New PD / APD Boot Camp:
Accreditation

Andrew D. Perron, MD
Professor & Residency Program Director
Dept of Emergency Medicine
Maine Medical Center

Agenda

- **NAS**
  - Why we are where we are
- **ACGME requirements**
  - “Musts” vs “shoulds”
  - “Core” vs “detail”
- **Web-ADS**
  - “Core faculty” and “scholarly activity”
- **ACGME Survey**
  - Resident / Faculty

The “Good Old” Days

- They were called “housestaff” for a reason
- No duty-hour restrictions
- Pyramidal programs
- No Match program
- No rules
- Teach them what you think is important

1999

- The IOM report “To Err is Human: Building a Safer Health System”
- Errors by trainees kill the equivalent of a 747 crashing ***EVERY DAY*** in the US
- Even larger numbers suffer “temporary harm”
- Public / Congress pays attention
- ACGME in 2003 addresses with:
  - Duty hours
  - Focus on “Transitions of care”
  - Core competencies

The “old” days

- Duty Hours
- 6 Core competencies
- Service vs education
- PIF and site visit every 3-5 years
  - You were on your own in between visits
  - No surveys
  - No annual data reporting

2009

- **Macy Foundation Releases Chairman's Summary on Medical School Mission**

- The Josiah Macy, Jr. Foundation recently released the chairman's summary of a pending report that urges the nation's medical schools to reform their educational model because it too often fails to give new physicians the right mix of competencies and experiences to practice medicine effectively. According to the report, *Revisiting the Medical School Educational Mission at a Time of Great Expansion*, "medical education has not kept pace with the growing public expectations of physicians or with the novel demands of an increasingly complex healthcare system."

- As we write in the report, "It is no longer sufficient to say that producing competent physicians meets GME's responsibility to the public. The GME system must also be a *responsible steward of public funds* and ensure that the process of education is efficient, cost-effective, and evidence based."

- Maintaining the historic trust granted to health professionals requires that we be willing to examine and reform our well established GME system. Changes must take place to respond to changes in patient demographics and disease burden, the transformation of the healthcare delivery system, the explosion in healthcare and information technology, and the unsustainable growth of healthcare costs. All of these changes demand new competencies from practitioners, whose preparation for practice must follow suit.

- Those of us in the academic medical community share a *responsibility to be self-critical and to demonstrate a willingness to change.* The recommendations in this latest report are designed to show not only that we understand this, *but also that we can produce constructive proposals to accelerate reform.*

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

The Next GME Accreditation System — Rationale and Benefits

Thomas J. Nasca, M.D., M.A.C.P., Ingrid Philibert, Ph.D., M.B.A., Timothy Brigham, Ph.D., M.Div., and Timothy C. Flynn, M.D.

In 1999, the Accreditation Council for Graduate Medical Education (ACGME) introduced the six domains of clinical competency to the profession,[1] and in 2009, it began a multiyear process of restructuring its accreditation system to be based on educational outcomes in these competencies. The result of this effort is the Next Accreditation System (NAS), scheduled for phased implementation beginning in July 2013. The aims of the NAS are threefold: to enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, to accelerate the ACGME's movement toward accreditation on the basis of educational outcomes, and to reduce the burden associated with the current structure and process-based approach.

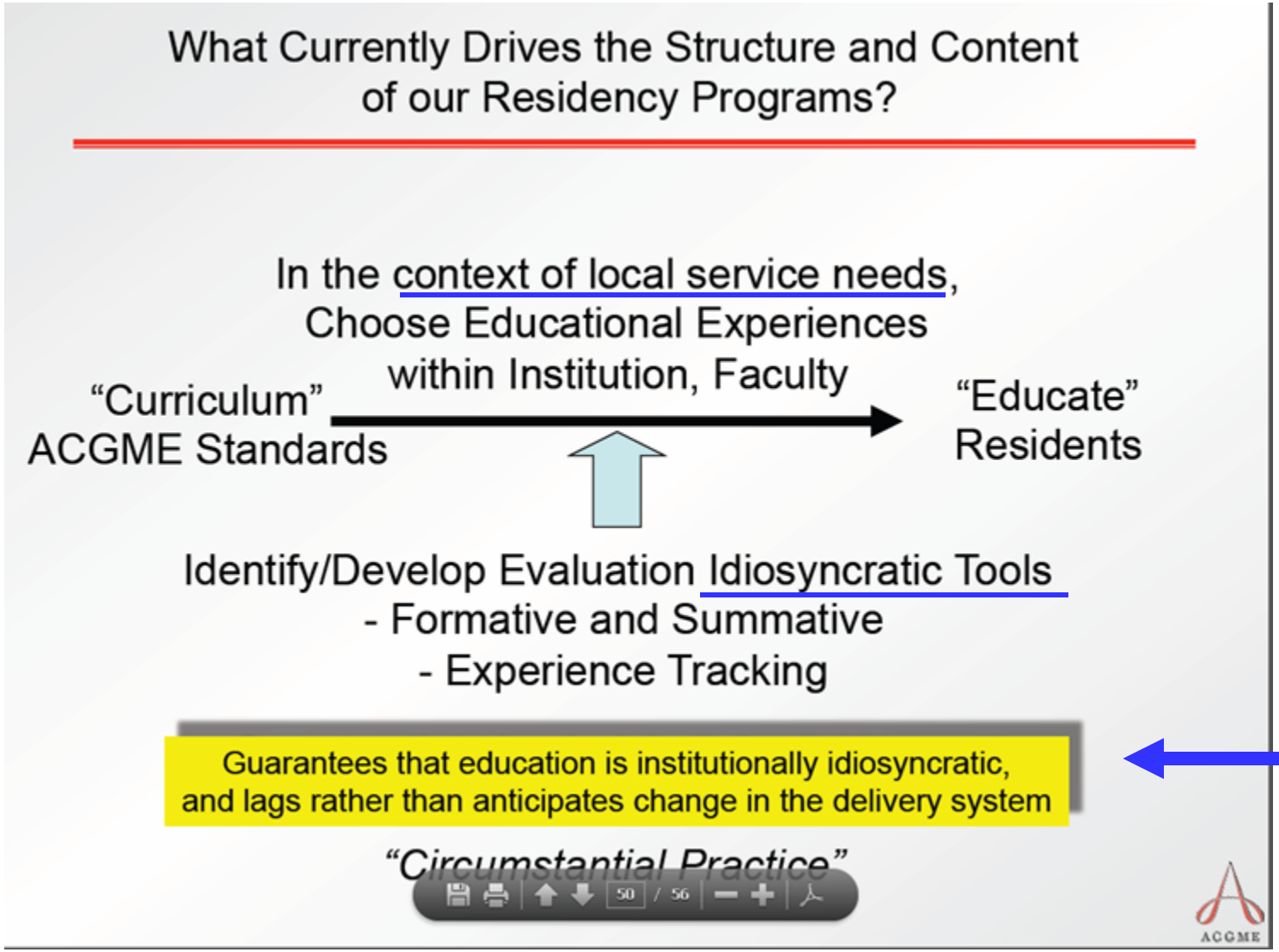
LIMITATIONS OF THE CURRENT SYSTEM

When the ACGME was established in 1981, the GME environment was facing two major stresses: variability in the quality of resident education[8] and the emerging formalization of subspecialty education. In response, the ACGME's approach emphasized program structure, increased the amount and quality of formal teaching, fostered a balance between service and education, promoted resident evaluation and feedback, and required financial and benefit support for trainees. These dimensions were incorporated into program requirements that became increasingly more specific during the next 30 years.

