The Transition to ACGME Accreditation: Plastic Surgery

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Webinar originating from the offices of the ACGME
Chicago
11 May 2015 (Updated 01 September 2015)

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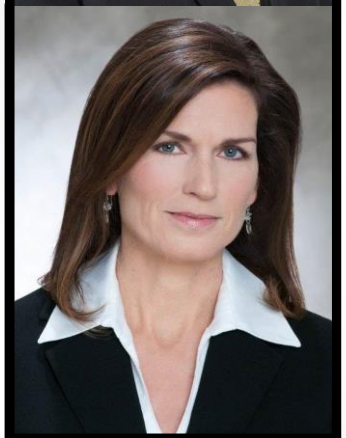
Disclosures



Donald Mackay, MD

- No financial conflicts to disclose

John R. Potts, III, MD, FACS

- No financial conflicts to disclose

Donna L. Lamb, MBA, BSN

- No financial conflicts to disclose

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ACGME Mission

“We improve population health and health care by assessing and advancing the quality of resident physicians' education through accreditation.”

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Objectives

- Residency Review Committee and the ACGME Accreditation Team
- Program Resources
- Program - Questions Being Asked
- Common Citations and Complement
- Application – Common Issues
- Resources for Programs

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Review Committee

- Volunteers with 6 year terms
- Physician *nominees* from:
  - American Board of Plastic Surgery
  - American College of Surgery
  - American Medical Association
  - American Osteopathic Association
- At least one resident member per RC
- At least one public member per RC

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Review Committee Plastic Surgery

Donald Mackay, MD **Chair**
James Chang, MD, **Vice Chair**

Michael Bentz, MD
Kevin Chung, MD
Arun Gosain, MD
Juliana Hansen, MD
Aaron Mull, MD
Robert Weber, MD
James Zins, MD
Keith Brandt, MD ABPS [ex-officio]
Patrice Blair, MPH, ACS [ex-officio]

Benjamin Lam, DO
Michael Farrell, Public Member

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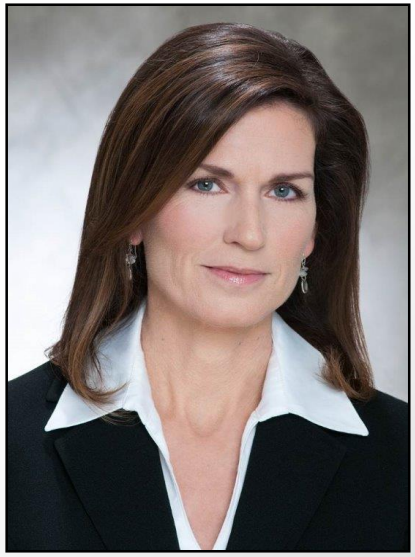
Surgical Accreditation Team

Plastic Surgery
Surgery
Thoracic Surgery

www.acgme.org



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Accreditation of AOA Programs

		Program AOA-Approved as of July 1, 2015	
		Yes	No
Program has matriculated residents as of July 1, 2015	Yes	**1**	**3**
	No	**2**	**3**

	Will have Pre-Accreditation Status	Can have AOA-certified co-PD	AOA-certified faculty systematically "acceptable"
1	**+**	**+**	**+**
2	**+**	**-**	**-**
3	**-**	**-**	**-**

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What does the Review Committee do?

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Review Committee

- Review programs
  - New program applications
  - Annual program review (all)
- Interim request(s) consideration
- Determine accreditation status*
- Propose program requirements

*Authority for accreditation actions delegated by ACGME Board of Directors

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Data Reviewed Annually by RC

- Annual Accreditation Data System (ADS) Update
  - Program Characteristics
    - Structure and resources
  - Program Changes
    - PD / core faculty / residents
  - Scholarly Activity
    - Faculty and residents
  - Response to active citations
  - Omission of data

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Data Reviewed Annually by RC

Continued:

- Board Pass Rate
  - ABS and AOA Board Certification
- Resident Survey
- Faculty Survey
- Clinical Experience
  - Case logs
- Milestones

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Interim Requests

Executive Committee of the RC

- Program Director change
  - PD and Co-PD
- Complement change request
- Participating Site change
- Voluntary Withdrawal
- Flexible Rotation request
- International Rotation request
- Other interim correspondence from programs

