Applying for ACGME Accreditation: Otolaryngology

Sukgi S. Choi, MD, RRC Chair
Pamela Derstine, PhD, MHPE, Executive Director

Webinar
April 1, 2015
Discussion Topics

- Review Committee Members and Staff
- Accreditation Statistics
- Program Director and Faculty
- Program Coordinator
- Eligibility and Approved Complement
- Curriculum
- Case Logs
- Duty Hours and the Learning Environment
- Resources for Programs Applying
Review Committee Members and Staff
RRC Membership

- 10 voting members (current)
  - ABOto nominees – 3 members
  - ACS nominees – 3 members
  - AMA nominees – 3 members
  - Resident member – 1

- 11 voting members (effective 7/1/2015)
  - AOA nominee – 1 member

- Leadership
  - Sukgi Choi, MD, Chair
  - Michael Cunningham, MD, Vice-Chair
RRC Membership (Current)

- Sukgi S. Choi, MD  
  RRC Chair
- Michael J. Cunningham, MD  
  RRC Vice-Chair
- Irham Ahmad, MD  
  Resident Member
- David B. Hom, MD
- Lloyd B. Minor, MD
- John Rhee, MD, MPH  
  RRC Chair-Elect
- David J. Terris, MD
- Terrance Tsue, MD
- Randal S. Weber, MD
- D. Bradley Welling, MD, PhD
Wayne Robbins, DO, MEd

- Clinical Assistant Professor, Michigan State University
  - Program Director, Genesys Regional Center (MI)
- Certified AOCOOHNS
- Otology/Neurotology fellowship University of Minnesota

- Professional Activities
  - Chair, Council of Medical Education AOCOOHNS
  - Chair, Educational Committee AOCOOHNS
  - Board of Examiners AOCOOHNS
ACGME RRC Staff

- Pamela L. Derstine, PhD, MHPE
  *Executive Director*
- Susan E. Mansker
  *Associate Executive Director*
- Deidre Williams
  *Accreditation Administrator (primary)*
- Jennifer M. Luna
  *Accreditation Administrator (secondary)*

*Also.....*

Tom Hackett
*WebADS Representative*
ACGME RRC Staff

Deidre  Susan  Pam  Jennifer
Accreditation Council for Graduate Medical Education

Accreditation Statistics
Accreditation Statistics

### Number of Accredited Programs 2015

<table>
<thead>
<tr>
<th>Program</th>
<th>Count</th>
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<tbody>
<tr>
<td>Core</td>
<td>106</td>
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<tr>
<td>Neurotology</td>
<td>19</td>
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<tr>
<td>Pediatric Oto</td>
<td>22</td>
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### Number of Residents/Fellows 2013/14

<table>
<thead>
<tr>
<th>Program</th>
<th>Total</th>
<th>Male/Female</th>
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<tr>
<td>Core</td>
<td>1488</td>
<td>947/495</td>
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<tr>
<td>Neurotology</td>
<td>29</td>
<td>21/8</td>
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<tr>
<td>Pediatric Oto</td>
<td>32</td>
<td>11/21</td>
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# Accreditation Statistics Current

## Program Accreditation Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Core</th>
<th>Neurotology</th>
<th>Peds</th>
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<tbody>
<tr>
<td>Continued Accreditation</td>
<td>97</td>
<td>16</td>
<td>15</td>
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<tr>
<td>Continued Accreditation without Outcomes</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Continued Accreditation with Warning</td>
<td>6</td>
<td>1</td>
<td>0</td>
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<tr>
<td>Initial Accreditation</td>
<td>1</td>
<td>2</td>
<td>5</td>
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<tr>
<td>Initial Accreditation with Warning</td>
<td>1</td>
<td>0</td>
<td>2</td>
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<tr>
<td>Probation</td>
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</tr>
<tr>
<td>Withhold</td>
<td>0</td>
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<td>0</td>
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</tbody>
</table>

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Accreditation Statistics 2014

