

Accreditation Council for Graduate Medical Education

Next Accreditation System RRC Update

Pamela Derstine, PhD, MHPE
Orthopaedic Surgery RRC Executive Director

*Association of Residency Coordinators in Orthopaedic Surgery
11th Annual Meeting, New Orleans LA
March 12, 2014*



Topics

- RRC News
- Program Accreditation Activities
- RRC Accreditation Activities
- Site Visits
- What About CLER?
- Your Questions and Concerns

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RRC News: Staff

- Pamela Derstine PhD MHPE, executive director
- Susan Mansker, associate executive director
- Jennifer Luna, accreditation administrator
(on leave through mid-June)
- Deidre Williams BA, accreditation assistant
(**primary program contact through mid-June**)
- Noelle Volovic, ADS Support



RRC News: Members

- Three nominating organizations
 - ABOS
 - AAOS
 - AMA
- 6 year terms (non-renewable)
 - Members do NOT represent the nominating organization
 - Members' fiduciary responsibility is to the ACGME only
- 1 resident member
 - 2 year non-renewable term
 - Solicitation through email to all program directors



RRC News: Members

- RRC Chair – 3 year non-renewable term
 - Member of Council of Review Committee Chairs (meets twice a year)
- RRC Vice Chair – 2 year renewable term

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RRC News: Members

- Larry Marsh MD, University of Iowa (ABOS) **Chair**
 - term ends 6/30/2016
- Terry Thompson MD, Howard University (ABOS) **Vice Chair**
 - term ends 6/30/2015
- Michelle James MD, Shriners Hospital for Children (ABOS)
 - term ends 6/30/2014
 - **NEW MEMBER:** Peter Murray MD Mayo Clinic FL (term begins 7/1/2014)

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RRC News: Members

- Vincent Pellegrini MD, Medical University of SC (AAOS)
 - term ends 6/30/2014
 - **NEW MEMBER:** Dawn LaPorte MD, Johns Hopkins University (term begins 7/1/2014)
- Lynn Crosby MD, Georgia Regents University (AAOS)
 - term ends 6/30/2018
- Terry Light MD, Loyola University (AAOS)
 - term ends 6/30/2018

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RRC News: Members

- Craig Roberts MD, University of Louisville (AMA)
 - term ends 6/30/2014
 - **NEW MEMBER:** Paul Juliano MD, Penn State (term begins 7/1/2014)
- Dale Blasier MD Arkansas Children's Hospital (AMA)
 - term ends 6/30/2017
- Theodore Parsons MD, Henry Ford (AMA)
 - term ends 6/30/2019
- Jeanne Franzone MD, Columbia University (resident)
 - term ends 6/30/2015

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RRC News: Members

- Shep Hurwitz MD (ABOS ex-officio member)
 - Current ABOS Executive Director
 - Non-voting
 - Provides ABOS updates and information as needed during RC meetings

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RRC News: Members



- PUBLIC MEMBER (1 per RC) Policy 9.00
 - Not a physician (nurses and affiliated healthcare providers permitted)
 - Not a member or employee of an organization with a vested interest in outcome work of RC
 - Not employed by same program, institution, or affiliated institution as current RC members
 - Evidence of distinguished and advanced career, leadership and membership in public organizations
 - 6 year term, full voting privileges
 - First public member term expected to begin 7/1/2015

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RRC News: Single Accreditation System

- AOA and AACOM will become ACGME member organizations
 - Phased-in membership on ACGME Board
 - Phased-in membership on RCs
- There will be osteopathic-focused programs under ACGME accreditation
 - Osteopathic Principles Committee will review osteopathic aspects
- DO and MD graduates will have access to all GME programs
 - Pre-requisite competencies and training for MD graduates to apply to osteopathic-focused program



RRC News: Single Accreditation System

- AOA-accredited programs may apply for ACGME-accreditation 7/1/2015-6/30/2020
 - ACGME-accredited osteopathic programs with a DO program director must also have an MD co-program director
 - ACGME program requirements otherwise remain unchanged
 - 39 AOA-accredited core orthopaedic surgery programs
 - AOA-accredited orthopaedic surgery fellowships: hand (1); musculoskeletal oncology (1); sports (22)
 - Graduates from AOA core programs that have applied for ACGME accreditation must meet fellowship eligibility requirements in effect 7/1/2013



RRC News: Fellowship Eligibility

- Current Requirement Int.C: Fellowship education should take place after completion of an accredited orthopaedic surgery residency
 - Exceptions permitted as long as they are rare
 - Hand permits ACGME, RCPSC, or AOA orthopaedic, general or plastic surgery residency (Int.C.2)
- New Requirement III.A. effective 7/1/2016
 - Requires completion of either ACGME-accredited or RCPSC-accredited orthopaedic surgery residency



RRC News: Fellowship Eligibility

- New eligibility exception requirements III.A.2 effective 7/1/2016
 - “Exceptionally qualified”
 - Completed non-ACGME-accredited core orthopaedic surgery residency
 - Demonstrated clinical excellence compared to peers throughout training
 - Additional: e.g., additional clinical or research training; demonstrated scholarship; demonstrated leadership; completion of ACGME-I accredited residency



RRC News: Fellowship Eligibility

- New eligibility exception requirements III.A.2 effective 7/1/2016
 - Must be reviewed and approved by the GMEC or GMEC subcommittee
 - Satisfactory completion of USMLE Steps 1, 2, and, if eligible, 3
 - ECFMG verification if international
 - Evaluation by CCC using the fellowship milestones within 6 weeks of matriculation
 - Waived if graduate of ACGME-I program
 - Remediation overseen by GMEC if applicant does not meet entry milestones
 - Remediation time does not count toward required 12 months training



