Accreditation Council for Graduate Medical Education

Residency Review Committee for Internal Medicine (RRC-IM) Update – NAS and the Program Requirements

ACGME

SPECIAL REPORT

The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham, Ph.D., M.Div., and Timothy C. Flynn, M.D.

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession,[1] and in 2009, it began a multiyear process of restructuring its accreditation system to be based on educational outcomes in these competencies. The result of this effort is the Next Ac-

LIMITATIONS OF THE CURRENT SYSTEM

When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education[2] and the emerging formalization of subspecialty education. In response, the ACGME's approach

[1] Nasca, T.J., Philibert, I., Brigham, T.P., Flynn, T.C.
The Next GME Accreditation System: Rationale and Benefits.
New England Journal of Medicine. Published Electronically, February 22, 2012. In Print, March 15, 2012.
DOI:10.1056/nejmsr1200117 www.nejm.org .
NEJM. 2012.366;11:1051-1056.

ACGME

What does NAS mean?

- General description of NAS
- Description of NAS Data Elements
- NAS Timeline

ACGME

What does NAS mean?

- General description of NAS
- Description of NAS Data Elements
- NAS Timeline

"What fresh hell is this?"
Dorothy Parker

Why NAS?

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

Next Accreditation System (NAS) Big picture…

- Less prescriptive program requirements that promote curricular innovation
- "Continuous accreditation model"
- Monitoring of programs based on "performance indicators"
- Continuously holding sponsoring institutions responsible for oversight of educational and clinical systems – via CLER (Clinical Learning Environment Review) program

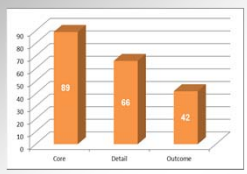
How is burden reduced?

- No PIFs!
- Scheduled self-study visits from ACGME every 10 years
- Focused site visits when "issues" are identified
- "Internal Reviews" no longer required
- Many data elements used in NAS are already in place in ADS
- Streamlined ADS annual update
  - Removed 33 questions
  - 14 questions simplified
  - Faculty CV removed (except for PD)
  - 11 MCQ or Y/N questions added

How does categorization of PR reduce burden + promote innovation?

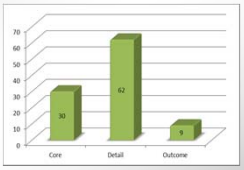
- PRs have been categorized into:
  - *Outcome, Core and Detailed PRs*
- *Why is categorization of PRs important in the NAS?*
  - *Programs identified as being in "good standing" based on metrics will be allowed to "**innovate" --** they will not be asked whether they are adhering to detailed PRs.*
  - *Detailed PRs do not go away, per se. PDs will not need to demonstrate compliance w/ these PRs, unless it becomes evident that a particular outcome or core PR is not being met.*
- Categorizations approved at the Sept 2012 ACGME Board meeting (for Core and Subs)

NAS: Common vs. General Sub PRs



Common Program Requirements	Total #	%
Core	89	45%
Detail	66	34%
Outcome	42	21%

Majority of Common PRs -- "core"



IM General Subspecialty Requirements	Total #	%
Core	30	30%
Detail	62	61%
Outcome	9	9%

Majority of General Sub PRs -- "detail"

Annual Data Review Elements

A Mix of "Old" and "New" – Many, are "Old"

Annual review of the following indicators:

1) *Program Attrition*
2) *Program Changes*
3) *Scholarly Activity*
4) *Board Pass Rate*
5) *Clinical Experience*
6) *Resident Survey*
7) *Faculty Survey*
8) *Milestones*
9) *CLER site visit data*

- *Collected now as part of the program's annual ADS update.*
- *ADS streamlined this year: 33 fewer questions & more multiple choice or Y/N*
- *Will be self-reported in ADS next year*
- *Clinical Experience Variable to be generated via annual administration of survey*

Annual Data Review Elements

Where did they come from?

- Modeling: What data predicted short cycles or adverse actions?
- History: What data did RRCs traditionally think was important?

Understand that this is a *work in-progress* and there is a possibility that the data elements may change in the future.

