ACGME Update:
American Council of Academic Plastic Surgeons Annual Coordinator Symposium

Linda B Andrews, MD
Senior Vice President, Department of Field Activities
September 20, 2019
Disclosure

Dr. Andrews works for the ACGME and does not have anything else to disclose.
Introductions

• Program director, DIO, RC member and chair, accreditation field representative, SVP department of field activities

• I am familiar with your jobs – the binders give me pause as I walk in to every site visit!

• I have seen the ACGME from many angles!

• *Show of hands for time on job 😊*
Agenda/Objectives

• Self-Study and 10-year Accreditation Site Visit
• New Common Program Requirements
• Plastic Surgery Review Committee (RC), Milestones and ADS
• ACGME Changes on the Horizon
Department of Field Activities

- 38 field representatives (effective September, 2019)
- One week to > 30 years experience
- 26 >/= 65 years of age; 17 > 70 years of age; 7 >/= 75 years of age
- Majority 0.5 FTE; two 1.0 FTE
Department of Field Activities

29 MD, three DO, six PhD

- Five MPH, five MBA, one JD, one DMD

Physicians:

- seven pediatrics, five obstetrics and gynecology, three each internal medicine and pediatric orthopedic surgery; 15 surgical, 15 medical, two hospital-based; 
  \textit{two plastic surgeons}
The accreditation process for Sponsoring Institutions and programs includes on-site visits to assess compliance with Institutional, Common and Program Requirements, as applicable.

Show of hands – who has participated in any type of site visit? 10-year accreditation site visit?
The Accreditation Site Visit

Accreditation Field Representatives (also referred to as site visitors) are the “eyes and ears” of ACGME and the Review Committees (RC).

The goal for site visitors is to conduct a site visit and provide an objective, detailed, narrative report that describes the program and its compliance with requirements.
The Accreditation Site Visit

Sample Site Visit Schedule

- Program Director/ Program Coordinator opening interview
- Resident interview
- Faculty interview
- Institutional leadership interview
- Program Director clarification interview, feedback, answer questions
- Document Review
The Accreditation Site Visit

Reviewer Materials: Collected from data in ADS

Due Date for ADS Updates and Uploads: 10/11/2018 11:59 pm Central Time
(Changes made after that time will not be reflected in the materials used for the site visit and accreditation review.)

ACGME Review Committee for Review by Reviewers

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Site Visit Summary (2018)

- 975/1354 total site visits (72%): priority site visits*
  - Applications
  - Data-prompted
  - Initial Accreditation
  - Osteopathic Recognition

- 279 (21%): 10-year Accreditation Site Visits

*2017: 79% priority, 16% 10-year accreditation site visits
History: Self-Study

2013: NAS transition to facilitate program improvement

- Self-Study created and designed (aims, environmental assessment, improvement priorities; five year look back and forward)
  - Improvement NOT accreditation

2015: Self-Study dates assigned in ADS (April)
History: 10-year accreditation site visits

2015-2017: Self-Study and 10-year Accreditation Site Visit Pilot
  • ~400 of 1,800 (22%) eligible phase 1 programs

2017: 10-year Accreditation Site Visits began (February)
  • Link Annual Program Evaluation, Self-Study and 10-year Accreditation Site Visit

2019: Common Program Requirement (V.C.2.) includes Self-Study (July)
Current Status: Self-Study and 10-year Accreditation Site Visits

- Programs complete Self-Study and upload Self-Study documents (two required, one optional) to ADS

- Core specialty and subspecialty program Self-Study and 10-year Accreditation Site Visit sequences occur together (n = 1 core program; n = core program plus subspecialty programs (hand and craniofacial))

- For larger sequences, team of site visitors
Self-Study and 10-year Accreditation Site Visit

Standard full accreditation site visit preparation and conduct PLUS
Self-Study and 10-year Accreditation Site Visit

• Review Self-Study documents during preparation
• Discuss Self-Study with program director during site visit
• Provide feedback on Self-Study during site visit
• Encourage program to link Self-Study to future program improvement processes
• Verify/Document that Self-Study was completed within site visitor report (CPR)
### Accreditation Pre-Next Accreditation System (NAS)

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Percentage of Programs</th>
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<tr>
<td>Five years</td>
<td>23%</td>
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<td>Four years</td>
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<td>Three years</td>
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<td>One Year</td>
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## ACGME Accredited Programs

(11,214 in 2017 – 2018)

