Unpacking NAS
The Next (or New) Accreditation System

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You are not alone. EVERYONE is challenged by NAS!

Criticism of Modern Medical Education
Is there a better way to ensure competence than just time spent in a training program?
What Currently Drives the Structure and Content of our Residency Programs?

In the context of local service needs, choose educational experiences within institution, faculty
“Curriculum” ACGME Standards
Residues
“Educate” Residents

Identify/Develop Evaluation Idiosyncratic Tools
- Formative and Summative
- Experience Tracking

Guarantees that education is institutionally idiosyncratic, and also rather than anticipates change in the delivery system
“Circumstantial Practice”

“One definition of insanity is doing the same thing over and over again, but expecting different results.”

Rita Mae Brown
Sudden Death, 1983, p. 68

We believe that in the future, expertise rather than experience will underlie competency-based practice and... certification.

Aggarwal & Darzi, NEJM 2006
Goals of the NAS

- Produc e physicians for 21st century
- Accredit programs based on outcomes
- Reduce administrative burden of accreditation

Competency Based Medical Education

- Flexibility for individuals
- Efficiency
- Less time-oriented
- Public accountability
- Relevance assured
- Transparent standards
- Logical progression

Next Accreditation System

- Each standard is categorized:
  - Outcome – All programs must adhere
  - Core – All programs must adhere
  - Detail – Program requirements that if met give way for innovation.
Six ACGME Competencies

- Medical Knowledge
- Patient Care
- Practice Based Learning and Improvement
- System Based Practice
- Professionalism
- Interpersonal and Communication Skills

Only difference we know is # 7 OMM/OMP

ACGME Milestones

Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies that describe the development of competence from an early learner up to and beyond that expected for unsupervised practice.

New ACGME Program Requirement

The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. (Core)
When Do You Trust the Trainee?

- When is a professional activity mastered?
  - Set thresholds / minimum standards
  - Allow unsupervised practice
    - Direct vs. Indirect Supervision
  - Full entrustment

ACGME requires Program Directors to attest to a trainee’s competence.
**Can Make Italian Food**

<table>
<thead>
<tr>
<th>Fruit</th>
<th>Vegetables</th>
<th>Protein</th>
<th>Grain</th>
</tr>
</thead>
</table>

**Things we measure overtime**

- Knows how to make sauce
- Knows how to dice tomatoes
- Knows what meat to use in the dish
- Knows what pasta to use

<table>
<thead>
<tr>
<th>Cooks marinara sauce</th>
<th>Dices tomatoes</th>
<th>Browns ground beef</th>
<th>Boils ravioli</th>
</tr>
</thead>
</table>

**Dreyfus Model**

- **Expert - Competence**
  - Does
  - Shows How
  - Knows How
- **Proficient - Competent**
  - MCQ, Oral Examinations, Standardized Patients
- **Milestone Assessment**
  - A desire for objective methods of assessment and provide better feedback
  - Provide a process for early identification of residents that are having difficulties
  - A desire to encourage innovation
Clinical Competency Committee

The program director must appoint the Clinical Competency Committee. (Core)

- At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. (Core)
- Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. (Detail)

Clinical Competency Committee

The Clinical Competency Committee should:

- review all resident evaluations semi-annually; (Core)
- prepare and assure the reporting of Milestones evaluations of each resident semi annually to ACGME; and (Core)
- advise the program director regarding resident progress, including promotion, remediation, and dismissal. (Detail)

ACGME Common Program Requirements
When Do You Trust the Trainee?

Clinical Competency Committee makes recommendations to the Program Director based on sufficient data that assesses a resident's ability to enter practice without supervision.

Next Accreditation Model

- Continuous Accreditation Model
- Scheduled Site Visits replaced by 10 year Self Study Visit
- Standards revised every 10 years

Continuous Accreditation Model

- ADS Annual Update
  - Program Characteristics – structure and resources
  - Program Changes – PD | Core Faculty | Residents
  - Scholarly Activity – Faculty and Residents
- Resident Survey
- Faculty Survey
- Milestone data
- Board Pass Rate – multi-year rolling average
- Case Log data | Clinical Experience
- Hospital accreditation data
- Other
With Annual Data, RC can ...

- Clarify information
- Progress reports for potential problems
- Focused site visit
- Full site visit
- Site visit for potential egregious violations
- Accreditation - status

NAS Site Visits

No site visits as we know them but ......

- Focused site visits for an “issue”
- Full site visit (no PIF)
- Self-Study visits every 10 years

Ten-Year Self-Study and Self-Study Visit

Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ongoing Improvement

Self-Study visit
Annual Program Review (APE)

“The educational effectiveness of a program must be evaluated at least annually in a systematic manner”

Annual Review vs. Internal Review

<table>
<thead>
<tr>
<th>Annual</th>
<th>Internal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Common Requirements</td>
<td>Institutional Requirements</td>
</tr>
<tr>
<td>Done Annually</td>
<td>Done midpoint between ACGME accreditation surveys</td>
</tr>
<tr>
<td>Conducted by program</td>
<td>Conducted by GMEC</td>
</tr>
<tr>
<td>Program representatives</td>
<td>External representatives</td>
</tr>
<tr>
<td>Plan of action approved by faculty and documented in GMEC minutes</td>
<td>A written report by the GMEC and required to give to ACGME site visitor for Institutional Reviews (different than AOA)</td>
</tr>
</tbody>
</table>

Accreditation Status

Existing programs
- Continued Accreditation
- Continued Accreditation with Warning
- Probationary Accreditation
- Withdrawal of Accreditation

New programs (not AOA) Initial Accreditation
- Initial Accreditation
- Accreditation Withheld
Actions on AOA Application

- New Application
- Pre-Accreditation
- Initial Accreditation
- Withdraw Application
- Withhold Accreditation
  - RC Review
  - July 1, 2020

ACGME Application Process for a Currently-AOA-Approved Core Specialty Residency Program*

1. Program meets the scope and size of an AOA accredited residency program.
2. Program submits a formal application to the ACGME indicating its intent to seek initial accreditation.
3. Program is reviewed and evaluated by the ACGME and the RRC.
4. Program is found to be in substantial compliance with ACGME requirements.
5. Program is granted initial accreditation.

*ACGME Accreditation Process: Initial Accreditation of New Programs.

Accreditation Status

- Pre-Accreditation for AOA programs applying after July 1, 2015 who have GRADUATED Residents
- Initial Accreditation – Programs who are in substantial compliance with ACGME requirement (Given after RRC site inspection)
- Continuing Accreditation
NAS - CLER

CLER – Clinical Learning Environment Review

Focus is to assess institutional policies and programs to ascertain the level of resident/fellow engagement in six focus areas.

NAS in a Nutshell

- Based on Competency Education
  - Milestones
  - Clinical Competency Review Committee
- Program Self Evaluation – Annual Program Review
  - Monitored by ADS
- Continuous Accreditation
  - 10 Year Site Visit (no PIF – not sure if this is good or bad)
- Clinical Learning Environment Review

Challenges

I expected times like this - but I never thought they’d be so bad, so long, and so frequent.