Accreditation Council for Graduate Medical Education

The
Next Accreditation System:
A Resident Perspective

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"We improve health care by assessing and advancing the quality of resident physician education through accreditation."

ACGME Mission Statement

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Purpose

- Provide a brief history of the accreditation process

- Describe the components of the Next Accreditation System, including the Milestones and the Clinical Learning Environment Review program

- Address resident/fellow questions and concerns

Glossary of Terms

- ACGME – Accreditation Council for Graduate Medical Education
- RC – Review Committee
- NAS – Next Accreditation System
- CLER – Clinical Learning Environment Review program
- CCC – Clinical Competency Committee
- Institution

A Brief History

- 1999 – The ACGME and American Board of Medical Specialties (ABMS) establish the six Core Competencies
  - Designed to shift emphasis from process-oriented to outcomes-oriented standards in physician education
  - ACGME required residency/fellowship programs to use them as a rubric (a.k.a., the "Outcome Project")
- 2002 – Public and political pressure on the GME community to produce physicians capable of cost-conscious, patient-centered care begins to increase
- 2009 – The ACGME, ABMS boards, specialty colleges/academies, residency/fellowship program directors, and residents/fellows begin to define the "Milestones"
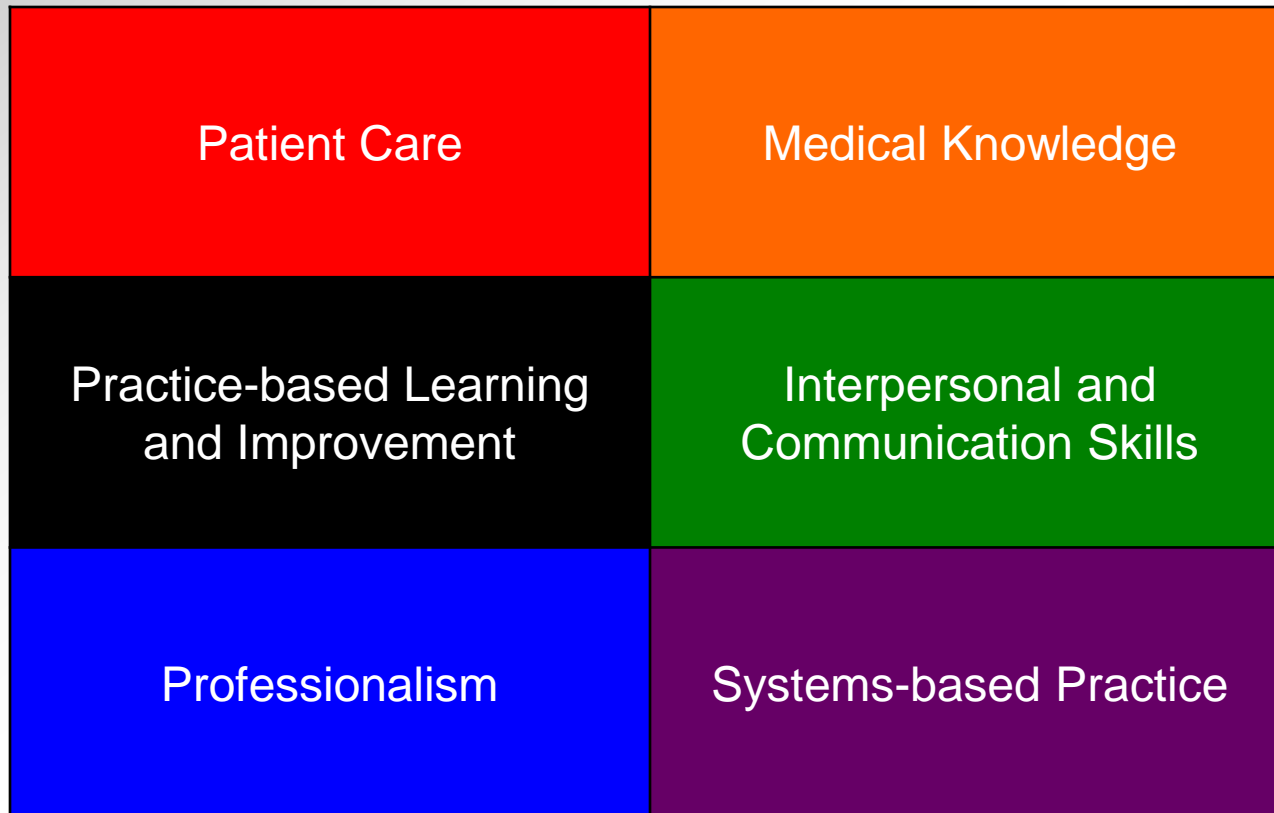
A Brief History