Citation Frequency 2010-2014

- Procedural Experience: 26%
- Resources: 6%
- Evaluation: 6%
- Duty Hours/Supervision: 11%
- Faculty: 14%
- Curriculum: 17%
- Institutional: 7%
- Competencies: 5%
- Program Director: 5%
- Scholarly Activity: 3%

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Recent Application Outcomes

2011-2015

• 4 otolaryngology applications reviewed
  ➢ 1 initial accreditation
  ➢ 3 withhold
Upcoming RRC Meetings

- July 31-August 1, 2015
  - Agenda closes 5/22/2015
- January 29-30, 2016
  - Agenda closes 11/20/2015
- April 29-30, 2016
  - Agenda closes 4/1/2016
Program Director and Faculty
Program Director

• PR II.A.3.b).(1)
  ➢ The Review Committee accepts only ABOto certification.

FAQ

During the period of transition to a Single Accreditation System (7/1/15-6/30/20) the RC will consider AOA-certification for the current program director of an AOA-approved otolaryngology program applying for ACGME-accreditation. Additional qualifications will be considered. Once a program moves from AOA-approved to ACGME-accredited, the appointment of a new program director will be required to have only ABOto certification, consistent with all current ACGME-accredited Otolaryngology programs.

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Program Director

• PR II.A.3.d)

- The qualifications of the program director must include evidence of periodic updates of knowledge and skills to discharge the roles and responsibilities for teaching, supervision, and formal evaluation of residents.
Program Director

• PR II.A.3.d) FAQ

Acceptable evidence includes attendance at, a variety of educational and/or CME venues relating to GME in otolaryngology, including the annual ACGME Educational Conference, Society of University Otolaryngologists-Otolaryngology Program Directors Organization meetings, American Academy of Otolaryngology-Head and Neck Surgery Annual Meeting, and/or institutional courses.
Additional Qualifications

- A minimum of three years of clinical practice in the specialty post-residency/fellowship
- A minimum of one year of experience as an associate program director of an ACGME-accredited otolaryngology program or 3 years participation as an active faculty member of an ACGME-accredited otolaryngology program
PR I.A.1.a-c)

- The Sponsoring institution must provide salary support or equivalent protected time for the program director as follows:
  - A minimum of 10% for programs with an approved complement of five or fewer residents
  - A minimum of 15% for programs with an approved complement of six to 15 residents
  - A minimum of 20% for programs with an approved complement of 16 or more residents
The director at each participating site must have major clinical responsibilities at that site.

**FAQ**

“Major” is defined as adequate to have sufficient educational and administrative oversight of the program rotation. This generally would involve at least 50% clinical effort at the site director’s institution (participating site) and/or serving as the main educationally-contributing faculty member for the rotation.
Faculty

PR II.B.2.

• The physician faculty must have current ABOto certification or possess qualifications acceptable to the Review Committee.

 The RC will accept current AOA-certificate in accordance with the MOU.
In addition to the program director, there should be at least two other FTE faculty members with qualifications to include:

- Specialty expertise and documented educational and administrative experience acceptable to the Review Committee; and
- Appropriate medical staff appointment
Acceptable specialty expertise includes demonstrated clinical experience in otolaryngology or any subspecialty of otolaryngology. Examples of documented educational and administrative experience include didactic lectures, surgical instruction, resident evaluations, attendance at faculty meetings and conferences, preparation of manuscripts, and mentoring resident presentations.
Each of the two FTE faculty required in addition to the program director should have an academic appointment at the sponsoring institution. Appointment as a volunteer faculty member is not accepted by the Review Committee.
Accreditation Council for Graduate Medical Education

Program Coordinator
The sponsoring institution must provide salary support for a residency coordinator dedicated to the educational and administrative needs of the program.
The institution must ensure that support for the program coordinator is adequate to ensure the ability of the program leadership to comply with all ACGME program requirements in a timely and quality fashion. The necessary % effort of a dedicated PC will depend on a number of factors including resident complement and program leadership size and experience, and should consist of at least 25% time and effort by the PC for a smaller program. The minimum % effort should increase in a manner commensurate with program size. The RC will determine adequacy according to the program’s ability to maintain compliance with program administrative responsibilities as described in the program requirements.
Eligibility and Approved Complement
New programs are generally approved for 5 (1-1-1-1-1) residents.

