

Whose Role is it anyway?? Roles and Responsibilities in ACGME Accreditation

Program Director Boot Camp 2019



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USF GME



TAMAR 1-800-233-9942

**STAY
OFF**

THE TRACKS
THEY ARE ONLY FOR
TRAINS

IF YOU CAN READ THIS
YOU'RE NOT A TRAIN


WEST COAST EXPRESS

3001

Objectives

- Define the roles and responsibilities of
 - The ACGME
 - Sponsoring Institution
 - Program Leadership
- ACGME program requirements
- Describe what data is needed to maintain accreditation
- Resources for Success

The ACGME



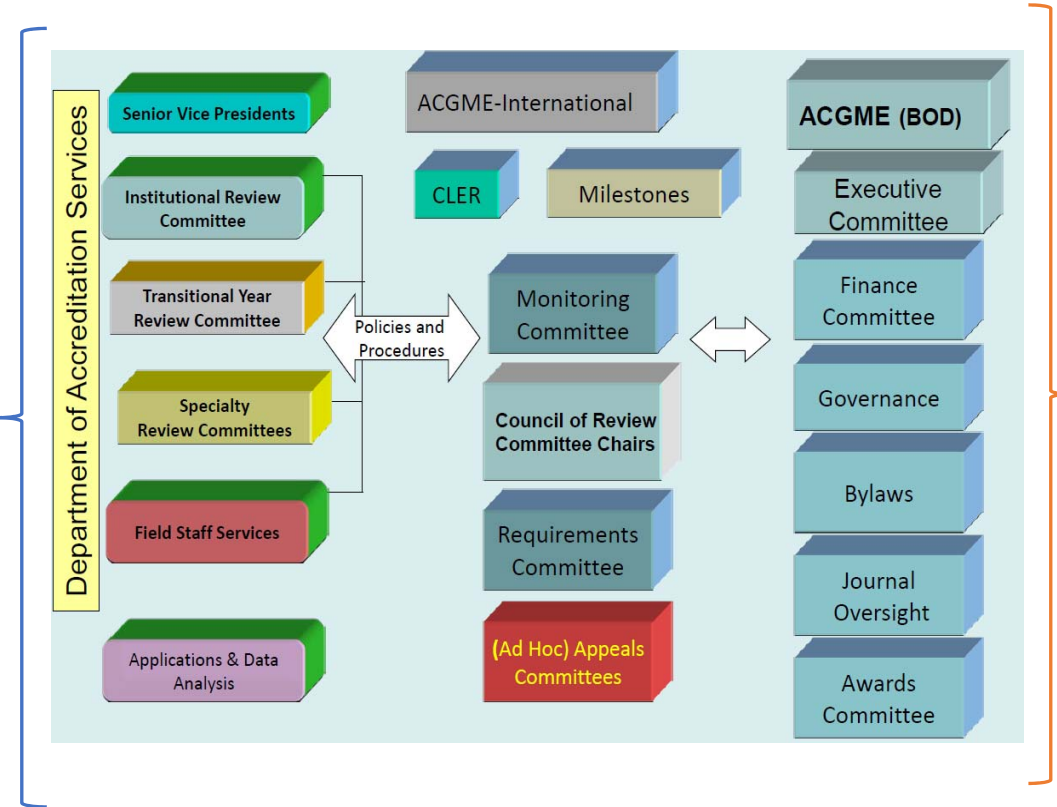
2017-2018
ANNUAL REPORT

ENGAGING EACH OTHER:
TRANSFORMATION
THROUGH
COLLABORATION



ACGME: Organizational Structure

- Review Committee**
- Peer selected physicians
 - Board selected Resident & Public non-MD member



- Board:**
- Sets Policy & Direction
 - Responsible for accreditation
 - Delegates authority to accredit programs/ institutions to its RC
 - Monitors RC
 - Sets budget and fees

Review Committee Role

- Review and accredit SI and programs annually based on continuous collection of data
- Revise, and/or recommend specialty specific and Institutional Requirements

The Sponsoring Institution (SI)

USF[®]
HEALTH

MORSANI
COLLEGE OF MEDICINE
UNIVERSITY OF SOUTH FLORIDA

Sponsoring Institution, DIO and the GMEC

Every ACGME-accredited residency or fellowship program must be overseen and supported by an ACGME-accredited **Sponsoring Institution**.

