




Welcome



Please


- Ask us questions
- Provide us with feedback
- Keep informed

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Program Reviews: Peer Review and Avoiding Conflict of Interest

Members of the International Review Committee from Singapore:
 Dr. Roy Kan and Dr. Llewellyn Lee, NHG
 Dr. Sally Ho, Sing Health
 Dr. Sophia Archuleta, NUHS



International Review Committee July 2017




International Medicine-based Review Committee

<u>Name</u>	<u>Country</u>	<u>Institution</u>	<u>Specialty</u>
Maha Al Fahim	Abu Dhabi	Sheikh Khalifa Medical City	FM/DIO
Sophia Archuleta, <i>vice-chair</i>	Singapore	NUHS	IM/ID
James Arrighi, <i>chair</i>	US	Brown University	IM/Card/DIO
Sally Ho	Singapore	Singapore Health	FM
Halal Ibrahim	Abu Dhabi	New York Univ., Abu Dhabi	IM
Steven Ludwig	US	Children's Hosp of Philadelphia	Peds/DIO
Sandra G.B. Sexson	US	Medical College of Georgia	Psych
David Turner	US	Duke	Peds
Salah Zeineldine	Lebanon	American University Beirut	IM/CCM/DIO



International Medicine-based Review Committee

- Family Medicine
- Internal Medicine and Internal Medicine subspecialties
- Neurology
- Pediatrics and Pediatric subspecialties
- Psychiatry
- Dermatology



International Surgical/Hospital-based Review Committee

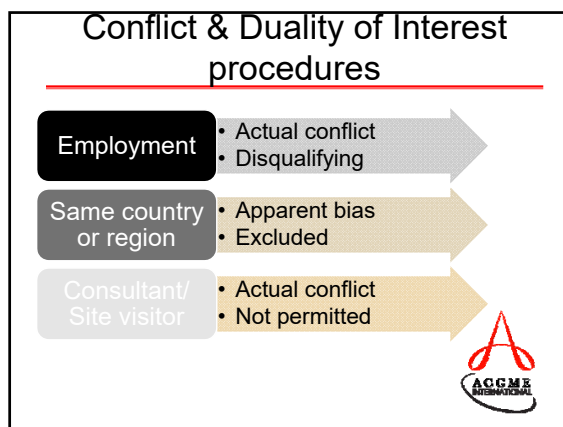
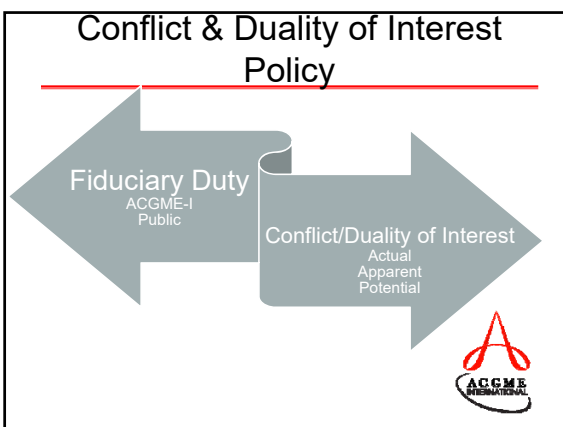
Name	Country	Institution	Specialty
Ghalib Al Haneedi	Qatar	Hamad Medical Corporation	Orthopaedic Surg
Margaret Blott	Abu Dhabi	Corniche Hospital	OB/DIO
Wallace Carter	US	Columbia Presbyterian	Emergency Med
Salahddin Gehani, <i>vice-chair</i>	Qatar	Hamad Medical Corporation	General Surg
Jim Hebert	US	Fletcher Allen, VT	General Surg
Roy Kan	Singapore	NHG	Anesthesiology
Llewellyn Lee	Singapore	NHG	Ophth
Ken Simons, <i>chair</i>	US	Medical College of Wisconsin	Ophth/DIO
Kay Vydaireny	US	Emory	Diagnostic Radiology