- 2012 – Alpha test sites begin to implement Milestones at the individual program level

- 2013 – NAS Phase I programs implement Milestones

- 2014 – The NAS is in place across all specialties; all programs must implement Milestones

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The Six Core Competencies

Patient Care	Medical Knowledge
Practice-based Learning and Improvement	Interpersonal and Communication Skills
Professionalism	Systems-based Practice

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Why Is a New System Needed?

- The old process-based system was "one size fits all"
- We need to standardize outcomes while simultaneously allowing programs to individualize education
- Good programs must be free to innovate
- We need to shift from a "catch them being bad" to a "reward them for being good" accreditation paradigm

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The Next Accreditation System

The NAS in a Nutshell

- A continuous accreditation model based on key screening parameters – this list is not all encompassing and is subject to change
  - Annual program data (resident/faculty information, major program changes, citation responses, program characteristics, scholarly activity, curriculum)
  - Aggregate board pass rate
  - Resident clinical experience
  - Resident Survey and Faculty Survey (latter is new)
- Semi-annual resident Milestone evaluations
- 10-year Self-Study and Self-Study Site Visit
- CLER Site Visits

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10-Year Self-Study Visits

Current Accreditation System	Next Accreditation System
Site visits every 5 years (or less)	Scheduled site visits every 10 years
Programs evaluated by Review Committee in conjunction with site visits	Program data evaluated annually by the Review Committee
Large printed Program Information Form (PIF)	No PIF; data transmitted electronically to ACGME annually
Periodic evaluation	Longitudinal evaluation
Process-oriented (provide appropriate documentation)	Performance-oriented (evaluate performance against goals)
Future goals not addressed	Helps programs establish goals for the future

The Review Committee in the NAS

- Use key annual data parameters to identify concerning trends or areas of concern
- Concentrate efforts on struggling programs – motivate them to improve and monitor progress in real-time
- Empower strong programs to innovate
- Conduct a complete review of each program, using a team-based, department-wide evaluation of programs every 10 years
- Issue at least one accreditation decision per program annually

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Accreditation Categories

- Initial Accreditation (new programs)

- Initial Accreditation with Warning

- Continued Accreditation

- Continued Accreditation with Warning

- Probationary Accreditation

- Withhold/Withdrawal of Accreditation

Clinical Learning Environment Review (CLER) Site Visits

An Institutional Assessment

- All programs within an institution evaluated simultaneously
- CLER is NOT tied to program or institutional accreditation
- Six areas of focus:
    - Resident/fellow engagement/participation in patient safety programs
    - Resident/fellow engagement/participation in QI programs
    - Establishment and oversight of institutional supervision policies
    - Effectiveness of institutional oversight of transitions of care
    - Effectiveness of duty hours and fatigue mitigation policies
    - Activities addressing the professionalism of the educational environment
- Formative, non-punitive learning process for institutions and the ACGME

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CLER Feedback

- Site visitors conduct "walk arounds" accompanied by resident/fellow hosts/escorts designed to facilitate contact with nursing and support staff and patients (eventually)

- Meetings held with:
  - DIO, GMEC Chair, CEO, CMO, CNO
  - CPS/CQO
  - Core faculty
  - Program directors
  - Residents/Fellows

- Answer questions honestly if approached by CLER site visitors

- No "gotchas," and no stealth accreditation impact

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Milestones

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Milestones

| Premedical Education BA/BS | Medical Education MD | Specialty Education (Residency) | Subspecialty Education (Fellowship) | Continuing Education/ (MOL – MOC) |

- Observable developmental steps from Novice to Expert/Master (based on Dreyfus model)

- Organized under the six domains of clinical competency
  - Set aspirational goals of excellence (Level 5)
  - Provide a blueprint for resident/fellow development across the continuum of medical education

