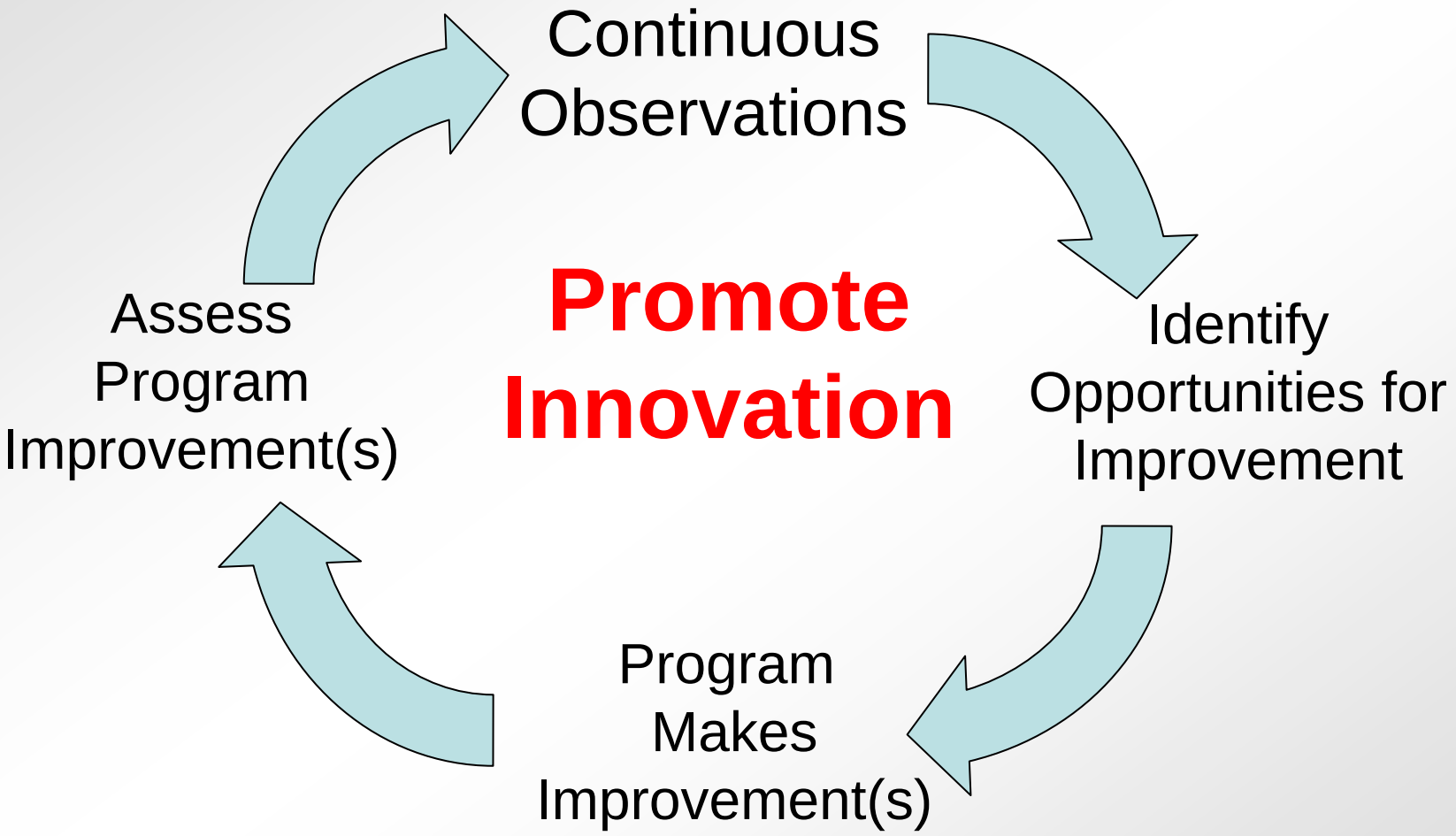
# The Next Accreditation System



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# Terminology

**Core Requirements**:

Statements that define structure, resource, or process elements essential to every graduate medical educational program.



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# Terminology

**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.

# Terminology

**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.*



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# Terminology

- Each requirement labeled:
  - Core - All programs must adhere
  - Outcome - All programs must adhere
  - Detail - Programs with status of "Continued Accreditation" may innovate



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# Decisions on Program Standing in NAS

Application for New Program

2-4%

Accreditation with Warning

Probationary Accreditation

10-15%

Continued Accreditation

75-80%

STANDARDS

Outcomes
Core Process
Detail Process

- NAS: No Cycle Length
- All programs with 1-2 cycles in the previous accreditation system placed in Continued Accreditation with Warning Status

Withdrawal of Accreditation

<1%



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# Accreditation Decisions

Accreditation Decisions: (Existing)
- Continued Accreditation
- Accreditation with warning
  (no time limit)
- Probationary Accreditation (2y)
- Withdrawal of Accreditation

Accreditation Decisions: (New Application)
- Initial Accreditation
- Withhold Accreditation

Accreditation Decisions: (Programs with Initial Accreditation)
- Initial Accreditation with warning
- Continued Accreditation
- Withdrawal of Accreditation



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# Data Collection in the Next Accreditation System



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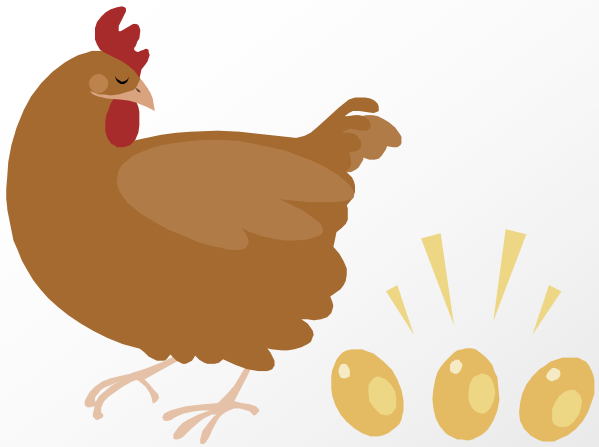
# Annual Data Review Elements

Where did they come from?

Modeling: What data predicted short cycles or adverse actions?

History: What data did RRC's consider important?



# Annual Data Review Elements
## Policy 17.61 Review of Annual Data

- Continuous Data Collection/Review
  - ADS Annual Update
  - Resident Survey
  - Faculty Survey
  - Milestone data
  - Certification examination performance
  - Case Log data
  - Hospital accreditation data
  - Faculty member and resident scholarly activity and productivity
  - Other



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# Other Data (Episodic)

- Complaints received by the ACGME
- Verified public information
- Historical accreditation decisions/citations
- Institutional quality and safety metrics



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# Board certification – Effective July 1, 2014

V.C.2.c).(1) At least 90 percent of program graduates from the preceding four years must have taken the American Board of Dermatology certifying examination. (Outcome)

V.C.2.c).(1).(a) At least 90 percent of the program's graduates from the preceding four years taking the exam for the first time must pass. (Outcome)

V.C.2.c).(1).(b) If fewer than 10 residents have graduated from the program in the preceding four years, then at least 90 percent of the last 10 graduates to take the exam for the first time must pass. (Outcome)



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# Clinical Experience Data

- Composite variable on residents'/fellows' perceptions of clinical preparedness based on the specialty specific section of the survey
- Initially, questions will be identical across all specialties
- Subsequently:
  - Specialty-specific questions
  - Case logs or equivalent clinical information



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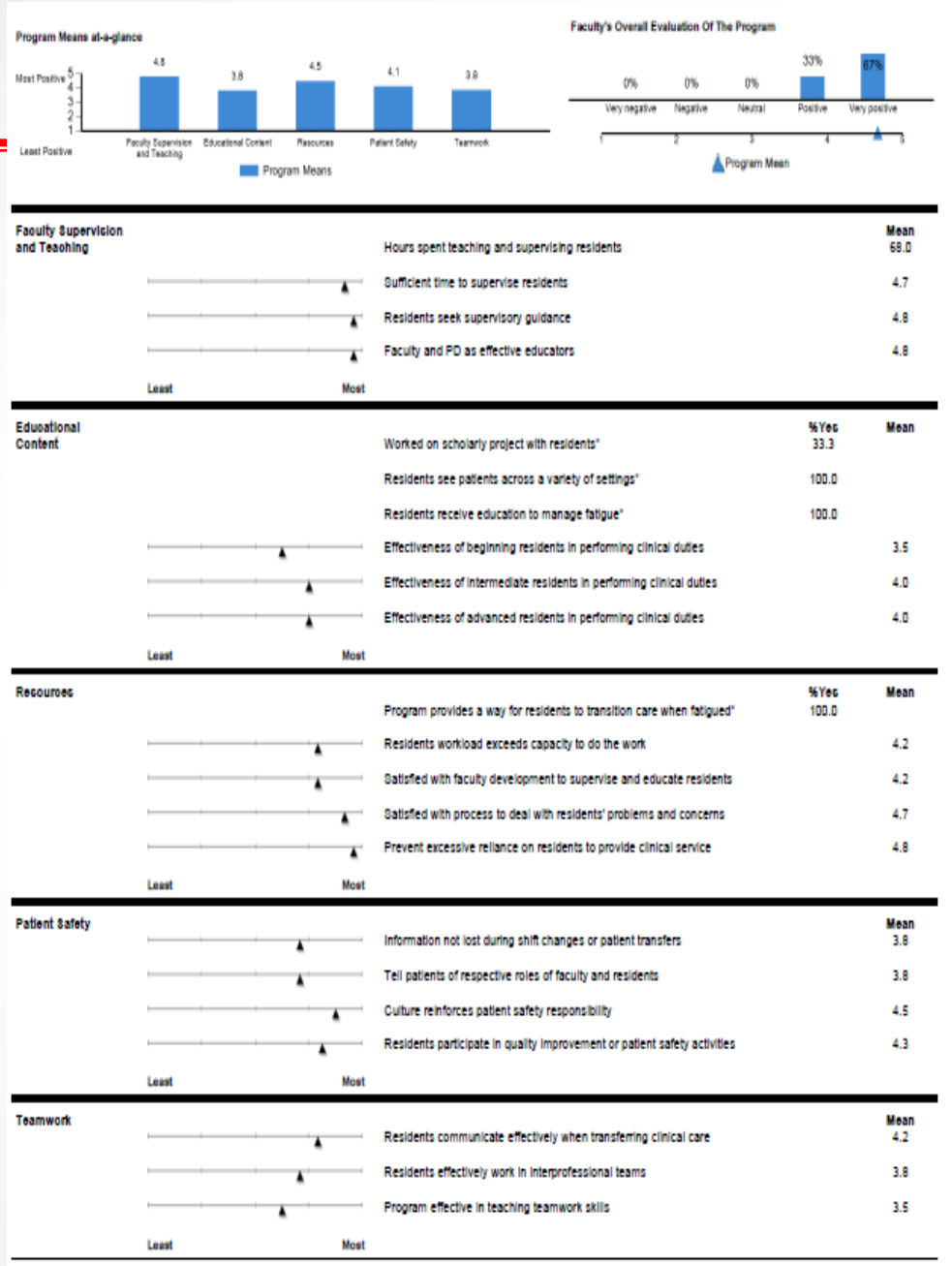
# Clinical Experience Data (Specialty)

- Specialties without case logs:
  - Composite variable on residents' perceptions of clinical preparedness based on the specialty specific section of the resident survey.

