Understanding the ACGME Process

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OVERVIEW

• The Accreditation Process

• Accreditation Actions

• The Appeals Process
Accreditation Council for Graduate Medical Education

Private, non-profit council that accredits graduate medical education training programs in the U.S.

MEMBER ORGANIZATIONS

- American Board of Medical Specialties
- American Hospital Association
- American Medical Association
- Association of American Medical Colleges
- Council of Medical Specialty Societies

Each nominate four members to the Board of Directors
PURPOSE OF ACCREDITATION

“The ACGME is not intent upon establishing numbers of practicing physicians in the various specialties in the country, but rather that the purpose of accrediting by the ACGME is to accredit those programs which meet the minimum standards as outlined in the institutional and program requirements. The purpose of accreditation is to provide for training programs of good educational quality in each medical specialty.”

ACGME Policies and Procedures, Subject: 3:00 Purpose of Accrediation (June 12, 2011)

DEFINITION OF ACCREDITATION

“Accreditation of residency programs and sponsoring institutions by the ACGME is a voluntary process of evaluation and review performed by a non-governmental agency of peers. The goals of the process are to evaluate, improve, and publicly recognize programs or sponsoring institutions in GME that are in substantial compliance with standards of educational quality established by the ACGME. Accreditation was developed to benefit the public, protect the interests of residents, and improve the quality of teaching, learning, research, and professional practice.”

ACGME Policies and Procedures, Subject: 4.00 Definition of Accreditation (June 12, 2011)
2010 – 2011

- 8,887 programs in 133 specialties/subspecialties
- 113,142 residents
- Largest percentage of residents:
  - 24% - internal medicine programs
  - 10% - family medicine
  - 8.8% - pediatrics

1. ACGME Data Resource Book Academic Year 2010-2011; www.acgme.org/databook

The Accreditation Process:

How does it work?
DELEGATION OF AUTHORITY

• Delegated to Review Committees

• Three types of Review Committees:
  1. Residency Review Committee
  2. Transitional Year Review Committee
  3. Institutional Review Committee

• Function of each is to:
  1. Set accreditation standards
  2. Peer evaluation
  3. Confer accreditation status on those who meet the standards

THE ACCREDITATION PROCESS

• Documents for accreditation review

• Site Visit

• Review Process
Written Documents for Review:
- Program Information form (PIF)
- Other documents
- Submission of completed forms, along with signature of the designated institutional official, constitutes the request for program review and accreditation

TIPS FOR PREPARING THE PIF
- PIF must be comprehensive, specific, concise and answer all questions completely
- Before preparing, review program and institutional requirements
- Allow sufficient time to gather the data
  - Program Director
  - Others to provide/collect data & review PIF before submission
  - Set internal deadlines
- Do not rely on site visitor to inform RC of information relevant to compliance with accreditation standards
- Call RC staff with questions
The Site Visit:

• Ordinarily required before the status of an accredited program or sponsoring institution may be changed

• Conducted by member of ACGME field staff or specialist site-visitor

• Verify and clarify information in documents submitted for accreditation review

SITE VISIT

• Notification Letter - approximate date of next site visit (e.g., “program will be resurveyed after April 1, 2012”)

• ACGME 2011 Document Checklist for Program Site Visits
The Site Visitor:

- Interviews program director and DIO, administrators, faculty and residents
  - Selected by their peers
- Prepares a report for the RC
- Not to make recommendations, judgments or provide opinions regarding accreditation
- Does not participate in accreditation decision by the RC

NINE “RED FLAGS” IN ACCREDITATION SITE VISITS AND REVIEWS

1. Lack of program leadership
2. Lack of program infrastructure for teaching and evaluation
3. Lack of appropriate volume and variety of patients
4. Problems with resident recruitment and/or retention
5. Lack of dedicated teachers
6. Lack of meaningful didactics
7. Lack of financial and human resources
8. Service has a higher priority than education
9. Lack of preparation for the accreditation process