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<th></th>
<th>Continued Accreditation</th>
<th>Initial Accreditation</th>
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<th>Probation</th>
<th>Withdrawal</th>
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<td>4,109</td>
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<td><strong>Subspecialty</strong></td>
<td>5,415</td>
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<td><strong>Total</strong></td>
<td>9,524 (84.9%)</td>
<td>1,494 (13.3%)</td>
<td>141 (1.3%)</td>
<td>20 (0.17%)</td>
<td>38 (0.3%)</td>
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NAS Concepts/Working Assumptions

- Each RC conducts annual review of program data in ADS
- Each program submits accurate data annually
- Data points reviewed by RC are “true” reflection of programs
- System aims to promote continuous cycle of improvement
RC Annual Review of Program Data

- Data scored with ● or x
- RC determines “weighting” of data
- RC may give citations, request a progress report, issue areas of concern for improvements, or ask for a data-prompted site visit
What is the ACGME Self-Study?

The Self-Study is an objective, comprehensive evaluation of the residency or fellowship program; a tool to facilitate program self-reflection and strategic planning. It requires that a program completes a review of its mission, aims and the environment in which it operates, and an analysis of its strengths, weaknesses, opportunities, threats, and plans for improvement.
Approaching the Self-Study

It’s a Strategic Plan:

• Mission/Aims
• SWOT Analysis
• Strategies/Action Plans
Approaching the Self-Study

• Where have we been?
• Where are we now?
• Where are we going?
Self-Study and Strategic Planning

Strategic Planning is a team effort:

- Sets your direction and priorities
- Gets everyone on the same page
- Simplifies decision making
- Aligns activities and priorities
- Communicates your mission/aims
An Improvement Model

- What are you trying to accomplish?
- How will we measure the outcome?
- What change do we need to make?

Define current state.

Review literature.

Talk to other programs.
Study

- Data/Metrics
- Leading Indicators
- Quizzes versus the Final Exam
- Surveys (Internal, ACGME)
Self-Study

Under the Program Tab in ADS

Original Accreditation Date: December 03, 1961
Accreditation Status: Continued Accreditation
Effective Date: January 18, 2018
Accredited Length of Training: 4 Year(s)
Program Format: Standard
Case Logs: Use Required by ACGME

Last Site Visit Date: March 10, 2010
Date of Next Site Visit (Approximate): No Information Currently Present
Self Study Due Date (Approximate): June 01, 2020
10 Year Site Visit (Approximate): December 01, 2021

Total Approved Resident Positions: 8
Total Filled Resident Positions*: 8
Self-Study

8 Steps to Conducting your Self-Study

• Complete the Self-Study Summary

• Upload the document into ADS by the last day of the month of the Self-Study date
Starting the Process

- Form the Self-Study group
- Think beyond the usual suspects
- Use a facilitator?
- Consider a kick-off retreat with follow-up
- Include trainees throughout the process
8 Steps

- Assemble the self-study group
- Engage program leadership and constituents in discussion of AIMS
- Aggregate and analyze APE data to create a longitudinal assessment of program strengths and areas for improvement
- Examine environment for opportunities and threats
8 Steps

- Obtain stakeholder input
- Interpret data and aggregate findings
- Discuss and validate findings with stakeholders
- Develop a succinct self-study document for further use in program improvement and 10-year site visit preparation
Self Study Questions

Program Description and Aims:

- **Item 1**: Program description (Use website description or recruitment letters as reference) (Max 250 words)
- **Item 2**: Program Aims (Max 150 words)
- **Item 3**: Program activities to advance the aims (Max 250 words)
“In addition, the program is expected to define its specific program aims consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates will serve, and the distinctive capabilities of physicians it intends to graduate.”

Common Program Requirements July 2019
Aims

Who are your graduates?

What makes you different from other programs?

Who are your customers?

Are your aims in sync with the department, institution, community, nation?

Aims may change over time.

Share your aims.

Measure your aims.
Common Program Requirements: July 2019

IV.A. The curriculum must contain the following educational components:

IV.A.1. a set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates;

IV.A.1.a) The program’s aims must be made available to program applicants, residents, and faculty members.
Self Study Questions

Environmental Context:

• **Item 4**: Opportunities for the program (Max 250 words)

• **Item 5**: Threats facing the program (Max 250 words)
SWOT Analysis

• Strengths
• Weaknesses
• Opportunities
• Threats
• Strategies
Opportunities

• Welcome ideas from several sources
• Be open to new ways of approaching issues
• Junior faculty, residents, non-physician staff, colleagues from other specialties often have valuable ideas
Opportunities

