The NAS Cycle (Continuous Accreditation Model)

- Clinical Competency Committee (CCC) evaluates and reports milestone evaluation semi-annually
- Annual Resident and Faculty Survey (Feb)
- Annual Program Evaluation (APE) performed by each program’s Program Evaluation Committee (PEC) (Spring)
- Annual Program Director report from the PEC sent to Sponsoring Institution GMEC
- Annual Institutional Review (AIR) & Self-Study performed internally by the GMEC
- GMEC Special Reviews (SR) as needed by performance indicators defined and monitored by GMEC
- Annual Data Survey (ADS) submitted electronically by programs and institution to ACGME (Fall)
- Annual Data Review (ADR) by the RC & Self Study (SS) visit every 10 yrs
- ACGME /RC sends Letter of Notification (LON) of accreditation action/decision

...Repeat annually

Program Evaluation Committee (PEC)

Conducts the Annual Program Evaluations (APE) & monitors program performance

- One PEC for each program
- Must have at least 2 faculty members
- Should (must) have at least 1 resident
- Must have written description of committee responsibilities
- Should (must) participate actively in:
  - Planning, developing & evaluating educational activities of the program
  - Reviewing & making recommendations for revisions of competency-based curriculum goals & objectives
  - Addressing areas of non-compliance with ACGME standards
  - Reviewing program annually (APE) using evaluations of faculty, residents, and others as specified by ACGME

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more areas, as well as delineate how they will be measured and monitored

PEC action plan shall be reviewed and approved by the teaching faculty and documented in meeting minutes

- PEC meetings to review:
  - SWOT analysis of Resident performance, faculty development, graduate performance, program quality
  - Most recent RC LON, citations
  - Program goals & objectives
  - Program policies & procedures
  - Milestones tracking, process, CCC responsibilities, data reporting
  - Available program resources
  - Match results, selection process
  - Didactic & clinical curriculum
  - Volume & variety of patients and procedures
  - Quality supervision
  - Financial & administration support
  - Evaluations of faculty and program
  - Research and scholarly activity of residents and faculty
  - Patient safety & quality improvement efforts
  - PLAs are current (Program Letter of Agreement) and training quality of affiliate sites
  - Action plan for performance improvement (3-5, no more than 10 items)
Annual Data Survey (ADS) – submitted by programs annually using webADS (Sept-Oct), after institutional ADS

- Program Changes – Structure and resources
  - Participating Site information (e.g., Program Letter of Agreement (PLA) on file, distance from primary site, rationale, rotation months)
  - Current Block Schedule
  - Sponsoring institution information (e.g., DIO, participating sites, other sponsored programs)

- Program Attrition – PD / core faculty / residents
  - Program director change history
  - Program director CV
  - Program faculty basic information
  - Resident basic information
  - Change requests

- Scholarly Activity – Faculty and residents
  - CV for program director only
  - Scholarly activity templates used for faculty and residents
  - Scholarly activity is reported for the most recently completed academic year (12 month period, not a 5 year period) for all but the PD

- Board pass rate (5-yr rolling average)
- Clinical experience (Case Logs)
- Resident and Faculty Survey Results
- Semi-annual Resident Evaluation and Feedback (from the CCC) – MILESTONES

Clinical Competency Committees (CCC) – for Milestone evaluation and reporting

- One CCC for each program
- Minimum of 3 program faculty members
- Can also have faculty from other programs and non-physician members
- Must have written description of CCC responsibilities
- Review all resident evaluations semi-annually from multiple sources (ITE, sim lab, nursing staff, OSCEs, self-eval, other) to determine milestone level of each resident. Larger programs may want to break up reviews into more frequent meetings, e.g. quarterly
- Prepare and report Milestone evaluations semi-annually to ACGME
- Advise PD re: resident progress, including promotion, remediation, and dismissal

Annual Institutional Review (AIR) conducted internally by institution ‘s GMEC through Self-Study

- Outcomes for all performance indicators identified and tracked by the institution (scorecard/self study)
- Results of most recent institutional self-study visit (done every 10 years)
- Results of last APR (all RC letters and progress reports)
- Accreditation status of all programs
- ACGME Citation tracking and status
- Resident & Core Faculty Survey results (survey sent Jan-Feb)
- Oversight of APE – performance indicators, milestones, annual progress of action plans, PEC meeting minutes
- Compliance with up to date signed affiliation agreements and Program Letters of Agreement (PLA)
- Management of special and focused program reviews
- CLER Readiness (activities and outcome data within each of the 6 areas) and/or report from last CLER visit, including institutional GME structure, administration, operations, educational resources, GMEC
- Resolution of resident and/or faculty concerns (ACGME / AOA complaints or other sources)

**DIO must submit an annual written executive summary of the AIR to the governing body of the Institution.**


Institutional Scorecard – program performance indicators monitored by the institution

SI monitors quality & trends, identifies programs that need GMEC Special Review

- All elements tracked and reported by each PEC (APE outcomes) to the GMEC
- Board Passage Rate – rolling averages
- In-training Exam Scores
- Duty Hour Compliance & Resident Schedules – CLER element
- Supervision – CLER element
- Procedural Volume
- Service vs. Education
- Match Results
- Faculty Scholarship Activities
- Transitions in Care Protocol (institutional safety metrics) – CLER element
- Faculty Participation in Education
- Site Visit Checklist – only for the site visit every 10 years
- Quality Improvement Activities (institutional quality metrics) – CLER element
- Clinical Competency Committee (Milestones Reporting)

Special Review (SR) conducted by institution as needed to address issues with underperforming programs

- GMEC must demonstrate effective oversight of underperforming programs through a Special Review process
- Special Review process must include a protocol that:
  - establishes criteria for identifying underperformance; and,
  - results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes

Institutional Annual Data Survey (ADS) – submitted by the institution (Sep)

Institutional annual data collection to include program data summary; other data to include leadership changes, unresolved complaints, categorized extended citations

Self Study Visits (SS) conducted by ACGME

- Occur every 10 years – requires an objective, factual description of:
  - how the program/SI creates an effective learning and working environment
  - how the learning environment supports desired educational outcomes
  - Provide an analysis of strengths, weaknesses, and plans for improvement

- Self Study site visit report verifies educational outcomes and their measurements and how processes and the learning environment contribute to these outcomes

- Use documents prepared specifically for the site visit, e.g., focused documents prepared to describe & clarify selected aspects of program as directed by Review Committee