- ### International Surgical/Hospital-based Review Committee
- Anesthesiology
 - Emergency Medicine
 - General Surgery
 - Obstetrics Gynecology
 - Ophthalmology
 - Orthopaedic Surgery
 - Otolaryngology
 - Pathology
 - Preventive Medicine
 - Radiology
 - Transitional Year
 - Urology
- 

- ### International Review Committee Responsibilities
- Full Committee
 - Review ACGME-I policies and procedures
 - Review ACGME-I accreditation standards
 - New specialties and subspecialties
 - Revisions of existing requirements
 - Approves new Review Committee members
 - Each specialty-specific committee reviews programs in their area of expertise
- 

- ### International Review Committee Policies and Procedures
- Important policies and procedures
1. Confidentiality
 2. Conflict of Interest
 3. Duality of Interest
- 



International Review Committee members
CANNOT

- Serve as a site visitor, mock site visitor (consultant) to any ACGME-I-accredited program or sponsoring institution during their time on the Committee;
- Discuss any information related to institutional or program reviews that occurred during their time on the Committee; or
- Disclose any of the discussion that takes place during program reviews or the business meeting.




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NAS-I Singapore: What are the Practical Implications for MY Program?

James A. Arrighi, M.D.
John R. Potts, III, M.D.

13-14 September 2017




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Disclosures

Dr. Arrighi

- Noninvasive cardiologist
- Recovering program director
- DIO Brown University/Rhode Island Hospital
- Past Chair, ACGME RC-Internal Medicine
- Chair, ACGME-I Medicine Based RC
- No financial conflicts




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Disclosures

Dr. Potts


- General Surgery
- Recovering program director
- Recovering DIO
- Past member, ACGME-I Review Committee
- Senior VP, Surgical Accreditation ACGME
- No financial conflicts



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Objectives

- NAS: Background, rationale and goals
- What is new or different in NAS
- Screening elements: Derivation and use
- RC process in NAS
- *Preview the seven-year self-study*



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NAS Background




Conference Summary: Ensuring an Effective Physician Workforce for the United States: Recommendations for Reforming Graduate Medical Education to Meet the Needs of the Public.

Institute of Medicine: Meeting of the Committee on Governance and Financing of Graduate Medical Education Meeting December 19-20, 2012.

Macy Foundation: Enhancing Flexibility in Graduate Medical Education.

Robert Wood Johnson Foundation: Team-Based Competencies: Building a Shared Foundation for Education and Clinical Practice.

MedPAC: Graduate Medical Education: Meeting the Needs of the Public.



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NAS Background

THE NEW ENGLAND JOURNAL OF MEDICINE

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.D., 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 sustainable in the context of resident education.

LIMITATIONS OF THE CURRENT SYSTEM
When the ACGME was established in 1981, the GME movement was facing two major stresses:


N Engl J Med. 2012 Mar 15;366(11):1051-6



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NAS Background


- GME is a public trust
- ACGME accountable to the public



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NAS Background


- Patients & payers expect doctors to be:
 - Health information technology literate
 - Able to use HIT to improve care
 - Sensitive to cost-effective care
 - Involve patients in their own care



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NAS Background


- Public expects GME to produce doctors who:
 - Possess these skills, *and*
 - Requisite clinical and professional attributes



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NAS Background


- ACGME established 1981
- Major issues faced:
 - Emergence of formal subspecialty training
 - Variability in quality of resident training



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NAS Background

- ACGME response emphasized:
 - Program structure
 - Increase in quality & quantity of formal teaching
 - Balance between service and education
 - Resident evaluation & feedback
 - Financial & benefit support for trainees




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NAS Background

- Efforts rewarding by many measures
- But:
 - Program requirements increasingly prescriptive
 - Innovation squelched
 - PDs have become “Process Developers”*


*Karen Horvath, M.D.



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NAS Goals

- Help produce physicians for 21st century
- Accredite programs based on outcomes
- Provide public accountability for outcomes
- Reduce administrative burden of accreditation




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What’s Different?

