ACGME Institutional Accreditation

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Goals & Objectives

- Understand the ACGME Institutional Requirements, Common Program Requirements and ACGME role in accreditation

- Develop an institutional readiness document based on the ACGME Institutional requirements

- Identify institutional strengths and areas for improvement in applying for ACGME accreditation
What is the ACGME?

- Accreditation Council for Graduate Medical Education
  - Private non-profit council that evaluates and accredits residency programs in the US
  - ACGME-I accredits residency programs outside of the US
  - Established in 1981
What is the ACGME?

- Current Member organizations include:
  - American Board of Medical Specialties
  - American Hospital Association
  - American Medical Association
  - Association of American Medical Colleges
  - Council of Medical Specialty Societies
  - American Osteopathic Association
  - American Association of Colleges of Osteopathic Medicine
ACGME Role in Accreditation

■ Board Authority
  □ To accredit GME programs
  □ To delegate to Review Committees
  □ To establish requirements

■ Process
  □ Establish processes and procedures
  □ Ensure quality GME programs
Review Committees

- **28 Review Committees**
  - One for Institutions
  - One for transitional year
  - 26 for each specialty

- **Adding two new committees**
  - Neuromusculoskeletal
  - Osteopathic principles
Review Committees

- Composition of Review Committees
  - Volunteer physicians (peers)
  - Resident (of specialty)
  - Public members
ACGME.ORG

Where you will find:
- Institutional Requirements
- Application Materials
- Helpful information and documents
Requirements

Core – Essential and required of every GME program

Detail – Meet in anyway if in compliance with outcomes

Outcome – Specific measurable or observable attributes at key stages
Section I.A

- Structure for Educational Oversight
  - Sponsoring Institution
    - Authority and oversight of all GME programs
    - Ensure programs and institution compliant with ACGME requirements & policies and procedures
  - DIO
  - Governing body
Section I.A

- Statement of Commitment
  - Written & signed by DIO, senior administration, governing body
  - Necessary financial support for administrative, educational and clinical resources and personnel

- Patient Care accreditation
Section I.B

- **GMEC**
  - **Membership**
    - DIO and program directors
    - At least 2 residents
    - QI or patient safety officer
    - Others
  - Meet at least once a quarter
    - At least 1 resident
    - Must take minutes
Section I.B

- GMEC Responsibilities
  - Oversight list (I.B.4.a)
  - Review and Approval list (I.B.4.b)
- Annual Institutional Review (AIR)
  - Action plans and monitoring
  - Written summary to governing body
- Special Review
  - No more internal reviews!
Section II.A

- Institutional Resources
  - DIO has enough financial support and protective time
  - DIO engaged in faculty development as an educational leader
  - Sufficient salary and resources for GME office
Section II.B

- Institutional Resources – Program
  - PD’s have enough financial support and protective time
  - PD’s engaged in faculty development as an educational leader
  - PC’s sufficient salary and time
  - Space, technology and supply resources
Section II.C

- Resident/Fellow Forum
  - Used to raise concerns
  - Open to ALL residents/fellows
  - Conduct without administration
  - Present concerns to GMEC/DIO
Section II.D and II.E

- (II.D) Resident Salary and benefits
  - No volunteer residents!
- (II.E) Communication resources
  - Pagers, computers, phones
- Access to medical literature
  - Electronic
  - Physical library
Section II.F

- Support Services
  - Service vs. Education
  - IV/Phlebotomy
  - Lab/Pathology/Radiology
  - Patient transport
  - Medical records
  - Food access
  - Sleep/rest facilities
  - Security
Section III.B

- **Patient Safety**
  - Reporting systems
    - Hospital error reporting system
    - Know how to use; do use
  - Root cause/risk management
    - Opportunity to participate
    - Education on processes
Section III.B

- Quality Improvement
  - Access to data
    - Own, department, hospital
    - Health care disparities
    - Participate in QI activities
Section III.B

- Transitions of Care
  - Faculty & resident development
    - Standardized process
    - Policies and procedures

- Supervision
  - Policies and mechanisms for reporting lapses
Section III.B

- **Duty Hours**
  - Follow requirements
  - Schedules facilitate fatigue management and mitigation
  - Faculty and resident education

- **Professionalism**
  - Faculty and residents
    - Complete required assignments
    - Identify resident mistreatment
CLER

- Clinical Learning Environment Review
  - In Policy & Procedure Manual & separate ACGME web section
  - CLER Site Visit
  - CLER Evaluation Committee
  - Assess sponsoring institutions learning environment

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Section IV.A

Institutional Policies

- Resident Eligibility and Selection
- Applicants informed of terms, conditions and benefits of appointment
  - Financial support
  - Vacations
  - Parental, sick and other leaves
  - Professional liability
  - Hospitalization, health disability and other insurances
Section IV.B

- Agreement of Appointment/Contract
  - List of required content or reference in section IV.B.2
  - Nothing not already include in your contracts
  - AOA requires mutual release clause; ACGME does not
Section IV.C and IV.D

- Promotion, Appointment Renewal and Dismissal
  - Required policy for institution and programs

- Due Process policy for suspension, non-renewal, non-promotion or dismissal

- Grievances
  - Policy and process at program and institutional level that minimizes conflicts of interest
Section IV.E, IV.F and IV.G

- Professional liability
  - Must provide; documentation to residents if requested

- Health and Disability Insurance
  - Available on first day required to report
    - If not; provide interim coverage

- Vacations and leaves of absence
  - Effect on board eligibility
Section IV.H

- Resident Services
  - Behavioral Health
  - Physician Impairment
  - Harassment
    - ALL forms – physical, sexual, verbal
  - Accommodations for disabilities
Section IV.I

■ Supervision
  □ Institutional policy required
  □ Look to the common program requirements (CPR- VI.D.3)
    ■ Direct Supervisions
    ■ Indirect Supervision
      □ With direct supervision immediately available
      □ With direct supervision available
  ■ Oversight
Section IV.J, IV.K and IV.L

- Duty Hours
  - Institutional policy required
  - Look to common program requirements

- Vendors
  - Institutional policy required

- Non-competition
  - Institutional policy required
Section IV.M and IV.N

- Disasters
  - Institutional policy required
  - Details in ACGME Policy & Procedure Manual
  - Assistance for continuation of salary, benefits and resident/fellow assignments

- Closures and Reductions
  - Institutional policy required
  - Details in ACGME Policy & Procedure Manual
Common Program Requirements

- There are a few items that SI’s oversee/assist programs with:
  - Affiliation agreements (PLA's)
  - Competencies
  - Fatigue Management
  - Clinical Competency Committee (CCC)
  - Program Evaluation Committee (PEC)
  - Annual Program Evaluation (APE)
  - Must be reviewed by GMEC
ACGME Policy and Procedure Manual

- Everything you wanted to know and more!
  - Where a lot of the processes come from
  - Updated over the next year to include AOA and AACOM
  - A must read to fully understand the ACGME
Assessing Your Readiness

- Review your notes
- Determine areas of deficiency
  - Use your GMEC to address
- Work with your C-Suite
- Visit the ACGME site often
- Plan your time line and stick to it
- Ask questions of colleagues and the ACGME
Questions?