

Anesthesiology RC Update

Robert Gaiser, MD
Chair
Anne Gravel Sullivan, PhD
Executive Director


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Disclosures


No conflicts of interest to report



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Objectives


- Provide update on changes to Program Requirements
- Provide update on Single Accreditation System
- Describe annual program review process and milestone data collection
- Provide update on Regional Anesthesiology and Acute Pain Medicine subspecialty
- Review RC Initiatives in 2016
- Answer questions



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New RC Members and Leadership


<p>Chair: Robert Gaiser, MD, MEd</p> <p>Vice Chair: Cynthia Wong, MD</p> <p>New RC Members:</p> <ul style="list-style-type: none"> • David Simons, DO <ul style="list-style-type: none"> • Lancaster Regional Medical Center, Lititz, PA • Chair and Medical Staff President 	<ul style="list-style-type: none"> • Tim Clapper, PhD <ul style="list-style-type: none"> • University of Colorado-Colorado Springs • Education and Simulation Consultant • Keith Baker, MD, PhD <ul style="list-style-type: none"> • Critical Care and Pain Medicine • Massachusetts General Hospital
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What's New in the Program Requirements?




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Changes to Program Requirements July 1, 2016

Resident and Fellow Eligibility

- **All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs^(Core)**
 - Royal College of Physicians and Surgeons of Canada (RCPSC) or College of Family Physicians of Canada (CFPC) acceptable
 - Interns from AOA programs seeking ACGME accreditation acceptable during transition into SAS
- **Applies to Interns, Transfers and Fellows**
 - Programs must receive verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program. ^(Core)



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Changes to Program Requirements July 1, 2016

Can an international fellow applicant who completed a non-ACGME residency be accepted as a fellow for July 1, 2016?

Yes

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Changes to Program Requirements July 1, 2016

Fellowship Eligibility

“Exceptionally qualified” candidates are now permitted by RC

These candidates must have documented:

- Completion of non-ACGME training
- Comparison of performance to peers
- Additional evidence of:
 - Research
 - Scholarship
 - Leadership

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“Exceptionally-Qualified” Candidates

Must be:

- Reviewed by PD/recruitment committee
- Approved by GMEC or subcommittee

Must have:

- Satisfactory performance on USMLE 1, 2 (and 3 if eligible)
- ECFMG certificate if international
- Baseline milestone assessment within 6 weeks or ACGME-I report
 - Remediation if unsatisfactory
 - Overseen by CCC and GMEC

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Program Requirement Changes-SAS

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

- Institutions must apply for pre-accreditation before programs
- Cores & Subspecialties apply together

Anesthesiology Program Applications

- 13 AOA Programs surveyed intend to apply
- Intentions of 121 AOA internships vary (i.e. apply, merge, close)
- Interns from a program in pre-accreditation status will be held to the less restrictive 2013 eligibility policies per MOU

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Program Requirement Changes-SAS

- List of pre-accredited institutions/programs will appear on [public webpage](#)
- **RC will not penalize core programs for accepting CBY candidates from AOA internships during early stages of application process (2016-17)**
- Osteopathic Recognition applications open
 - Reviewed by Osteopathic Principles Committee
 - Any program may apply
- For more information, visit [SAS webpage](#)

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Program Director Qualifications

II.A.3. Qualifications of the program director must include:

- Requisite specialty expertise and documented educational and administrative experience acceptable to RC (Core)
- Current certification in the specialty by the ABA* or specialty qualifications that are acceptable to the RC (Core)
- Current medical licensure and appropriate medical staff appointment (Core)
- Licensure to practice medicine in the state where the institution that sponsor the program is located (certain federal programs are exempted) (Core)
- *RC will consider AOA-certified Program Director

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Program Director Qualifications

- **Qualifications of the program director must include:**
 - Faculty experience, leadership, organizational and administrative qualifications and the ability to function effectively within an institutional governance.
 - Significant academic achievements in anesthesiology, such as publications, the development of educational programs, or the conduct of research
- Increase in junior faculty taking on Program Director role
 - Requires Mentoring Plan
- Succession planning
 - Appoint Associate Program Director



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Case Logs

- New Adult Cardiac and OB case logs implemented summer 2015
 - Fellows required to use logs beginning July 1, 2016
- Revisions to Pediatric Anesthesiology case logs implemented September 2016
 - Residents required to use now



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Other RC Activities

- Regional Anesthesiology and Acute Pain Medicine Fellowship PRs being finalized
 - Draft Program Requirements posted for Review and Comment this summer, second posting in mid-December
 - Final Program Requirements and Impact Statement by March 2016
 - Implementation July 1, 2016
 - Application available approx. May 2016
- Revisions to Multi-Disciplinary Pain Medicine Fellowship Program Requirements slated for 2016-17



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Other ACGME Activities

- Milestones 2.0 work beginning early 2016
- Symposium on Physician Well-Being November 17-18, 2015
- ACGME will launch cross-specialty Innovation Program
 - Anesthesiology Innovation programs will apply for cross-specialty Innovation Program
 - Programs must track resident case log and milestone data if unable to use ADS



