Application and Transition to ACGME Accreditation: *Emergency Medicine*

ACGME/AOA Webinar
May 20, 2015

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Chair
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Disclosure

• No financial conflicts of interest to report

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Topics Today

• Review Committee
• Applying for Accreditation
• Common Citations
• EM Requirements
• Resources
Review Committee
Review Committee Composition

• 4 nominating organizations - ABEM, ACEP, AMA, and AOA
• 10 voting members (includes one resident member)
• 6 year terms -- except resident (2 years)
• Program Directors, Chairs, DIOs, Faculty

Geographic Distribution
• CA, FL, GA, IL, MI, MO, NY, NJ, OH, PA
Beginning July 1, 2015
AOA Members of RC-EM

In conjunction with the Single Accreditation System, two AOA members will be added:

- Alan Janssen, DO
  Genesys Regional Medical Center, Grand Blanc, MI

- Kevin Weaver, DO
  Lehigh Valley Health Network, Bethlehem, PA
Also New…

Public Member of RC-EM

• ACGME Board recommendation for all Review Committees
• To foster accountability to the needs of the greater public and create a transparency to the work of the Committee.
• Nominees should not be an MD or person(s) directly related to GME (i.e. GME coordinator, faculty members)
• Shall be appointed for a 6-year term
• Mary Ann Reinhart, retiree from ABEM, has been selected and will begin July 1, 2015.
What does the Review Committee Do?

- Each Review Committee operates under delegated authority by the ACGME BOD
- Review programs/program applications to confer an accreditation status decision
- Annually review all accredited programs
- Review/Approve interim requests
- Recommend revisions/updates to program requirements
- Maintain Frequently Asked Questions (FAQ)
Annual Data Reviewed by RC

✓ Annual ADS Update – All data
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Omission of data

✓ Board Pass Rate – 5 year average

✓ Resident Survey – Common/Specialty questions

✓ Faculty Survey

✓ Clinical Experience – Procedures and Resuscitations
  - Milestones (TBD)
  - Ten year visit/Self-study (TBD)
Interim Requests

• After a program achieves accreditation, program changes need to be submitted for review/approval:
  
  • New program director
  • Increase/decrease number of residents
  • Notification of voluntary withdrawal of accreditation
  • Change in program format*

*Requires additional email submission to ED
Common Application Questions

• Where do I find the specialty specific application form?
The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.
<table>
<thead>
<tr>
<th>Hospital-Based Specialties</th>
<th>Medical Specialties</th>
<th>Surgical Specialties</th>
<th>Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Allergy and Immunology</td>
<td>Colon and Rectal Surgery</td>
<td>Institutional Review</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>Dermatology</td>
<td>Neurological Surgery</td>
<td>Review and Comment</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Family Medicine</td>
<td>Obstetrics and Gynecology</td>
<td>Archive Index</td>
</tr>
<tr>
<td>Medical Genetics</td>
<td>Internal Medicine</td>
<td>Ophthalmology</td>
<td>Common Program</td>
</tr>
<tr>
<td>Pathology</td>
<td>Neurology</td>
<td>Orthopaedic Surgery</td>
<td>Requirements</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>Pediatrics</td>
<td>Plastic Surgery</td>
<td>Next Accreditation</td>
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<tr>
<td>Radiation Oncology</td>
<td>Physical Medicine and Rehabilitation</td>
<td>Surgery</td>
<td>Milestones</td>
</tr>
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<td>Transitional Year</td>
<td>Psychiatry</td>
<td>Thoracic Surgery</td>
<td>Webinars</td>
</tr>
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<td></td>
<td></td>
<td>Urology</td>
<td>Clinical Learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Environment Review</td>
</tr>
</tbody>
</table>
New Applications

New program applications must use the online application process within ADS. For further information, review the “Application Instructions” located under Common Resources.