- Working and Advisory Groups were anchored by members of each specialty, including board members, program directors, Review Committee members, national specialty organization leadership, and residents/fellows - with ACGME support

- General competencies were translated into specialty-specific competencies

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General Competency

Sub-competency

Developmental Progression or Set of Milestones

PC1. History (Appropriate for age and impairment)

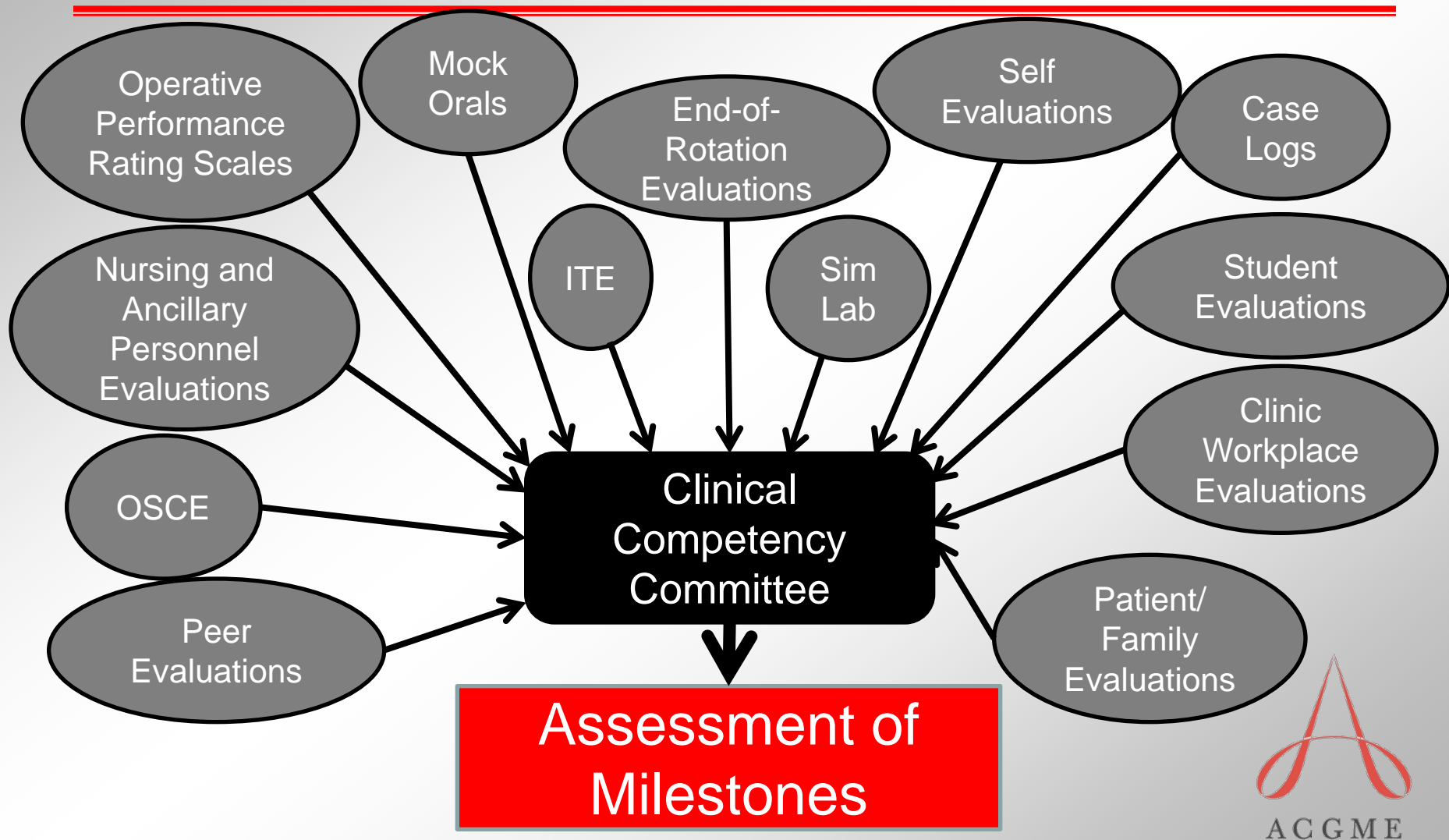| Level 1	Level 2	Level 3	Level 4	Level 5
Acquires a general medical history	Acquires a basic physiatric history including medical, functional, and psychosocial elements	Acquires a comprehensive physiatric history integrating medical, functional, and psychosocial elements Seeks and obtains data from secondary sources when needed	Efficiently acquires and presents a relevant history in a prioritized and hypothesis driven fashion across a wide spectrum of ages and impairments Elicits subtleties and information that may not be readily volunteered by the patient	Gathers and synthesizes information in a highly efficient manner Rapidly focuses on presenting problem, and elicits key information in a prioritized fashion Models the gathering of subtle and difficult information from the patient

