

# Next Accreditation System (NAS) Primer

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IM Residency Program Director

Annual PD Workshop 2015

# Goals & Objectives

- Provide an overview of the Next Accreditation System
- Understand and define terms used in the Next Accreditation System

# Acknowledgments

- ACGME
- APDIM
- GME staff



SEARCH...

Program and Institutional Accreditation	Data Collection Systems	Meetings and Conferences	Graduate Medical Education
<p><b>Hospital-Based Specialties</b></p> <ul style="list-style-type: none"> <li>Anesthesiology</li> <li>Diagnostic Radiology</li> <li>Emergency Medicine</li> <li>Medical Genetics</li> <li>Nuclear Medicine</li> <li>Pathology</li> <li>Preventive Medicine</li> <li>Radiation Oncology</li> <li>Transitional Year</li> </ul>	<p><b>Medical Specialties</b></p> <ul style="list-style-type: none"> <li>Allergy and Immunology</li> <li>Dermatology</li> <li>Family Medicine</li> <li>Internal Medicine</li> <li>Neurology</li> <li>Pediatrics</li> <li>Physical Medicine and Rehabilitation</li> <li>Psychiatry</li> </ul>	<p><b>Surgical Specialties</b></p> <ul style="list-style-type: none"> <li>Colon and Rectal Surgery</li> <li>Neurological Surgery</li> <li>Obstetrics and Gynecology</li> <li>Ophthalmology</li> <li>Orthopaedic Surgery</li> <li>Otolaryngology</li> <li>Plastic Surgery</li> <li>Surgery</li> <li>Thoracic Surgery</li> <li>Urology</li> </ul>	<p><b>Institutions</b></p> <ul style="list-style-type: none"> <li>Institutional Review</li> </ul> <p><b>Review and Comment</b></p> <ul style="list-style-type: none"> <li>Archive Index</li> </ul> <p><b>Common Program Requirements</b></p> <p><b>Next Accreditation System</b></p> <ul style="list-style-type: none"> <li>Milestones</li> <li>Webinars</li> <li>Clinical Learning Environment Review Program</li> </ul>

## 2015 ACGME Annual Educational Conference



- Welcoming Page
- Call for Exhibitors
- Conference Brochure and Agendas
- Sunset Sessions
- Hotels (Updated information)
- Registration is open
- CLER Call for Abstracts
- NEW: 2015 ACGME Annual Educational Conference Update**

### Review and Comment

CHOOSE YOUR SPECIALTY

### Data Collection Systems

Accreditation Data System	<input type="button" value="LOGIN"/>
ACGME Surveys	<input type="button" value="LOGIN"/>
Resident Case Log System	<input type="button" value="LOGIN"/>

## ACGME Webinars

In November 2012, the ACGME began to offer a series of webinars designed to assist program directors and designated institutional officials (DIOs) of Phase I specialty programs as they transitioned to the Next Accreditation System (NAS). In 2013-2014, the focus is on the Phase II specialty programs as they prepare to be fully integrated in the NAS in July 2014. This section of the website was developed to provide the GME community with the most up-to-date information regarding upcoming webinars, as well as to share the slides and videos of previous webinars with those who could not attend.

The audio and slides will be available approximately two weeks after the presentation date. After three months, only the slides will be available.

## Upcoming Webinars

### Clinical Learning Environment Review (CLER) Program

+ CLER

### Coordinator Webinars

+ 2013 Coordinator Webinars

### NAS Phase I Specialties

+ NAS Phase I: Overview Webinars

+ Hospital-Based Specialties

+ Medical Specialties

+ Surgical Specialties

### NAS Phase II Specialties

+ NAS Phase II: Overview Webinars

+ Hospital-Based Specialties

+ Medical Specialties

+ Surgical Specialties

# GME structure

- ACGME and all the specialty RRC
- Institutional Requirements
  - DIO, Designated Institutional Official, is the institutional representative
- Common Program Requirements
- Specialty Specific Program Requirements
  - Further clarifications and additions to the common program requirements
  - Can always have ongoing dialogue with the ACGME RRC representative for questions