- Clinical Informatics
- Emergency Medical Services
- Emergency Medicine
- Medical Toxicology
- Pediatric Emergency Medicine
- Sports Medicine
- Undersea and Hyperbaric Medicine

RC Submission Deadlines

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Agenda Closing Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 29-30, 2015</td>
<td>December 4, 2014</td>
</tr>
<tr>
<td>May 7-8, 2015</td>
<td>March 12, 2015</td>
</tr>
</tbody>
</table>

Contact an administrator for new program application due dates.
Common Application Questions

- **Who should be listed as “Core Faculty”?**
  - Program Director
  - Associate PD(s)
  - Members of CCC and PEC

- Program will need to decide, based on faculty that spend \( \geq 15 \) hours per week

- Read ADS **Physician Faculty Definition** for further guidelines

- Need to ensure number of core faculty listed meet EM Core Faculty to resident ratio requirement of 1:3 [II.B.6]
Please Note

• The common application form in ADS, will not designate the PD as “Core” faculty

• Therefore, PD not counted by ADS in Core faculty to resident ratio
When the total number of hours totals >= 15, will be designated as “Core” faculty.
### Faculty Hours

Number of hours per week faculty member devotes to this program's activities in the following:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical supervision of residents</td>
<td>12</td>
</tr>
<tr>
<td>Administration of the program</td>
<td>30</td>
</tr>
<tr>
<td>Research/scholarly activity with residents</td>
<td>10</td>
</tr>
<tr>
<td>Didactics/teaching with residents</td>
<td>4</td>
</tr>
</tbody>
</table>

Total hours devoted to these activities: **56**

For core faculty clinical hours, this number should be equal to or less than 28hrs (II.B.6.b) (20hrs for PD, 24hrs for APD)
ADS will not designate the program director as “Core” faculty.

Designated as “Core” faculty:
- Program Director
- Chairman of Emergency Medicine
# ADS Core Faculty Ratio

<table>
<thead>
<tr>
<th>Reduced Ratio</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Faculty / Residents:</td>
<td>1.0 : 0.0</td>
</tr>
<tr>
<td>Core Physician Faculty / Residents:</td>
<td>1.0 : 0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actual Ratio</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Faculty / Residents:</td>
<td>5 : 0.0</td>
</tr>
<tr>
<td>Core Physician Faculty / Residents:</td>
<td>4 : 0.0</td>
</tr>
</tbody>
</table>

Program Director is not included in core faculty
Please Note

• EM requires the PD to be a core faculty member (II.B.6.c)
  • Core physician faculty members must include the program director and the chair/chief of emergency medicine. (Core)

• The Review Committee is aware of this disconnect and will adjust to consider the PD a core faculty member when evaluating programs
Common Application Questions

• Does the block diagram need to be listed using 12 months or 13 four-week blocks?
  • Which ever format works best for your curriculum – we will accept either

• When will our application be reviewed by the Committee?
  • All EM applications will need to be site visited after submission prior to RC review
  • EM RC review of the application and site visit report will depend on when the site visit is scheduled

• Upcoming Committee meeting dates:
  • January 14-16, 2016
  • April 21-23, 2016
Common Application Questions

• What happens after our application is reviewed?
  • Email notification from the RC Staff within 5 days of the meeting to notify program of accreditation status
  • Within approx 60-days of meeting, program will receive accreditation notification letter from Executive Director
Program Accreditation

- Applications can be submitted as of July 1, 2015
- Immediately upon submission in ADS, program receives status of “Pre Accreditation”
- Pre-Accreditation ➔ Initial Accreditation
- Residents graduating from a Pre-Accredited program are not eligible for ABEM certification*
  - *per communication from ABEM
Program Accreditation

• Programs that achieve an accreditation status of “Initial Accreditation” are considered ACGME-accredited

• Residents graduating from a program with “Initial Accreditation” are considered to have completed an ACGME-accredited residency.

  • These residents will be eligible for certification by ABEM – per communication from ABEM
Remember

• Print out the completed application and review for consistency
• Review document for errors
• Be sure everyone is in agreement
• Once the application has been submitted to ACGME, it cannot be altered
• In answering the questions, describe your plan to meet each requirement
Common Citations and EM Data
Top 5 Most Frequent Citations

1) Core Faculty Scholarly Activity
   • Annual scholarly participation
   • Peer-Reviewed publications

2) Faculty Certification
   • Current ABEM certification

3) Throughput Times
   • 4 hours for discharged patients
   • 8 hours for admitted patients

4) Key Index Procedures
   • Not meeting the minimum
   • Too many simulated procedures