  - *Examples:*
    - *Adequacy of clinical and didactic experience*
    - *Variety of clinical problems/stages of disease?*
    - *Experience with patients of both genders and a broad age range?*
    - *Continuity experience sufficient to allow development of a continuous therapeutic relationship with panel of patients*
    - *Ability to manage patients in the prevention, counseling, detection, diagnosis and treatment of diseases appropriate to your specialty?*

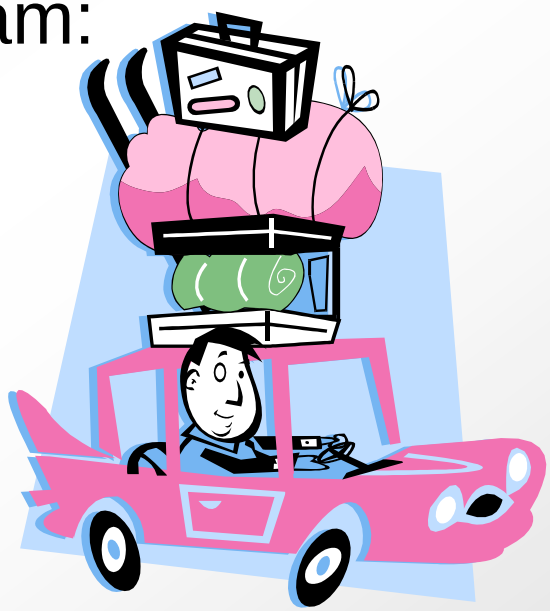
# Faculty Survey

- Align with Resident/Fellow Survey
  - *Faculty supervision & teaching*
  - *Educational Content*
  - *Resources*
  - *Patient Safety*
  - *Teamwork*



# ADS Update Turnover

- Examples of turnover – one or more of the following leave the program:
  - Residents
  - Core faculty
  - Program director
  - Chair



*Caveat: Turnover can sometimes be a good thing

# Of Critical Importance


**Program Directors *MUST* pay attention to the accuracy and completeness of data entry**

Scary Statements:

1. Faculty did not submit their scholarly activity so I will just leave everything blank
2. PD to PC: I am on vacation, just do what you can and send it in
3. Let us just make up the milestones levels and give everyone a “9”

- *Except* for the PD faculty CVs will no longer be collected



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# Core Faculty

- For Core programs, only physicians can count as core faculty
- Only faculty who are listed as spending 15 hours per week work on residency program (including clinical, didactic, research and administration) will be counted as core faculty
- Core faculty complete:
  - Scholarly activity Report
  - Faculty survey



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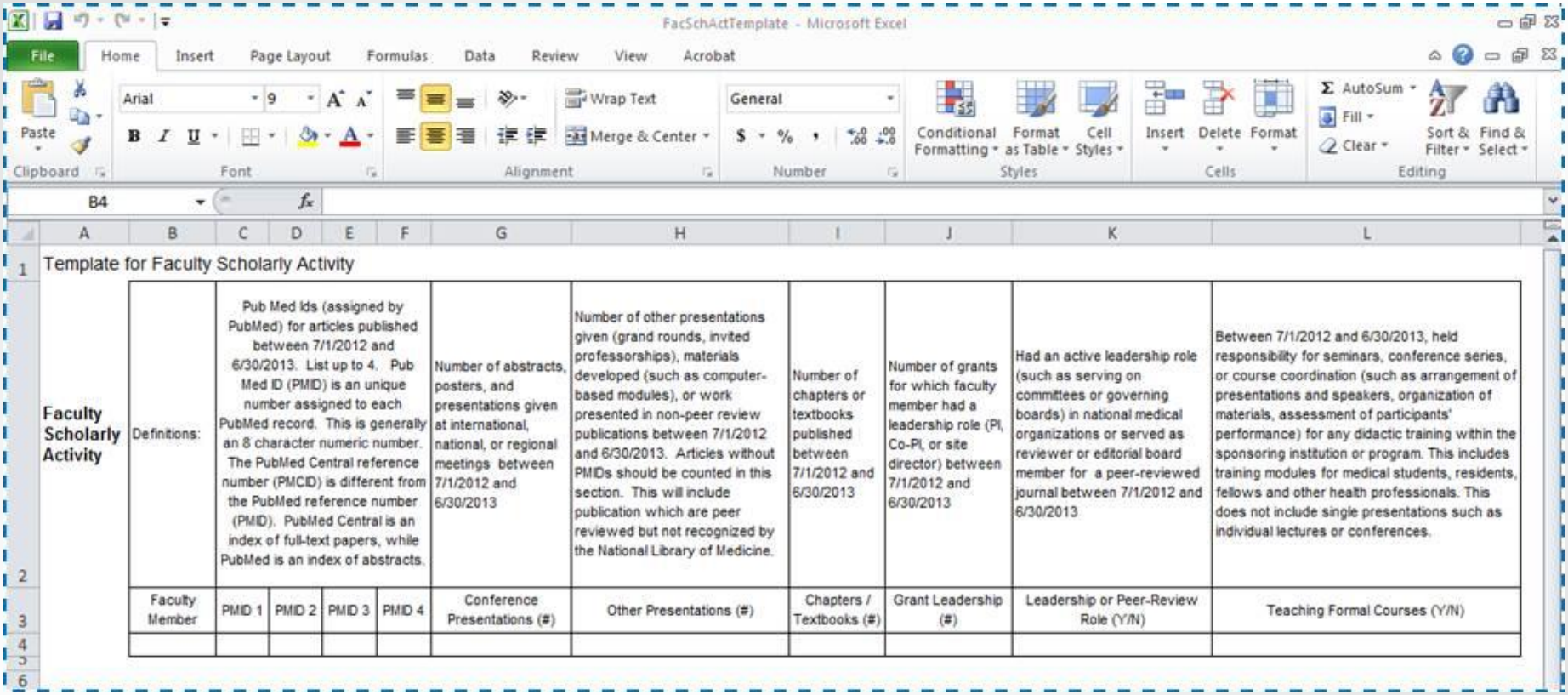
# ~~Core Faculty~~

- Examples of faculty members that do not meet the definition of core faculty:
  - A physician who conducts rounds two weeks out of the whole year and has no other responsibilities (administrative, didactics, research) other than clinical work during those two weeks
  - A faculty member with a PhD, and who is not a physician

# Core Faculty

- Examples of faculty members that meet the definition of core faculty:
  - A physician who works in the ICU with responsibilities that include clinical supervision of residents; who is a member of the Clinical Competency Committee; runs simulation; helps write resident curriculum
  - A physician scientist who spends most of his time conducting clinical outcomes research, with only 4 weeks per year of clinical time, but supervises residents in their research projects; writes and provides didactics related to scholarship; and writes the curriculum for scholarship such as statistics, and conducts evidence-based journal club.




Template for Faculty Scholarly Activity

| Faculty Scholarly Activity | Definitions: | Pub Med Ids (assigned by PubMed) for articles published between 7/1/2012 and 6/30/2013. List up to 4. Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts. | | | | Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2012 and 6/30/2013 | Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2012 and 6/30/2013. Articles without PMIDs should be counted in this section. This will include publication which are peer reviewed but not recognized by the National Library of Medicine. | Number of chapters or textbooks published between 7/1/2012 and 6/30/2013 | Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2012 and 6/30/2013 | Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2012 and 6/30/2013 | Between 7/1/2012 and 6/30/2013, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Faculty Member | PMID 1 | PMID 2 | PMID 3 | PMID 4 | Conference Presentations (#) | Other Presentations (#) | Chapters / Textbooks (#) | Grant Leadership (#) | Leadership or Peer-Review Role (Y/N) | Teaching Formal Courses (Y/N) |
| | | | | | | | | | | | |



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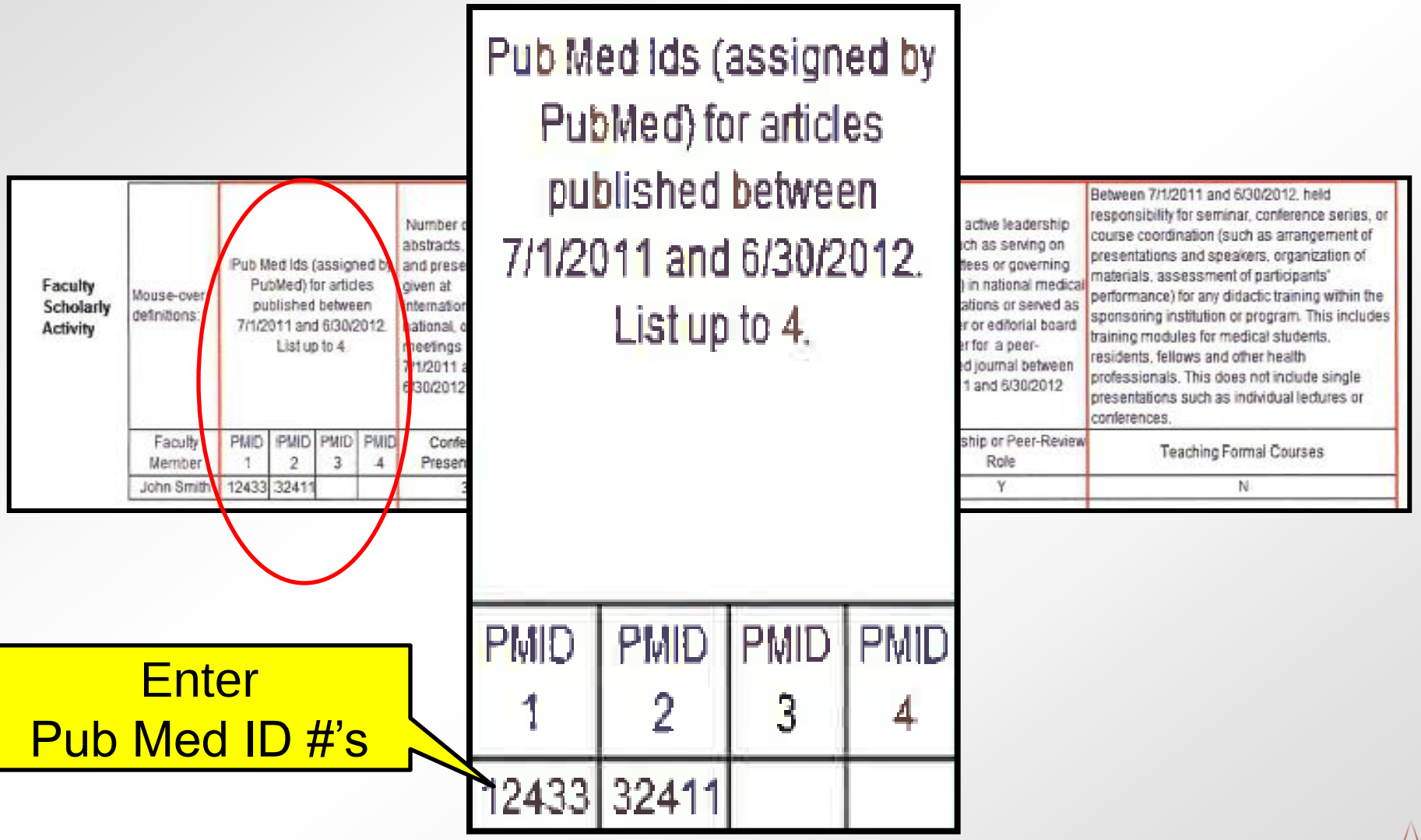
# Faculty Scholarly Activity



