



Accreditation Council for  
Graduate Medical Education

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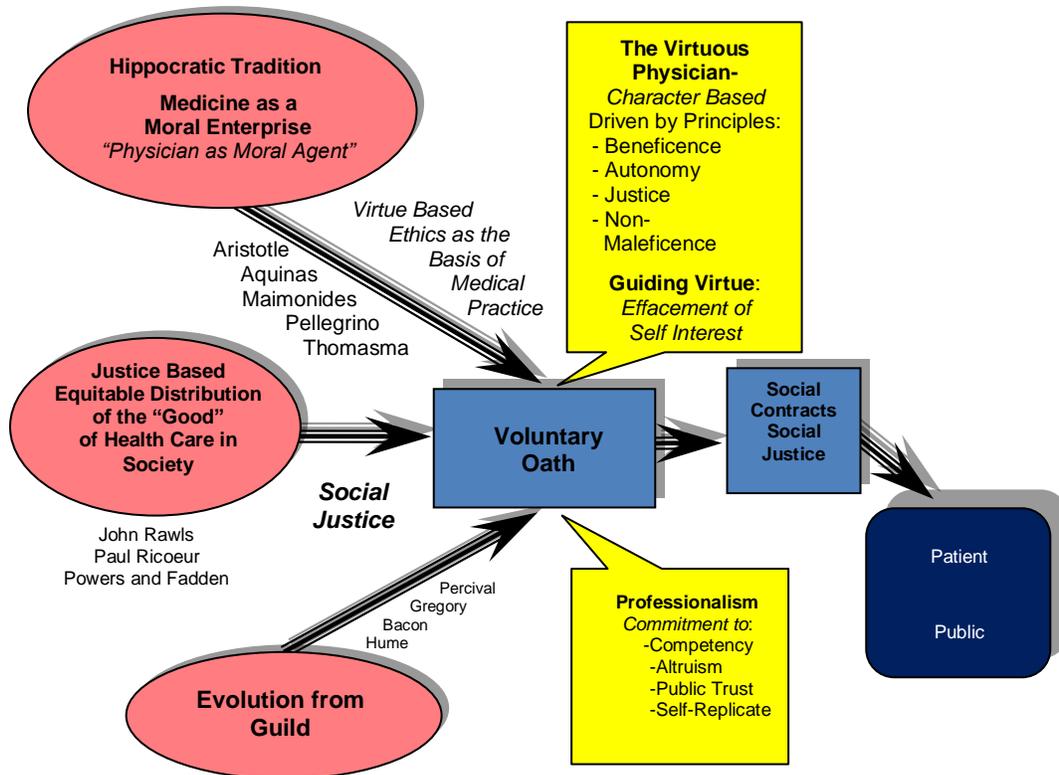
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March 13, 2014

Dear Members of the Graduate Medical Education Community,

Over the past seven years I have used this vehicle, an open letter to our community, to communicate important information directly to all engaged in the graduate medical education (GME) effort in the United States. Again today, I take advantage of this opportunity to speak with you concerning a major event in American medicine: the creation of a single accreditation system to set standards and oversee the education and training of future generations of physicians to serve the American public. The recent agreement between the Accreditation Council for Graduate Medical Education (ACGME), the American Association of Colleges of Osteopathic Medicine (AACOM), and the American Osteopathic Association (AOA) sets in motion the accreditation of all GME programs under the auspices of an expanded ACGME.

Those of you who have heard me speak about our responsibilities to the public in the social contract, that has its roots in our voluntary oath to society and each patient we serve, understand the perspective and focus of the ACGME. We in the GME community are responsible for the preparation of the next generation of physicians to serve the public in fulfillment of the profession's responsibility as a Public Trust, as outlined by Percival<sup>i</sup> in 1803, and reaffirmed by, among others, the American Medical Association<sup>ii</sup>, and more recently in the American Board of Internal Medicine Foundation Charter on Professionalism<sup>iii</sup> and synthesized by McCullough<sup>iv</sup>. The ACGME and AOA have fulfilled the oversight role of the educational preparation of the next generation of physicians on behalf of the profession and the public, assuring the quality of the education provided in the GME phase of the continuum of medical education. It is in this context, and with this motivation, that the ACGME embarked upon a path to a single accreditation system in its discussions with AOA and AACOM.