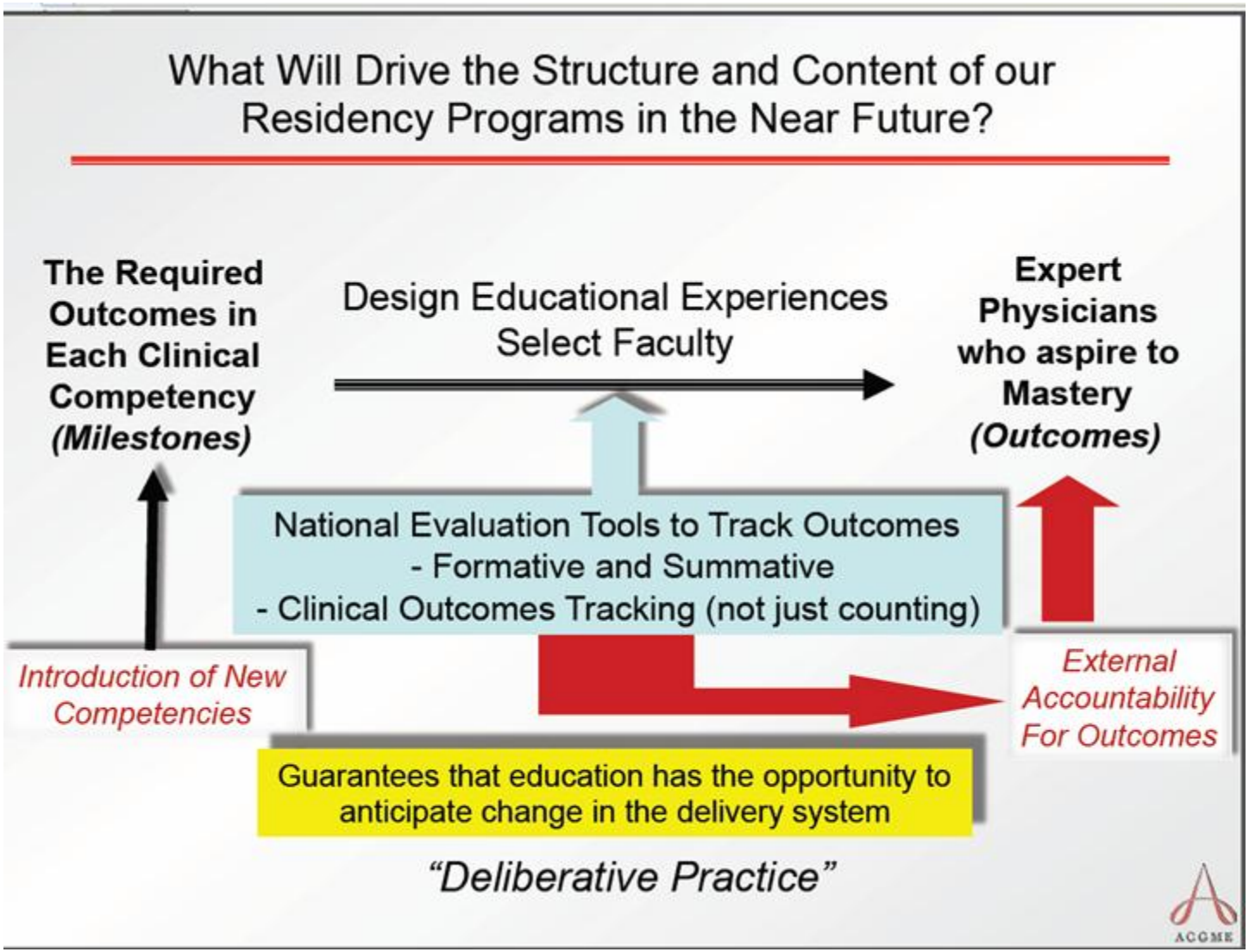
The results have been largely salutary. Perfor-

[1] Nasca, T.J., Philibert, I., Brigham, T.P., Flynn, T.C.
The Next GME Accreditation System: Rationale and Benefits.
New England Journal of Medicine. Published Electronically, February 22, 2012. In Print, March 15, 2012.
DOI:10.1056/nejmsr1200117 www.nejm.org .
NEJM. 2012.366;11:1051-1056.

Where we *were*



Where we are *going*



Goals of
The "Next Accreditation System"

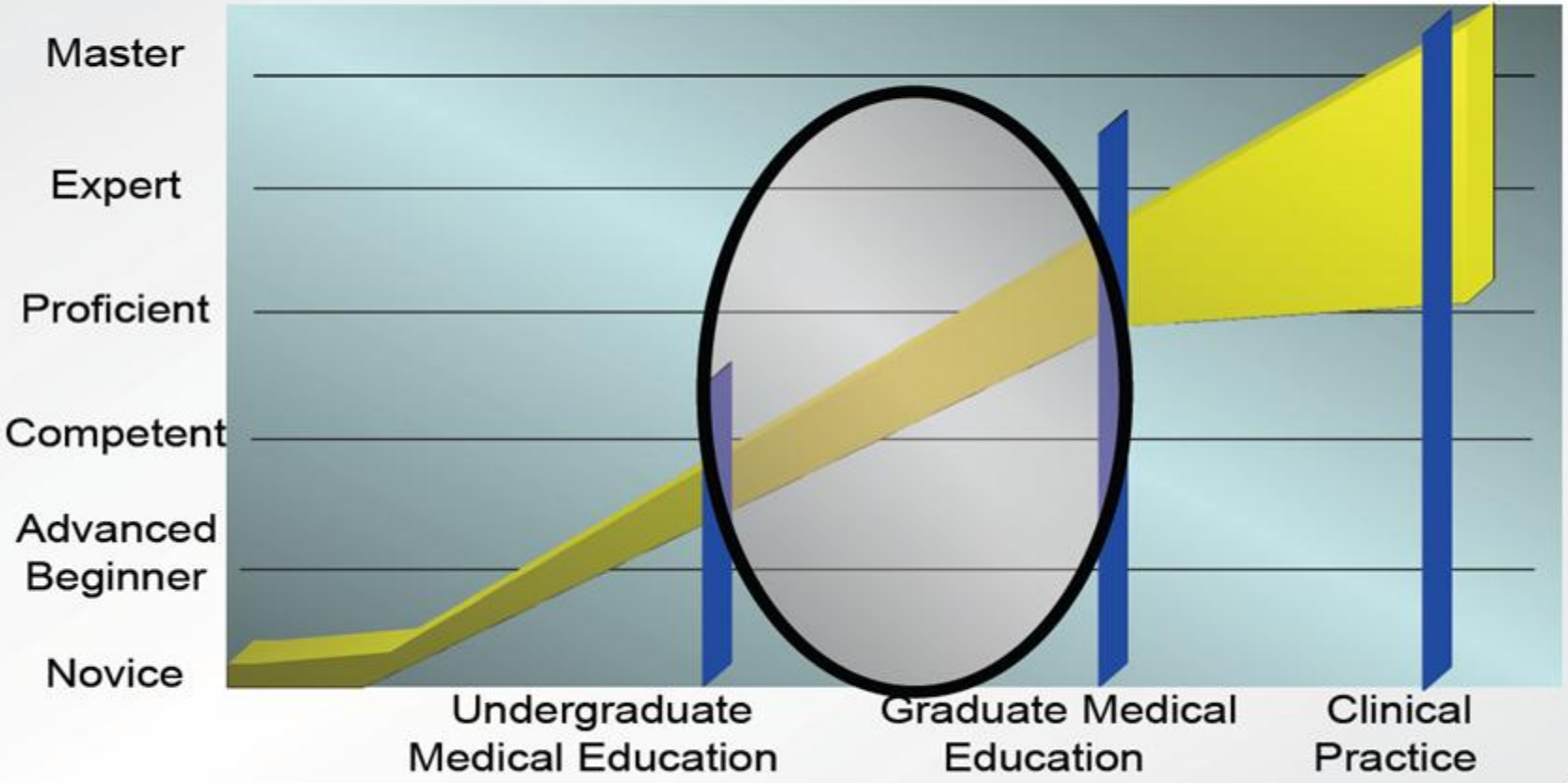
- To begin the realization of the promise of Outcomes
- To free good programs to innovate
- To assist poor programs to improve
- To reduce the burden of accreditation
- To provide accountability for outcomes to the Public

