Pathology Review Committee Update

Cheryl Gross, MA, CAE, Executive Director
Disclosure

• No disclosures to report
Discussion Topics

• Introduction – the Review Committee
• Program information update
• Program Requirements
  o Policy clarifications
  o Major changes – Common and specialty-specific
• NAS accreditation reviews
• Self-study process
# The Review Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Stubbs, MD (Chair)</td>
<td>Blood Banking / Transfusion Medicine</td>
</tr>
<tr>
<td>Barbara Sampson, MD, PhD (Vice Chair)</td>
<td>Forensic Pathology</td>
</tr>
<tr>
<td>Laura Warmke (Resident Member)</td>
<td>Anatomic &amp; Clinical Pathology</td>
</tr>
<tr>
<td>Stephen Black-Shaffer, MD</td>
<td>Cytopathology</td>
</tr>
<tr>
<td>Barbara Castleberry, PhD, MT (ASCP)</td>
<td>Public Member</td>
</tr>
<tr>
<td>Edward Ashwood, MD</td>
<td>Clinical Chemistry</td>
</tr>
<tr>
<td>Kymberly Gyure, MD</td>
<td>Neuropathology</td>
</tr>
<tr>
<td>Karen Kaul, MD, PhD</td>
<td>Molecular Genetic Pathology</td>
</tr>
<tr>
<td>Steven Swerdlow, MD</td>
<td>Hematopathology</td>
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<tr>
<td>Charles Timmons, Jr., MD</td>
<td>Pediatric Pathology</td>
</tr>
<tr>
<td>Rebecca Johnson, MD (Ex-Officio)</td>
<td>American Board of Pathology (ABP)</td>
</tr>
<tr>
<td>Mary O’Leary (Ex-Officio)</td>
<td>American Medical Association (AMA)</td>
</tr>
</tbody>
</table>
New Member

- Edward Ashwood, MD
  - 2017 – 2023 Term
- University of Colorado Denver – Professor and Vice Chair for Clinical Pathology
- AACC Awards
  - Outstanding Lifetime Achievement Award in Clinical Chemistry and Laboratory Medicine (2016)
  - Outstanding Contributions in Education (2011)
New Incoming Resident Member

- Laura Warmke, MD
  - 2017 – 2019 Term
- Virginia Commonwealth University School of Medicine
- AP / CP Resident (PGY3)
New Members - 2018

- Jennifer Hammers, DO (Forensic) – AMA
- Scott Anderson, MD (Clinical Informatics) – APC
- Cynthia McCloskey (Medical Microbiology) – APC
ACGME Staff

• Louis Ling, MD
  o Senior Vice President, Hospital-Based Specialties

• Pathology RC Staff
  o Cheryl Gross, MA, CAE, Executive Director
  o Matt Lange, Accreditation Administrator
Review Committee Activities

• **Review:**
  - Applications
  - *Permanent complement increase requests*
  - Annual data
    - Programs with citations
    - Programs with annual data indicators
  - Self-studies
Other Activities

• Chair – Member of Council of Review Committee Chairs

• Resident – Member of Council of Review Committee Residents

• Public Member – Member of Council of Review Committee Public Members
Other Current Activities

• Milestones 2.0
• CRCR – *Back to Bedside*
• Physician well-being
• Common Program Requirements - update
# Trends in Pathology Programs