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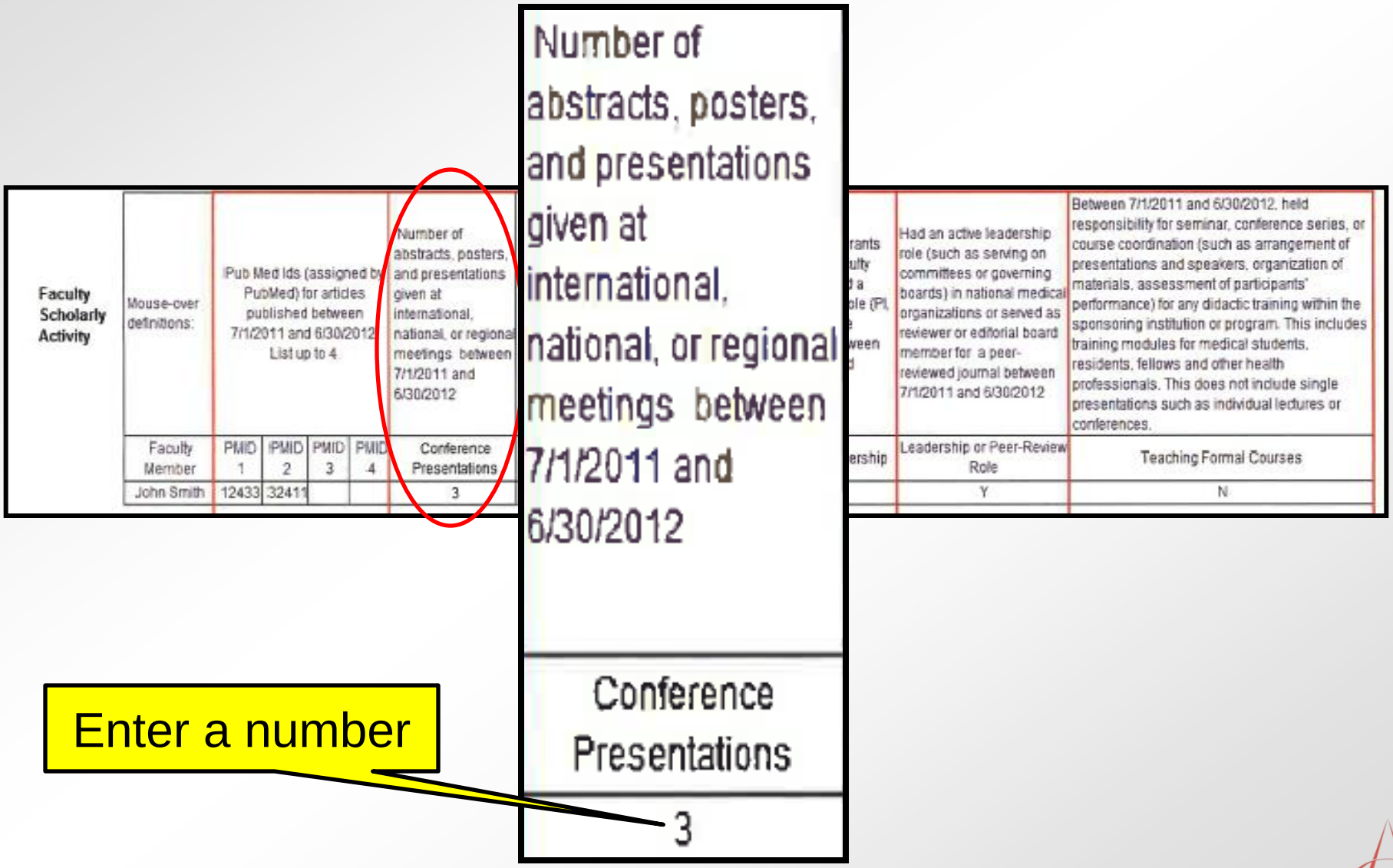




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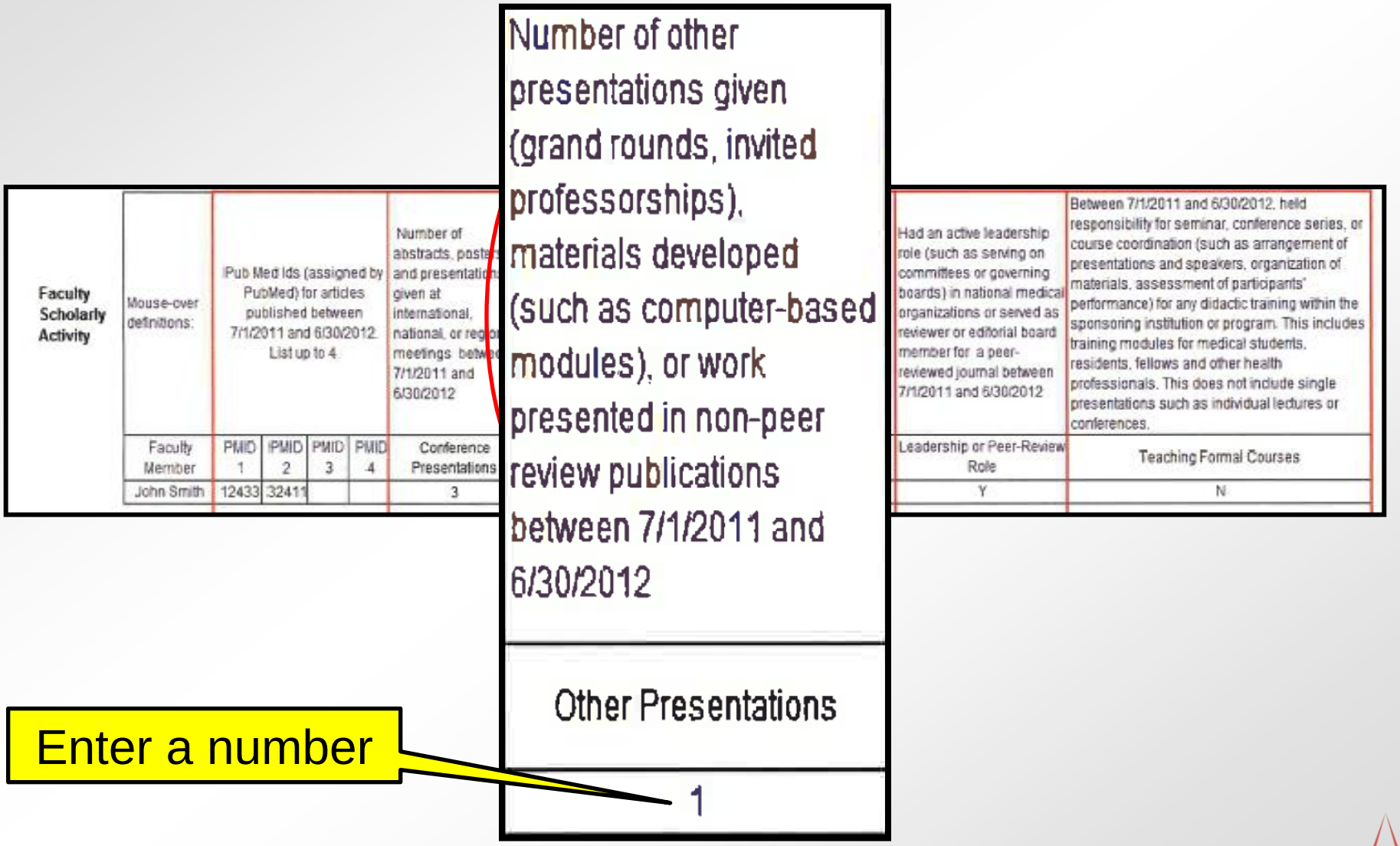




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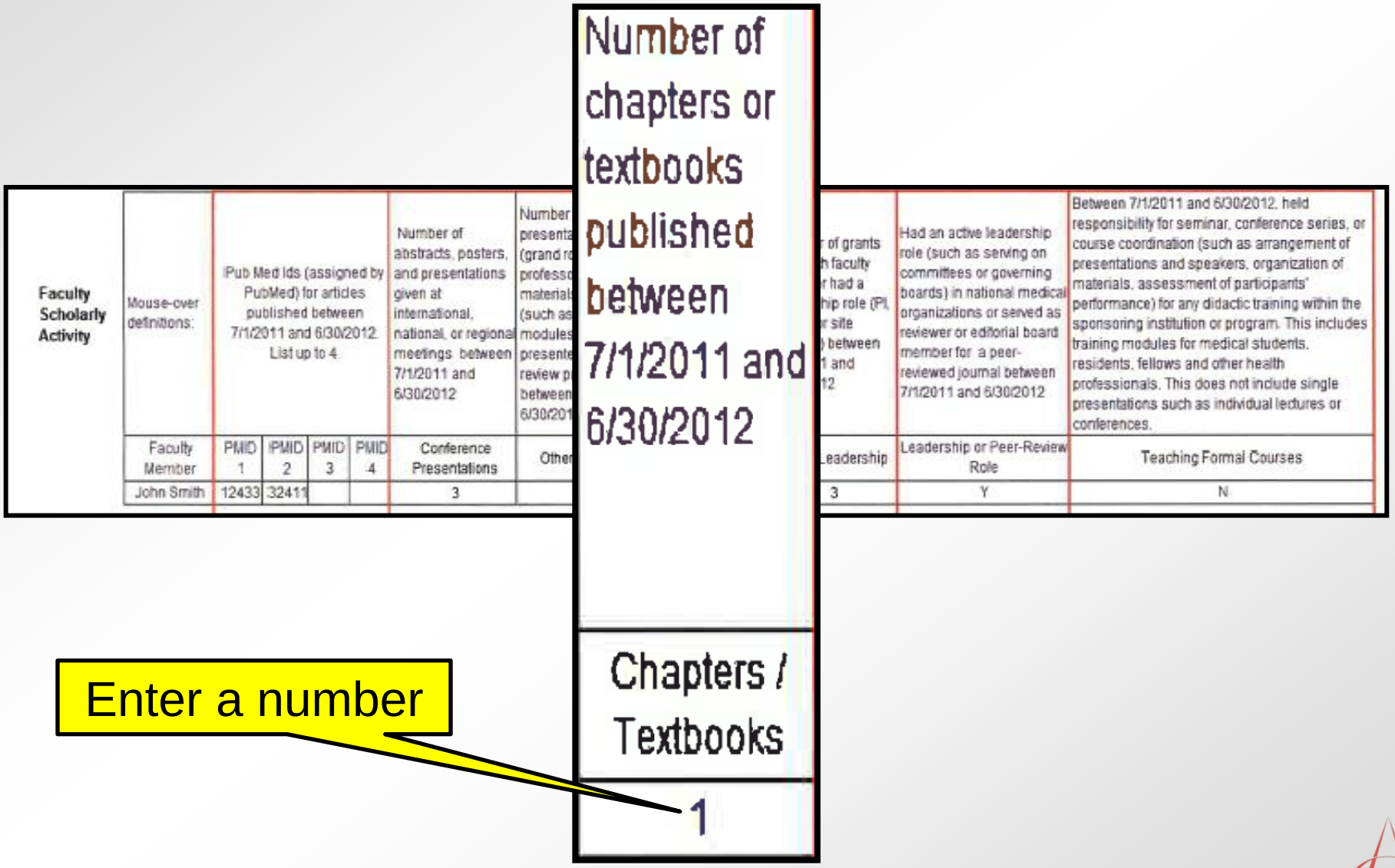