# Aims of NAS

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- ✿ Enhance the ability of the peer-review system to prepare physicians for practice in the 21<sup>st</sup> century
- ✿ To accelerate the movement of the ACGME toward accreditation on the basis of educational outcomes
- ✿ Reduce the burden associated with the current structure and process-based approach
  - ✿ Note: this may not be evident right away

# How is Burden Reduced?

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- ✿ Most data elements are in place (more on this later)
- ✿ Standards revised q 10y
- ✿ No PIFs
- ✿ Scheduled (self-study) visits every 10 years
- ✿ Focused site visits only for “issues”
- ✿ Internal Reviews no longer required





# Next Accreditation System

10 year self study

## Clinical Learning Environment Review (CLER)

- \*Clinical Site Visit q 18mths
- \* Integration of residents into patient safety, QI, supervision policies, transitions of care, duty hours, professionalism

## Annual Data Reports

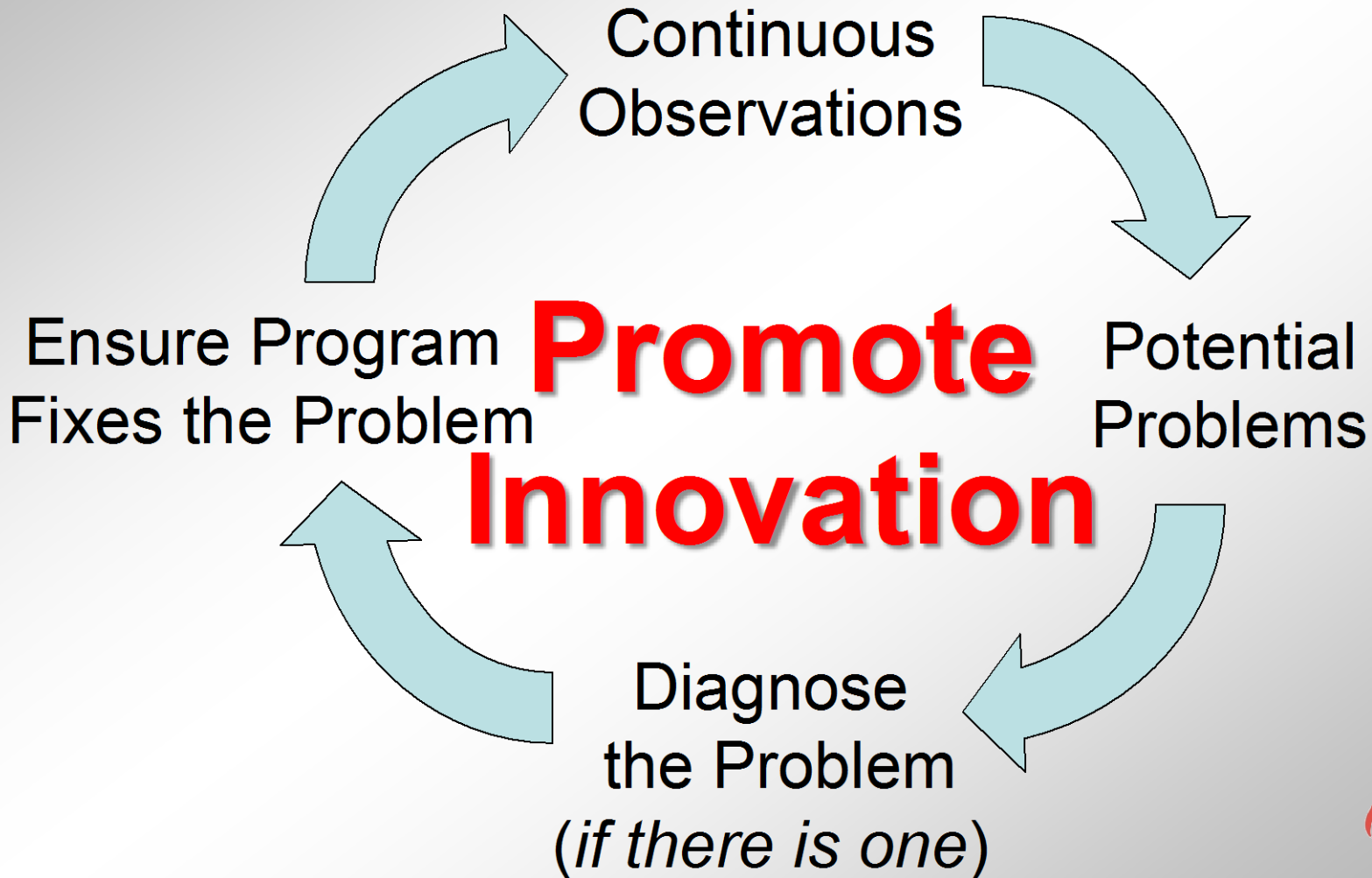
- \*Board Pass Rates
- \*Milestone reports
- \*Resident Survey
- \*Faculty Survey
- \*Data on Structure & resources

