
Review Committee for Dermatology Update Association of Professors of Dermatology

October 7, 2016

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Disclosure

- No conflict of interests to report.



Megatrends at ACGME

1. Expectations of the Profession to Public expectations
2. Expert-based to Evidence-based
3. Process to Outcomes based
4. Rules based to QI based
5. ACGME control to Local control
6. Focus on Accreditation to GME Improvement
7. Periodic program biopsies to Annual review
8. Paper (PIF) to Electronic (ADS)
9. ACGME focus to Collaborative focus



Trends at ACGME

Expectations of the Profession to Public expectations

- Patient safety and competency concerns: CLER
- Section VI of the Common Program Requirements
- Public members
- Congress and GME funding
- ACGME Resource accountability



Section VI of the CPR

- Not just duty hours
- Duty Hours Task force renamed: Common Program Requirements Phase I Task Force
- Components: duty hours, professionalism, working environment, patient safety, transitions in care, alertness management, fatigue mitigation, supervision, clinical responsibilities, teamwork
- Recommended changes: will be posted for a 45-day comment period



Since there is a Phase I, there must be a Phase II

- Common Program Requirements Task Force Phase II
 - Members approved by the board September 2016
- Will consider CPR I-V:
 - I: Institutions
 - II: Program Personnel and Resources
 - III: Resident Appointments
 - IV: Educational Program
 - V: Evaluation





Key Component:
Feedback from the
GME Community

cprphase2@acgme.org before October 28, 2016



Trends at ACGME

Expert-based to Evidence-based

- Journal of Graduate Medical Education
- Milestones 1.1 Summit: 12/4/2015
- Milestones 2.0 Summit: 12/14-15/2016
- Duty Hours: FIRST and iCOMPARE



Milestones Summits

- Milestones 1.1 – December 2015
 - Lessons learned
 - Not so fast: let us get used to the current set first
 - Study the data obtained
 - Do not use for accreditation (maybe never?)
- Milestones 2.0 – December 2016
 - Will address non-clinical competencies



