Accreditation Council for Graduate Medical Education

Implementing the Next Accreditation System for Colon and Rectal Surgery Programs

Bruce A. Orkin, MD, RRC Chair
Pamela Derstine, PhD, MHPE, Executive Director

ACGME Webinar
November 6, 2013

Discussion Topics

1. RRC: Membership and Accreditation Statistics
2. Program Requirements and Minimum Numbers
3. CRS Case Log System
4. Milestones and the Next Accreditation System

1. RRC: Membership and Accreditation Statistics

RRC Membership

- 7 voting members
  - ABCRS – 2 members
  - ACS – 2 members
  - AMA (CME) – 2 members
  - 1 resident member
- Leadership
  - Bruce A. Orkin, MD, Chair *(AMA)*
  - Anthony J. Senagore, MD, Vice-Chair *(AMA)*

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RRC Membership (7/1/2013)

- Bruce A. Orkin, MD **RRC Chair**
- Anthony J. Senagore, MD **RRC Vice-Chair**
- Matthew G. Mutch, MD
- Michael J. Snyder, MD
- Michael J. Stamos, MD
- Jacquelyn Seymour Turner, MD Resident Member
- Charles H. Whitlow, MD
- Patrice G. Blair, MPH Ex-Officio ACS
- David J. Schoetz, Jr, MD Ex-Officio ABCRS

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Incoming Members 7/1/2014

- Tracy L. Hull, MD
  (replacing Michael Stamos, MD)
- Russell W. Farmer, MD
  (replacing Jacquelyn Turner, MD)

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

Also…..

Christine Jessup
WebADS Representative

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  John R. Potts III, MD
- Senior VP for Hospital-based Accreditation:
  Louis J. Ling, MD
- Senior VP for Medical Accreditation:
  Mary Lieh-Lai, MD, FAAP, FCCP
- Senior VP for Institutional Accreditation:
  Kevin B. Weiss, MD

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ACGME and RRC New Structure

ACGME Board of Directors

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Senior VP, ***Surgical*** Accreditation
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- Neurological Surgery
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Plastic Surgery
- Surgery
- Thoracic Surgery
- Urology

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Mary Lieh-Lai, MD

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Louis J. Ling, MD

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- Diagnostic Radiology
- Emergency Medicine
- Medical Genetics
- Nuclear Medicine
- Pathology
- Preventive Medicine
- Radiation Oncology
- Transitional Year

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Accreditation Statistics

Total # Accredited Programs		
	# Core	55
Total # Residents/Fellows		
	Total	90
	Male/Female Not Reported	58/29 3

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Accreditation Statistics

Program Accreditation Status	
Status	**# Programs**
Continued Accreditation	48
Continued Accreditation w/Warning	3
Initial Accreditation	3
Initial Accreditation w/Warning	1
Probation	0
Withhold	0

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Accreditation Statistics 2013

Other RRC Meeting Decisions	
Complement increases # Requested/#Approved	4/1
Progress/Reports # Requested/#Reviewed	14/3
Case Log Reviews	53*

*RRC began annual case log reviews September 2012. Beginning with the 2013/14 graduates, case log reviews will take place at the February RRC meeting.

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2. Program Requirements and Minimum Numbers

Program Requirements Revision

1. Why and why now?

2. Overview of the new PRs

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Program Requirements Revision

From the *ACGME Policies and Procedures*

15.20 Major Revision of Existing Requirements
a. Review Committees must review existing requirements
every five years…
b. The Following Procedures Apply:
…

1996	Last major revision
2001	Revision was due
2007	Common Requirements updated

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Program Requirements Revision

Common Program Requirements (CPR) **[BOLD]**

vs

specialty specific requirements [Regular]

IV.A.5.	**ACGME Competencies**
	The program must integrate the following ACGME competencies into the curriculum:
IV.A.5.a)	**Patient Care**
	Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:
IV.A.5.a).(1)	must demonstrate proficiency in the evaluation and management of patients with all of the essential colon and rectal surgical disorders.
IV.A.5.a).(1).(a)	Proficiency in evaluation and management must include:
IV.A.5.a).(1).(a).(i)	preoperative diagnosis, indications, alternatives, risks and preparation;

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Program Requirements Revision

Problems with the current PRs – *Not Specific to CRS*

- 1996 document - 10 – 9 vague, difficult to understand, difficult to enforce
- Hard to measure up to "standards" that are not written out

2011 document - > 50 specific, in addition to listing diagnoses and procedures

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Program Requirements Revision

Changing environment

- Evolving GME and competencies
- Changing spectrum of practice
- Need to define the specialty
- Need for educational standards

- Blue Ribbon Commission 2006-08 recs
- ABCRS minimum requirements

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Program Requirements Revision Goals

- Wide range of input – stakeholders

  RC, PDs, ABCRS, ASCRS, field leaders
- Multiple input opportunities
- Transparency
- Specificity, clarity – PRs, FAQs, PIF
- Streamline process and forms

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Program Requirements Revision Process

2006-2008	Blue Ribbon Commission work
3/28/08	RRC meeting - Process initiated, sub-committee appointed
5/21/08	Initial review of materials
6/12/08	Conf call PR sub-committee
9/19/08	RRC meeting - Minimum numbers reviewed
11/29/08	**1st request for comments – general, sent to PDs**
1/5/09	Input RRC, PDs, ABCRS, ASCRS and prior RRC members reviewed
2/19/09	PR v1 completed
3/20/09	RRC Meeting
3/23/09	**2nd request for comments - PR v2 posted ACGME.com, PDs notified**
4/27/09	PR v4 and issues sheet sent to RC
5/2/09	**3rd commentary – PDA presentation**
7/3/09	**Request for comments Min Numbers v 1 e-mailed**
7/20/09	PR v 7 First full RDC review completed
8/1/09	**4th request for comments - PR v7, sent to PDs**
9/6/09	PR v8, FAQs v1, Min Numbers v2 to RRC
9/25/09	RRC meeting
10/1-11/15/09	**5th request for comments – formal 45 day review period, PDs notified**
1/25/2010	PR v8 Second full RDC review
3/20/10	***RRC meeting – PR v9, Min Numbers v3, FAQs , PIF v3 approved***
4/10	RDC Approved and sent to ACGME for final approval
6/18/10	ACGME BOD meeting –final approval pending
7/1/2011	***Implementation begins***

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Program Requirements Revision Process 2008-2011

Program Requirements 9 major versions,
dozens of sub-versions

Minimum Numbers 3 versions
Separate document

PIFs 3 versions

FAQs 5 versions

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Program Requirements Revision Changes

- Program Director
  - Support
  - Qualifications
  - Coordinator
- Faculty - Qualifications
- Resident Eligibility
- Educational Program
  - ACGME Competencies
  - Case Numbers
- Residents’ Scholarly Activities
- Evaluation

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Program Director - Qualifications

- **Certification by the American Board of** Colon and Rectal Surgery**, or *specialty qualifications that are acceptable to the Review Committee***
- **Current medical licensure and appropriate medical staff appointment**
- 3 years of clinical practice in colon and rectal surgery.
- 3 years of prior experience as a faculty member
- Membership on the medical staff

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Faculty

- Minimum of **3 FTE ABCRS-certified** faculty members
- At least one faculty member must be
  - actively involved in regional or national specialty societies
  - active in scholarly inquiry

    Research performed by the resident must not substitute for active faculty involvement

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ACGME Competencies

1. Patient Care
2. Medical Knowledge
3. Practice-based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-based Practice

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ACGME Competency
1. Patient Care

- Residents must demonstrate proficiency in the evaluation and management of patients with all of the **essential colon and rectal surgical *disorders*.**
- Residents must demonstrate a high level of skill and dexterity in the performance of all **essential colon and rectal surgical *procedures*.**

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ACGME Competency
2. Medical Knowledge

- Residents must demonstrate expertise in their knowledge of the *anatomy, embryology and physiology of the colon, rectum, anus and related structures.*

  AND

- Residents must demonstrate **competence** in their knowledge of the ***essential colorectal disorders.***

- Residents must demonstrate **substantial familiarity** with additional colon and rectal surgery-related issues.

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"Essential" vs "Substantial Familiarity"

Essential disorders and procedures

- those that are integral to the practice of CRS and are explicitly the province of colon and rectal surgeons. They are common enough that all residents should have formal instruction in and clinical experience with all during their 12 months of training, leading to proficiency.

Substantial Familiarity

- disorders and procedures that are within the province of CRS but not all residents may have the opportunity to actually see during their residency. This requirement specifies that residents must become familiar with these entities so that, if encountered in clinical practice, they will recognize them and will be able to manage them directly or by referral.

