



ACGME

February 21, 2014

Patricia Hicks, MD, MHPE  
Michael L. Tuggy, MD  
David G. Nichols, MD, MBA  
Stephen R. Daniels, MD, PhD  
Diane K. Beebe, MD  
William A. Baumgartner, MD  
c/o Association of Pediatric Program Directors  
6728 Old McLean Village Drive  
McLean, VA 22101-3906

Accreditation Council for  
Graduate Medical Education

515 North State Street  
Suite 2000  
Chicago, Illinois 60654

Phone 312.755.5000  
Fax 312.755.7498  
www.acgme.org

Dear Drs. Hicks, Tuggy, Nichols, Daniels, Beebe, and Baumgartner,

On behalf of the ACGME, thank you for your letter affirming your collective commitment to outcomes-based education and for sharing your concerns. I apologize for the delay in responding, but as you may know I have just recently come to the ACGME as the new Senior Vice President, Milestone Development and Evaluation. Dr. Nasca felt it most appropriate for me to respond to the questions in your letter, and I felt it was important for me to understand the questions and the circumstances well before responding.

I will address each of your concerns below, but I believe that ultimately the concerns expressed in your letter will be best handled working together to find solutions not only for your three specialties, but also for all the other specialties involved in the Milestones work ahead of us.

1. Privacy concerns

- a. We certainly understand and share your concerns about resident and fellow privacy and the ACGME is committed to protecting privacy. In fact, the ACGME has for a number of years collected personal identifiers as part of procedural logs for a several specialties and more recently for the annual residency survey. Like the certification boards, we track very carefully the security of this data. We'd be happy to discuss further the precautions ACGME has built into its IT systems.
- b. We are also investigating other alternatives to the social security number (e.g., NPI) and appreciate you raising this concern.
- c. The ACGME is fortunate to have a Council of Residents that serves as a sounding board for some of the issues you highlighted. This Council has and will continue to provide helpful feedback. In fact, the Council has created their own presentation about Milestones for use with their peer residents and fellows. I'd be happy to approach the Council about sharing this presentation for anyone interested.

## 2. Focus of research

- a. We very much appreciate the efforts of this community to study the impact of the Milestones on individual competency decisions and we fully agree that competency decisions regarding certification remain the purview of the certification boards. ACGME welcomes the opportunity to partner with this group to answer some of the important questions you have raised in your letter. We respectfully disagree with the recommendation that individual level data is not needed to study the effect of the Milestones process with the program as the unit of analysis. First, in order to account for clustering effects in critical analyses (e.g., regression and hierarchical analysis), ACGME also needs individual level data. Second, ACGME will need to examine individual trajectories longitudinally to see how programs are handling specific groupings of residents (e.g., both advanced and struggling residents). The Review Committees will need to understand patterns of Milestone performance within programs to help guide decisions. This activity is especially important in these early years when Review committees, like program directors and certification boards, are using Milestone data as part of continuous quality improvement. Finally, a number of specialty certifying boards are relying on the ACGME data systems for the Milestones. In total, we have over sixty different sets of Milestones, many involving relatively small specialties or subspecialties that will need the ACGME system to complete Milestones tracking and provide ongoing feedback to residents, fellows and the program.

We'd be happy to explore these issues with you further.

## 3. Data entry

- a. We appreciate the concern about errors and burden. We are paying very close attention to this issue and tracking a number of metrics. ACGME certainly does not want to add to the burden of data reporting and we realize that data systems will need to evolve over time. We welcome an opportunity to explore with you and others how the future system might evolve. As you know, five specialties did enter Milestones data in the first round (November-December 2014). These five specialties reported Milestone data on 100% of eligible residents (16505 of 16506 residents – one resident appears to have left the program prior to Milestone evaluation by the program). In addition, 52 programs in Pediatrics (1683 residents) and 132 internal medicine programs (3873 residents) voluntarily entered data during the same time period. Provided on the next page is a table outlining the experience of the five reporting specialties.

	<b>Number of Programs</b>	<b>Number of Residents</b>	<b>Number of Items (Milestone Streams)</b>	<b>Avg. Number of Submissions Per Resident</b>	<b>Median Length of Submission (Minutes)</b>
<b>Emergency Medicine</b>	<b>162</b>	<b>5806</b>	<b>23</b>	<b>1.21</b>	<b>1.80</b>
<b>Neurological Surgery</b>	<b>103</b>	<b>1272</b>	<b>24</b>	<b>1.23</b>	<b>2.10</b>
<b>Orthopaedic Surgery</b>	<b>155</b>	<b>3574</b>	<b>41</b>	<b>1.32</b>	<b>2.77</b>
<b>Diagnostic Radiology</b>	<b>183</b>	<b>4686</b>	<b>12</b>	<b>1.18</b>	<b>1.05</b>
<b>Urology</b>	<b>123</b>	<b>1167</b>	<b>32</b>	<b>1.26</b>	<b>2.68</b>
<b>Total</b>	<b>726</b>	<b>16505</b>	<b>N/A</b>	<b>1.23</b>	<b>1.78</b>

While this initial data is encouraging, we also recognize we need to work across multiple specialties to ensure the system works efficiently and effectively. We are committed to sharing this data on an ongoing basis with you and the entire community as we work to study and improve outcomes-based education moving forward. I recognize the importance of both acceptability and feasibility as key components of assessment utility.

In summary, let me thank all of you for raising your concerns and signaling your willingness to work together to facilitate the journey of making the competencies real and relevant for physician education in the United States. I also hope we can work together to build mutual trust among all the entities working to realize the full promise of professional self-regulation. I truly believe we are all part of the same team. While I recognize that we may not agree on all elements of your communication to the ACGME, I and the leadership here share your belief in the importance of ongoing dialogue and collaboration as we move forward to meet the health care needs of the American public.

Sincerely,



Eric S. Holmboe MD  
Senior Vice President, Milestones Development and Evaluation

CC: William A. Baumgartner, MD  
Stephen R. Daniels, MD, PhD  
David G. Nichols, MD, MBA

Diane K. Beebe, MD  
Dr. Thomas Nasca  
Michael L. Tuggy, MD