

Residency Review Committee for Internal Medicine (RRC-IM) Update

*APDIM Fall Meeting
October, 2013*

*Jerry Vasiliadis, PhD, Executive Director
James A. Arrighi, MD, Chair
Program Director, Cardiology, Brown University*



ACGME

APDIM Apr 2013 → Oct 2013

“Doubt is an uneasy state from which we struggle to free ourselves and pass into the state of belief.”

Charles Sanders Pierce



Since we last met (Apr 2013)...

- NAS is here
- Experience with ADS
- First milestones reporting due May-Jun 2014
- ABIM & AAIM working feverishly in sub milestones
- ~ 50 CLER visits done
- Changes to RC membership and eligibility rules
- ACGME and AOA broke their engagement
- RRC
 - Old business (new apps, short cycle programs)
 - NAS prep: data, citations, site visits



The Building Blocks or Components of The “Next” Accreditation System (NAS)

10 year Self-Study Visit

10 year Self-Study

***prn* Site Visits (Program or Institution)**

**Continuous RRC and IRC
Oversight and Accreditation**

**Clinical Learning Environment Review
CLER Visits**



ACGME

NAS → ADS



Annual Data Review Elements

The following are the “primary” annual data elements:

- 1) Program Attrition*
 - 2) Program Changes*
 - 3) Scholarly Activity*
 - 4) Board Pass Rate*
 - 5) Clinical Experience Data*
 - 6) Resident Survey*
 - 7) Faculty Survey*
 - 8) Milestones*
- ADS*



Annual Data Review Element #3: Scholarly Activity: *Faculty (Core)*

Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters / Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
John Smith	12433	32411			3	1	1	3	Y	N

RC-IM Expectation/Threshold: Within the last academic year, at least 50% of the program’s “core” faculty need to have done *at least one type* of scholarly activity from the list of possible activities in the table above.



ACGME

Annual Data Review Element #3: Scholarly Activity: *Residents*

Resident	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
	PMID 1	PMID 2	PMID 3	Conference Presentations	Chapters / Textbooks	Participated in research	Teaching / Presentations
June Smith	12433			1	0	N	Y

RC-IM Expectation/Threshold: At least 50% of the program's recent graduates need to have done at *least one* type of scholarly activity from the list of possible activities in the table above.

Although the form itself indicates that data entry is for only a single year, IM was granted an exception to allow entry of scholarship data **once** upon **completion** of training, reflecting scholarship performed for the **entirety** of training.



ACGME

Annual Data Review Element #3: Scholarly Activity: Residents

- Communicated through AAIM/APDIM
- Special instructions (IM only) were outlined on ADS

Although the form itself indicates that data entry is for only a single year, IM was granted an exception to allow entry of scholarship data once upon completion of training, reflecting scholarship performed for the entirety of training.



ACGME

Milestones



Example of Reporting Milestone (Core IM)

Version 12/2012

Sub-Competency

INTERNAL MEDICINE MILESTONES

Developmental Progression or Set of Milestones

ACGME Report Worksheet

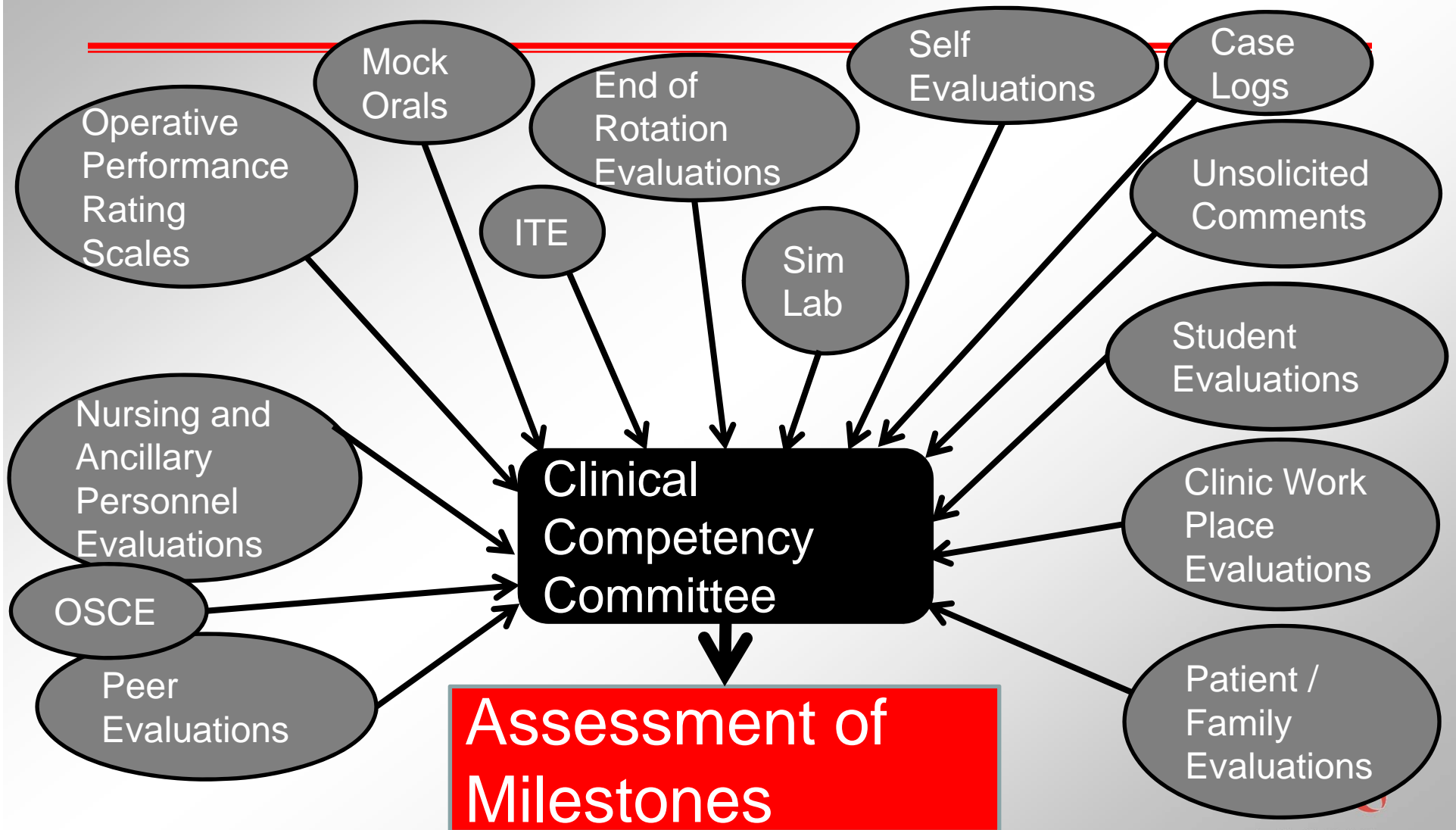
1. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s). (PC1)