Periodic
vs
Annual

Assessment and Feedback



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The Current Accreditation System

Rules

↓

Corresponding Questions

↓

“Correct or Incorrect” Answer

↓

Citations and Accreditation Decision

Rules

↓

Corresponding Questions


↓

“Correct or Incorrect” Answer

↓

Citation and Accreditation Decision


“Cycle Length” (1-5 years)



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The Next Accreditation System


Continuous program improvement,
annual feedback from RC



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What’s Different in Program Requirements


- Minimal change to program requirements
 - No mid-cycle “Internal Review” required
- Requirements related to program evaluation, curriculum, etc are unchanged
- Requirements revised every ten years



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What's Different in Review Process

- Programs reviewed (at least) annually by RC
- Programs notified of status **annually**
- **Site visits** performed as needed based on review of data elements
- Feedback provided annual in form of status, **citations, areas for improvement**




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What's Different in Review Process

Types of site visits:


- Focused site visits for an “issue” } **Performed as needed by RC**
- Full site visit
- Seven-year accreditation review visit } **Performed as regular component of NAS**



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Focused Site Visits

- Assesses *selected* aspects of a program and may be used:
 - to address *potential* problems identified during review of annually submitted data;
 - to diagnose factors underlying deterioration in a program's performance;
 - to evaluate a complaint against a program
- Minimum 30 day notification
- Minimal document preparation




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Full Site Visits

- Application for new program
- At end of the Initial Accreditation period
- For established programs, when RC identifies major issues or concerns
- Minimum 60 day notification
- Minimal document preparation

Program is assessed for compliance with all PR's




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7-year Accreditation Review Visit

- Scheduled well in advance
- Full compliance visit
- Minimal document preparation
- Conducted 18 to 24 months following submission of self-study




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What's Different in Review Process

In addition to the accreditation status, feedback from RC is given in form of:

- Citations
- Areas for improvement

Intention is to help program improve, NOT as a punitive measure.




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Citations

- Identify areas of non-compliance
- Each is linked to a program requirement
- Response to each citation *required* in ADS
- RC will assess annually to determine whether citation can be resolved based on:
 - New data (e.g. annual ADS update, progress report)
 - Site visit report


Goal: To resolve citation quickly!



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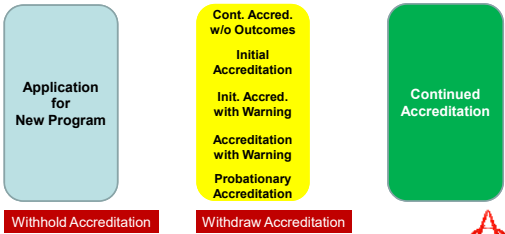
Areas for Improvement (AFI's)

- May or may *not* be tied to specific PR
- Examples:
 - Isolated finding (i.e., on Resident Survey)
 - Concerning trend *toward* non-compliance
 - First time non-compliance with non-critical PR
- Program expected to monitor/correct AFI
- Written response by program not required
- Will be tracked by RC




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Conceptual Model of NAS

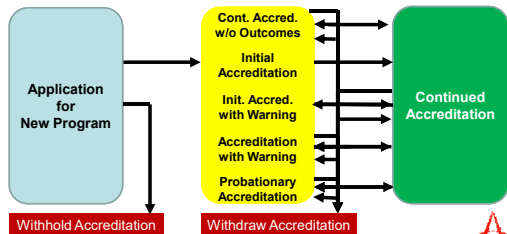


The diagram shows three vertical boxes representing accreditation stages. The first box is light blue and labeled 'Application for New Program' with a red bar below it labeled 'Withhold Accreditation'. The second box is yellow and labeled 'Initial Accreditation' with a red bar below it labeled 'Withdraw Accreditation'. The third box is green and labeled 'Continued Accreditation'. The yellow box also lists 'Cont. Accred. w/o Outcomes', 'Init. Accred. with Warning', 'Accreditation with Warning', and 'Probationary Accreditation'.