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Preparing for Program Annual Review

New Accreditation System



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Data for RRC Annual Program Review

- Programs enter data in ADS
 - Milestones (winter and spring)
 - Resident & Faculty Surveys (Jan-April)
 - Case logs (Final entry July-August)
 - Annual Update (Major Changes, Response to Citations-Sept-Oct)
- **Programs should enter faculty and resident scholarly activity, as well as new certifications before June 30th**



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New RC Meeting Timeline

- Winter RC meeting
 - Agenda Priority is Annual Program Review
 - Most accreditation decisions made
 - Feb 18-19, 2016 (agenda close Dec 4, 2015—earlier for core applications)
- Spring RC meeting
 - Follow-up on small number of programs (e.g. site visits, clarifying information)
 - April 14-15, 2016 (agenda close Feb 12, 2016)
- Fall meeting for new applications
 - Date TBD; likely September



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RC Annual Review Process

A program is reviewed

- If it received citations since July 1, 2013 (the inception of the NAS)
- If it is currently on Continued Accreditation with Warning or Probation
- When multiple issues identified among review metrics (e.g. low resident survey scores, low faculty scholarly activity)



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Post Annual Review

- RC will send Letter of Notification to every program every year
 - Confirming accreditation status
 - Listing citations (new, extended, resolved)
 - Indicating if additional information is needed
 - Site Visit
 - Clarifying report
 - Progress report



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Departmental LoN

To: core PD
Cc: sub PDs, DIO

Sub 1: Continued Accreditation

Sub 2: Probation. Program will receive separate letter : **LTR designation**

Sub 3: Program not reviewed at meeting because it received initial in 2012, and has no/limited NAS data. **** designation**

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation with Warning
Maximum Number of Residents: 100
Effective Date: 01/04/2014

Subspecialty Programs
The following is a list of subspecialty programs accredited with your program. Subspecialty programs with "*" preceding the program number were not reviewed at the most recent RC meeting. Subspecialty programs with LTR preceding the program number will be issued a separate Letter of Notification.

1410XXXXXX - Cardiovascular disease
Continued Accreditation - Effective: 01/04/2014

145XXXXXXX - Gastroenterology
Continued Accreditation - Effective: 01/04/2014

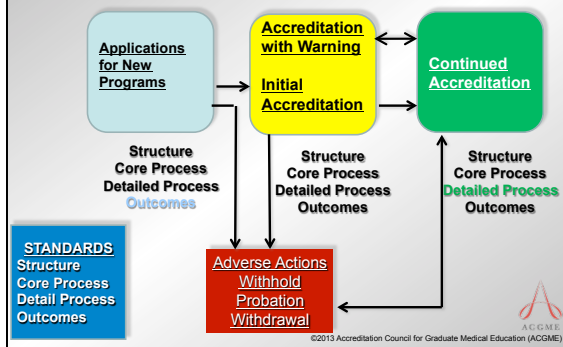
1460XXXXXX - Hematology and oncology
Continued Accreditation - Effective: 01/04/2014

1470XXXXXX - Hospitalist/geriatrics
Accreditation Withheld - Effective: 01/04/2014

1480XXXXXX - Advanced heart failure and electrophysiology
Full Accreditation - Effective: 01/04/2014

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Annual Program Review



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Continued Accreditation

- Continued Accreditation - substantial compliance with requirements
- Outcomes will be reviewed annually by RRC
- Can innovate around detailed requirements
- Over 95% of programs receive CA



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Continued Accreditation with Warning

- Continued Accreditation with Warning – areas of non-compliance jeopardize accreditation status
- No permanent increase in complement permitted
- No announcement to residents needs to be made
- Status 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 prior site visit but will receive one 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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Appeal Options

Adverse actions open to appeal

- Accreditation Withheld
- Probationary Accreditation
- Withdrawal of Accreditation
- Withdrawal of Accreditation Under Special Circumstances

Non-voluntary reduction in resident complement by the RRC is also open to appeal



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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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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



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Annual Review Process 2014-15

- 129 core programs reviewed
- 241 subspecialty programs reviewed
- Criteria for review included:
 - Resident & Faculty survey
 - Case logs
 - Faculty & Resident scholarly activity
 - Attrition & Omission
 - Major Changes (e.g. PD, DIO, CEO)



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RC Outcomes—2014-15

- 352 Programs given Continued Accreditation
- Four Programs given CA with Warning
- Two requests for clarifying information
- 12 Site Visits
- Two New CBYs
- Two Programs given Initial Accreditation with 2 years



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Questions?

Anne Gravel Sullivan, PhD
Executive Director, RC for Anesthesiology
Director of Distance Learning
(312) 755-7032
asullivan@acgme.org



Sonia Sangha, MPH
Accreditation Administrator
(312) 755-5493
ssangha@acgme.org



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