

Getting to Know Your Review Committee Team

Eileen Anthony
Executive Director, Review Committee for Dermatology
and Family Medicine

DAAG Annual Meeting, October 7, 2016



Objectives

- Gain a better understanding of who and what the Review Committee for Dermatology does.
- Gain a better understanding of your role as administrator, coordinator, etc., in the accreditation process.
- Gain a better understanding of the annual accreditation process.
- Know who to contact at ACGME for specific needs



Your Review Committee Team

Eileen Anthony, Executive Director

- Phone: 312.755.5047
- eanthony@acgme.org

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- Phone: 312.755.5035
- sbenitez@acgme.org

Luz Barrera, Accreditation Assistant

- Phone: 312.755.5077
- lbarrera@acgme.org

Review Committee Composition - DERM

- 3 appointing organizations - ABD, AMA and AOA
- One public member (*effective July 1, 2015*)
- 11 voting members
- Ex-officio member from ABD (non-voting)
- 6 year terms -- except resident (2 years)
- Program Directors, Chairs, Faculty, and Public Representation
- Geographic Distribution
 - CA, FL, IA, IN, KS, MS, NY, PA, RI, WI

RC-Dermatology Members

- ABD
 - Mary Stone, MD, Chair
 - Erik Stratman, MD, Vice Chair
 - John Zitelli, MD
 - Ilona Frieden, MD
- Resident
 - Brian Peterson, MD
- AMA
 - Amit Garg, MD
 - William Hanke, MD
 - Robert Brodell, MD
 - George Elgart, MD
- AOA
 - Stephen Purcell, DO
- Public Member
 - Mary Theobald

ADS Annual Updates

- Each year, programs are required to enter data into ADS such as:
 - Faculty information
 - Resident/Fellow information
 - Block diagrams/curricular information
 - Scholarly activity (PD, Faculty, Residents) information
 - Participating site information
 - Responses to previous citations
 - Duty Hour, Patient Safety and Learning Environment information
 - Evaluation information
 - Reporting of major changes in the program

ADS Annual Updates

- Data elements for Annual Review, but not entered directly by the Coordinator include:
 - Resident Survey
 - Faculty Survey
 - Milestone data
 - Certification examination performance (*provided by respective Boards*)
 - Case Log data (*Derm*)
 - Clinical experience (*FM*)

ADS Annual Update Tips

- Step away and revisit with fresh eyes
- Have you addressed all of the questions? No blanks!
- Ask ED, DIO, other Coordinators, etc. Remember the PD is responsible for accuracy of data
- Complete and accurate information – Essential!
- Review all data with your PD before “hitting” the submit button
- DIO should also review before submission



Omission of Data

Common omissions

- Faculty credentials (degree, certification)
- Participating sites
- Complete scholarly activity
- Updated response to citation(s)
- Complete block diagram

“If it is not listed, it isn’t so/didn’t happen/not present.”

Block Schedule/Diagram

- Uploaded by program as PDF
- Instructions and formats detailed in ADS
- Essential elements
 - PGY
 - Clinical site
 - Rotation name (Specific) and time

Important for RC to understand program

Common Mistakes

- Accurate scholarly activity
- Ensuring that all residents log cases (*do not need to cease once minimums are met*)
- Identification of (*physician*) core faculty (*dedicate *15 hours a week to teaching, clinical, administration, scholarship*)