Each Sponsoring Institution must identify a **Designated Institutional Official (DIO)** who has the authority and responsibility for oversight and administration of its programs.

The DIO must work in collaboration with a **Graduate Medical Education Committee (GMEC)**

The Role of the GMEC

The GMEC is responsible for ensuring the quality of education and the work environment for all residents/fellows in all programs.

GMEC must review and approve:

- Institutional policies and procedures;
- Requests for permanent changes in resident/fellow complement;
- Major changes in ACGME-accredited program structure or length of training;
- Additions and deletions of ACGME-accredited programs' participating sites;
- Appointments of new program directors;
- Progress reports requested by any Review Committee

USF GMEC



Meets bi-monthly (Aug, Oct, Dec...etc.) on the 2nd
Wednesday 4:00pm-6:00pm

Multiple locations

(TGH, MDC, Moffitt, All Children's and Morton Plant)

Program Director and Coordinator



Role of the Education Coordinator (EC)

The program coordinator is a member of the leadership team and is critical to the success of the program.

Program coordinators assist the program director in accreditation efforts, educational programming, and support of residents.

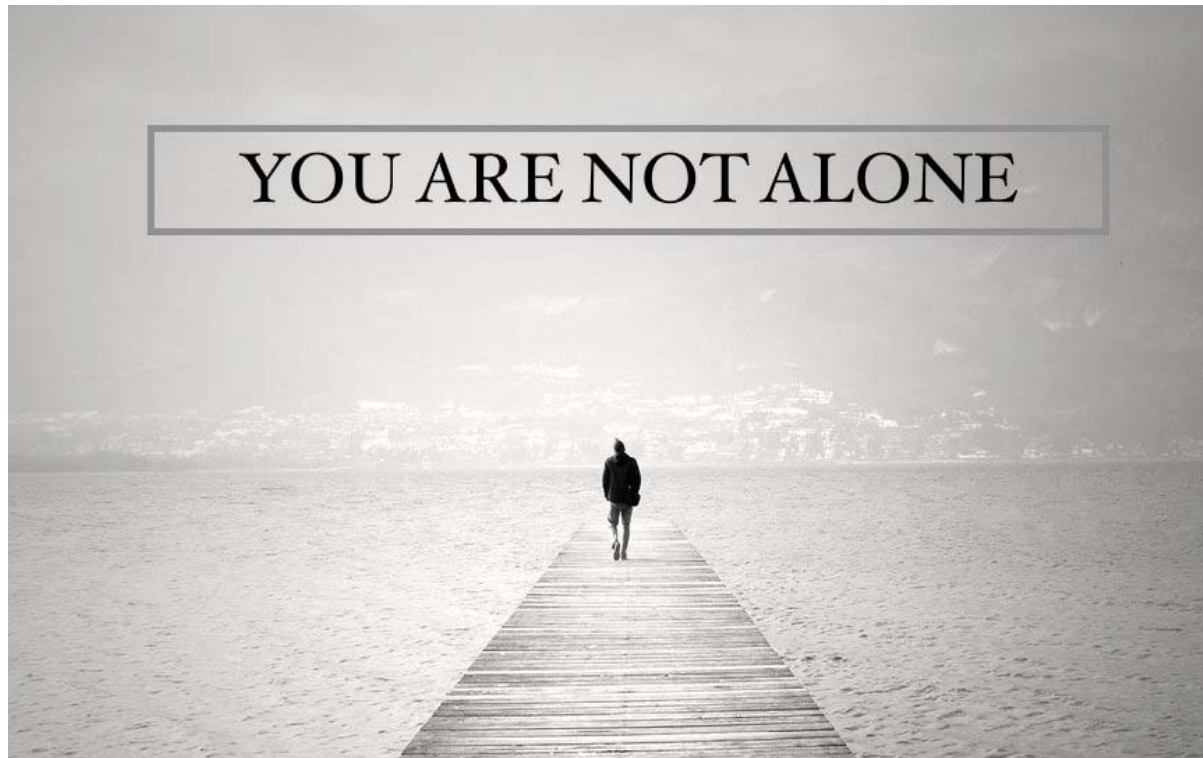
[Background and Intent Page 14 CPR 2019]