All requests require DIO approval

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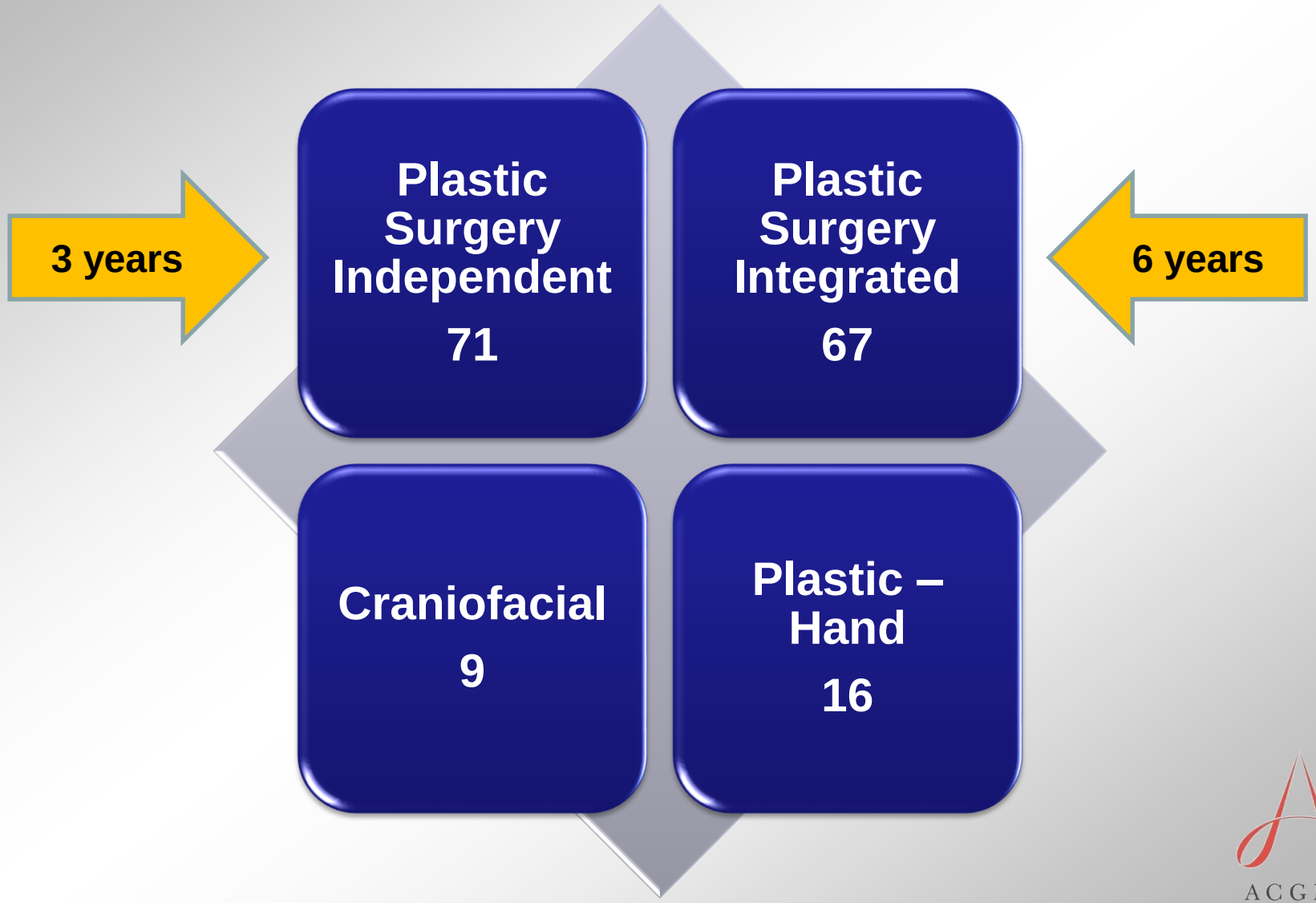
Accredited Programs 2014-2015



