Frequently Asked Questions: Milestones
Accreditation Council for Graduate Medical Education (ACGME)

Question	Answer
What are the Milestones?	Simply defined, *a* milestone is a significant point in development. For accreditation purposes, *the* Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents/fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.
Who developed the Milestones?	Each specialty's Milestone Working Group was co-convened by the ACGME and relevant American Board of Medical Specialties (ABMS) specialty board(s), and was composed of ABMS specialty board representatives, program director association members, specialty college members, ACGME Review Committee members, residents/fellows, and others, as appropriate.
What are the Milestones Supplemental Materials?	The Milestones Supplemental Materials consist of a variety of educational information, references, frequently asked questions (FAQs), and assessment methods and tools developed to aid in the understanding and use of the Milestones in a given specialty. These materials were developed by the Working Groups, Advisory Groups, and other members of the GME community. They are listed on the corresponding specialty web pages on the ACGME website. The Milestones Department will continue to add helpful materials over time as they are developed. We welcome any suggestions.
Why Milestones?	First and foremost, the Milestones are designed to help all residencies and fellowships produce highly competent physicians to meet the 21st century health and health care needs of the public. To this end, the following describes the purposes of the Milestones: For educational (residency/fellowship) programs, the Milestones will: • Provide a rich descriptive, developmental framework for Clinical Competency Committees (CCCs) • Guide curriculum development of the residency or fellowship • Support better assessment practices • Enhance opportunities for early identification of struggling residents/fellows For residents/fellows, the Milestones will: • Provide more explicit and transparent expectations for performance • Support better self-directed assessment and learning • Facilitate better feedback for professional development For accreditation, the Milestones will: • Allow for continuous monitoring of programs and lengthening of site visit cycles • Enhance public accountability – report at a national level on aggregate competency outcomes by specialty

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	• Provide a community of practice for evaluation and research, with focus on continuous improvement of graduate medical education
What is the difference between reporting milestones, curricular milestones, and EPAs?	The reporting milestones are those posted on the ACGME website that each program must use to judge the developmental progress of its residents/fellows twice per year, and on which each program must submit reports through the ACGME's Accreditation Data System (ADS). Curricular milestones are designed in conjunction with the reporting milestones – these milestones are typically very descriptive (granular), and are not required by the ACGME. Primarily, they are utilized by internal medicine and pediatrics and their related subspecialties to guide curriculum development and specific assessments. "EPA" stands for Entrustable Professional Activity, and was originally conceptualized by Olle ten Cate in the Netherlands. Dr. ten Cate recently updated his definition in the *Journal of Graduate Medical Education*: "*EPAs are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained sufficient specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and, therefore, suitable for entrustment decisions.*" EPAs may incorporate multiple competencies. In other words, they describe what it is we expect a particular specialist to be able to do without supervision upon graduation from residency and fellowship.
Where online are the Milestones located?	The Milestones can be found on the ACGME website, on each specialty Review Committee's web page, as well as on the Milestones web page.
How will the Milestones be used by the ACGME?	Resident/fellow performance on the Milestones will become a source of specialty-specific data for the specialty Review Committees to use for continuous quality improvement in assessing programs and for facilitating improvements to program curricula and resident assessment. In the early phase, the Milestone data will be used as formative assessment of the quality of residency/fellowship programs. Review Committees will not judge a program based on the level assessed for each resident/fellow. The Milestones will also be used by the ACGME to demonstrate accountability of the effectiveness of graduate medical education within ACGME-accredited programs in meeting the needs of the public over time.
When and how will the Milestones be changed?	The ACGME will collect feedback through several mechanisms, including through its own research and evaluation activities, the Milestones web page, and ongoing outreach. Milestones staff will also work with the ABMS to plan a second summit, tentatively scheduled for fall 2015. The exact date of when "version 2.0" of the Milestones might roll out is yet to be determined, but it will be at least several years of learning and planning before the next iteration is implemented.