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Curriculum and Experience

IV.A.6.f) Residents must participate in the evaluation and treatment of patients with the following **diagnoses:**

- **110** - anorectal and physiologic disorders including hemorrhoids, fistulas, abscesses, fissures, constipation, incontinence and pelvic floor problems; and
- **215** - abdominal disorders including neoplasia of the colon, rectum and anus, inflammatory bowel disease, diverticular disease and rectal prolapse

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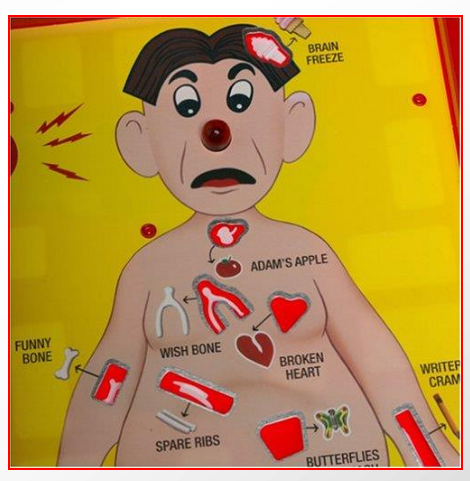
Curriculum and Experience

Minimum Case Numbers

IV.A.6.g) Overall case numbers:

- **120** abdominal operations
  - 30 laparoscopic resections
  - 30 pelvic dissections
- **60** anorectal operations, and
- **185** evaluation procedures
  - sigmoidoscopy/proctoscopy, anoscopy, ultrasound, pelvic floor evaluation, and
  - colonoscopies - 140 total including 30 interventional
- no more than 50% endoscopic procedures



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3. Case Log System

Case Log Revision 2011

- More accurate collection of resident case data
- Attain the Minimum Case Numbers
- Diagnoses and procedures

Examples

- Pelvic dissections – includes IPAA, LAR, APR, TPC
- Colectomies – open, laparoscopic, ileocolic
- Laparoscopy
- Stomas

Reports specific to residents, PDs, RRC, ABCRS

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Case Log

- **Case Log program reports for all 2011-2012 graduates were reviewed and discrepancies noted (NOT CITED)**
- **Case Log program reports for all 2012-2013 graduates were reviewed and discrepancies noted cited**
- **Residents graduating 2012-2013 and beyond are expected to demonstrate compliance with the minimum numbers**

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Case Log

- Both diagnoses and procedures are being counted. They will be tallied separately.
- All acceptable ICD9 and CPT codes are listed in the spreadsheet. ***Do not use any other codes.***
- The RRC is not currently tracking office visits or consults (E&M codes). However, all *new diagnoses* are needed to assess your exposure to the broad spectrum of CRS.

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Case Log

- Use the code that is closest to what was done. Not all ICD9 and CPT codes are available. Some have been altered to be more encompassing or to more clearly reflect current practice. A few have been entirely redefined to capture CRS diagnoses/procedures not currently assigned a code but that the RRC wishes to track. *See the lists.*

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Case Log

- Each case/encounter requires at least one diagnosis (ICD9) code and one procedure (CPT) code. If no procedure was performed, use the 99499 code for No Procedure Performed.
- Up to 2 diagnoses and 2 procedures may be entered per resident per case per day.

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Case Log Data Flow

Residents enter cases

Programs monitor progress by utilizing reports

Residents graduate

Programs verify completing graduate data accuracy & electronically submit to ACGME

National Data Reports Created in ADS

Assess set minimums

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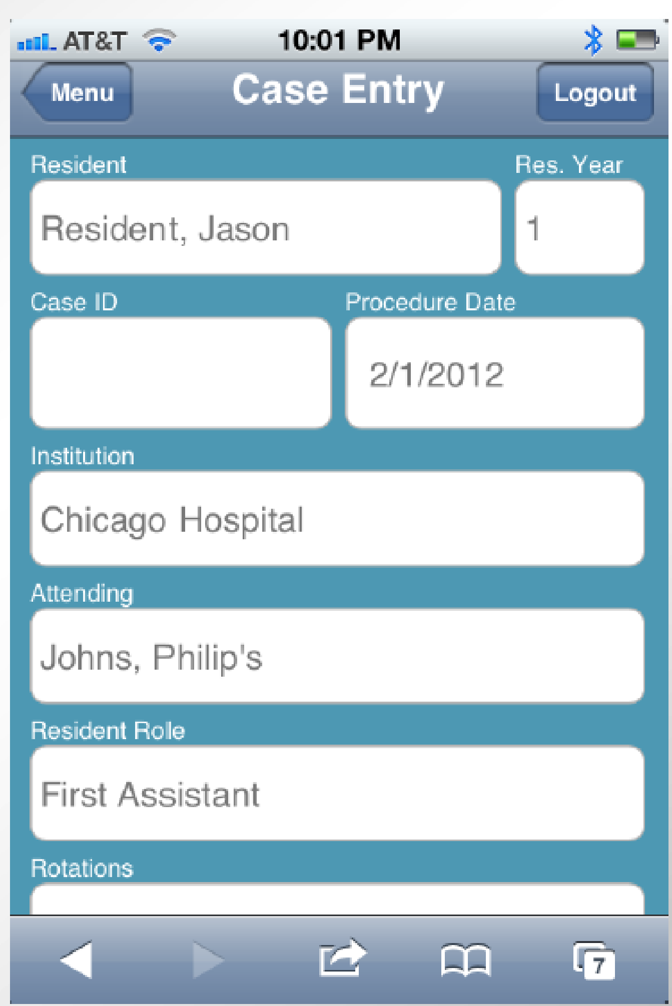
Case Log Development

Mobile Website:

acgme.org/mobilercl



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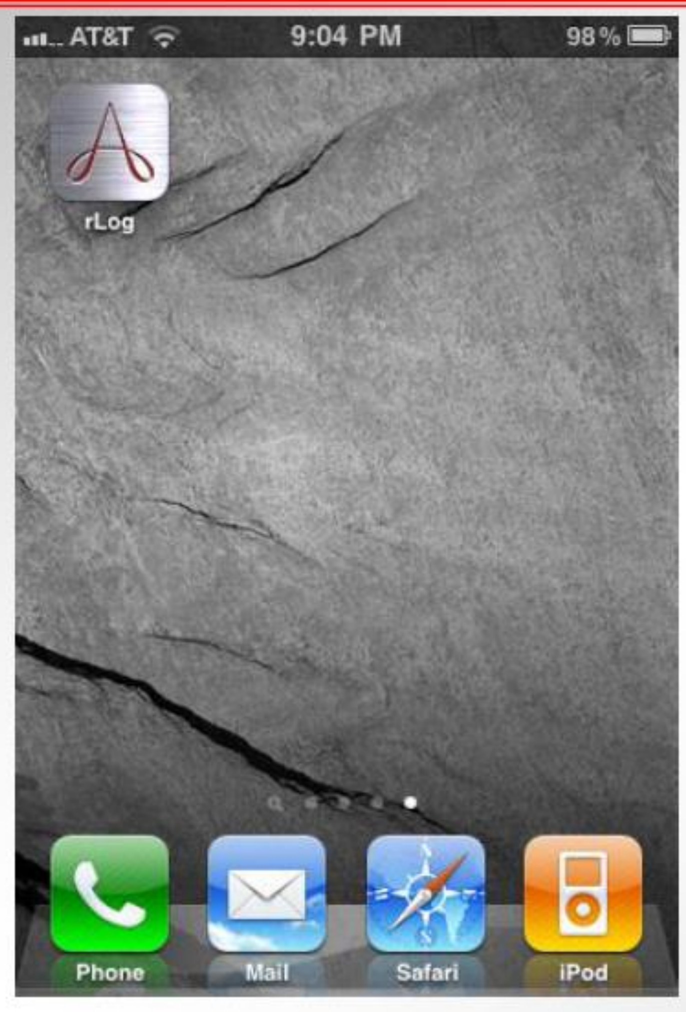
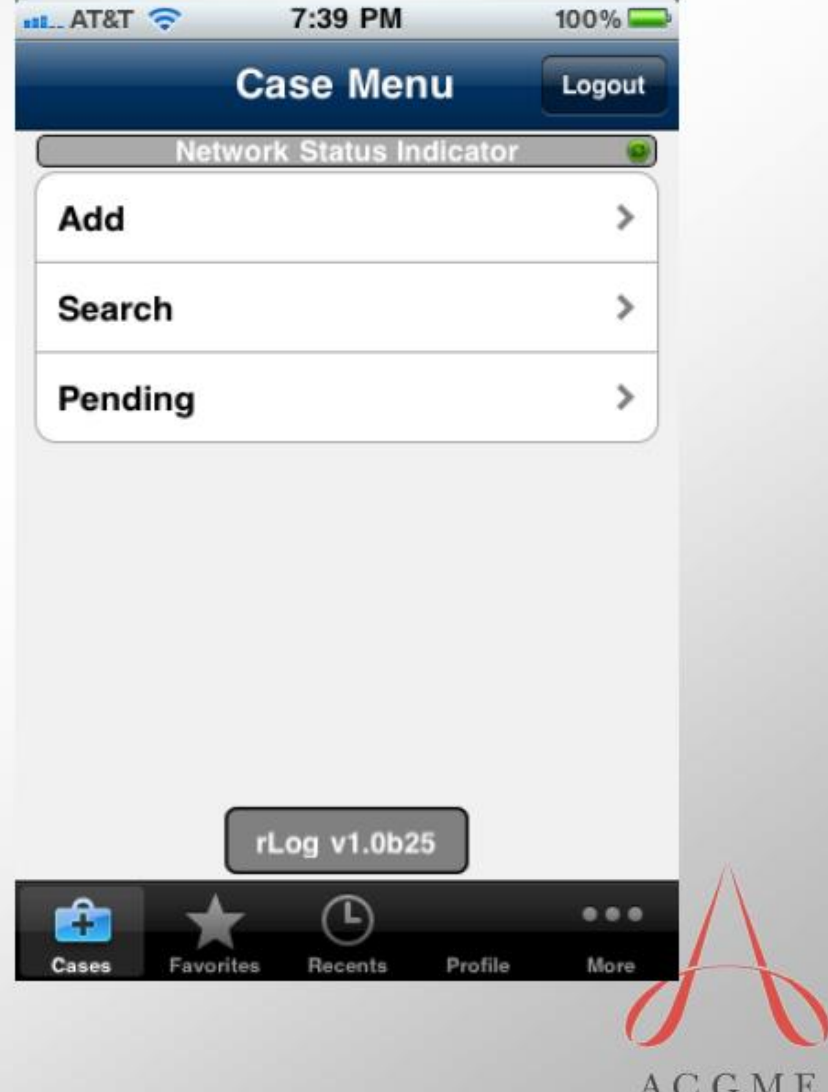
Case log Development - continued





