NAVIGATING THE CONTINUED ACCREDITATION PROCESS

MO SOM, D.O., M.S
PROGRAM DIRECTOR, OKLAHOMA STATE UNIVERSITY
BASIC DEFINITIONS
BASIC DEFINITIONS

• Pre-Accreditation
  • Granted upon receipt of completed application and does not require Residency Review Committee (RRC) review
  • Once pre-accreditation is granted, programs must participate in all required annual ACGME reporting
    • These programs must maintain AOA accreditation as pre-accreditation does NOT guarantee progression to the next phase
  • IM Programs residents in pre-accreditation are not eligible to sit for the ABIM

• Continued Pre-Accreditation
  • Program has had a site review, but remains in “pre-accreditation” (not substantially compliant with the requirements)
    • Still approved by the AOA
    • The programs will receive a full report from the RRC with requirements that need to be addressed
BASIC DEFINITIONS

- Initial Accreditation
  - Program has received a site visit and been granted initial accreditation
  - Field representative has submitted their report to the RRC and the RRC and has been found to be in substantial compliance
    - Citations or areas of improvement will be submitted to the PD/DIO by the RRC
  - Will receive a full site visit for continued accreditation within 2 years
  - IM residents are eligible to sit for the ABIM certifying examination

- Initial Accreditation contingent
  - The RRC has determined the application to be substantially compliant but the sponsoring institution has not achieved initial accreditation
    - The program will need to maintain AOA certification and are not considered ACGME certified
BASIC DEFINITIONS

• Progressing to Continued Accreditation
  • Requires a “full” site visit after initial accreditation has been granted
  • Occurs 2 years after initial accreditation has been granted
  • Field representative will submit their report to the RRC
    • Options
      • Progress to continued accreditation (~10 years)
      • Withdraw accreditation
      • Initial accreditation with Warning
        • Occurs over one year period
          • At the end of this one year period, the program must demonstrate substantial compliance with requirements to progress to continued accreditation or accreditation will be withdrawn
• Continued Accreditation without Outcomes
  • Programs with Initial Accreditation and Initial Accreditation with Warning that
    • Have not had a resident complete the program since accreditation was initially conferred, and therefore cannot report on Case Logs,
    • Have not had a resident complete the program since accreditation was initially conferred, and therefore cannot report on graduate patient numerics (family medicine requirement)
    • Have not had a resident who has taken a certifying examination in the specialty or subspecialty, and therefore cannot report on board pass rate.
WHERE IS THE REST OF THE COUNTRY
AOA PROGRAM ACCREDITATION STATUS

- Total applications: 680
- AOA Voluntary Withdrawal: 14
- Pre-Accreditation: 32
- Continued Pre-Accreditation: 134
- Initial Accreditation: 441
- Initial Accreditation with Warning: 9
- Initial Accreditation Contingent: 8
- Continued Accreditation: 32
- Continued Accreditation without Outcomes: 9

Last Updated by information provided by ACGME 9.2018
Summary of AOA Programs in the SAS Transition

- **Anesthesiology**
  - Pre-Accreditation/Continued Pre-Accreditation: 8
  - Continued Pre-Accreditation: 4
  - Initial Accreditation: 5
  - Withdrawal: 2

- **Emergency Medicine**
  - Pre-Accreditation/Continued Pre-Accreditation: 2
  - Continued Pre-Accreditation: 38
  - Initial Accreditation: 7
  - Withdrawal: 1

- **Family Medicine**
  - Pre-Accreditation/Continued Pre-Accreditation: 82
  - Continued Pre-Accreditation: 3
  - Initial Accreditation: 8
  - Withdrawal: 1

- **Internal Medicine**
  - Pre-Accreditation/Continued Pre-Accreditation: 80
  - Continued Pre-Accreditation: 3
  - Initial Accreditation: 8
  - Withdrawal: 1

- **Ob/Gyn**
  - Pre-Accreditation/Continued Pre-Accreditation: 2
  - Continued Pre-Accreditation: 22
  - Initial Accreditation: 2
  - Withdrawal: 1

- **Ophthalmology**
  - Pre-Accreditation/Continued Pre-Accreditation: 15
  - Continued Pre-Accreditation: 6
  - Initial Accreditation: 1
  - Withdrawal: 1