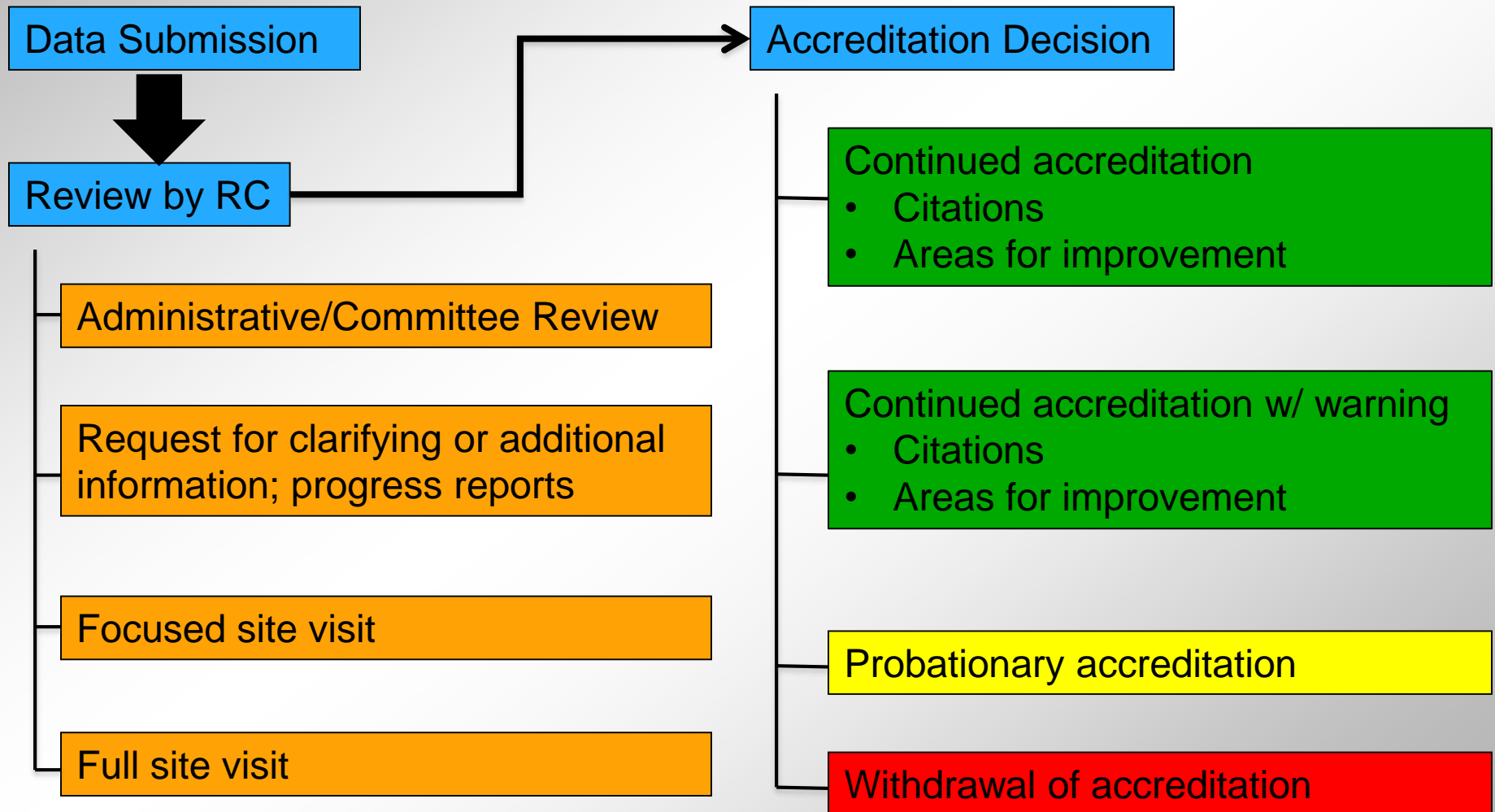
**15 hours does not need to be evenly divided among those activities.*

What does the RC do with this information?

Role of the RC in the Accreditation Process

- **Determine** accreditation status based on data review that involves:
 - Reviewing the program's responses to PREVIOUS citations to determine if issues are corrected
 - Reviewing program data to determine substantial compliance with the requirements
- **Request** additional information from program
 - Clarifying information (e.g., Faculty Credentials, etc.)
 - Full or Focused Site Visit
- **Change/Continue** accreditation status based upon data review (e.g., CA, CAW)

Annual Review Process



What is a Focused Site Visit?

- Assesses selected aspects of program and may be used to:
 - **address potential problems** identified during review of annually submitted data
 - **diagnose factors underlying deterioration** in program's performance
 - **evaluate complaint** against program
- Minimal notification/preparation, may be a team of visitors



How is a Full Site Visit Different?