See list of general responsibilities in binder

Program Director (PD) Responsibility

- Education
- Evaluation
- Recruitment
- Administration
- Regulatory Compliance
- Mentorship

Program Leadership Team



ACGME Program Requirements



Common Program Requirements

- The ACGME Common Program Requirements are a basic set of standards (requirements) across training programs.
- CPR are available as a separate document
- They are also embedded in the requirements of your specialty/subspecialty requirements

Decoding the Program requirements

- **Bold text** = CPR
- Non-bold = specialty specific
- *Italics* or box = Statements of philosophy **not citable**



CPR Changes Section I-V 2019



Accreditation Council for
Graduate Medical Education

e-Communication

June 29, 2018

Dear Members of the Graduate Medical Education Community,

Earlier this month, the ACGME Board approved a **major revision of the ACGME Common Program Requirements**, and approved a new version of the Common Program Requirements for **fellowships**, both of which are effective July 1, 2019. There are accompanying implementation guides for Sections I-V (**residency** and **fellowship**) that identify requirements that will not be subject to citation for an additional year to permit programs sufficient time to implement changes required to comply with those requirements.

The revised requirements establish a framework for all residency and fellowship programs, regardless of specialty or subspecialty, and serve as a foundation on which the specialty/subspecialty requirements are developed. The revisions include the following significant changes:

CPR Checklist

ACGME Common Program Requirements (Fellowship) Checklist SAMPLE

Line Number	Requirement	Requirement Type	Requirement met y/n	Actions to meet requirement (if applicable)	How will you document requirement is met (if applicable)
II.A.4.a)	The program director must:				
II.A.4.a).(5)	have the authority to approve program faculty members for participation in the residency program education at all sites;	Core			
II.A.4.a).(6)	have the authority to remove program faculty members from participation in the residency program education at all sites;	Core			
II.A.4.a).(7)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program;	Core			
II.A.4.a).(8)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME;	Core			
II.A.4.a).(9)	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s);	Core			
II.A.4.a).(10)	provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation;	Core			

Data Collection

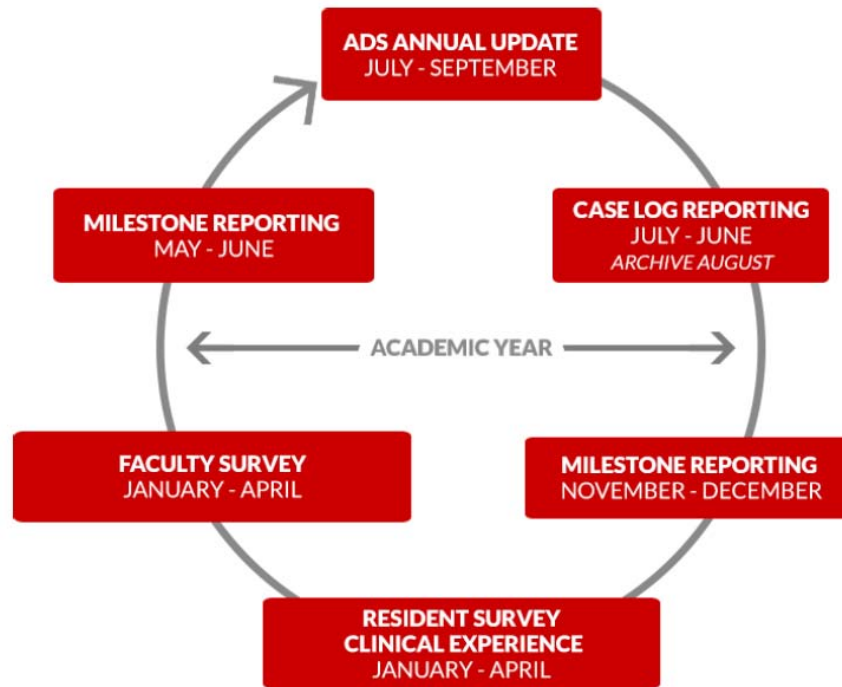


RC Annual Data Collection and Review

- Resident Survey
- Faculty Survey
- Case Log data
- Board Pass Rate
- Omission of Data
- ADS Annual Update