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Case Log

Colon and Rectal Surgery

- CRS Case Log Coding
- CRS Minimum Case Numbers

CODE	DESCRIPTION	Procedure Category	Defined Case Category
46288	Fistula, advancement flap repair, skin or mucosal	Anorectal Procedures	Endorectal Advancement Flap Fistulotomy, fistula repair
46020	Fistula, seton placement only	Anorectal Procedures	Fistulotomy, fistula repair
46030	Fistula, seton/drain removal	Anorectal Procedures	Fistulotomy, fistula repair

CODE	DESCRIPTION	Procedure Category	Defined Case Category
45395	Proctectomy , APR, Colostomy, laparoscopic	Abdominal procedures	Abdominoperineal resection Stoma Laparoscopic resection Pelvic dissection
45110	Proctectomy , APR, Colostomy	Abdominal procedures	Abdominoperineal resection

CODE	DESCRIPTION	Procedure Category	Defined Case Category
44385	Ileostomy, stoma or ileal pouch, diagnostic	Endoscopy/Pelvic Floor	Colonoscopy
44388	Colonoscopy via colostomy - Diagnosis/decompress	Endoscopy/Pelvic Floor	Colonoscopy

CODE	DESCRIPTION	Procedure Category	Defined Case Category
565.00	Fissure, anal	Disease Management	Anal fissure
565.10	Fistula, anorectal	Disease Management	Anal fistula
619.10	Fistula, entero-vaginal/recto-vaginal	Disease Management	Anal fistula
153.5	Ca, appendix	Disease Management	Carcinoma of the colon
153.90	Ca, colon	Disease Management	Carcinoma of the colon
154.10	Ca, rectum	Disease Management	Carcinoma of the rectum

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Case Log

Colon and Rectal Surgery

- CRS Case Log Coding
- CRS Minimum Case Numbers
- CRS Case Log Instructions
- Resident Complement

ACGME RRC for CRS Minimum Case Numbers	Effective 7/1/11
SURGICAL MANAGEMENT	
Anorectal Procedures (1)	
Hemorrhoidectomy - excisional any kind, PPH	20
Fistulotomy, fistula repair	20
Endorectal Advancement Flap	2
Sphincteroplasty	2
Internal Sphincterotomy	2
Transanal excision	10
Total AR	**60**
Abdominal Procedures (2)	
Segmental colectomy (Include Ileocolic resection)	50
Laparoscopic Resections	30

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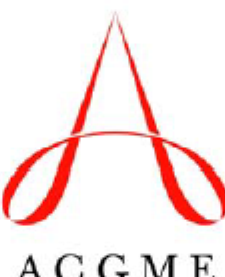
Case Log

Colon and Rectal Surgery

- CRS Case Log Coding
- CRS Minimum Case Numbers
- CRS Case Log Instructions
- Resident Complement



Colon and Rectal Surgery Case Log Instructions
Review Committee for Colon and Rectal Surgery

Background

The ACGME Case Log System is a data depository which provides a mechanism that supports programs in complying with requirements and provides a uniform mechanism to verify the clinical education of residents among programs. The Case Log System is designed to capture and categorize a resident's experience with patient care. It was initially instituted in 2001, and the Review Committee for Colon and Rectal Surgery has required its use by accredited programs since 2005.

FAQs

Which codes should be used for case entry?

Only the codes listed in the document, **CRS Case Log Coding.pdf**, should be used. Only cases using the defined codes will be counted toward a resident's case volume.

The Case Log System uses diagnosis (ICD9) and procedure (CPT) codes that were developed by the American Medical Association (AMA). These codes are commonly used for billing purposes by billers and insurers, and so are fairly detailed. Often the detail and specificity of

Case Log

- Accurate data entry is critically important, both for the residents and the program
- The PD and the coordinator need to be familiar with the system and must educate the residents from day one
- The PD should review the data at least quarterly to assess resident progress
- ***Know the FAQs***

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Case Logs: Proposed Role Definitions

- Surgeon
- Teaching Surgeon
- Assistant

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Case Logs: Proposed Role Definitions

Surgeon

- The resident must be present for the majority of the procedure and must perform the key or critical portions of the procedure under faculty supervision.
- Only one resident may claim this role per case.

Teaching Surgeon

- The resident must guide a more junior resident through a procedure in which the junior resident performs the key or critical portions of the procedure.
- The faculty surgeon acts as an assistant or observer, as appropriate.

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Case Logs: Proposed Role Definitions

Assistant Surgeon

- The resident must be present for the majority of the procedure and must act as the first assistant to the faculty member or resident surgeon performing the procedure.
- Only one resident may claim this role per case.
- The RRC recognizes that first-assisting at operations is an important part of the resident experience, particularly in complex or relatively uncommon cases.

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Online Resources

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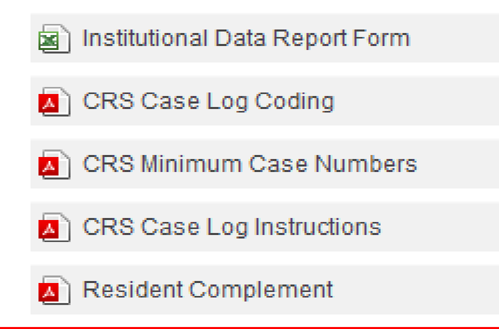
Colon and Rectal Surgery



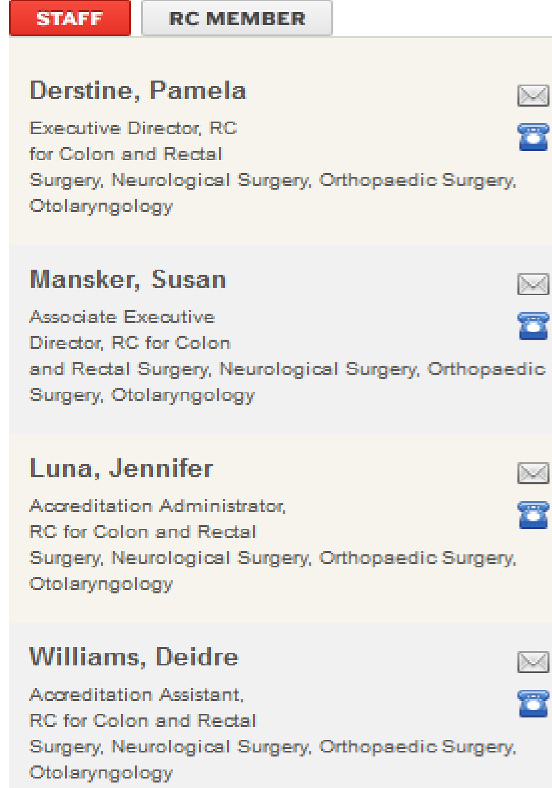
Program Requirements

Milestones

Colon and Rectal Surgery

New Applications

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



Common Resources

ACGME Glossary of Terms

Application Instructions

Online Resources for Programs

RRC Website

- Colon and Rectal Surgery FAQs
- Common Duty Hour FAQs and Resources
- CRS Coordinator 2012 Workshop Presentation
- CRS Case Log Coding (guide to CPT code mapping)
- CRS Minimum Numbers
- CRS Case Log Instructions (Guidelines and FAQs)

ACGME e-Communication (weekly)

ACGME Website-Next Accreditation System

- Categorized CRS Program Requirements
- Policies and Procedures (eff. 7/1/2013)

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4. Milestones and The Next Accreditation System

Milestones

What Are Milestones?

