STATEWIDE CAMPUS SYSTEM
Michigan State University College of Osteopathic Medicine

ACGME Accreditation Process – A Quick Reference Guide

<u>The NAS Cycle</u> (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

<u>Program Evaluation Committee (PEC)</u>

Conducts the <u>Annual Program Evaluations (APE)</u> & 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 (<u>See ADS elements below</u>)
- ✓ 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)

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<u>Annual Data Survey (ADS) – submitted by programs annually using webADS (Sept-Oct), after institutional ADS</u>

- ✓ Program Changes – Structure and resources
    - o Participating Site information (e.g., Program Letter of Agreement (PLA) on file, distance from primary site, rationale, rotation months)
    - o Current Block Schedule
    - o Sponsoring institution information (e.g., DIO, participating sites, other sponsored programs)
- ✓ Program Attrition – PD / core faculty / residents
    - o Program director change history
    - o Program director CV
    - o Program faculty basic information
    - o Resident basic information
    - o Change requests
- ✓ Scholarly Activity – Faculty and residents
    - o CV for program director only
    - o Scholarly activity templates used for faculty and residents
    - o 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
- ✓ <u>Semi-annual</u> Resident Evaluation and Feedback (from the CCC) -- MILESTONES

<u>Clinical Competency Committees (CCC) – for Milestone evaluation and reporting</u>

- ✓ 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

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<u>Annual Institutional Review (AIR) conducted internally by institution 's GMEC through Self-Study</u>

- ✓ 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.**

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<u>Institutional Scorecard –program performance indicators monitored by the institution</u>

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)

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

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

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<u>Institutional Annual Data Survey (ADS) – submitted by the institution (Sep)</u>

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

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<u>Self Study Visits (SS) conducted by ACGME</u>

- ✓ Occur every 10 years – requires an objective, factual description of:
  - o how the program/SI creates an effective learning and working environment
  - o how the learning environment supports desired educational outcomes
  - o 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**