Accreditation Council for Graduate Medical Education

The Next Accreditation System, The Clinical Learning Environment Review (CLER), and Milestones

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Rebecca Miller, MS
Are we producing physicians best prepared to practice in the future (2025 and beyond)?

“A- for 2008, C- for 2025”

Are there areas for us to improve?
“All systems are perfectly designed to get the results they are getting.”

Various Attributions:
Paul Batalden MD
Donald Berwick MD
W. Edwards Deming
Despite the many successes of the American GME Effort...

Suffice it to say that there is sufficient motivation for change...
There are no easy solutions or shortcuts!

“I have a microwave fireplace. You can lay down in front of the fire all night in eight minutes.”

Steven Wright
Major Trends in the Emergence of NAS

- 2005 – 2008. Disillusionment with lack of progress in “Outcomes” and Tool Box
- 2011 – Present. Escalating calls for modulation of GME Cost Reimbursement based, in part, on “New Physician Competencies”
A New Model for Accreditation of Residency Programs in Internal Medicine

A renewed emphasis on clinical competence and its assessment has grown out of public concerns about the safety, efficacy, and accountability of health care in the United States. Medical schools and residency training programs are paying increased attention to teaching and evaluating basic clinical skills, stimulated in part by these concerns and the responding initiatives of accrediting, certifying, and licensing bodies. This paper, from the Residency Review Committee for Internal Medicine of the Accreditation Council for Graduate Medical Education, proposes a new outcomes-based accreditation strategy for residency training programs in internal medicine. It shifts residency program accreditation from external audit of educational process to continuous assessment and improvement of trainee clinical competence.

Medical education is experiencing a back-to-basics movement, with increased emphasis on mastery of core clinical competencies (1–3). Debates over curricular time, clinical rotations, and conferences are being replaced by discussions about clinical competence and its assessment (4–8). The change is driven largely by evolving societal mandates for quality, safety, and accountability in health care.
The 2005 ACGME Strategic Plan¹: Emergence of “The New Accreditation Model”

“At its November 2005 retreat, the ACGME Executive Committee endorsed four strategic priorities designed to enable emergence of the new accreditation model:

- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key internal and external stakeholders “

¹ ACGME 2005 Strategic Plan. (Emphasis Added, TJN)
In July 2003 the Accreditation Council for Graduate Medical Education (ACGME) enacted resident duty-hour standards for all accredited programs that sought to integrate limits on resident hours within the larger set of ACGME standards. The aim of these standards was to promote high-quality learning and safe care in teaching institutions. When the standards were established, the ACGME promised the profession that it would revisit them in 5 years.
The actions of the ACGME must fulfill the social contract, and must cause sponsors to maintain an educational environment that assures:

- the safety and quality of care of the patients under the care of residents today
- the safety and quality of care of the patients under the care of our graduates in their future practice
- the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self interest to meet the needs of their patients
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.Div., 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 based on educational outcomes in these competencies. The result of this effort is the Next Accreditation System (NAS), scheduled for phased implementation beginning in July 2013. The aims of the NAS are threefold: to enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, to accelerate the ACGME’s movement toward accreditation on the basis of educational outcomes, and to reduce the burden associated with the current structure and process-based approach.

¹ Nasca, T.J., Philibert, I., Brigham, T.P., Flynn, T.C.
The Next GME Accreditation System: Rationale and Benefits.
The Elements of
The “Next” Accreditation System (NAS)

10 year Self-Study Visit

10 year Self-Study

*prn* Site Visits (*Program or Institution*)

Continuous RRC and IRC
Oversight and Accreditation

Clinical Learning Environment Review
CLER Visits

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### 2010-2011 National Advisory Committee

Advise ACGME on establishment and goals of the Sponsor Site Visit Program

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<td>Thomas Nasca MD</td>
<td>ACGME Convener</td>
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CLER Focus Areas

- Patient Safety
- Healthcare Quality
- Professionalism
- Supervision
- Transitions of Care
- Duty Hours
  - Fatigue Management
- Healthcare Disparities
Emphasis of CLER

Assessment of Effectiveness of Sponsor in:

• integration of residents into **Patient Safety** programs of the institution, and demonstration of impact

• integration of residents into **Quality Improvement** programs of the institution, efforts to reduce **Disparities in Health Care Delivery**, and demonstration of impact

• establishment and implementation of **Supervision** policies

• oversight of **transitions in care**

• oversight of **duty hours** standards implementation

• **Emphasis on Professionalism throughout**
Integration of CLER into The Next Accreditation System

- Frequent onsite sampling of the learning environment
- Emphasizes elements of “new” competencies demanded by the public
  - Enhances performance
  - Prepares sponsors for increased accountability
- GME Sponsors demonstrate leadership in Patient Safety, Quality Improvement, and Reduction in Disparities
  - Affirms our professional commitment to the Social Contract
- Move from “duty hours compliance” to Patient Care Quality and Safety

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The Building Blocks or Components of The “Next” Accreditation System

- 10 year Self-Study Visit
- 10 year Self-Study
- prn Site Visits (Program or Institution)
- Continuous RRC and IRC Oversight and Accreditation
- Clinical Learning Environment Review
  - CLER Visits
The “Next Accreditation System” in a Nutshell