Critical Deficiencies			Ready for unsupervised practice	Aspirational
Does not collect accurate historical data	Inconsistently able to acquire accurate historical information in an organized fashion	Consistently acquires accurate and relevant histories from patients	Acquires accurate histories from patients in an efficient, prioritized, and hypothesis-driven fashion	Obtains relevant historical subtleties, including sensitive information that informs the differential diagnosis
Does not use physical exam to confirm history	Does not perform an appropriately thorough physical exam or misses key physical exam findings	Seeks and obtains data from secondary sources when needed	Performs accurate physical exams that are targeted to the patient's complaints	Identifies subtle or unusual physical exam findings
Relies exclusively on documentation of others to generate own database or differential diagnosis	Does not seek or is overly reliant on secondary data	Consistently performs accurate and appropriately thorough physical exams	Synthesizes data to generate a prioritized differential diagnosis and problem list	Efficiently utilizes all sources of secondary data to inform differential diagnosis
Fails to recognize patient's central clinical problems	Inconsistently recognizes patients' central clinical problem or develops limited differential diagnoses	Uses collected data to define a patient's central clinical problem(s)	Effectively uses history and physical examination skills to minimize the need for further diagnostic testing	Role models and teaches the effective use of history and physical examination skills to minimize the need for further diagnostic testing
Fails to recognize potentially life threatening problems				
Comments:				

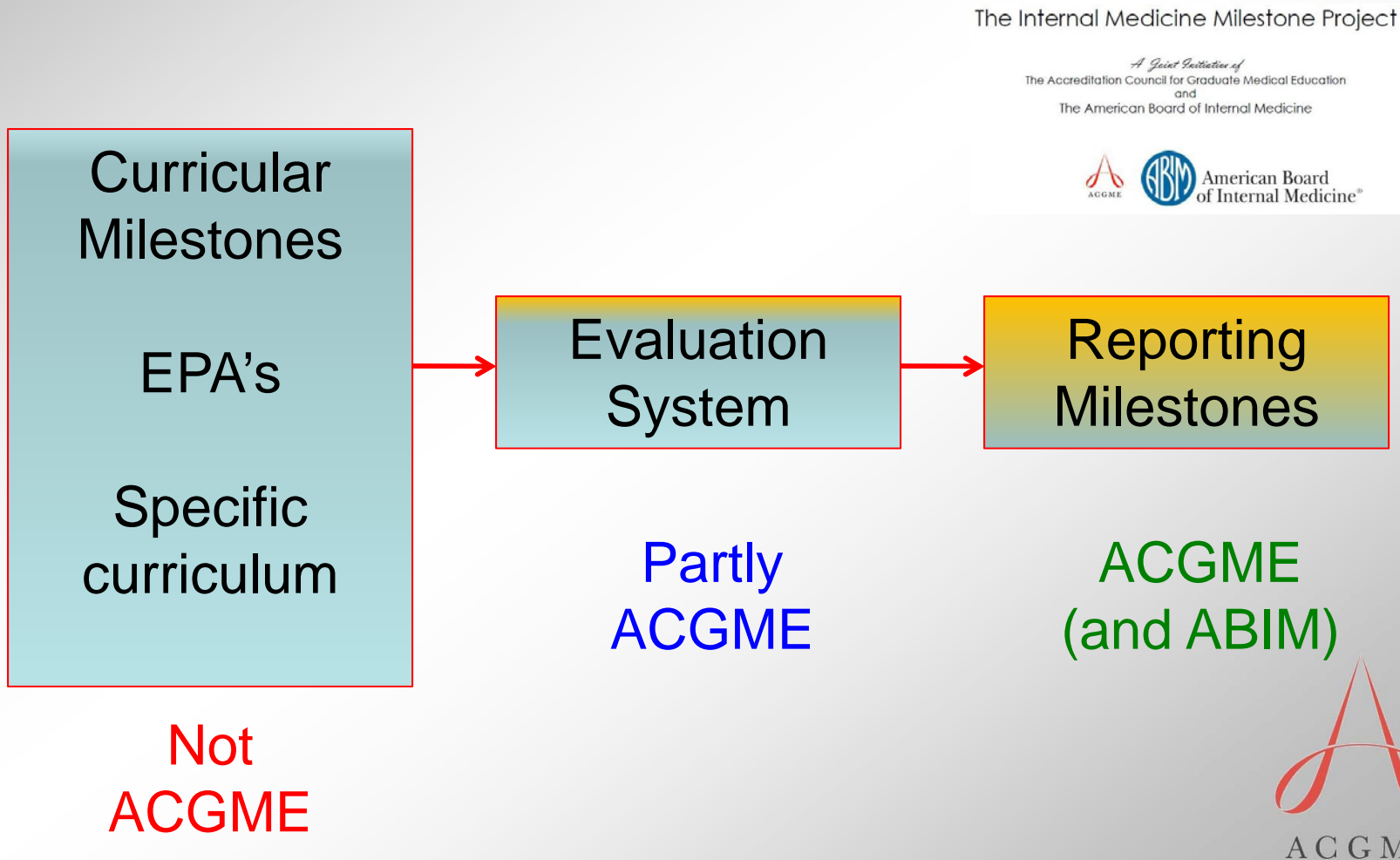
Milestone

ACGME

Competency Committees + Milestones



What specific elements of the system are ACGME?



Reporting Milestones

- De-identified, aggregate (program) data will gradually be used as one element of accreditation decisions
- Individual reports by trainee will be provided to PD
- **In time**, goal is to make final reports available to fellowship PD's upon matriculation of the graduated resident into his/her fellowship program
- Semiannual reporting remains a foundation of NAS



ACGME

Reporting Milestones: Timeline

- First reporting period (AY 2013-14):
 - May 1 – June 15, 2014
- In AY 2014-15, IM programs will be reporting twice annually
 - *First window: November 1 – December 31*
 - *Second Window: May 1 – June 15*
- For those interested...
- Test-Run = *November 1-December 31, 2013*
- Data entered will not be used for accreditation matters or trending reports and will be purged



ACGME

Reporting Milestones: Med-Peds

- Semiannual evaluation process as usual
- ANNUAL reporting of the reporting milestones
- Report BOTH medicine and pediatrics milestones