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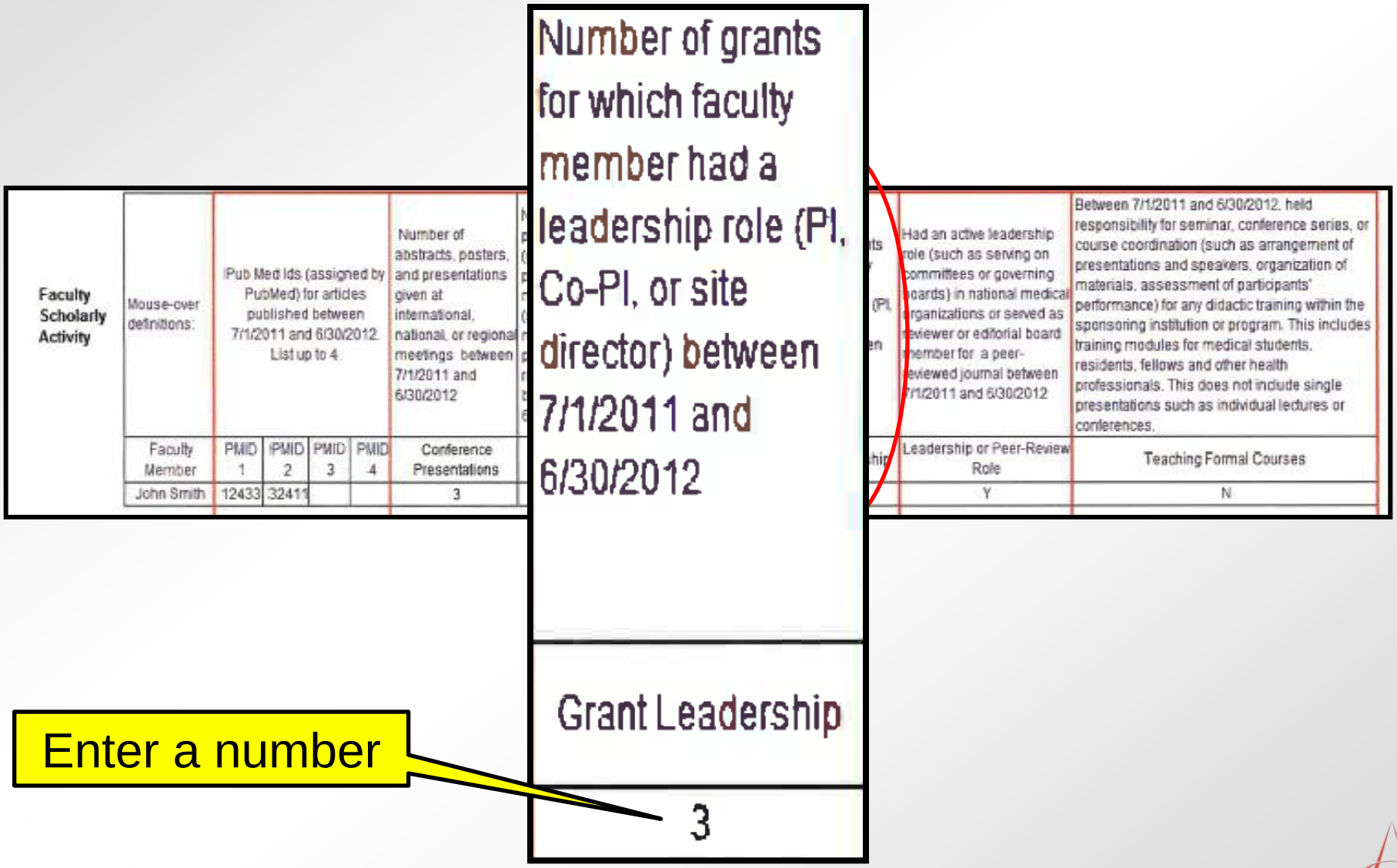




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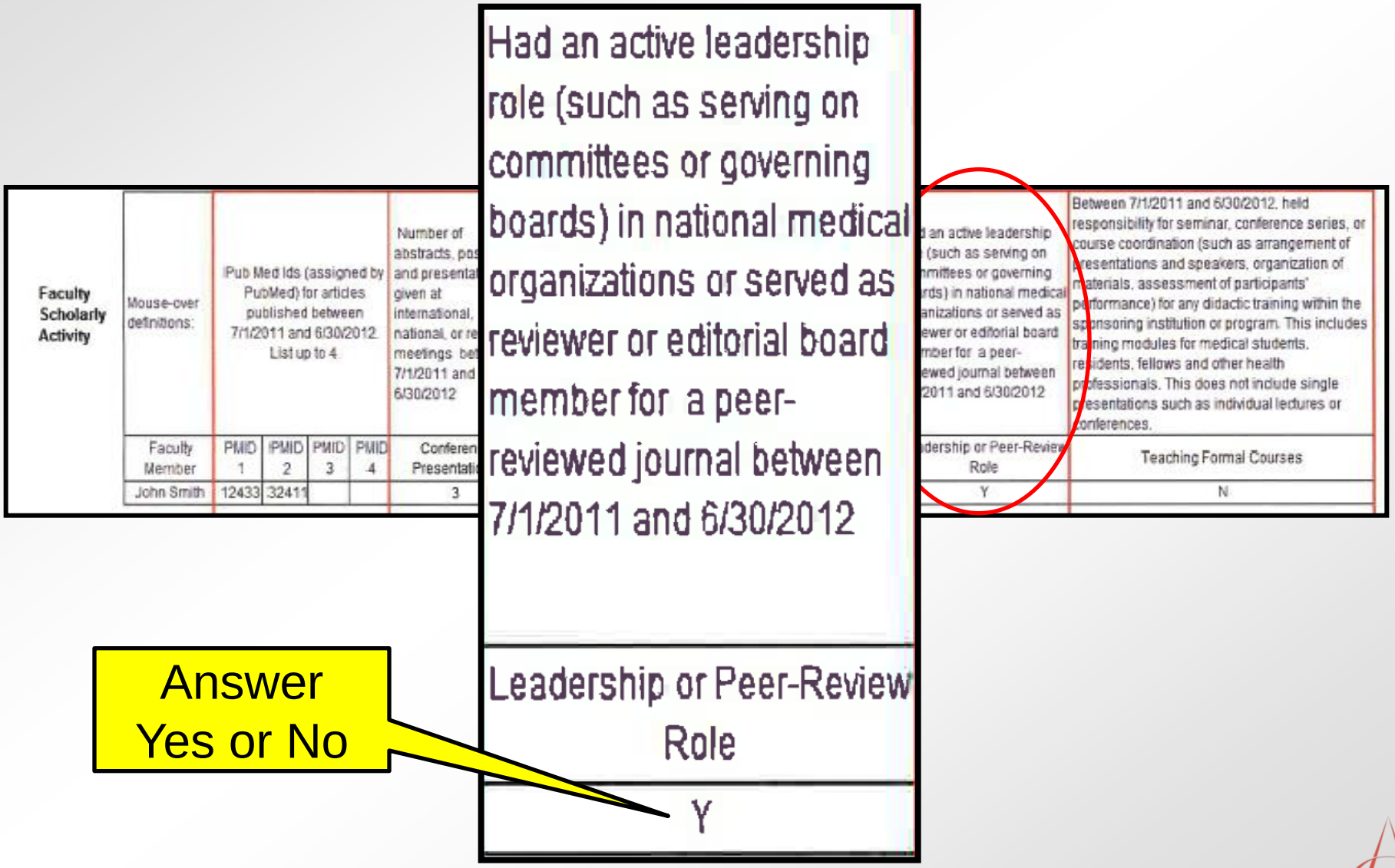




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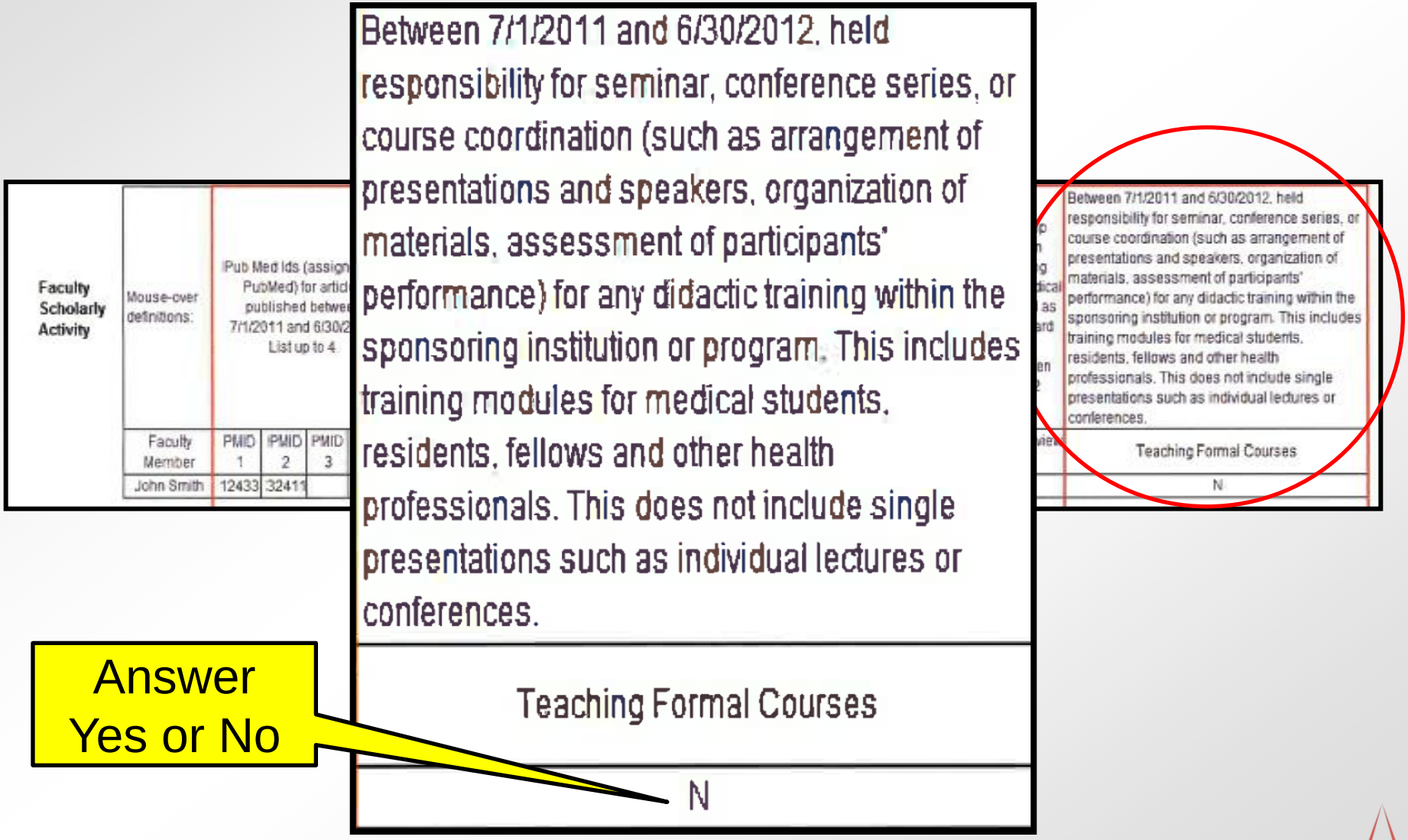




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# Resident/Fellow Scholarly Activity

| Resident Scholarly Activity | Mouse-over definitions: | Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3. | | | Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012 | | Number of chapters or textbooks published between 7/1/2011 and 6/30/2012 | Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012 | | Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Resident | PMID 1 | PMID 2 | PMID 3 | Conference Presentations | | Chapters / Textbooks | Participated in research | | Teaching / Presentations |

