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?

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.
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

Operative Performance Rating Scales
Mock Orals
End of Rotation Evaluations
Self Evaluations
Case Logs
Unsolicited Comments
Student Evaluations
Clinic Work Place Evaluations
Patient / Family Evaluations
Nursing and Ancillary Personnel Evaluations
OSCE
Peer Evaluations
ITE
Sim Lab
Assessment of Milestones
Continued Accreditation

Accredited Program

- Continued accreditation (CA)
- CA w/ warning
- Other (e.g. egregious)
- Site visit

- CA
- CA w/ warning
- Probationary accreditation
- Withdrawal of accreditation

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
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
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?