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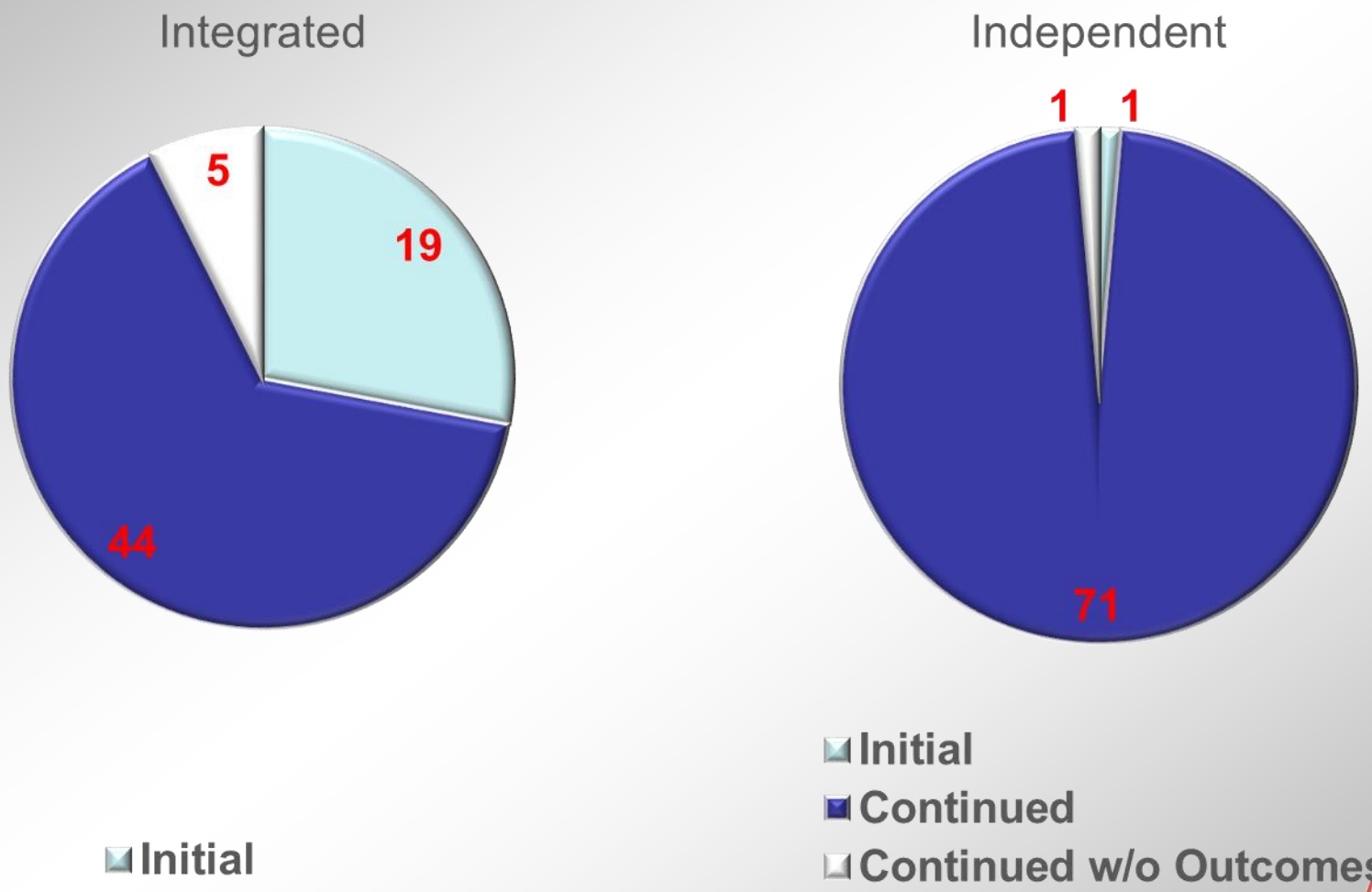
Accreditation Status 2014-2015