## Institutional Site Visit

- \*Focus on patient safety, QI, care transitions, supervision, responsibility for duty hours, fatigue management, accurate reporting

# The Next Accreditation System

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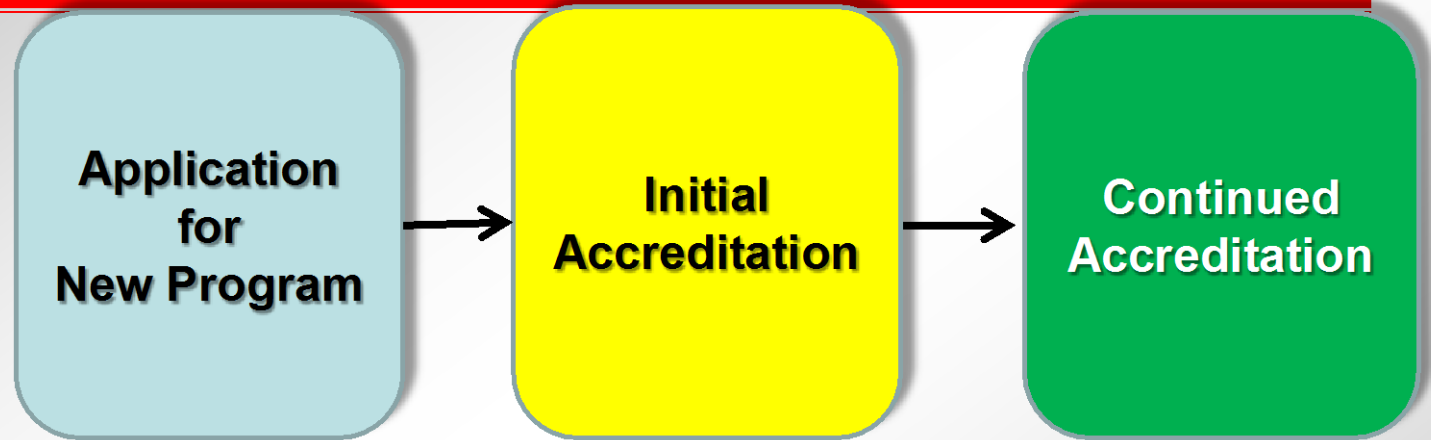
# Next Accreditation System

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- Standards revised every ten years
- *Each* standard categorized:
  - Outcome - All programs must adhere
  - Core - All programs must adhere
  - Detail - Good programs may innovate



# Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



**STANDARDS**

**Outcomes**  
**Core Process**  
**Detail Process**

**Outcomes**  
**Core Process**  
**Detail Process**

**Outcomes**  
**Core Process**  
**Detail Process**

**Outcomes**  
**Core Process**  
**Detail Process**



# Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty

Application  
for  
New Program

2-4%

Accreditation  
with Warning

Probationary  
Accreditation

10-15%

Continued  
Accreditation

75-80%

Withdrawal of Accreditation

<1%

STANDARDS

Outcomes  
Core Process  
Detail Process



ACGME

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Graduate Medical Education (ACGME)