Approval is based on careful review of the proposed rotations (must clearly indicate how the proposed complement will improve the education of residents) and clinical resources.

PR III.B.2

If a vacancy in a program’s resident complement is filled, it should be filled at the same level in which it occurs. Exceptions must be approved by the RC.
Fellowship Eligibility

• Neurotology

- Prior to appointment in the program, fellows must have successfully completed a residency in otolaryngology accredited by the ACGME or an otolaryngology residency located in Canada and accredited by the Royal College of Physicians and Surgeons of Canada.

• Pediatric Otolaryngology

- Prior to appointment in the program, fellows must have successfully completed a residency in otolaryngology accredited by the ACGME or an otolaryngology residency located in Canada and accredited by the Royal College of Physicians and Surgeons of Canada.
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Curriculum
Curriculum Oversight

• PR Int. C. The educational program must be 60 months in length

• PR II.A.4.a) The program director must oversee and ensure the quality of didactic and clinical education in all sites that participate in the program.

  The RC expects the program director to oversee and be accountable for all rotations for all 60 months of education, including all PGY1 rotations that take place on other services.
Residents must demonstrate knowledge appropriate for unsupervised practice of otolaryngology as defined by the ABOto curriculum.

FAQ

- The list of medical knowledge topics defined by the ABOto is located in the document “Otolaryngology-Head and Neck Surgery Comprehensive Core Curriculum” located at http://www.aboto.org/pub/Core%20Curriculum.pdf
The PG-2-5 years must include 48 months of progressive education in otolaryngology and clinical services.

FAQ

While the bulk of this time should be spent on the otolaryngology head-and-neck service, the program director may wish to include other rotations for resident education, possibly including neuroradiology, surgical pathology of the head and neck, audiology and vestibular assessment and immunology, and oral and maxillofacial surgery.
Some members of the faculty should also demonstrate scholarship by one or more of the following:

- Peer-reviewed funding
- Publication of original research or review articles in peer-reviewed journals, or chapters in textbooks
- Publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings
- Participation in national committees or educational organizations
The educational program must provide at least three months of a structured research experience for residents.

- The research experience must include instruction in research methods and design, as well as outcome assessment.
- The research experience should result in a completed manuscript suitable for publication in a peer-reviewed journal.
Curriculum Milestones

**Patient Care**
- Aerodigestive tract lesions
- Salivary disease
- Sleep disordered breathing
- Facial trauma
- Rhinosinusitis
- Chronic ear
- Nasal Deformity
- Pediatric otitis media

**Medical Knowledge**
- Upper aerodigestive tract malignancy
- Hearing loss
- Dysphagia-dysphonia
- Inhalant allergy

**Other Competency Domains**
- ICS
- PBLI
- Professionalism
- SBP-patient safety
- SBP-resource utilization

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Residents must participate in existing national examinations.

- Use of the annual Otolaryngology Training Examination is strongly suggested.
- An analysis of the results of these testing programs must be limited to guiding the faculty in assessing the strengths and weaknesses of the program and individual residents.
Case Logs
Case Log Components

- Case Log numbers are an indicator of cumulative resident surgical experience.
- Assistant / Surgeon / Resident Supervisor are a reflection of progressive responsibility.
- Percentiles represent the breadth of the program operative exposure & availability.
- Milestones are an indicator of progressive resident competence.
- All are included in the NAS RRC annual program reviews.
## Case Log Minimum Numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Procedure</th>
<th>Min. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head &amp; Neck</td>
<td>Parotidectomy (all types)</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Neck Dissection (all types)</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Oral Cavity Resection</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Thyroid/Parathyroidectomy</td>
<td>22</td>
</tr>
<tr>
<td>Otology/Audiology</td>
<td>Tympanoplasty (all types)</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Mastoidectomy (all types)</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Stapedectomy/Ossiculoplasty</td>
<td>10</td>
</tr>
</tbody>
</table>
## Case Log Minimum Numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Procedure</th>
<th>Min. #</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPRS</td>
<td>Rhinoplasty (all types)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Mandible/Midface Fractures</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Flaps and Grafts</td>
<td>20</td>
</tr>
<tr>
<td>General/Pediatric</td>
<td>Airway – Pediatric and Adult</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Congenital Neck Masses</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Ethmoidectomy</td>
<td>40</td>
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<tr>
<td></td>
<td>Bronchoscopy</td>
<td>22</td>
</tr>
</tbody>
</table>
RRC Case Log Review