RRC News: Independent Subspecialties

Policies and Procedures: 7/1/2013

- Effective 7/1/2013, the ACGME will not accredit new independent subspecialty programs
- An independent subspecialty program within an institution that also sponsors a core residency program* must function as a dependent subspecialty program to the core program
 - * 73% of all orthopaedic fellowship programs



RRC News: Independent Subspecialties

Definitions:

- **Stand-alone subspecialty****: a program within an institution that does NOT sponsor a core residency program
 ** 27% of all orthopaedic fellowship programs
- **Single Program Institution (SPI)*****: a program within an institution that sponsors ONLY the fellowship program
 *** 17% of all orthopaedic fellowship programs

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RRC News: Stand-alone Programs

- If the stand-alone program is within an ACGME-accredited sponsoring institution that is accredited under the authority of the Institutional Review Committee, no action is needed.
- If the stand-alone program is also an SPI, then one of the following actions is needed:
 1. Become an ACGME-accredited sponsoring institution under the oversight of the ACGME Institutional Review Committee OR
 2. Change sponsorship to a geographically proximate institution that is currently ACGME-accredited under the oversight of the ACGME Institutional Review Committee

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RRC News: Stand-alone Programs

- SPI programs that choose option 1 will automatically come under IRC accreditation authority as a sponsoring institution AND will remain under RRC accreditation authority as a program
 - Further communication from the IRC to such SPIs will be forthcoming
- SPI programs that choose option 2 should contact the RRC executive director for further information
 - This option is available at any time

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RRC News: Case Log Guidelines

- Residents may enter as many codes as applicable for each case but must identify the **primary code**
- Multiple index procedures done during a single patient operation may be logged as separate cases
- Two residents participating in a bilateral case should each log the case separately, indicating the appropriate level of participation

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RRC News: Case Log Guidelines

- **Level 1 - Primary or Supervising resident surgeon** – The resident is scrubbed on the case and participates in preoperative assessment and planning.
 - ❖ Primary – the resident performs key portions of the procedure.
 - ❖ Supervising – the resident surgeon guides another resident through key portions of the procedure.
- When a resident acts as a supervising surgeon and another resident is the primary surgeon both of the residents may log the case as Level 1.
- **Level 2 - Assisting resident surgeon** – The resident is scrubbed on the case and participates in preoperative assessment and planning and assists a more senior surgeon in the key portions and may participate in opening or closing or other non-key portions.

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RRC News: Case Log Guidelines

- Residents should log procedural experiences as either **Level 1** or **Level 2**. They should not log the procedure if they participate at less than these levels. All procedures at both levels require appropriate faculty supervision and participation in the case.
- At this time both **Level 1** and **Level 2** participation will count towards meeting the minimum number requirements.

These changes will appear in the next case log update (~ 1-2 weeks)

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RRC News: Case Logs

Defined Case Category	Min #	Defined Case Category	Min #
Knee Arthroscopy	30	Ankle Fracture Fixation	15
Shoulder Arthroscopy	20	Closed Reduction Forearm/Wrist	20
ACL Reconstruction	10	Ankle/Hind/Mid Foot Arthrodesis	5
THA	30	Supracondylar Humerus Perc	5
TKA	30	Femur/Tibia Intramedullary Fixation	25
Hip Fractures	30	All Pediatric Procedures	200
Carpal Tunnel Release	10	All Oncology Procedures	10
Spine Decompression / Posterior Spine Fusion	15		

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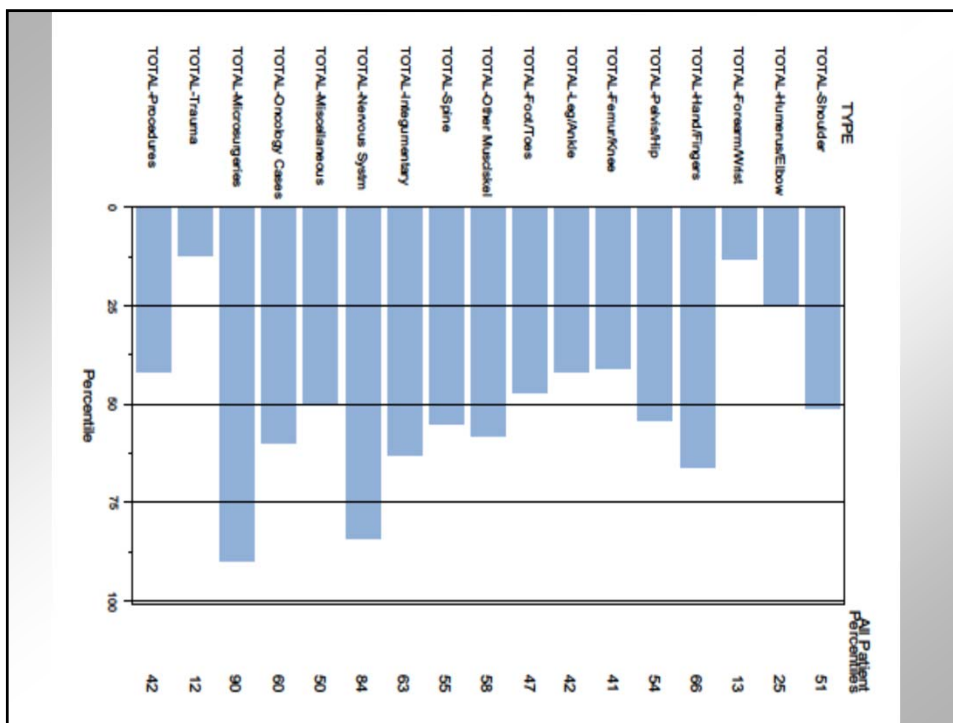
RRC News: Case Logs