- Factors leading to full site visit
 - Application for new core program
 - At end of initial accreditation period
 - Resident/Faculty complaint
 - RC identifies broad issues/concerns
 - Other serious conditions or situations identified
- 30-day notification given, minimal document preparation, team of site visitors

Citations vs. Area for Improvement

Citation

- Identified areas of noncompliance
- Linked to specific requirement
- Response to citations required in ADS
- Responses reviewed annually by RC (*either winter or spring meeting*)
- Remain active until corrected

Citations vs. Area for Improvement

Area for Improvement (AFI)

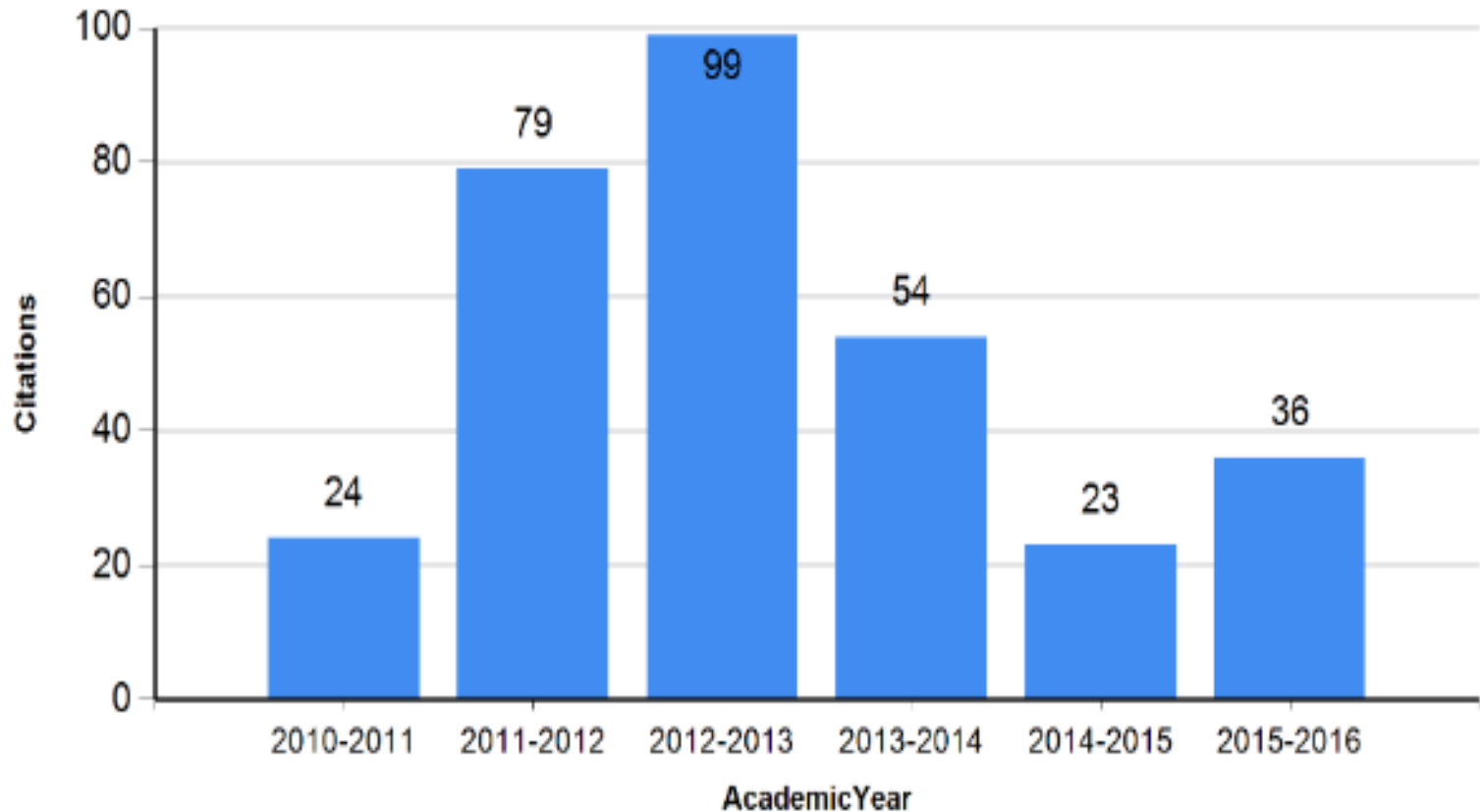
- May not be specifically linked to a requirement
- Written response not required, but data will be reviewed
- Will appear in LON
- May include areas of concern by Committee that may devolve into or rise to level of citation if not addressed (*e.g., patient visits, Board scores, resident survey*)