Same as Faculty Template



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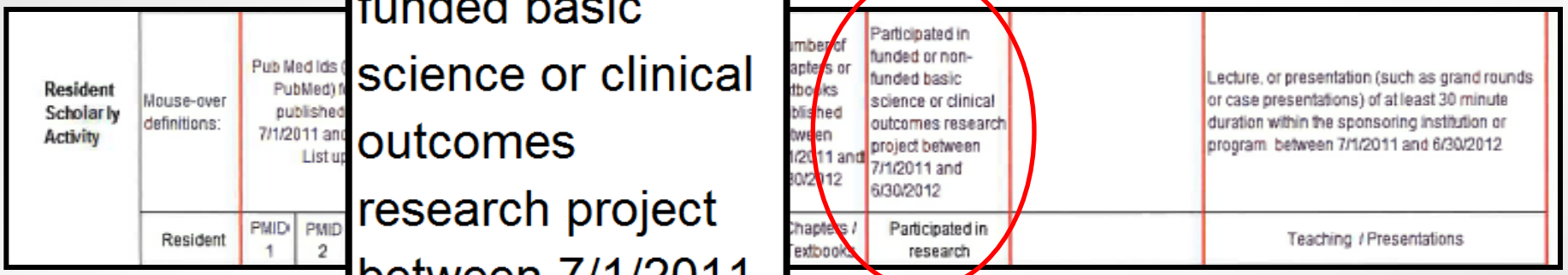
# Resident/Fellow Scholarly Activity




Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012

Participated in research

N

Answer Yes or No



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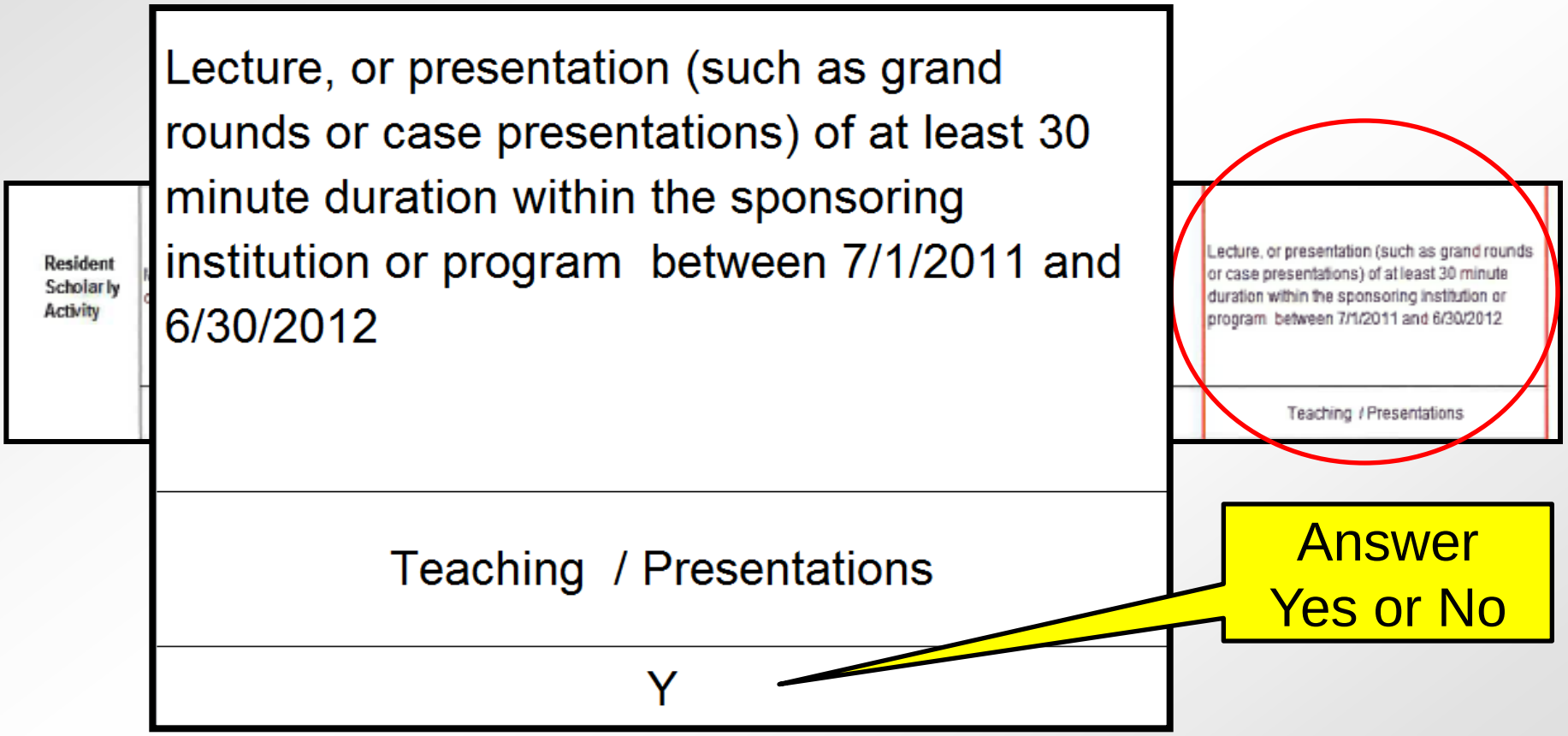
# Resident/Fellow Scholarly Activity



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# ADS Annual Update

- Direct communication with the RRC
- Program Director:
  - Is responsible for information entered
  - Should assure entries are:
    - Timely
    - Accurate
    - Complete

# ADS Annual Update

- Response to active citations
  - Update annually
  - Update fully



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# What Happens at *My* Program?

- Annual data submission
- Annual Program Evaluation (PR V.C.)
- Self-Study Visit every ten years
- *Possible* actions following RRC Review:
  - Clarify information
  - Progress reports for potential problems
  - Focused site visit
  - Full site visit
  - Site visit for potential egregious violations



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# NAS: What's Different?

- Citations reviewed yearly
- Citations *will* be levied by RRC
  - *Could* be removed quickly based upon:
    - Progress report
    - Site visit (focused or full)
    - New annual data from program

# NAS: What's Different?

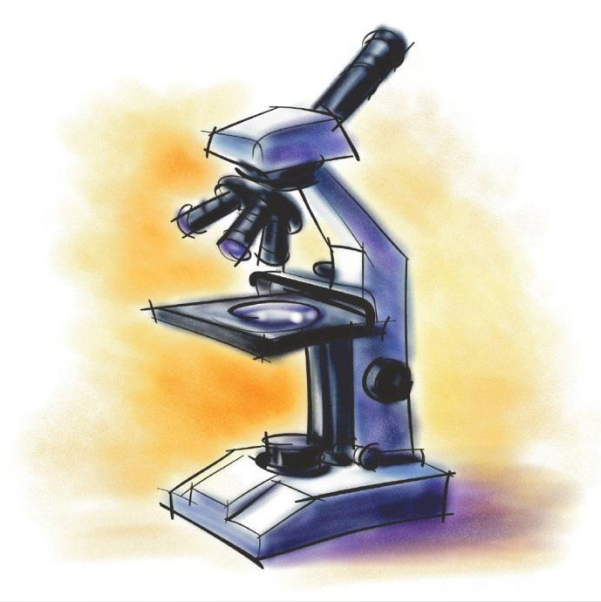
- No site visits (as we know them)

  but…

  - Focused site visits for an "issue"
  - Full site visit (no PIF)
  - Self-Study visits every ten years

# What is a Focused Site Visit?

- Assesses *selected* aspects of a program and may be used:
  - to address *potential* problems identified during review of annually submitted data
  - to diagnose factors underlying deterioration in a program's performance
  - to evaluate a complaint against a program





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# What is a Focused Site Visit?

- Minimal notification given
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) assessed as instructed by the RRC



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# Full Site Visits

- Application for a new core program
- At the end of the initial accreditation period
- RRC identifies broad issues/concerns
- Other serious conditions or situations identified by the RRC
- 60-day notification given
- Minimal document preparation
- Team of site visitors



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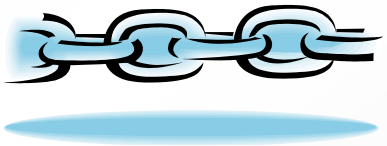
# What Happens at *My* Program?



- Core and subspecialty programs together
- Existing Independent subspecialty programs that chose to remain independent are subject to:
  - Program Requirements and program review
  - Institutional Requirements and institutional review
  - CLER visits
- No new independent subspecialty programs allowed after 7/2013

# Ten Year Self-Study Visit

- Not to be confused with a focused or full site visit requested by the RRC after annual program review
- *Not* a traditional site visit
- Implementation:
  - 2016 for most Phase 2 specialties



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# Ten Year Self-Study Visit

- Conduct a “PIF-less” Site Visit
- Validate most recent Annual Data
- Verify compliance with Core Requirements
- Potential vehicle for:
  - Description of salutary practices
  - Accumulation of innovations in the field



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# Ten Year Self-Study Visit

- Will review core and subspecialty programs together
- Review annual program evaluations (PR-V.C.)
    - Response to citations
    - Faculty development
- Judge program success at CQI
- Learn future goals of program
- *Will* verify compliance with Core Requirements



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# Self-Study: Two Parts

- Self-Study
- Conducted by the program
  - SWOT; PDSA
  - Annual Program Evaluation

- Self-Study Visit
  - Conducted by ACGME Field staff



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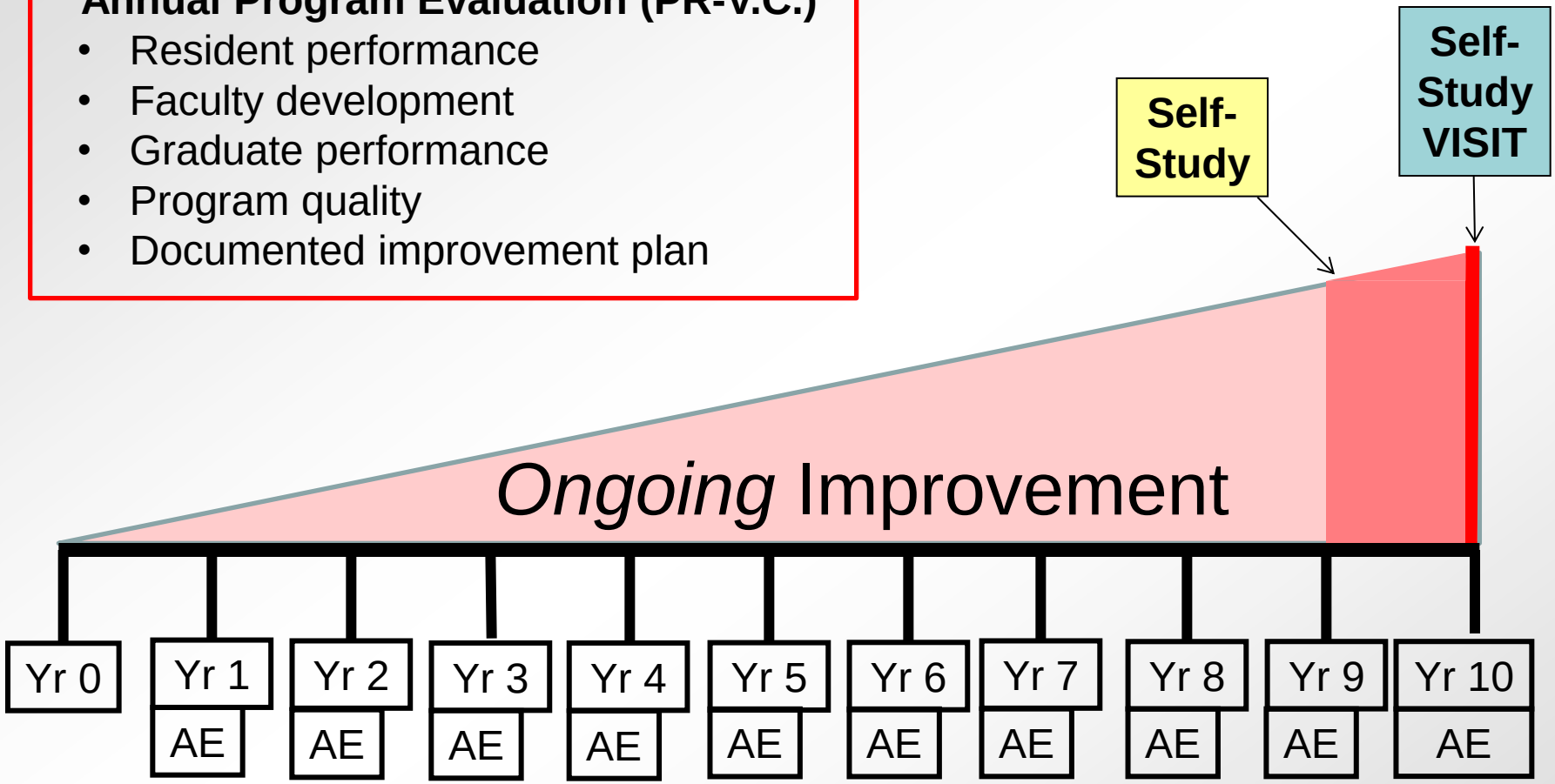
# Ten Year Self-Study Visit