ADS Data Reporting- Full year



What are the Resident and Faculty Survey

- Annual online survey from ACGME for all active ACGME residents/fellows and some Faculty
- **QUESTIONS:** clinical & educational experiences, duty hours
- **2018 NEW SECTION:** Resident & Faculty Wellness
- ACGME required response rate =
 - 70% of your Residents
 - 60% of your Faculty
 - 100% for programs with less than 4 residents/fellows/faculty

Importance of this survey

- The ACGME Resident Survey is a KEY Performance Indicator used in determining your Program's Accreditation Status
- Poor Survey Results may lead to potential negative outcomes including AFIs/concerning trends, program citations, site visit and/or other adverse actions by the ACGME
- Vast majority of program citations and focused site visits are related to noncompliance in the ACGME Resident Survey
- Reported non-compliance can lead to:
 - Citations, AFIs, Areas for Concern and Unexpected Site Visits



Case Logs: What you need to know

- Familiarity with specialty RRC terminology
 - Minimum #, key indicator case category, index category, common CPT codes and CPT Code Mapping
- Know the thresholds
 - Including RRC revisions
- Develop process for tracking trainee compliance
- Document Trainee & PD review
 - At least semi-annually, quarterly for some specialties.
- Review ACGME statistical reports annually

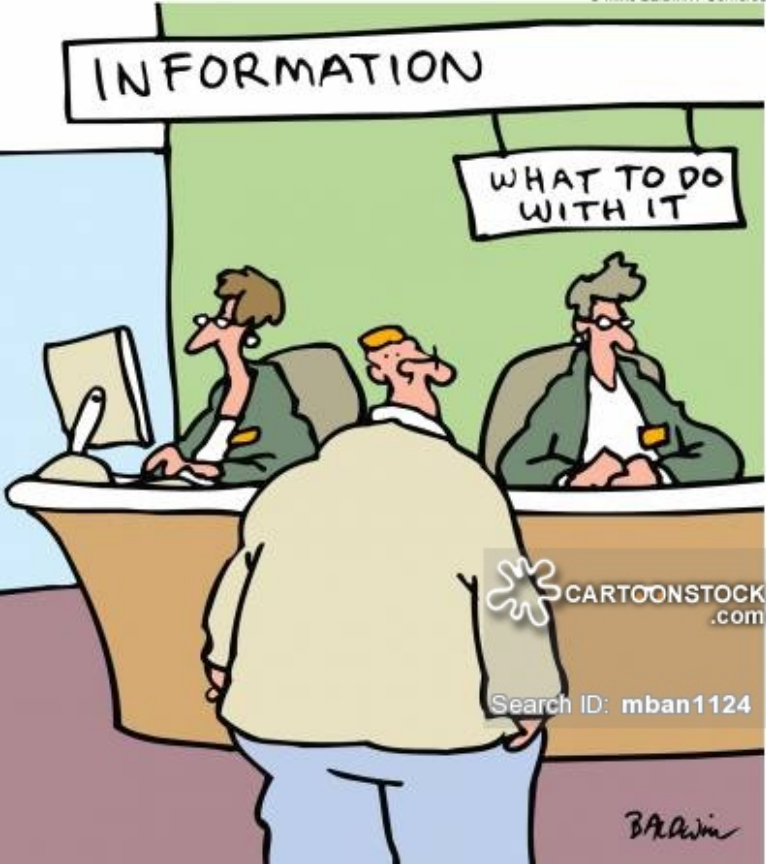
Things to Note

- **Minimums**
 - reflect the lowest acceptable clinical volume of procedures performed per resident/fellow for program accreditation
- **Program Directors**
 - should ensure that reporting of procedures and clinical experiences does not end once minimum numbers are achieved by a resident/fellow.
- **Residents/Fellows**
 - should continue to enter all procedural activity during their educational programs, even if they have personally achieved these minimum numbers.