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When do programs start reporting?	For the most current reporting dates, please review the *Milestones by Reporting Date* document on the Milestones page. Programs with pre-accreditation status begin reporting in the spring of 2016.
Being that individual data is being reported, how is resident/fellow privacy being protected?	The ACGME is dedicated to protecting the data collected from programs and residents/fellows. There are four key components to this discussion: 1. From a legal standpoint, the ACGME is subject to the Illinois state peer review statutes. These are tracked very carefully and discoverability of ACGME data has been successfully blocked because of the protections afforded under these statutes. 2. The Review Committees will not review any identified individual Milestone data, but will instead view the data in aggregate, using the program as the unit of analysis. 3. The ACGME plans to convert the resident/fellow identifier to the National Provider identifier (NPI) to discontinue use of Social Security Numbers (SSNs). Currently we have NPIs for about 40% of residents and fellows. 4. The ACGME also uses state-of-the-art data security methods, including 256-bit encryption of sensitive data (e.g., SSNs, etc.).
How do combined programs report the Milestones?	There are varying types of combined programs and Milestones reporting will be different for each. Combined internal medicine-pediatrics programs are currently reporting on both sets of Milestones once per year. If a combined program has a program number (e.g., medical genetics-pediatrics), it will have access to and will report annually on the Milestones for both specialties in the spring of 2016. If a combined program does not have a program number, the Milestones to be reported will be for the specialty in which each resident is enrolled. For example, if a resident completing a rheumatology and pediatric rheumatology program is currently listed in the pediatric rheumatology program complement, these are the Milestones to be reported. However, the Milestones for Rheumatology should also be evaluated and shared with the resident.
How should a program facilitate evaluation of an off-cycle resident?	Residents/fellows who are “off-cycle” will be reported at the same time as their peers. If a resident/fellow graduates prior to the reporting date, and ADS has been updated prior to the start of the reporting period, there will not be a final report. Programs must ensure that each resident’s/fellow’s record is updated appropriately, as a report is required for every resident/fellow with an “active” status. It is understood that the evaluation of these residents/fellows will differ from those of their peers. If an off-

	cycle resident/fellow misses a significant portion of the evaluation period, the CCC may choose to hold over the same evaluations as the previous reporting period. Should the applicable Review Committee have a concern, it will be able to determine whether an off-cycle resident/fellow is indeed enrolled in the program. All residents/fellows, regardless of when they graduate, should receive a final Milestones evaluation.
How should a resident/fellow doing a six-month research rotation be evaluated?	Residents and fellows performing research for a duration of six months will still need to be evaluated. It is recognized that many of the subcompetencies will not have been evaluated during this period, and as such, the Milestone evaluation would remain as it was during the previous assessment period.
How should a program facilitate the evaluation of a resident/fellow who is rotating through another specialty department?	Residents/fellows who are completing some of their learning in another specialty department (e.g., a categorical neurology resident in internal medicine, an integrated plastic surgery resident in general surgery) must have their Milestone evaluations completed by the core program. The CCC must use evaluations from the other department to make its Milestone determinations. Some of the Medical Knowledge and Patient Care milestones will likely not have been taught/assessed and should be evaluated as such. The other subcompetencies should have been assessed and must be evaluated. The core program should work with the other specialty department to determine the most appropriate assessment method and tool in order to facilitate good assessment and feedback to each resident/fellow and core program's CCC.
When is it appropriate to indicate "Not Yet Rotated," "Not Yet Assessed," "Not Yet Assessable," or "Not Yet Achieved Level 1" on the Milestones?	"Not Yet Rotated," "Not Yet Assessed," and "Not Yet Assessable" are used when a resident/fellow has not had an opportunity to demonstrate or be observed demonstrating a specific subcompetency. These designations were created to allow CCCs an option to appropriately evaluate early learners; they are not intended to be an option used throughout a resident's/fellow's educational program. The ACGME strongly recommends that Milestone evaluations be held over if a resident/fellow did not rotate through that Milestone area during the preceding six months, as the Milestones create a trajectory of knowledge, skills, and abilities. Use of these designations for a graduating resident is not appropriate, as the reporting should be used as part of the final evaluation of eligibility to graduate. "Not Yet Achieved Level 1" can be used to indicate two different situations. The first is that a resident is not performing as expected at entry into the program – strongly suggesting that he/she requires remediation. The selection can also be used when a resident/fellow has not had an opportunity to demonstrate or be observed demonstrating a specific subcompetency. Use of this latter option should be fully explained to the resident/fellow, and does not constitute an indication of the need for remediation; this option is not viewed as a negative indicator for the program.

