The Single Accreditation System: Implications for Dermatology Programs

Mary Stone, Chair, Review Committee for Dermatology
Eileen Anthony, Executive Director, Review Committee for Dermatology

Friday, May 1, 2015
Outline

• Why are we doing this?
• Changes in governance and structure
• Background and Timeline
• Work of the RC-Dermatology
• Things to Consider…
• Will provide *general* information re SAS, but the majority of content will be *specialty specific.*

• General webinar on the accreditation application process was done in early April and is available on ACGME and AOA’s pages
  

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No financial conflicts to disclose
Why Are We Doing This?

Osteopathic physicians:
- Licensed in every state
- Practice side by side with allopathic docs
- Training different; Credentialing is not
Why Are We Doing This?

One accreditation system transparent to:

- Federal government
- Licensing boards
- Credentials committees
- Public
Why Are We Doing This?

Consistent evaluation and accountability

- Eliminate unnecessary duplication
- Efficiencies and cost-savings in accreditation
- Enhanced opportunities for trainees
## Frequently Asked Questions: Single Accreditation System
### Accreditation Council for Graduate Medical Education (ACGME)

These FAQs address elements of the single accreditation system resulting from an agreement among ACGME, the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM). Please refer to the [ACGME Glossary of Terms](#) for clarification on some of the terms used in this document.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<td><strong>Benefits</strong></td>
<td>A single accreditation system will promote improved health and health care for the public by enhancing the education of the next generation of physicians. The single accreditation system is intended to achieve four significant benefits: 1. Establish and maintain consistent evaluation and accountability for the competency of resident physicians across all accredited graduate medical education (GME) programs. 2. Eliminate duplication in GME accreditation. 3. Achieve efficiencies and cost savings for institutions currently sponsoring “dually” or “parallel” accredited allopathic and osteopathic programs. 4. Ensure all residency and fellowship applicants are eligible to enter all accredited programs in the United States, and can transfer from one accredited program to another without repeating training, and without causing the sponsoring institutions to lose Medicare funding. (See Appendix 1: Eligibility for Residency and Fellowship for additional detailed information.)</td>
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<td><strong>Program Accreditation</strong></td>
<td>Under the terms of the agreement among the ACGME, the AOA, and AACOM, there are three pathways to ACGME accreditation: 1. Programs that are AOA-approved and have matriculated residents as of July 1, 2015, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020, are eligible for “pre-accreditation status,” may have AOA-certified faculty members, and may have co-program directors (one American Board of Medical Specialties (ABMS)-certified and one AOA-certified). 2. Programs that are AOA-approved as of July 1, 2015 with no matriculated residents as of that date, and that apply for ACGME accreditation between July 1, 2015 and June 30, 2020, are eligible for “pre-accreditation status.” 3. AOA-approved programs that do not meet the criteria in 1. or 2. above may apply at any time for ACGME accreditation, but will not benefit from the terms of the agreement.</td>
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ACGME Mission

• “We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”
NAS is about Continuous Improvement

Y1 Y2 Y3 Y4 Y5 Y6 Y7 Y8 Y9 Y10

- Annual Data Submission
- Annual ACGME Feedback
- Annual Program Evaluations
- Annual Written Action Plans

SELF STUDY
2 AACOM nominees (4 as of 2020)
• 4 AAMC nominees
• 4 ABMS nominees
• 4 AHA nominees
• 4 AMA nominees
2 AOA nominees (4 as of 2020)
• 4 CMSS nominees
• 3 ‘at-large’ directors
• 3 public directors
• Chair Council of Review Committee Chairs
• Chair Council of Review Committee Residents
• At-large resident
• 2 Federal representatives (ex officio)
ACGME Governance

Board of Directors

Executive Committee

Audit
Awards
Compensation

Education
Governance
Finance

Journal
Monitoring
Requirements

Committees that will include AOA nominees

ad hoc Appeals Panels

CRCC
CRCR
CRPM
ACGME Structure: RC Executive Director and Staff
SAS: Important Dates

- MOU announced **February 26, 2014**
- Institutions may apply **April 1, 2015**
- AOA programs may apply **July 1, 2015**
- Application window closes **June 30, 2020**
- AOA ceases accreditation **June 30, 2020**
SAS: Provision of MOU