Why milestones should not be used for accreditation

Boards

**Individual
Certification**

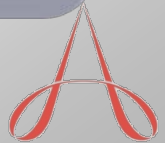
ACGME

RC's

Milestones

CLER

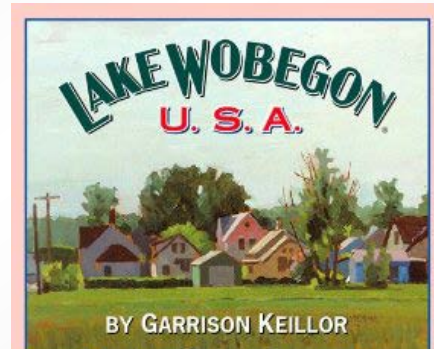
Stan Hamstra, PhD



ACGME

The Lake Wobegon Effect

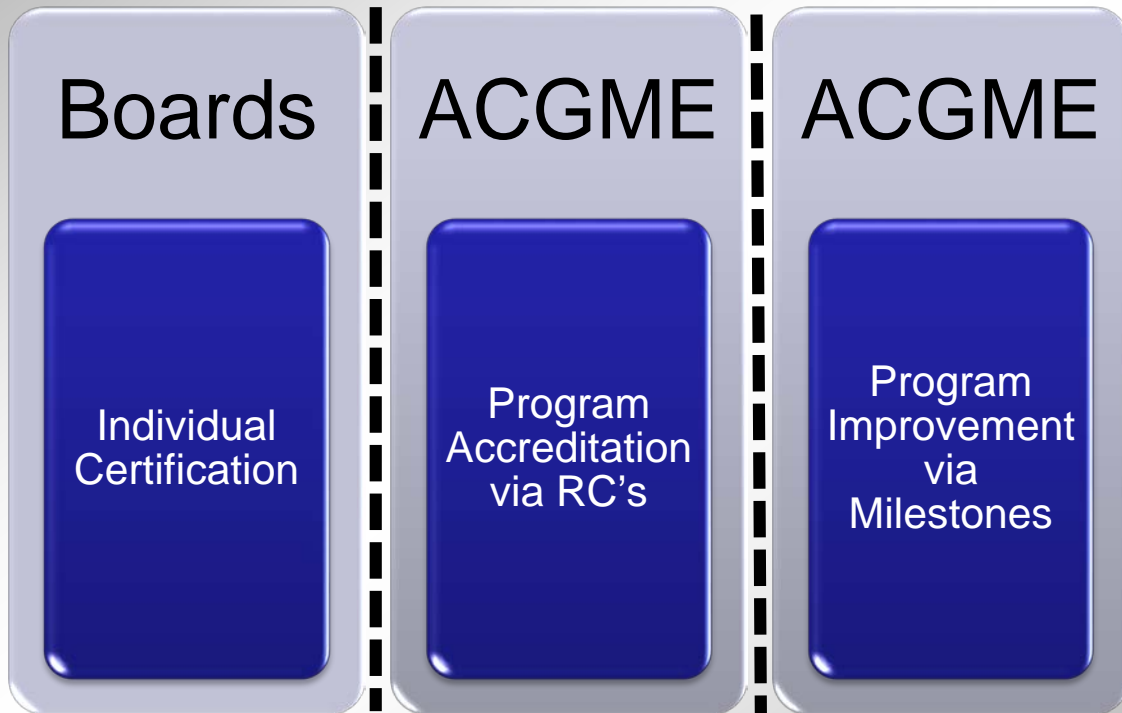
"Well, that's the news from Lake Wobegon, where all the women are strong, all the men are good looking, and all the *residents* are above average."



a fictional town in the [U.S. state](#) of [Minnesota](#),
said to have been the boyhood home of [Garrison Keillor](#),
who reports the *News from Lake Wobegon*
on the radio show [A Prairie Home Companion](#).



What should you use milestones for?



Stan Hamstra, PhD



Level 4 is designed as the graduation *target*, and does not represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the residency program director.



Trends at ACGME

Process based to Outcomes based

- Outcomes project
- Core Competencies
- Milestones
- The Next (New) Accreditation System

Focus from individual citations to overall accreditation status



Trends at ACGME

Rule-based model to QI model: Minimum compliance (just getting by) to encouraging excellence (to be the best)

- Program Evaluation Committee
- Annual Program Review
- 10 Year Self-studies/Program Aims
- CLER Pathways to Excellence

<http://www.acgme.org/acgmeweb/tabid/492/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram/PursuingExcellenceInClinicalLearningEnvironments.aspx>



Trends at ACGME

- Quality Improvement
 - Joint effort with the American Board of Pediatrics to offer MOC-4 credit for program improvement work from the annual program evaluation and self-study
 - Tracking form on ACGME website to be used for MOC credit
- Will work with other specialty boards



Trends at ACGME

ACGME Control to Local Institution Control

- GMECs: SI2025
- Annual Program Evaluations and PECs
- Linking core programs and fellowships
- Areas for Improvement (AFIs)
- Recognition of programs and institutions
 - Best practices



Trends at ACGME

Focus from Accreditation to Improving GME

- Feedback at the site visit
- Increase in Educational Efforts:
 - Annual Education Conference
 - Faculty Development workshops (assessment)
 - Coordinator and chief resident training
 - Distance learning
- Wellness and Learning Environment



Trends at ACGME

Periodic “biopsies” to Annual Review

- Program data
- Response to citations
- Resident and Faculty surveys
- Case logs
- Shift from citations to areas for improvement



Trends at ACGME

Paper (PIF) based to Electronic (ADS) based

- Overall GME Summary reports
- Analysis (and research) is possible
- Trends are measurable
- More uniformity between specialties
- Expect initial bugs and transition woes



Trends at ACGME

ACGME focus to Collaborative focus

- Comment period before requirement changes
- Milestones process
- Wellness efforts
- Duty Hours Reassessment
- Research efforts



Trends at ACGME

- February 2016: ACGME Board of Directors voted to expand the Self-Study Pilot to all Phase II programs with a first NAS site visit date between April 2016 - July 2017
- Pursuing excellence in CLE: 4-year initiative – transformative improvement
 - Funding: \$75,000 per year over 4 years for up to eight sponsoring institutions



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