Areas of Improvement

- May or may not be linked to a requirement
- General concern “before” it’s a problem
- Written program response **not** required
- Will be tracked by RC



RC-Derm Citations Since 2009



Letter of Notification (LON)

AREAS NOT IN COMPLIANCE (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

EXTENDED CITATIONS



Citation description (*based on citation code*)/**Since:** (*date citation was originally issued*)/**Status:** Extended
(*Citation and supporting text will be pulled into the LON – no need to reenter*)

Continued non-compliance: (*Date citation was extended will be entered*)

NEW CITATIONS



Citation description (*based on citation code*)/**Since:** (*date citation was originally issued*)/**Status:** New

**** Reference in progress report** (*if applicable*) – **THIS WILL APPEAR IN THE LON ONLY WHEN THE CITATION IS LINKED TO A PROGRESS REPORT WHEN POST MEETING ACTIONS ARE ENTERED**

Type of Response for Progress Report (*if applicable*)

RESOLVED CITATIONS



The Review Committee determined that the following citations have been resolved.

Citation description (*based on citation code*)/**Since:** (*date citation was originally issued*)/**Status:** Resolved

OPPORTUNITIES FOR PROGRAM IMPROVEMENT/CONCERNING TRENDS (*if applicable*)



The Review Committee identified the following opportunities for program improvement and/or concerning trends:

The LON May Also Include...

- Identification of areas for improvement
- Identification of concerning trends
- Decision on an increase to the resident complement
- Commendations on programmatic innovations/best practices

PR Focused Revision

Medical Knowledge (7.1.2016)

- IV.A.5.b).(4) must demonstrate knowledge of proper techniques for botulinum toxin injections, soft tissue augmentation, repairs of cutaneous surgical defects using flaps and grafts, and the use of light, ~~and~~ laser, and other energy-based modalities for skin conditions.
(Outcome)
- IV.A.5.b).(5) must demonstrate knowledge of indications and contraindications for, and complications and basic techniques of elective cosmetic dermatology procedures, to include chemical peels, dermabrasion, hair transplants, invasive vein therapies, liposuction, scar revision, ~~hair transplants~~, sclerotherapy, and ~~invasive vein therapies~~; and, (Outcome)

PR Proposed Focused Revision

Program Evaluation and Improvement (7.1.2017)

- V.C.2.c).(1) At least 90 percent of program graduates from the preceding four years must have taken the American Board of Dermatology or American Osteopathic Board of Dermatology certifying examination. (Outcome)
- V.C.2.c).(1).(a) At least 90 percent of the program's graduates from the preceding four years taking the American Board of Dermatology certifying examination for the first time must pass. (Outcome)
- V.C.2.c).(1).(b) At least 90 percent of the program's graduates from the preceding four years taking the American Osteopathic Board of Dermatology certifying examination for the first time must pass. (Outcome)
- V.C.2.c).(1).(c) If fewer than 10 residents have graduated from the program in the preceding four years, then at least 90 percent of the last 10 graduates to take the American Board of Dermatology certifying examination for the first time must pass. (Outcome)
- V.C.2.c).(1).(d) If fewer than 10 residents have graduated from the program in the preceding four years, then at least 90 percent of the last 10 graduates to take the American Osteopathic Board of Dermatology certifying examination for the first time must pass. (Outcome)

Case Log Minimums

Effective for Graduates of 7.1.17

PROPOSED CASE LOG REVISIONS PER REVIEW COMMITTEE FOR DERMATOLOGY PROSPECTIVE TO JULY 1, 2014

<u>Area</u>	<u>Category</u>	<u>Minimums</u>	<u>*Role(s)</u>
Level 1: Perform	Excision - Benign or Malignant	50	Surgeon
Level 1: Perform	Repair (Closure) Simple/Intermediate/Complex	50	Surgeon
Level 2: Observe	Mohs Micrographic Surgery	15	Surgeon + Observed
Level 2: Observe	Laser - Combined (Ablative, Non-ablative, Vascular)	15	Surgeon + Observed
Level 2: Observe	Botulinum Toxin Chemodenervation	10	Surgeon + Observed
Level 2: Observe	Soft Tissue Augmentation/Skin Fillers	5	Surgeon + Observed
Level 2: Observe	Flaps and Grafts (Split or Full)	13	Surgeon + Observed
Level 2: Observe	Nail Procedures	3	Surgeon + Observed

***Surgeon + Observe - indicates that a resident may gain credit in this category minimum by either performing or observing.**

Where do I...