• Continuous Program Accreditation Model – Annual Program Evaluation
  • Based on broad array of annually updated data
  • 10 year Self Study and Self Study Visit

• Standards revised every 10 years
  • Standards Organized by Core and Detailed:
    • Structure
    • Resources
    • Processes
    • Outcomes
Standards Implementation Across the Continuum of Programs in a Specialty

STANDARDS

Core and Detailed:
- Structure
- Resources
- Process
- Outcomes

Core and Detailed:
- Structure
- Resources
- Process
- Outcomes

Core and Detailed:
- Structure
- Resources
- Process
- Outcomes

Core:
- Structure
- Resources
- Process
- Outcomes

Withhold Accreditation
Withdrawal of Accreditation

Accreditation

Initial Accreditation
New Programs

Accreditation with Warning
New Programs, Accredited Programs with Major Concerns

Probationary Accreditation

Maintenance of Accreditation
Accredited Programs without Major Concerns

Maintenance of Accreditation with Commendation
Annual Data Collection

- Annual ADS Update
  - Resident and Faculty Information
  - Major Changes
  - Citation Response
  - Program Characteristics – Structure and Resources
  - Scholarly Activity – New (from CV to data driven)
  - Block Diagram - New
- Board Pass Rate Data (external)
- Resident Clinical Experience
- Resident Survey
- Faculty Survey - New
- Semi-Annual Resident Evaluation
  - Q 6 month evaluation, Milestone Reporting - New Reporting

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Nasca, T.J., Miller, R.S., Holt, K.D.

Figure 1. Actual and Projected Numbers of Medical School Graduates Entering Graduate Medical Education (GME) Training Positions, as Compared with Three Scenarios of Available Positions (2001–2020).

Health Policy Report. The Uncertain Future of Medicare and Graduate Medical Education.
Iglehart, J. NEJM (10.1056/NEJMhpr1107519)
Published on September 7, 2011, at NEJM.org.
Work of each RRC in NAS

- To investigate significant (including recurrent) areas of concern, to:
  - Concentrate their efforts on problem programs
  - Determine whether accreditation standards are violated
  - Whether these violations (citations) rise to a level requiring alteration in accreditation status
  - Motivate programs to rapidly improve, rather playing the “accelerating accreditation action game”
  - Over time, understand and refine the nuances of screening
What Are Milestones?
The Continuum of Development of the Physician in the USA

ACGME

ACCME
AMA Cat 1 Credit System

ABMS – Certification, MOC
FSMB – Licensure, MOL

MCAT
SAT

MCAT

AHA
AHME
AIAMC
COTH/AAMC

Beginner
Novice
Advanced
Competent
Proficient
Expert
Master

Performance in Practice

Transition to Medical School
Transition to College
Transition to Residency
Transition to Practice
Transition to Retirement
The Goal of the Continuum of Clinical Professional Development

- Master
- Expert
- Proficient
- Competent
- Advanced
- Beginner

Undergraduate Medical Education  Graduate Medical Education  Clinical Practice

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The Goal of the Continuum of Professional Development in the 4 year preparation of the Anesthesiologist

Anesthesia Related Technical Skills
System Based Practice, OR Team Skills
Patient Care, Non-Procedural

Increase the Accreditation Emphasis on Educational Outcomes

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The Goal of the Continuum of Professional Development in the 4 year preparation of the Anesthesiologist

Increase the Accreditation Emphasis on Educational Outcomes

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Milestones

- Observable developmental steps moving from Novice to Expert/Master
- “Intuitively” known by experienced medical educators in each specialty
- Organized under the rubric of the six domains of clinical competency
  - Describe a trajectory of progress from neophyte towards independent practice
  - Articulate shared understanding of expectations
  - Set aspirational goals of excellence
  - Provide a framework and language for discussions across the continuum

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2010-2012 Singapore Mid and End PGY-1, Mid and End PGY-2 Year Evaluation, Mean Overall Rating of Six Competencies across All Specialties

Increase the Accreditation Emphasis on Educational Outcomes

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Singapore End PGY-1, Mid PGY-2, End PGY-2 Milestone Data, by Resident (First Cohort)

Professionalism

Medical Knowledge

Practice Based Learning and Improvement

Communication Skills

Patient Care Technical Skills

System Based Practice

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ACGME Goal for Milestones - Permits fruition of the promise of “Outcomes Based Accreditation”

- Tracks what is important - Outcomes
- Begins using *existing tools and observations of the faculty*
- Clinical Competency Committee triangulates progress of each resident
  - Essential component of a valid and reliable clinical evaluation system
  - ABMS Board has the opportunity to track the identified individual
  - ACGME Review Committee tracks unidentified individuals’ trajectories
ACGME Goals for Milestones
“Cohesion for the Continuum”

- Able to provide accountability for effectiveness of educational program in producing outcomes
- ACGME can work with:
  - AAMC, LCME to focus graduation level preparation
  - ABMS, AHA, ACCME, and the Public to identify areas for milestone improvement at graduation from residency/fellowship

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“The Future ain’t what it used to be!”

Yogi Berra
New York Yankees Catcher, Philosopher
The Way Ahead Is Difficult But Not Impossible

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Optimism

“What lies behind us and what lies before us are tiny matters compared to what lies within us.”

Oliver Wendell Holmes
Thank You!