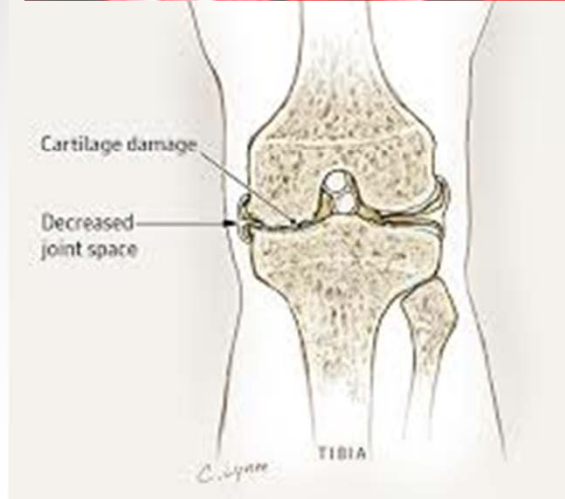
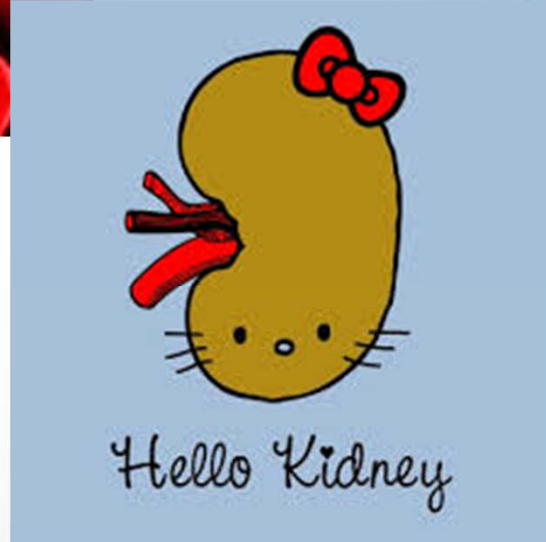
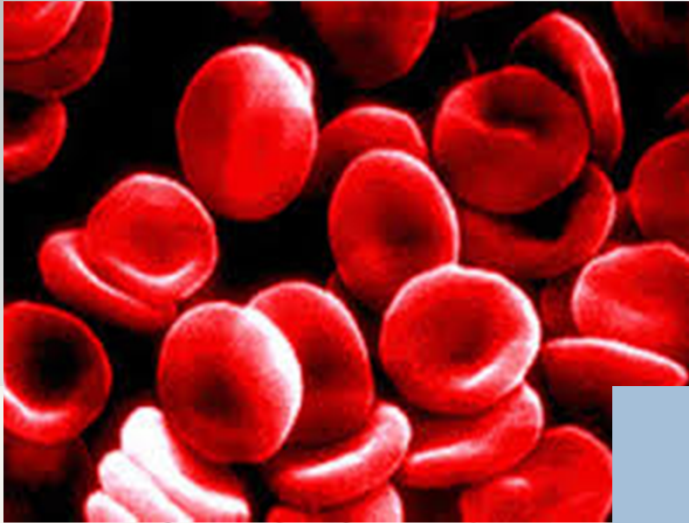
Milestones: Use by RC-IM

- Cannot be fully used for several years
- Will be one important aspect of accreditation status
- Initially, ascertain that programs are reporting
- Next, check for completeness of data, etc
- Ultimately, indentify patterns indicating need for program improvement



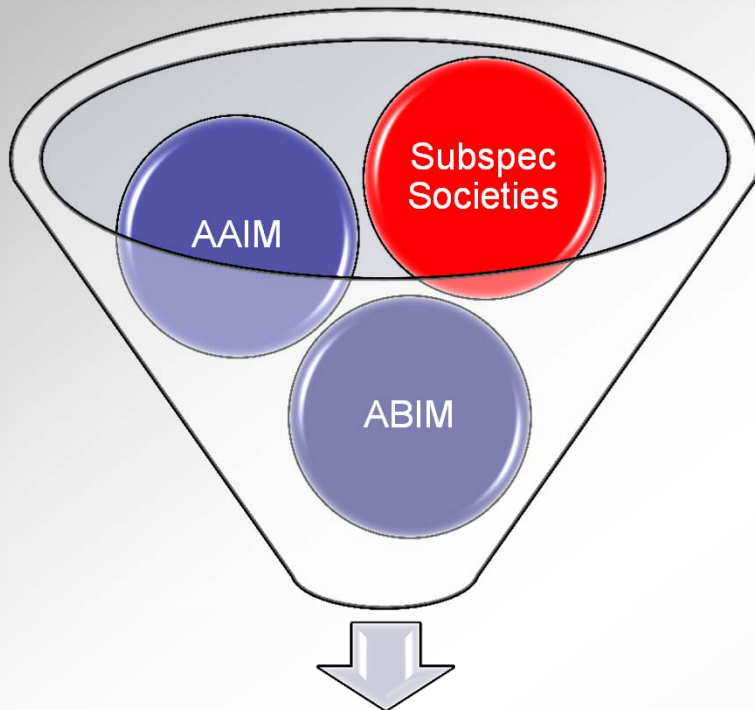
ACGME

Sidebar on Subspecialty Milestones



ACGME

Subspecialty Reporting Milestone Development



Reporting Milestones

Competencies (6)

Sub-Competencies (n = ??)

Reporting Milestones (5 per sub-competency)



ACGME

Subspecialty Reporting Milestones

- Draft completed by working group
- All specialty societies represented
- Aim for finalizing by Dec 2013
- Current draft:
 - Scholarship subcompetency added
 - Other subcompetencies are extensions/adaptations of IM milestones
 - Individual specialties will have opportunity to edit



ACGME

CLER Visits



"Hi! I'm from the government, and I'm here to help you!"

CLER Program

- Clinical Learning Environment Review
- Institutions will be visited every 18-24 months
- Formative evaluation, not judgement
- Data will **not** be used for accreditation, but.....
 - Programs must ensure that residents and fellows are aware of and participating inpatient safety/quality improvement efforts of the institution



ACGME

Change to RC-IM Membership

- Public member to be added
- Non-MD
- Specific profile defined by RC



Changes to Eligibility Rules

- Approved at last ACGME BOD meeting
- Effective date 7/1/2016



Changes to Eligibility Rules

Residency Eligibility

- Any re-requisite training (for entry or transfer) must be done in programs accredited by:
 - ACGME
 - Royal College of Physicians & Surgeons
 - College of Family Physicians of Canada
- If a physician has completed an IM residency not accredited (by above), they may enter at PGY1 level and be advanced (early) to PGY2 level based on milestones assessments at PD discretion.
- No other exceptions for residency



Changes to Eligibility Rules

Fellowship Eligibility

- Any re-requisite training (for entry or transfer) must be done in programs accredited by:
 - ACGME
 - Royal College of Physicians & Surgeons
 - College of Family Physicians of Canada
- Exceptions may be allowed by RC's
 - RC-IM has not voted yet
- RC-IM's board take/pass rate PR is present (“outcome”)



Changes to Eligibility Rules

Fellowship Eligibility Exceptions

- Qualifications:
 - Selection committee assessment
 - Review/approval/oversight by GME office
 - Completion of USMLE 1, 2, and if applicable 3
 - ECFMG verification if applicable
 - Milestones assessment at 6 weeks after entry
 - Remediation needed?



Changes to Eligibility Rules

Fellowship Eligibility Exceptions

- What constitutes “exceptionally qualified”?:
 - Completed a non-ACGME core residency
 - Demonstrated clinical excellence
 - Additional potential evidence includes:
 - Additional clinical or research training
 - Scholarship
 - Leadership
 - ACGME-international program graduates



Decisions, Decisions



ACGME

When is my program reviewed?

- Each program is reviewed annually
- NAS is a continuous process
- Annual data supplemented by:
 - Reports of self study visits
 - Progress reports (when requested)
 - Reports of site visits (as necessary)
- Cycle lengths not used
- Feedback given to program annually