Barbara Bush, PhD, William Robertson, MD, Ingrid Philibert, MHA, MBA, ACGME – Bulletin, February, 2008
**TIPS:**

- Preparation for the site visit is an opportunity for program self-reflection
- Follow site visitor’s instructions
- Clarify to site visitor is necessary for clarity to the RC
- Documents should be immediately available
  - Mark areas for review

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**THE REVIEW PROCESS**

- Documents reviewed by 1 or 2 members of the RC prior to Committee meeting
  - Prepare written comments/recommendations
- Evaluation based on applicable requirements effective at the time of the site visit
THE ACCREDITATION CYCLE

- Calculated from the date of the meeting at which final accreditation action was taken to the time of the next site visit
- Maximum length of accreditation cycle is five years
- Length of accreditation based on:
  - accreditation status
  - issues identified by RC
  - areas of noncompliance

Accreditation Council for Graduate Medical Education Accreditation, Policies and Procedures, June 12, 2011
LETTER OF NOTIFICATION

Includes:
1. Action taken
2. Current accreditation status
3. Approximate date of next site visit

Additionally for a program:
4. Length of accredited program
5. Number of residents approved
6. Approximate date for the next mid-cycle internal review

ACGME “Key to Standard Notification Letter for Status of Continued Accreditation”

Issued to:
Program - Program Director and DIO copied
Institution – DIO
Residents and applicants must be notified of the current accreditation status of programs and institutions
ACCREDITATION ACTIONS THAT MAY BE TAKEN
BY A REVIEW COMMITTEE

Withheld Accreditation
Initial Accreditation
Continued Accreditation
Probationary Accreditation
Withdrawal of Accreditation
Expedited Withdrawal of Accreditation
Voluntary Withdrawal of Accreditation

1 Accreditation actions that may be taken by the RC in accreditation of specialty programs, independent subspecialty programs, Transitional Year programs and sponsoring institutions.
2 Adverse Actions which may be appealed.

WITHHELD ACCREDIATION

• New program applicant or sponsoring institution fails to demonstrate substantial compliance with ACGME requirements
• First proposed
• Re-apply for accreditation within 2 years of accreditation being withheld or proposed withheld, accreditation history part of the file
  ▪ New application must include:
    1. Statement rebutting previous citations (if proposed); and/or
    2. Explaining measures taken to now comply with previous citations (proposed or withheld)
INITIAL ACCREDITATION

- Proposal for new program or sponsoring institution substantially complies with requirements
- Circumstances:
  1. New program or sponsoring institution
  2. Reaccreditation of previously accredited program/institution - accreditation withheld, withdrawn, or voluntarily withdrawn
  3. Merger
  4. Altered - equivalent of new program/institution
- Development stage
- Review within 3 years

INITIAL ACCREDITATION

Next review –
- RC may propose withdrawal or extend accreditation with warning for one year
- At end of additional year, accreditation withdrawn if substantial compliance is not demonstrated
- If withdrawal confirmed, allowed to complete academic year and one additional academic year
CONTINUED ACCREDITATION

- Demonstrate *substantial compliance* with requirements
- Maximum length of accreditation cycle - five years
- Three circumstances:

  (1) *initial accreditation* and demonstrate substantial compliance

  (2) *continued accreditation* and demonstrate substantial compliance

  (3) *probationary accreditation* and demonstrate substantial compliance

PROBATIONARY ACCREDITATION

- Fail to demonstrate substantial compliance
  - First proposed
- Initial review cycle may not exceed 2 years
- One additional year – *continued probationary accreditation* - fail to demonstrate substantial compliance or new areas or noncompliance identified
  - First proposed
  - At end of additional year must demonstrate substantial compliance or accreditation withdrawn
  - If demonstrate substantial compliance, restored to continued accreditation
WITHDRAWAL