5) Providing Inaccurate Information
# EM RC Accreditation Decisions

October 2014 Thru May 2015

<table>
<thead>
<tr>
<th>EM Core Pgms</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Accreditation</td>
<td>152</td>
</tr>
<tr>
<td>Warning</td>
<td>6</td>
</tr>
<tr>
<td>Probation</td>
<td>3</td>
</tr>
<tr>
<td>Initial Accreditation</td>
<td>1</td>
</tr>
<tr>
<td>Application Withheld</td>
<td>4</td>
</tr>
<tr>
<td>Requested Site Visits</td>
<td>4</td>
</tr>
<tr>
<td>Clarifying Reports</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EM Subspecialty Pgms</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Accreditation</td>
<td>52</td>
</tr>
<tr>
<td>Initial Accreditation</td>
<td>7</td>
</tr>
<tr>
<td>Initial Accreditation/ Warning</td>
<td>1</td>
</tr>
<tr>
<td>Application Withheld</td>
<td>3</td>
</tr>
</tbody>
</table>
EM Requirements
Introduction

• **Int.C.** Residency programs in emergency medicine are configured in 36-month and 48-month formats, and must include a minimum of 36 months of clinical education. (Core)*

• **Int.D.** Programs utilizing the 48-month format must ensure that all of the clinical, educational, and milestone elements contained in these Program Requirements are met, and must provide additional in-depth experience in areas related to emergency medicine, such as medical education, clinical- or laboratory-based research, or global health. An educational justification describing the additional educational goals and outcomes to be achieved by residents in the incremental 12 months of education must be submitted to the Review Committee prior to implementation, and at each subsequent accreditation review of residency programs of 48 months’ duration. (Detail)
EM Specialty Application Question

Program Duration

1. Is the proposed program using a 48-month format? [PR Int.C.]
   ( ) YES ( ) NO

2. If a 48-month format is requested, provide a brief rationale/educational justification that describes the additional in-depth experience in areas related to emergency medicine. Include the additional goals and outcomes to be achieved by residents in the incremental 12 months of education. [PR Int.D.]
3-year vs 4-year Format

- Current AOA EM program format is 4 years
- EM RC not requiring AOA applicants to change program formats
- The educational justification for the 4-year format should describe how the format has worked well at assisting the program to develop measurable objectives to assess the progression of the resident in the four-year format
I. Sponsoring Institution

• I.B.7. The sponsoring institution for emergency medicine education must have a major educational commitment as evidenced by training programs in other major specialties. The program must demonstrate the availability of educational resources in other specialties for the training of the emergency medicine residents. (Core)

• The RC typically expects the sponsoring institution to have at least two other GME programs. If your sponsor has less than two, please continue to submit your application and a strong educational rationale for review.
Sponsoring Institution GME Commitment

• The EM RC considers the presence of other GME programs of significant importance to ensure:
  • Resident peer-to-peer interaction
  • The presence of adequate teaching faculty in other specialties where the EM residents rotate
  • A balanced resident participation/interaction on the GMEC
II. Program Director

II.A.3.b) Qualifications of the program director must include current certification in the specialty by the American Board of Emergency Medicine, or specialty qualifications that are acceptable to the Review Committee; (Core)

The EM RC will consider AOBEM certification as acceptable to meet program director certification; however, the RC will evaluate the total qualifications of each PD to meet all of the expectations to fulfill the role.
II. Faculty

II.B.2.a) Core physician faculty members should have appropriate faculty appointments in the medical school. (Detail)

• The EM RC expects the core faculty to have teaching appointments in the affiliated medical school.
II. Faculty Certification

II.B.2. The physician faculty must have current certification in the specialty by the American Board of Emergency Medicine, or possess qualifications judged acceptable to the Review Committee. (Core)

For Type 1 pre-accreditation programs, the lack of ABEM certification for the faculty will not result in a citation.
Faculty Clinical Support Requirements

• II.A.4.a). (1). (a) The program director must not work more than 20 hours per week clinically, on average, or 960 clinical hours per year. (Core)

• II.A.5.c) APDs must not average more than 24 clinical hours per week, or 1152 clinical hours per year. (Core)

• II.B.6.b) Core physician faculty members must not average more than 28 clinical hours per week, or 1344 clinical hours per year. (Core)
II. Resources – Throughput Times

- II.D.4.b) Each clinical site must ensure timely consultation decisions by a provider from admitting and consulting services with decision making authority. (Detail)
FAQ

• **Q:** What are the maximum average throughput times for the Emergency Department?  
  [Program Requirement: II.D.4.b])

• **A:** The suggested maximum average throughput times for Emergency Department patients is four hours for discharged patients, and eight hours for admitted patients to arrive on the floor, excluding observation patients.
III. Number of Residents

III.B.2. There should be a minimum of six residents per year in the program. (Detail)

- The EM RC considers a minimum of six residents per year of significant importance to:
  - Achieve a major impact in the emergency department
  - Foster a sense of residency program and departmental identity
  - Facilitate progressive resident responsibility
IV. Resident Scholarly Activity

- IV.B.1. The curriculum must advance residents’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)

- IV.B.2. Residents should participate in scholarly activity. (Core)
FAQ

• Q: What are examples of acceptable scholarly activity for residents? 

