# SAS Institutions

<table>
<thead>
<tr>
<th></th>
<th>Initial Accreditation</th>
<th>Continued Accreditation</th>
<th>Pre-Accreditation</th>
<th>Continued Pre-Accreditation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsoring Institution Applications</td>
<td>79</td>
<td>1</td>
<td>5</td>
<td>11</td>
<td>96</td>
</tr>
</tbody>
</table>
### SAS Programs

<table>
<thead>
<tr>
<th>Program Applications*</th>
<th>Total Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Accreditation</td>
<td>212</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>0</td>
</tr>
<tr>
<td>Initial Accreditation Contingent</td>
<td>0</td>
</tr>
<tr>
<td>Pre-Accreditation</td>
<td>71</td>
</tr>
<tr>
<td>Continued Pre-Accreditation</td>
<td>154</td>
</tr>
<tr>
<td>Voluntary Withdraw</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Applications</strong></td>
<td><strong>441</strong></td>
</tr>
</tbody>
</table>
Well-being Task Force

Develop concrete action plans to address the issue of Physician Well-being for:
- Residency and Fellowship Programs
- Teaching Hospitals/Systems
- Medical Students and Practitioners

- Continue the national dialogue and forge collaborations among stakeholders to effect positive transformational change for Physician Well-being
- Provide guidance to the ACGME on how best to construct and utilize its unique “levers of influence” to effect positive transformational change
- Promote a scholarly approach to well-being interventions and innovations
Well-being Initiatives

Back to the Bedside initiative by CRCR
   Resident led proposals from residents
   Funded 10,000/yr renewable
   Proposals due August 5, 2017

National Academy of Medicine Collaborative on Well-being and resilience planned for February 2019
Public planning meeting July 14, 2017 at NAM website
Milestones 2.0

Now at year 4: review, evaluate and revise as needed
Systematic approach: language,
Lessons from other specialties:
Milestones@acgme.org

Proposed Timeline

2016: Crosswalk for 5-8 common themes
2017: Harmonized
2018: Phase 1
2021: New Milestones for everyone completed
Milestones 2.0 Process

Membership from RCs, Boards, PDs, Residents
Call for volunteers, public members
Data from current use
Survey PDs before starting
Public comment after draft completed
Harmonized Milestones for ICS, PBLL, Prof, SBP

Milestones Annual Report on ACGME website
CLER

Protocol 2.0

Second cycle completed in June 2017
Small institutions (1-2 programs) due 1st quarter 2018
Input for CLER program development
focus groups, exit surveys,
short notice scheduling is uncomfortable

Protocol 3.0

Focus evolves to begin September 2017, includes well-being leaders
CLER

National Review of Findings 2016

Issue Briefs and webinar partners

  Exec Summary AHA, Patient Safety NPSF, Quality IHI, Disparities AAMC, AIAMC, Care Transition TJC, Supervision OPDA

CLER Pathways to Excellence Version 1.1

  Expectations for an optimal CLE
  Duty hours, fatigue management to Wellness
Pursuing Excellence in CLE

Spans 4 years to accelerate change

Seeks new models through new initiatives

Innovators: 8 SI CEO/DIOss to share projects, collaborate and includes 11 non selected institutions

Leaders: identify new models in Pt Safety September 2017

Learners: disseminate successful practices learned
CLER NCICLE

National Collaborative to Improve the CLE

30 organizations from nursing, safety, quality, pharmacy, AMA, AHA, AIAMC, others

Inter-professional collective conversation about CLE

Interprofessional CLE Symposium

ACGME convenes in October 2017 to ask how to lead changes to improve inter-professional CLE for all

Rich Hawkins co-chair
SI 2025

A future vision of Sponsoring Institution started in 2015
Report in Fall 2017

Basis for future Institutional Requirements
Disparities

Diversity in GME Task Force
What does ACGME data show?
Can ACGME influence the pipeline?
Why are some dismissed disproportionately or transfer?
How can we help translate URM to faculty?
What questions can we address?
Internal Next steps?
### NAS

<table>
<thead>
<tr>
<th>Action</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued Accreditation</td>
<td>8547</td>
<td>97.8%</td>
</tr>
<tr>
<td>Continued with Warning</td>
<td>128</td>
<td>1.5%</td>
</tr>
<tr>
<td>Probation</td>
<td>20</td>
<td>0.2%</td>
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<tr>
<td>Accreditation Withdrawn</td>
<td>2</td>
<td>0.0%</td>
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<tr>
<td>Voluntary Withdrawal</td>
<td>32</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8729</td>
<td>100%</td>
</tr>
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</table>

- Rare for programs to have an adverse action (0.2%)
- 86% of programs have no citations
Summary

• Single Accreditation is progressing
• Well-being efforts are alive; results are pending
• Milestones 2.0 with harmonized common milestones
• CLER Pathways to Excellence to showcase progress
• New Common Program Requirements
• Vast majority of programs have no citations