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These discussions were stimulated by the emergence of ACGME's Next Accreditation System<sup>v</sup>, with its emerging focus on outcomes, Milestones, Clinical Learning Environment Review (CLER)<sup>vi,vii,viii</sup>, and continuous improvement of each program. After 18 months of discussion, AOA and AACOM were offered the opportunity to join the ACGME as Member Organizations. That initial offer, although not accepted by AOA and AACOM in July, 2013, provided the continuing opportunity to discuss the need for a single, outcomes based approach to accreditation in order to best meet the needs of residents, and the patients they currently serve and will serve in their future practice.

Representatives from the three organizations continued to meet, and determined that a single accreditation system could achieve four significant aims.

- to ensure that the evaluation and accountability for the competency of physicians in graduate medical education programs are consistent across all programs;
- to eliminate unnecessary duplication in the accreditation of graduate medical education;
- to achieve efficiencies and other cost savings for institutions that sponsor “dually accredited” or “parallel accredited” allopathic and osteopathic medical residency programs;
- to enable residents to be eligible to enter all accredited programs in the United States, and transfer from one accredited program to another without being required to repeat training and without causing the sponsoring institutions to lose Medicare funding

In February, all three governing boards (ACGME, AOA, and AACOM) approved a Memorandum of Understanding, outlining the framework and time course for development and implementation of a single accreditation system. While many implementation details are yet to be developed, disclosure of the overall dimensions of the agreement will help the entire community understand the key elements of the agreement. Below I will outline those major dimensions, with the cautionary note that all details are not contained in this description, and that detailed implementation steps are yet to be developed.

- The Bylaws of the ACGME will be modified, expanding the ACGME Board of Directors over a 5 year period (2015-2020) from 30 to 38 individuals through the addition of two new Member Organizations, AOA and AACOM. They will join the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American

Medical Colleges (AAMC), and the Council of Medical Specialty Societies (CMSS) in nominating individuals to the ACGME Board of Directors. The Board of Directors will continue to include three Public Directors, two Resident Directors, a Director from the Council of Review Committee Chairs, and four At Large Directors, and there will continue to be two Federal representatives to the ACGME.

- The ACGME will accredit AOA-approved programs under the terms of this agreement from July 1, 2015 through June 30, 2020. AOA-approved programs, once they apply, will be eligible to apply multiple times during the five year window with payment of only a single initial application fee.
- Programs that enter the accreditation process will be assigned a “status” of “pre-accreditation”. Individuals who graduate from programs with a “status” of “pre-accreditation” during the five year period will be eligible for entry into ACGME accredited advanced standing residencies and fellowships determined by specialty specific eligibility standards that are in place today, rather than the eligibility standards that will take effect in July, 2016. Once a program achieves accreditation, graduates will be from an ACGME accredited program, and will be eligible for all advanced training positions in all ACGME-accredited programs.
- Certification by the relevant AOA specialty board of AOA-approved program faculty will be a certification credential<sup>ix</sup> acceptable to the relevant Review Committee for faculty in programs applying for ACGME accreditation during this five year period.

*II.B.2. The physician faculty must have current certification in the specialty by the American Board of \_\_\_\_, or possess qualifications acceptable to the Review Committee.*

- The Program Director must meet qualifications under the existing ACGME Common and Specialty Program Requirement standards, including that relating to ABMS specialty certification<sup>x</sup>.

*II.A.3.b) current certification in the specialty by the American Board of \_\_\_\_\_, or specialty qualifications that are acceptable to the Review Committee.*

A program may have Co-Program Directors. One of the Co-Program Directors must be ABMS certified, or have specialty qualifications acceptable to the Review Committee, and that Co-Program Director must fulfill the role and responsibilities outlined in Section II.A. of the Common and Specialty Program Requirements.