ACGME

The Building Blocks of The Next Accreditation System

ACGME

The Goal of the Continuum of Clinical Professional Development



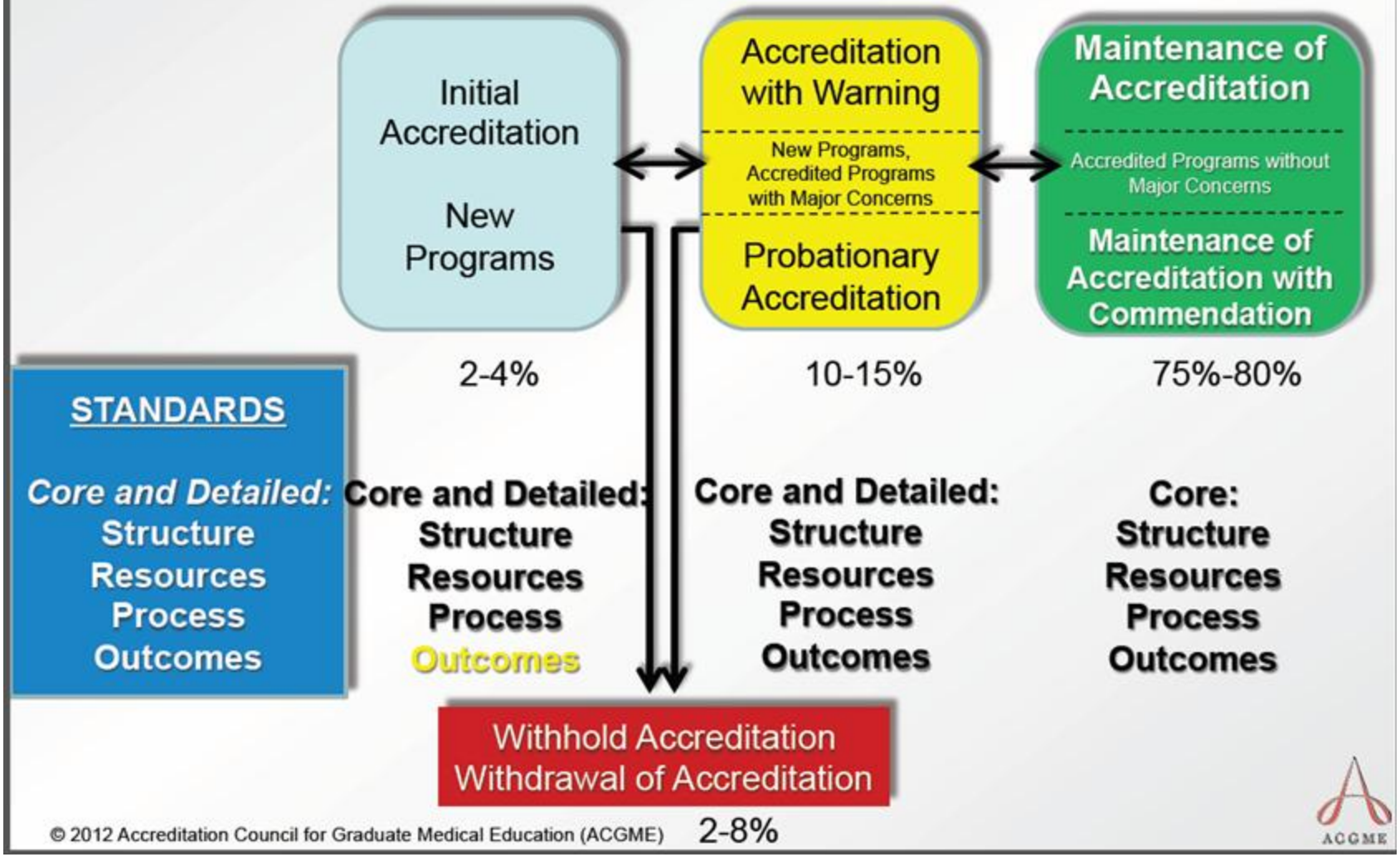
ACGME

ACGME Goals for Milestones
"Cohesion for the Continuum"

- Able to provide accountability for effectiveness of educational program in producing outcomes
- ACGME can work with:
  - AAMC, LCME to focus graduation level preparation
  - ABMS, AHA, ACCME, others to identify areas for milestone improvement at graduation from residency/ fellowship

ACGME

Conceptual Model of Standards Implementation Across the Continuum of Programs in a Specialty



Trended Performance Indicators
"6.5 of 8" Already in Place

- ✓ Annual ADS Update
  - ✓ Program Attrition – Changes in PD/Core Faculty/Residents
  - ✓ Program Characteristics – Structure and Resources
  - ✓ Scholarly Activity
- ✓ Board Pass Rate – Rolling Rates
- ✓ Resident Survey – Common and Specialty Elements
- ✓ Clinical Experience – Case Logs or other
- ➢ Faculty Survey – Core Faculty
- ✓ Semi-Annual Resident Evaluation and Feedback
  - ➢ Milestones
- ➢ Annual Sponsor Site Visit (CLER)