# CORE VS. DETAILED VS. OUTCOME:

## Examples

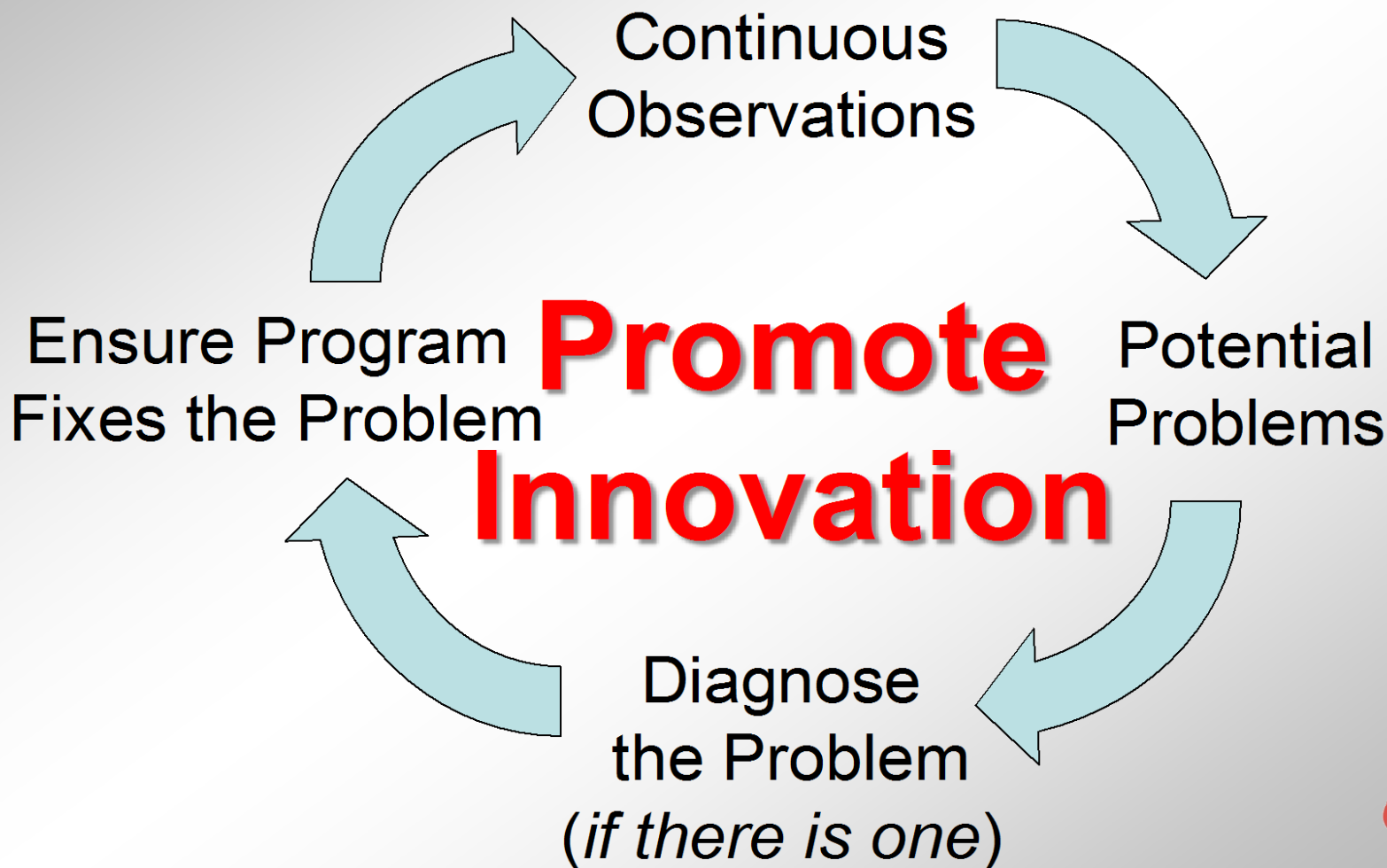
- Core
  - At least annually, program must evaluate faculty performance as it relates to educational program
- Detailed
  - Faculty evaluations should include a review of clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
- Outcome
  - Programs must ensure that residents are competent in communicating with team members in the hand-over process

# Innovation Example

- Internal Medicine Residents
  - Core Requirement: continuity clinic
  - Prior to NAS: residents could not be out of clinic for more than 4 weeks
  - In NAS: 4 week requirement is a detail requirement allowing us to focus on development of new ambulatory block schedule where residents rotate every 6 weeks to complete a 2 week continuity clinic block

# The Next Accreditation System

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# Institutional Perspective

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- New Institutional Requirements
  - Categorized as Outcome, Core and Detail
- Institutional self-study visit
- Routine “Infernal Reviews” no longer required
- New GMEC roles
  - Annual institutional review
  - *Oversight* of annual program evaluation
  - Special reviews of underperforming programs