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Conceptual Model of NAS



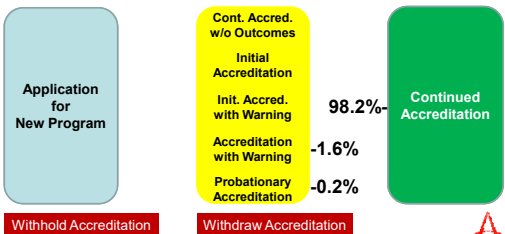
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Conceptual Model of NAS

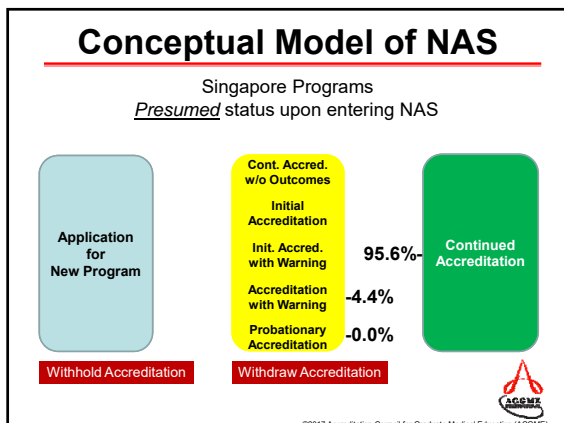
U.S. Accredited Programs
1 July 2017
(EXCLUDES Application, Initial Accreditation)



The diagram shows three vertical boxes representing accreditation stages. The first box is light blue and labeled 'Application for New Program' with a red bar below it labeled 'Withhold Accreditation'. The second box is yellow and labeled 'Initial Accreditation' with a red bar below it labeled 'Withdraw Accreditation'. The third box is green and labeled 'Continued Accreditation'. Arrows indicate transitions: from 'Application for New Program' to 'Initial Accreditation', and from 'Initial Accreditation' to 'Continued Accreditation'. The yellow box also lists 'Cont. Accred. w/o Outcomes', 'Init. Accred. with Warning', 'Accreditation with Warning', and 'Probationary Accreditation'. Statistics are shown: 98.2% for Continued Accreditation, 1.6% for Accreditation with Warning, and 0.2% for Probationary Accreditation.



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- ### Letter of Notification
- Accreditation Status
 - +/- citations
 - +/- areas for improvement (AFI)
-

- ### Program Status in NAS-I
- **New programs**
 - Applicant
 - Initial Accreditation
 - Initial Accreditation with Warning
-


- ### Program Status in NAS-I
- **Existing programs**
 - Continued Accreditation
 - Continued Accreditation without Outcomes
 - Continued Accreditation with Warning
 - Probationary Accreditation
 - Withdrawal of Accreditation
-

- ### Data Reviewed *Annually* by RC
- Annual ADS Update
 - Program Characteristics – Structure & resources
 - Program Changes – PD / core faculty / residents
 - Scholarly Activity – Faculty and residents
 - Omission of data
 - Block schedule
 - Resident Survey
 - Faculty Survey
 - Clinical Experience – Case logs
 - Board Pass Rate – aggregated data
-

- ### Note!
- The Data Analysis Team has not yet determined:
1. How board certification exam pass rates will be implemented in Singapore
 2. How clinical experience data / case logs will be assessed in screening programs
-

Other Data Reviewed by RC


- 7-year accreditation review visit



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Data *NOT* Used in Accreditation


- Milestones
- Self-study



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Using Data Elements in NAS-I


- Exploratory data analysis
 - Factor analyses and correlational work
 - Creation of predictors
 - Composite scores
Case Logs, Resident Survey, Faculty Surveys
- Identification of data elements that were predictive of program success or failure
- Goal: Distill data to create “pass / fail” predictors



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What are “Indicators”?