<table>
<thead>
<tr>
<th>Academic Year</th>
<th># Residents</th>
<th># Core Programs</th>
<th># Fellows</th>
<th># Sub Programs</th>
</tr>
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<tbody>
<tr>
<td>2016-2017</td>
<td>2,338</td>
<td>142</td>
<td>768</td>
<td>529</td>
</tr>
<tr>
<td>2015-2016</td>
<td>2,321</td>
<td>142</td>
<td>766</td>
<td>512</td>
</tr>
<tr>
<td>2014-2015</td>
<td>2,313</td>
<td>142</td>
<td>749</td>
<td>505</td>
</tr>
<tr>
<td>2013-2014</td>
<td>2,311</td>
<td>142</td>
<td>746</td>
<td>502</td>
</tr>
<tr>
<td>2012-2013</td>
<td>2,332</td>
<td>143</td>
<td>735</td>
<td>490</td>
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<tr>
<td><strong>5-Year Trend</strong></td>
<td><strong>↑ 0.4%</strong></td>
<td><strong>↓ 1.4%</strong></td>
<td><strong>↑ 4.5%</strong></td>
<td><strong>↑ 8.0%</strong></td>
</tr>
<tr>
<td>Specialty</td>
<td># Programs</td>
<td># Fellows</td>
<td>% Filled</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------</td>
<td>-----------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>BBTM</td>
<td>49</td>
<td>52</td>
<td>65.8%</td>
<td></td>
</tr>
<tr>
<td>Chemical Pathology</td>
<td>4</td>
<td>2</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Clinical Informatics</td>
<td>5</td>
<td>9</td>
<td>56.3%</td>
<td></td>
</tr>
<tr>
<td><strong>Cytopathology</strong></td>
<td><strong>92</strong></td>
<td><strong>142</strong></td>
<td><strong>84.5%</strong></td>
<td></td>
</tr>
<tr>
<td>Dermatopathology</td>
<td>53</td>
<td>73</td>
<td>67.6%</td>
<td></td>
</tr>
<tr>
<td>Forensic Pathology</td>
<td>40</td>
<td>49</td>
<td>55.1%</td>
<td></td>
</tr>
<tr>
<td>Hematopathology</td>
<td>86</td>
<td>134</td>
<td>82.7%</td>
<td></td>
</tr>
<tr>
<td>Medical Microbiology</td>
<td>15</td>
<td>14</td>
<td>66.7%</td>
<td></td>
</tr>
<tr>
<td>Molecular Genetic Pathology</td>
<td>39</td>
<td>55</td>
<td>83.3%</td>
<td></td>
</tr>
<tr>
<td>Neuropathology</td>
<td>35</td>
<td>56</td>
<td>73.7%</td>
<td></td>
</tr>
<tr>
<td>Pediatric Pathology</td>
<td>26</td>
<td>24</td>
<td>63.2%</td>
<td></td>
</tr>
<tr>
<td>Selective Pathology</td>
<td>85</td>
<td>158</td>
<td>74.9%</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>529</strong></td>
<td><strong>768</strong></td>
<td><strong>73.9%</strong></td>
<td></td>
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</table>
### AP/CP Program Size

<table>
<thead>
<tr>
<th>Number of Filled Positions</th>
<th>Number of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10 Residents</td>
<td>31</td>
</tr>
<tr>
<td>11-15 Residents</td>
<td>41</td>
</tr>
<tr>
<td>16-20 Residents</td>
<td>33</td>
</tr>
<tr>
<td>21-25 Residents</td>
<td>22</td>
</tr>
<tr>
<td>26-30 Residents</td>
<td>5</td>
</tr>
<tr>
<td>31+ Residents</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Positions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
</tr>
<tr>
<td>Mode</td>
</tr>
<tr>
<td>Median</td>
</tr>
<tr>
<td>Mean</td>
</tr>
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</table>
## 2016-2017 Review Process

### Reviewed
- 477 Consent
- 58 Consent with AFIs
- 33 Annual Data Review
- 13 Applications
- 28 Site Visit
- 3 Complement Increase

### Meeting Outcomes
- 587 Continued Accreditation
- 4 Continued Accreditation with Warning
- 13 Initial Accreditation
- 1 Initial Accreditation with Warning
- 3 Probationary Accreditation
- 1 Accreditation Withdrawn
- 3 Increases Approved
Program Requirements
Program Requirement Update

- Specialty Program Requirements
- Common Program Requirements (CPR)
In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in cytopathology with cytopathology certification by the ABP or qualifications and experience acceptable to the Review Committee. (Core)
Faculty members must evaluate fellow performance at least semi-annually. (Core)
Fellows must evaluate at least 2000 cytology specimens, to include at least:
- 500 gynecologic specimens
- 500 non-gynecologic specimens
- 500 FNAs