**Annual Program Evaluation (PR-V.C.)**

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan



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# When Is My Program Reviewed?

- *Each* program reviewed *at least* annually
- NAS is a continuous accreditation process
  - Review of annually submitted data
  - Supplemented by:
    - Reports of Self-Study Visits every ten years
    - Progress reports (when requested)
    - Reports of focused or full site visits (as necessary)

# RRC Actions After Annual Review

- Continue current accreditation status
- Change Accreditation Status (↑ or ↓)
- “Resolve” Citations
- “Continue” Citations
- New citations
- Request Progress Report
- Request Site Visit (Focused or Full)



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# RRC Actions After Annual Review

- Post a letter to every program
  - Confirm accreditation status
  - Indicate citations which are:
    - Resolved
    - Continued
    - New
  - Indicate if additional information needed:
    - Progress Report
    - Focused Site Visit
    - Full Site Visit

# Milestones and Competency

- Direct Observation is key!
- You cannot evaluate what you do not see



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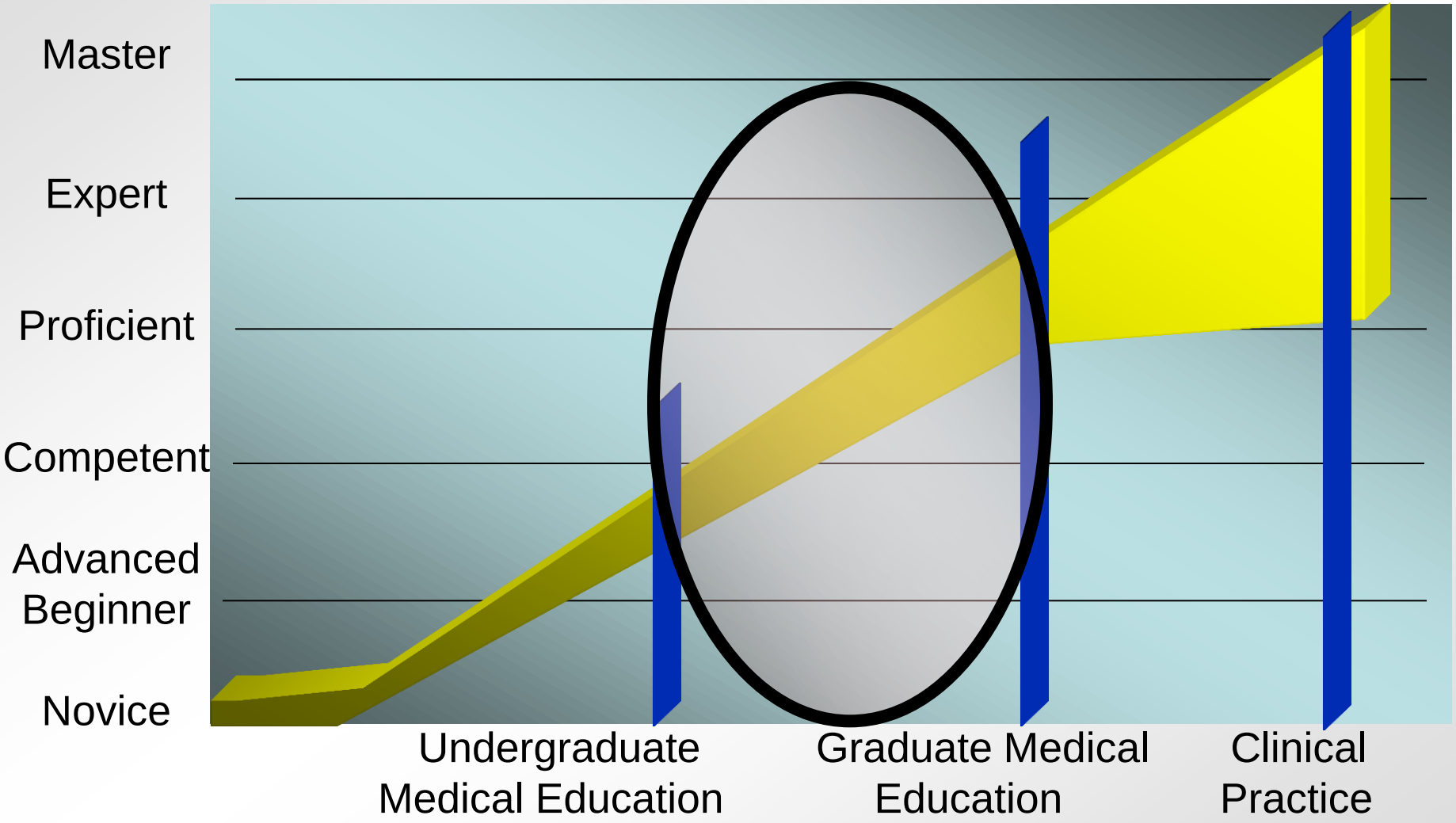
# The Goal of the Continuum of Clinical Professional Development



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# Milestones

- Observable developmental steps moving from Novice to Expert/Master
- “Intuitively” known by experienced medical educators
- Organized under the rubric of the six domains of clinical competency
  - Trajectory of progress: neophyte → independent practice
  - Articulate shared understanding of expectations
  - Set aspirational goals of excellence
  - Framework & language for discussions across the continuum



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# Milestones

- Created by each specialty
- Organized under 6 domains of competency
- Observable steps on continuum of increasing ability
- Describes the track of a resident/fellow learner
- Provide framework and language to describe progress
- Articulates shared understanding of expectations



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# Dermatology Milestones Working Group

George W. Turiansky, MD, *Chair*

Daniel Loo, MD, *Vice Chair*

Eileen Anthony, MJ

Anna Bruckner, MD

Roy Colven, MD

Marsha Henderson, MD, Resident Member

Antoinette Hood, MD

Steven P. Nestler, PhD

Amy Susan Paller, MD

Jack Resneck Jr., MD

Randall Roenigk, MD

Julie Schaffer, MD

Erik Stratman, MD

R. Stan Taylor, MD



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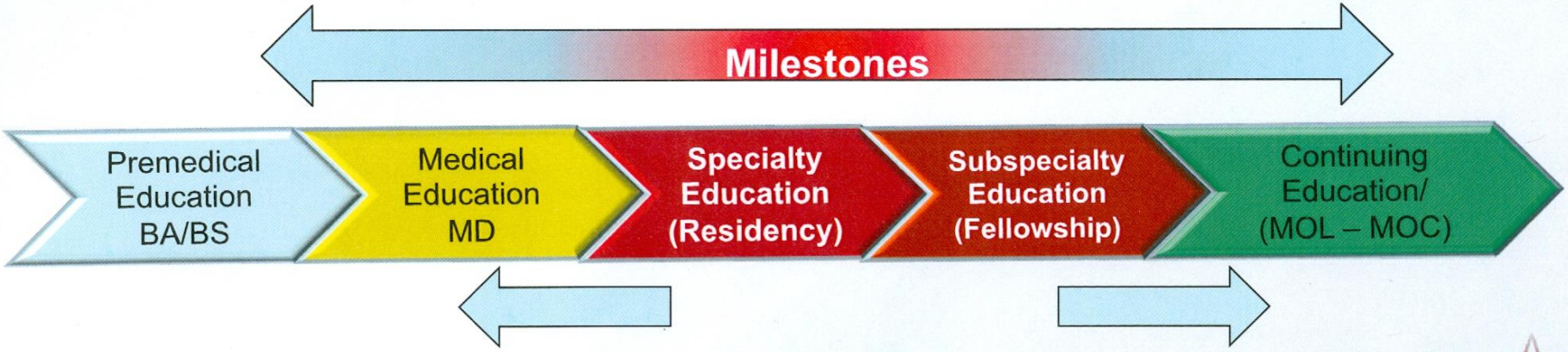
# ACGME Goals for Milestones
# "Cohesion for the Continuum"

- Able to provide accountability for effectiveness of educational program in producing outcomes
- ACGME can work with:
  - AAMC, LCME to focus graduation level preparation
  - ABMS, AHA, ACCME, others to identify areas for milestone improvement at graduation from residency/ fellowship

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# ACGME Milestones Project

- KEY FEATURES
  - Emphasize core competencies
  - Provide PD's and others something concrete on which to base formative and summative evaluations
  - Move accreditation from structure and process-based to outcomes-based



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# ACGME Residency Milestones

- Definition
  - Developmental milestones define the level of performance required for each specialty-specific educational objective (“competency,” “domain of practice,” “entrustable professional activity”)
    - At specified intermediate points during training
    - At completion of training and entry into unsupervised practice (Board-eligible)



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# ACGME Residency Milestones

- RRC's will receive aggregate data
- Programs may receive individual reports
- ? Individual data to the Specialty Boards



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# Milestones Document

- Template for evaluating physician performance at various career points
- Based on the 6 core competencies
  - Divided into subcompetencies
  - Each has performance language to allow categorization ranging from Level 1 (entry) through Levels 2, 3, 4 (competent to graduate), and Level 5 (aspirational)