No programs on warning or probation

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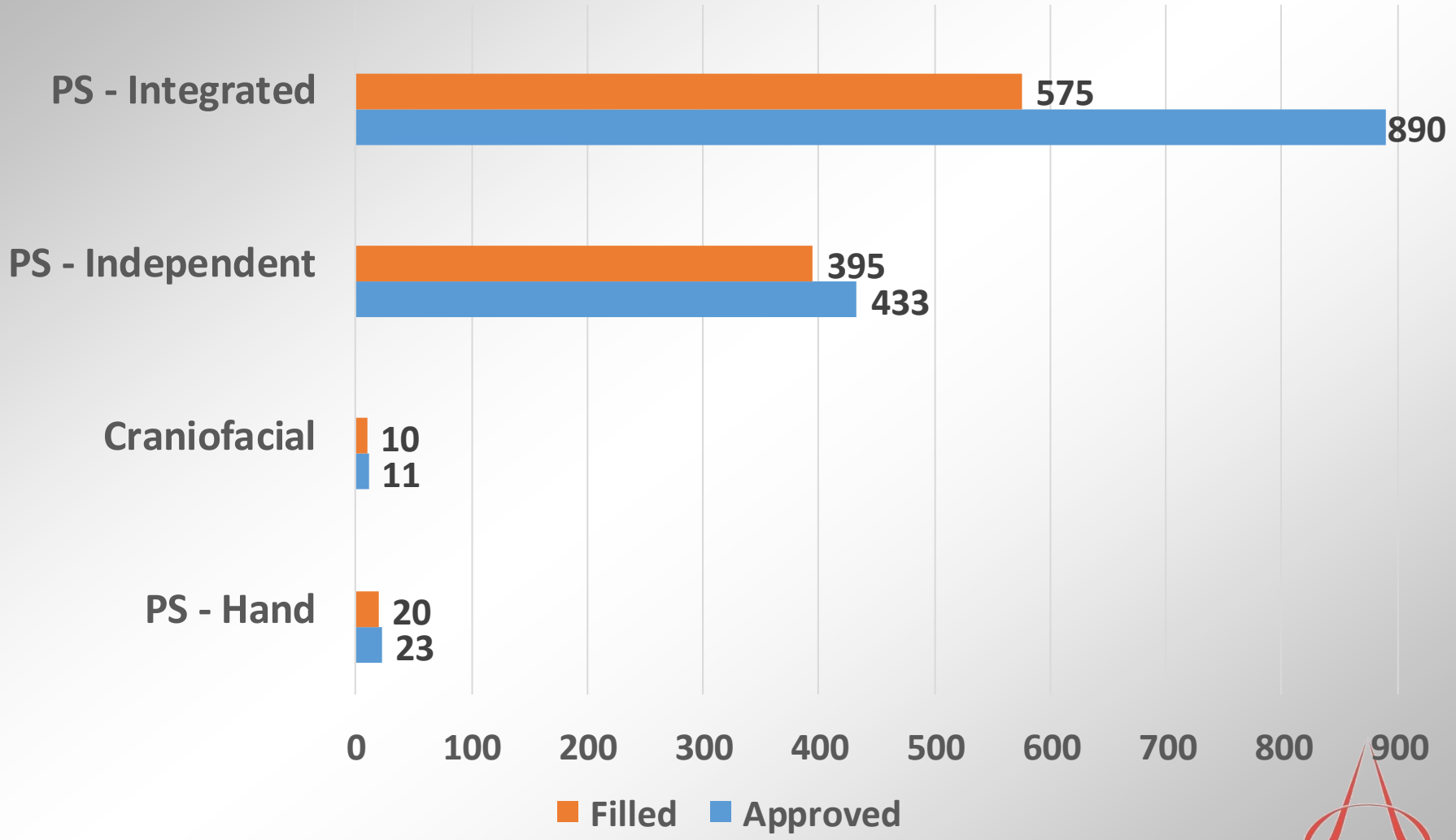
Approved v. Filled (27 Feb 2015)



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Program Resources: Program Director

Current certification by the American Board of Plastic Surgery, or specialty qualifications that are acceptable to the Review Committee *[PR: II.A.3.b]*

FAQ

- ≥ three years as a GME faculty member
- Associate Professor or be eligible
- Already served as an Associate PD for ≥ one year
- Attend new PD workshop
- Demonstrated success in scholarship

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Program Resources: Program Director

- Initial Appointment *[PR: II.A.2]*
  - Length of time adequate to maintain continuity of leadership and program stability
    - *Length of program + one year*

- Protected Time (direct/indirect salary support) *[PR: I.A.1.b)]*
  - ≤ 6 residents - 15%
  - ≥ 7 residents – 25%

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Program Resources: Program Director/Faculty

Scholarly Activities *[PR revision pending]*

II.B.5.b).(1) peer-reviewed funding;

II.B.5.b).(2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;

II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings;

II.B.5.b).(4) participation in national committees or educational organizations.

II.B.5.b). (6) presentation of posters at local, regional, or national professional and scientific society meetings. (Detail)

II.B.5.b).(6) teaching formal courses. (Detail)

II.B.5.b).(7) leadership role in education/development of educational materials. (Detail)

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Program Resources: Faculty

- Current certification by the American Board of Plastic Surgery or specialty qualifications that are acceptable to the RC *[PR: II.B.2]*

- All faculty must be listed in ADS
  - Degree (MD, DO, PhD, etc.)
  - Certification/Re-certification year or if on MOC
  - Explain equivalent certifications for RC consideration if not ABMS

- In keeping with the MOU, AOA certified faculty members will be acceptable for Type 1 programs (those which as of July 1, 2015 were AOA-approved and had matriculated residents – slide 9).

