An overview of the Accreditation Council for Graduate Medical Education (ACGME)

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Evolution of Accreditation in US

- 100+ years of system development
- multiple stakeholders performed different tasks
- consolidation of GME efforts 40-50 years ago
- ACGME: from process to outcomes
- formation of international branch (ACGME-I)

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ACGME

- independent, not for profit
- precursor: other physician organizations
- Board: stakeholders, residents, public members
- staff: 250

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ACGME accredits

- 800 sponsoring institutions
- 10,000 programs
- 125 specialties

ACGME authority

- from US government
- linked to financial support

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Mission

We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.

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Accreditation

- independent assessment of quality
- process of verifying adherence to standards
- critical input from peers
- “dynamic” process
- US outcome: physicians are capable of independent practice

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More about ACGME:

- we serve the public/ patients
- we serve the residents
- we are accountable to the public
- we are peer-driven and data-centric
- we strive for continuous improvement

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ACGME values

- structured approach; *system*
- training for today's as well as future patients
- emphasis on professionalism
- accountability of learning environment
- clinical experience leads to capability of independent practice

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Accreditation is NOT

- certification of an individual
- license to practice
- credentialing system

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Why are functions separated?

- specific tasks:
  - accreditation: solid education
  - certification: individual qualification
  - licensing: legal authority
  - credentialing: local responsibilities
- avoidance of conflict of interest

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Who performs accreditation?

- volunteer peers
  - >250 volunteer MD's
- approximately 250 staff:
  - administrators/ leadership
  - financial
  - data collection/ analysis
  - education
  - support staff
  - legal/ communication
  - international division
  - field staff

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The beginnings of ACGME International

- original petition from Singapore MOH
- answers to ACGME Board
- subsequent accreditation in Abu Dhabi, Qatar, American University of Beirut, Oman, KKESH
- pre-accreditation services in Haiti and Panama
- further inquiries from other regions of world

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Residents' perspective: systematic approach

- evaluative process
- "know what I need to know"
- structured mentor system
- more uniform availability of quality education

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Faculty's perspective:

- "know what to teach"
- identify points for remediation
- organized approach for learners
- impetus for scholarly activity

Administrators' outlook:

- improved quality of housestaff
- long term goals (improved health care standards; retention of MDs)
- consistent physician quality
- public trust

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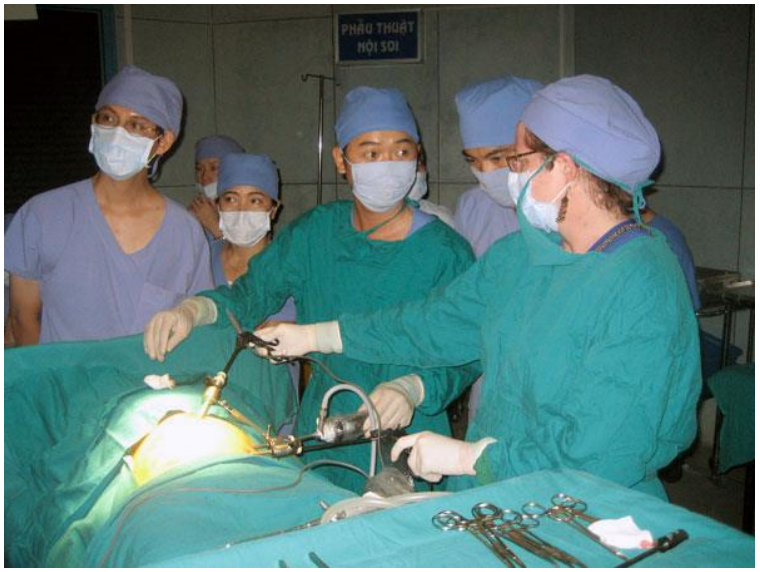
Designing a standardized program: surgery

- coordinate with institutional standards
- decision-makers must reflect societal need
  - consider addition of residents,

    public members
- clinical experience is essential



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Residents/Surgery programs in US

	Residents	Programs
• General surgery	8,475	300
• Oncology	107	25
• Hand	8	1
• Pediatric	80	50
• Critical Care	253	128
• Vascular	246	106

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Additional surgical fields/committees

- Thoracic
- Urology
- Otolaryngology
- Ophthalmology
- Plastic Surgery
- Neurosurgery
- Colo-rectal
- Obstetrics-gynecology
- Orthopedics

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Determining case minima

- concept varies: exposure → competence
- 10th percentile nationally defines minimum
- role in procedures matters (assistant, primary)
- periodic review

Data collection

- ADS
- logging required
- resident surveys

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Review Committee

- Committee of peers
- Data: submitted program details

  ADS (data system)

  Resident/faculty surveys

  Board pass rates

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Site visit

- Professional staff
- Interviews: leadership
  faculty
  residents
  coordinator
- Review of documents
- Tour of facilities
- Report

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Accreditation decisions

- face-to-face meeting
- group discussion
- quality influences cycle length
- “Next accreditation system (NAS)”
    - outcomes rather than process

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Additional formative activities

- Clinical learning environment review (CLER)
- Milestones

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Summary comments

- US system has evolved over a century
- accreditation process is driven by peer volunteers
- periodic review is essential
- surgery standards include institutional, general, and specialty-specific elements
- “content expertise” is required

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