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Core competencies in ophthalmology

The Next Accreditation System in ophthalmology

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ABSTRACT

The accreditation of graduate medical education through the evaluation of residency programs and the teaching hospitals that offer them in the United States is the primary mission of the Accreditation Council for Graduate Medical Education (ACGME). In 1999, the ACGME formulated the six ACGME competencies and, ten years later, developed a multi-year plan to restructure the accreditation process in order to assess educational outcomes. The result of these evolving efforts has been termed the Next Accreditation System (NAS). The stated goals of the NAS are 1) to enhance the ability of the peer-review system to prepare physicians for practice in the 21st century; 2) to accelerate the ACGME's movement toward accreditation on the basis of educational outcomes; and 3) to reduce the burden associated with the current structure and process-based approach. The NAS is an interesting and novel approach to re-engineer the GME accreditation process to become more equitable, fair, and transparent and less costly and burdensome, and to improve resident education and ultimately patient care. The new process will rely upon measurable and meaningful outcomes rather than simply structure and process assessments. Instead of the episodic program biopsies with site visitor reports, detailed program information forms, and formal residency review committee evaluations that characterized the old accreditation system, the NAS will be based upon annual reports of specific quantitative, trended, performance benchmarks; the ACGME milestones; and an institutional clinical competency committee. In addition, a separate but related specialty-specific Clinical Environment Learning Review (CLER) will be a more detailed examination of the learning environment and infrastructure. The CLER, however, will not have a direct role in the accreditation decision-making process of the NAS.

Dr. Lee and Dr. Arnold served on the ACGME Residency Review Committee (RC) for Ophthalmology (Dr. Arnold as chair), but the views and opinions reflected in this article are those of the authors and do not necessarily reflect those of the ACGME or the RC.

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1. Introduction

The accreditation of graduate medical education (GME) programs in the United States is evolving. Over time it has become clear that there were significant limitations to the old accreditation system (OAS). This system emphasized structure and process assessments over outcomes and was sometimes perceived as including overly prescriptive requirements. The role of residency program directors became increasingly clerical and managerial and less about resident and faculty mentoring, educational career development, or fostering a safe and conducive learning environment. In the OAS, there was criticism from some program directors suggesting that programs entered in to the accreditation process with the goal of avoiding citations rather than creating new knowledge or supporting educational innovation and initiatives. The Next Accreditation System (NAS) represents a significant opportunity for change and improvement in the GME accreditation process. We compare and contrast the OAS with the NAS, discuss the background and current implementation for the NAS, and outline the future plans and the potential impact of the NAS on ophthalmology.[1-5]

2. OAS versus NAS

The program director and program coordinators in the OAS were periodically (depending on review cycle and prior accreditation duration) required to produce detailed information on the operations of their program that included institutional infrastructure and inter-institutional agreements, teaching and learning activities, and details about the teaching and leadership of the faculty. In the OAS this voluminous document was called the program information form (PIF). Assembling the PIF was a daunting and time-consuming clerical, administrative, and managerial challenge. In addition to the departmental PIF, there was also mid-cycle internal GME committee institutional review.

The PIF details were then verified and resident survey results were confirmed over a one- or two-day site visit (SV) by a site visitor who then prepared a detailed site visit report (SVR). The SVR then provided the basis for a focused expert peer review by two or more members of the Accreditation Council for Graduate Medical Education (ACGME) Review Committee (RC) for ophthalmology. These reviews by individual ophthalmology RC members often required hours poring over details in the PIF, the SVR, resident surveys, and resident case logs. The full committee review by the RC in the OAS was a high-stakes event that might produce one of the following decisions: initial or continued accreditation of variable duration with or without specific individual RC citations (based upon the specialty or common program requirements); requests for more information or progress reports; program probation; or in some extreme cases recommendation for loss of program accreditation. The OAS was time- and labor-intensive for both programs and the RC and often was perceived as focused on the prescriptive structure and process assessments. The OAS was episodic (sometimes covering a period of several years) and retrospective, and also lacked nationally benchmarked standardized quantitative, annual performance metrics. There was limited ability to promote improvements in programs doing well or to reward or provide incentives to develop programs for educational innovation.

In response to the limitations of the OAS, the ACGME created the NAS. In the NAS, the PIF will no longer be necessary. Instead, programs will make annual reports on their progress and will be provided with recommendations for performance improvement and trend data. They would then be freed from the documentation burden of the PIF and a periodic site visit and could be encouraged to innovate and experiment. For those few programs flagged by the annual screening, additional RC evaluation may be required, and the program might be asked to undergo a focused or a full SVR, but in contrast to the OAS, the episodic, pre-planned SVR of all programs will no longer occur. Thus, the role of the RC for ophthalmology will change from a more focused regulatory and compliance verification role in the OAS to a broader oversight and educational role in the NAS.

For ophthalmology (as well as other specialties), the NAS will have four key process changes from the OAS:

1. Clinical competency committees (CCCs).[2] Within each specialty department or division a CCC shall meet and provide ongoing data analysis, resident and program feedback, and improvement measures across the six ACGME competencies (i.e., patient care, medical knowledge, professionalism, communication and interpersonal skills, practice based learning, and systems based competency). The CCCs—composed of core faculty, the program director, and other key stakeholders—are charged with monitoring and tracking performance of residents and faculty. The ACGME has offered only limited guidelines for the structure, process, operations, and logistics for the CCC. French et al[2] focus on the three key areas of CCC implementation: 1) the pre-review, 2) resident milestone review, and 3) post-review processes. They outline specific components related to shifting culture, committee membership, and terms, assessing available evidence, review dissemination, and provided example scenarios.[2]
2. ACGME Milestones. Evaluation of the ACGME milestones will become the major assessment of learning outcomes and progress over time. In a previous article in *Survey of Ophthalmology*, we described the ACGME Milestones Project as part of the NAS and the proposed ophthalmology milestones.[3] More than 10 ophthalmology residency programs completed a pilot study of the milestones process, an important component of NAS.
3. The Milestone Project is embedded in the implementation matrix for the NAS with the general definition of a *milestone* being "skill and knowledge based developments that commonly occur by a specific time." The definition includes "specific behaviors, attitudes, or outcomes in the general competency domains to be demonstrated by residents by a particular point in residency." In many but not all of the milestone frameworks to date, including ophthalmology, the progression reflects movement across a Dreyfus model of expertise acquisition (e.g., novice, beginner, advanced