- Observable steps on continuum of increasing ability
- Intuitively known by experienced specialty educators
- Organized under six domains of clinical competency
- Describe trajectory from neophyte to practitioner
- Articulate shared understanding of expectations
- Set aspirational goals of excellence
- Provide framework & language to describe progress

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ACGME Goal for Milestones

- Permits fruition of the promise of “Outcomes”
- Tracks what is important
- Begins using *existing tools* for faculty *observations*
- Clinical Competence Committee triangulates progress of each resident
  - Essential for valid and reliable clinical evaluation system
  - ACGME RCs track <u>un</u>identified individuals’ trajectories
  - ABMS Board *may* track the identified individual

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ACGME Milestones Project

Joint effort of

- the ABMS – American Board of Medical Specialties (ABCRS), and
- the ACGME – Accreditation Council for Graduate Medical Education (RC for CRS)

- Based on the six general competency domains
- Transition from time-based training to competency-based outcomes.
- An effort to break down training into definable, measurable points that can be taught and evaluated over time
- Specialty specific

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Milestone Project – Value Added

- More explicit expectations of residents
- Increased resident self-assessment and self-directed learning
- Better feedback to residents

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- Early identification of under-performers
- Guide curriculum development

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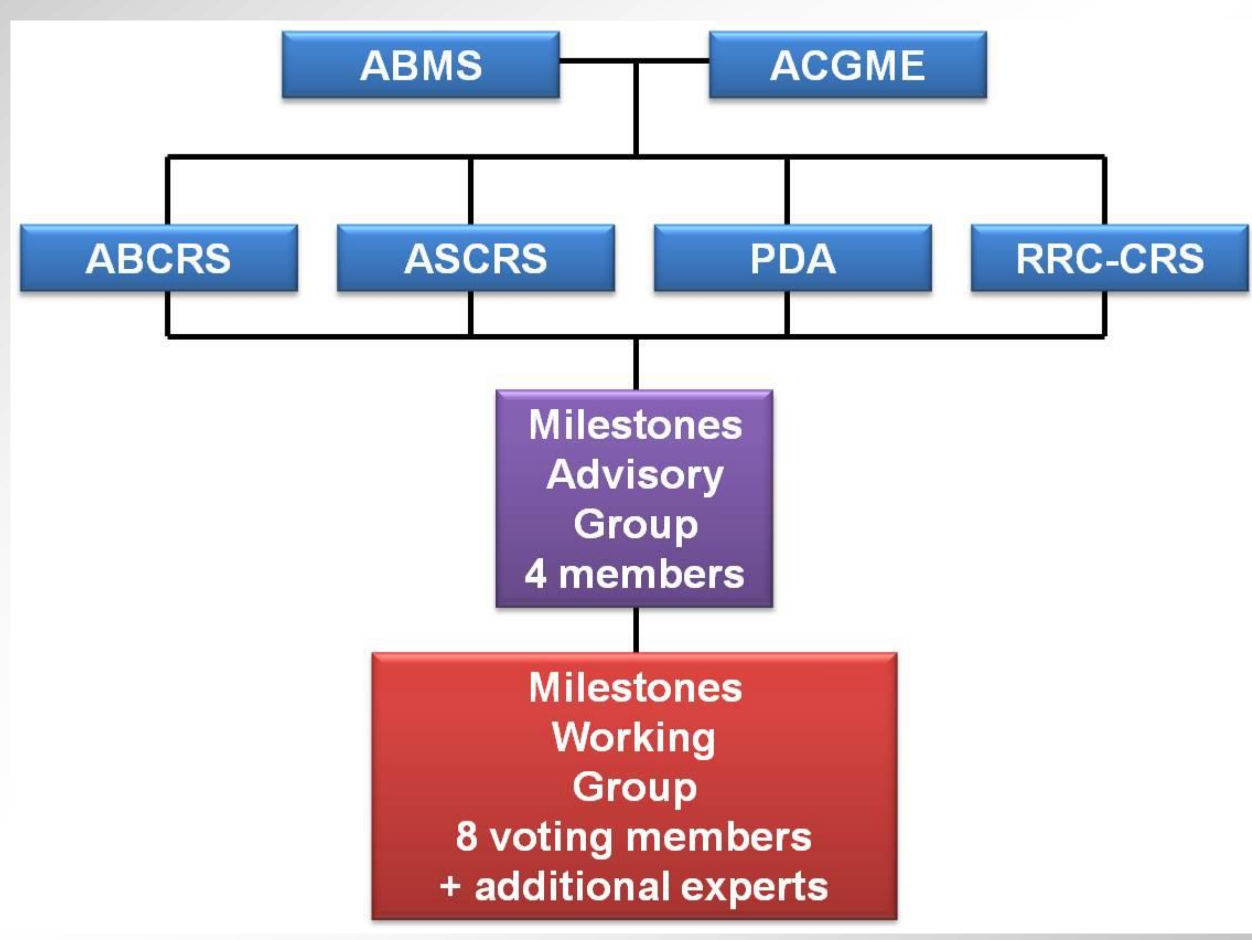
CRS Milestone Development



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CRS Milestones Committees

Working Committee

- Charles Whitlow, MD – Chair, RRC
- Anthony Senagore, MD, RRC
- Glenn Ault, MD, PDA
- Gerry Isenberg, MD, PDA
- Jen Beaty, MD, PDA
- Jan Rakinic , MD, ABCRS
- Bert Chin, MD, PDA
- Resident Representative

- ACGME Staff

Advisory Committee

- Eric Weiss, MD, RRC Chair
- Bruce Orkin, MD, RRC Vice Chair
- David Schoetz, MD, Dir ABCRS
- ASCRS
- PDA

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CRS Milestones (21)

- Benign Perianal Disease Processes MK & PC
- Colonic Neoplasia MK & PC
- Crohn's Disease MK & PC
- Large Bowel Obstruction MK & PC
- Rectal Cancer MK & PC
- Rectal Prolapse MK & PC
- Rectovaginal Fistula MK & PC
- Pelvic Floor Disorders MK & PC
- Anatomy and Physiology MK
- IPCS (1); Professionalism (1); PBLI (1); SBP (1)

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Milestone Description: Rectal Prolapse – Patient Care

Level 1	Level 2	Level 3	Level 4	Level 5
List some imaging options (defecography (std x-rays vs MRI) and physiologic studies (ARM, EMG, PNTML, Colon Transit Studies) useful in evaluation of rectal prolapse	Discusses strategies for imaging and physiology but limited ability to interpret results	Formulates an appropriate investigative work-up after conducting appropriate H and P	Assesses H and P, imaging and physiologic data and justifies treatment strategy	Reviews and assesses the frequency of time physiology studies would change surgical decisions in personal practice
Lists options for treatment of rectal prolapse	Discusses key steps of abdominal rectopexy and resection/rectopexy (laparoscopic v open); Discusses key steps of perineal repair of rectal prolapse	With assistance performs key steps of rectopexy, resection/rectopexy, and perineal repair; discusses newer modalities for rectal prolapse	Independently performs transabdominal and perineal repair of rectal prolapse; discusses newer ventral rectopexy	Demonstrates proficiency as a teaching assistant for repair of rectal prolapse and pelvic organ prolapse
	Discusses rationale for rectopexy vs resection rectopexy	Performs with assistance key steps of surgery for rectal prolapse repair	Independently performs surgery for rectal prolapse, appropriately involves multidisciplinary team for repairs of associated pelvic organ prolapse	Discusses current controversies regarding repairs
Lists common complications associated with pelvic prolapse surgeries	Recognizes disease progression and variances from normal post-operative course and begins investigations	Recognizes and implements management of complications	Anticipates, diagnoses and proficiently manages complications in a timely manner	Reviews outcome data collected and uses this data to change practice
	Example: Distinguishes rectal prolapse from other conditions such as acute hemorrhoidal disease	Example: Able to reduce the rectal prolapse when appropriate and perform the definitive repair of the prolapse with guidance	Example: Independently performs definitive repair of rectal prolapse	

Comments:

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Milestone Description: Rectal Prolapse – Patient Care

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	Example: Distinguishes rectal prolapse from other conditions such as acute hemorrhoidial disease	Example: Able to reduce the rectal prolapse when appropriate and perform the definitive repair of the prolapse with guidance	Example: Independently performs definitive repair of rectal prolapse	

Comments:

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Milestone Description: Rectal Prolapse – Patient Care