RC-Dermatology webpage

- RC-Dermatology meets *twice* a year
- Meeting dates and agenda closing deadlines on webpage

DERMATOLOGY

OVERVIEW

The documents and resources within this section are provided by the Review Committee for Dermatology and its staff at the ACGME to assist ACGME-accredited programs and those applying for accreditation. Specialty and subspecialty information is found in each of the links listed below, as applicable.

DERMATOLOGY SUBSPECIALTIES

Dermatopathology
Micrographic Surgery and Dermatologic Oncology

SPECIALTY AND SUBSPECIALTY LINKS

[Program Requirements and FAQs and Applications »](#)

[Milestones »](#)

[Documents and Resources »](#)

[Review Committee Members and Staff »](#)

OTHER ACCREDITATION RESOURCES

[Common Program Requirements »](#)

[Duty Hours »](#)

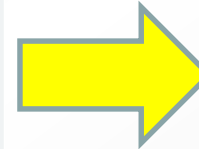


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REVIEW COMMITTEE AGENDA CLOSING AND MEETING DATES

NOV
11
2016

Agenda Closing
Date

JAN
6-7
2017

Meeting Date

FEB
10
2017

Agenda Closing
Date

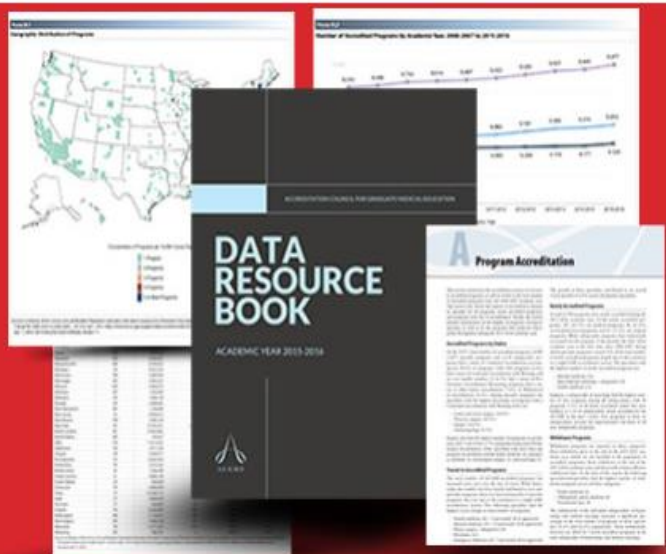
APR
7-8
2017

Meeting Date

[What We Do](#)[Designated Institutional Officials](#)[Program Directors and Coordinators](#)[Residents and Fellows](#)[Meetings and Events](#)[Data Collection Systems](#)[Specialties](#)

ACGME DATA RESOURCE BOOK 2015-2016

The most comprehensive resource for data on the size, scope, and distribution of graduate medical education in the US.

[LEARN MORE](#)

WHAT'S NEW

FOLLOW US ON [TWITTER](#) TO STAY UP TO DATE

SEP
28
2016

2015-2016 ACGME Data Resource Book Now Available



SEP
28
2016

2015-2016 ACGME Annual Report Now Available



SEP
27
2016

Spring 2017 Course Registration Open: Developing Faculty Competencies in Assessment



SEP
22
2016

Milestones Update: Clarification on Common Program Requirements and Milestones



AUG
31
2016

2017 ACGME Annual Educational Conference Speaker Information and Registration Now Open



Whom to Contact

- WebADS – (Kevin Bannon for Dermatology):
 - webADS@acgme.org
- Case Log Concerns:
 - oplog@acgme.org
- Resident Survey Issues
 - ResSurvey@acgme.org
- Faculty Survey Issues:
 - facsurvey@acgme.org
- Milestones:
 - milestones@acgme.org

Questions?



**KEEP
CALM
AND
ASK
QUESTIONS**