- Data that:
 - Can be gathered easily on an annual basis
 - Is meaningful from educational perspective
 - Is meaningful from accreditation perspective
 - Correlates with previous accreditation decisions
 - Can be assigned a binary “pass-fail” cut point
- When combined with other indicators, can identify a subset of programs at high risk for significant accreditation concerns




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Setting Cut Point for an Indicator

NOTE: ACGME has relatively few programs of concern

Cut point chosen to optimize sensitivity


- Minimizing false negatives.
- *Necessarily* increasing false positives



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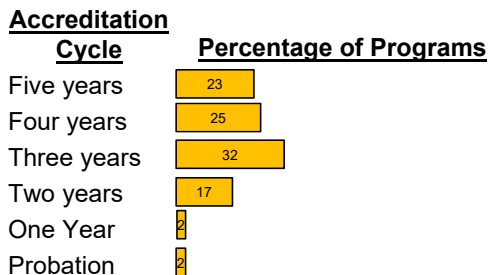
Indicators are screening tools

- They can be based on single standards, a group of standards, or be more stringent than standards (↑ false +; ↓ false -).
- Failed indicators only cause RC to look at the program.
- Indicators likely identifying issues that would not have been noted in the episodic review of programs.
- In US, the utility of using screening parameters to identify problem programs have been confirmed by recent RC decisions.



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U.S. Surgery Programs in "OAS"

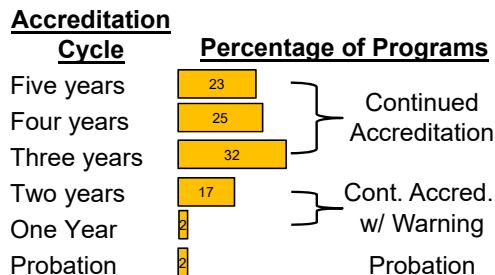


U.S. surgery programs 30 June 2013 (n=247)



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Moving to NAS

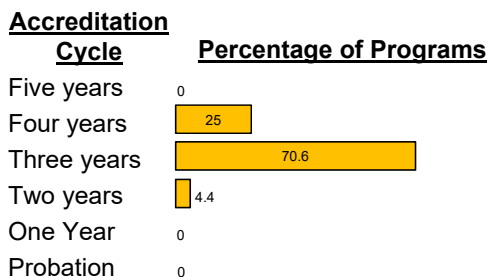


U.S. surgery programs 30 June 2013 (n=247)



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Singapore Programs Today

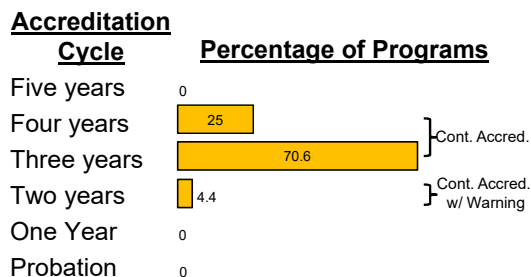


Singapore programs 8 August 2017 (n=68)



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Moving to NAS-I



Singapore programs 8 August 2017 (n=68)



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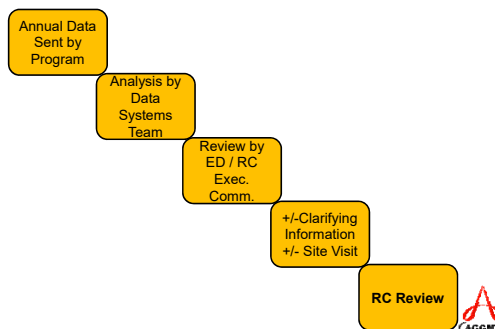
Role of the RC in NAS-I

- Use data to identify potential/real problems
- Gather other information, as needed
- Provide feedback to programs
- Allow programs to rapidly improve
- Monitor program improvement