The following was reviewed for each program as part of the first NAS program review:

- Minimum Number Report for 15 defined case categories (representative procedures)
- Minimum 1000/maximum 3000 procedures logged by each graduating resident [program requirement IV.A.6.e).(1)]
- Percentile “blue bar” Report for anatomic areas

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[PART 1]	Programs in the Nation: 149	Residents in the Nation: 675	Residents in this Program: 6	
	Prog AVE	Min Req	Num of Res Bel Min	Natl Prog AVE
Defined Categories				
Knee Arthroscopy	116.7	30	0	164
Shoulder Arthroscopy	126.2	20	0	131
ACL Reconstruction	34.3	10	0	31
THA	107.0	30	0	85
TKA	114.0	30	0	118
Hip Fractures	39.2	30	1	52
Carpal Tunnel Release	52.0	10	0	35
Spine Decompression/Fusion	55.2	15	0	51
Ankle Fracture Fixation	48.8	15	0	64
Closed Reduction Forearm/Wrist	9.3	20	6	38
Ankle/Hind/Mid Foot Arthro	12.7	5	0	13
Supracondylar Humerus Perc	11.7	5	1	14
Femur/Tibia Intra-medullary Fixation	31.8	25	1	46
Oncology Procedures	39.7	10	0	41
Pediatric Procedures	386.5	200	0	538



RRC News: Case Logs

- CPT code list for each DCC:
http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/260_OR_S_Case_Log_Minimum_Numbers.pdf
- Case Log FAQs (see orthopaedic surgery FAQs):
http://www.acgme.org/acgmeweb/Portals/0/PDFs/FAQ/260_Orthopaedic_Surgery_FAQs.pdf
- Case logs specific for each subspecialty*
under development; min. number requirements to follow

*as has already been done for hand

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RRC News: Milestones

- The first milestone reports for orthopaedic residents were submitted to ACGME via ADS in December 2013
- The second reports will be submitted to ACGME via ADS May 1-June 15, 2014
- The RRC will see aggregated results as part of the January 2015 annual program review

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RRC News: Milestones

- Milestones for all 8 subspecialties now available on the RRC website
- Fellowship programs should be forming their Clinical Competency Committee and establishing a milestone evaluation process

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The screenshot displays the RRC website interface for Orthopaedic Surgery. It is divided into several sections:

- Orthopaedic Surgery**: A header section with a list of documents including Institutional Case Report Form, Case Log Guidelines, Case Log Minimum Numbers, Case Log Statistical Reports, Case Log for Hand Surgery Fellows Update, and Resident Complement.
- Program Requirements**: A section with three categories: Currently In Effect, Approved but not in Effect, and Approved but not in Effect 2016.
- Milestones**: A section with a red border containing a list of eight subspecialty milestones: Orthopaedic Surgery, Orthopaedic Trauma Milestones, Foot and Ankle Milestones, Pediatric Orthopaedic Surgery Milestones, Adult Reconstructive Surgery Milestones, Musculoskeletal Oncology Milestones, Orthopaedic Sports Medicine Milestones, Spinal Orthopaedic Surgery Milestones, and Hand Surgery Milestones.
- STAFF / RC MEMBERS**: A sidebar listing staff members: Derstine, Pamela (Executive Director), Mansker, Susan (Associate Executive Director), Luna, Jennifer (Accreditation Administrator), and Williams, Deidre (Accreditation Assistant).
- Common Resources**: A sidebar with links to ACGME Glossary of Terms, Appointment Process for ACGME Review Committee Members, Application Instructions, Common Program Requirements (includes General Competencies), Common Program Requirements FAQs, and Eligibility Exception Decisions by Specialty.

RRC News: Program Review

Common Program Requirements for Resident Evaluation (V.A.1): Effective 7/1/2013

- The program director must appoint the Clinical Competency Committee.
- CCC must have at least three program faculty.
- CCC members may also include non-physician members of the health care team.
- **Residents and fellows may NOT be members of the CCC**

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RRC News: Fellowship Milestones

- First milestone evaluation period: 7/1/14-12/31/14
 - First milestone reporting period: 11/1/2014 – 12/31/2014
- Second milestone evaluation period: 1/1/2015 – 6/30/2015
 - Second milestone reporting period: 5/1/2015-6/15/2015
- The RRC will see aggregated results as part of the January 2016 annual program review

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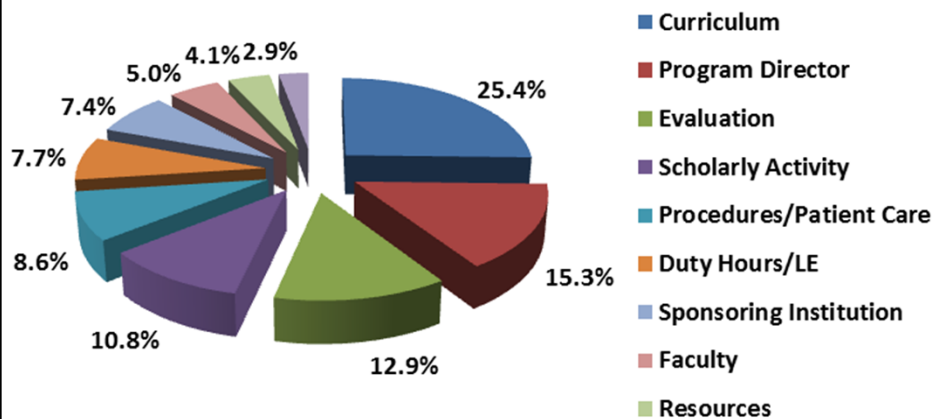