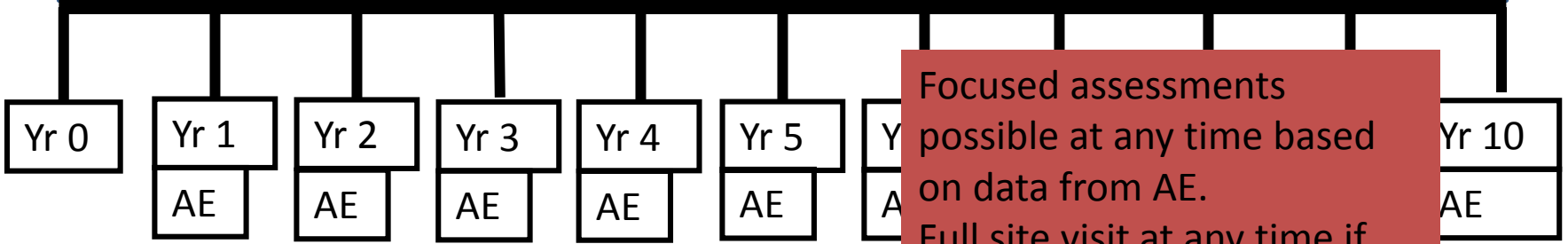
# Maintenance of Accreditation in the Next Accreditation System

- Annual Program Evaluation (PR-V.C.)**
- Resident performance
  - Faculty development
  - Graduate performance
  - Program quality
  - Documented improvement plan

Self-Study

Self-Study visit

*Ongoing Improvement*



Focused assessments possible at any time based on data from AE.  
Full site visit at any time if data from AE egregious.

AE: Annual Program Evaluation

# When Is My Program Reviewed?

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- ✿ *Each* program reviewed *at least* annually
- ✿ NAS is a continuous accreditation process
  - ✿ Review of annually submitted data
  - ✿ Supplemented by:
    - ✿ Reports of self-study visits every ten years
    - ✿ Progress reports (when requested)
    - ✿ Reports of site visits (as necessary)

# What is a Focused Site Visit?

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- ✿ Minimal notification given
- ✿ Minimal document preparation expected
- ✿ Team of site visitors
- ✿ Specific program area(s) investigated as instructed by the RRC



# When Do Full Site Visits Occur?

- Initial Application
- At the end of initial accreditation
- When egregious violations or complaints documented or noticed from annual data

# What is a Self-Study Visit?

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- ✿ Examine annual program evaluations (APE)
  - ✿ Response to citations
  - ✿ Faculty development
  - ✿ Strengths/Weaknesses/Opportunities/Threats  
(SWOT)
- ✿ Focus: Continuous improvement in program
- ✿ Learn future goals of program
- ✿ Verify compliance with Core requirements

# What Happens at *My* Program?

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- ✿ Annual data submission
- ✿ Annual Program Evaluation (PR V.C.)
  - ✿ Program Evaluation Committee
- ✿ Self-study visit every ten years
- ✿ Possible actions following RRC Review:
  - ✿ Progress reports for potential problems
  - ✿ Focused site visit
  - ✿ Full site visit
  - ✿ Site visit for potential egregious violations

# Annual Data Submission in Accreditation Data Systems (ADS)

- Updates should occur throughout year
- Streamlined Annual Update Questionnaire:  
less total questions and less essay questions
- Should be systematic and detailed in the  
comment box regarding program changes
- Simplified faculty and resident scholarly  
activity update
- Program reports available



# Some Data Reviewed by RRC

## Most already in place

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- ✓ Annual ADS Update
  - ✓ Program Characteristics – Structure and resources
  - ✓ Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Omission of data
- ✓ Board Pass Rate – 3-5 year rolling averages
- ✓ Resident Survey – Common and specialty elements
- ✓ Clinical Experience – Case logs or other
- ✓ Semi-Annual Resident Evaluation and Feedback
  - Milestones
- Faculty Survey
- Ten year self-study