- **Orthopedic Surgery**
  - Pre-Accreditation/Continued Pre-Accreditation: 23
  - Continued Pre-Accreditation: 6
  - Initial Accreditation: 8
  - Withdrawal: 1

- **OMM**
  - Pre-Accreditation/Continued Pre-Accreditation: 11
  - Continued Pre-Accreditation: 6
  - Initial Accreditation: 8
  - Withdrawal: 1

- **Otolaryngology**
  - Pre-Accreditation/Continued Pre-Accreditation: 28
  - Continued Pre-Accreditation: 14
  - Initial Accreditation: 5
  - Withdrawal: 2

- **Pediatrics**
  - Pre-Accreditation/Continued Pre-Accreditation: 23
  - Continued Pre-Accreditation: 23
  - Initial Accreditation: 14
  - Withdrawal: 5

- **Psychiatry**
  - Pre-Accreditation/Continued Pre-Accreditation: 28
  - Continued Pre-Accreditation: 23
  - Initial Accreditation: 14
  - Withdrawal: 5

- **Radiology**
  - Pre-Accreditation/Continued Pre-Accreditation: 23
  - Continued Pre-Accreditation: 23
  - Initial Accreditation: 14
  - Withdrawal: 5

- **Surgery**
  - Pre-Accreditation/Continued Pre-Accreditation: 23
  - Continued Pre-Accreditation: 23
  - Initial Accreditation: 14
  - Withdrawal: 5
SNAPSHOT OF INTERNAL MEDICINE

Number of AOA IM Programs: **98**

Continued Pre-Accreditation: **5**

Initial Accreditation: **80**

Initial Accreditation with Warning: **3**

Continued Accreditation: **8**

Withdrawal: **1**

Last Updated by information provided by ACGME 9.2018
WHAT YOU CAN DO BETWEEN SITE VISITS

• Complete the ADS
  • ADS Update window opens for one month between the months of July and September

• Update scholarly activity
  • Scholarly activities should be collected from the previous academic year and reported in the Annual ADS Update.

• Milestones reporting
  • Submitted semi-annually
  • Reviewed by the Clinical Competency Committee meeting
SCHOLARLY ACTIVITY REQUIREMENTS

• Programs must fully and accurately record their scholarly activity for the following:
  • Program director
  • Core faculty members
  • Residents/fellows

• What comprises scholarly activity
  • Peer reviewed publications
  • Non-peer reviewed publications (such as book chapters)
  • Presentations at international, national, or regional meetings
  • Local teaching (must be in interdisciplinary or other programs)
  • Research grants
  • Leadership roles in national medical organizations
  • Responsibility for organizing seminars, conference series and courses
  • Quality projects
### Template for Faculty Scholarly Activity that occurred during the previous academic year between 7/1/2015-6/30/2016

<table>
<thead>
<tr>
<th>Faculty Scholarly Activity</th>
<th>Definitions: Pub Med IDs (assigned by PubMed) for articles published in the previous academic year. List up to 4. Pub Med ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.</th>
<th>Number of abstracts, posters, and presentations given at international, national, or regional meetings in the previous academic year.</th>
<th>Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications in the previous academic year. Articles without PMID should be included in this section. This will include publications which are peer reviewed but not recognized by the National Library of Medicine.</th>
<th>Number of chapters or textbooks published in the previous academic year.</th>
<th>Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) in the previous academic year.</th>
<th>Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal in the previous academic year.</th>
<th>In the previous academic year, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants’ performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Member</td>
<td>PMID 1</td>
<td>PMID 2</td>
<td>PMID 3</td>
<td>PMID 4</td>
<td>Conference Presentations (#)</td>
<td>Other Presentations (#)</td>
<td>Chapters / Textbooks (#)</td>
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SURVEY REQUIREMENTS

- Surveys
  - Serve as an early warning for non-compliance to ACGME standards
    - Use aggregate data for continuous quality improvement
- Resident Survey
  - Ensure that residents complete the annual ACGME Resident/Fellow survey
    - Resident Surveys are scheduled for one month duration between February and May
      - 70% required completion for programs with more than 4 residents (Less than 4, 100%)
        - Track your residents for completion
      - Survey results are released to the programs and DIO in June
- Faculty Survey
  - Faculty Surveys are scheduled for one month duration between February and May
    - Core Faculty and Program Directors are surveyed
      - 60% required completion
HOW TO RESPOND TO UNFAVORABLE SURVEY RESULTS