Use of Annual Data Review Elements

- Annual data review elements will be similar across specialties
- RRC-IM controls weighting of data elements
  - From minimally important to very important
- RRC-IM controls trigger points for "human" review
- As noted earlier, development of data elements and use will be an *iterative process*

Annual Data Review Element #1: Program Attrition

- *General Definition*: Composite variable that measures degree of personnel and trainee change w/in program.
- *How measured*: Has the program experienced any of the following:
  - *Changes in PD ?*
  - *Major decrease in core faculty?*
  - *High # of withdraw/transfer/dismissed trainees?*
  - *Change in Chair ?*
  - *DIO Change?*
  - *CEO Change?*

Annual Data Review Element # 2: Program Changes

- *General Definition*: Composite variable that measures the degree of structural changes to the program.
- *How measured*: Has the program experienced any of the following:
  - *Participating sites added or removed?*
  - *Resident complement changes?*
  - *Block diagram changes?*
  - *Sponsorship change?*

Annual Data Review Element # 1 & 2:

- RRC understands that the “changes” reflected in the previous data elements are not necessarily “bad” things
- Goal of weighting is to identify programs in significant flux
- If threshold is reached, “human” review will determine whether a problem exists and will follow-up with program

Annual Data Review Element #3: Scholarly Activity

- *General Definition*: data element that measures scholarly productivity within a program for faculty and for learners.
- In effort to reduce burden, ACGME removed faculty CVs and replaced them with a new "table" to collect scholarly activity data.
- RRC has determined that there should be *no change* in the expectations for core IM and subspecialty programs with regards to scholarly activity.

Annual Data Review Element #3: Scholarly Activity: Faculty (Subs)

	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 seminars, 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

RC-IM Expectation/Threshold: Within the last academic year, at least 50% of the program's minimum KCF need to have done *at least one type* of scholarly activity from the list of possible activities in the table above; AND, the "productivity" metric remains.

Annual Data Review Element #4: Board Pass Rates

- *V.C.1.c).(1) At least 80% of a program's graduating fellows from the most recently defined five-year period who are eligible should take the ABIM certifying examination.*
- *V.C.1.c).(2) At least 80% of a program's graduates taking the ABIM certifying examination for the first time during the most recent five-year period should pass.*

- RRC will be mindful of programs with small # of fellows.

Annual Data Review Element #5: Clinical Experience Data (Core)

- Composite variable on residents' perceptions of clinical preparedness based on the specialty specific section of the resident survey.
- *How measured*: 3rd year residents' responses to RS
  - *Adequacy of clinical and didactic experience in IM, subs, EM, & Neuro*
  - *Variety of clinical problems/stages of disease?*
  - *Do you have experience w patients of both genders and a broad age range?*
  - *Continuity experience sufficient to allow development of a continuous therapeutic relationship with panel of patients*
  - *Ability to manage patients in the prevention, counseling, detection, diagnosis and treatment of diseases appropriate of a general internist?*

ACGME

Annual Data Review Element #5: Clinical Experience Data (Subs)

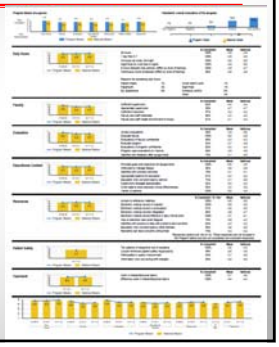
- Composite variable on fellows' perceptions of clinical preparedness based on the specialty specific section of the fellow survey.
- Brief fellow-specific survey is being developed, analogous to the core IM-specific survey.
- To be implemented in *2014*
- Initially, questions will be identical across all subs
  - General questions on clinical experience
  - RRC is currently finalizing questions
- Over time, probably will get more sophisticated
  - Specialty-specific questions
  - Discussions regarding implementing procedure/case logs

ACGME

Annual Data Review Element #6: ACGME Resident/Fellow Survey

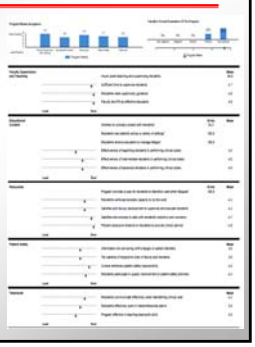
Survey Components

- ACGME (all specialties)
- IM specific items



Annual Data Review Element #7: Faculty Survey

- Administered for the first time to all Phase 1 faculty in December 2012 – January 2013
- Content areas align with Resident/Fellow Survey
  - *Faculty supervision & teaching*
  - *Educational Content*
  - *Resources*
  - *Patient Safety*
  - *Teamwork*
- *For subs 3 yrs in duration*: Whoever was listed in physician faculty roster in ADS update as "core" faculty was asked to complete the faculty survey
- *For subs less than 3 yrs in duration*: only PD asked to complete survey
- This was the case this year only.

