

Accreditation Council for Graduate Medical Education

Residency Review Committee for Internal Medicine (RRC-IM) Update American Society of Hematology 2013

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Since we last met ...

- NAS is here
- Experience with ADS
- ABIM & AAIM working feverishly in sub milestones



When is my program reviewed?

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



Where did the NAS annual data elements come from?

History of prior accreditation decisions

Data analysis & modeling

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

*Adequate sensitivity
Minimize false negative and positives
Importance of trends*

Understand that this is a...



New data elements will likely be introduced in future.



Annual Data Review Elements

The following are the “primary” annual data elements:

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



What happens *after* data are reviewed?

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

* *Status conferred only after a site visit.*



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Clinical Competency Committee

new common PR effective July 1, 2013

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

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



Clinical Competency Committee

The Clinical Competency Committee should:

review all resident evaluations semi-annually;
(Core)

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

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



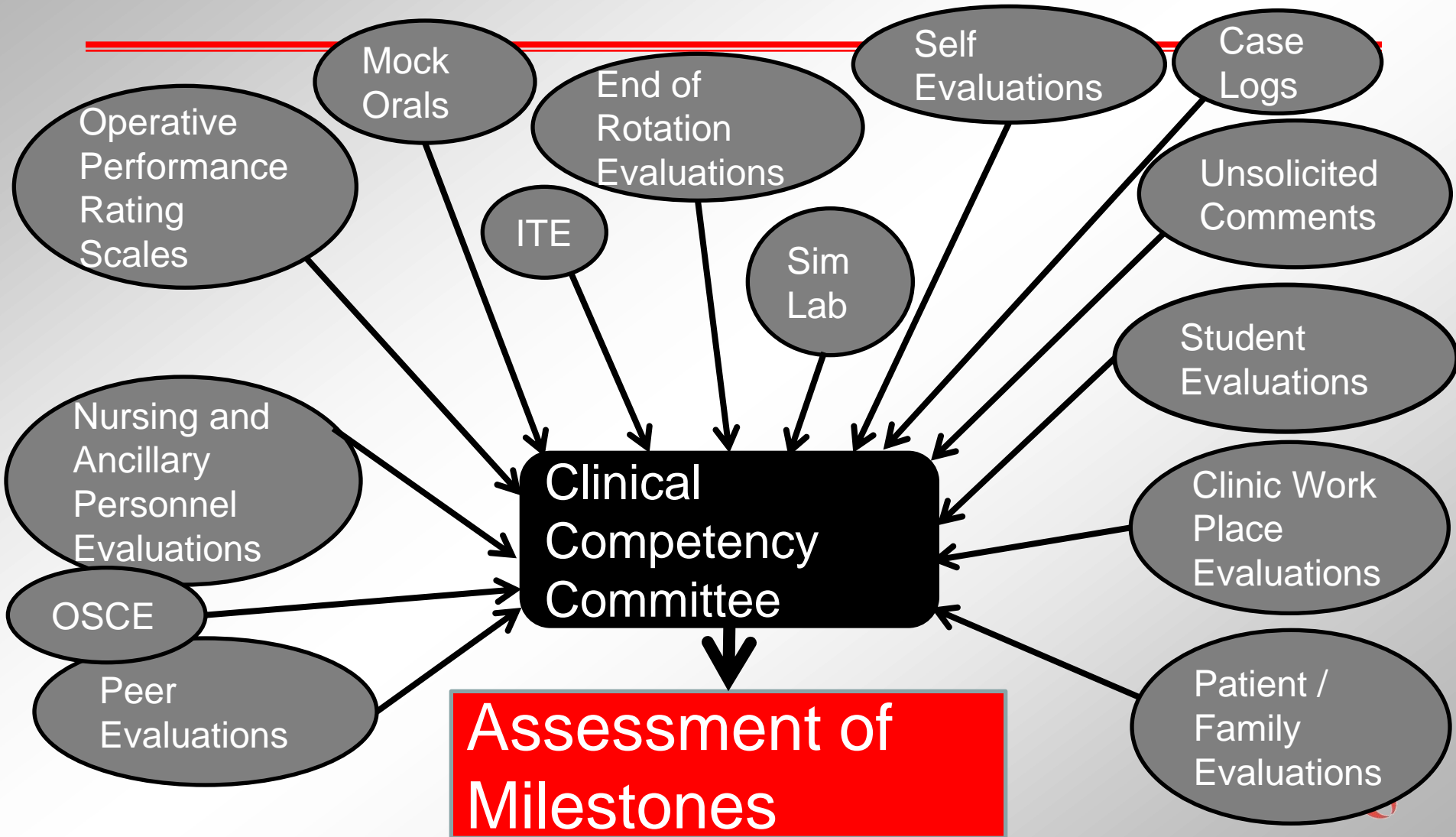
Clinical Competency Committee

Composition

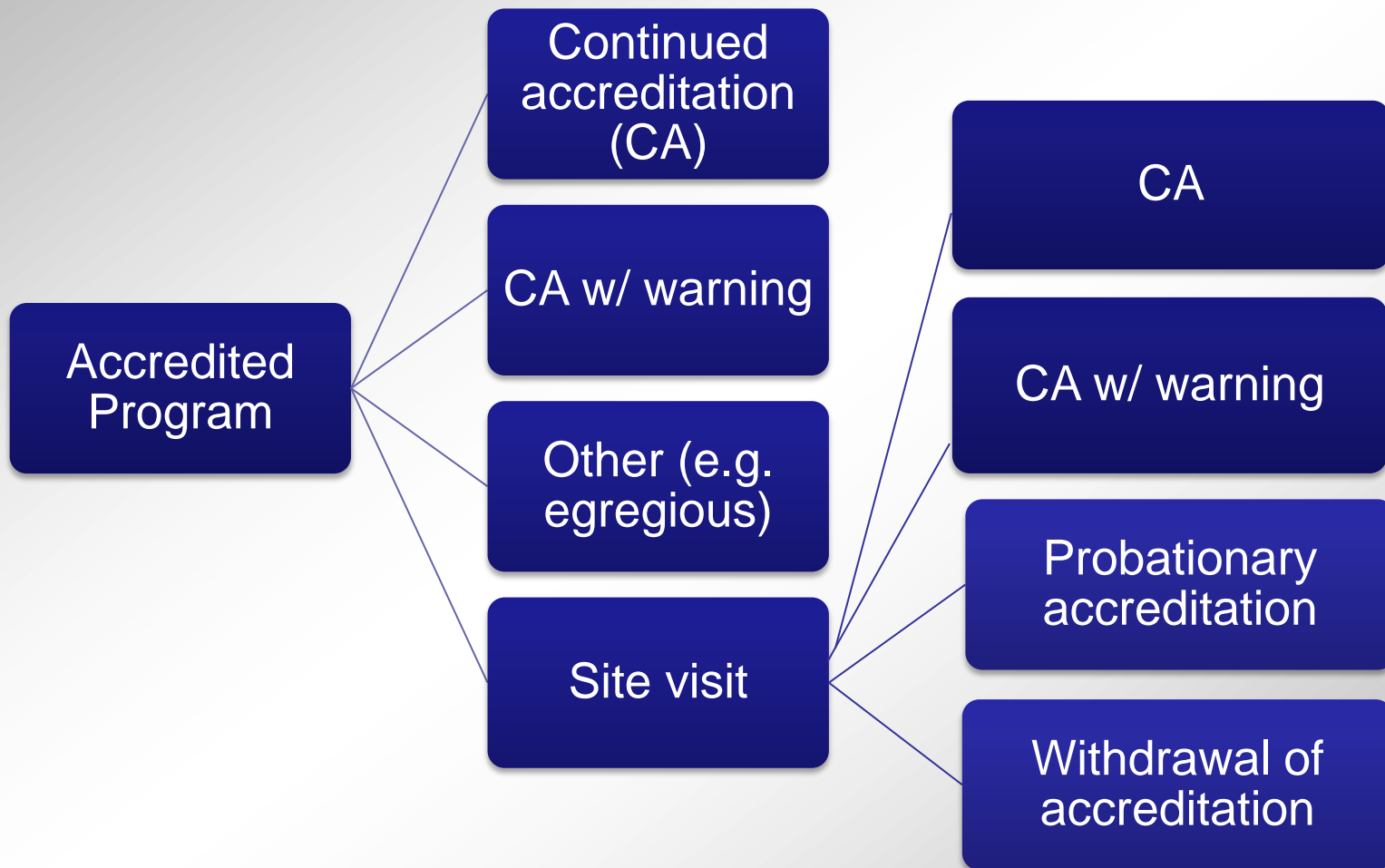
- PR's do not specify composition; each program may decide best structure
- PR's do not limit PD's role
- PR's do not define specialty, degree, role for members of CCC
- “Best practices” may be defined by community
- New FAQ's are posted



Competency Committees + Milestones



Continued Accreditation



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

Accreditation & Innovation

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



Citations

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



NAS: What's Different?