- Developing internal program surveys
  - Include more open-ended questions to allow for qualitative comments to help explain the quantitative results of the ACGME survey
  - Develop a focused survey regarding the identified issue(s)
  - Have a chief resident collect comments in a resident-only forum to discuss ongoing issues
  - Provide facilitated small group sessions to help identify details about the issues
  - Have the Program Evaluation Committee meet to dissect the ongoing issues, and document meeting minutes
    - Must present the APE results with residents and faculty
Complete your Annual Program Evaluation
- Ensure that your Program Evaluation Committee is meeting annually
- Topics that should be covered
  - Resident and faculty performance
  - Faculty development
  - Graduate performance (includes performance on the certification examination)
  - Program quality
  - Progress on the prior year’s action plans
  - Thorough review of resident and faculty surveys
RESPONDING TO CITATIONS

• Don’ts
  • Long responses providing excessive information but no actual explanation resolving the citation
  • Do not provide inaccurate information in the citation response
  • Agree with the importance of citation requirement and don’t put blame on field representative

• Do’s
  • Identify the underlying problems
    • Support the resolution with indications on how you will measure post-resolution results
    • If resident comments can support the resolution, this is viewed positively by the RRC
      • i.e., “A positive effect on morale is evident in the monthly residency meeting and coincides with the most recent ACGME survey where our compliance on education compromised by service improved to 76% from 36%”
  • Targeted responses describing how the changes made specifically improved the resident experience
CONTINUOUS MONITORING

• Make sure you are tracking Board Pass Rates
  • The Specialty Boards will send the Board Pass Rates directly to the ACGME for inclusion with the Program’s annual data collection materials.

• Be aware of hospital accreditation data
  • The ACGME will monitor the continued accreditation of the hospital to ensure the site is adequate for residency training
I HAVE RECEIVED NOTIFICATION OF MY FULL SITE VISIT...WHAT NOW?
WHO WILL DO YOUR SITE REVIEW

• Accreditation Field Representative
  • Will not usually be in your area of specialty
  • A biographical sketch of your representative is available on the ACGME website
HOW MUCH NOTICE WILL I HAVE BEFORE MY SITE VISIT?

• Programs with a status of Initial Accreditation receive a 60-day advance notice

• Expected to prepare an updated specialty-specific application document for this visit
  • This document needs to describe the current status of the program

• Minimum amount of notice for announced site visits is 30 days

• Unannounced visits
  • For a serious problem that is brought to the attention of the RRC, 14 days is given
  • For an egregious violation, advance notice is to the discretion of the field team
CAN YOU RESCHEDULE YOUR SITE VISIT?

- As a rule this cannot be changed
- Don’t request to be rescheduled unless the date is nearly impossible
- If there is an “exceptional situation,” a request can be made to the following individuals
  - Andrea Chow (312.755.5009)
  - Penny Iverson-Lawrence (312.755.5014)
- Request must be made within 5 calendar days of the site announcement letter
  - Requests made after 5 days must come from the DIO supporting the request
PREPARING THE CORRECT DOCUMENTATION

• The announcement letter
  • Contains specific instructions on any required documents
  • Specifies how and when to update information in ADS
    • For example:
THE ANNOUNCEMENT LETTER

Provides very specific information on what needs to be updated on the ADS and how it needs to be updated. They will provide you a specific date to have this completed by.

To prepare documents for review, please follow these instructions carefully:

- Review and update all information in ADS that you have previously entered to ensure it is accurate and current. Pay close attention to the instructions on each ADS data entry page as some pages require data from specific date ranges.
- Prepare and upload supporting documents as follows:
  - From your program page in ADS, open the "Update Application" tab
  - Select "View/Change Uploaded Documents"
  - Complete all five documents.
  - For the specialty specific application document, you will download a new application form. As relevant, you may cut and paste, and update responses you provided in your original application document to the new application form. Please ensure that the document represents your program as it is today.
  - You need to prepare a block diagram. Follow carefully the instructions in ADS when preparing the block diagram.
  - After you have prepared and proof-read all documents:
    - Convert the documents to pdf format and upload each one, following the directions on the page.
  - All updates and uploads must be completed by the date and time shown above. This is the information that will be used by the site visitor and the Review Committee member who will present your program to the committee for its decision.
CREATING THE BLOCK DIAGRAM

**Block Diagram 1**

In this example, the year’s rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.