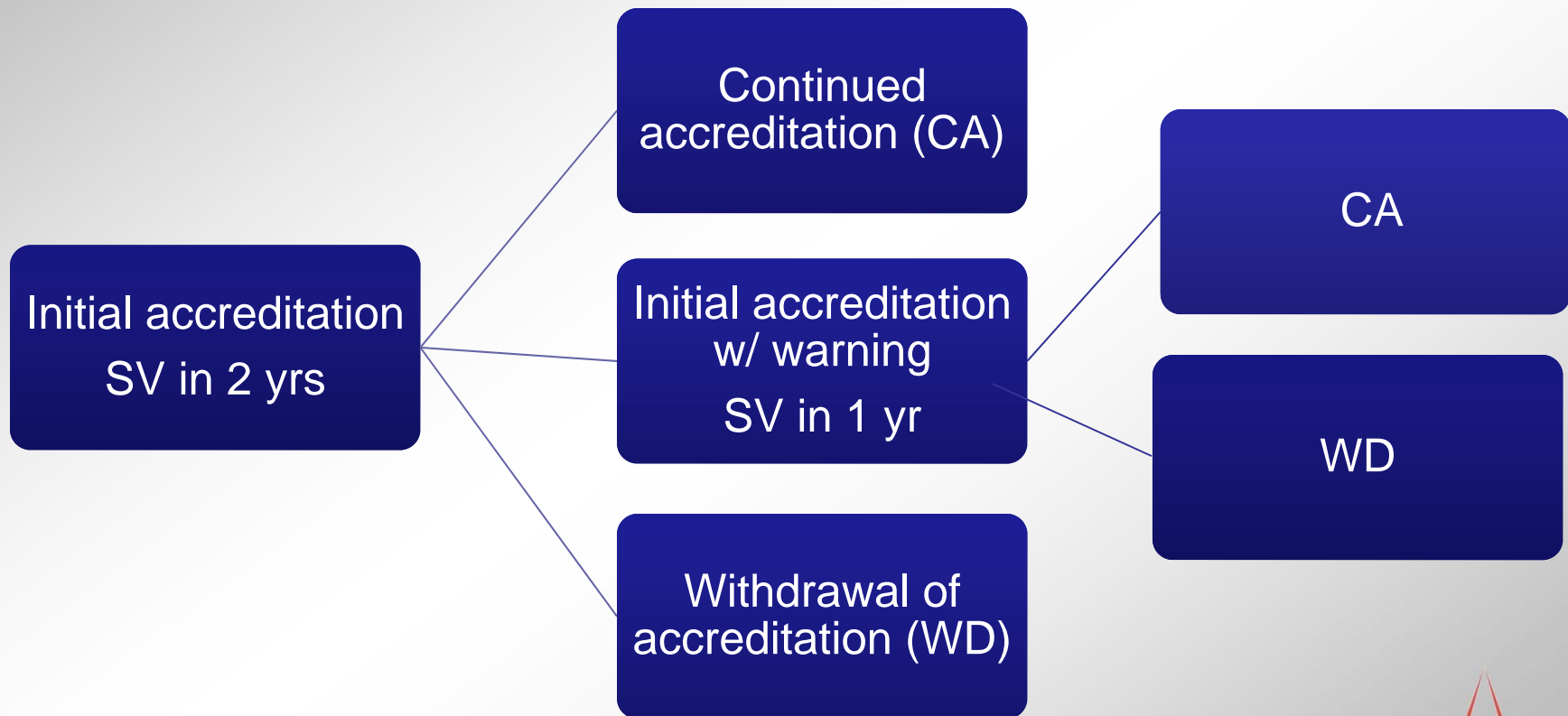


ACGME

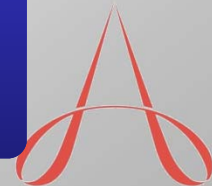
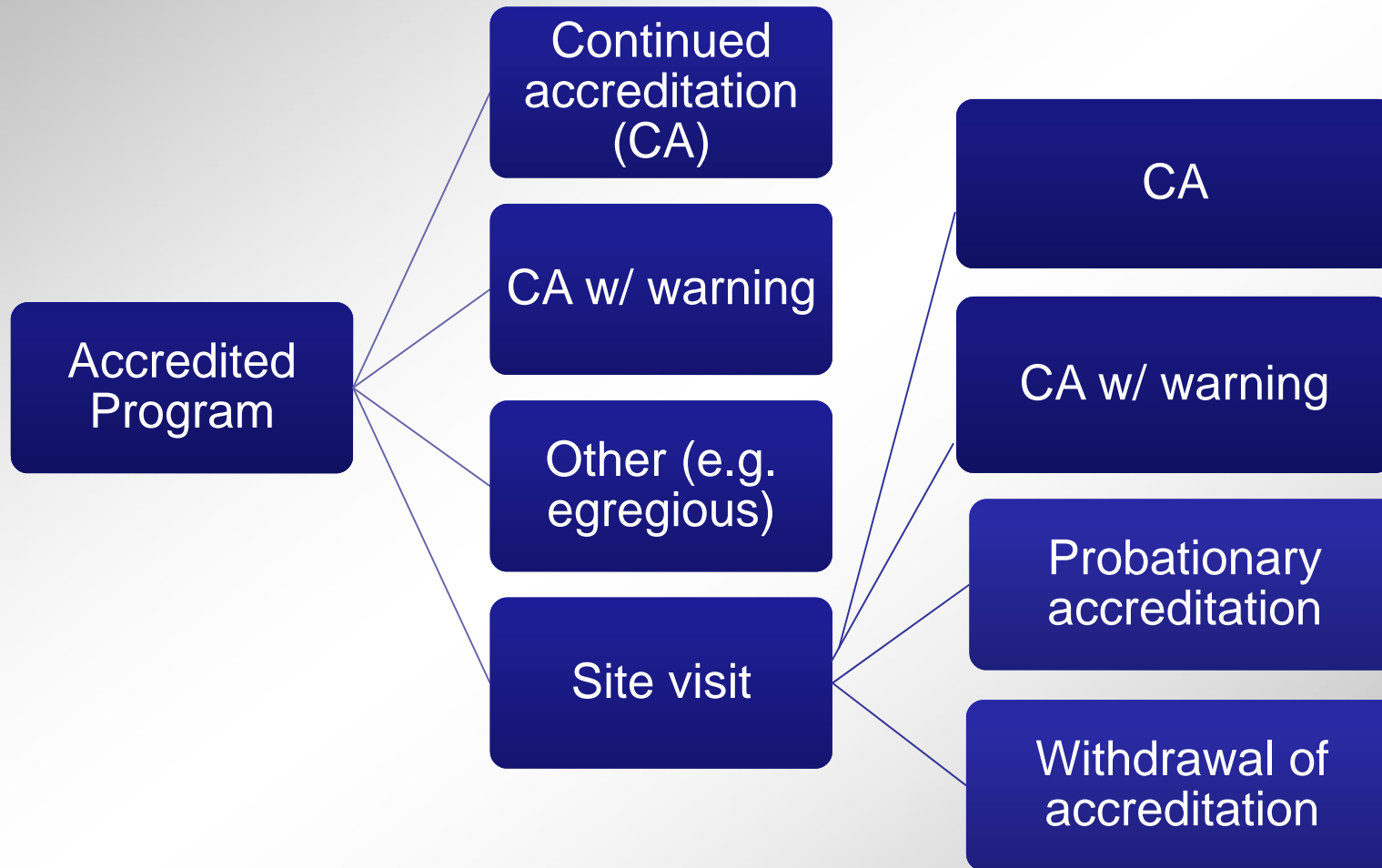
New Applications



Initial Accreditation



Continued Accreditation



ACGME

Note: After SV, any status may be granted (including withdrawal)

Citations

- Citations are given only by RC committee (not by staff)
- Require response in ADS as long as they are active
- Require an RC member to review annually
- Removed once issue is solved
 - Annual data
 - Progress report
 - Site visit



Areas for Improvement

- May be given or removed by staff (RC rules) or RC-IM
- Do not require ADS response
- Staff will know there is an “area of improvement” on annual data review
- Work in progress



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



ACGME

Focused Site Visits

- *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



ACGME

Focused Site Visits

- Minimal notification given (~ 1 month)
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) looked at as instructed by the RRC



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
- Notification given ~ 60 days
- Minimal document preparation
- Team of site visitors



What happens *after* data are reviewed?