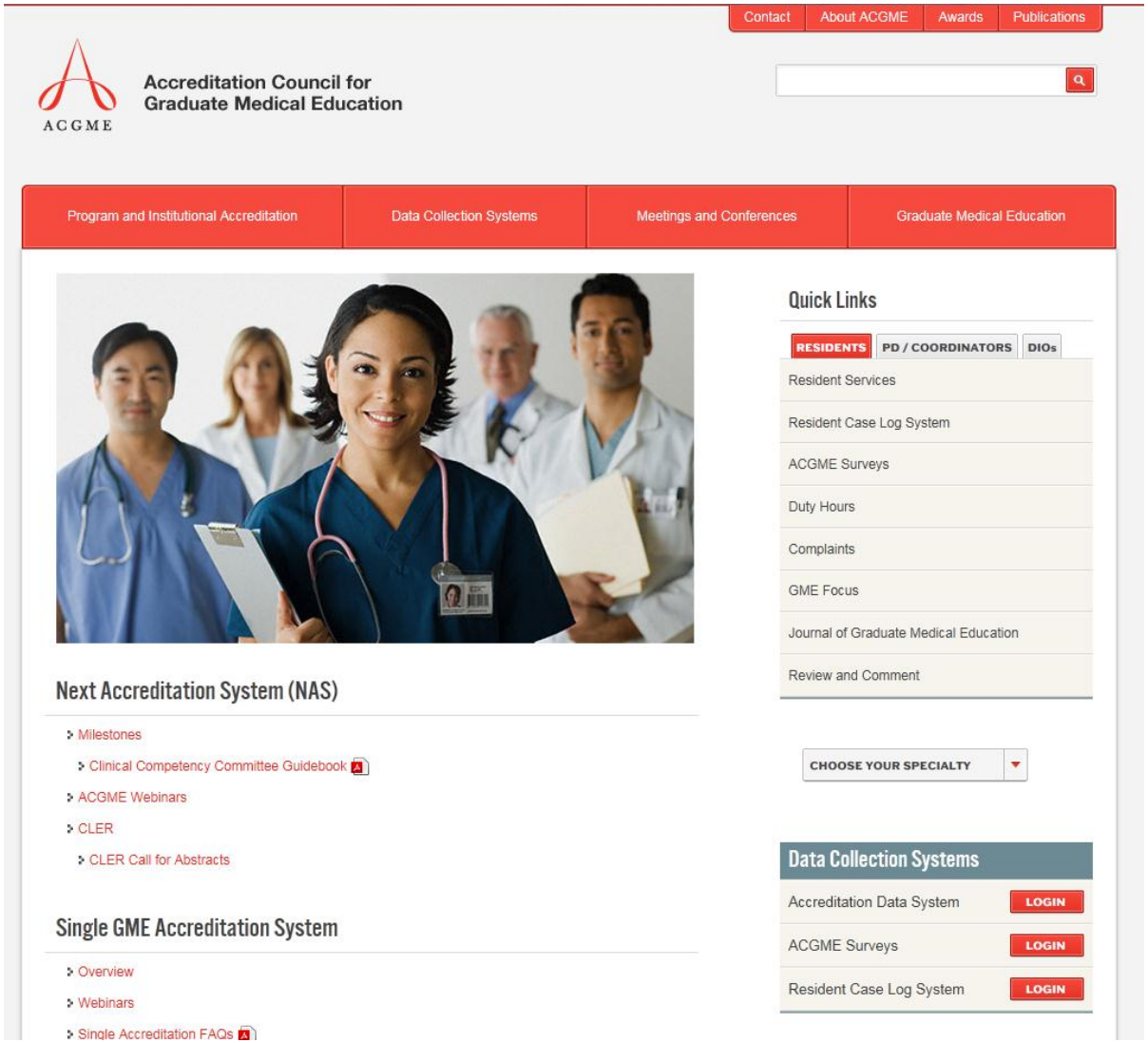
ACGME

The "Next Accreditation System" in a Nutshell

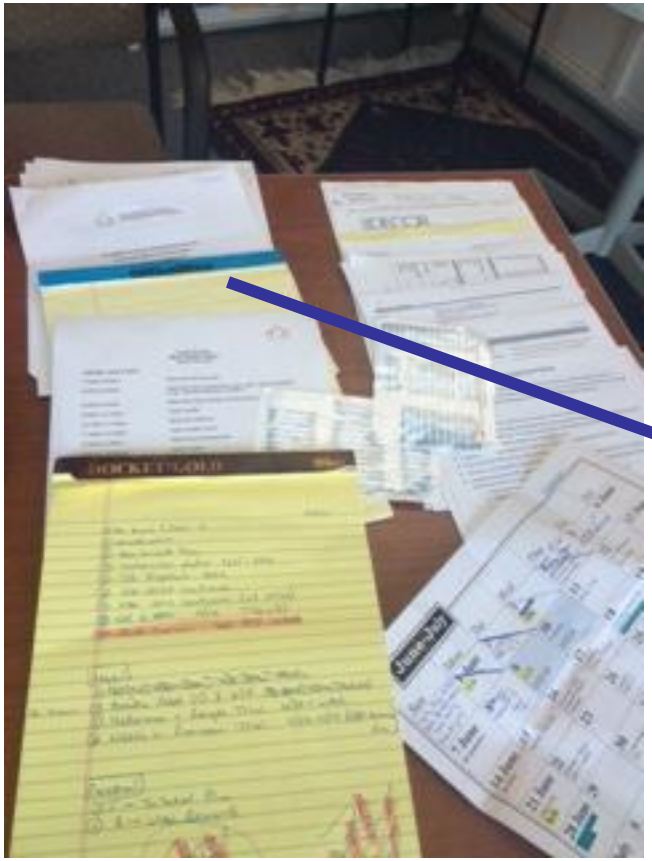
- Continuous Accreditation Model – annually updated
  - Based on annual data submitted, other data requested, and program trends
- Scheduled Site Visits replaced by 10 year Self Study Visit
- Standards revised every 10 years
  - Standards Organized by
    - Structure
    - Resources
    - Core Processes
    - Detailed Processes
    - Outcomes

ACGME

ACGME requirements



My Desk: 6/5/15




ACGME Program Requirements for
Graduate Medical Education
in Emergency Medicine
OfficeMax

emergency medicine residents. (Core)

II. Program Personnel and Resources

II.A. Program Director

II.A.1. There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. (Core)

II.A.1.a) The program director must submit this change to the ACGME via the ADS. (Core)

II.A.2. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability. (Detail)

II.A.3. Qualifications of the program director must include:

II.A.3.a) requisite specialty expertise and documented educational

and administrative experience acceptable to the Review Committee; (Core)

II.A.3.b) current certification in the specialty by the American Board of Emergency Medicine, or specialty qualifications that are acceptable to the Review Committee; (Core)

II.A.3.c) current medical licensure and appropriate medical staff appointment; and, (Core)

II.A.3.d) at least three years' experience as a core faculty member in an ACGME-accredited emergency medicine program. (Detail)

II.A.4. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. (Core)

The program director must:

II.A.4.a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program; (Core)

II.A.4.a).(1) The program director must be clinically active in emergency medicine. (Core)

II.A.4.a).(1).(a) The program director must not work more than 20 hours per week clinically, on average, or 960 clinical hours per year. (Core)

II.A.4.b) approve a local director at each participating site who is accountable for resident education; (Core)

Bold = everyone
Not bold = your speciality

Common requirement

EM specific

Must vs Should

- **VI.G.4.b).(3) Residents *must* not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.** (Core)

- **VI.G.5.a) PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.** (Core)

emergency medicine residents. (Core)

II. Program Personnel and Resources

II.A. Program Director

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"Core" requirement

"Detail" requirement

Core vs detail

***

*__Core Requirements:__ Statements that define structure, resource, or process elements essential to every graduate medical educational program.
__Detail Requirements:__ Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.
__Outcome Requirements:__ Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Core = ya gotta do it!