<table>
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<th>Block</th>
<th>1</th>
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<td>0</td>
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**Block Diagram 2**

In this example, the year’s rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.

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<tr>
<td>Rotation Name</td>
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<td>Wards</td>
<td>Wards</td>
<td>ICU</td>
<td>Clinic</td>
<td>Wards</td>
<td>Clinic</td>
<td>Elec/Vac</td>
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<tr>
<td>% Outpatient</td>
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<td>0</td>
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<tr>
<td>% Research</td>
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</table>
THE ANNOUNCEMENT LETTER

Also provides you with site visit documents that you will be required to have available on the day of the site visit.

Site Visit Document Check List

Please have these documents available for review on the day of the site visit.

Common Program Requirements
Sponsoring and Participating Institution
  1. Current, signed program letters of agreement (PLAs).

Resident Appointment and Evaluations
  2. Files of recent program graduates and current residents/fellows (1-2 in each year of training); files of any trainees who have transferred in or transferred out of the program, or have resigned or been dismissed in the past three years. Resident/fellow evaluations by faculty, peers, patients, self, other staff; semi-annual evaluations; and final evaluations will be assessed during review of the resident/fellow files.

Educational Program
  3. A sample of competency-based, educational level-specific goals and objectives for one rotation/assignment.
  4. Conference schedule for current academic year.

Faculty and Program Evaluation
  5. Sample of a completed annual confidential evaluation of faculty by residents/fellows.
  6. Written description of Clinical Competency Committee (CCC) membership, semi-annual resident evaluation process, reporting of Milestones evaluation to ACGME, CCC advising on resident progress including promotion, remediation, and dismissal.
  7. Written description of Program Evaluation Committee (PEC) membership, evaluation and tracking protocols, resident evaluations of rotations/assignments, development of written Annual Program Evaluation (APE), and action plans resulting from the APE.

Duty Hours and the Learning Environment
  8. Program-specific (not institutional) policies for supervision of residents/fellows (addressing progressive responsibilities for patient care and faculty responsibility for supervision), including guidelines for circumstances and events that require residents/fellows to communicate with appropriate supervising faculty members.
  9. Sample duty hour compliance data demonstrating your monitoring system.

Quality Improvement
  10. Sample documents demonstrating resident/fellow participation in patient safety and quality improvement projects.
PROGRAM LETTERS OF AGREEMENT

• Program Letters of Agreement (PLA’s)
  • What needs to be included:
    • Faculty members who assume both educational and supervisory responsibilities for residents/fellows
    • Specify each faculty members’ responsibilities for the teaching, supervision, and formal evaluation of residents/fellows
    • Specify the duration and content of the educational experience
    • State the policies and procedures that will govern resident/fellow education during the assignment
  • How often do they need to be updated?
    • Every 5 years OR if there are changes in program director or participating site director or in resident/fellow assignments (changed to every 10 years effective July 1, 2019)
  • [Link](http://www.acgme.org/Portals/0/PDFs/Sample-PLAs.pdf)
COMMITTEES

• Clinical Competency Committee
  • The Program Director must appoint all members to the CCC
  • Must have a written policy that includes the responsibilities of the CCC
  • Responsible for evaluating the progress of each resident semi-annually and reporting to the PD
  • Suggested 3 members
  • No residents on the CCC (unless board certified or board eligible)
  • Okay to have non-physician staff on the CCC if they have an integral role in the residency
  • https://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf
COMMITTEES

• Program Evaluation Committee
  • The Program Director must appoint all members to the PEC
  • Must have a written policy that includes the responsibilities of the PEC
  • Responsible for evaluating the performance of the program and creating the APE annually
    • Meeting minutes must be kept, and Action Plans must be voted on and approved by the committee
  • Must be comprised of two core program faculty members and at least one resident
  • Content of the APE must be discussed with residents and faculty
IN WHAT FORMAT DO WE PROVIDE THE REQUESTED DOCUMENTATION?