RRC News: Accreditation Statistics Current

Number Accredited Programs		
Accreditation Status	Core	Subs
Continued Accreditation	138	225
Continued Accreditation w/Warning	13	7
Initial Accreditation	4	20
Initial Accreditation w/Warning	0	2
Probation	1	0
TOTAL	156	254

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Citation Frequency 2009-2013



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RRC News: Accreditation Statistics Current

Number Accredited Programs					
Subspecialty	TOTAL	Continued	Continued w/W	Initial	Initial w/W
Adult Recon	21	20		1	
Foot/Ankle	7	7			
Hand	65	58		7	
Pediatric	26	21		5	
Spine	18	13	3	1	1
Sports	96	86	4	5	1
Trauma	10	9		1	
Oncology	11	11			

RRC News: Accreditation Statistics Current

Annual Review Meeting Decisions	Core	Subs
Complement Increases		
# Requested/# Approved	6/3	6/5
Site Visits Requested		
# Full/Focused	6/1	1/0
Progress Reports		
# Reviewed/Requested	3/0	6/2

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RRC News: Resident Statistics AY 12/13

Total Residents Core: 3523

% Male/Female/Unknown	82.2%	13.4%	4.4%
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Total Fellows: 509

% Male/Female/Unknown	80%	13.3%	7.7%
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RRC News: Resident Statistics AY 12/13

Resident Medical School (%)	CORE	SUBS
Canadian	0	2.7%
International	2.3%	11%
Osteopathic	0.9%	6.5%
LCME	96.8%	79.8%
US Medical School Unknown	0	0

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RRC News: Complement Changes

- RRC approves by year and total
- Deviations from approved by year permitted as long as the total approved number is not exceeded
 - Program must manage subsequent matriculants so as to not exceed total approved number
 - Temporary increases will not be granted due poor planning!
 - Deviations from approved by year numbers should be rare
- Information required for RRC approval:

http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/260_resComp.pdf



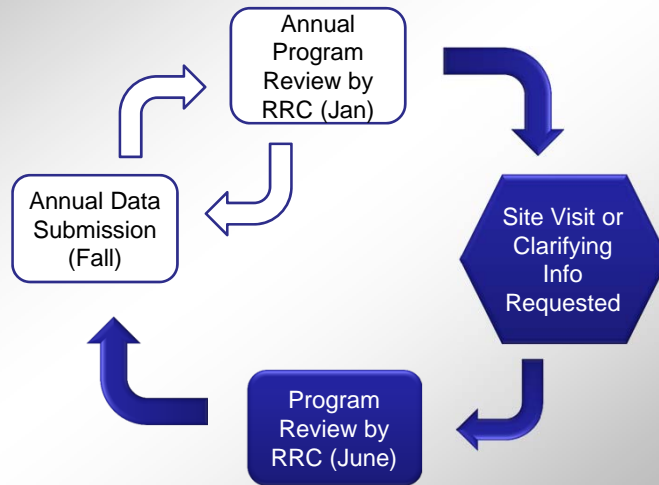
Program Accreditation Activities

- Annual data submission
- Respond to other *possible* RRC requests:
 - **Clarifying information** (information needed prior to annual accreditation decision)
 - Focused site visit (prior to annual accreditation decision)
 - Full site visit (prior to annual accreditation decision)
 - **Progress reports** (following annual accreditation decision; linked to citations)
- Annual Program Evaluation
- Self-study visit every ten years



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Next Accreditation System: Key Features



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Annual Data Submission

- **Annual ADS Update**
 - Program Changes – Structure and resources
 - Program Attrition – PD / core faculty / residents
 - Scholarly Activity – Faculty and residents
- Clinical Experience – Case logs
- Resident Survey – Common and specialty elements
- Faculty Survey
- Semi-Annual Resident Evaluation and Feedback
 - Milestones
- Omission of data
- Board Pass Rate – 5 year rolling average (reported directly by ABOS)

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Annual Data Submission

- **Annual ADS Update**

- **Program Changes – Structure and resources**

- ❖ Participating Site information (e.g., PLA on file, distance from primary site, rationale, rotation months)
 - ❖ Current Block Schedule: programs must follow instructions and use the block schedule template provided

<https://www.acgme.org/ads/Content/Downloads/BlockDiagramInstructions.pdf>

- Make sure the block schedule and participating site information are consistent!

- ❖ Sponsoring institution information (e.g., DIO, participating sites, other sponsored programs)



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Year 1	Block	1	2	3	4	5	6
Rotation		Ortho-Ped Ortho-ACH	Ortho-Gen Surg-SVMC	Ortho- ER-BMC	Ortho- Plastics/Burn Care-ACH	Ortho- Trauma-UAMS	Ortho-Gen Surg/Trauma-UAMS
Location		Arkansas Children's	St. Vincent Infirmar	Baptist Medical Cent	Arkansas Children's	UAMS	UAMS
% Outpatient		0	0	0	0	0	0
% Research		0	0	0	0	0	0

Table for each
PG level

Block Comments: Block 2: 2 month rotation
Block 3: ER Baptist is a one month rotation
Block 4: Plastics is a one month rotation
Block 5: Gen Surg/Trauma is a 2 month rotation

General Comments:

Year 2	Block	1	2	3	4
Rotation		Ortho- Spine-ACH	Ortho-Gen Ortho-VA	Ortho- Foot/Ankle-VA	Ortho-Adult Recon -SVIH
Location		Arkansas Children's	Central Arkansas Vet	Central Arkansas Vet	St. Vincent Infirmar
% Outpatient		0	0	0	0
% Research		0	0	0	0