Detail = you can experiment if you are a *program in good standing*

If you are on probation, “detail” = “core”…ya gotta do them all

Web-ADS

From: ACGME - Web Accreditation Data System [webADS@acgme.org]
Sent: Monday, October 22, 2012 3:18 PM
To: Andrew D. Perron
Subject: ACGME ADS Annual Update

Dear Dr. Perron,
Maine Medical Center Program - 1102221142

Your ACGME accredited program has been scheduled to participate in the annual ADS update. As the Program Director, you are responsible for verifying/updating your program information, and entering/verifying the records for all residents in accredited training.

Annual Update Timeframe: 10/22/2012 – 11/16/2012
Note: You may submit Annual Update before scheduled end date.

The following information will help guide you through the Annual Update Process:

The Accreditation Data System (ADS) is located at https://www.acgme.org/ads. You may access the system through most commonly used Internet browsers; the application must meet the minimum browser requirements (Internet Explorer 7.0, Mozilla Firefox, Chrome or Safari).

The Annual Update is located within the "Overview" tab in ADS. The Annual Update consists of updating several sections on the following tabs: **Program**, **Residents**, **Sites**, and **Faculty**. The **Overview** tab highlights missing data that requires your attention. Click the "View" button to begin updating each individual section. Here is a summary of where to locate some of the required sections:

- Program tab: Additional Requirements >Duty Hours; Overall Evaluation Methods; Specialty specific sections (if applicable)
- Faculty tab: Verify faculty roster is up to date (physicians/non-physicians); update faculty scholarly activity
- Resident tab: Add new residents, confirm all unconfirmed residents; update resident scholarly activity
- Sites tab: Participating sites information; upload block diagram

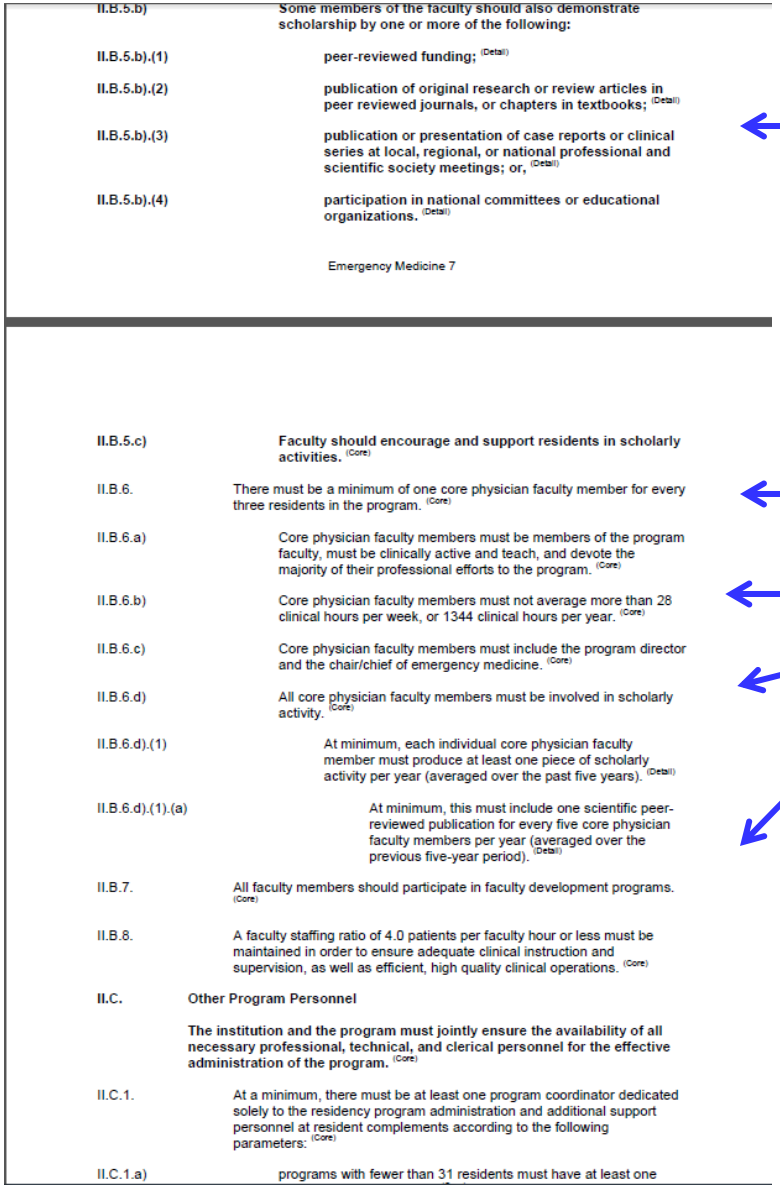
When all data sections have been verified, return to the "Overview" tab. Click the "Submit Annual Update" button to finalize.

You may continue to update your program's ADS information at any time throughout the year.

A copy of this communication was emailed directly to your Program Coordinator.

Contact your ADS Representative by emailing WebADS@acgme.org with any questions or comments.

Core Faculty



II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

II.B.5.b).(1) peer-reviewed funding; (Detail)

II.B.5.b).(2) publication of original research or review articles in peer reviewed journals, or chapters in textbooks; (Detail)

II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, (Detail)

II.B.5.b).(4) participation in national committees or educational organizations. (Detail)

Emergency Medicine 7

II.B.5.c) Faculty should encourage and support residents in scholarly activities. (Core)

II.B.6. There must be a minimum of one core physician faculty member for every three residents in the program. (Core)

II.B.6.a) Core physician faculty members must be members of the program faculty, must be clinically active and teach, and devote the majority of their professional efforts to the program. (Core)

II.B.6.b) Core physician faculty members must not average more than 28 clinical hours per week, or 1344 clinical hours per year. (Core)

II.B.6.c) Core physician faculty members must include the program director and the chair/chief of emergency medicine. (Core)

II.B.6.d) All core physician faculty members must be involved in scholarly activity. (Core)

II.B.6.d).(1) At minimum, each individual core physician faculty member must produce at least one piece of scholarly activity per year (averaged over the past five years). (Detail)

II.B.6.d).(1).(a) At minimum, this must include one scientific peer-reviewed publication for every five core physician faculty members per year (averaged over the previous five-year period). (Detail)

II.B.7. All faculty members should participate in faculty development programs. (Core)

II.B.8. A faculty staffing ratio of 4.0 patients per faculty hour or less must be maintained in order to ensure adequate clinical instruction and supervision, as well as efficient, high quality clinical operations. (Core)

II.C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program. (Core)

II.C.1. At a minimum, there must be at least one program coordinator dedicated solely to the residency program administration and additional support personnel at resident complements according to the following parameters: (Core)