Specific Milestone

Milestone Assessment

- Milestones are a summary of how a resident/fellow is progressing

- In some specialties, they mark progress towards Entrustable Professional Activities (EPAs)
  - Real life patient care episodes comprising the majority of the Milestones; achievement of the most sophisticated EPAs defines proficiency

- There are no hard and fast rules for how residents/fellows can or should progress through the Milestones

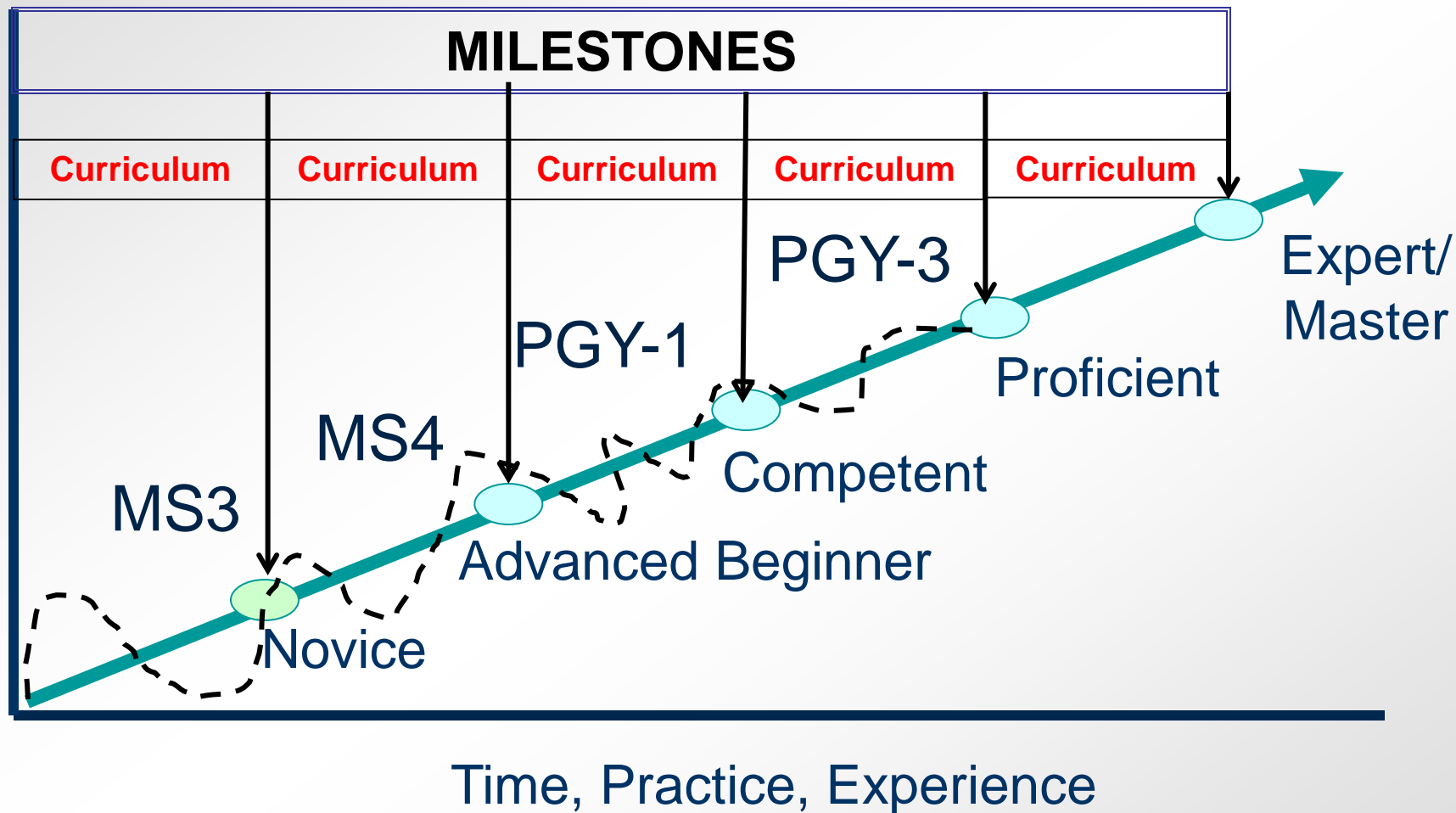- The program CCC evaluates the progress of each resident/fellow