Additional information
provided as needed

Block Comments:

General Comments:

Year 3	Block	1	2	3	4
Rotation		Sports Rotation	Ortho- Oncology-VA	Hand/Shoulder Rotation	Ortho- Trauma-UAMS
Location			Central Arkansas Vet		UAMS
% Outpatient		0	0	0	0
% Research		0	0	0	0

Rotation and location identified by
name; can be cross-checked with
participating site information

Block Comments: Block 1: Sports rotation is split between UAMS and SVIH for PGY 3 and PGY 4

Possible Sports Rotation: (UAMS)

Block 3: Hand/Shoulder rotation is a split rotation at UAMS for PGY 3 and PGY 4

Possible Hand/Shoulder Rotation: (UAMS)

General Comments:

Year 4

Block	1	2	3	4
Rotation	Ortho-Ped Ortho-ACH	Ortho-Gen Ortho-VA	Hand/Shoulder	Sports Rotation
% Outpatient	0	0	0	0
% Research	0	0	0	0

Block Comments: Block 3: Hand/shoulder is a split rotation at UAMS for PGY 3 and PGY 4
Possible Hand/Shoulder: (UAMS)
Block 4: Sports is a split rotation between UAMS and SVIH for PGY 3 and PGY 4
Possible Sports Rotation: (UAMS)

General Comments:

Year 5

Block	1	2	3	4
Rotation	Ortho-Ped Ortho-ACH	Ortho-Gen Ortho-VA	Ortho-Adult Recon-UAMS	Ortho- Trauma-UAMS
Location	Arkansas Children's	Central Arkansas Vet	UAMS	UAMS
% Outpatient	0	0	0	0
% Research	0	0	0	0

Block Comments:

General Comments:

Time allotted for outpatient and research can be indicated for each rotation

Annual RRC Program Review

- **Annual ADS Update**

- **Program Changes – Structure and resources**

- ❖ Major changes (use this section to communicate anything important about the program that the RRC should know about, e.g., other learners!)
 - ❖ Response to current citations (if resolved on annual review, will be removed and stored in program history)
 - ❖ Duty Hour, Patient Safety, Learning Environment (17 items)
 - will be reviewed along with resident and faculty survey responses
 - ❖ Overall evaluation methods (6 items)
 - will be reviewed along with resident and faculty survey responses



Annual RRC Program Review

- **Annual ADS Update**
 - **Program Attrition – PD / core faculty / residents**
 - ❖ Program director change history since 2000
 - ❖ Program director CV
 - ❖ Program faculty basic information
 - ❖ Resident basic information
 - ❖ Change requests

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Annual RRC Program Review

- **Annual ADS Update**
 - **Scholarly Activity – Faculty and residents**
 - ❖ CV used for program director (scholarly activity for most recent five year period)
 - ❖ Scholarly activity templates used for faculty and residents
 - ❖ Scholarly activity is reported for the most recently completed academic year (12 month period, not a 5 year period) for all but the program director

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Faculty Scholarly Activity										
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
	23872716	23824397	23783215	23681407	4	13	1	5	Y	Y
	23904973	22085923	23168030		6	45	0	1	Y	Y
	23698386	23662622	23150344		2	9	3	1	Y	Y
	23818027	23413066	23657663	23657120	15	3	5	4	Y	Y
	23158043	23576937	23576941		6	5	1	0	Y	Y
	22912339	22930474	22777600	22865140	10	1	0	1	Y	Y
	22930474	22585349	22868072	22669547	55	17	0	1	Y	Y
	23489731	23219622			7	4	1	2	Y	Y
		23576917		23653040	1	4	0	0	Y	Y

- Spot check for PMID accuracy
- Most faculty should be reporting some form of scholarly activity
- Most residents should be reporting some form of scholarly activity



Annual RRC Program Review

- Residents graduating 2012-2013 and beyond are expected to demonstrate compliance with the minimum numbers
- Case Log program reports for all 2012-2013 graduates were reviewed and minimum number discrepancies cited in most cases
- Percentile “blue bar” reports reviewed: low percentile areas noted as a potential indicator of limited experience in the anatomic area

Annual RRC Program Review

- **Resident Survey – Common and specialty elements**
 - ❖ 7 survey question domains: duty hours; faculty; evaluation; educational content; resources; patient safety; teamwork
 - ❖ 70% response rate required
 - ❖ Aggregated non-compliant survey responses for each domain are reviewed; thresholds for non-compliance; trends monitored



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Annual RRC Program Review

- **Faculty Survey**
 - 5 question domains:
 - supervision and teaching
 - educational content
 - resources
 - patient safety
 - teamwork
 - 60% response rate required
 - **First RRC review of faculty survey data: January 2014**
 - Compliance metrics not yet developed; note when non-compliant areas are consistent between resident and faculty surveys



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Annual RRC Program Review

- **Milestones**

- ❖ First milestone evaluation period:
July – December 2013
- ❖ First milestone reports to ACGME:
11/1-12/31 2013
- ❖ Second milestone evaluation period:
January – June 2014
- ❖ Second milestone reports to ACGME:
5/1-6/15 2014
 - All graduating residents must be evaluated for all milestones
- ❖ First RRC review of milestone data: January 2015

Annual RRC Program Review

- **Annual ADS Update**

- **Omission of data**

- ❖ If any required annual ADS update information is missing, the program will be flagged by the NAS data system
- ❖ Data omission could result in an altered accreditation status
- ❖ Most common data omissions:
 - Faculty subspecialty field and/or certification status
 - Less than required survey response rate