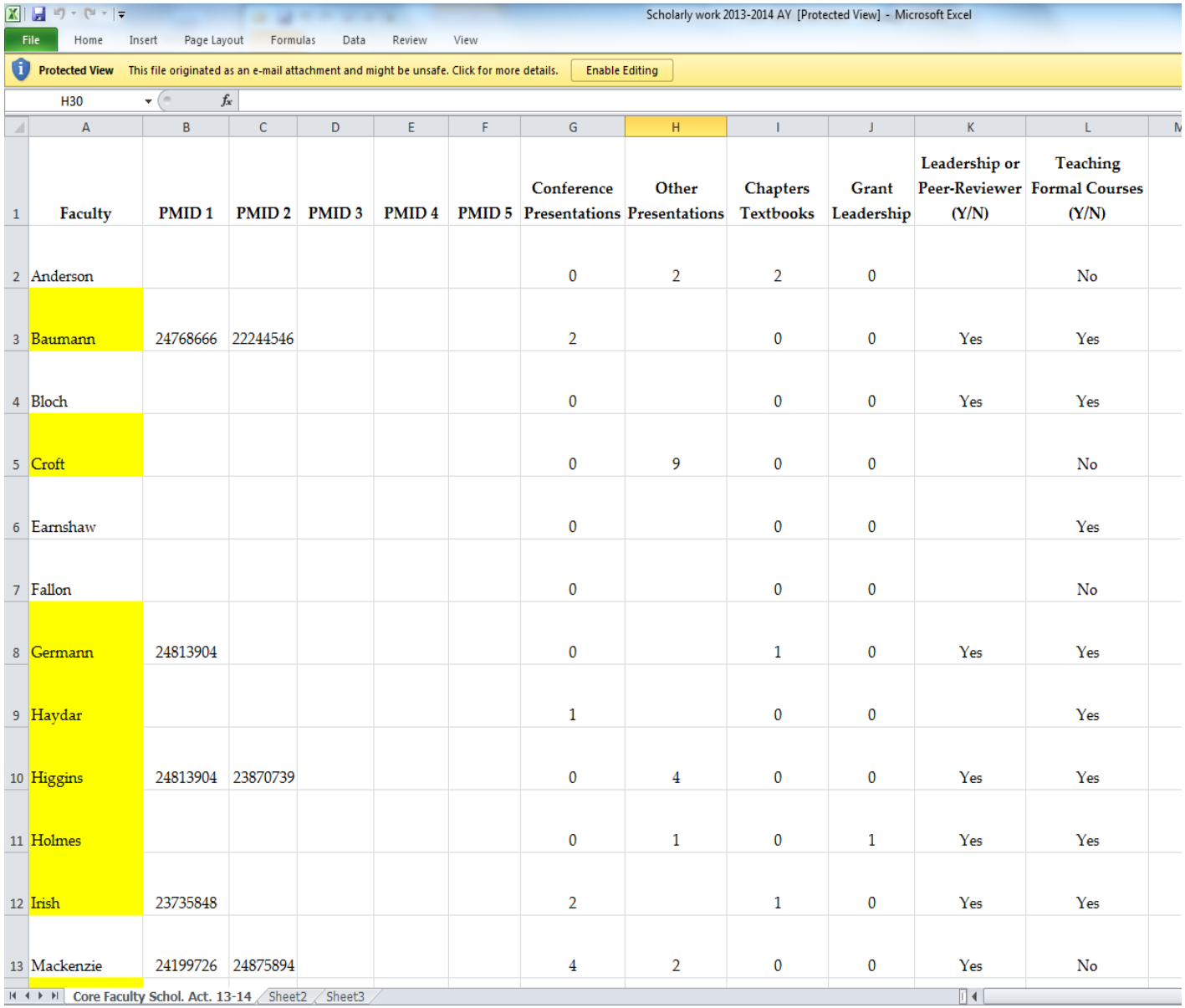
II.C.1.a) programs with fewer than 31 residents must have at least one

What is “scholarship” ?

How many do I need ?

What is the requirement to be “core”

Faculty Productivity



	A	B	C	D	E	F	G	H	I	J	K	L
1	Faculty	PMID 1	PMID 2	PMID 3	PMID 4	PMID 5	Conference Presentations	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Reviewer (Y/N)	Teaching Formal Courses (Y/N)
2	Anderson						0	2	2	0		No
3	Baumann	24768666	22244546				2		0	0	Yes	Yes
4	Bloch						0		0	0	Yes	Yes
5	Croft						0	9	0	0		No
6	Earnshaw						0		0	0		Yes
7	Fallon						0		0	0		No
8	Germann	24813904					0		1	0	Yes	Yes
9	Haydar						1		0	0		Yes
10	Higgins	24813904	23870739				0	4	0	0	Yes	Yes
11	Holmes						0	1	0	1	Yes	Yes
12	Irish	23735848					2		1	0	Yes	Yes
13	Mackenzie	24199726	24875894				4	2	0	0	Yes	No

Core faculty

- Know your specific requirement
  - Usually more is not better (at least in EM)
- You need help tracking faculty productivity and organizing data for Web-ads
- Remind people throughout the year that activity is important
- Find a way to develop core faculty

The Survey

From: WebADS@acgme.org
To: Andrew D. Perron
Cc: JanAlicia Ricker
Subject: ACGME Faculty Survey Notification - 1102221142
Sent: Mon 2/2/2015 12:13 PM

Dr. Andrew D. Perron,

Your ACGME accredited Emergency medicine program, Maine Medical Center Program – [1102221142], has been scheduled to complete the ACGME Faculty Survey beginning on **February 2, 2015**. A 60% response rate is required for all programs participating in this survey; programs with fewer than three scheduled faculty members participating should obtain a 100% response rate. Our database shows that you currently have **[9]** faculty member(s) scheduled to complete this survey.

We urge you to monitor your program's response rate within the Accreditation Data System (ADS). Using your username and password, log in and click the "Overview" tab. Under the "Faculty Survey" menu, click "View" access a list of scheduled survey takers and their default login information (*only accessible during your survey window*). More helpful information about this survey can be found within the following Faculty Survey - Program FAQ. Content-based questions should be directed to Review Committee staff, whose contact information can be found on the webpage for your respective specialty. Technical questions about the Accreditation Data System (ADS) can be directed to WebADS@acgme.org.

Programs are responsible for notifying and reminding faculty members of this survey. Scheduled faculty members will have approximately five weeks to complete this survey. Programs **MUST** inform them directly. The ACGME **DOES NOT** notify or remind faculty members of their involvement in this survey. It is the program's responsibility to ensure the 60% compliance rate is reached. Forward the details below to all scheduled faculty members within your program to provide them the information necessary to complete this survey:

Deadline: March 8, 2015 at 11:59pm Central Time
Program Name: Maine Medical Center Program
Program Code/Specialty: [1102221142] - Emergency medicine
Accessing the Faculty Survey

Accreditation Council for Graduate Medical Education (ACGME)
WebADS@acgme.org

The Survey

From: Andrew D. Perron
To: ED_RES; JanAlicia Ricker; Casey MacVane
Cc:
Subject: ACGME resident survey
Sent: Mon 2/2/2015 12:19 PM

Jana will be forwarding you a link to the ACGME resident survey in the next few days. This is a way for the ACGME to directly survey residents r.e. duty hours, learning environment. PGY 2's and 3's know I usually take 15 minutes of conference to look a sample questions, go over the purpose of the survey, etc etc.