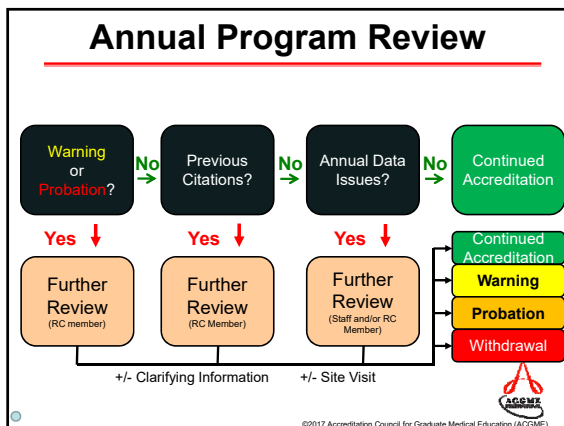


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Annual Review Process



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Clarifying Information

- Question(s) raised by:
 - Response to citation
 - Review of annual data
 - Some other source
- Put to program in writing from ED
- Deadline for response
- Opportunity for program to answer question(s) of the RC *before* being actually reviewed

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Practical Issues: Residents

- This is a program accreditation system
- Little direct effect on you or your learning

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Practical Issues: Program [Director]

- Be sure to meet reporting deadlines
 - ADS Annual Update
 - Resident operative logs
- *Carefully* check ADS Annual Update
 - Your program is speaking directly to the RC!
- ACGME surveys remain an important data element

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Good Practice for Annual Update

- Utilize “Major Changes/Updates” section to communicate with the RC
 - You have identified an “issue” through the APE
 - Resident Survey
 - Case Logs
 - Attrition
 - Other
 - Steps you are taking to correct the “issue”
 - Helps RC understand context if indicator fails
 - *May* mitigate RC action
- Link your APE to your ADS update


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The Self-Study and The 7-Year Accreditation Review Visit

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7-Year Accreditation Review Visit


- Some really important notes:
 1. First self-study scheduled in Singapore 2020
 2. *Different* than periodic accreditation visit
 - Self-study process
 - Self-study visit
 - Seven-year accreditation compliance visit
 3. Still very much a work progress



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Self-Study: Why?


- Accreditation Model:
 - *Minimum* standards
 - *Substantial* compliance
- Continued Accreditation
 - 98.2% U.S. programs
 - 96.6% Singapore programs (*presumed*)



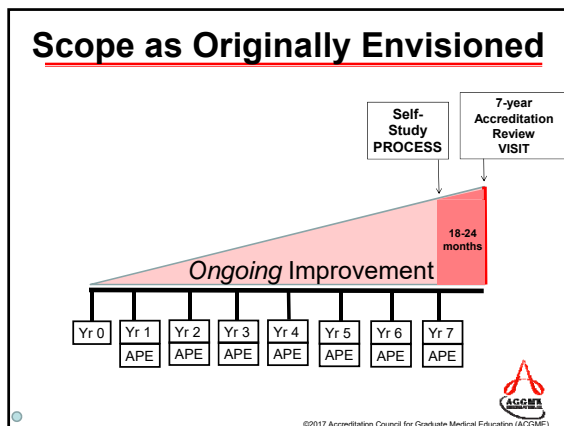
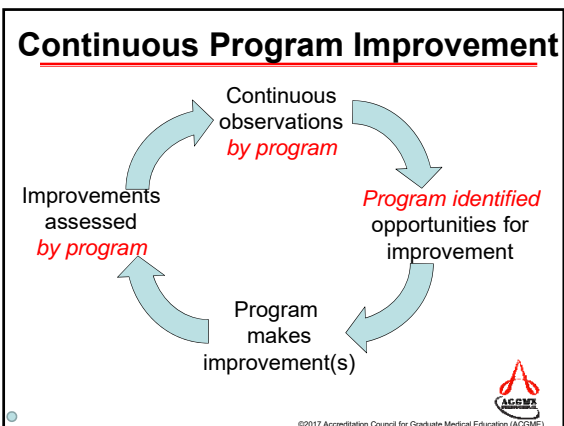
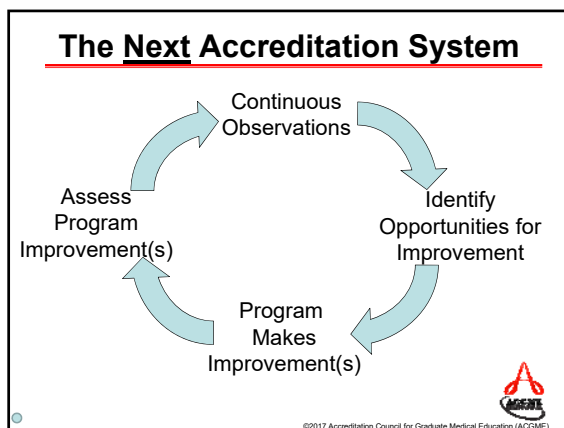
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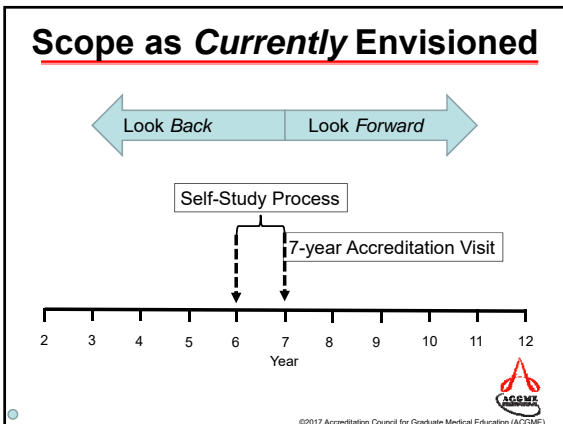
Questions