- “Cycle Lengths” will not be given – that’s OAS, not NAS
- *Citations* may be given or removed
- *Areas for Improvement* may be given
 - *Areas for Improvement* are different from citations
 - Will not be reviewed annually by RC
 - Are not necessarily linked to a PR
 - Programs do not need to provide response in ADS
 - RC will monitor whether addressed using annual data
- Status Options:
 - Continued Accreditation ■
 - Accreditation with Warning ■
 - Probationary Accreditation * ■
 - Withdrawal of Accreditation * ■

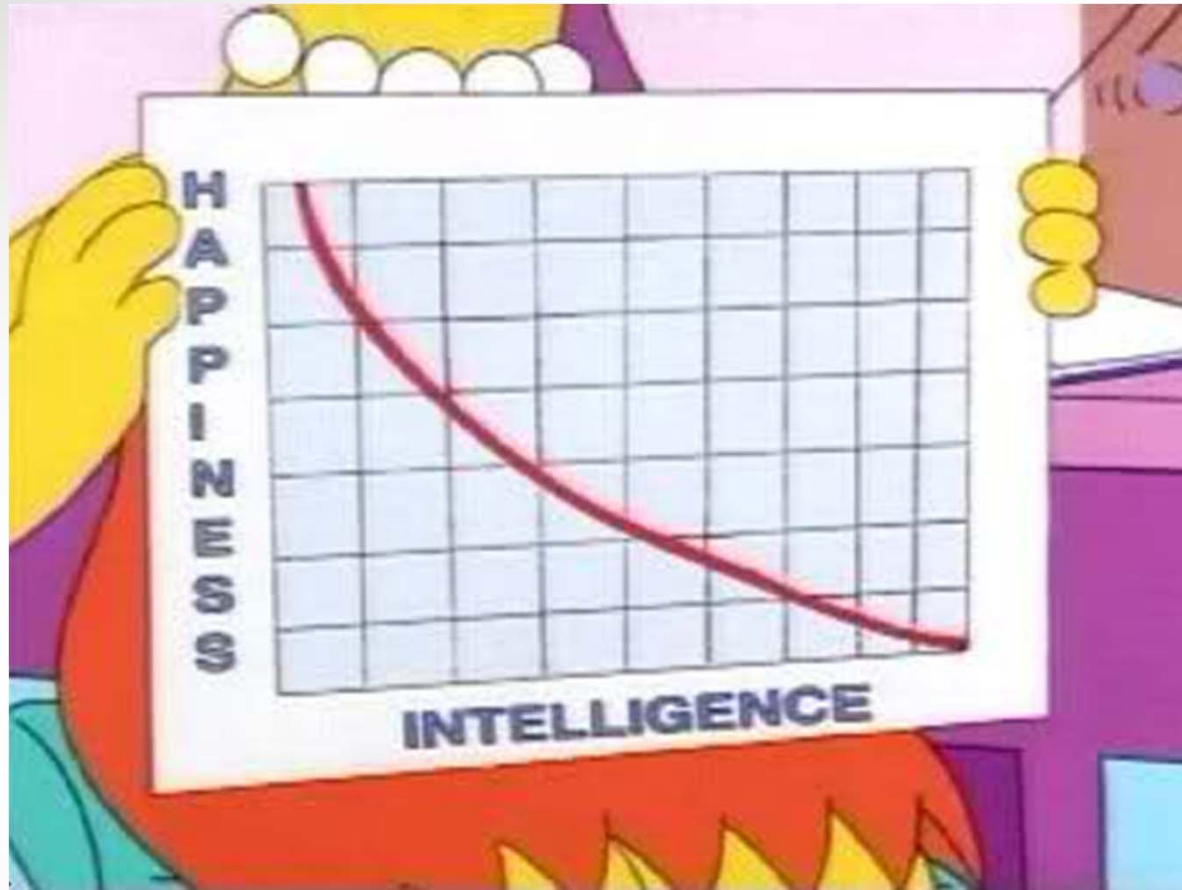
* *Status conferred only after a site visit.*



ACGME

NAS and Self-Study Visits

What is a self-study visit?



ACGME

What is a Self-Study Visit?

- Not fully developed
- Scheduled every ten years
- Conducted by a team of visitors
- Minimal document preparation
- Interview residents, faculty, leadership



ACGME

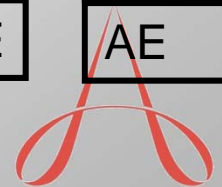
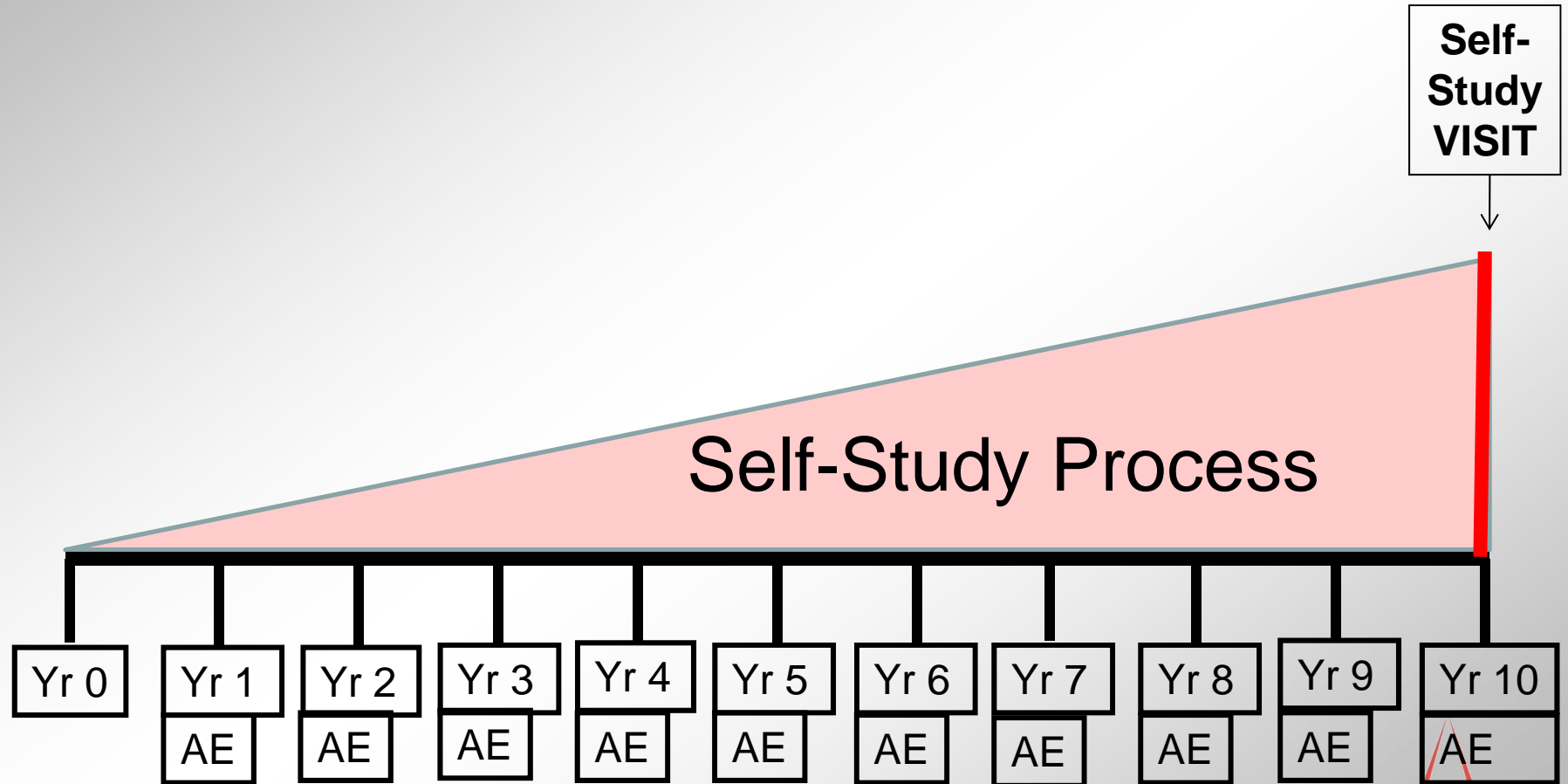
What is a Self-Study Visit?