Level 1	Level 2	Level 3	Level 4	Level 5
List some imaging options (defecography (std x-rays vs MRI) and physiologic studies (ARM, EMG, PNTML, Colon Transit Studies) useful in evaluation of rectal prolapse	Discusses strategies for imaging and physiology but limited ability to interpret results	Formulates an appropriate investigative work-up after conducting appropriate H and P	Assesses H and P, imaging and physiologic data and justifies treatment strategy	Reviews and assesses the frequency of time physiology studies would change surgical decisions in personal practice
Lists options for treatment of rectal prolapse	Discusses key steps of abdominal rectopexy and resection/rectopexy (laparoscopic v open); Discusses key steps of perineal repair of rectal prolapse	With assistance performs key steps of rectopexy, resection/rectopexy, and perineal repair; discusses newer modalities for rectal prolapse	Independently performs transabdominal and perineal repair of rectal prolapse; discusses newer ventral rectopexy	Demonstrates proficiency as a teaching assistant for repair of rectal prolapse and pelvic organ prolapse
	Discusses rationale for rectopexy vs resection rectopexy	Performs with assistance key steps of surgery for rectal prolapse repair	Independently performs surgery for rectal prolapse, appropriately involves multidisciplinary team for repairs of associated pelvic organ prolapse	Discusses current controversies regarding repairs
Lists common complications associated with pelvic prolapse surgeries	Recognizes disease progression and variances from normal post-operative course and begins investigations	Recognizes and implements management of complications	Anticipates, diagnoses and proficiently manages complications in a timely manner	Reviews outcome data collected and uses this data to change practice
	Example: Distinguishes rectal prolapse from other conditions such as acute hemorrhoidal disease	Example: Able to reduce the rectal prolapse when appropriate and perform the definitive repair of the prolapse with guidance	Example: Independently performs definitive repair of rectal prolapse	

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Comments:

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Milestones

- Translate "general" competencies into **specific competencies** to be met by all residents
- Create "core" resident outcomes in the competencies, not "standardization" of all outcomes
- **MILESTONES ARE OUTCOMES, NOT ELEMENTS of a CURRICULUM**
  - Not intended to include all elements of training….IS a selective biopsy
  - Not intended to be an assessment form….IS a report of assessment results aggregated over the previous six months

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Milestones

Additional CRS Milestone Resources

- Colon & Rectal Surgery Examples (located on the milestones page of the NAS microsite)

  http://www.acgme-nas.org/milestones.html

Educational Materials

- Colon and Rectal Surgery Examples
- Family Medicine Presentation
- Nuclear Medicine Examples
- Plastic Surgery Assessment Tools
- Preventive Medicine Milestone Assessment Method List

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Accreditation Council for
Graduate Medical Education

Home | ACGME Role and Vision | The Next Accreditation System: Rationa

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.

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Why are we doing NAS?

- Help produce physicians for 21st century
- Accredit programs based on outcomes
- Reduce administrative burden of accreditation

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Why are we doing NAS?

- Free good programs to innovate
- Assist underperforming programs to improve
- Realize the promise of the Outcomes
- Provide public accountability for outcomes
- Reduce the burden of accreditation

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NAS: What's different?

- Standards revised every ten years
- No PIF's
- Programs reviewed every year; accreditation status updated every year
- Citations still levied but may be quickly removed following review of new annual data, site visit (focused or full), progress report
- Scheduled (self-study) visits every ten years

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NAS: What's different?

- No site visits (as we know them)
- <u>Focused</u> site visits for an "issue"
- <u>Full</u> site visits for board issues (but no PIF)
- <u>Self-study</u> visits every ten years

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Focused Site Visits

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

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Focused Site Visits

- Minimal notification given (30 days)
- Minimal document preparation expected
- Team of site visitors
- Specific program area(s) investigated as instructed by the RRC

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Full Site Visits

- Application for new program
- At the end of the initial accreditation period
- RRC identifies broad issues / concerns
- Other serious conditions or situations identified by the RRC

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Full Site Visits

- Minimal notification given (60 days)
- Minimal document preparation expected
- Team of site visitors

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Ten Year Self-Study Visit

- Not fully developed
- Not a traditional site visit
- Implemented in 2016 for colon & rectal surgery programs

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Ten Year Self-Study Visit

- Review of
  - annual program evaluations (PR V.C)
  - response to citations
  - faculty development
- Judge program success at CQI
- Learn future goals of program
- Will verify compliance with core Program Requirements

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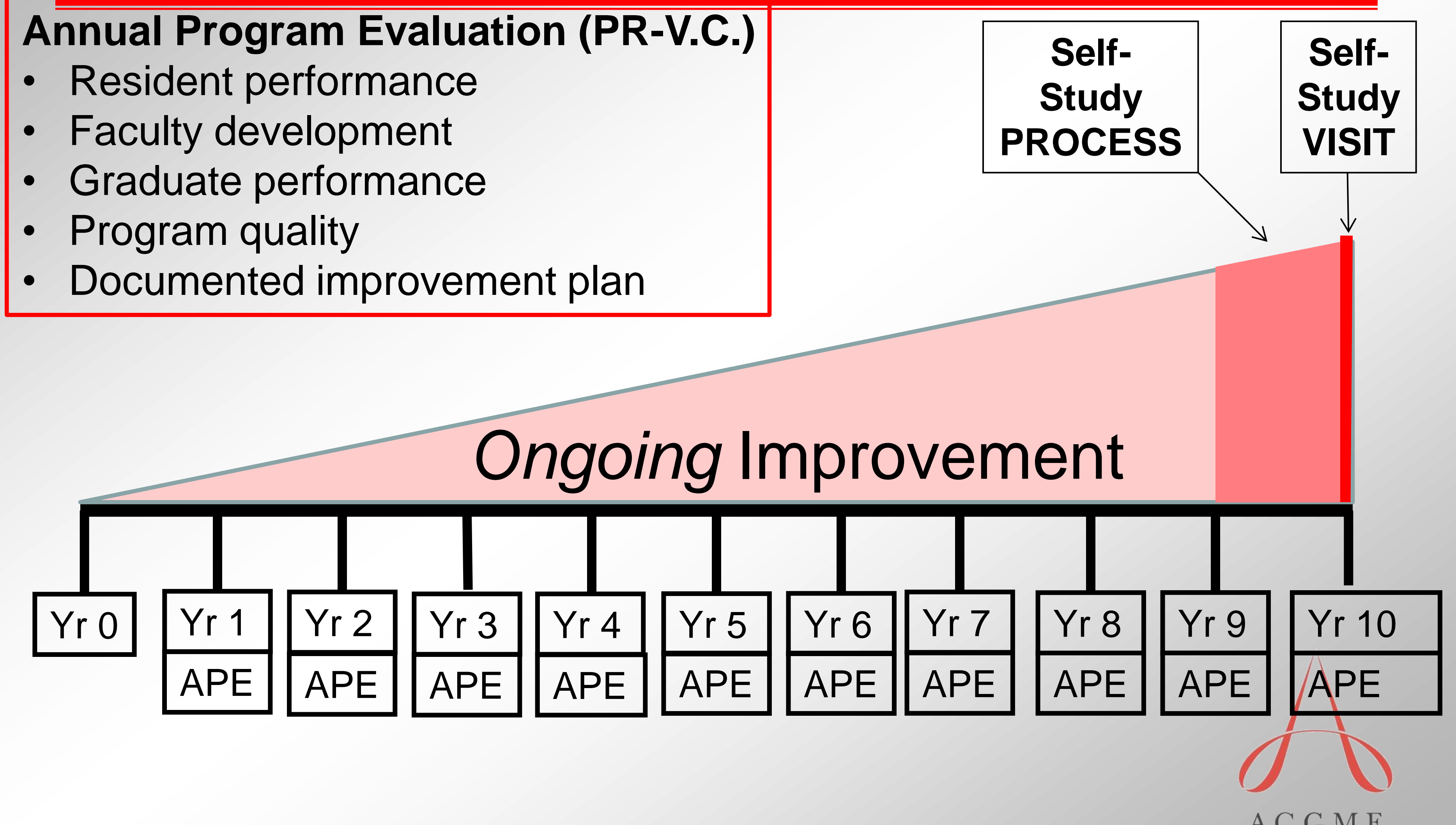
Ten Year Self-Study Visit



When Is My Program Reviewed?

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

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NAS: How Will it Work?