Board Pass Rate

- Beginning 2019 Standardized across programs
- If board exam is offered annually = preceding three years must be higher than the bottom fifth percentile of programs in that specialty
- If board exam is offered biennially =preceding six years must be higher than the bottom fifth percentile of programs in that specialty.
- 80% pass rate will have met this requirement no matter the percentile rank

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Annual Review of Data



Program Evaluation Committee (PEC)

The PD must appoint the PEC to **conduct** and **document** the APE as part of the program's continuous improvement process.

The PEC must be composed of at least:

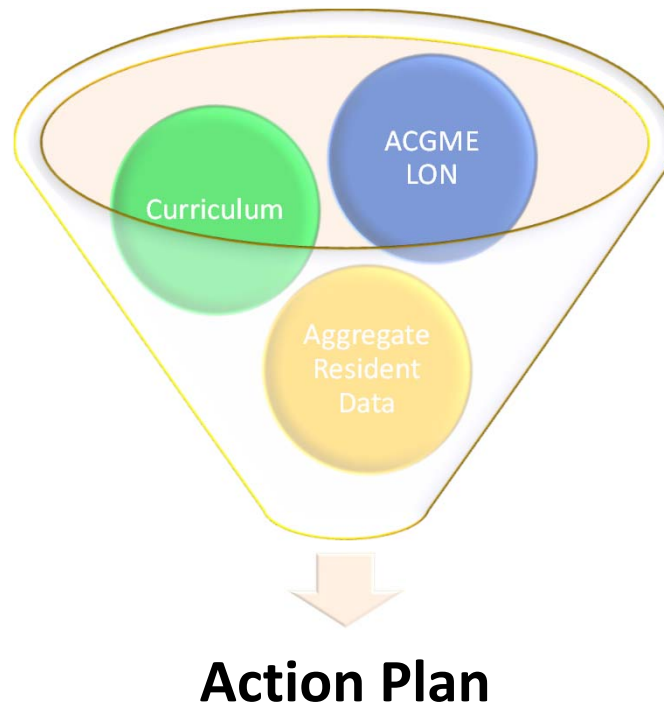
- two program faculty members (at least one of whom is core faculty), and
- at least one resident/fellow.

[V.C.1. CPR 2019]

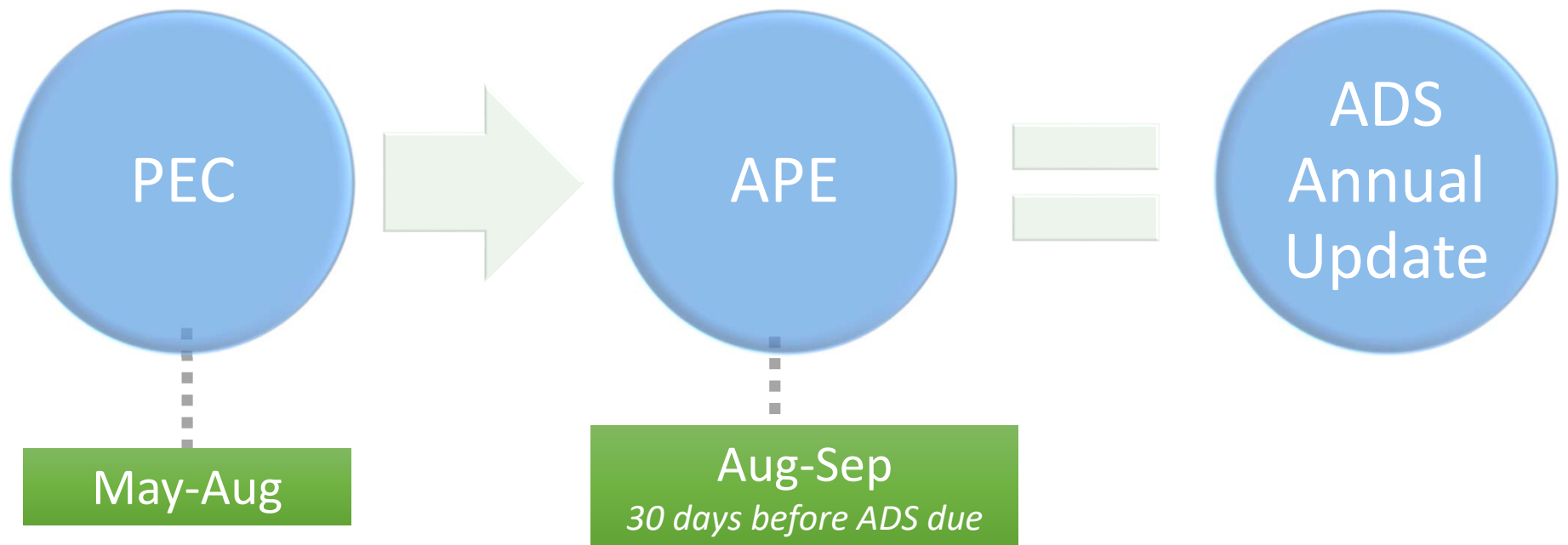
Program Evaluation Committee (PEC)