- No site visits (as we know them)

but...

- Focused site visits for an “issue”
- Full site visit (no PIF)
- Self-study visits every ten years



Focused Site Visits

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



Focused Site Visits

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

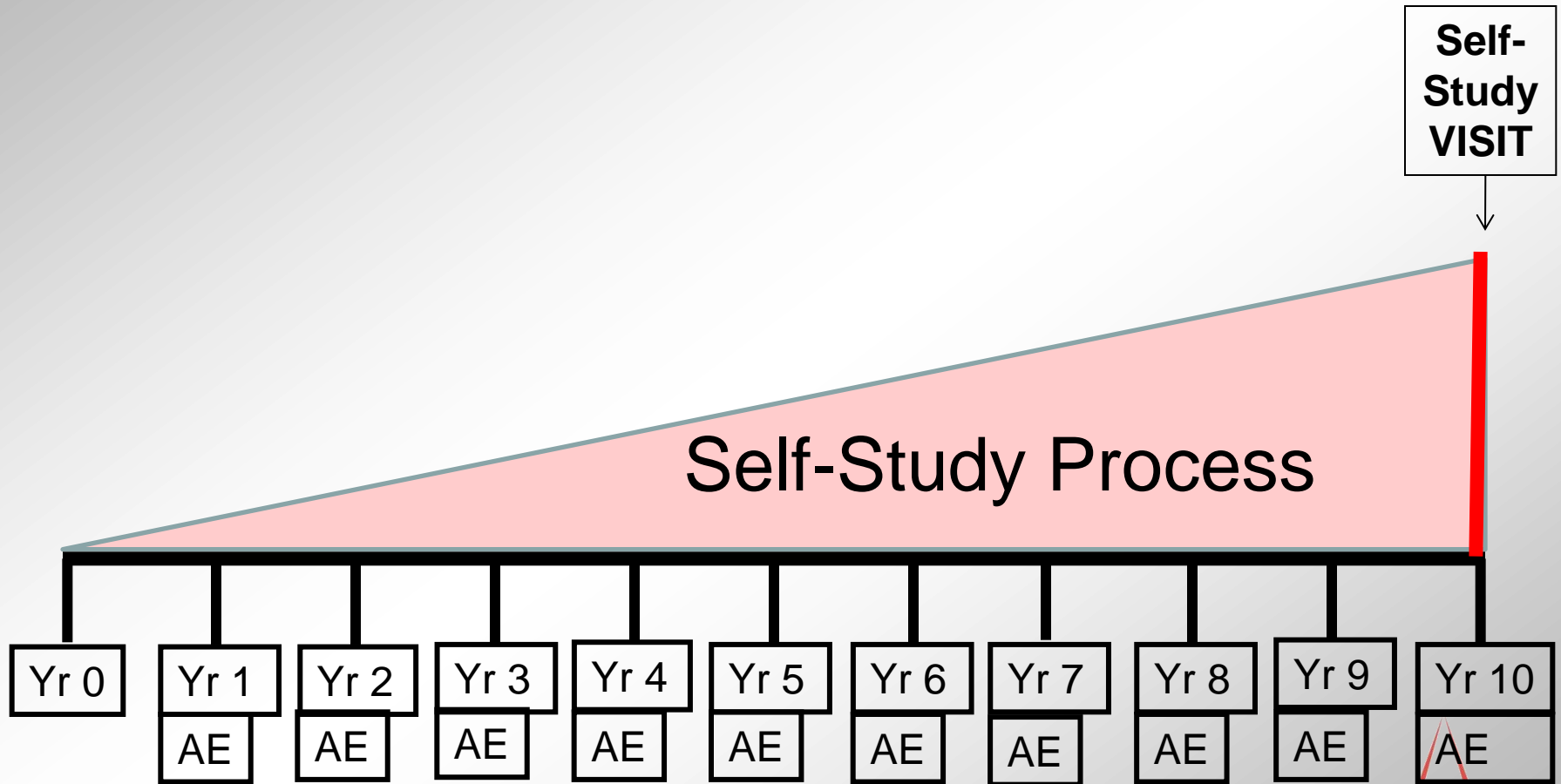


Full Site Visits

- Application for a new core program
- At the end of the initial accreditation period
- RRC identifies broad issues/concerns
- Other serious conditions or situations identified by the RRC
- Notification given ~ 60 days
- Minimal document preparation
- Team of site visitors



Ten Year Self-Study Visit



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What is a Self-Study Visit?

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



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What is a Self-Study Visit?

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



What about Milestones?



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