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Based on Holistic Evaluation

Competency Development Model

MILESTONES

| Curriculum | Curriculum | Curriculum | Curriculum | Curriculum |

MS3 — Novice

MS4 — Advanced Beginner

PGY-1 — Competent

PGY-3 — Proficient

Expert/Master

Time, Practice, Experience

Dreyfus SE and Dreyfus HL. 1980
Carraccio CL et al. Acad Med 2008;83:761-7

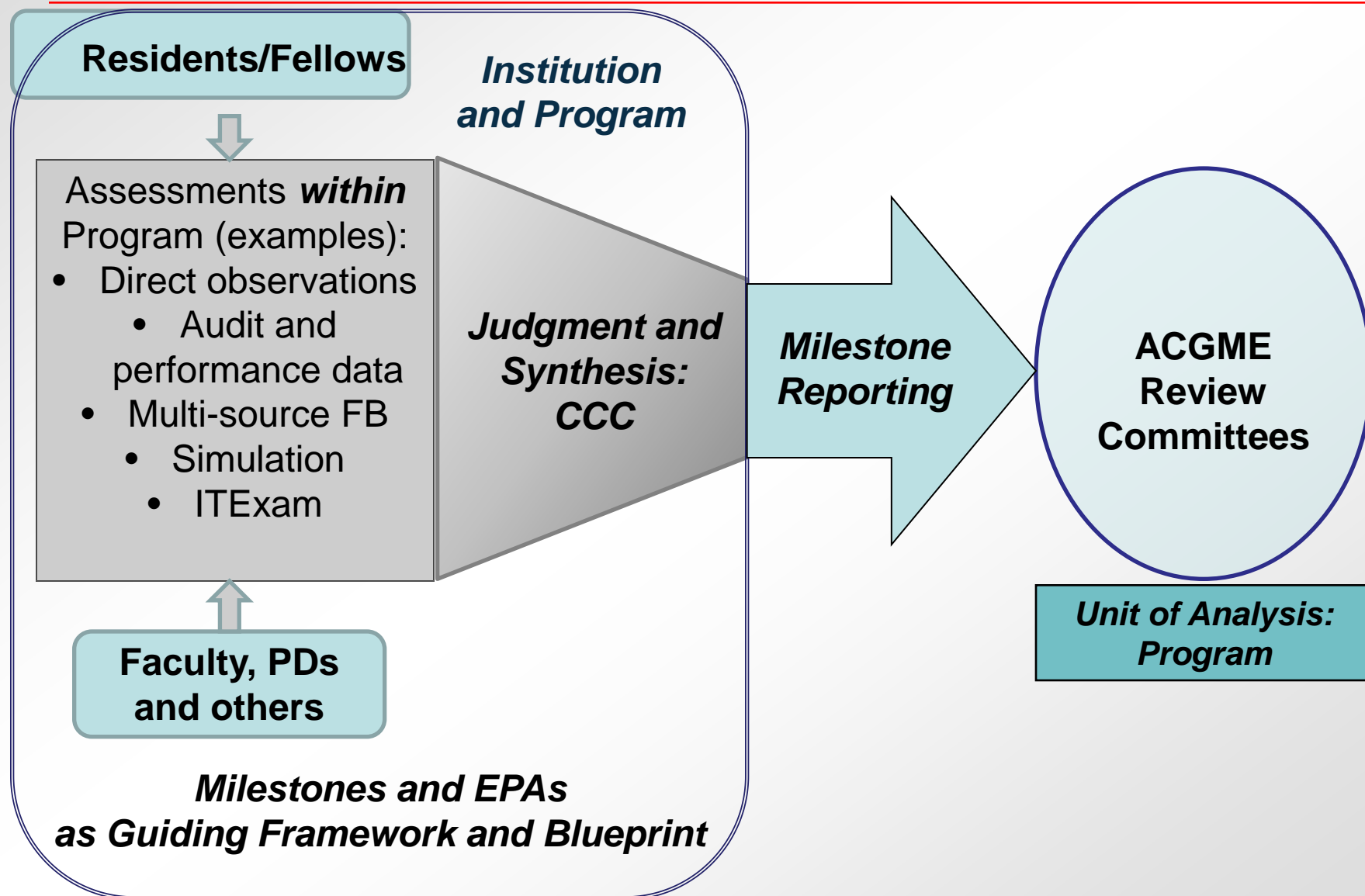Information Current as of December 2, 2013