- Untapped physical and human resources
- New collaborations
- New training sites
- New equipment
- New teachers/faculty
- New patient populations
Threats: Internal and External

- Threats to accreditation
- Loss of resources or personnel
- Hospital ownership change
- Patient utilization/referrals
- Competition for trainees
- Workforce needs within the specialty
- Clinical workload
V.C.1.b) The Program Evaluation Committee responsibilities include:

- review of program’s self-determined goals and progress toward meeting them

- guiding ongoing program improvement, including development of new goals, based upon outcomes

- review of current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims
V.C.1.c) The Program Evaluation Committee should consider the following elements in assessment of program curriculum:

outcomes from prior APE(s); ACGME citations, areas for improvement; quality and safety of patient care; aggregate resident and faculty well-being; workforce diversity; engagement in QI/PS; scholarly activity: ACGME Surveys; written evaluations of program
Common Program Requirements: July 2019

V.C.1.b).(4) Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims.

V.C.1.d) The Program Evaluation Committee must evaluate the program’s mission and aims, strengths, areas for improvement, and threats.

V.C.2. The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit.
Self Study Questions

Significant Changes and Plans for the Future

• **Item 6a:** Describe significant changes and improvements made in the program over the past five years. (Max 250 words)

• **Item 6b:** Project your vision and plans for the program for the coming five years. Based on the plans described in the previous item, describe what will “take this to the next level.” (Max 350 words)
Outcomes of the documented APE can be integrated into the 10-year Self-Study process.
Grass Roots vs. The Big Picture

Self-Study

Annual Program Evaluation
Self Study Questions

- Item 7a: Describe elements of the Self-Study process for your program.

- Provide information on your program’s Self-Study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information
Self Study Questions

• **Item 7b:** Describe the core program’s role in the Self-Study(ies) of all dependent subspecialty program(s). (Max 150 words) *Note: If this is an individual core program without associated subspecialty programs or a dependent freestanding subspecialty program, skip to Question 8.*

• **Item 8:** Learning that occurred during the Self-Study (Max 200)
Elements of the Self-Study continued…

5-year “look back” and “look forward” on program changes and improvements:

What will take this program to the next level?
24-Months or more later…
Uploading the Self-Study documents

1. Go to the program’s **Overview** tab in ADS
2. Click **View** in the **Self-Study Documents** section
3. Upload
   - **Self-Study Summary** (required)
   - **Self-Study Update** (optional)
   - **Summary of Achievements** (required, cannot upload until 10-year accreditation site visit is scheduled)
Self-Study

• Self-Study = **Internal** review of your program.

• ACGME Site Visit = **External** review of your program.
10-Year Accreditation Site Visit

8 Steps to Prepare for the 10-Year Accreditation Site Visit

• Complete the **Summary of Achievements**

• Complete the **Self-Study Update** (optional)

• Prepare for a full accreditation site visit
8 Steps

- Reassemble APE/self-study group to gather data
- Discuss improvements made
- Reassess AIMS and SWOT
- Discuss AIMS, SWOT and improvements with stakeholders
8 Steps

• Complete and submit Summary of Achievements
• Update ADS in preparation for the 10-year accreditation site visit
• Ensure timely submission of additional ADS data
• Set and confirm logistics of 10-year accreditation site visit
10-Year Accreditation Site Visit

- A time lag to allow programs to make improvements
- The program communicates these improvements to the accreditation field representative and the Review Committee at the time of the 10-year site visit using the Summary of Achievements
10-Year Accreditation Site Visit

• The site visit includes the review of the Self-Study which provides context for the accreditation portion of the site visit

• Feedback on the Self-Study focuses on:
  o Link to Aim and Context
  o Completing the Plan-Do-Study-Act (PDSA) Cycle
  o Managing Improvement Action Plans and Data
  o Stakeholder involvement and engagement
  o Coordination between different (program, departmental, and institutional) aims and priorities
Site Visit Preparation

Copy of the current Block Diagram and Educational Conference Schedule for x-date to x-date; all other ADS updates

Contact information for the PD & PC with a cell phone # if an urgent need to contact the program arises

Check with residents/fellows that they have sent their respective lists of program strengths and areas for improvement

Check with faculty members that they have sent their list of program strengths and areas for improvement
10-Year Site Visit and Self-Study

- Interviews of Program/Departmental/Institutional Leadership
- Interview of Residents/Fellows
- Interview of Faculty
- Review of ADS information
- Review of ACGME Resident and Faculty Surveys
- Review of documents listed in site visit announcement letter
- Review of self-study summary and summary of achievements
10 – Year Site Visit Day