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How should a resident/fellow be evaluated if his/her experience during the evaluation period did not include a specific subcompetency?	The ACGME strongly recommends that Milestone evaluations be held over if a resident/fellow did not rotate through that Milestone area during the preceding six months, as the Milestones create a trajectory of knowledge, skills, and abilities. Use of these designations for a graduating resident/fellow is not appropriate, as the reporting should be used as part of the final evaluation of eligibility to graduate. If a resident/fellow was not previously evaluated, the designation should be "Not Yet Rotated," "Not Yet Assessed," "Not Yet Assessable," or "Not Yet Achieved Level 1," depending on the specialty-specific language (see previous question).
If transitional year residents must score at least a "3" in the Milestones, what is the minimum evaluation for a resident in a preliminary or categorical program?	The ACGME has no required minimums for Milestone reporting. Level 4 is indicated as the target for graduation (except for the transitional year and pediatrics, in which Level 3 is the target), but the determination of an individual's readiness for graduation is at the discretion of the program director.
Can a resident/fellow graduate if he or she does not achieve all of the milestones?	The ACGME has no required minimums for Milestone reporting. The determination of an individual's readiness for graduation is at the discretion of the program director.
Why do some Milestones sets use "Level 4" as the target for graduation, and others use "Ready for Unsupervised Practice?"	The original Milestones were started by multiple groups at the same time. The ACGME made a strategic decision that to try and maximize buy-in by the various specialty communities, flexibility would be permitted in developing each specialty's Milestones. In addition, some Milestone groups, most notably internal medicine, initiated their Milestone development process before the formal ACGME process began. Moving forward, the current experience will guide revisions, and the ACGME and the Milestones Groups will discuss with the community whether and what level of harmonization among the Milestones across specialties is advisable.
If indicated by performance on the Milestones, can a resident/fellow finish his/her educational program early and be considered board-eligible? Can a graduating resident/fellow who is not evaluated as a "Level 4" or indicated as "Ready for Unsupervised Practice" still be eligible to take the board certification exam?	The decision to allow an "early graduation" that would render a resident or fellow board-eligible is always and only made by the relevant certifying board. While such a decision would likely be aided by the use of the Milestones, accelerating resident/fellow education is not the intent of the Milestones. The decision to allow a resident or fellow to take a board exam is at the discretion of the certification board.

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How is the validity and reliability of the Milestones being established?	Establishing the reliability of the Milestones will require data from their use in resident/fellow assessments. Several specialties are currently conducting pilot studies to gather information about the clarity, feasibility, acceptability, and performance characteristics of the Milestones. One advantage of the Milestones, compared to the evaluation tools currently used by individual programs, is that assessment data will be collected on thousands of residents and fellows, producing a sample that, over time, will make it possible to establish their reliability and validity. The ACGME will use the validity frameworks of Kane and Messick to guide the validity work. Kane approaches validity as an "argument" – in other words one always has to build the case for validity. The Messick framework is provided below as an example of the "elements" of the argument: **Content:** do instrument items completely represent the construct? **Response process:** the relationship between the intended construct and the thought processes of subjects or observers (e.g., have the observers been trained?) **Internal structure:** acceptable reliability and factor structure **Relations to other variables:** correlation with scores from another instrument assessing the same construct **Consequences (intended uses):** do scores really make a difference?
Will the use of the Milestones cause a shift of focus toward these areas at the expense of other important knowledge and skills necessary for competent practice?	The Milestones were developed by members of the specialty community to encompass the core aspects of the specialty in which the growth of an individual during residency/fellowship is most important to prepare for unsupervised practice. The Milestones do not define the totality of competence or of a discipline. Judgment on the part of faculty members and the programs is and will remain essential in producing the "whole physician." The ACGME will use the Milestones to promote better curriculum and assessment, and as one method of assessing whether programs are adequately preparing individuals for the unsupervised practice of the specialty. Programs should continue to maintain their curricula in all areas of knowledge, skills, and attitudes necessary for the practice of the specialty. In addition, the ABMS member boards will continue to assess individuals for their acquisition of the knowledge, skills, and attitudes necessary for the unsupervised practice of the specialty.
What does the report that the programs can print and place in residents'/fellows' files look like?	After a program submits Milestone data through ADS, a report is prepared (in PDF format) for each individual resident/fellow. The report includes all of the milestones the resident achieved during the previous reporting cycle. The program director can choose to print this report and use it as part of the semiannual evaluation with the resident/fellow. There is a space for signatures, should the program choose to use it. It is not required that programs print these reports; the ACGME does not require any further action after the Milestone data is submitted.