(Program Requirement: IV.B.2)
FAQ

• A: Examples of suitable resident scholarly activities include: preparation of a scholarly paper, such as a collective review or case report; active participation in a research project, or formulation and implementation of an original research project; or an Emergency Department quality improvement project.

• The Review Committee expects resident participation in scholarly activities to be completed by the end of residency.
IV. Key Index

Procedures and Resuscitations

- IV.A.6.b) Each resident must maintain, in an accurate and timely manner, a record of all major resuscitations and procedures performed throughout the entire educational program. (Core)

- Additionally, programs are required to report annually the “average” number completed by each graduating class in ADS.
FAQ

Q: Which procedures need to be logged and are there minimum numbers for each one?

[Program Requirements: IV.A.5.b).(2).(c).
IV.A.5.b).(2).(c).(xvii).(a)]
FAQ

The Committee is currently discussing a minimum number for ultrasound.

**Answer**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult medical resuscitation</td>
<td>45</td>
</tr>
<tr>
<td>Adult trauma resuscitation</td>
<td>35</td>
</tr>
<tr>
<td>Anesthesia and pain management</td>
<td>*</td>
</tr>
<tr>
<td>Cardiac pacing</td>
<td>6</td>
</tr>
<tr>
<td>Central venous access</td>
<td>20</td>
</tr>
<tr>
<td>Chest tubes</td>
<td>10</td>
</tr>
<tr>
<td>Cricothyrotomy</td>
<td>3</td>
</tr>
<tr>
<td>Dislocation reduction</td>
<td>10</td>
</tr>
<tr>
<td>Emergency department bedside ultrasound</td>
<td>*</td>
</tr>
<tr>
<td>Intubations</td>
<td>35</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>15</td>
</tr>
<tr>
<td>Pediatric medical resuscitation</td>
<td>15</td>
</tr>
<tr>
<td>Pediatric trauma resuscitation</td>
<td>10</td>
</tr>
<tr>
<td>Pericardiocentesis</td>
<td>3</td>
</tr>
<tr>
<td>Procedural sedation</td>
<td>15</td>
</tr>
<tr>
<td>Vaginal delivery</td>
<td>10</td>
</tr>
<tr>
<td>Vascular access</td>
<td>*</td>
</tr>
<tr>
<td>Wound management</td>
<td>*</td>
</tr>
</tbody>
</table>

Selected key index procedures should consequentially impact patient care, and ideally facilitate competency assessment initiatives across disciplines.

*The program director must assess each resident’s competency in these procedures. Minimum numbers have not been set.*
VI. Duty Hours

- VI.E.1.a)(1) There must be at least an equivalent period of continuous time off between scheduled work period. (Core)

- Often confusion about whether an equivalent time-off period should occur after 4-5 hour weekly didactic session
Resources
Resources

• ACGME Website: [www.acgme.org](http://www.acgme.org)
• Review Committee webpage: [http://acgme.org/acgmeweb/tabid/131/ProgramandInstitutionalAccreditation/Hospital-BasedSpecialties/EmergencyMedicine.aspx](http://acgme.org/acgmeweb/tabid/131/ProgramandInstitutionalAccreditation/Hospital-BasedSpecialties/EmergencyMedicine.aspx)
• Emergency Medicine FAQs: [http://acgme.org/acgmeweb/Portals/0/PDFs/FAQ/110_emergency_medicine_FAQs_07012013.pdf](http://acgme.org/acgmeweb/Portals/0/PDFs/FAQ/110_emergency_medicine_FAQs_07012013.pdf)
• Council of Emergency Medicine Residency Directors (CORD): [http://cordem.org](http://cordem.org)
• American Board of Emergency Medicine [https://www.abem.org/public/](https://www.abem.org/public/)
Important Reminder

• For more details on the Single Accreditation System, please view the following webinar and slides:

“The Transition to ACGME Accreditation: An Overview for AOA Programs”
Dr. John Potts, III
April 1, 2015
ACGME Staff Contact List

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Thank You