Welcome

Please
- Ask us questions
- Provide us with feedback
- Keep informed

Program Reviews: Peer Review and Avoiding Conflict of Interest

Members of the International Review Committee from Singapore:
- Dr. Roy Kan and Dr. Llewellyn Lee, NHG
- Dr. Sally Ho, Sing Health
- Dr. Sophia Archuleta, NUHS

International Medicine-based Review Committee

<table>
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<tr>
<th>Name</th>
<th>Country</th>
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<th>Specialty</th>
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<td>Maha Al Fahim</td>
<td>Abu Dhabi</td>
<td>Sheikh Khalifa Medical City</td>
<td>FM/DIO</td>
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<td>Sophia Archuleta,</td>
<td>Singapore</td>
<td>NUHS</td>
<td>IM/DI</td>
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<td>James Arrighi, chair</td>
<td>US</td>
<td>Brown University</td>
<td>IM/CareDIO</td>
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<tr>
<td>Sally Ho</td>
<td>Singapore</td>
<td>Singapore Health</td>
<td>FM</td>
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<td>Hobih Ibrahim</td>
<td>Abu Dhabi</td>
<td>New York Univ., Abu Dhabi</td>
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<td>Steven Ludwig</td>
<td>US</td>
<td>Children's Hosp of Philadelphia</td>
<td>Peds/DIO</td>
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<tr>
<td>Sandra G.B. Season</td>
<td>US</td>
<td>Medical College of Georgia</td>
<td>Psych</td>
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<td>David Turner</td>
<td>US</td>
<td>Duke</td>
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<td>Sarah Zaimelkine</td>
<td>Lebanon</td>
<td>American University Beirut</td>
<td>IM/COM/DIO</td>
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International Medicine-based Review Committee

- Family Medicine
- Internal Medicine and Internal Medicine subspecialities
- Neurology
- Pediatrics and Pediatric subspecialities
- Psychiatry
- Dermatology
International Surgical/Hospital-based Review Committee

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<td>Hamad Medical Corporation</td>
<td>Orthopaedic Surg</td>
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<td>Margaret Blott</td>
<td>Abu Dhabi</td>
<td>Corniche Hospital</td>
<td>OB/GYN</td>
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<td>Wallace Carter</td>
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<td>Columbia Presbyterian</td>
<td>Emergency Med</td>
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<td>Salahuddin Gehani, vice-chair</td>
<td>Qatar</td>
<td>Hamad Medical Corporation</td>
<td>General Surg</td>
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<td>Jim Hebert</td>
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<td>Fletcher Allen, VT</td>
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<td>Roy Kan</td>
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<td>Llewellyn Lee</td>
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<td>Ophth</td>
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<td>Ken Simons, chair</td>
<td>US</td>
<td>Medical College of Wisconsin</td>
<td>Ophth/DIO</td>
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<tr>
<td>Kay Vydareny</td>
<td>US</td>
<td>Emory</td>
<td>Diagnostic Radiology</td>
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International Review Committee Responsibilities

- Full Committee
  - Review ACGME-I policies and procedures
  - Review ACGME-I accreditation standards
    - New specialties and subspecialties
    - Revisions of existing requirements
  - Approves new Review Committee members
- Each specialty-specific committee reviews programs in their area of expertise

International Review Committee Policies and Procedures

Important policies and procedures

1. Confidentiality
2. Conflict of Interest
3. Duality of Interest

Conflict & Duality of Interest Policy

- Actual conflict
- Disqualifying
- Apparent bias
- Excluded
- Not permitted
International Review Committee members **CANNOT**

- Serve as a site visitor, mock site visitor (consultant) to any ACGME-I-accredited program or sponsoring institution during their time on the Committee;
- Discuss any information related to institutional or program reviews that occurred during their time on the Committee; or
- Disclose any of the discussion that takes place during program reviews or the business meeting.

**NAS-I Singapore:**

**What are the Practical Implications for MY Program?**

James A. Arrighi, M.D.

John R. Potts, III, M.D.