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When will the "resident report" be available for programs to print?	The individual detailed PDF documents will be posted 10-14 days after the close of the reporting window. The reports will be permanently available in ADS.
Can a resident's/fellow's Milestone reports/assessments be shared with potential fellowship programs for which he/she is interviewing?	Currently, this data is not available for any programs in which the individual is not enrolled. The following is from the Common Program Requirements effective July 1, 2016. The mechanism of how this is done has not yet been determined. CPR III.A.1. Eligibility Requirements – Residency Programs III.A.1.a) All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada. Residency programs must receive verification of each applicant's level of competency in the required clinical field using ACGME or CanMEDS Milestones assessments from the prior training program. (Core) III.A.2.a) Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program. (Core)
Can programs use the Milestone tables as assessment tools?	The Milestone tables were not designed to be used as evaluation forms for specific rotations or experiences. The reporting Milestones are designed to guide a synthetic judgment of progress roughly twice a year. Utilizing language from the Milestones may be helpful as part of a mapping exercise to determine what competencies are best covered in specific rotation and curricular experiences. The reporting Milestones can also be used for self-assessment by a resident/fellow in preparation for feedback sessions and in creating individual learning plans. Residents and fellows should use the Milestones for self-assessment with input and feedback from a faculty advisor, mentor, or program director. It is imperative that programs remember that the Milestones are not inclusive of the broader curriculum, and limiting assessments to the Milestones could leave many topics without proper and essential assessment and evaluation.
How is it verified that the CCCs are judging accurately and appropriately?	The ACGME will closely study and monitor the Milestone data. Using various statistical models we will monitor overall progression of the Milestones in a given specialty, as well as within individual programs. We encourage every CCC to accurately report its Milestone evaluations, as the data will also be used to identify individual milestones that need to be edited or removed. We will also be conducting research with the community to study the utility of the Milestones in graduate medical education.

	In addition, professional self-regulation, exemplified by the work of the ACGME and the certification boards, requires a high degree of professionalism from program directors and faculty members. This includes honest assessment and reporting of residents'/fellows' progress on the Milestones. It would be a disservice to its residents or fellows for a program to be less than candid about their performance on the Milestones, and will also undermine the Next Accreditation System goal of continuous improvement.
Can the program director serve on the CCC? Can he/she chair it?	The requirements regarding the CCC do not preclude or limit a program director's participation on the CCC. The intent is to leave flexibility for each program to decide the best structure for its own circumstances, but a program should consider: its program director's other roles as resident advocate, advisor, and confidante; the impact of the program director's presence on the CCC members' discussions and decisions; the size of the program faculty; and other program-specific factors. The program director has final responsibility for the program's evaluation and promotion.
Who can and cannot serve on the CCC?	CCC members are responsible for: 1) reviewing all resident evaluations semi-annually; 2) preparing and ensuring the report of Milestones evaluations of each resident/fellow; and, 3) making recommendations on promotion and graduation decisions, and recommending remediation or disciplinary actions to the program director. Members of the CCC can include physician faculty members and members from other health professions who serve on the faculty or have extensive contact and experience with residents/fellows in patient care and other health care settings. Chief residents may be members of the CCC if they have completed a core residency program in their specialty discipline, possess a faculty appointment from the program, and are eligible for specialty board certification. Exclusion of residents/fellows from the CCC is meant to ensure that their peers are not making promotion and graduation decisions, and to ensure they are not involved in recommendations for remediation or disciplinary actions. However, the chair(s) of the CCC and/or program director should receive input from program residents/fellows outside the context of CCC meetings through the evaluation system. Program coordinators may attend CCC meetings to provide administrative support and to help document CCC deliberations and decisions. However, coordinators may not serve as members of the CCC.

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Is an AOA-approved program with pre-accreditation status required to complete the Milestones evaluation for the specialty?	Yes, programs with pre-accreditation status will begin using the Milestones immediately. The first reporting date for programs with pre-accreditation status will be May/June 2016. Beginning with the 2016-2017 academic year, programs with pre-accreditation status will be required to complete and report Milestones evaluations twice each year.
Which Milestones are programs with Osteopathic Recognition required to complete?	For each reporting period, programs with Osteopathic Recognition are required to complete the specialty-specific Milestones, as well as the Osteopathic Recognition Milestones for those residents identified as osteopathic-focused.
For programs with Osteopathic Recognition, who is responsible for evaluating the Osteopathic Recognition Milestones?	Each program with Osteopathic Recognition will be required to have a minimum of two osteopathic-focused faculty members serve on the CCC for the Osteopathic Recognition Milestones. These physicians may, but are not required to, serve on the specialty-specific CCC.