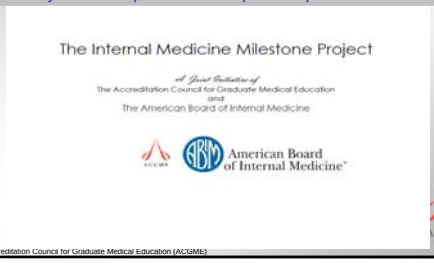


Annual Data Review Element #8: ACGME Reporting Milestones (Core)

http://www.acgme-nas.org/assets/pdf/Milestones/InternalMedicineMilestones.pdf

Annual Data Review Element #8: ACGME Reporting Milestones (Core)

"Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies that describe the development of competence from an early learner up to and beyond that expected for unsupervised practice."



Annual Data Review Element #8: ACGME Reporting Milestones

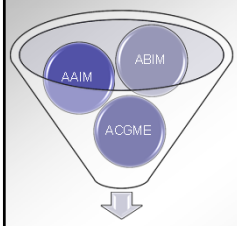
Important to note: Milestones are NOT an evaluation tool. Milestones are a reporting instrument.

How will Milestones be used?

- The Clinical Competence Committee (CCC) will review all assessment data (end of rotation faculty evaluations, peer evaluations, procedural simulation, self-assessments, case logs etc…)
- The CCC will take data from these evaluations and apply them to the milestones to mark the progress of a resident.
- New proposed requirements related to CCCs posted for review and comment thru May 15, 2013

FAQs about the NAS (December 2012)

Annual Data Review Element # 8: ACGME Reporting Milestones



NAS Milestones

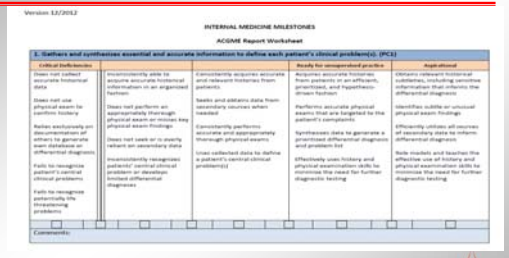
Competencies (6)

Sub-Competencies (22)

NAS Milestones (5 per sub-competency)

Milestones developed by education experts in the IM community.

Annual Data Review Element #8: Example



Annual Data Review Element #8: ACGME Reporting Milestones (Subs)

- Work on developing the Reporting Milestones for the subspecialties has officially begun
  - *"IM Subspecialty Milestones Summit" took place on February 11-12, 2013 in DC.*
  - *Mtg convened by AAIM and ABIM*
  - *Each subspecialty organization/society was asked to send a representative.*
  - *Mtg began with a review of the core IM Reporting Milestones.*
  - *Agreement by summit participants to see if the core IM Reporting Milestones can be modified and applied to all of the subs.*
    - *Core IM Milestones are a-contextual and flexible enough to generalize to subs*
    - *Skill in pursuing scholarship needs to be more fully defined in the sub Milestones*
  - *Next mtg will take place in the upcoming months*

Annual Data Review Element #9: CLER Visit Data

- CLER visits will be at the *institutional (not program) level*: visits of sites using by institution to provide educational experiences
- CLER visits will focus on
  - *1) engagement of residents in patient safety;*
  - *2) engagement of residents in quality improvement;*
  - *3) enhancing practice for care transitions;*
  - *4) identifying opportunities for reducing health disparities;*
  - *5) promoting appropriate resident supervision;*
  - *6) duty hour oversight and fatigue management; and*
  - *7) enhancing professionalism in the learning environment and reporting to the ACGME.*
- Initially, CLER visit data will not be used as an data element. How data will be used annually is currently under discussion.

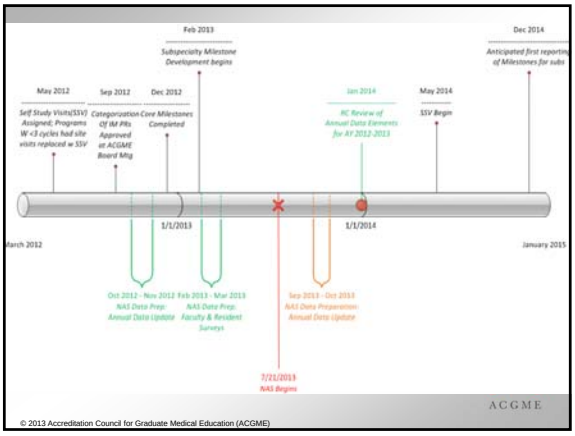
Visits in the NAS: Self Study Visits (SSV)