- Examine annual program evaluations
 - Response to citations
 - Faculty development
- Focus: Continuous improvement in program
- Learn future goals of program
- Will verify compliance with core requirements



ACGME

Ten Year Self-Study Visit



ACGME

Accreditation & Innovation

- Program Requirements (PRs) classified:
 - Outcome
 - Core
 - Detail
- Programs in good standing:
 - May freely innovate in detail standards



Clinical Competency Committee

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

- At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. (Core)
- There must be a written description of the responsibilities of the Clinical Competency Committee. (Core)



ACGME

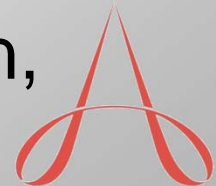
Clinical Competency Committee

The Clinical Competency Committee should:

review all resident evaluations semi-annually;
(Core)

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

advise the program director regarding resident progress, including promotion, remediation, and dismissal. (Detail)



ACGME

Clinical Competency Committee

Composition

- PR's do not specify composition; each program may decide best structure
- PR's do not limit PD's role
- PR's do not define specialty, degree, role for members of CCC
- “Best practices” may be defined by community
- New FAQ's are posted



Where did the NAS annual data elements come from?



ACGME

Annual Data Review Elements

The following are the “primary” annual data elements:

- 1) Program Attrition*
- 2) Program Changes*
- 3) Scholarly Activity*
- 4) Board Pass Rate*
- 5) Clinical Experience Data*
- 6) Fellow Survey*
- 7) Faculty Survey*
- 8) Milestones*



ACGME

Where did the NAS annual data elements come from?

History of prior accreditation decisions

Data analysis & modeling

Analysis to determine what combination of data elements may predict a “problem” program.

Adequate sensitivity
Minimize false negative and positives
Importance of trends

Understand that this is a...



New data elements will likely be introduced in future.

ACGME

Data Modeling

- In 2009, data modeling project began to identify factors that predicted high and low program performance
- A number of statistical methods were used
- Model was replicated using more recent data
- Indicators were assessed to determine “relative risk” to predict low performance



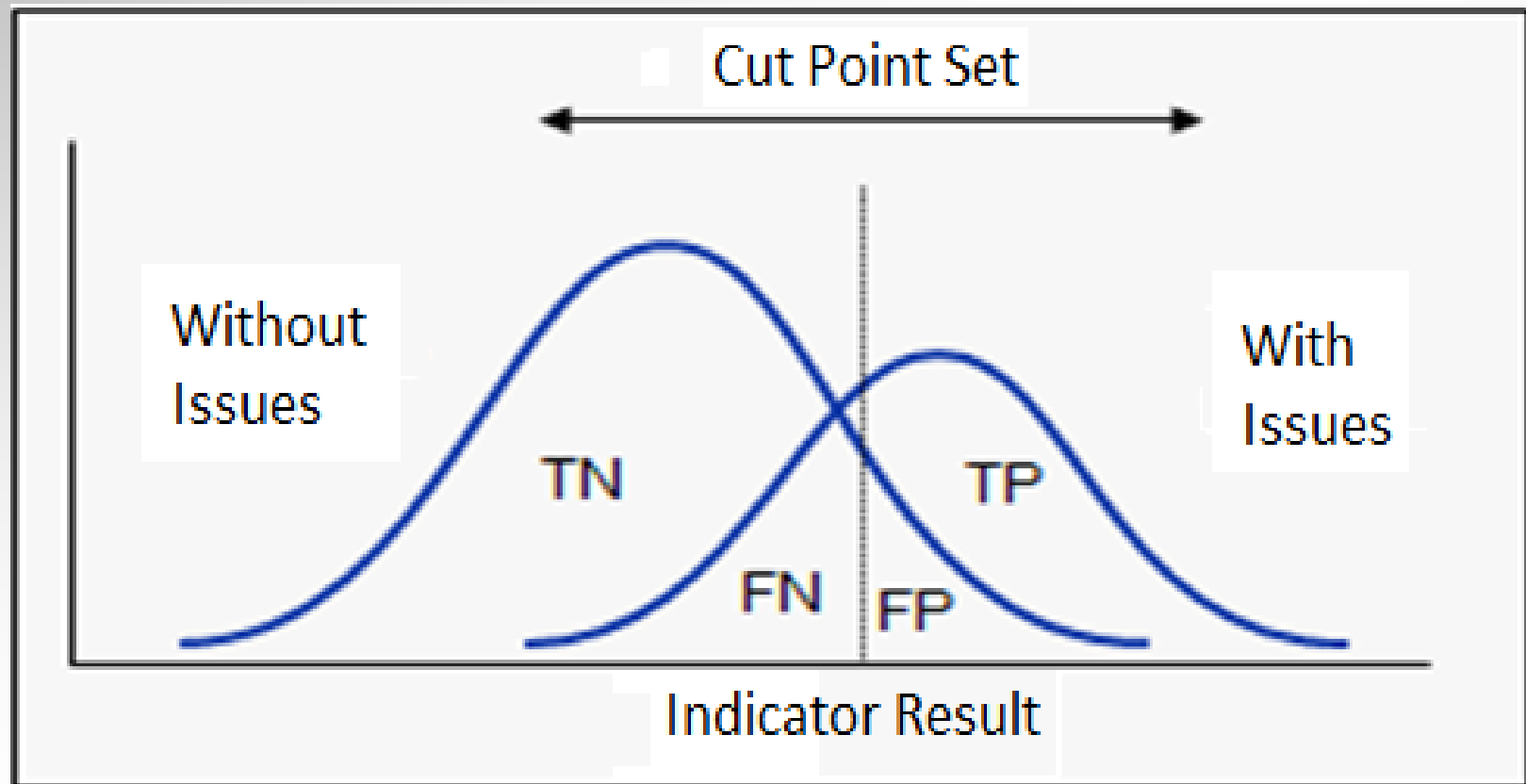
ACGME

Selection of Indicators

- Obtainable
- Meaningful
- Correlates w/ prior decisions
- Passed statistical “muster”
- Used in combination