- Program Evaluation Committee responsibilities must include:
- acting as an advisor to the program director, through program oversight;
- review of the program's self-determined goals and progress toward meeting them;
- guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
- review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

PEC Outcome



Annual Review of Data



Annual Program Evaluation (APE)

The program director must appoint the Program Evaluation Committee to conduct and **document the Annual Program Evaluation**

APE in New Innovation

Program Administration

collapse menu

Sponsor

Program

Setup

- Configuration
- Participating Sites
- Personnel
- Block Diagrams
- Policies

Accreditation

- Key Metrics
- Resident/Faculty Surveys
- CLER Visit
- RRC Visits
- Agreements
- APE**
- Citations & Concerns

Program: Internal Medicine

Overview of Annual Program Evaluations

- 2017-18 University of South Florida (USF)
- 2016-17 University of South Florida (USF)
- 2015-16 University of South Florida (USF)
- 2014-15 University of South Florida (USF)**

2017-18 Annual Program Evaluation

REVIEWED

Instructions:

Use this form for aggregating information from a single year's Annual Program Evaluation. ALL questions require a response. You can add attachments if additional detail is needed.

The APE will be completed by the program and then reviewed by the Program Review Committee. After the review process, APEs requiring revision(s) will be returned to the program to address.

Attach PEC meeting minutes to the Meetings section below.

Two documents are located in the Resources section:

- 1) Guide to the APE
- 2) PEC Policy template
- 3) Program Evaluation Committee meeting minutes template
- 4) Board Pass Rate template
- 5) Action Plan template

This APE form should not be shared with the Review Committee or the ACGME site visitors during accreditation site visits.

Internal Medicine

University of South Florida (USF)

Program Director: Kellee Olier M.D.

Program Coordinator: Brad Clark

Program Length: 3

Number of Trainees: 110

Number of Core Faculty: 17

Accreditation Status:

CA - Continued Accreditation

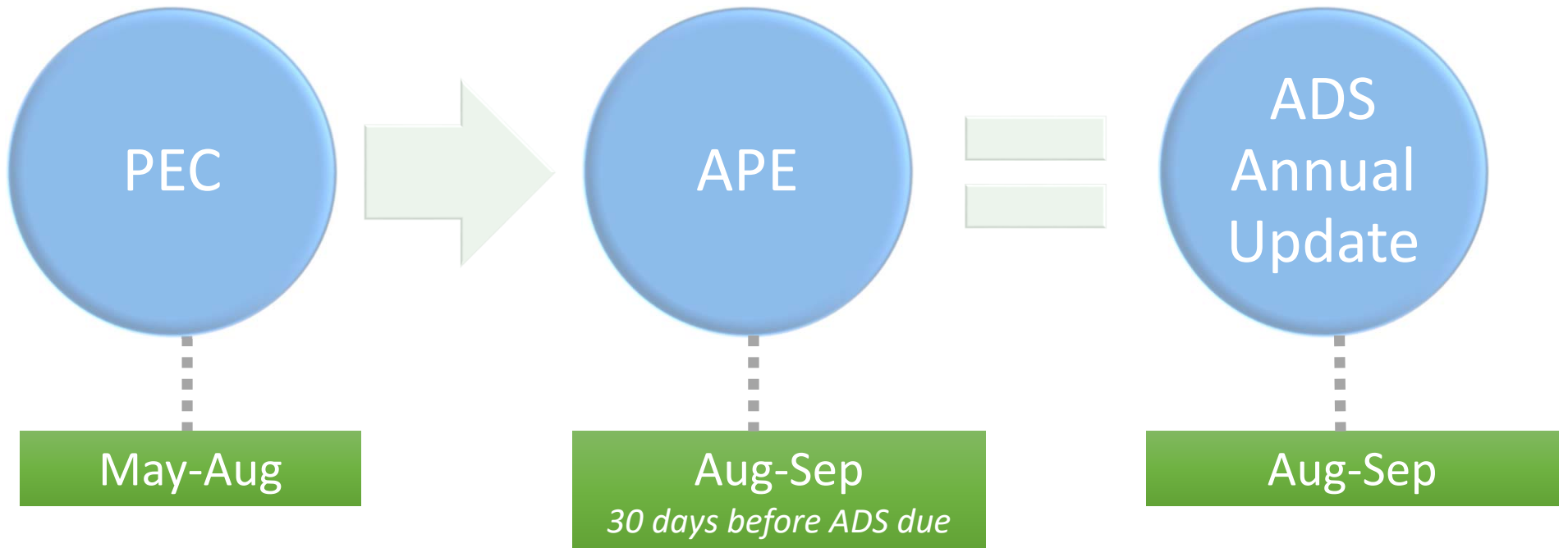
Program Evaluation Committee

Kellee Olier M.D. (PD)

Asa Oxner M.D. (APD)

Bjorn Holmstrom M.D. (APD)

Annual Review of Data



ADS Annual Update

Program Information

- ✓ You must have a primary clinical site.
- ✓ Update the Clinical Experience and Educational Work section.
- ✓ Update responses for all current citations.
- ✓ Update the major changes section.
- ✓ Update the Overall Evaluation Methods section.
- ✓ Update program address information.
- ✓ Enter a valid Program Director email.
- ✓ Update the Program Director certification information.
- ✓ Update the Sites tab and complete all missing data for each institution.
- ✓ Upload current block diagram.

Resident Information

- ✓ Update scholarly activity for each resident.
- ✓ Confirm all unconfirmed residents and add new residents (if applicable)

Faculty Information

- ⚠ Update scholarly activity for each physician faculty member.
- ✓ Enter profile information for all physician and non-physician faculty.
- ✓ Enter all required CV information for your physician faculty and ALL non-physician faculty (required by your specialty).

[View](#)

Major Changes

Major Changes include

- Approved Resident Complement
- New Program Director
- Additions or Changes with Participating Sites
- Structural Changes
- Area for Improvement

Major Changes

Major Changes include:

- improvements and/or innovations implemented to address potential issues identified during the annual program review including but not limited to:
 - Bragging- what are you doing well
 - areas of non-compliance Resident Survey
 - areas of non-compliance Faculty Survey
 - non or low compliance with case log numbers (in comparison to minimum and national median)
 - low or non-compliance with Board scores

Common Errors

- Responding to Citations
- Scholarly Activities
- Block Schedules

www.acgme.org/Program-Directors-and-Coordinators/Avoiding-Common-Errors-in-the-ADS-Annual-Update

ADS Reporting is important



- ACGME relies on annual data for accreditation decisions/actions
- Data reported by programs must be accurate and timely
- PD must acknowledge that all submitted data is accurate and complete

Resources



Internal Resources

- Review CPR Checklist (see Binder)
- Attend GME Professional Development Activities (see Binder)
- Join a GMEC Subcommittee (see binder)
- Create a annual calendar (see binder)
- Attend the GMEC Meetings

Other Resources

- www.ACGME.org
- ACGME E-Communications
 - ****Review And Comment****
 - Review And Recognition Committee News / Notices
 - Review And Recognition Committee News / Nominations
 - Courses And Workshops
 - Programs And Events
- Connect with colleagues from specialty
- mededportal
- JGME