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Program Resources: Faculty

Core Faculty

All physician faculty who have a significant role in the education of residents/fellows and who have documented qualifications to instruct and supervise.

-ACGME Glossary of Terms 2013

Core faculty devote at least 15 hours per week to resident education and administration.

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Program Resources: Faculty

All core faculty must:

- Establish and maintain an environment of inquiry and scholarship with an active research component *[PR: II.B.5]*
  - Participate in organized clinical discussion, rounds, journal clubs, and conferences. *[PR: II.B.5.a)]*

- ≥ 70% must demonstrate at least two instances scholarship per year *[PR Revision Pending]*
  - See list for PD/Faculty – slide 21

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Program Resources: Faculty

All core faculty should:

- Work closely with and support the PD
- Assist in developing and implementing evaluation systems
- Teach and advise residents
- Evaluate the competency domains of residents
- ≥ 60% must complete the faculty survey

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Program Resources: Participating Sites

An organization providing educational experiences or educational assignments/rotations for residents.

Ex:
- a university
- a medical school
- a teaching hospital (incl. its ambulatory clinics/related facilities)
- a private medical practice or group practice
- a nursing home
- a school of public health
- a health department
- a federally qualified health center
- a public health agency
- an organized health care delivery system
- a health maintenance organization (HMO)
- a medical examiner's office
- a consortium or an educational foundation

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[ACGME Glossary]

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Program Resources: Participating Sites

There must be a Program Letter of Agreement (PLA) between the program and each PS providing a required assignment *[PR: I.B]*

The PLA must:

- Be renewed at least every five years
- Identify faculty responsible for residents
- Specify responsibilities of PS and faculty
- Specify the duration and content of experience
- State policies that govern resident (i.e. duty hours, returning to primary site for didactics, etc)
- All PS providing experience ≥ 1 month must have PLA

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Program Resources - Other

- Program Coordinator:
  - 0.5 FTE for programs with < 6 residents
  - 1.0 FTE for programs with . 6 residents *[PR: II.C.1]*
- Institutional volume and variety of operative experience for both adult and pediatric surgical patients *[PR: II.D.1]*
- Institutional Resources
  - Common office space (computers, adequate workspace
  - Internet access to full-text journals and electronic medical reference resources *[PR: II.E]*
  - Software resources for presentations, manuscripts, etc.

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Residents

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Residents: Eligibility

Effective July 1, 2016

All prerequisite post-graduate clinical education… must be completed in ACGME-accredited residency programs, or in RCPSC-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada. *[PR: II.A.1.a)]*

All prerequisite residency education must be taken within programs accredited by the ACGME or the RCPSC. (Core) *[PR: III.A.1.a).(1)]*

Independent format: …surgery, neurological surgery, orthopaedic surgery, otolaryngology, or urology residency. (Core) *[PR: III.A.1.a).(1).(a)]*

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Residents: Exception

Effective July 1, 2016

The Review Committee for Plastic Surgery does not allow exceptions to he Eligibility Requirements. (Core) *[PR: III.A.1.c).(1)]*

Review Committees will grant no other exceptions to these eligibility requirements for residency education. (Core) *[PR: III.A.1.d)]*

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Residents: Transfers

- Eligibility of Osteopathic Residents for Plastic Surgery Residency and Craniofacial Fellowship
  - Residents currently in, or transferring from, an osteopathic surgery residency program, whose program achieves ACGME-accreditation before they graduate, will be considered eligible for Plastic Surgery residency programs.

  - Residents currently in, or transferring from, an osteopathic Plastic Surgery residency program, whose program achieves ACGME-accreditation before they graduate, will be considered eligible for Craniofacial Fellowship programs.

Does not apply to residents in programs w/ Pre-Accreditation status or programs with Initial-Accreditation Contingent.

