

## Anesthesiology RRC Update

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## Objectives

- Clarify New Eligibility Requirements
- Provide Update on Single Accreditation System
- Describe NAS and Milestone Data collection
- Announce New Subspecialty
- Provide Update on CLER
- Provide Update on IoM Report
- Discuss Program Director Appointments
- Discuss Data on Clinical Practice Habits
- Answer Questions



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## Eligibility Requirement Exceptions

- ◆ New Program Requirements
- ◆ Approved September 2013
- ◆ Effective July 1, 2016
- ◆ Additional Proposed Changes out for Comment through 11/26/14



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## Residency eligibility

1. All prerequisite training (PGY-1/CA-0) must occur in:
  - ACGME-accredited programs
  - Canadian-accredited programs
2. All prerequisite must receive Milestones assessment from previous training after acceptance
3. No eligibility exceptions for residencies in Anesthesiology
4. Current eligibility requirements still in effect through 6/30/15



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## Fellowship eligibility

1. All prerequisite training must occur in:
  - ACGME accredited programs
  - Accredited Canadian programs
2. Incoming trainees must receive Milestones assessment from previous training after acceptance (available directly from ACGME)
3. "Exceptionally qualified" exceptions not allowed by RRC-Anesthesiology



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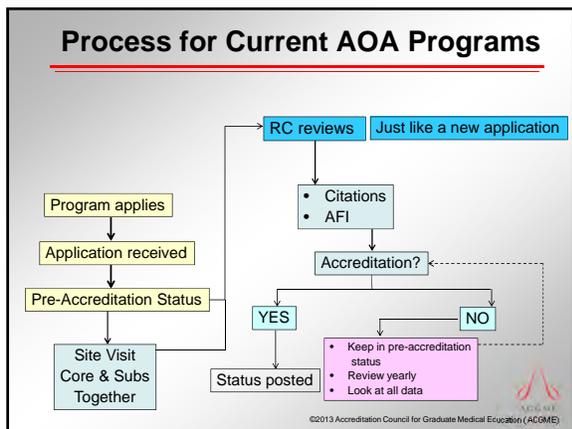
## Single Accreditation System

**Existing AOA-accredited programs can apply to receive Pre-Accreditation Status from 2015-2020**

- Institutions must apply for pre-accreditation before programs
- Institutional Application—Opens April 1, 2015
- Program Application—Opens July 1, 2015
  - Core, subs and single programs apply together
  - Residents from a program in pre-accreditation status will be held to the 2013 policies (i.e. AOA interns accepted into Core anesthesiology programs)



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### Single Accreditation System

- List of pre-accredited institutions/programs will appear on public Webpage
- AOA Members on relevant specialty RRCs
- Two new committees
  - Neuromusculoskeletal Review Committee
  - Osteopathic Principles Committee
- For more information, visit [SAS Webpage](#)

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### Milestones Update

- All Phase II programs reporting resident milestones data Nov-Dec 2014
- Subspecialty Milestones final; most posted on [RRC Webpage](#) (Adult Cardiac and Critical Care within two weeks)
- CBY (PG1 year) milestone assessments must be conducted by TY or other program providing Foundational Clinical Skills year and made available to Core Residency Programs

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### Accreditation Actions in NAS

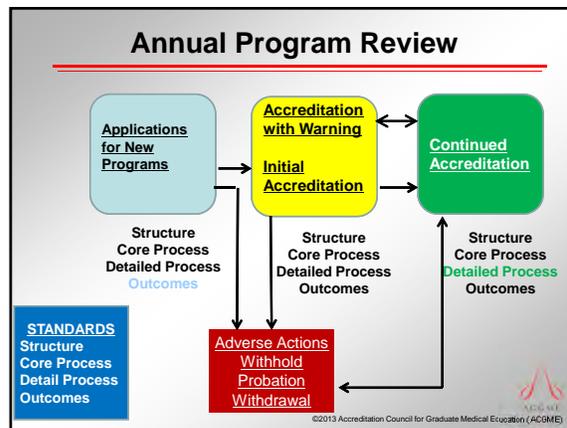
*Accreditation Policies and Procedures*  
Effective date: 7/1/2013

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### Data for RRC Annual Program Review

- Programs enter data in ADS
  - Milestones, Resident & Faculty Surveys
  - Annual Update
  - Case logs
- Winter RC meeting—Annual Program Review
  - Most accreditation decisions made
- Spring meeting—Follow-up on small number of programs (e.g. site visits)
- Fall meeting for new applications

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## Continued Accreditation

- Continued Accreditation - substantial compliance with requirements
- Outcomes will be reviewed annually by RRC
- Can innovate detailed requirements

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## Continued Accreditation with Warning

- Continued Accreditation with Warning – areas of non-compliance jeopardize accreditation status
- No permanent increase in complement
- No announcement to residents
- Public on website

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## Initial Accreditation

### Status assigned to Applications

- Core programs will have site visit *prior* to RC review.
- Fellowships don't need application
- Site Visit within 2 years of Initial Accreditation
- IA with Warning
- Withhold – **can be appealed**
- No Probation
- Programs must adhere to all requirements, including detailed