Annual Data Submission

RRC Review Date: January 2014

Data (AY 2012/13)	Submission Date
Annual ADS Update*	Aug-Sep 2012
Resident Survey	Feb-Mar 2013
Faculty Survey	Feb-Mar 2013
Case logs	Sep 2013
Board Pass Rate (ABOS)	June 2013
Milestones	n/a

* Scholarly activity reported for AY 2011-2012



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Annual Data Submission

RRC Review Date: January 2015

Data (AY 2013/14)	Submission Date
Annual ADS Update*	Aug-Sep 2013
Resident Survey	Feb-Mar 2014
Faculty Survey	Feb-Mar 2014
Case logs	Sep 2014
Board Pass Rate (ABOS)	June 2014
Milestones (core only)	Dec 2013; June 2014

* Scholarly activity reported for AY 2012-2013



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Annual Data Submission

RRC Review Date: January 2016

Data (AY 2014/15)	Submission Date
Annual ADS Update*	Aug-Sep 2014
Resident Survey	Feb-Mar 2015
Faculty Survey	Feb-Mar 2015
Case logs	Sep 2015
Board Pass Rate (ABOS)	June 2015
Milestones (core and fellowships)	Dec 2014; June 2015
Self-study Visit Reports	Fall 2015 (some programs)

* Scholarly activity reported for AY 2013-2014



RRC Accreditation Activities

- RRC January 2014 meeting: **annual data review** for all programs (2012-2013 program data)
 - ❖ **Program Summary** (elements of 2013-2014 ADS update: major changes; response to citations; participating sites; evaluation and DH/LE question responses)
 - generated mid-November 2013
 - ❖ Block diagram for 2013-2014
 - ❖ **Program Annual Report** (ADS Update from 2012-2013: faculty rosters; PD CV; faculty and resident scholarly activity templates AY 11/12; resident info; board pass rates for 3 rolling 3-year periods 08-10, 09-11, and 10-12)
 - generated during June ADS blackout



RRC Accreditation Activities

- RRC January 2014 meeting: **annual data review** for all programs
 - ❖ Resident and Faculty Surveys (2012/2013)
 - ❖ Case Log minimum report (2012-2013 graduates)
 - ❖ Case Log program report 2012-2013 graduates (includes percentiles)
 - ❖ Program and sponsoring institution history (previous accreditation and non-status decisions 2000 - current)
 - ❖ Progress reports, site visit reports, other requests

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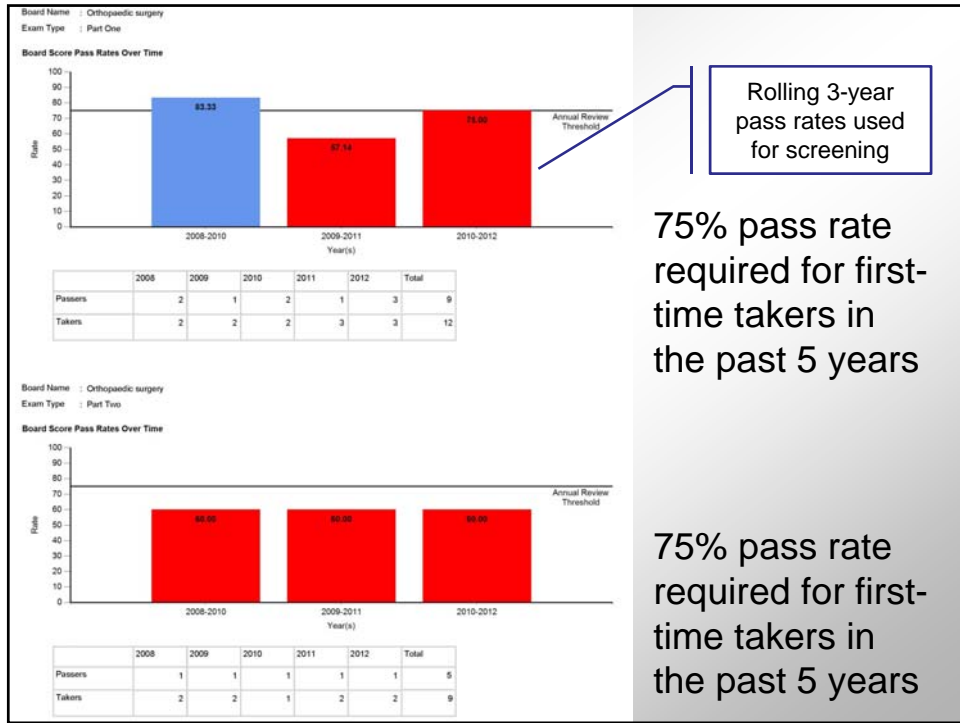


Screening Annual Data

- Thresholds for core annual data established to quickly identify programs with serious problems
 - Aids in prioritizing Review Committee work
 - Facilitates more timely identification of problems and provision of feedback to programs to correct problems
 - Goal – ensure ongoing quality resident education

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Percentage of compliant responses: Declining trends



Percentage of compliant responses: Improving trends



RRC Accreditation Activities

- RRC January meeting: **annual data review** for all programs
 - ❖ All programs receive Letter of Notification
 - ❖ Most programs notified of the accreditation status decision
 - ❖ Some programs receive notice of site visit or request for clarifying information– **THOSE PROGRAMS WILL NOT BE GIVEN AN ACCREDITATION STATUS**
- Beginning January 2015, milestone reports included in annual data review for all core programs
- Beginning January 2016, milestone reports included in annual data review for all core and fellowships