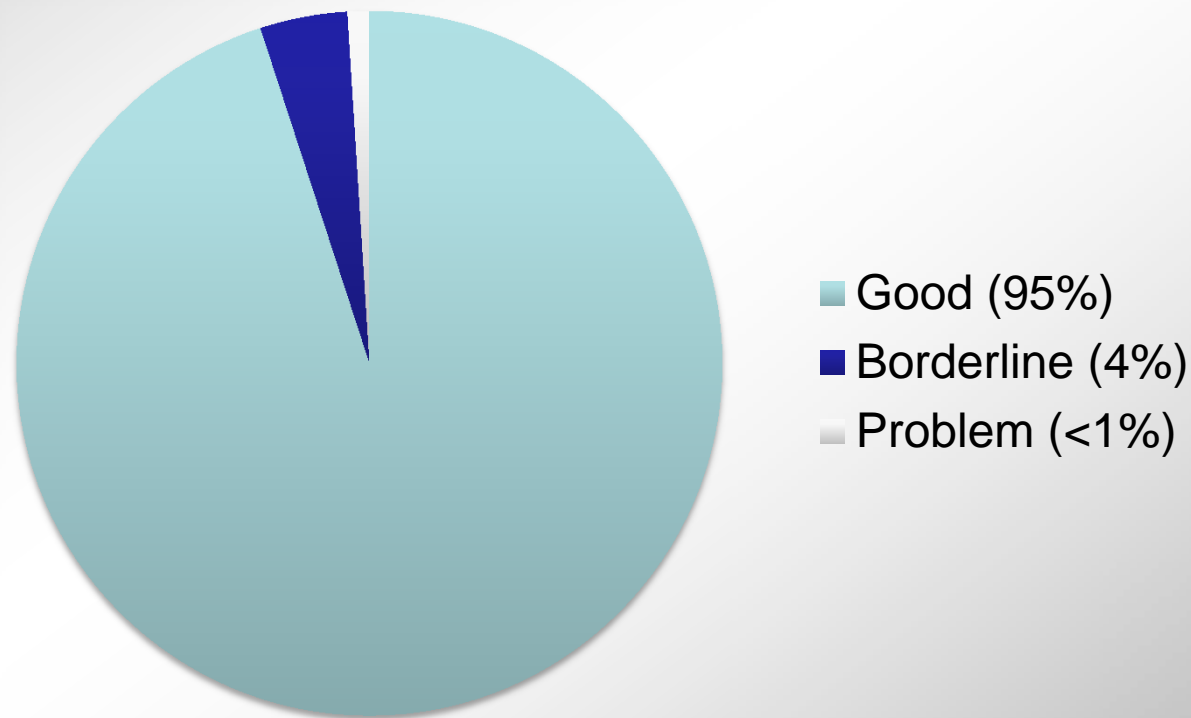


Categorizing Programs Using Indicators



Accredited Programs

N = 9,022



What happened when predictions from NAS data were compared to actual accreditation decisions (IM core programs)?

		Indicators (detected issue) Screening Detected Concerning Parameters			
		NO		YES	
		None	1	2	≥3
Previous Real Issue ¹	NO	Continued Accreditation			2%
	YES	Accreditation w/Warning	2%		

- 1 “Real Issue” defined as most recent accreditation decision (up to 5 years earlier)



Using Indicators to Screen Programs

IM Core Programs

		Indicators (detected issue) Screening Detected Concerning Parameters				
		NO		YES		
		# of Indicators Failed	None	1	2	≥3
Previous Real Issue ¹	NO	Continued Accreditation				2%
	YES	Accreditation w/Warning	2%			

New Problem since last review:
8 of 9 programs have most recent Certification Board Pass Rate below 80%



ACGME

Using Indicators to Screen Programs

IM Core Programs

		Indicators (detected issue)			
		Screening Detected Concerning Parameters			
		No	Yes		
# of Indicators Failed Accreditation Status		None	1	2	≥3
		NO	Continued Accreditation		
YES	Accreditation w/Warning	2%			

Improving

8 of 9 have since been reviewed by RRC-IM. Issued Continued Accreditation, Cycle Length >2 years.
–no longer on warning



ACGME

Work of the RRC in NAS

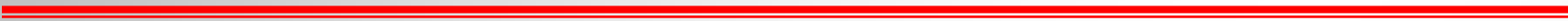
- Utilize data and judgment to:
 - Concentrate efforts on problem programs
 - Determine whether accreditation standards are violated and provide useful feedback for programmatic improvement
 - Whether these violations (citations) rise to a level requiring alteration in accreditation status
 - Motivate programs to rapidly improve, rather than playing the “accelerating accreditation action game”
 - Over time, understand and refine the nuances of the process
- Conduct complete review of the program q10 years, using a “PIF-less”, team based, department wide evaluation of programs



Thank you!

