Residency Model from the Medical Profession – Perspective of a DIO

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Disclosures

- No financial disclosures
- Member, ACGME Board of Directors
- Speaking from my personal perspective as an institutional GME leader

VUMC Graduate Medical Education

- 88 ACGME accredited programs
- 1 CODA-accredited programs
- 55+ “other” fellowships
- 1006 residents and fellows
- July Orientation: 300 new house staff

Objectives

- Why accredit?
- What is “medical” accreditation like?

Why Accreditation?

- Benefit to the **public**
  - Patient Safety
  - Consistency of “product”
- Benefit to the **resident**
  - Education vs service
  - Ensure basic needs
- Aid to the **programs**
  - Basic needs of programs/program leaders
  - Independent review
  - Held to same standards

ACGME – Accreditation Council for Graduate Medical Education

"The mission of the ACGME is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation. "

- *Roughly 10,000 accredited programs*
- *150 specialties/subspecialties*
- *800 sponsoring institutions*
- *125,000+ resident/fellow physicians*

ACGME Accreditation – Brief History

- 1889 – Hopkins opens first “residency” program in US
- 1914 – AMA Council on Medical Education and Hospitals: “approves” hospitals for MD internships
- 1923 – AMA Council on Medical Education releases “Principles Regarding Graduate Medical Education”
  - specialty review committees: Internal Medicine, Pediatrics, Neuropsychiatry, Dermatology, Surgery, Ophthalmology, Orthopedic Surgery, Urology, OB/GYN, Public Health/Hygiene, and Pathology
- 1928 – AMA’s “Essentials of Approved Residencies and Fellowships”
- 1939 – American College of Surgeons: hospitals approved for residency education in surgery

ACGME Accreditation – Brief History

- 1942 – AMA and AAMC establish LCME
- 1940s-1965 – individual residency review committees
- 1965 – Medicare Bill – need focused GME oversight
- 1972 – LCGME
  - AMA, AAMC, ABMS, AHA, CMSS
  - Coordinating Committee on Medical Education
  - Coordinate/oversee Residency Review Committees (RRCs)
  - 1972-80: system failing, CCME abolished
- 1981 – LCGME becomes ACGME
- 1998 – ACGME: Designated Institutional Officials

ACGME Accreditation – Brief History

- 2000 – ACGME becomes separately incorporated
- 2000-2002 – Establishment of 6 core competencies
- 2003 – common duty hour standards for residents
- 2014 – ACGME, AOA, AACOM announce single accreditation system (2015-2020)
- 2010s
  - Next Accreditation System
  - Clinical Learning Environment Review
  - Sponsoring Institution 2025
  - Physician Wellbeing

ACGME – What Do They Accredit?

- Physician Training Programs (RRCs)
  - Residencies
  - Clinical fellowships
- Sponsoring Institutions (IRC)

ACGME – How Do They Accredit?

- Program Requirements
  - Common
  - Specialty-specific
  - Set by experts in the field
- Institutional Requirements
- Monitoring
  - Surveys
  - Annual updates
  - Site visits
  - Resident services/other reporting

Common Program Requirements

- Introduction
- Institutions
- Program Personnel and Resources
- Resident Appointments
- Educational Program
- Evaluation
- Resident Duty Hours in the Learning and Working Environment

Institutions

- Sponsoring Institution
- Participating Sites

Program Personnel and Resources

- Program Director
- Faculty
- Other Program Personnel
- Resources
- Medical Information Access

Resident Appointments

- Eligibility Requirements
- Number of Residents
- Resident Transfers
- Appointment of Fellows and Other Learners

Educational Program

- Curricular Educational Components
  - Goals and objectives
  - Didactics
  - Integration of 6 core competencies
- Residents' Scholarly Activity

Evaluation

- Resident Evaluation
  - Formative
  - Summative
- Faculty Evaluation
- Program Evaluation and Improvement

Resident Duty Hours in the Learning and Working Environment

- Professionalism, Personal Responsibility, and Patient Safety
- Transitions of Care
- Alertness Management/Fatigue Mitigation
- Supervision of Residents
- Clinical Responsibilities
- Teamwork
- Resident Duty Hours

Institutional Requirements

- Structure for Educational Oversight
  - Sponsoring Institution
  - GMEC
- Institutional Resources
  - Institutional GME Infrastructure
  - Program Administration
- Resident Learning and Working Environment
  - Mirror of Section VI of Common Program Reqs
- Institutional GME Policies and Procedures

Next Accreditation System

- Old: “PIF” every 3-5 years with a site visit
- New:
  - Annual re-accreditation
    - Fellow & faculty surveys
    - Annual update
  - Self-study every 10 years (May 1, 2017)
  - Site visit after self-study (12-18 months later)

- Changing Focus from Process to Outcomes

Clinical Learning Environment Review

- Every 12-18 months, **not** an accreditation visit
- The CLER program's ultimate goal is to …. deliver both high-quality physicians and higher quality, safer, patient care

- Focus Areas
  - Patient Safety
  - Quality Improvement
  - Transitions in Care
  - Supervision
  - Duty Hours Oversight, Fatigue Mgmt/Mitigation
  - Professionalism