13-14 September 2017

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**Disclosures**

Dr. Arrighi
- Noninvasive cardiologist
- Recovering program director
- DIO Brown University/Rhode Island Hospital
- Past Chair, ACGME RC-Internal Medicine
- Chair, ACGME-I Medicine Based RC
- No financial conflicts

Dr. Potts
- General Surgery
- Recovering program director
- Recovering DIO
- Past member, ACGME-I Review Committee
- Senior VP, Surgical Accreditation ACGME
- No financial conflicts

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**Objectives**

- NAS: Background, rationale and goals
- What is new or different in NAS
- Screening elements: Derivation and use
- RC process in NAS
- *Preview* the seven-year self-study

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**NAS Background**

- Macy Foundation
- Robert Wood Johnson Foundation
- Institute of Medicine
- CGMRE
- NOTPC
NAS Background

- GME is a public trust
- ACGME accountable to the public

NAS Background

- Patients & payers expect doctors to be:
  - Health information technology literate
  - Able to use HIT to improve care
  - Sensitive to cost-effective care
  - Involve patients in their own care

NAS Background

- Public expects GME to produce doctors who:
  - Possess these skills, and
  - Requisite clinical and professional attributes

NAS Background

- ACGME established 1981
- Major issues faced:
  - Emergence of formal subspecialty training
  - Variability in quality of resident training
- ACGME response emphasized:
  - Program structure
  - Increase in quality & quantity of formal teaching
  - Balance between service and education
  - Resident evaluation & feedback
  - Financial & benefit support for trainees
NAS Background

- Efforts rewarding by many measures
- But:
  - Program requirements increasingly prescriptive
  - Innovation squelched
  - PDs have become “Process Developers”

*Karen Horvath, M.D.

NAS Goals

- Help produce physicians for 21st century
- Accredit programs based on outcomes
- Provide public accountability for outcomes
- Reduce administrative burden of accreditation

What’s Different?

Periodic vs Annual Assessment and Feedback

The Current Accreditation System

- Rules
- Corresponding Questions
- “Correct or Incorrect”
- Answer
- Citations and Accreditation Decision

“Cycle Length” (1-5 years)

The Next Accreditation System

- Annual Observations
- Assess Program Improvement(s)
- Continuous program improvement, annual feedback from RC

Program Makes Improvement(s)
- Identify Opportunities for Improvement
- Program Makes Improvement(s)
- Assess Program Improvement(s)

What’s Different in Program Requirements

- Minimal change to program requirements
- No mid-cycle “Internal Review” required
- Requirements related to program evaluation, curriculum, etc are unchanged
- Requirements revised every ten years
What’s Different in Review Process

- Programs reviewed (at least) annually by RC
- Programs notified of status annually
- Site visits performed as needed based on review of data elements
- Feedback provided annual in form of status, citations, areas for improvement

Types of site visits:

- **Focused site visits** for an “issue”
- Full site visit
- **Seven-year** accreditation review visit

Focused Site Visits

- Assesses selected aspects of a program and may be used:
  - to address potential problems identified during review of annually submitted data;
  - to diagnose factors underlying deterioration in a program’s performance;
  - to evaluate a complaint against a program
- Minimum 30 day notification
- Minimal document preparation

Full Site Visits

- Application for new program
- At end of the Initial Accreditation period
- For established programs, when RC identifies major issues or concerns
- Minimum 60 day notification
- Minimal document preparation

Program is assessed for compliance with all PRs

What Leads to a Site Visit?

- Site Visit

  - Multiple and/or serious indicators
  - Prior Warning or Probation
  - Lack of Clarity / Confusion
- Full

7-year Accreditation Review Visit

- Scheduled well in advance
- Full compliance visit
- Minimal document preparation
- Conducted 18 to 24 months following submission of self-study
What's Different in Review Process

In addition to the accreditation status, feedback from RC is given in form of:

- Citations
- Areas for improvement

Intention is to help program improve, NOT as a punitive measure.

Citations

- Identify areas of non-compliance
- Each is linked to a program requirement
- Response to each citation required in ADS
- RC will assess annually to determine whether citation can be resolved based on:
  - New data (e.g., annual ADS update, progress report)
  - Site visit report

Goal: To resolve citation quickly!