• Discussion of evaluations with fellows and residents
  • Offered via traditional paper-based evaluation forms or print-outs of electronic evaluations
    • Must include evidence that these evaluations were reviewed with the resident/fellow via resident’s/fellow’s signature
  • Electronic evaluation systems or data management “suites” may be utilized to present information in electronic form regarding administration of the program
PREPARING THE CORRECT DOCUMENTATION

• Other possible required documents
  • Policy for Supervision
  • Program specific evaluation tools
  • Updated Responses to Citations
  • Updated Faculty Roster and Board Certification Status
  • Updated Program Director CV
  • Updated Overall Evaluation Methods
  • Documented evidence of follow-up, including remediation, probation, non-renewal, or dismissal, as applicable for residents with performance issues

• Updating information immediately prior in “Major Changes and Other Updates”
PREPARING THE CORRECT DOCUMENTATION

• Additional information aside from the previous slides may be requested
  • It is important that you, or your program coordinator, are prompt in your response to your field representative
    • I would recommend a response within 24 hours
      • For example……
I have completed an initial review of your program’s updated application information and documents. The effort that went into preparing these items for the visit is appreciated. To expedite the visit, I have two sets of requests to expedite the visit:

Requests for items to be reviewed at the site visit:

1. All documents listed on page 4 of your 8/22/2017 site visit notification letter. They should be clearly identified and arranged in the order of the list.

2. A summary of duty hour data for the last and current academic year-to-date. I don’t need reams of data, only a summary, however you choose to display it, that shows the level of resident compliance with all rules. A summary of violations, if any, should also be included. Duty hours was a concern on your program’s last Resident Survey. This is #9 on the document list.

3. Have a hard copy of one current PGY-3 file (your choice) and one of your 2017 graduate files (your choice) for possible review.

Requests for items or information I would much appreciate receiving in advance of the visit. Please try to get them to me by email by Friday, 10/20.

1. Your didactic and conference schedules for this academic year, to supplement the information on p. 24 of your specialty-specific program information form.

2. The named membership and chair of your CCC. Appendix D of your specialty-specific program information form provides a description of the CCC without names of participants.

3. The written description of the PEC, with member names and chair indicated.

4. XXXX, MD - your response to previous citation #1 indicates he is board-certified in Hematology. Such is not indicated on the faculty roster you provided. Please clarify his Heme board status. If certified, I will need the dates of original and re-certifications.

5. In Dr. X’s mini-CV, the peer-reviewed publication does not include the name of the journal, date, volume and page information: “Assessment of Carbapanem......” I need that information.

6. In Dr. X’s mini-CV, the same information is missing for publication: "Endobronchial Nodules.....". Please obtain the missing information.

If you have any questions, please contact me. In the meantime, I thank you for your attention to the foregoing and look forward to my visit.
RESIDENT INTERVIEWS WITH THE FIELD REPRESENTATIVE

• Who should be selected?
  • All residents in a program of 15 or less on duty the day of the visit
  • 15-20 peer selected residents/fellows representing ALL required years will be interviewed in programs of > 15
    • Usually divided into groups (with the senior class being interviewed separately)
  • Typically your field representative will request information from your residents that is CONFIDENTIAL
    • Ensure that your residents submit this information to him in a timely fashion

• What should you expect?
  • The Field Representative will contact the program with the logistics and the format prior to the site visit
    • This information may change on the day of the site review if better results are expected with altering the process
  • Residents/fellows should be made available for the entire interview period,
    • Pagers and cell phones must be turned off
    • Punctuality is key
    • Professional attire is highly recommended
MEMO TO: RESIDENTS PARTICIPATING IN RRC SITE VISIT

FROM: Site Visitor, M.D.
ACGME Field Staff Representative (Site Visitor)

I look forward to meeting with you during your residency’s upcoming accreditation site visit. To maximize the value of our discussion, I would appreciate receiving the following from you in advance of the meeting:

Five (maximum) key strengths of the program
Five (maximum) desired areas for program improvement
Five (maximum) topics you want to be sure we discuss at our meeting, if different from or in addition to items above

The items listed should be arrived at by consensus and include input from all residents, not only from those with whom I will be meeting. The lists will be confidential and will not be shared with your Program Director or faculty unless you give me permission to do so now or at the time of the site visit.

Please e-mail your lists to me (sitevisitor@acgme.org) at least 12 days prior to the site visit. Be sure to identify your institution/hospital and residency program name.