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## Adverse Actions

### *What has changed*

- No proposed adverse actions
- Adverse accreditation status can only be conferred following a site visit
- Programs with adverse accreditation status cannot request an increase in resident complement
- Probation cannot exceed 2 consecutive annual reviews

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## Adverse Actions

### *What hasn't changed*

- A program on Withdrawal can complete the current academic year
  - With RRC approval can complete 1 more year
- No new residents can be appointed
- If program re-applies within 2 years, they must address previous citations
  - A site visit is needed for all applications following a withdrawal

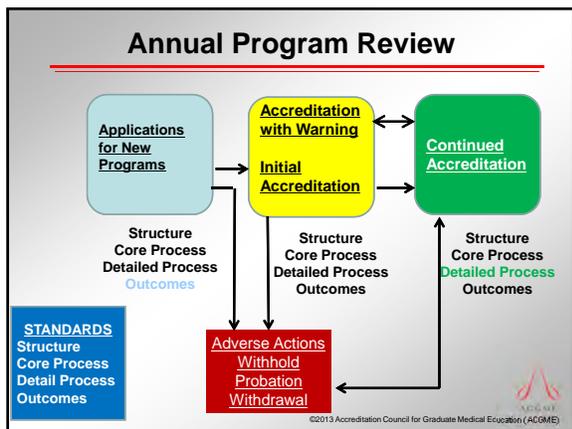
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## Relationship of Core & Subs

Fellowships must have a relationship with a core residency program

- Self-study visits of core and associated fellowships will occur at the same time
- Adverse action in core results in the same (administrative) status for their associated fellowships
  - Withdrawal of core means withdrawal of all associated fellowships
- New fellowships can only be started if core status is Continued Accreditation
  - NO attached programs can be on Probation or in appeal
  - Old fellowships have a choice

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### Regional Anesthesiology and Acute Pain Medicine Subspecialty

- Proposed with support of American Society of Regional Anesthesiology and American Association of Pain Medicine
- Anesthesiology subspecialty
- Approved at September 2014 BoD meeting
- Forming Committee to begin work on Program Requirements
- Estimated date of implementation July 1, 2016

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### CLER Feedback

- What it is intended for:
  - Aha's! Experiences that inform learning
  - Guides for voluntary improvement efforts
  - A progressive set of activities for higher performance of organizational engagement in GME
  - Basis for empiric understanding of what is possible
  - Indicate areas ripe for future work
- What it is not intended for:
  - Gotcha's
  - New stealth accreditation requirements

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### Global General Reflections: Part I

- Cycle 1 225/293 Institutions
- Extraordinary clinical leadership
- Very enthusiastic GME community
- CEOs and executive leadership working under enormous pressure to adapt to external environment
- Community of nurses very supportive to GME

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### Global General Reflections: Part II

- Large variability in executive leadership:
  - general knowledge about GME
  - issues facing GME
- Similarly large variability in GME leadership:
  - residents/fellows and faculty lack of understanding of systems-based needs of the complex health care environment

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### CLER Pathways to Excellence

- A guidance document
  - For both GME and Senior leadership of clinical site
- A means to start conversation
  - With senior leadership
  - Across programs

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## Next Steps for CLER

- Cycle 1 complete 2015 Qtr 1
  - 225/293 SIs so far
  - Have 2 or more core programs
  - National report on observations
  - May suggest new institutional requirements
- Cycle 2 starts 2015 Qtr 2
  - New protocols: Patient experience, multiple sites, Governance BOD
- Small institutions 2015 Qtr 3
  - New protocols: Size, Organization

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## IOM Report

- Medicare supplies stable funding
- Finance through two funds
  - Operational
  - Transformational
- Governance through policy and operations
- Medicaid still through states
- Requires congressional action
- ACGME will do its part but cannot lobby

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## Program Director Qualifications

- Includes “requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee” (II.A.3.a)
- Increase in junior faculty taking on Program Director role
  - Requires Mentoring Plan
- Succession planning
  - Appoint Associate Program Director

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## Clinical Practice Data

- Resident Survey question “Are you provided information about the effectiveness of your clinical practice habits?”
- Challenge: little individual resident data available, most is team/institutional
- Varying methodologies: chart review, billing codes

Educational Content	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	100%	5.0	95%	4.8
Institutional level to manage fatigue	97%	4.5	93%	4.7
Identified with opportunities for scholarly activities	90%	4.5	79%	4.0
Appropriate balance for education	90%	4.5	81%	4.2
Education level compensated by service obligations	87%	4.4	75%	3.8
Supervisors demonstrate competency	100%	4.6	99%	4.5
Reviewed data about practice habits	50%	3.3	50%	3.4
See 2013b across various settings	94%	4.7	95%	4.8

- Goal is to get some form of data to residents for reflection, PBLI
- Specialty RRCs interpret
- Input from Community: what constitutes meaningful data?

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## Questions?

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