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What is a Clinical Competency Committee?

- A modified promotions committee

- Composed of at least three faculty members (can include non-physicians)

- Evaluates residents/fellows on the Milestones and provides feedback to residents AT LEAST semi-annually

  - Allows for more uniform evaluation of residents/fellows (less individual bias)

  - Recommends either promotion, remediation, or dismissal for each resident/fellow

- Programs will submit CCC assessments to the ACGME as part of the annual review process

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The NAS Milestone Assessment System

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Program Assessment

- Formal Program Evaluation Committee established
  - Should be equivalent to the annual review programs are already required to perform
- Programs are required to show that they are responding to areas of concern identified in the program review and that interventions are having the desired effect

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Milestone Benefits

Program Benefits	Resident/Fellow Benefits
Provide tools needed to define and assess outcomes	Potentially permit true graduated responsibility (proof positive that you are proficient to practice unsupervised)
Highlight curriculum inadequacies	Provides concrete metrics for evaluation
Guide curriculum development	No more "nice guy, showed up on time" feedback allowed
Allow early identification of under- (and over-) performers	Sets concrete expectations for resident progression

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Can Milestones Hurt Me?

- They are not graduation requirements
- They are not "one size fits all"
- They are not a means of holding you in residency/fellowship because you are not at Level 4 in all areas
- The determination of competency to practice and board eligibility remains the purview of your program director
- They are not a means of graduating early because you achieve Level 4 in all areas – each specialty board will have to grapple with this issue as programs gain experience with using them

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In Summary

- A focus on outcomes benefits everyone (patients, programs, and residents/fellows)

- The NAS should permit innovation while ensuring that graduating residents/fellows can provide effective, independent patient care

- The CLER program adds an institutional dimension that focuses on establishing a humanistic educational environment – it is not an additional accreditation wicket

- Many names are changing, but they have foundations in the current accreditation system

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In Summary

- The Milestones are not perfect - they will require revision as programs gain experience using them
- The Milestones are not absolute benchmarks that determine if and when you graduate
- The Milestones should lead to better understanding of what is expected of you (and when it is expected) and improve the feedback you receive
- This is a good thing!

Suggested References

1. A Goroll, C Sirio, FD Duffy, RF LeBlond, P Alguire, TA Blackwell, WE Rodak, and TJ Nasca, for the Residency Review Committee for Internal Medicine. **A New Model for Accreditation of Residency Programs in Internal Medicine.** *Ann Intern Med. 2004;140:902-909.*

2. TJ Nasca, I Philibert, TP Brigham, TC Flynn. **The Next GME Accreditation System: Rationale and Benefits.** *NEJM. 2012; 366(11):1051-1056.*

3. TJ Nasca, SH Day, ES Amis, for the ACGME Duty Hour Task Force. **Sounding Board: The New Recommendations on Duty Hours from the ACGME Task Force.** *NEJM. 2010; 362(25): e3(1-6).*

4. TJ Nasca, KB Weiss, JP Bagian, and TP Brigham. **The Accreditation System *After* the "Next Accreditation System".** *Academic Medicine. 2014; 89(1):1-3.*