# Program Evaluation Committee

- Common core requirements include
  - Appointed by PD
  - At least 2 faculty members and one resident
  - Formal and systematic evaluation of the curriculum annually by monitoring and tracking: 1) resident performance 2) faculty development 3) graduate performance 4) program quality 4) progress on previous year's action plan
  - Prepare a written plan of action to document initiatives in these areas and delineate how they will be measured and monitored



- Overview
- Program
- Faculty
- Residents
- Sites
- Summary
- Reports

## 1401121104 - UNIVERSITY OF SOUTH FLORIDA MORSANI PROGRAM

Internal medicine - Tampa, FL

- Annual Update Complete
- Milestone Evaluations
- Faculty Survey
- Resident Survey

No Change Requests

### ADS Announcements

**Are you receiving ACGME notification emails?**

Be sure to add webad@acgme.org to your address book or safe sender list so important notifications such as the Annual Update or Resident and Faculty Survey announcements get to your inbox.

If webad@acgme.org is not in your safe sender list or whitelist, sometimes our notifications may be mistakenly placed in your spam or junk mail folder by your Internet Service Provider (ISP). In this case, please open it and mark it as "not spam".

If you are experiencing any problems, please contact your ISP or spam filter application support and ask how to whitelist webad@acgme.org.

**Changing Historical Resident/Fellow data and Missing Faculty Certification Information**

As the ACGME works to become more responsive in its provision of timely and complete data, there will be a continued emphasis and reliance on data collected and reviewed annually. Therefore, it is critical that the data reported each year are accurate and timely. As a reminder, Program Directors should verify the accuracy of the data entered into ADS before the end of the academic year as we cannot alter previous academic year data. Faculty certification is an area with a significant amount of missing and inaccurate data. The Faculty section is available in ADS under the Faculty tab. All faculty must have at least one specialty and type of certification entered in ADS. The type of certifications available are ABMS, None, or Other Certifying Body. Faculty boarded in a ABMS recognized specialty (e.g., ABIM) should choose ABMS and not Other Certifying Body. American Board of Medical Specialties (ABMS) is the organization that coordinates information regarding medical specialties and certification in medicine. It is the central organization under which the 24 certifying medical boards function.

Overview Legend

- Missing Data
- Section Complete

Reference Materials

Journal of GME



### 1401121104 - UNIVERSITY OF SOUTH FLORIDA MORSANI PROGRAM

Internal medicine - Tampa, FL

#### Reports

<b>Survey</b> Aggregate program, national, and specialty-specific reports (if applicable)	<b>Download My Data</b> Download Data for the Program
<b>Resident Detail</b> Resident Detail information for a program.	<b>Milestone Evaluations</b> Resident Evaluations

#### Important Dates

**Annual Update Status:**  
August 04, 2014 - September 04, 2014

**Next Site Visit:** NOT SCHEDULED

**Self Study Date (APPROX):**  
January 01, 2019

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#### Reference Materials

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#### Journal of GME

# Milestone Reports

- Submitted every 6 months to ACGME
- Clinical Competency Committee prepares reports

# What Is a Milestone?

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## General Definition

- Skill and knowledge-based developments that commonly occur by a specific time

## Milestone Project Definition

- Specific behaviors, attributes, or outcomes in the six general competency domains to be demonstrated by residents during residency

## Professionalism:

*Accepts responsibility and follows through on tasks*

Level 1    Level 2    Level 3    Level 4    Level 5

Expert

Resident effectively manages multiple competing tasks, and effortlessly manages complex circumstances. Is clearly identified by peers and subordinates as source of guidance and support in difficult or unfamiliar circumstances.

Proficient

Resident always works on multiple and routine cases directly providing or overseeing it. In difficult circumstances appropriately seeks guidance. Is regularly sought out by peers and subordinates to provide them guidance.

Competent

Resident frequently manages multiple competing demands in a vast majority of major responsibilities in a timely manner. Self identifies circumstances and actively seeks guidance in unfamiliar circumstances.

Advanced  
Beginner

Resident completes assigned tasks in a timely manner in accordance with local practice and/or policy, but still requires guidance in unfamiliar circumstances.