- *Each* Program requirement categorized:
  - Outcome - All programs must adhere
  - Core - All programs must adhere
  - Detail - Good programs may innovate

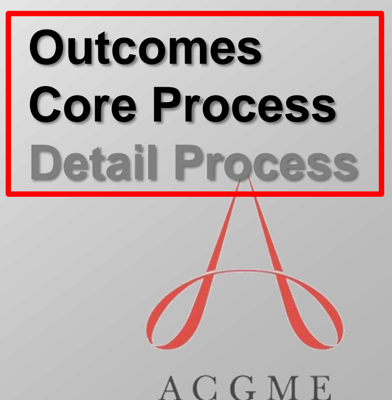
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

Continued Accreditation

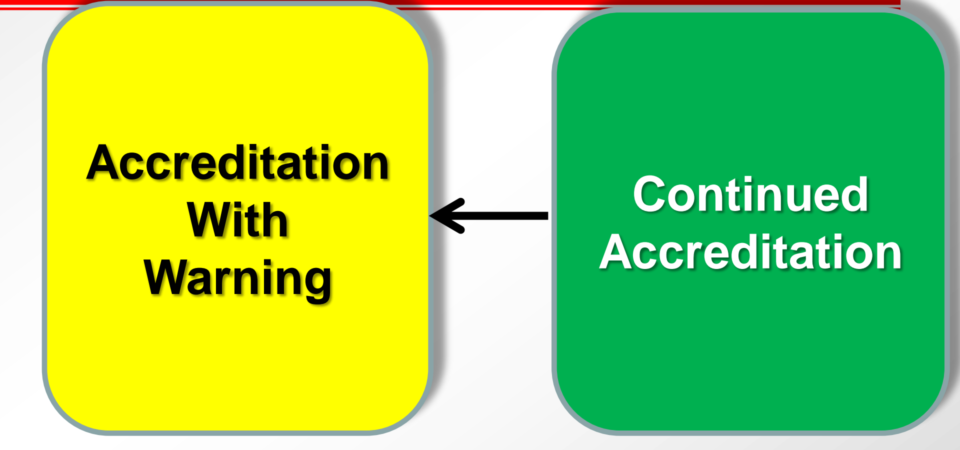
STANDARDS

Outcomes
Core Process
Detail Process

Outcomes
Core Process
Detail Process



Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



STANDARDS

Outcomes
Core Process
Detail Process

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Detail Process

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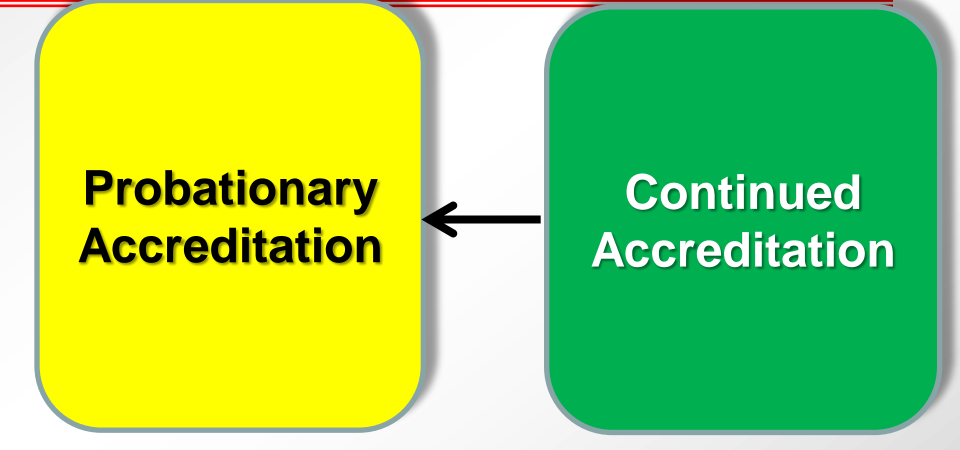
Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



STANDARDS

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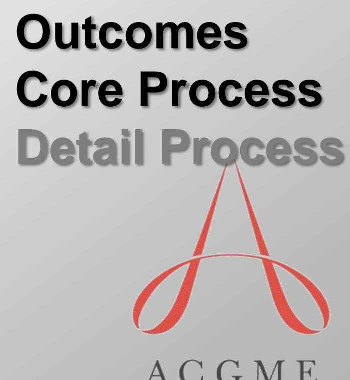

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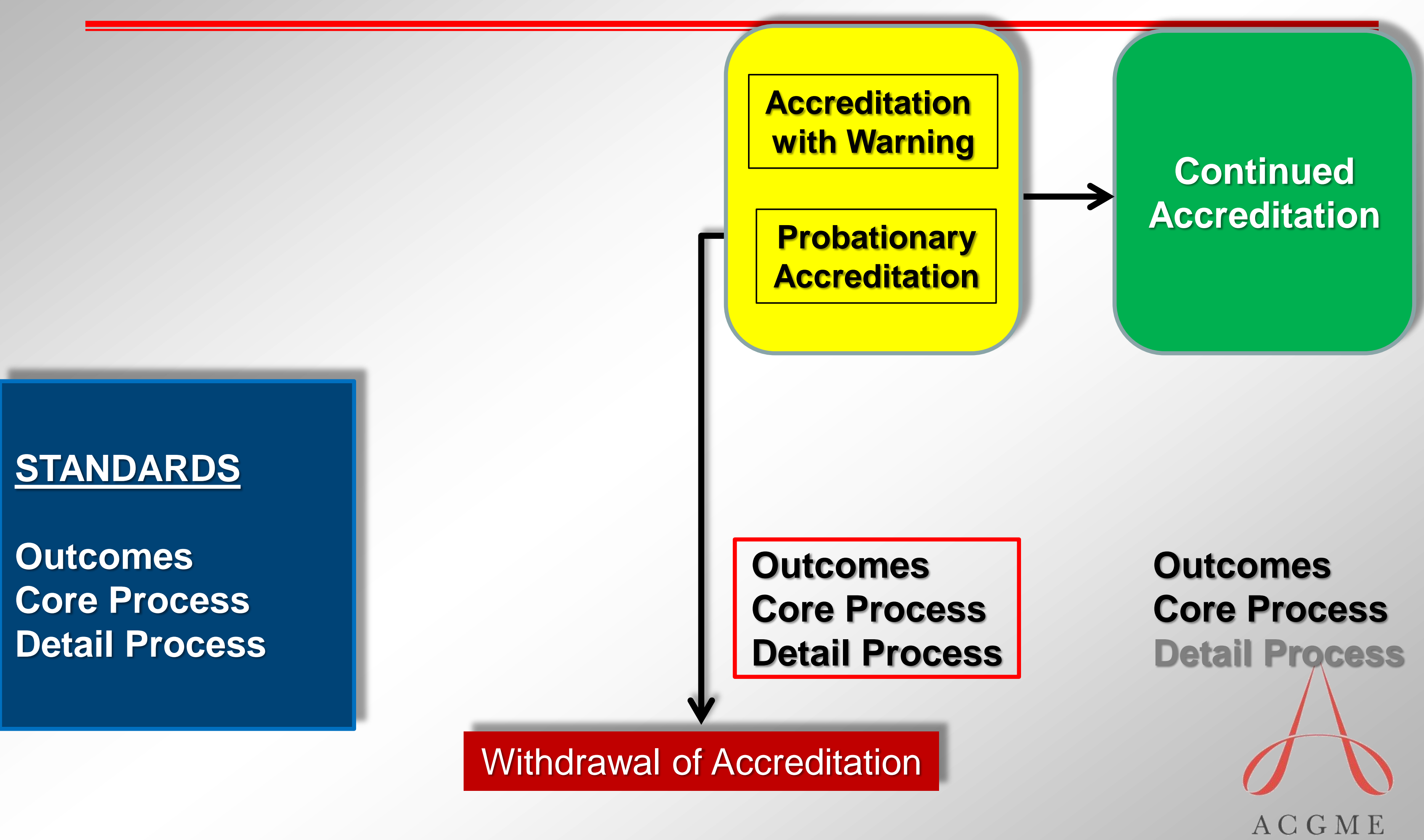

Annual Data Reviewed by RRC

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

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Streamlined ADS Annual Update

- 33 questions removed
- 14 questions simplified
- *Very* few essay questions
- Self-reported board pass rate removed
- Faculty CVs removed
- 11 MCQ or Y/N questions added

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Current PIF Faculty CV

First Name: **John**	MI: **A**	Last Name: **Smith**
Present Position: **Department Chairman**		
Medical School Name: **North Univ, Roots, CA**		
Degree Awarded: **MD**		Year Completed: **1993**
Graduate Medical Education Program Name: **State Program**		

Specialty/Field: **Urology**	Date From: **7/1993**	Date To: **6/1998**

Certification Information				Current Licensure Data	
Specialty	Certification Year	Certification Status	Re-Cert Year	State	Date of Expiration
Urology	2001	Original Certification Valid		CA	1/2014

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
7/2009	Present	State Program
7/1999	Present	State Program
3/2002	6/2009	State Program

Concise Summary of Role in Program:
Fellowship-trained in female urology and urodynamics. Dr. Smith brings an expertise that is vital to resident training in urology. Along with Dr. James, he coordinates all resident research activities. He is an active participant at all urology conferences.