Must represent a variety of organs and significant pathology

Each fellow needs to enter at least 1 case in ADS
Common Program Requirements

• Phase I – Section VI
  o In effect now
  o No citations for new requirements will be issued before 2019 training year
  o Areas for Improvement (AFIs) may be issued
  o Background available at www.acgmecommon.org
Common Program Requirements

- Phase II – Sections I-V
  - Currently under revision
  - Will announce 45-day review and comment period
  - eCommunication
  - PRODS listserv
Common Program Requirements

- Include philosophy and rationale behind requirements (italicized)
- “Duty hours” replaced with “the learning and working environment”
Common Program Requirements

• Additional responsibility for programs to work with their sponsoring institutions
  o Institutional Requirements are undergoing major revisions
  o 45-day review and comment period
Common Program Requirements

• 80-hour weekly maximum remains
  o Clinical work from home counts toward 80 hours
    • EHRs
    • Responding to patient care questions
  o Reminder: averaged over 4 weeks
Common Program Requirements

• What does NOT count toward 80 hours
  o At home reading done to prep for next day
  o At home studying
  o At home research

• Above counts toward 80 hours when done in the hospital
Common Program Requirements

• At-home call period
  o *Does all* of at-home call period count toward "clinical work done from home?"
  • NO! Only the time residents devote to patient care activities
Common Program Requirements

- VI.A.1.d).(1) – Residents must be given the opportunity to attend medical, dental, mental health, and dental care appointments, including those scheduled during their working hours.
  - Intent is to ensure that residents may attend appointments as needed, and that their schedules not prevent them from seeking care
  - Institution policies dictate whether vacation/sick time must be used
  - Common sense and reasonableness should prevail
Common Program Requirements

• **24/7 access to mental health professionals**
  - Residents must have immediate access to a mental health professional
  - For urgent or emergent mental health needs
  - In-person, telemedicine, or telephonic access is acceptable
CPRs – Review Committee

• VI.A.1.a).(4)(a): All residents must receive training in how to disclose adverse events to patients and families.
  o *Many ways to meet this requirement*
  o *Participating is acceptable, but so are simulations*
  o *Review Committee believes that having faculty model examples is appropriate as well.*
CPRs – Review Committee

• VI.A.1.b).(2).(a): Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations.
  
  o Current FAQs address this under “Provided data about practice habits”
  
  o Examples: Milestones, case volumes
CPRs – Review Committee

• New FAQs – July 2018
  o Resident progression of supervision based on particular areas of pathology being taught and how to progress to oversight by the faculty member
  o Learning benefits – autopsies (what learning takes place that cannot take place with other activities)
CPRs – Review Committee

• Home Call
  o Understand certain subspecialties are on call for 7 days
  o “Averaged over a 4-week period”
  o *A weekend break between 2 2-week periods would meet the requirement*
  o *PGY-1 residents may be scheduled for in-house and at-home call*
Annual Program Reviews

IT’S THAT TIME OF YEAR AGAIN
Annual Timeline

August / September
• Annual ADS Data Input

October / November
• Data Analysis

January
• Review Committee Meeting

April
• Meeting Follow-up
Data Reviewed

• Resident & Faculty Surveys
• Clinical Experience (Autopsies)
• Faculty & Resident Scholarly Activity
• Board Pass Rates
• Attrition
• Information Omission
• Major Changes / Responses to Citations
The Review Process

• **Staff Review**
  - Broad review of all data

• **Committee Review**
  - Data Concerns
  - Active Citations
  - Programs on Warning or Probation
Accreditation Status

• Continued Accreditation
• Continued Accreditation with Warning
• Probation
• Withdrawal of Accreditation
Continued Accreditation (CA)

• Substantial compliance with requirements
  
  o Programs may or may not have Citations or Areas for Improvement (AFIs) issued

• RC will review outcomes annually

• Programs can innovate around “detail” requirements *(not core or outcome)*
Continued Accreditation with Warning (CAW)

• Areas of non-compliance jeopardize accreditation status

*Programs w/status of CAW:*
• Can receive no permanent increase in complement
• Status is made public on website
• Do not need to inform residents
Probation