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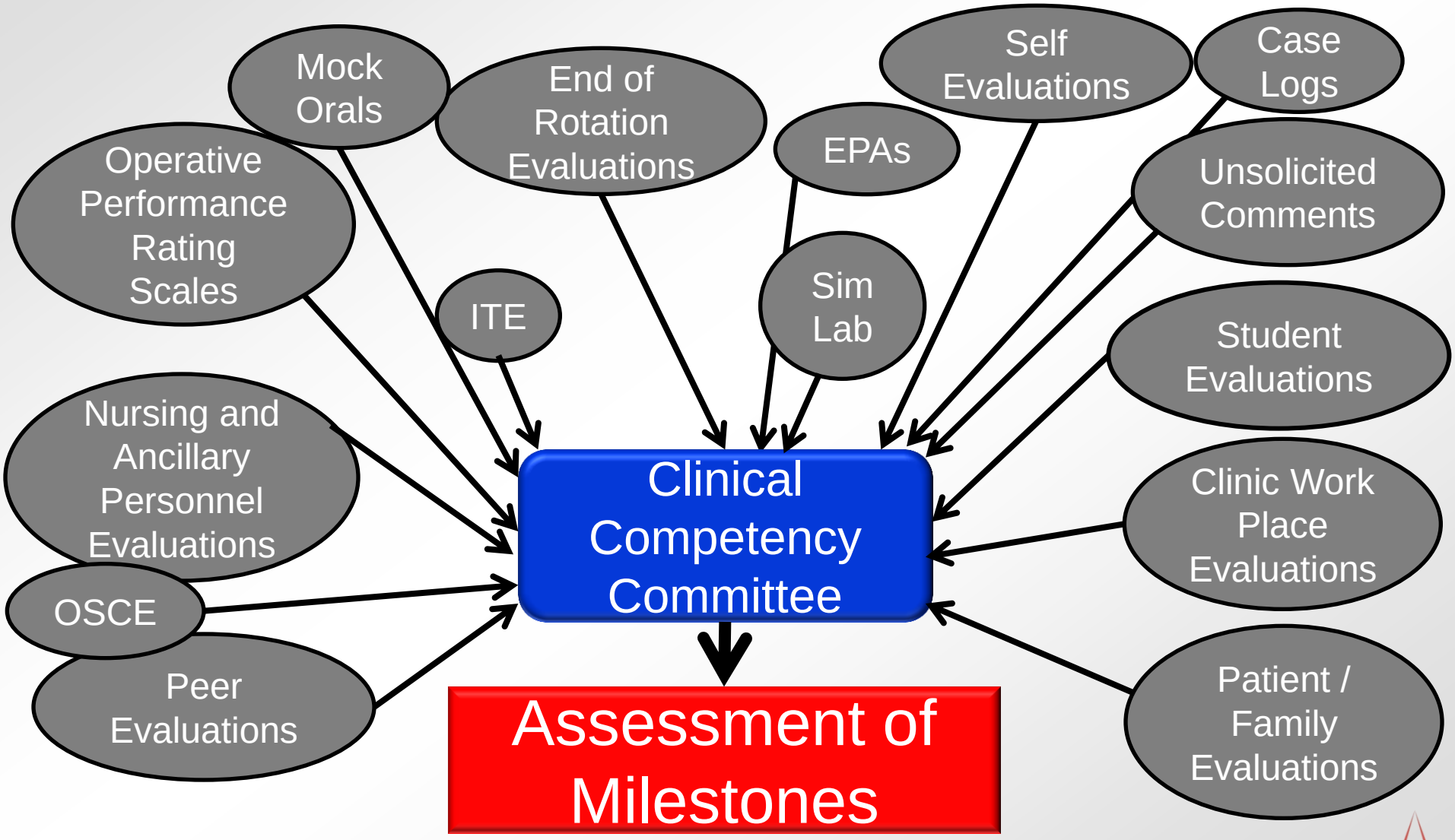
# Milestones

- Milestones: not an assessment tool
  - You do not have to assess all 22 or 46 milestones for each resident at the end of each rotation
- Do not discard all the assessment methods you use now; use new ones that are created
  - End of the month rotation evaluations
  - OSCE
  - Case logs
  - ITE
  - Simulation
  - Multisource evaluations
  - EPAs
- Use the assessment methods you have to “inform” the milestones levels by the CCC

# Competency



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# Milestones Document

- COMMENTS
  - Milestones are not the only measure of competency
    - Resident not required to meet EACH Level 4 item to graduate
    - Resident not assured of graduation solely on basis of Level 4 item achievement

# Milestones Document

- COMMENTS
  - Levels 2, 3, 4 do not necessarily correlate to PGY 2, 3, 4
  - Not all Level 4 items are expected to be achieved by graduation
  - Milestones are designed as minimum goals; most will accomplish more



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# Milestones Document

- Designed for use by a Clinical Competency Committee which meets every six months
  - Reviews data from various evaluation tools, categorizes each resident as Level 1-5 for each competency (28 reporting items)
    - Each subcompetency may have multiple performance items; these are meant to provide a richer description, NOT to be individually scored
- Individual data are NOT used for accreditation; milestones are not pass-fail items



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# Clinical Competency Committee

V.A.1. The program director must appoint the Clinical Competency Committee.(Core)

V.A.1.a) At a minimum the Clinical Competency Committee must be composed of three members of the program faculty.(Core)

V.A.1.a).(1) Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team.(Detail)

ACGME Common Program Requirements
Approved: February 7, 2012; Effective: July 1, 2013
Approved focused revision: June 9, 2013; Effective: July 1, 2013



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# Clinical Competency Committee

V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee.(Core)

ACGME Common Program Requirements
Approved: February 7, 2012; Effective: July 1, 2013
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# Clinical Competency Committee

V.A.1.b).(1) The Clinical Competency Committee should:

V.A.1.b).(1).(a) review all resident evaluations semi-annually; (Core)

V.A.1.b).(1).(b) prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, (Core)

V.A.1.b).(1).(c) advise the program director regarding resident progress, including promotion, remediation, and dismissal. (Detail)

ACGME Common Program Requirements
Approved: February 7, 2012; Effective: July 1, 2013
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# Clinical Competency Committee

- The role of the Program Director in the CCC is undefined
  - Chair
  - Member
  - Ex-officio
  - Not a member of the CCC

# Clinical Competency Committee

- May already be in place under a different name
- Plan for: composition, work distribution, procedure, data elements
- What should be reviewed:
  - Continue to look at current methods of evaluations: OSCE, simulation, multisource evaluations
  - Entrustable Professional Activities, narratives
- Important for coordinator to be present at meetings
- Issues:
  - Time constraints
  - Large residency programs
  - Small fellowship programs
  - Role of program director

# Clinical Competency Committees

- Learn about/understand the milestones
- Decide how to determine milestones level
  - Narratives
  - Entrustable Professional Activities
  - Other methods
- Teach the faculty:
  - Definitions
  - The tools
- FACULTY DEVELOPMENT IS KEY



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# The Clinical Competency Committee

- A group of faculty members trained in determining milestones levels using narratives, EPA's or other tools
- The same set of eyes looking at evaluations
- The same process is applied uniformly
- Strength in numbers
- Effective feedback tool: shown in pilot studies

# Milestones Reporting

- Phase II specialties - Core
  - November 1 – December 31, 2014
  - May 1 – June 15, 2015
- Phase II subspecialties – Fellowships
  - November 1 – December 31, 2015
  - May 1 – June 15, 2016



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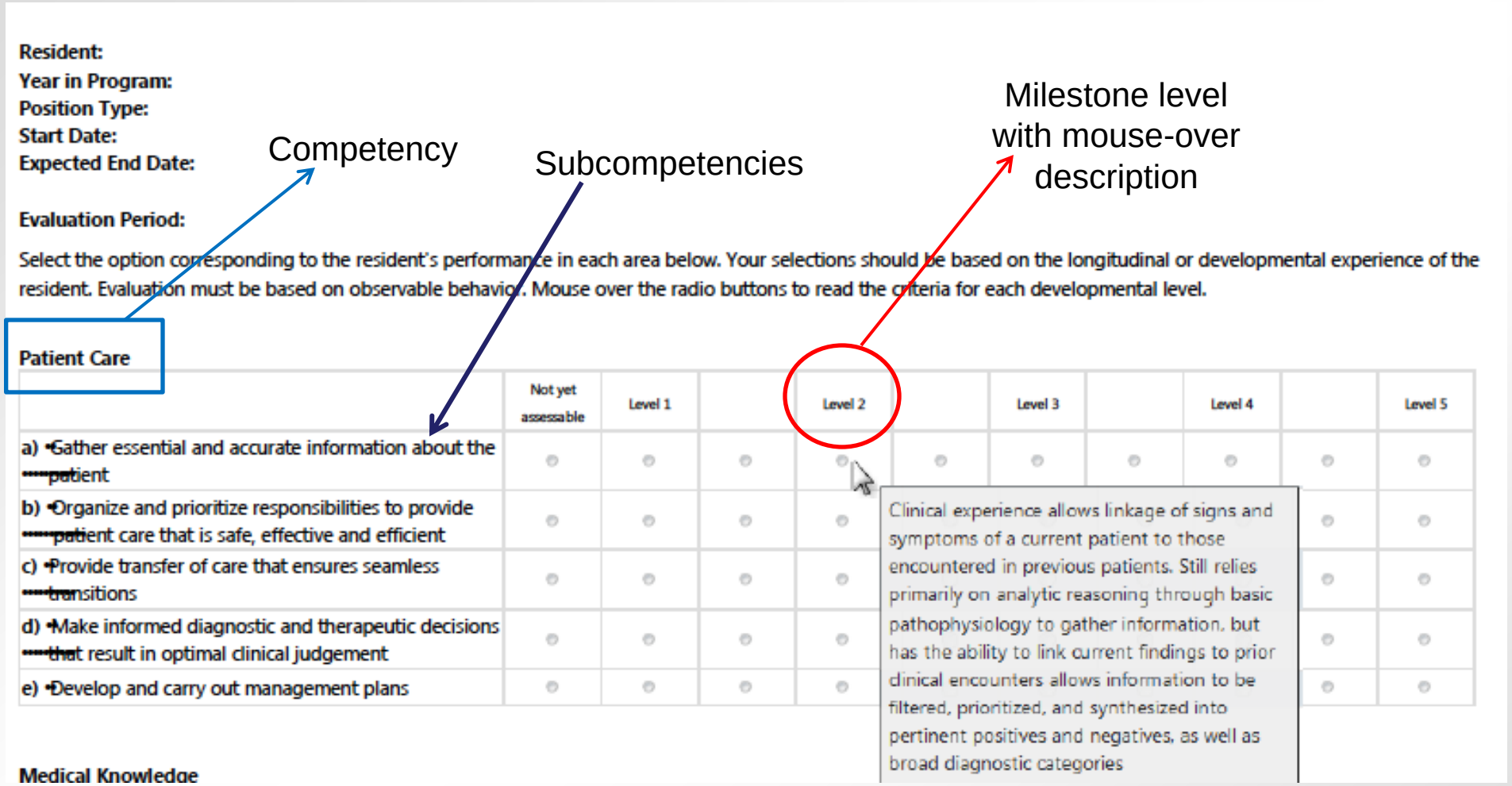
# Screen Shot – Core Pediatrics Milestones Reporting Form on ADS



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# Milestones and Competencies:
## No need to freak out

- Implications of terms - high stakes/low stakes
  - Neither – milestones are important
- Do it and do it well
- It does not have to be perfect
- Formative, not summative
- Provide help early

"Do or do not, there is no try"



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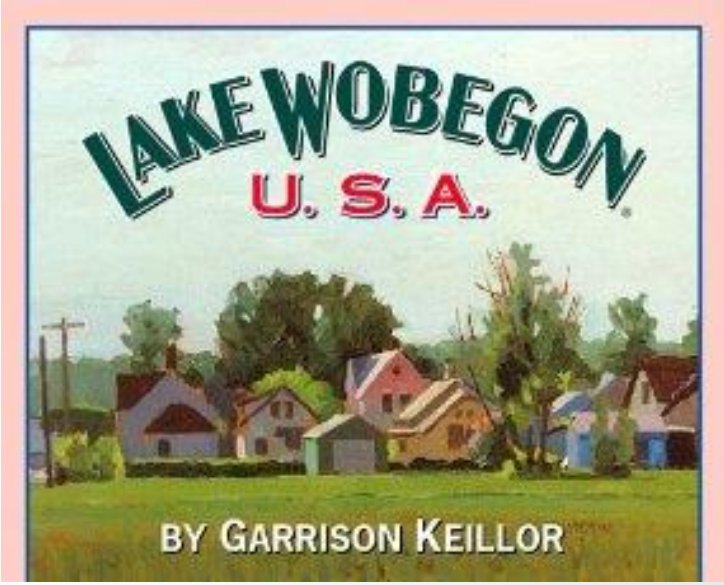
# Lake Wobegon

- "Well, that's the news from Lake Wobegon, where all the women are strong, all the men are good looking, and all the children (*residents and fellows)* are above average."




a fictional town in the U.S. state of Minnesota,
said to have been the boyhood home of Garrison Keillor,
who reports the *News from Lake Wobegon*
on the radio show *A Prairie Home Companion*.