Areas for Improvement (AFI's)

- May or may not be tied to specific PR
- Examples:
  - Isolated finding (i.e., on Resident Survey)
  - Concerning trend toward non-compliance
  - First time non-compliance with non-critical PR
  - Program expected to monitor/correct AFI
- Written response by program not required
- Will be tracked by RC

Conceptual Model of NAS

U.S. Accredited Programs
1 July 2017
(EXCLUDES Application, Initial Accreditation)

Continued Accreditation

- Cont. Accred. w/o Outcomes
- Initial Accreditation
- Init. Accred. with Warning
- Accreditation with Warning
- Probationary Accreditation

98.2% - 1.6% - 0.2%
Conceptual Model of NAS

Singapore Programs

Presumed status upon entering NAS

- Application for New Program
- Continued Accreditation
- Cont. Accred w/o Outcomes
- Initial Accreditation
- Init. Accred. with Warning
- Accreditation with Warning
- Probationary Accreditation
- Withdraw Accreditation

95.6% - 4.4% - 0.0%

Letter of Notification

- Accreditation Status
- +/- citations
- +/- areas for improvement (AFI)

Program Status in NAS-I

- New programs
  - Applicant
  - Initial Accreditation
  - Initial Accreditation with Warning

Program Status in NAS-I

- Existing programs
  - Continued Accreditation
  - Continued Accreditation without Outcomes
  - Continued Accreditation with Warning
  - Probationary Accreditation
  - Withdrawal of Accreditation

Data Reviewed Annually by RC

- Annual ADS Update
- Program Characteristics – Structure & resources
- Program Changes – PD / core faculty / residents
- Scholarly Activity – Faculty and residents
- Omission of data
- Block schedule
- Resident Survey
- Faculty Survey
- Clinical Experience – Case logs
- Board Pass Rate – aggregated data

Note!

The Data Analysis Team has not yet determined:

1. How board certification exam pass rates will be implemented in Singapore
2. How clinical experience data / case logs will be assessed in screening programs
Other Data Reviewed by RC

- 7-year accreditation review visit

Data NOT Used in Accreditation

- Milestones
- Self-study

Using Data Elements in NAS-I

- Exploratory data analysis
  - Factor analyses and correlational work
  - Creation of predictors
    - Composite scores
      - Case Logs, Resident Survey, Faculty Surveys
  - Identification of data elements that were predictive of program success or failure
  - Goal: Distill data to create "pass / fail" predictors

What are “Indicators”?

- Data that:
  - Can be gathered easily on an annual basis
  - Is meaningful from educational perspective
  - Is meaningful from accreditation perspective
  - Correlates with previous accreditation decisions
  - Can be assigned a binary "pass-fail" cut point
  - When combined with other indicators, can identify a subset of programs at high risk for significant accreditation concerns

Setting Cut Point for an Indicator

Cut point chosen to optimize sensitivity
- Minimizing false negatives,
- Necessarily increasing false positives

Indicators are screening tools

- They can be based on single standards, a group of standards, or be more stringent than standards (↑ false +; ↓ false -).
- Failed indicators only cause RC to look at the program.
- Indicators likely identifying issues that would not have been noted in the episodic review of programs.
- In US, the utility of using screening parameters to identify problem programs have been confirmed by recent RC decisions.
### U.S. Surgery Programs in “OAS”

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<th>Accreditation Cycle</th>
<th>Percentage of Programs</th>
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<td>Five years</td>
<td>25</td>
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<tr>
<td>Four years</td>
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<td>Three years</td>
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U.S. surgery programs 30 June 2013 (n=247)

### Moving to NAS

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U.S. surgery programs 30 June 2013 (n=247)

### Singapore Programs Today

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Singapore programs 8 August 2017 (n=68)

### Moving to NAS-I

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Singapore programs 8 August 2017 (n=68)

### Role of the RC in NAS-I

- Use data to identify potential/real problems
- Gather other information, as needed
- Provide feedback to programs
- Allow programs to rapidly improve
- Monitor program improvement

### Annual Review Process

1. Annual Data Sent by Program
2. Analysis by Data Systems Team
4. +/- Clarifying Information
5. +/- Site Visit
6. RC Review
Annual Program Review

- Warning or Probation? Yes → Further Review (RC Member)
- Previous Citations? Yes → Further Review (RC Member)
- Annual Data Issues? Yes → Further Review (Staff and/or RC Member)