- Need site visit before conferring

Programs w/status of probation:
- No increase in complement
- Status is made public on website
- Must inform residents and applicants in writing
Letter of Notification

• Areas for Improvement (AFIs)
  o Concerns not reaching the level of citation – often regarding program trends
  o No written response required
  o Should be reviewed with PEC
  o RC will review following year
  o Unresolved AFIs may become citations
Letter of Notification (cont’d)

• Citations
  o More serious concerns than AFIs
  o Linked to program requirements
  o Require PD’s written response in ADS
  o RC will review the following year and either extend or resolve

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Summary

• RC reviews flagged programs
• AFIs: RC will review data trends
• Citations: PD must address in Annual Update
  o RC reviews all responses
  o Send evidence as to program response to citations
  o Forward supporting documentation as needed
Common Concerns

• Poor information in Annual Update
  o Block diagram information / format
  o Lack of documentation when requested
  o Certifications, licensure, qualifications
  o Faculty / resident scholarly activity
  o Response to citations
Block Diagram

• Follow instructions and format!
• Essential:
  o Legend
  o Clinical
  o Rotation name (be specific)
  o % outpatient time
  o % research time
• Snapshot of program
Omission of Information

- Any data not provided does not exist!
- Common omissions
  - Faculty credentials (degree, certification, MOC)
  - Participating sites
  - Scholarly activity
  - Response to citations
  - Complete block diagram
How To Resolve Citations

• Look at citation objectively
• In annual reporting period, respond to specifics within the citation
• If data is requested, provide data
• Send staff supplemental info as necessary – we will forward to RC
Upcoming – Self Study
Elements of the Self-Study

• Program Aims
• SVOT/SLOT Analysis: Assessment of internal factors
  o Program strengths and AFIIs/vulnerabilities/limitations
  o External environmental context – Opportunities and threats
Elements of the Self-Study

• 5-year “look back” on changes, improvements

• 5-year “look forward” on plans for the future
  o Consideration of / answer to the question: “What will take this program to the next level?”
Program Aims

• A way to differentiate programs, create priorities for improvement
• Set, reassessed during Annual Program Evaluation
• Relevant considerations
  o Who are our residents? What do we prepare them for?
  o Private vs. academic practice
  o Leadership and other roles
Program Aims

• Ultimate goal: **Intentionality in program design**
  
  o *Stakeholder input, including internal (residents, faculty, institutional leaders) and external stakeholders*
Self-Study Summary

• Submitted following self-study
• ACGME template: 2,550-2,800 word (~5 pages) for core program – less for subspecialty program
• Uploaded through ADS
Self-Study Summary

• Sections: Key self-study dimensions
  o Aims
  o Program strengths, opportunities, and threats
  o 5-year look-back and look-forward
  o Self-study process (who involved, data collected and how interpreted)

• Omitted by design: info on AFIs
Program 10-Year Site Visit

• Full accreditation site visit – review of all program requirements
• 12-18 month period AFTER self-study to allow programs to implement improvements
• “Summary of Achievements” – improvements made after self-study
Program 10-Year Site Visit

• Assesses maturity of program improvement effort – ACGME tool

• Opens with the review of the self-study to provide context for accreditation site visit
Summary of Achievements

• ACGME template uploaded through ADS
• ~1,500 words, describing program strengths and key improvements accomplished through self-study
• No info collected on areas not yet improved
Summary of Achievements

- Program may provide update to self-study summary
  - Changes in aims or context
  - Changes in future plans
RC Review of 10-Year Visit

- Letter of Notification
- Includes citations and AFIs, based on program requirements
RC Review of 10-Year Visit

• NEW: Formative feedback
  o Without accreditation impact
  o From RC assessment of self-study
  o “Formative only” – envisioned for 5-7 years as more learned about program improvement
  o Focus on the “improvement process,” not priorities program has selected
Core / Subspecialties

- Both core and subs complete self-study separately
- Upload to ADS separately
- Two different templates – core and subspecialty
- More info [HERE]
Contact ACGME Staff – We want to help!

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