I will spare you the 15 minute powerpoint but want to emphasize a few points:

1. If you don't understand a question, ask me / Casey / Jana. For PGY 1's in particular, not all terms may be familiar.

2. Different EM residents will get different questions. They have a bank of questions they use.

3. ***This would be a BAD place to air grievances that you have not brought to my/our attention and given us a chance to remediate***. The ACGME accredits (or doesn't accredit) programs. They are generally not looking to "tweak" a program. They will either provide "continuing accreditation" or "withold accreditation". The former is good. The latter is not. Ask anesthesia. They have an impending site visit here at MMC due to low scores on this survey. If you have complained about stuff and we have ignored it, then feel free to fire away.

4. We need 70% of residents to complete this or else we get an immediate site visit.

5. This is anonymous.

6. For this survey, EM PGY 2's are "intermediate level residents" and EM PGY 3's are "senior level residents". Interns are interns the whole world 'round.

See me / Casey / Jana for questions

****

Andrew D. Perron, MD, FACEP
Professor and Residency Program Director
Maine Medical Center
Portland, ME

- You need to “manage” the survey
- Remind folks they learned about fatigue mitigation, care transitions, etc
- Tell interns about stuff that hasn’t happened yet e.g. *curriculum review*

The Survey - faculty

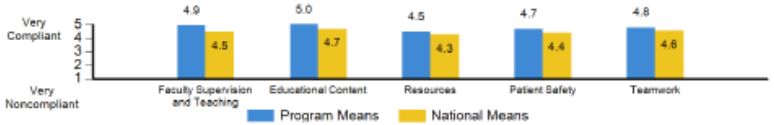
2013-2014 ACGME Faculty Survey - page 1

1102221142 Maine Medical Center Program - Emergency medicine

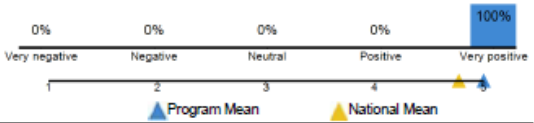
Survey taken: January 2014 - February 2014

Faculty Surveyed 9
Faculty Responded 9
Response Rate 100%

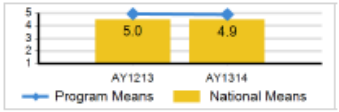
Program Means at-a-glance



Faculty's overall evaluation of the program

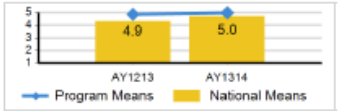


Faculty Supervision and Teaching



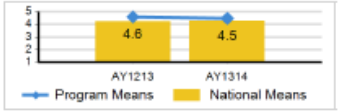
	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient time to supervise residents/fellows	100%	5.0	93%	4.6
Residents/fellows seek supervisory guidance	100%	5.0	91%	4.4
Interest of faculty and Program Director in education	100%	4.9	96%	4.6
Rotation and educational assignment evaluation*	100%		98%	
Faculty performance evaluated*	100%		98%	
Faculty satisfied with personal performance feedback	100%	4.7	85%	4.3

Educational Content



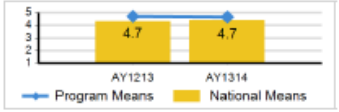
	% Program Compliant	Program Mean	% National Compliant	National Mean
Worked on scholarly project with residents/fellows*	100%		74%	
Residents/fellows see patients across a variety of settings*	100%		98%	
Residents/fellows receive education to manage fatigue*	100%		99%	
Effectiveness of graduating residents/fellows	100%	5.0	97%	4.6
Outcome achievement of graduating residents/fellows	100%	5.0	99%	4.8

Resources



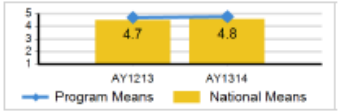
	% Program Compliant	Program Mean	% National Compliant	National Mean
Program provides a way for residents/fellows to transition care when fatigued*	100%		99%	
Residents/fellows workload exceeds capacity to do the work	100%	4.3	99%	4.2
Satisfied with faculty development to supervise and educate residents/fellows	100%	4.3	95%	4.1
Satisfied with process to deal with residents'/fellows' problems and concerns	100%	4.8	92%	4.5
Prevent excessive reliance on residents/fellows to provide clinical service	100%	4.4	98%	4.3

Patient Safety



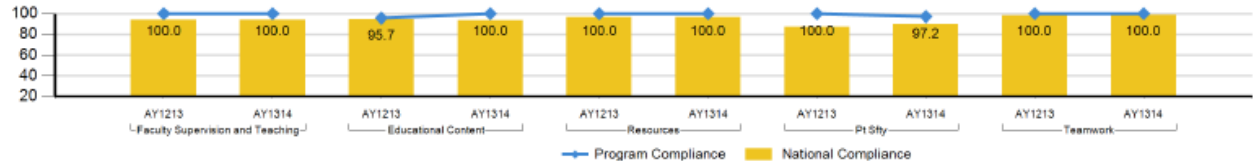
	% Program Compliant	Program Mean	% National Compliant	National Mean
Information not lost during shift changes or patient transfers	89%	4.1	88%	4.1
Tell patients of respective roles of faculty and residents/fellows	100%	4.9	88%	4.4
Culture reinforces patient safety responsibility	100%	4.9	95%	4.6
Residents/fellows participate in quality improvement or patient safety activities	100%	4.8	88%	4.5

Teamwork



	% Program Compliant	Program Mean	% National Compliant	National Mean
Residents/fellows communicate effectively when transferring clinical care	100%	5.0	98%	4.7
Residents/fellows effectively work in interprofessional teams	100%	4.6	99%	4.5
Program effective in teaching teamwork skills	100%	4.8	99%	4.4

Total Percentage of Compliance by Category



The Survey - residents

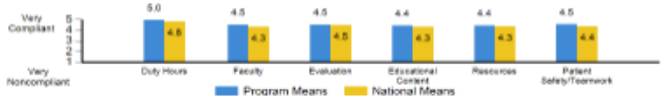
2013-2014 ACGME Resident Survey - page 1

Survey taken: April 2014 - June 2014

1102221142 Maine Medical Center Program - Emergency medicine

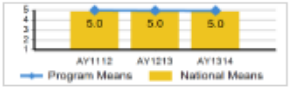
Residents Surveyed 24
Residents Responded 21
Response Rate 88%

Program Means at-a-glance



Residents' overall evaluation of the program

Duty Hours



	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	100%	5.0	95%	4.7
1 day free in 7	100%	5.0	98%	4.9
In-house call every 3rd night	100%	5.0	100%	5.0
Night float no more than 6 nights	100%	5.0	99%	5.0
8 hours between duty periods (*differs by level of training*)	100%	4.9	97%	4.7
Continuous hours scheduled (*differs by level of training*)	100%	5.0	97%	4.8

Reasons for exceeding duty hours:

Patient needs	0%	Cover someone else's work	0%
Paperwork	0%	Night float	0%
Additional Ed. Experience	0%	Schedule conflict	0%
		Other	0%

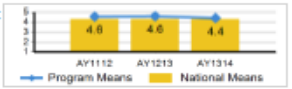
Faculty

	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	100%	4.4	92%	4.3
Appropriate level of supervision	100%	4.8	96%	4.6
Sufficient instruction	100%	4.5	86%	4.2
Faculty and staff interested in residency education	100%	4.6	85%	4.3
Faculty and staff create environment of inquiry	95%	4.4	79%	4.1

