Single Accreditation System for GME

Town Hall Meeting
Students, Interns and Residents
March 3, 2014
Key Benefits

• Ensures that the evaluation and accountability for the competency of residents is **consistent** across all GME programs, helping to ensure **quality** and **efficiency**

• Ensures that all physicians have **access** to the primary and sub-specialty training they need to serve patients

• Allows the osteopathic and allopathic communities to speak with a **unified voice** for GME to better serve the public

• Recognizes the **unique** principles and practices of DOs as integral to the U.S. health care system

• Continues to include **osteopathic-focused training programs**; AOA trained and certified physicians can serve as GME faculty
AOA/AACOM Integration into Governance and Operations of New ACGME

ACGME Board

Senior Leader to Oversee Administration of Transition

Joint Task Force Overseeing Transition

RRC Monitoring Committee

RRCs with Osteopathic Medicine GME

RRC for NMM/OMM

Recognition Committee for OM Residency Designation
• **January 2012** – AOA and AACOM met with ACGME to discuss concerns with changes to Common Program Requirements

• **March 2012** – First meeting of Joint Task Force

• **October 2012** – AOA, ACGME and AACOM boards approve parallel resolutions to pursue development of single GME accreditation system

• **July 2013** – AOA and AACOM Boards vote not to accept MOU as offered by ACGME due to lack of clarity; instructed to continue discussions toward development of single system
Timeline

- **July 2013 - January 2014** – Multiple meetings held by 3A Task Force
- **January 31, 2014** – ACGME Board approved re-issuance of modified MOU with letter of clarification
- **February 22, 2014** – AACOM Board met and approved resolution to accept MOU
- **February 26, 2014** – AOA Board approved MOU; joint announcement by the three organizations
Highlights

• All osteopathic programs to be ACGME accredited
  – Transition between 2015 and 2020
• Osteopathic principles will be codified in the single GME accreditation system
• Residents from ACGME-accredited osteopathic programs will be eligible for advanced training
• AOA and AACOM will have full membership status on ACGME Board
• AOA and AACOM will have representation on all Residency Review Committees in specialties where there are osteopathic ACGME programs
• AOA will continue to accredit GME programs through June 2020
Key Elements

• Beginning July 1, 2015, accredited AOA programs may apply for ACGME accreditation
• AOA accredited programs in the application process will have “pre-accreditation” status with ACGME
• DOs who complete programs with pre-accreditation status will meet ACGME initial year and fellowship eligibility requirements
• Standards for faculty credentials will be modified such that AOA certified DOs are acceptable
• AOA certified DOs will not automatically qualify as program directors, but may do so individually by the applicable RRC on a case-by-case basis
Key Elements

- Some programs may require appointment of a program co-director certified by ABMS
- Programs seeking osteopathic recognition may require a program co-director certified by AOA
- ACGME accreditation standards for OPP will be added to specialty standards and will be applicable to those programs seeking osteopathic recognition
- OPTIs may apply for and be recognized as ACGME sponsoring institutions
- Any program or sponsoring institution whose initial applications are unsuccessful may reapply; reapplication fees will be waived
DOs and MDs will have access to all training programs.

Additional pre-requisite education and training may be required for MDs who wish to enter ACGME residencies with osteopathic recognition:

- Osteopathic Recognition Committee to determine those requirements.

ACGME will not deny accreditation based solely on program size.
Clarifications

Flexibility in Standard Interpretation

- RRCs will assess compliance with standards
- ACGME Monitoring Committee will oversee appropriate application of standards by RRCs
- AOA and AACOM will be represented on the Monitoring Committee
Clarifications

The Match

• It is likely that the unified GME accreditation system will ultimately result in a combined match

• Osteopathic and allopathic matches operated by different organizations
  – The match organizations have not been part of the process of development of the unified system
Clarifications

COMLEX-USA

• Primary purpose is for physician licensure
• Required by all COMs in order to meet accreditation standards
• Requirement of USMLE for “exceptionally qualified” candidates for fellowship (July 1, 2016) not applicable to DOs under unified system
• USMLE is not a requirement of ACGME for PGY1
  – 77% of ACGME programs currently accept COMLEX
In Summary

• Opportunity to enhance access to osteopathic medicine throughout the U.S. and potentially the world
• Goal is to enhance quality, efficiency, relevancy and innovation in post-graduate GME in the U.S.
• The partners are committed to maximize the number of quality residency programs in the U.S.
• There is great risk in maintaining the status quo, and we are stronger together
• We understand there is uncertainty and recognize this is an iterative process of change
• This is the end of the beginning…Our work toward a stronger future begins now!
Links to FAQs:

- AOA: http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx
Questions