Current Professional Activities / Committees (limit of 10):

- [2009 - Present] Chairman, Department of Urology; Medical Center
- [2009 - Present] Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery, Department of Urology; City Hospital
- [2009 - Present] President, Urological Society
- [2009 - Present] Co-Chairman, Division of Female Pelvic Medicine and Reconstructive Pelvic Surgery; Medical Center
- [1999 - Present] Member, Society for Urodynamics and Female Urology
- [1999 - Present] Member, American Urogynecologic Society
- [1999 - Present] Member, International Continence Society
- [1999 - Present] Member, Section of the American Urological Association
- [1999 - Present] Member, Urologic Society
- [1998 - Present] Member, American Urological Association

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

- Names. Historical perspective and outcomes for neurogenic bladder. Future Medicine 6(2)165-175, 2009.
- Names. Application and comparison of the American Urological Association and European Association of Urology current recommendations for antibiotic prophylaxis in the urologic patient undergoing office procedures. Future Medicine 6(2)145-149, 2009.
- Names. Two popular treatment options for neurogenic bladder Therapy 2009 6:2, 133-134
- Names. Editorial comment. Effect of pelvic floor interferential electrostimulation on urodynamic parameters and incontinency of children with myelomeningocele and detrusor overactivity. Urology. 2009 Aug;74(2):329; author reply 329-30.
- Names. Tethered cord syndrome in a 24-year-old woman presenting with urinary retention. Int Urogynecol J Pelvic Floor Dysfunct. 18(6) 679-81, 2007.

Selected Review Articles, Chapters and / or Textbooks from the last 5 years (limit of 10):

- The Accidental Sisterhood: Take control of your bladder and your life. Names. 3rd Edition, Pelvic Floor Health, City, State, 2009
- The Accidental Sisterhood: Take control of your bladder and your life. Names. 2cd Edition, Pelvic Floor Health, City, State, 2007
- The Accidental Sisterhood: Take control of your bladder and your life. Names. Pelvic Floor Health, City, State, 2006
- Names. Whitmore, K.E. Hypersensitivity Disorders of the Lower Urinary tract. Urogynecology and Reconstructive Pelvic Surgery, 3rd edition. Mosby-Year Book, City, State, 2007.

Participation in Local, Regional, and National Activities / Presentations / Abstracts / Grants from the last 5 years (limit of 10):

- Incontinence in Women: An objective look at the options. Course faculty member AUA Annual Meeting, San Francisco, CA 2010 AUA Annual Meeting, Chicago, IL 2009 AUA Annual Meeting, Orlando, FL 2008 AUA Annual Meeting, Anaheim, CA 2007
- Multi-institutional experience with sacral neuromodulation in children for dysfunctional elimination syndrome or neurogenic bladder with intcontinence. Urological Annual meeting 2010 (presented by Katherine Hubert)
- Overactive bladder and Interstim Therapy, AdvaMed-Advanced Medical Technology Association, Washington, DC. 2008
- Stress Urinary Incontinence and Prolapse, Case presentations and complications Urologic Society Annual meeting 2007.
- Acute urinary retention status post suburethral sling, Names. Urologic Society Annual meeting 2007
- Commercial Prolapse Repair "Kits" vs. Traditional Transvaginal Prolapse Repairs: A Comparison of Efficacy and Cost. Names, A. Society for Urodynamics and Female Urology (SUFU), February 22, 2007 (Poster) Southeastern Section of the AUA, March 8-11, 2007 (Poster)
- Abdominal Sacral Colpopexy with Soft Polypropylene Mesh is Safe and Effective at Three-Year Follow-Up. Names. SUMMA Postgraduate Day, 2006.
- Early Complication Rates of the Apogee/Perigee? Prolapse Repair System for Vaginal Vault Prolapse. Names. Accepted for oral presentation, SUMMA Postgraduate Day, 2006.
- The Correlation Between Valsalva Leak-Point Pressure (VLPP) and MUCP in Determining Genuine Stress Urinary Incontinence and Intrinsic Sphincter Deficiency. Names. Postgraduate Day, Locations, June 6, 2005 Section of the AUA, September 2005

If not ABMS board certified, explain equivalent qualifications for RC consideration:

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Scholarly Activity Template

Scholarly Activity as Performance Indicator

Templates for Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012	Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters / Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
	John Smith	12433	32411			3	1	1	3	Y	N
Resident Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012		Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012		Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012
	Resident	PMID 1	PMID 2	PMID 3		Conference Presentations		Chapters / Textbooks	Participated in research		Teaching / Presentations
	June Smith	12433				1		0	N		Y
Categories for points:		**Peer Review Publication**				**Other Scholarly**			**Grantsmanship**	**Leadership / Peer Review**	**Education**

Faculty Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.				Number of abstracts, and prese... given at internation... national, o... meetings 7/1/2011 a... 6/30/2012	... active leadership ...ch as serving on ...tees or governing ...) in national medical ...ations or served as ...r or editorial board ...r for a peer- ...d journal between ...1 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
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Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4.

PMID 1	PMID 2	PMID 3	PMID 4
12433	32411		

Enter Pub Med ID #'s

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	John Smith	12433	32411			3		Y	N

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012

Conference Presentations

3

Enter a number

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Faculty Scholarly Activity

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

Enter a number

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Faculty Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	PubMed Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, pos[illegible] and presenta[illegible] given at international, national, or re[illegible] meetings be[illegible] 7/1/2011 and 6/30/2012	[illegible]	[Ha]d an active leadership [role] (such as serving on [com]mittees or governing [boa]rds) in national medical [org]anizations or served as [revi]ewer or editorial board [mem]ber for a peer-[revi]ewed journal between [7/1/]2011 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conferen[ce] Presentati[ons]	[illegible]	[Lea]dership or Peer-Review Role	Teaching Formal Courses
	John Smith	12433	32411			3	[illegible]	Y	N

Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012

Leadership or Peer-Review Role
Y

Answer Yes or No

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Faculty Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assign... PubMed) for articl... published betwe... 7/1/2011 and 6/30/2... List up to 4				Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
	Faculty Member	PMID 1	PMID 2	PMID 3	...	Teaching Formal Courses
	John Smith	12433	32411		...	N

Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.

Teaching Formal Courses
N

Answer Yes or No

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Faculty Scholarly Activity

Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.

Teaching Formal Courses
N

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assign... PubMed) for artic... published betwe... 7/1/2011 and 6/30/2... List up to 4		
	Faculty Member	PMID 1	PMID 2	PMID 3
	John Smith	12433	32411	

Answer Yes or No

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Scholarly Activity Template

Scholarly Activity as Performance Indicator

Templates for Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012	Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters / Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
	John Smith	12433	32411			3	1	1	3	Y	N
Resident Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012		Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012		Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012
	Resident	PMID 1	PMID 2	PMID 3		Conference Presentations		Chapters / Textbooks	Participated in research		Teaching / Presentations
	June Smith	12433				1		0	N		Y
Categories for points:		**Peer Review Publication**				**Other Scholarly**			**Grantsmanship**	**Leadership / Peer Review**	**Education**

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Resident Scholarly Activity

Scholarly Activity as Performance Indicator

Templates for Scholarly Activity

Faculty Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 4				Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012	Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2011 and 6/30/2012	Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2011 and 6/30/2012	Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2011 and 6/30/2012	Between 7/1/2011 and 6/30/2012, held responsibility for seminar, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
	Faculty Member	PMID 1	PMID 2	PMID 3	PMID 4	Conference Presentations	Other Presentations	Chapters / Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
	John Smith	12433	32411			3	1	1	3	Y	N

Resident Scholarly Activity	Mouse-over definitions:	Pub Med Ids (assigned by PubMed) for articles published between 7/1/2011 and 6/30/2012. List up to 3.			Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2011 and 6/30/2012		Number of chapters or textbooks published between 7/1/2011 and 6/30/2012	Participated in funded or non-funded basic science or clinical outcomes research project between 7/1/2011 and 6/30/2012		Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2011 and 6/30/2012
	Resident	PMID 1	PMID 2	PMID 3	Conference Presentations		Chapters / Textbooks	Participated in research		Teaching / Presentations
	June Smith	12433			1		0	N		Y