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# Lake Wobegon Residency Program
# Overall Rating of Six Competencies across All Specialties

Expert

Proficient

Competent

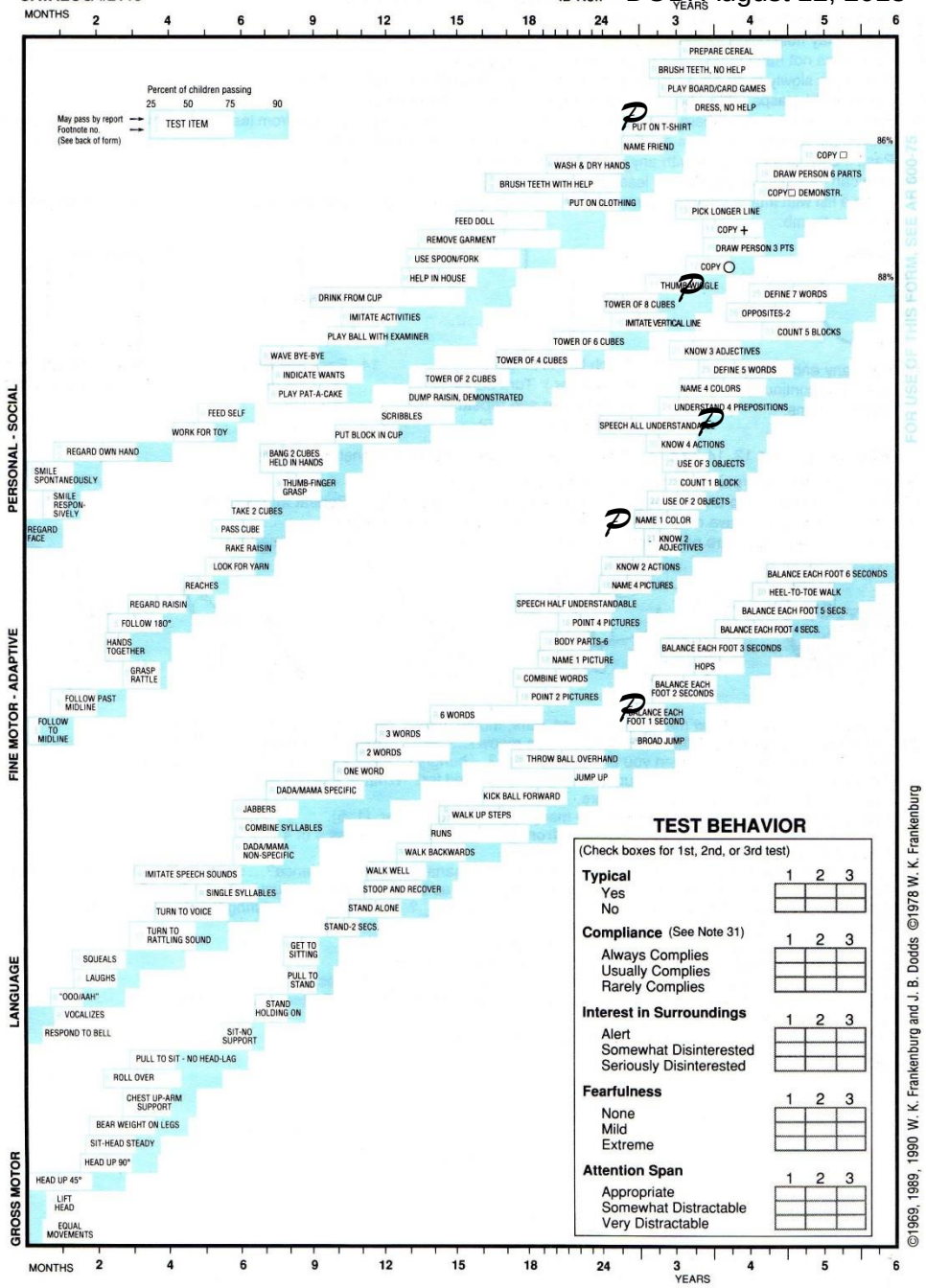
Advanced Beginner

Novice

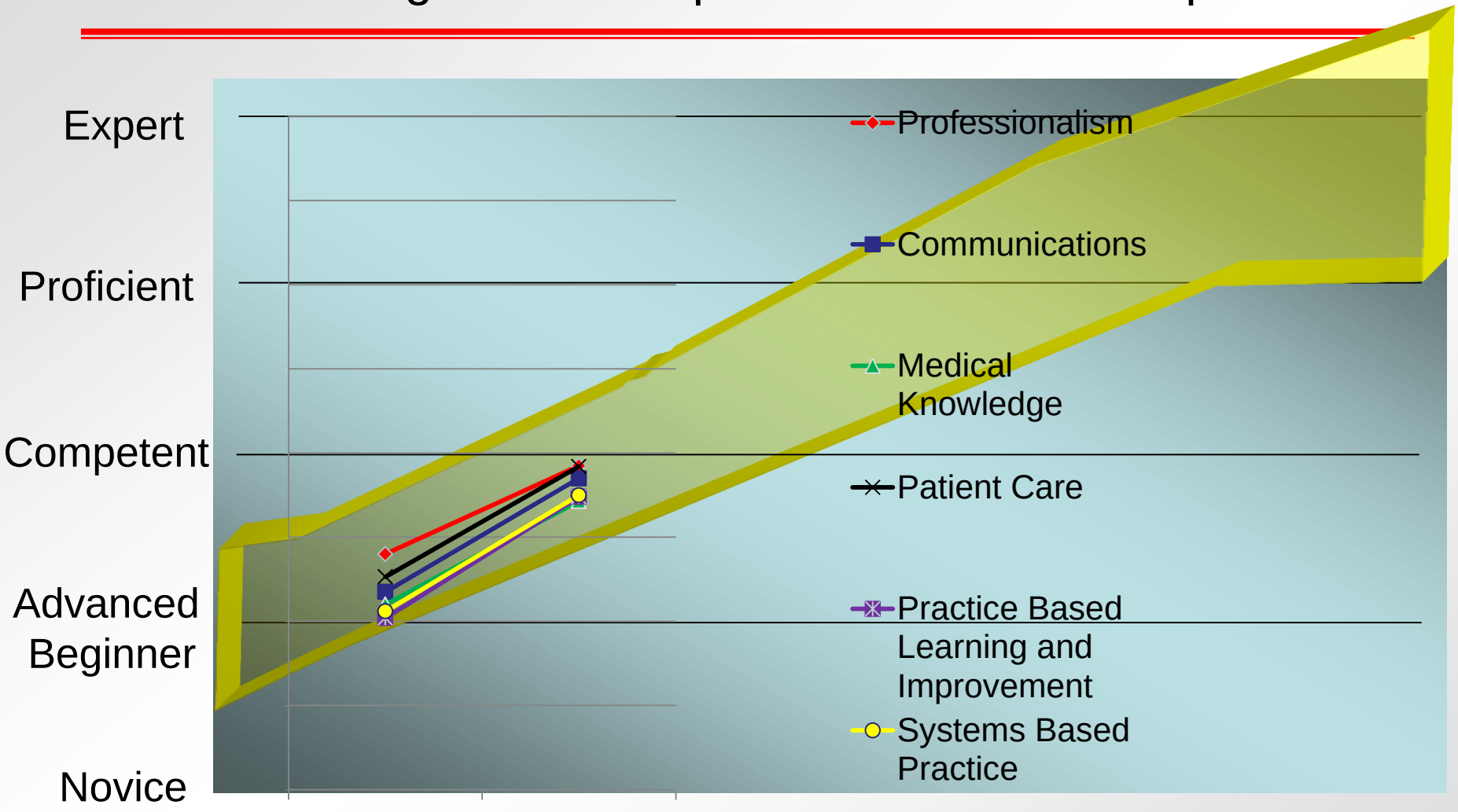
The Actual Expected Trajectory

Professionalism
Communications
Medical Knowledge
Patient Care
PBLI
SBP

- But……..
- Board pass rates dropping
- RS shows major non-compliance
- Scholarly activities non-existent



# End of PGY-1, Mid PGY-2 Year Evaluation, Overall Rating of Six Competencies across All Specialties




n=122 paired observations

Increase the Accreditation Emphasis on Educational Outcomes



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# ACGME Goals for Milestones

- Permits fruition of the promise of “Outcomes”
- Track what is important
- Uses *existing tools* for *observations*
- Clinical Competency Committee *triangulates* progress of each resident
  - Essential for valid and reliable clinical evaluation system
- RRCs track aggregated program data
- ABMS Board *may* track the identified individual



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# ACGME Goals for Milestones

- Specialty specific nationally normative data
- Common expectations for individual resident progress



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# Uses for the Milestones

- Program Director
  - Provide feedback to residents
  - Benchmark residents to program mean
  - Benchmark residents nationally
  - Determine program strengths
  - Determine program opportunities for improvement
  - Benchmark program nationally



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# Uses for the Milestones

- Resident
  - Get specific feedback
  - Determine individual strengths
  - Determine individual opportunities for improvement
  - Benchmark against peers in program
  - Benchmark against peers nationally



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# Program Evaluation Committee

- Must be composed of at least 2 faculty
- Must have resident or fellow representation
- Already exists (a program requirement)
- Responsibilities
  - Plan and develop all pertinent activities
  - Evaluating program activities
  - Make recommendations
  - Annual review
  - Correct issues as needed

**Annual Program Evaluation**



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# CLER Program

- Clinical Learning Environment Review
- Institutions will be visited every 18 months
- Data will not be used for accreditation, but…….
  - Programs must ensure that residents and fellows:
    - Are aware of patient safety/quality improvement efforts of the institution
    - Are actively participating in PS and CQI efforts



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# Webinars

- Previous webinars available for review at: http://www.acgme-nas.org/index.html under "ACGME Webinars"
  - CLER
  - Overview of Next Accreditation System
  - Milestones, Evaluation, CCCs
  - Specialty specific Webinars (Phase I)
  - Phase I Coordinator Webinars (surgical and non-surgical)
  - Specialty-specific Webinars (Phase II)
  - Stand-alone slide decks for GME community: NAS, CCC, PEC, Milestones, Update on Policies
- Upcoming
  - Self-Study (what programs do)
  - Self-Study Visit (what site visitors do)
  - Specialty specific Webinars (Phase II): Nov 2013 – May 2014



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# Thank You!



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