Evaluation

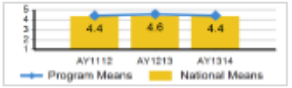
	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	100%	5.0	99%	4.9
Opportunity to evaluate faculty members	100%	5.0	99%	5.0
Satisfied that evaluations of faculty are confidential	90%	4.4	85%	4.3
Opportunity to evaluate program	100%	5.0	98%	4.9
Satisfied that evaluations of program are confidential	95%	4.5	86%	4.3
Satisfied that program uses evaluations to improve	86%	4.2	73%	4.0
Satisfied with feedback after assignments	62%	3.7	71%	3.9

Educational Content



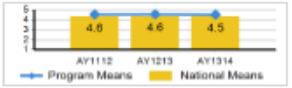
	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	100%	5.0	95%	4.8
Instructed how to manage fatigue	100%	5.0	93%	4.7
Satisfied with opportunities for scholarly activities	90%	4.4	76%	4.0
Appropriate balance for education	90%	4.3	81%	4.2
Education (not) compromised by service obligations	86%	4.3	71%	3.9
Supervisors delegate appropriately	100%	4.9	99%	4.6
Provided data about practice habits	86%	4.4	59%	3.4
See patients across variety of settings	52%	3.1	95%	4.8

Resources



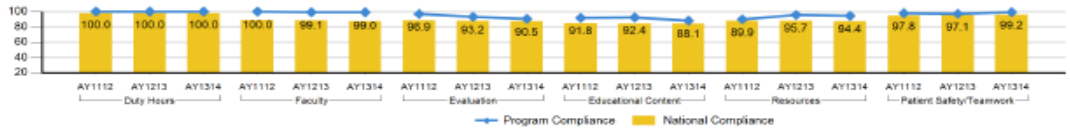
	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	96%	4.9
Use electronic medical records in ambulatory setting*	95%	4.8	95%	4.8
Electronic medical records integrated across settings*	95%	5.0	81%	4.5
Electronic medical records effective	95%	4.0	94%	4.0
Provided a way to transition care when fatigued	76%	4.0	80%	4.2
Satisfied with process to deal with problems and concerns	95%	4.4	80%	4.1
Education (not) compromised by other trainees	100%	4.5	91%	4.5
Residents can raise concerns without fear	100%	4.7	80%	4.2

Patient Safety/Teamwork

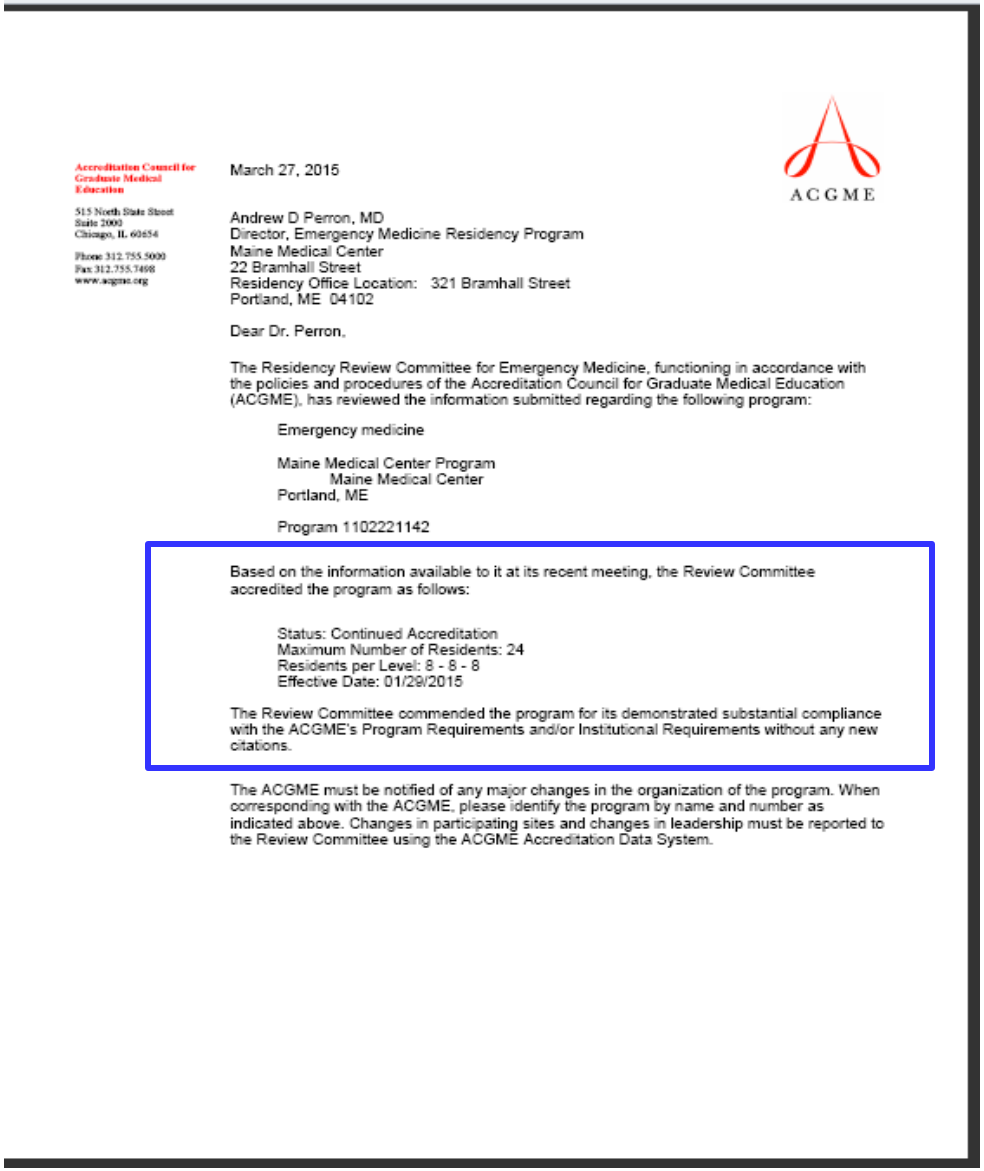


	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	100%	4.6	99%	4.5
Culture reinforces patient safety responsibility	100%	4.5	99%	4.5
Participated in quality improvement	95%	4.8	83%	4.3
Information (not) lost during shift changes or patient transfers	100%	3.9	97%	4.0
Work in interprofessional teams	100%	4.7	98%	4.6
Effectively work in interprofessional teams	100%	4.8	99%	4.3

Total Percentage of Compliance by Category



If all goes well…



Accreditation Council for Graduate Medical Education

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March 27, 2015

ACGME

Andrew D Perron, MD
Director, Emergency Medicine Residency Program
Maine Medical Center
22 Bramhall Street
Residency Office Location: 321 Bramhall Street
Portland, ME 04102

Dear Dr. Perron,

The Residency Review Committee for Emergency Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Emergency medicine

Maine Medical Center Program
Maine Medical Center
Portland, ME

Program 1102221142

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents: 24
Residents per Level: 8 - 8 - 8
Effective Date: 01/29/2015

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations.

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Questions/Discussion?