• After probationary accreditation
  ▪ Following site visit and review
• First proposed
• If confirmed by RC - no new residents
• Regardless of whether appealed, all residents and applicants invited to interview must be notified, in writing, with copies to ACGME
• Final decision – may complete current academic year and one additional year

WITHDRAWAL

• Reapply for accreditation within two years - accreditation history of last action included in file
  ▪ New application must include:
    1. statement rebutting each citation and documenting compliance (application after proposed withdrawal); and/or
    2. measures taken to comply (proposed withdrawal or withdrawal)
• If withdrawal of accreditation of sponsoring institution is confirmed, all ACGME-programs of that sponsoring institution are administratively withdrawn
EXPEDITED WITHDRAWAL (Programs Only)

- Based on clear evidence of noncompliance with accreditation standards:
  1. Catastrophic loss of resources, including faculty, facilities, or funding, or
  2. Egregious noncompliance with accreditation requirements
- First proposed

In response to notice of proposed expedited withdrawal, program may:

1. Accept decision;
2. Submit written response establishing substantial compliance; or
   - received by RC within 30 days of receipt of notification of proposed expedited withdrawal
3. Request voluntary withdrawal of accreditation

RC to meet within 21 days of receipt

- not confirmed - accreditation status reverts to previous status; however, if previous status was continued accreditation, may grant probationary accreditation
- confirmed – effective within six months

Must inform residents and candidates in writing regardless of whether appealed
• Program reapplies for accreditation after expeditiously withdrawn or proposed expeditiously withdrawn, history of last accreditation action becomes part of file
  • New application must include:
    (1) statement rebutting each citation and documentary compliance with ACGME requirements (after proposed expedited withdrawal); and/or
    (2) statement of measures taken to comply relating to each previous citation (after proposed or actual expedited withdrawal)

VOLUNTARY WITHDRAWAL
• Decide to no longer participate in ACGME accreditation
  (merger, loss of resources, no residents enrolled or specialty/subspecialty no longer being accredited)
• DIO and GME approval required
• No “reversal”
• Pending adverse – action
  • Reapply history of last accreditation action part of the file. New application must include:
    (1) Statement rebutting each citation and documenting compliance and/or
    (2) Statement of measures taken to comply relating to each citation in last letter of accreditation
ADVERSE ACTIONS

• Accreditation withheld
• Probationary accreditation
• Withdrawal of accreditation

PROCEDURES FOR ADVERSE ACTIONS

• Notice of proposed adverse action
  ▪ Citations that form the basis
  ▪ Site visitor’s report
  ▪ Date to submit written notice
RESPONSE

- Revising, correcting or expanding factual information previously submitted
- Rebutting the RC’s interpretation and conclusions
- Demonstrating that cited areas of noncompliance did not exist when adverse action proposed
- Contending program in *substantial compliance* with requirements in effect at the time of the site visit

• RC completes evaluation at scheduled meeting
  - Confirm the adverse action
  - Modify position
• Letter of Notification
• Program Director must inform residents and applicants regardless of appeal
  - If confirmed, may appeal - if not appealed, the action becomes final
  - Notice sent to RC Executive Director within 50 days of receipt of Letter of Notification
APPEAL PROCEDURES

• Program/Institutional Appeal of Adverse Actions

• Expedited Adverse Action

APPEAL PROCEDURE

• Must request hearing within 30 days of receipt of Letter of Notification
  
  ▪ Written request made to CEO of ACGME

• Panel selection
• Accreditation Status on Appeal: Status determined by RC with the term "under appeal" affixed

• Time/Place of Hearing

• Program given documents before RC at time adverse action confirmed

• Bases for recommendation:
  - Program file
  - Record of RC action
  - Oral and written presentations

• Representative of the RC may attend hearing to provide clarification
ACGME POLICIES AND PROCEDURES, SECTION 20.122(7)

“The program may not amend the statistical or narrative descriptions on which the action of the Review Committee was based in preparing for an appeal hearing; the file is considered “frozen” at that time with respect to the addition of any information not previously presented to the Review Committee. The appeal procedures limit the appeals panel’s jurisdiction to clarification of information at the time when the adverse action was confirmed by the Review Committee. Information about the program subsequent to that time may not be considered in the appeal. Furthermore, the appeals panel shall not consider any changes in the program or descriptions of the program that were not in the record at the time when the Review Committee reviewed the program and confirmed the adverse action.”