- PD & PC may get “homework” during break for additional information for clarification/verification

- Site visitor may append revised, additional documents to end of site visit report

- Closing meeting – resolve loose ends; provide feedback on strengths and areas for improvement (listed at end of report)

- “I do not speak for the RC and cannot predict their decisions on accreditation & citations”
10 – Year Site Visit Day

• On final day of site visits, primary site visitor may hold closing meeting with stakeholders in all programs

• Session is an opportunity to discuss common strengths, opportunities, common threats

• Session provides time for collaborative dialogue with program stakeholders & site visitors
What About the Self-Study

• Summary of Achievements document uploaded into ADS. Site visitor and RC do not see a summary of failures!

• Review and feedback on-site with site visitor.

• Document that Self-Study was completed and some comments may be inserted into Site Visitor’s Report.
Document Review

1. PLAs
2. Resident files
3. Goals and objectives
4. Annual conference schedule
5. Evaluations of all types
6. Written description of CCC
7. Written description of PEC
8. Program specific supervision policy
9. Duty hour compliance data
10. Resident participation in Patient Safety/QI
11. Self-Study Documents
## Plastic Surgery Review Committee (RC) update

<table>
<thead>
<tr>
<th>Top Five Citation Categories (Parent Specialty only)</th>
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<tr>
<td><strong>Independent Programs (360)</strong></td>
<td><strong>Integrated Programs (362)</strong></td>
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<tr>
<td>Procedural Experience</td>
<td>Procedural Experience</td>
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<td>Responsibilities of Program Director</td>
<td>Responsibilities of Program Director</td>
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<tr>
<td>Performance on Board Exams</td>
<td>Evaluation of Residents</td>
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<tr>
<td>Responsibilities of Faculty</td>
<td>Goals and Objectives, Institutional Support-Program Director, Service to Education Imbalance, Evaluation of Program</td>
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<tr>
<td>Scholarly Activities</td>
<td>Qualifications of Program Director, Responsibilities of Faculty, Scholarly Activities, Supervision</td>
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Plastic Surgery RC update

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<th>Continued w/ Warning</th>
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<th>Initial w/ Warning</th>
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Plastic Surgery RC and Milestones update

Changes to Specialty:

RC responded to the Review and Comment for the proposal for a new sub-specialty in Wound Care.

Milestones process started late 2016 with the creation of harmonized Milestones for ICS, PBLI, PROF, and SBP.

Anticipate all specialties to have started the process by 2020. Plastic surgery to start end of 2020.
Mission and aims

- Provide program’s mission statement
- Provide program’s aims guided by mission statement

(Aims appears 10 times in new CPRs)
Diversity

• Describe how the program will achieve/ensure diversity in trainee recruitment, selection and retention

• Describe how the program will achieve/ensure diversity in the individuals participating in the training program (i.e. faculty, administrative personnel, etc.)
Faculty scholarly activity – new table format

Faculty development – provide an example of the program’s faculty development activities in each of these areas over the past year:

• as educators; in quality improvement and patient safety; in fostering their own and residents’ well-being; in patient care based on their practice-based learning and improvement and in contributing to an inclusive work environment
Most Common ADS Site Visit Errors

ADS uploads, especially watch with new CPR uploads (10-13 documents to upload)

ADS attachments

• Block diagram, Faculty roster, CVs, Scholarly activity, Program-specific supervision policy
### Summary of attachments to site visit reports 2019

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<th>Attachment Name</th>
<th>January</th>
<th>February</th>
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<td><strong>Block Diagram</strong></td>
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<td><strong>Faculty &amp; Fellow Evaluation/Rotation</strong></td>
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Changes on the Horizon

• Well-being
• Faculty development
• Graduated responsibility and autonomy to independent practice
ACGME Changes on the Horizon

• New Executive Director (TBD)
• New Resident and Faculty Survey (2020)
• Milestones 2.0 (end of 2020)
Changes on the Horizon

- Pain management education
- Parental leave
- Interprofessional training “teaming” (CLER)
- ACGME accreditation for non-MD GME programs
- Telemedicine
Resources

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• Updated FAQs for site visits on the ACGME webpage, with more information about the Self-Study and 10-Year Site Visit
• Self-Study web page (Added information on Aims, SWOT Analysis, Plan-Do-Study-Act (PDSA) cycle, Program Evaluation)
• 10-Year Site Visit web page
• Self-Study e-mail for questions, feedback: self-study@acgme.org
Thank you!

Questions