- No other existing ACGME Institutional, Common, or Specialty Program Requirements are modified by virtue of this agreement. The Residency Review Committees will render all accreditation decisions, and will apply the standards evenly and consistently across all programs under their purview. The ACGME Board of Directors, through its Monitoring Committee, will continue to review the work of each of the review committees.
- There currently does not exist within the ACGME committees with the expertise to fulfill two responsibilities necessitated by this agreement. Two new committees will be created within the ACGME. The first of these is the Osteopathic Principles Committee, whose purpose will be to establish standards and evaluate program compliance in the Osteopathic Principles dimension of residency training for those programs that wish to be recognized as offering training in Osteopathic Principles. The second is the Neuromusculoskeletal Review Committee, which will set standards and render accreditation decisions for neuromusculoskeletal and osteopathic manipulative medicine programs.

- All residency positions in ACGME accredited programs will continue to honor the eligibility standards for entry into the initial phase of graduate medical education as outlined in the Institutional Requirements<sup>xi</sup>. Thus, all medical school graduates (MD, DO) will be eligible for all residency positions. In other words, MD graduates, currently not eligible to enter AOA-approved residency programs, will be eligible for all programs. It should be noted that programs that are recognized as offering training in Osteopathic Principles may require certain competencies to be demonstrated by all matriculants, whether DO or MD.
- AOA will cease accreditation of GME programs on or before June 30, 2020.

It is obvious that there are significant details of processes and timelines that must be formalized over the next 15 months in order to promote the smooth and orderly implementation of this agreement.

All parties desire that all GME programs, whether allopathic or osteopathic, continually grow in quality and effectiveness. We believe that a single accreditation system will foster greater accountability to the American public for the outcomes that are needed in the health care delivery system of the future. It provides the greatest opportunity for optimization of use of the GME resources provided by the public to the profession. And it gives all of us the best chance to fulfill the three guiding principles that undergird ACGME's actions:

- *Assure the safety and quality of care of patients rendered by residents in our teaching hospitals and outpatient settings today*
- *Assure the safety and quality of care of patients rendered by residents in their future practice*
- *Accomplish these goals in a setting marked by professionalism, where faculty model and residents learn effacement of self interest in service to their patients*

We will communicate with you at key points along this journey to a single accreditation system. We look forward to the path ahead!

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Nasca". The signature is fluid and cursive, with a large initial "T" and "N".

Thomas J. Nasca, MD, MACP  
Chief Executive Officer  
Accreditation Council for Graduate Medical Education  
Accreditation Council for Graduate Medical Education, International

## References

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- <sup>ii</sup> American Medical Association. *Principles of Medical Ethics*. JAMA, 164. 1957
- <sup>iii</sup> Members of the Medical Professionalism Project. *Ann Int Med*, 136, 243-246, 2002.
- <sup>iv</sup> McCullough, L. The Ethical Concept of Medicine as a Profession. *Advances in Bioethics*. 2006:10: 17-27.
- <sup>v</sup> 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. DOI:10.1056/nejmsr1200117 [www.nejm.org](http://www.nejm.org) . Print version published March 15, 2012. NEJM. 2012.366;11:1051-1056.
- <sup>vi</sup> Weiss KB, Wagner R, Nasca TJ. Development, Testing, and Implementation of the ACGME Clinical Learning Environment Review (CLER) Program. *Journal of Graduate Medical Education*. 2012;4(3):396-398.
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- <sup>ix</sup> ACGME Common Program Requirements, Section II.B.2. [www.acgme.org](http://www.acgme.org). Last accessed March 8, 2014.
- <sup>x</sup> ACGME Common Program Requirements, Section II.A.3.b. [www.acgme.org](http://www.acgme.org) . Last accessed March 8, 2014.
- <sup>xi</sup> ACGME Institutional Requirements. Section II.A.1.a through d. [www.acgme.org](http://www.acgme.org) . Last accessed March 8, 2014.