Thank you for your cooperation.
THE BASIC SITE VISIT DAY

- Who Is Interviewed and what is the typical Order
  - Program Director and Associate Program Director
  - Residents
    - Will be asked about the current status of the program (educational curriculum, patient volume and variety at the primary and participating sites, supervision, availability of faculty members, faculty member teaching skills and interest in teaching, resident/fellow assessment, and resident/fellow and faculty member scholarly activity)
  - Faculty members
    - Will be asked about the current status of the program (educational curriculum, patient volume and variety at the primary and participating sites, supervision, availability of faculty members, faculty member teaching skills and interest in teaching, resident/fellow assessment, and resident/fellow and faculty member scholarly activity)
    - Questions may be asked about the function and composition of the CCC and the PEC
THE BASIC SITE VISIT DAY

• Who Is Interviewed and what is the typical Order
  • Program Coordinator
    • May ask about the learning and working environment, institutional support and professional development for coordinators
  • DIO
    • Questions will mainly revolve around institutional support of the program and any issues in the past with the program
  • Clarification Interview
    • Day is completed with a wrap up with the Program Director
      • Clarifying conflicting information
      • Highlighting 2-3 key strengths
      • Offering improvement suggestions in 2-3 areas
OTHER TIPS

• Always be forthcoming with your site visitor about weaknesses in your program
  • ALWAYS HAVE A PLAN ON HOW TO FIX YOUR DEFICIENCIES

• Make sure your residents are encouraged to be honest
  • If there are discrepancies between what you and your residents say, it is a huge red flag

• Know the ACGME requirements inside and out

• Be timely and prompt in responding to your site visitor

• Be proud of your program and the product it produces

• Don’t instruct your residents how they are to answer specific questions from the field representative
WHAT TO EXPECT AFTER THE FULL SITE VISIT?

• Accreditation Field Representative/team writes a detailed narrative report
  • Includes information collected at the site visit and information in ADS
    • Accreditation Field Representatives do not participate in the accreditation decision
  • Review Committees meet two or more times each year
    • Programs can contact the staff of the Review Committee to find out if their program will be reviewed at a given meeting
  • Few days after the meeting at which a program is reviewed, the Review Committee sends an electronic notice indicating the accreditation status that resulted from the meeting.
    • Detailed accreditation decisions will be posted to ADS account 60 to 90 days after the meeting and sent via email to the PD and DIO
NOW THAT YOU HAVE CONTINUED ACCREDITATION, OTHER VALUABLE INFORMATION
CERTIFICATION

- The ACGME currently monitors pass rates on ABMS board examinations and will do the same for AOA board pass rates.
  - The ACGME believes that the goal of ACGME-accredited residency education is to produce physicians who seek and receive certifying board certification, recognizing that some graduates will be eligible for both exams and will have the freedom to choose which exam to take.
    - 80% first time pass rate averaged over the past three years
      - This changes July 1, 2019 in which the program is required to be in the 5th percentile or higher nationally for previous 3 years
CERTIFICATION

• Certification from Program Directors of eligible residents for the ABIM
  • Verify through FasTrack (https://www.abim.org/program-directors-administrators/fastrack/login.aspx)
    • Through 2020-AOBIM certified IM program directors can attest
    • Starting in 2022 all attestations will need to come from Program Directors that are ABIM certified
      • Pathways to obtain ABIM Certification (https://www.abim.org/certification/policies/candidates-for-special-consideration.aspx)
        • Program Directors of an ACGME accredited IM Program
        • Faculty of an ACGME accredited IM Program
        • Fellows who have graduated from an ACGME Fellowship, but have completed and AOA IM Residency
FELLOWSHIP APPLICATIONS

• Core Programs must obtain initial accreditation prior to Fellowship Applications being reviewed
  • Fellowship programs are welcome to enter their application in ADS, but will not be reviewed until the Core Program receives Initial Accreditation
WHAT WILL BRING ABOUT A FOCUSED OR FULL SITE VISIT EARLY

- Issues or concerns that the RRC identifies in an annual review of the program
  - Focused site visit for addressing selected areas of concern or to evaluate the merits of a complaint against a program.
  - Full site visit is typically scheduled when the RRC identifies several concerns that warrant the assessment of program compliance with all applicable standards, encompassing all aspects of a program.