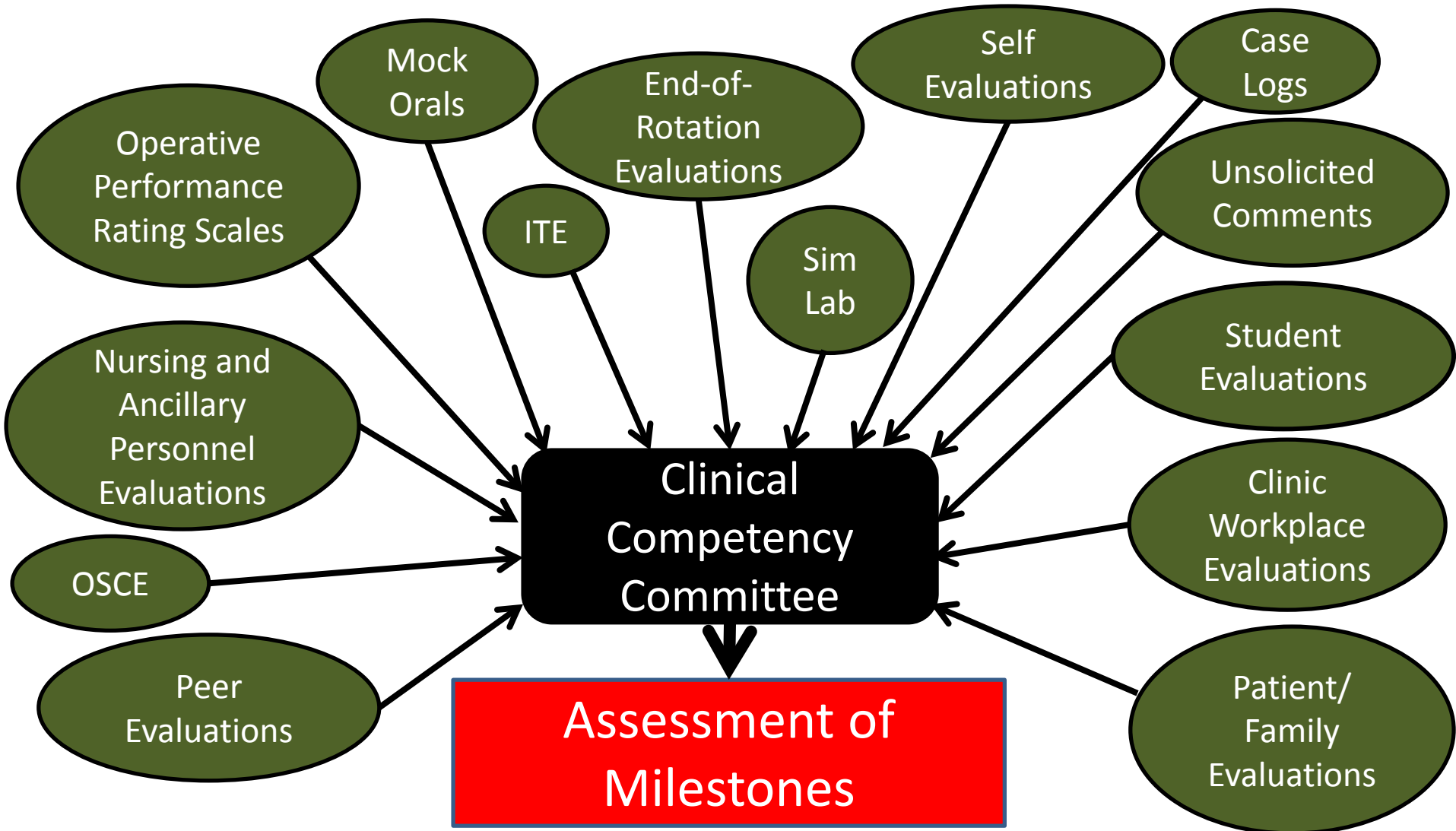
Resident completes many assigned tasks on time but needs extensive guidance on local practice and/or policy for patient care.

# Clinical Competency Committee

- Common core requirements
  - PD appointed
  - Minimum of 3 members of faculty
  - Must have written description
  - Review all Resident Evaluations semi-annually and prepare Milestone report semiannually



# Clinical Competency Committee



# Conclusion

- Understand Changes to GME Program Administration with NAS
- Adapt your administrative processes to meet the NAS requirements
- Work with your faculty and residents to continuously improve the educational environment and delivery of patient care