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Residents: Case Minimums

Independent:

http://www.acgme.org/acgmeweb/tabid/145/ProgramandInstitutionalAccreditation/SurgicalSpecialties/PlasticSurgery.aspx

Defined Category	Total
Head and Neck Congenital Defects	50
Head & Neck Neoplasms	70
Head and Neck Trauma	50
TOTAL - BREAST PROCEDURES-RECONSTRUCTIVE	100
TOTAL - TRUNK PROCEDURES	25
TOTAL - HAND AND UPPER EXTREMITY PROCS	122
TOTAL - LOWER EXTREMITY PROCEDURES	25
TOTAL - Integument Burns	24
TOTAL RECONSTRUCTIVE PROCEDURES	1000
TOTAL - Head and Neck Aesthetic Deformity	50

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Residents: Case Minimums

Independent:

http://www.acgme.org/acgmeweb/tabid/145/ProgramandInstitutionalAccreditation/SurgicalSpecialties/PlasticSurgery.aspx

Defined Category	Total
TOTAL BREAST PROCEDURES (AESTHETIC)	30
TOTAL AESTHETIC PROCEDURES	150
TOTAL INDEX PROCEDURES	1150
Non-index procedures	
- Injections	
- Tissue transplant/expansion/lipoplasty	
- Laser	

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Residents: Scholarly Activity

100 % Residents must participate in scholarly activity annually ***[PR: revision pending]***

- Presentations at regional, national, or international meetings during residency
- Publications submitted or published during residency
- Grants submitted or funded during residency
- Alternative scholarly activities during residency
  - Ex: patents or start-up ventures, websites or apps, surgical simulation projects, hospital quality improvement projects, practice-based learning or outcomes projects, education or novel teaching methods projects, major teaching presentations, development of databases)

Applicable only after program achieves initial accreditation

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Residents: Board Pass Rate

American Board of Plastic Surgery

70% written and 60% oral first time pass rate over the preceding 5 year average.

American Osteopathic Association

to be determined

Applicable only after program achieves initial accreditation

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Residents: Research Time and Survey

Research

Maximum of 6 weeks for independent programs.

Annual Resident Survey

- 70% must complete

Applicable only after program achieves initial accreditation

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Program: Accreditation

- Applications begin 1 July 2015
  - Immediately upon submission to ADS program's status is "Pre Accreditation"
  - Program will undergo full site visit
  - RC will review at next meeting
    - Email re: accreditation status within 5 days
    - Letter of Notification within 60 days

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Program: Accreditation

- “ACGME-accredited”
  - Programs that achieve Initial Accreditation are considered “ACGME-accredited”

- “Completed” surgery residency
  - Any resident graduating a program that has Initial Accreditation are considered to have completed an ACGME-accredited residency.

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Program: Block Diagram

- All rotations for all levels at all Participating Sites
  - Uploaded by Program as PDF
  - Instructions and formats detailed in ADS
- Essential elements:
  - Postgraduate year of training
  - Clinical [participating] site
  - Rotation name (Be specific – even for electives)
  - % outpatient time
  - % research time
- Important for RC to understand Program educational construct

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Block Schedules

Block Schedule 1. [In this example, the year's rotations are divided into twelve (presumably one-month) clinical rotations with no structured research time in any of the rotations and with no elective time.]

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Institution	Inst. 1	Inst. 1	Inst. 1	Inst. 1	Inst. 1	Inst. 2	Inst. 2	Inst. 2	Inst. 2	Inst. 2	Inst. 3	Inst. 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	Wards	ER	ICU	Clinic	Wards	Clinic	x
% outpatient	20	20	100	0	0	40	40	100	0	100	20	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	0	

Block Schedule 2. [In this example, the year's rotations are divided into 13 equal (presumably four-week) clinical rotations with no structured research time in any of the rotations and with no elective time.]

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Institution	Inst. 1	Inst. 1	Inst. 1	Inst. 1	Inst. 1	Inst. 2	Inst. 2	Inst. 2	Inst. 2	Inst. 2	Inst. 3	Inst. 3	Inst. 3
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	Wards	ER	ICU	Clinic	Wards	Clinic	ICU
% outpatient	30	30	100	0	0	20	20	100	0	100	0	100	0
% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

Block Schedule 3. [In this example, the year's rotations are divided into seven blocks of equal duration. One of those blocks is used for an elective which can be chosen from among the rotations listed.]

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Institution	Inst. 1	Inst. 1	Inst. 2	Inst. 2	Inst. 3	Inst. 3							
Rotation Name	CCU	Med. Outpt	Wards	ER	Wards	Wards	Elective	x	x	x	x	x	x
% outpatient	0	100	0	100	0	0							
% Research	0	0	0	0	0	0	0						

Possible electives:

Cardiology Inpatient Institution 1
Cardiology Outpatient Institution 2
Pulmonary Medicine Inpatient Institution 2
Pulmonary Medicine Outpatient Institution 3
Gastroenterology Inpatient Institution 3
Gastroenterology Outpatient Institution 1

Block Schedule 4. [In this example, the year's rotations are divided into four equal blocks. Structured research time comprises 40% of the resident's time on the specialty outpatient month. There is one three-month block devoted entirely to research.]