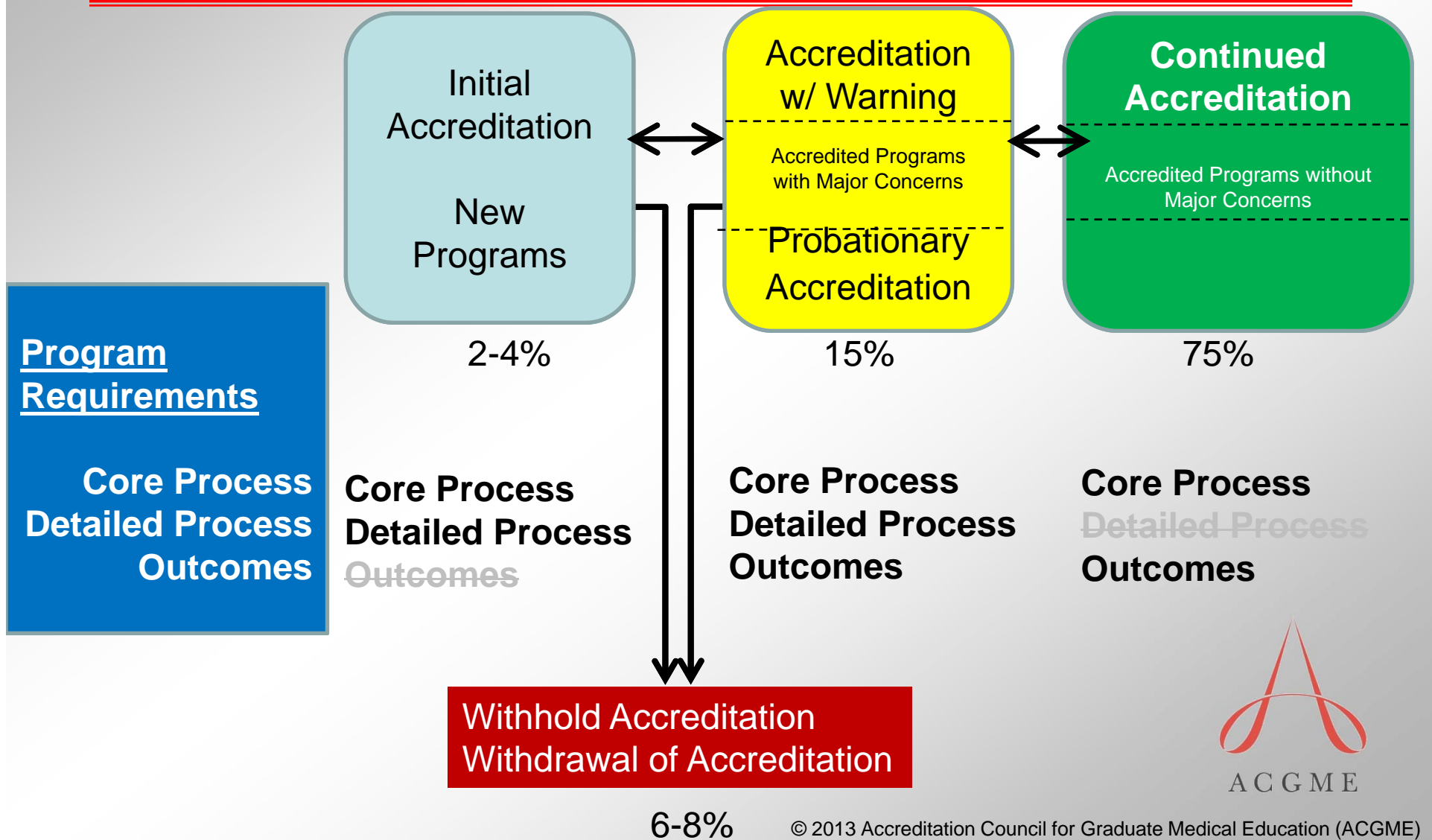


ACGME



ACGME

Conceptual Model of NAS



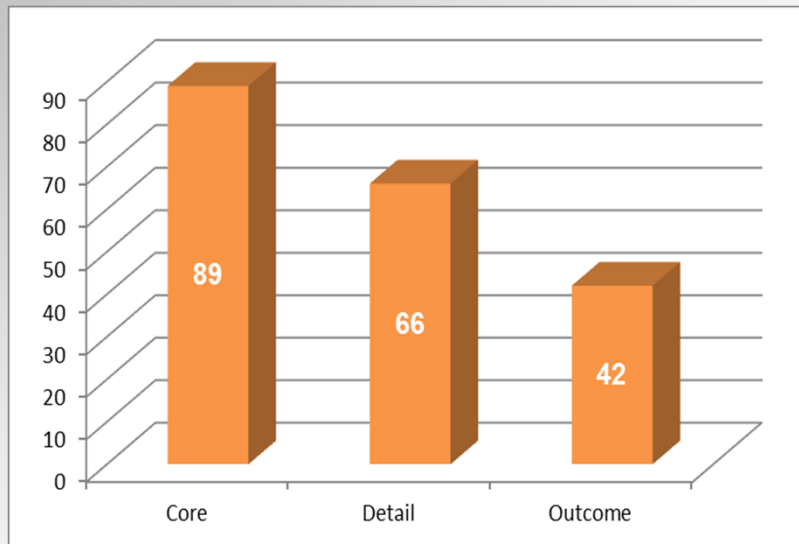
It should allow you to “innovate”

NAS = *Innovation without permission.*



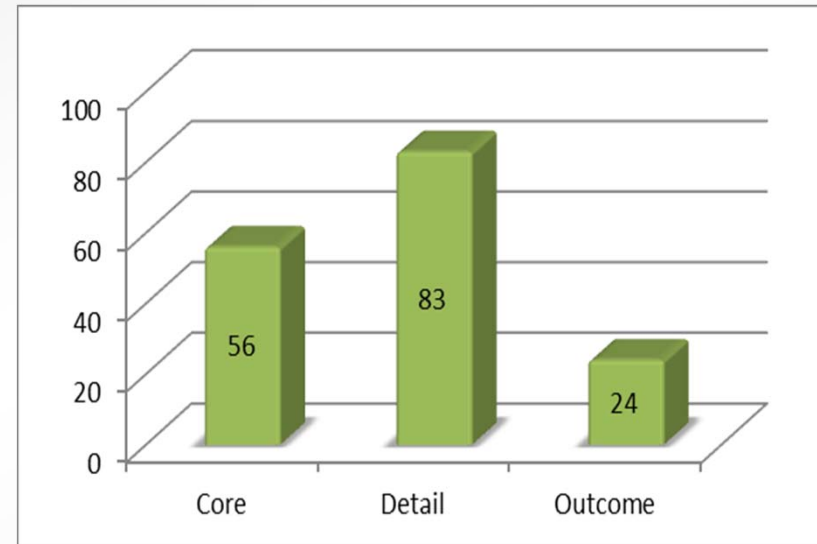
ACGME

Categorization of Program Requirements (Example of IM)



Common Program Requirements		
	Total #	%
Core	89	45%
Detail	66	34%
Outcome	42	21%

Majority of Common PRs -- “core”



IM Program Requirements		
	Total #	%
Core	56	34%
Detail	83	51%
Outcome	24	15%

Majority of IM PRs -- “detail”



ACGME

RRC-IM

- 3 nominating organizations - ABIM, ACP, AMA
- Currently 20 voting members
- 6 year terms -- except resident (2 years)

- **Generalists and subspecialists**

Cardiology, CCEP, Critical Care Medicine, Endocrinology, Gastroenterology, General Internal Medicine, Geriatric Medicine, Hematology/Oncology, Infectious Disease, Medicine-Pediatrics, Nephrology, Pulmonary/Critical Care Medicine, Rheumatology, Sleep Medicine, Transplant Hepatology

- **Ex-officio members from each nominating organization (non-voting)**



ACGME

Who is the RRC-IM?

James A. Arrighi, MD – Chair

Beverly M.K. Biller, MD

Robert Benz, MD

Christian Cable, MD

Andres Carrion, MD

Gates Colbert, MD

E. Benjamin Clyburn, MD – Vice-Chair

John Fisher, MD

Andrew S. Gersoff, MD

Lynne Kirk, MD

Betty Lo, MD

Brian Mandell, MD

Furman McDonald, MD

Elaine A. Muchmore, MD

Susan Murin, MD

Victor J. Navarro, MD

Andrea Reid, MD

Ilene Rosen, MD

Stephen M. Salerno, MD

Jennifer C. Thompson, MD



ACGME

Information on NAS:

<http://www.acgme-nas.org/>



Accreditation Council for
Graduate Medical Education

Home

ACGME Role and Vision

The Next Accreditation System:
Rationale and Benefits

Newsroom


The Next Accreditation System



The Accreditation Council for Graduate Medical Education is a private, non-profit council that evaluates and accredits more than 9,000 residency programs in 135 specialties and subspecialties in the United States, affecting more than 116,000 residents. Its mission is to improve health care in the U.S. by assessing and advancing the quality of graduate medical education for physicians in training through accreditation.

This website shares background and detail regarding the ACGME's next accreditation system, an outcomes-based accreditation process through which the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21st century.

Recent News

-  **Announcement From ACGME CEO Dr. Thomas J. Nasca, February 22, 2012**
I am pleased to tell you that today, the ACGME announced the rollout of the Next Accreditation System (NAS) in the online issue of the *New England Journal of Medicine*. The NAS is a significant evolution of

Perspectives on the Next Accreditation System



Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for
Graduate Medical Education
Professor of Medicine,
Jefferson Medical College of
Thomas Jefferson University



Kathleen Klink, MD
Director, Division of Medicine
and Dentistry
Bureau of Health Professions
Health Resources and
Services Administration



Eric Holmboe, MD
Chief Medical Officer
American Board of Internal
Medicine



Carol A. Aschenbrenner, MD
Chief Medical Education Officer
Association of American
Medical Colleges

ACGME