RRC Accreditation Activities

- RRC June meeting: follow-up reports and focused/full site visits from previous meeting
 - Programs that did not receive an accreditation decision following the January RRC meeting **WILL** receive an accreditation decision following the June RRC meeting
- RRC June meeting: interim requests also reviewed



RRC Accreditation Activities

Future Meeting Dates

- June 6-7, 2014
 - Agenda closing date: March 28, 2014
- January 9-10, 2015
 - Agenda closing date: October 31, 2014
- June 5-6, 2015
 - Agenda closing date: March 27, 2015

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RRC Accreditation Activities

Possible Accreditation Status Decisions for Accredited Programs

- Continued Accreditation
- Continued Accreditation with Warning
 - programs with this status not permitted to request permanent complement increase
 - no limit to number of years with this status
 - **NOT an adverse status**

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RRC Accreditation Activities

Possible Accreditation Status Decisions for Accredited Programs

- Probationary Accreditation: adverse (appealable)
 - this status allowed only after a site visit
 - no more than 2 years with this status
 - programs with this status not permitted to request permanent complement increase
- Withdrawal of Accreditation: adverse (appealable)
 - this status allowed only after a site visit

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RRC Accreditation Activities

Possible Accreditation Status Decisions for Program Applications (follows a site visit)

- Initial Accreditation
 - full site visit in two years
 - no more than two years allowed with this status
- Withhold Accreditation: adverse (appealable)

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RRC Accreditation Activities

Possible Accreditation Status Decisions for Initial Accreditation Programs (follows a site visit)

- Continued Accreditation
- **Continued Accreditation w/o Outcomes**
 - status permitted for no more than 6 years from date of initial accreditation
- Initial Accreditation with Warning
 - programs with this status not permitted to request permanent complement increase
- Withdrawal of Accreditation: adverse (appealable)



RRC Accreditation Activities

Possible Accreditation Status Decisions for Initial Accreditation with Warning Programs (follows a site visit)

- Continued Accreditation
- Continued Accreditation w/o Outcomes (time limit)
- Withdrawal of Accreditation: adverse (appealable)



RRC Accreditation Activities

- Other Potential Actions (if currently accredited)
 - Recognize exemplary performance; innovations
 - Identify opportunities for program improvement
 - Identify concerning trends
 - Issue new citations
 - Continue previous citations
 - Acknowledge correction of previous citations



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Letter of Notification

Areas Not in Compliance (Citations)

EXTENDED CITATIONS

Resources | Since: 01/13/2012 | Status: Extended

Faculty Qualifications

[Common Program Requirement II.B.2]

The physician faculty must have current certification in the specialty by the American Board of Orthopaedic Surgery, or possess qualifications acceptable to the Review Committee.

Bla Bla Bla

Date first cited

Old citation language

Date extended

Continued non-compliance: 01/10/2014

The information provided did not demonstrate compliance. Specifically....

New citation language



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Letter of Notification

NEW CITATIONS

Evaluation of Residents | Since: 01/10/2014 | Status: New

Resident Formative Evaluation/Multiple Evaluators
[Common Program Requirement V.A.1.b).(2)]

The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff).

The information provided did not demonstrate compliance.
Specifically....



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Letter of Notification

RESOLVED CITATIONS

Date originally issued

Qualifications of Faculty | Since: 01/13/2012 | Status: Resolved

Faculty Qualifications/Specialty Certification
[Common Program Requirement II.B.2]

The physician faculty must have current certification in the specialty by American Board of Orthopaedic Surgery or possess qualifications acceptable to the Review Committee.

The information provided did not demonstrate compliance.
Specifically....



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Letter of Notification

Opportunities for Program Improvement/Concerning Trends

- Board Passage Rate
- Clinical Experience
- Duty Hours and Learning Environment
- Educational Content
- Evaluations
- Faculty Scholarly Activity
- Faculty Supervision and Teaching
- Failure to Provide Required Information
- Leadership Turnover
- Patient Safety
- Procedural Volume
- Resident Scholarly Activity
- Resident's Milestone Progression
- Resources
- Significant Attrition
- Significant Program Level Changes
- Teamwork



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Letter of Notification

Opportunities for Program Improvement/Concerning Trends

Procedural Volume

Review of the total cases in the anatomic areas reported in the 2012/2013 case log program report showed significant deficiencies in some areas. While total case volume in most areas was well above the 75th percentile nationally, the total case volume in other areas was low: shoulder (5th percentile nationally) and femur/knee (7th percentile nationally). It is not clear that residents have experience in the full spectrum of surgical procedures in these areas.

- NOT a citation!
- No program response is requested and none should be sent!



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Site Visits

- Most focused and full site visits will be requested following the annual data review at the January RRC meeting and will take place prior to the June RRC meeting
- Self-study visit program begins **July 2015**
- First RRC review of self study visit report: **January 2016**
- **Informational webinars this spring** (dates TBA)



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Site Visits

Self-Study

- Review Annual Program Evaluations (PR-V.C.)
 - Response to citations
 - Faculty development
- Judge program success at Continuous Quality Improvement (CQI)
- Learn future goals of program
- Verify compliance with Core requirements



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NAS: Annual Program Evaluation

New Common Program Requirements for Annual Program Evaluation (V.C.1) Effective 7/1/2013

- Program director must appoint Program Evaluation Committee (PEC)
- PEC members: at least 3 program faculty; representation from residents
- Written description of PEC responsibilities
- PEC plans, develops implements evaluates program activities, develops competency-based goals and objectives, conducts annual program review, ensures areas of non-compliance are corrected

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NAS: Annual Program Evaluation

New Common Program Requirements for Annual Program Evaluation (V.C.2) Effective 7/1/2013

- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a full, written annual program evaluation (AE).