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Institution	Inst. 1	Inst. 1	Inst. 2										
Rotation Name	Med. Outpat	Specialt Outpat	Wards	Research	x	x	x	x	x	x	x	x	x
% outpatient	100	100	0										
% Research	0	40	0	100									

Examples from ADS

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Program: Core Conferences

The program must ensure:

- Attendance of faculty and residents at conferences is documented *[PR: II.A.4.t)]*
- Faculty regularly participates *[PR: II.B.5.a)]*
- Conferences are organized to allow discussion of topics that will broaden knowledge *[PR: II.B.5.d)]*
- Residents participate and present educational material *[PR: IV.A.6.a)]*

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Program: Evaluations

Clinical Competency Committee *[PR: V.A.1]*

- Function:
  - Semi-annual resident evaluation
  - Milestones evaluations - semi-annually
  - Advise PD regarding resident progress
- Committee Makeup
  - At a minimum must be composed of three members of the program faculty.
    - No residents on committee
- Written description of the responsibilities of the CCC

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Program: Evaluations

Formative Evaluation *[PR: V.A.2]*

- Faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment
- Program must use multiple evaluators
- Semiannual evaluation with feedback to all residents
- Must develop and implement a resident annual advancement policy

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Program: Evaluations

Formative Evaluation

- Semiannual assessment:
  - Review case volume, breadth, and complexity
  - Must ensure that residents are entering cases concurrently
  - Provide objective assessments of competency
  - Document progressive performance improvement appropriate to educational level
  - Must be accessible to resident for review

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Program: Evaluations

Summative Evaluation *[PR: V.A.3]*

- Specialty-specific Milestones must be used to ensure residents are able to practice core professional activities without supervision upon completion of the program
- Evaluation Must:
  - Become permanent in resident's record
  - Document resident performance during the final period of education
  - Verify that the resident has demonstrated sufficient competence to enter practice without direct supervision

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Program: Evaluations

Program Evaluation Committee *[PR: V.C]*

- Function:
  - The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE)
- Committee Makeup:
  - At least 2 program faculty and at least 1 resident
- Must have a written description of its responsibilities

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Program: Evaluations

Program Evaluation Committee *[PR: V.C]*

- Should participate in:
  - Planning, development, implementation, and evaluation of educational activities
  - Reviewing and recommending revisions of competency-based curriculum G&Os
  - Addressing areas of non-compliance
  - Review program annually using evaluations of faculty, residents, and others

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Program: Evaluations

Milestones

- Programs collecting and using to evaluate residents
- Participation in milestones is a requirement of the RC
- The RC is not yet using milestones as part of the annual program review

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Program: Duty Hours

Resident Duty Hours in the Learning and Working Environment
Comparison of 2003 and 2011 Standards

Standard	2003 Standards	2011 Standards
Principles/Introduction	*A. Principles* 1. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment. 2. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations. 3. Didactic and clinical education must have priority in the allotment of residents' time and energy. 4. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.	*Introduction* Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident. The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.
Professionalism, Personal Responsibility, and Patient Safety		VI.A.1. Programs and sponsoring institutions must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. VI.A.2. The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment. VI.A.3. The program director must ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. VI.A.4. The learning objectives of the program must: VI.A.4.a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,

1

There are some differences in our requirements specific to duty hours.

ACGME Website has comparison table, which address these differences

http://www.acgme.org/acgmeweb/Portals/0/PDFs/dh-ComparisonTable2003v2011.pdf

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Program: Handoffs and Transitions of Care

Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (Core) *[PR: VI.B]*

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Common Citations

- Evaluations
  - Semiannual
  - Timely completion
- Program Director Responsibilities
  - Learning environment
    - Grievance and due process
  - Service
- Duty Hours
  - 8 hours free
  - Night float
- Alertness management and fatigue mitigation