ACGME POLICIES AND PROCEDURES, 20.122(8)

“When there have been substantial changes in a program and/or correction of citations after the date of the confirmed action by the Review Committee, a program should forego an appeal and request a new evaluation and accreditation decision. Such an evaluation shall be conducted in accordance with ACGME procedures, including an on-site survey of the program. The adverse status shall remain in effect until a re-evaluation and an accreditation decision have been made by a Review Committee.”
• Presentations:
  ▪ Clarifying the record
  ▪ Arguments concerning compliance with accreditation standards and compliance with administrative procedures
  ▪ Oral presentation limited to 2 hours

• Standard:
  ▪ Substantial compliance with ACGME requirements
  ▪ Appeals panel makes recommendation to ACGME as to whether (1) substantial, credible, and relevant evidence exists to support RC action, and (2) there has been substantial compliance with administrative procedures

Following the hearing:
• May submit additional written material within 15 days of the hearing
  ▪ Intention to submit must be made known at the hearing
• Panel makes recommendation to ACGME Board of Directors
  ▪ Within 20 days after receipt of additional written materials
• ACGME acts on appeal at next regularly scheduled meeting
  ▪ Program notified within 15 days of the decision
• Decision of ACGME is final
APPEAL OF EXPEDITED WITHDRAWAL

- Adverse Action
- CEO of ACGME must receive written request within 21 days following receipt of Letter of Notification
- Appeals panel – ACGME Executive Committee, plus one public director of the ACGME

- Action of Appeals Panel constitutes the final action of the ACGME

HEARINGS

- CEO of the ACGME sets an expedited schedule
  - Hearings may be by conference call or otherwise
- Written notice provided to residents and candidates must be sent to RC Executive Director within 21 days of receipt of Letter of Notification
- Duration of hearing set by appeals panel prior to hearing
- Panel determines time for submission of additional written materials
- Panel decision within 20 days of receipt of additional material
TIPS

• At least annually, review
  ▪ ACME Policies and Procedures
  ▪ Program Director: Common Program Requirements
    Program Director Guide to the Common Program Requirements
    Program Requirements
    Program Director “Virtual Handbook”
  ▪ DIO: ACGME Institutional Requirements and Program Requirements
• Stay on top of updates and revisions to ACGME Requirements
• Be aware of and use Program/Institutional Resources (see www.acgme.org)
  ▪ FAQ’s
  ▪ Guidebooks
  ▪ ACGME Glossary of Terms
  ▪ Program Director/DIO – create checklist
  ▪ ACGME staff

WHEN REPRESENTING A PROGRAM OR INSTITUTION:

• Review ACGME policies and procedures
  ▪ Determine applicable definitions and requirements

• Use the ACGME guidance and resources
REMEMBER: “SUBSTANTIAL COMPLIANCE”
WITH ACGME REQUIREMENTS REQUIRED

TIPS:
• Carefully review the RC’s explanation of citations
  ▪ Consistent with applicable ACGME requirements?
  ▪ Correct assessment of the facts?
  ▪ Consistent with site visitor’s findings?
  ▪ Are incorrect, unsupported assumptions made?
• No quantifiable criteria/measurement that must be met to ensure compliance
• Consider indicia of success
  ▪ Board results
  ▪ Fellowships
  ▪ Award winning research
• Well organized response and presentation - make it easy for the panel
Thank you!

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