Review of AEs will be included in self-study visits

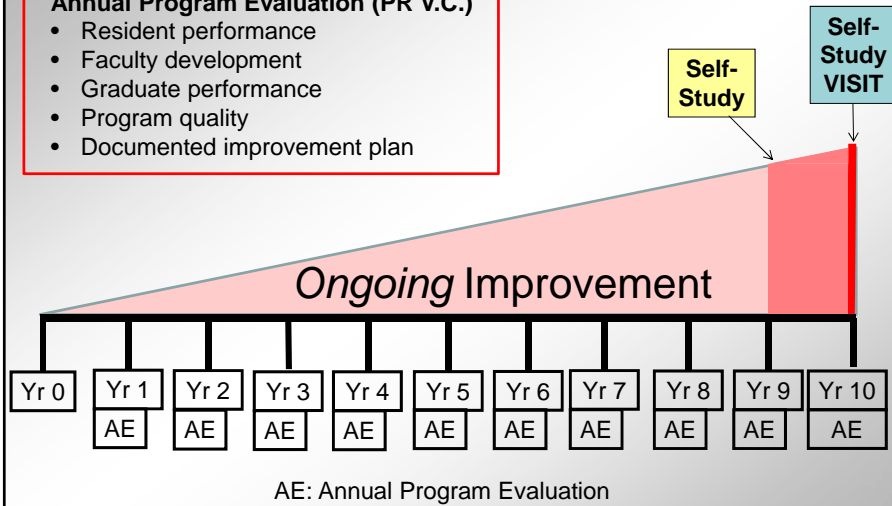
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NAS: Ten Year Self-Study Visit

Annual Program Evaluation (PR V.C.)

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



AE: Annual Program Evaluation

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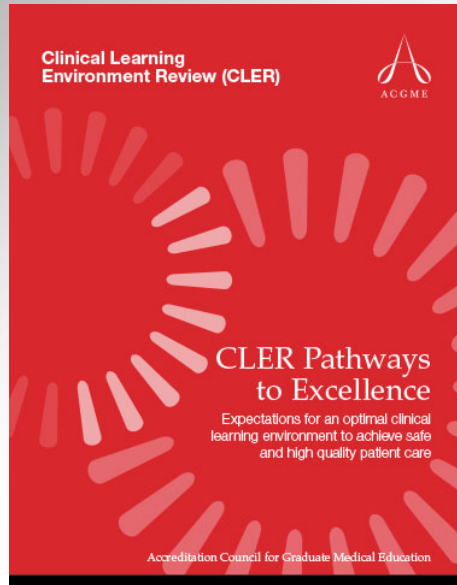
Clinical Learning Environment Review (CLER)

- Visits to sponsoring institutions and their clinical learning sites (hospitals, medical schools, clinics, etc.)
- Based on a model of continuous quality improvement
 - 6 “pathways to excellence”
 - NOT a program visit, but program faculty and residents may be interviewed during a CLER visit
 - NOT a sponsoring institution accreditation visit
- Recommended reading:
 - http://www.acgme.org/acgmeweb/portals/0/PDFs/CLER/CLER_Brochure.pdf
 - Review of “properties” for each pathway may be helpful

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Clinical Learning Environment Review (CLER)



1. Patient Safety
2. Health Care Quality
3. Care Transitions
4. Supervision
5. Duty Hours / Fatigue Management and Mitigation
6. Professionalism

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Clinical Learning Environment Review (CLER)

Resident and faculty survey area:
patient safety

- Pathway 1: Patient Safety; includes
 - Reporting of adverse events, close calls
 - Education on patient safety
 - Culture of safety
 - Resident experience in patient safety investigations and follow-up
 - Monitoring of resident and faculty engagement in patient safety
 - Resident education and experience in disclosure of events

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Clinical Learning Environment Review (CLER)

Resident and faculty survey area:
patient safety

- Pathway 2: Health Care Quality; includes
 - Education on quality improvement
 - Resident engagement in quality improvement activities
 - Residents receive data on quality metrics
 - Resident engagement in planning for quality improvement
 - Resident and faculty education on reducing health care disparities
 - Resident engagement in clinical site initiatives to address health care disparities



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Clinical Learning Environment Review (CLER)

Resident and faculty survey area:
resources

- Pathway 3: Care Transitions; includes
 - Education on care transitions
 - Resident engagement in change of duty hand-offs
 - Resident and faculty engagement in patient transfers between services and locations
 - Faculty engagement in assessing resident-related patient transitions of care
 - Resident and faculty engagement in communication between primary and consulting teams
 - Clinical site monitoring of care transitions



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Clinical Learning Environment Review (CLER)

Resident survey area:
faculty; educational content

Faculty survey area:
supervision and teaching

- Pathway 4: Supervision; includes
 - Education on supervision
 - Resident and faculty perception of adequacy of supervision
 - Roles of clinical staff members other than physicians in resident supervision
 - Patients and families and GME supervision
 - Clinical site monitoring of resident supervision and workload

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Clinical Learning Environment Review (CLER)

Resident and faculty survey area:
educational content; resources

- Pathway 5: Duty Hours/Fatigue Management & Mitigation; includes
 - Culture of honesty in reporting duty hours
 - Resident and faculty education on fatigue and burnout
 - Resident and faculty engagement in fatigue management & mitigation
 - Clinical site monitoring of fatigue and burnout

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Clinical Learning Environment Review (CLER)

Resident and faculty survey area:
resources

- Pathway 6: Professionalism; includes
 - Resident and faculty education on professionalism
 - Resident attitudes, beliefs and skills related to professionalism
 - Faculty engagement in training on professionalism
 - Clinical site monitoring of professionalism



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