- Residency graduates in 2013-2014 and beyond are expected to demonstrate compliance with these minimum numbers.
- Parity is of particular importance when minimum numbers fail to be met.
- Percentiles are reviewed from the standpoint of program surgical volume exposure.

http://www.acgme.org/acgmeweb/Portals/0/PFAAssets/Program Resources/280_Required_Minimum_Number_of_Key_Indicator_Procedures.pdf
Case Log Guidelines

• Each individual case may consist of more than one procedure.
• Each resident must identify their level of participation in each procedure [Assistant Surgeon / Surgeon / Resident Supervisor].
• Cases performed at the resident surgeon and resident supervisor levels count toward minimum numbers.
• The RC monitors cases performed at the assistant level as an indicator of appropriate supervision and progressive responsibility.
Case Log Guidelines

• Residents should enter all CPT codes per case as appropriate (unbundling allowed and encouraged).
• Case log coding guidelines are available on ACGME website:
  http://www.acgme.org/acgmeweb/Portals/0/PFAssets/Program Resources/280_Case_Log_Coding_Guidelines.pdf
• Note that not all CPT codes entered count toward the minimum numbers. Consult the guidelines appendix for a complete list of CPT codes for credit.
Case Log Log Guidelines

Please consult the FAQs for answers to the following:

• Can surgical procedures done in the first year of a residency in another ACGME-accredited program be entered in the resident’s otolaryngology case logs?
• Can operative procedures done during an international rotation be counted toward Case Log minimums?
• Why must all residents in a program have essentially equivalent distributions of case categories and procedures?
• How should the program document progressive resident performance improvement appropriate to a resident’s educational level?
Duty Hours and the Learning Environment
Duty Hours and the Learning Environment

Please consult the FAQs for answers to the following:

• Who may supervise residents in the clinical environment?

• What are examples of defined tasks for which PGY1 residents may be supervised indirectly and examples of defined tasks that PGY1 residents should have direct supervision until competency is demonstrated?

• What skills should members of the caregiver team have and how should these be ensured across the team?
Resources for Programs Applying for Accreditation
Email addresses and phone numbers can be obtained by clicking on the symbols next to each person’s name.
Milestones
- Otolaryngology
- Sleep Medicine
- Pediatric Otolaryngology
- Neurotology

Milestones Supplemental Material
- Otolaryngology Milestones Appendix

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

RC Submission Deadlines

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Agenda Closing Date</th>
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<tbody>
<tr>
<td>February 6-7, 2015</td>
<td>November 28, 2014</td>
</tr>
<tr>
<td>July 31- August 1, 2015</td>
<td>May 22, 2015</td>
</tr>
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Contact an administrator for new program application due dates.

Presentations
- Next Accreditation System Now

Common Resources
- ACGME Glossary of Terms
- Appointment Process for ACGME Review Committee Members
- Application Instructions
- CLER
- Common Program Requirements (includes General Competencies)
- Common Program Requirements FAQs
- Eligibility Exception Decisions by Specialty
- Key To Standard Notification Letter
- Milestones
- Notable Practices
- Program Directors’ “Virtual Handbook”
- Resident Duty Hours
Next annual OPDO meeting is November 13-15, 2015 at The Ritz Carlton Washington DC. Information will be available later this year at: http://www.suo-aado.org/Upcoming-Meetings
Please contact the Executive Director with any questions or concerns:

pderstine@acgme.org
312-755-5083
Thank You!