- *What is it*? Not yet fully developed
- SSV to begin in spring of 2014
- After the first SSV, will be scheduled to take place every 10 years.
- Will be conducted by a team of site visitors
- Will focus on core and subs as department or unit
- Will verify annual self-reported data
- Will validate the NAS approach
- Will require minimal document preparation
- Interviews with residents, faculty and leadership
- Focus will be on continuous improvement
- May verify compliance w "core" PRs
- Further fleshed out in upcoming webinar

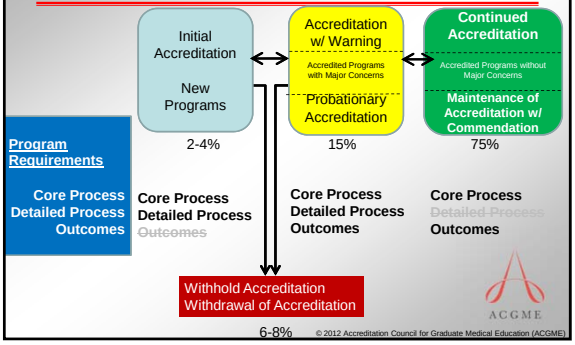
Visits in the NAS: Non-SSVs

- *Q: Now that I only have a SSV does that mean I will not be reviewed by ACGME except for every 10 years?*
- Not exactly. Although the SSV will take place every 10 years, the RRC will be reviewing data supplied by the program *annually* (Fellow Survey, Faculty Survey, Board score data, Milestones data, etc.) and will be able to request site visits whenever data element(s) show extreme responses.
- The RRC *will be able to request site visits not associated with the SSV*.
- These visits can be *focused* or *full site* visits and will not require a PIF.

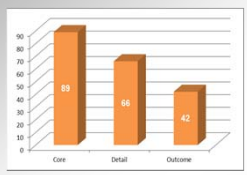
ACGME

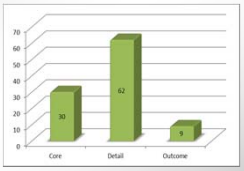


Conceptual Model of NAS



If "Continued Accreditation" = program in good standing, can innovate w/ "detail" PRs





Common Program Requirements		
	Total #	%
Core	89	45%
Detail	66	34%
Outcome	42	21%

IM General Subspecialty Requirements		
	Total #	%
Core	30	30%
Detail	62	61%
Outcome	9	9%

Majority of Common PRs -- "core"

Majority of General Sub PRs -- "detail"

ACGME

ACGME Webinars for the NAS

ACGME is planning webinars for the following:

Topic	*Target Date*
• *CLER Visit Program*	*December 2012*
• *Implementation the NAS*	*January 2013*
• *Self-Study Visits*	*March 2013*
• *Milestones, CCCs, & Resident Evaluation*	*April 2013*

Webinars will repeat throughout 2013. Presentations will be posted on ACGME's NAS microsite

ACGME

Timeline for Major Revision to PRs

- *Major revision* of GM PRs was out for review-and-comment thru mid-December, 2012.
- Before the June ACGME Board Meeting for review and approval
- If approved, the new PRs will go into effect July 1, 2014.

ACGME

RRC-IM

- 3 nominating organizations - ABIM, ACP, AMA
- Currently 20 voting members
- 6 year terms -- except resident (2 years)
- Generalists and subspecialists
  Cardiology, CCEP, Critical Care Medicine, Endocrinology, Gastroenterology, General Internal Medicine, Geriatric Medicine, Hematology/Oncology, Infectious Disease, Medicine-Pediatrics, Nephrology, Pulmonary/Critical Care Medicine, Rheumatology, Sleep Medicine, Transplant Hepatology
- Ex-officio members from each nominating organization (non-voting)

ACGME

Who is the RRC-IM?

James A. Arrighi, MD – Chair
Beverly M.K. Biller, MD
Robert Benz, MD
Christian Cable, MD
Andres Carrion, MD
Gates Colbert, MD
E. Benjamin Clyburn, MD – Vice-Chair
John Fisher, MD
Andrew S. Gersoff, MD
Lynne Kirk, MD
Betty Lo, MD
Brian Mandell, MD
Furman McDonald, MD
Elaine A. Muchmore, MD
Susan Murin, MD
Victor J. Navarro, MD
Andrea Reid, MD
Ilene Rosen, MD
Stephen M. Salerno, MD
Jennifer C. Thompson, MD

ACGME

Information on NAS: http://www.acgme-nas.org/

ACGME