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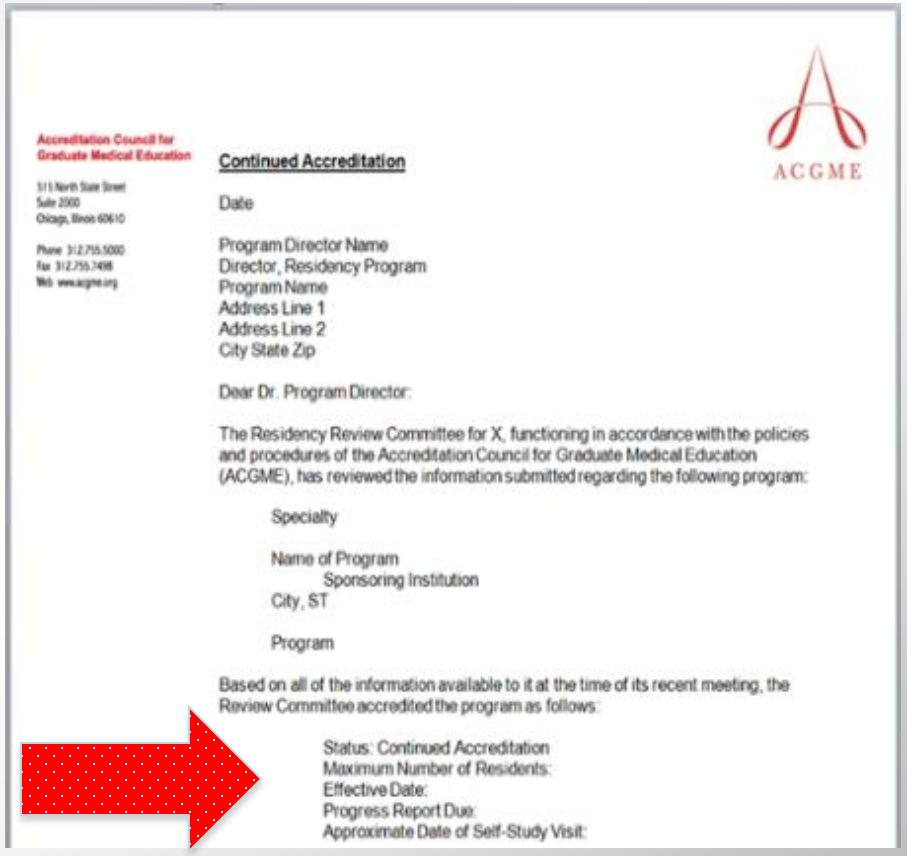
Program: Resident Complement

The RC does not require a minimum resident complement

The RC will affirm or adjust the resident complement

Categorical positions are approved by PGY level



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Continued Accreditation

Date

Program Director Name
Director, Residency Program
Program Name
Address Line 1
Address Line 2
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty

Name of Program
Sponsoring Institution
City, ST

Program

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents:
Effective Date:
Progress Report Due:
Approximate Date of Self-Study Visit:

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Program: Resident Complement

- Resident Complement
  - Temporary and permanent increases in resident complement must be approved in advance by the Review Committee. (Core) *[PR: III.B.3]*
  - Residents in a position not approved by the RC are “other learners”
  - Vacant positions must be filled at the same level *[PR: III.B.4]*

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Objectives

- Residency Review Committee and the ACGME Accreditation Team
- Program Resources
- Program - Questions Being Asked
- Common Citations and Complement
- Application – Common Issues
- Resources for Programs

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Application – Common Issues

- How will the PD…..
  - Provide a literal explanation of what you are doing or how you are monitoring an issue
- Fellows and other learners
  - Will residents and fellows from other programs rotate with your residents?
- Assessment methods used
  - Global evaluation, simulation, direct observation, etc.
- Limited response questions
  - If it asks for less than 400 words, please limit your response

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Application – Common Issues

- Describe one learning activity…
  - Demonstrate to the committee one activity that will achieve the goal of the requirement
- How do residents/faculty learn…
  - This usually has an educational component related to didactics, simulation, faculty development, etc.

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Application – Common Issues

- Institutional data
  - Provide the institutional resources (i.e. # of operative cases, procedures, etc.) available to the residents at all sites.
  - This is total data for the institution and not the number of cases per resident or by the role of the resident in the case.
  - If site is limited to specific type(s) of procedure(s) (i.e. burn experience) you only need to provide the specific data for that site.

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Review Committee Meetings

June 4-5, 2015

- March 26, 2015 - agenda close

January 21-22, 2016

- November 15, 2015 - agenda close

April 28-29, 2016

- February 20, 2016 - agenda close

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Resources

ACGME website: www.acgme.org

Journal of Graduate Medical Education: http://www.acgme.org/acgmeweb/tabid/256/Publications/Journals.aspx

American Board of Plastic Surgery: https://www.abplsurg.org/ModDefault.aspx?ReturnUrl=%2f

American Council for Academic Plastic Surgeons: http://www.acaplasticsurgeons.org/

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Thank you!

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