Clarifying Information
- Question(s) raised by:
  - Response to citation
  - Review of annual data
  - Some other source
- Put to program in writing from ED
- Deadline for response
- Opportunity for program to answer question(s) of the RC before being actually reviewed

Practical Issues: Residents
- This is a program accreditation system
- Little direct effect on you or your learning

Practical Issues: Program [Director]
- Be sure to meet reporting deadlines
  - ADS Annual Update
  - Resident operative logs
- Carefully check ADS Annual Update
  - Your program is speaking directly to the RC!
- ACGME surveys remain an important data element

Good Practice for Annual Update
- Utilize “Major Changes/Updates” section to communicate with the RC
  - You have identified an “issue” through the APE
    - Resident Survey
    - Case Logs
    - Attrition
    - Other
  - Steps you are taking to correct the “issue”
  - Helps RC understand context if indicator fails
  - May mitigate RC action
- Link your APE to your ADS update

The Self-Study and The 7-Year Accreditation Review Visit
7-Year Accreditation Review Visit

- Some really important notes:
  1. First self-study scheduled in Singapore 2020
  2. Different than periodic accreditation visit
     - Self-study process
     - Self-study visit
     - Seven-year accreditation compliance visit
  3. Still very much a work progress

Self-Study: Why?

- Accreditation Model:
  - Minimum standards
  - Substantial compliance
- Continued Accreditation
  - 98.2% U.S. programs
  - 96.6% Singapore programs (presumed)

Questions

- What can drive a program beyond meeting minimum standards?
- How can a program distinguish itself?
- How can the training in a specialty (as a whole) move to excellence if the data demonstrates only meeting minimum standards?

The Next Accreditation System

Continuous Observations
 Assess Program Improvement(s)
 Identify Opportunities for Improvement
 Program Makes Improvement(s)

Continuous Program Improvement

Continuous observations by program

Program identified opportunities for improvement

Program makes improvement(s)

Scope as Originally Envisioned

Ongoing Improvement

Self-Study PROCESS

Yr 0
APE
Yr 1
APE
Yr 2
APE
Yr 3
APE
Yr 4
APE
Yr 5
APE
Yr 6
APE
Yr 7
APE

Yr 0-24 months
Elements of the Self-Study

- Program aims
- SVOT/SLOT analysis
- Three to four-year look back
- Three to four-year look forward

Program Aims

- What is our mission?
  - How do we differentiate ourselves?
  - What do we need to improve?
  - What do we want to improve?
  - What are the improvement priorities?

Program Aims

- Relevant considerations:
  - Who are our residents / fellows?
  - What do try to prepare them for?
  - Is that what they ultimately do?

Program Aims

- Sources of input:
  - Residents / fellows
  - Faculty
  - Institutional leaders
  - External stakeholders

Program Aims

- Ultimate goal:
  - Intentionality in program design
SVOT / SLOT Analysis

- Assessment of internal factors
  - Strengths
  - Areas for improvement
- Assessment of external context
  - Opportunities
  - Threats

Three to Four-Year Look Back

- What changes occurred?
  - What changed for the better?
  - What changes were not so positive?
  - Were they planned & carried out?
  - Were they unplanned?
  - What planned changes did not occur?
    - Why?
    - Are those changes still desirable?

Three to Four-Year Look Forward

- What changes are desired?
  - How should they be prioritized?
  - What will take this program “to the next level?”

The Self-Study Process

- PEC + others
- Data gathering
  - Annual Program Evaluations
  - Surveys
  - Information from ACGME
  - Information from other sources

The Self-Study Process

- Write draft
- Circulate
- Gather feedback
- Re-write
- Arrive at consensus

The Self-Study Summary

- ≤ 2800 words for core program
- Sections:
  - Aims
  - Program strengths, opportunities, threats
  - Five-year look back
  - Five-year look forward
  - Description of self-study process
- Uploaded through ADS
Self-Study

• Programs notified ~ 1 year before due
• Site visit scheduled 18 to 24 months later
• Program submits “Summary of Achievements”
  • ≤ 1500 words
  • Key strengths
  • Program improvements based on self-study
• One visit; Two purposes
  • Review self-study
  • Seven year accreditation compliance visit

Thank you!!!

ACGME-I Staff and Members of the Review Committees