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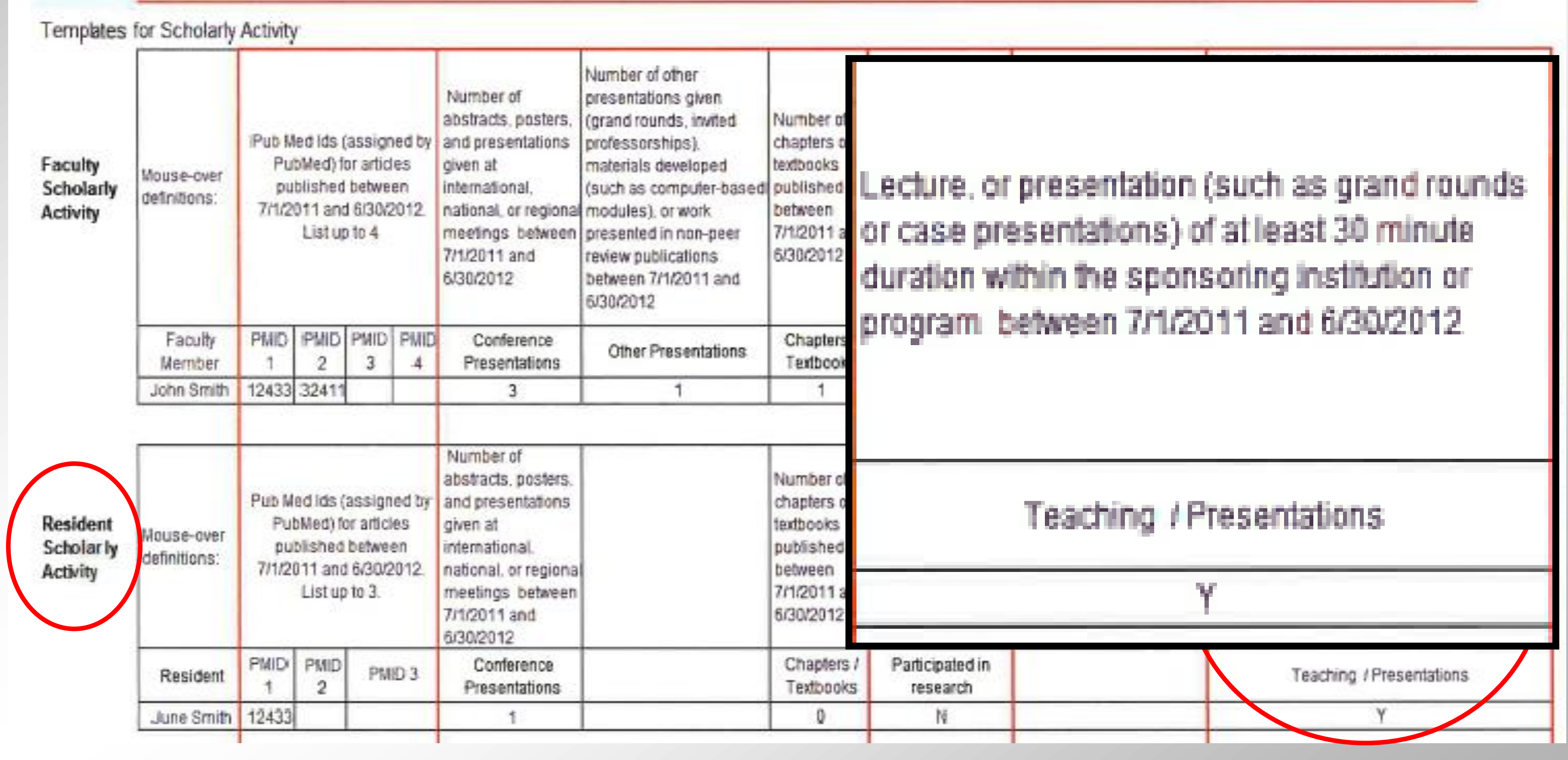
Resident Scholarly Activity



Annual RRC Program Review

- **Board Pass Rate – 5 year rolling average**
  - ABCRS has provided pass rates to the ACGME electronically for each year beginning with 2008 through 2012 for parts 1 and 2 for all programs
  - ABCRS will provide an annual electronic update to the ACGME, beginning with the 2013 exam results
  - Annual ABCRS reports to ACGME may preclude the need for programs to provide this information

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Annual RRC Program Review

- **Clinical Experience – Case logs**
  - RRC began annual case log reviews in fall 2012 (pre-NAS)
    - compliance with minimums not required
  - RRC case log review fall 2013 (pre-NAS)
    - compliance with minimums required
  - RRC case log reviews will continue when specialty enters NAS in July 2014
    - NAS case log reviews will occur as part of the annual data review that takes place in spring
    - case logs for 2013-2014 graduates will be reviewed at the February 2015 RRC meeting

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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

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Annual RRC Program Review

- **Faculty Survey** 5 question domains:
  - supervision and teaching
  - educational content
  - resources
  - patient safety
  - teamwork
  - Intended to mirror most resident survey questions and provide opportunity to compare responses by question domain
  - First survey completed: spring 2014
  - First RRC review of faculty survey data: spring 2015

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Annual RRC Program Review

- **Milestones**
  - First milestone evaluation period: July – December 2014
    - Residents evaluated as usual by the program (competency-based, multiple evaluators)
  - First milestone reports to ACGME: Nov/Dec 2014
    - Collected evaluations reviewed by the CCC
    - CCC determines milestone level for each resident for each milestone
    - Milestone reporting will be done through a link in ADS (not yet available)
  - Second milestone reports to ACGME: May/June 2015
  - First RRC review of milestone data: spring 2016

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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

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NAS: Annual Data Submission

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep

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NAS: Annual Data Submission

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
Case Logs			**Yr 0**											**Yr1**
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep

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NAS: Annual Data Submission

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
ADS Update			**Yr 1**											**Yr2**
Case Logs			**Yr 0**											**Yr1**
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep

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NAS: Annual Data Submission

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep
Resident Survey							**Yr 1**						
ADS Update	**Yr 1**												**Yr2**
Case Logs			**Yr 0**										**Yr1**
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Sep

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NAS: Annual Data Submission

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
Faculty Survey								**Yr 1**						
Resident Survey							**Yr 1**							
ADS Update	**Yr 1**													**Yr2**
Case Logs			**Yr 0**											**Yr1**
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep

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NAS: Annual Data Submission

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
Milestones					Yr 1 (Nov–Dec)	→					Yr 1 (May–Jun)	→		
Faculty Survey								Yr 1 (Feb–Apr)	→	→				
Resident Survey							Yr 1 (Jan–May)	→	→	→	→			
ADS Update	Yr 1 (Jul–Nov)	→	→	→	→									Yr2
Case Logs			Yr 0											Yr1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep

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NAS: Annual Data Submission

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep
Milestones					Yr 1						Yr 1			
Faculty Survey								Yr 1						
Resident Survey							Yr 1							
ADS Update	Yr 1													Yr2
Case Logs			Yr 0											Yr1
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Sep

Year 1 Data reviewed in February of Year 2

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NAS Timeline for Colon & Rectal Surgery

- Fall 2012: Program Requirements categorized
- Fall 2012: Milestones piloted
- Spring 2013: Milestones published
- Spring 2013: Most self-study dates assigned
- Training/Transition phase begins 7/2013

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Transition Year

- Begin July 1, 2013
- Policies and Procedures: 7/1/2013 http://www.acgme-nas.org/assets/pdf/FinalMasterNASPolicyProcedures.pdf
  - NO proposed adverse actions
  - Potential Actions (if currently accredited): progress report; focused site visit; continued accreditation; accreditation with warning; probation; complement reduction

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Transition Year

- Training phase activities
  - RRC reviews all data for all programs at spring 2014 meeting (includes 2013 surveys, annual ADS update info, case log reports)
  - RRC determines benchmarks for follow-up actions (e.g., progress report, focused site visit, etc.)
  - Traditional program reviews for programs on probation, short cycle or initial accreditation (PIF-less); non-accreditation requests reviewed as usual (Fall 2013, Spring 2014 RRC meetings)
  - Programs establish process for use of milestone reporting tools (Clinical Competency Committees)
- Enter NAS 7/2014

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July 1, 2014: Begin NAS

<u>Spring 2015 RRC Meeting</u>

Data review of all programs includes:

- Spring 2014 Resident survey (AY 2013-14)
- Spring 2014 Faculty survey (AY 2013-14)
- June 2014 program graduates Case log reports (AY 2013-14)
- Fall 2013 ADS update (AY 2013-14)
- Milestone data not included

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Milestones Timeline

NAS Program Activities

- Spring 2014: Form a CCC and prepare for milestone evaluations
- July – December 2014: First evaluation period
- Nov 1 – Dec 31 2014: First milestone evaluations submitted to ACGME (via ADS)

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Milestones Timeline

<u>NAS Program Activities</u>

- January – June 2015: second evaluation period
- May 1 – June 15 2015: Second milestone evaluations submitted to ACGME (via ADS)

February 2016: RRC review of AY 14/15 data, including milestones

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Clinical Competency Committee

New Common Program Requirements for Resident Evaluation (V.A.1)

- 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 and residents in their final year

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Clinical Competency Committee

New Common Program Requirements for Resident Evaluation (V.A.1)

- CCC activities include:
  - reviewing all resident evaluations completed by all evaluators semi-annually
  - preparing and ensuring the reporting of Milestones evaluations of each resident semi-annually to the ACGME
  - making recommendations to the program director for resident progress, including promotion, remediation, and dismissal

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Clinical Competency Committee

- Milestone data will be reported semiannually (Nov/Dec and May/June) via a link in ADS
- Programs should be forming their CCC now
- Faculty should be oriented to the milestones and faculty development in assessment should be provided

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THANK YOU!