- What can drive a program beyond meeting minimum standards?
- How can a program distinguish itself?
- How can the training in a specialty (as a whole) move to excellence if the data demonstrates only meeting minimum standards?



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- ### Elements of the Self-Study
- Program aims
 - SVOT/SLOT analysis
 - Three to four-year look back
 - Three to four-year look forward
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- ### Program Aims
- What is our mission?
 - How do we differentiate ourselves?
 - What do we need to improve?
 - What do we want to improve?
 - What are the improvement priorities?
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- ### Program Aims
- Relevant considerations:
 - Who are our residents / fellows?
 - What do try to prepare them for?
 - Is that what they ultimately do?
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- ### Program Aims
- Sources of input:
 - Residents / fellows
 - Faculty
 - Institutional leaders
 - External stakeholders
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- ### Program Aims
- Ultimate goal:
 - Intentionality in program design
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SVOT / SLOT Analysis

- Assessment of internal factors
 - Strengths
 - Areas for improvement
- Assessment of external context
 - Opportunities
 - Threats



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Three to Four-Year Look Back

- What changes occurred?
 - What changed for the better?
 - What changes were not so positive?
 - Were they planned & carried out?
 - Were they unplanned?
- What planned changes did *not* occur?
 - Why?
 - Are those changes still desirable?



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Three to Four-Year Look Forward

- What changes are desired?
 - How should they be prioritized?
- What will take this program “to the next level?”



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The Self-Study Process

- PEC + others
- Data gathering
 - Annual Program Evaluations
 - Surveys
 - Information from ACGME
 - Information from other sources



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The Self-Study Process

- Write draft
- Circulate
- Gather feedback
- Re-write
- Arrive at consensus



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The Self-Study Summary

- ≤ 2800 words for core program
- Sections:
 - Aims
 - Program strengths, opportunities, threats
 - Five-year look back
 - Five-year look forward
 - Description of self-study process
- Uploaded through ADS



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Self-Study

- Programs notified ~ 1 year before due
- Site visit scheduled 18 to 24 months later
- Program submits “Summary of Achievements”
 - ≤ 1500 words
 - Key strengths
 - Program improvements based on self-study
- One visit; Two purposes
 - Review self-study
 - Seven year accreditation compliance visit



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Thank you!!!



ACGME-I Staff and Members of the Review Committees