- Applicant programs which, on 1 July 2015:
  - Are AOA-approved, and
  - Have matriculated residents
- Get “Pre-Accreditation Status”
- Get relief from two Common Program Requirements:
  - AOA-certified faculty will be acceptable to RC
  - May have AOA-certified co-program director
Applicant programs which, on 1 July 2015:
- Are AOA-approved, and
- Do not have matriculated residents
- Get “Pre-Accreditation Status”
- Do not have relief from common program requirements
Your Application

• DIO needs to initiate application process, but after that…

• Application in two parts:
  o General information for all programs (ADS)
  o Specialty-specific application (Word format)

• Cannot alter applications after submitting

• Describe plan to meet each requirement

• In policies/attachments, etc., use ACGME language
Applying to ACGME: Which standards to comply with?

- Programs in Pre-Accreditation status still AOA-approved and must *function* according to AOA standards
- Applications for ACGME accreditation must be *written* to ACGME standards
- Policies/procedures/etc. meeting ACGME standards will become effective upon ACGME accreditation
Subspecialty Programs

• Subspecialty programs are considered dependent
• They must be associated with core program in same sponsoring institution
• Sub can apply for accreditation after its core programs has received Pre-Accreditation
• However, a sub cannot be reviewed until its core receives Initial Accreditation
Eligibility Requirements

Single Accreditation System for AOA-Approved Programs

On February 26, 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) that outlines a single graduate medical education accreditation system for residency and fellowship programs in the United States.

The single accreditation system allows graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common milestones and competencies.

Over the next five years, beginning July 1, 2015, AOA-approved programs and sponsoring institutions will have the opportunity to apply for ACGME accreditation. The ACGME and AOA have created and will continue to create elements of operations and infrastructure to ensure a smooth transition to the single system.

The ACGME will continue to update information on the single accreditation system as new developments unfold, and as questions arise during the system’s implementation. Please return to this page periodically for updates and answers to your questions. Thank you for your interest as we work together to implement this important step forward in American graduate medical education.

Related Links

- Program Eligibility Requirements
- ACGME Glossary of Terms
- Requirements for Review and Comment

Events

Contact Us
E-mail questions to info@acgme.org

Single Accreditation System for AOA-Approved Programs Main Page

Pathways (Posted December 3, 2014)

Education
Opportunities for Education about the Transition to the Single Accreditation System

Application Process
The following guidelines apply to currently AOA-approved core residency and subspecialty programs that apply for ACGME accreditation.

News and Communications

FAQs
These FAQs address common areas of the
What if I have questions?

- If you have any questions about requirements, the application process, etc…contact the RC staff.
RC Staff

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AOA Members on RC-Dermatology

- Two AOA nominees for each position
- RC recommends one of the two
- Appointment by BOD
- Orientation
- Full voting member
RC-Dermatology Members

• ABD
  • Amy Paller, MD, Vice Chair
  • Erik Stratsman, MD
  • Mary Stone, MD, Chair
  • John Zitelli, MD

• AMA
  • Nicole Owens, MD
  • William Hanke, MD
  • Robert Brodell, MD
  • George Elgart, MD

• Resident
  • Brian Petersen, MD

• AOA
  • Stephen Purcell, DO, FAOCD

• Public Member
  • Mary Theobald
RC-Dermatology meets *twice* a year.
Meeting dates and agenda closing deadlines can be found on the RC’s page.
The work of your RC

• Reviews programs with regards to common and specialty program requirements
• Determines accreditation status for programs
• Proposes revisions to program requirements
• Discusses matters of policy, issues relevant to the specialty
• Recommends changes in policy, procedures and requirements to the ACGME Council of Review Committee Chairs.
The work for your RC in SAS

- Want AOA programs to succeed
- Will help them do so
- Programs in “Pre-Accreditation Status” will not be given “Withhold”
- Will be given guidance in improvements necessary for accreditation (citations)
- Programs may “re-apply” as many times as necessary until June 30, 2020
How will the RC review the application?

- Application + site visit used to determine *substantial compliance* to requirements
  - Requirements are minimums
- Areas of non-compliance (citations) will likely be identified during review process, but RC will need to determine:
  - What are the *consequences* and *magnitude* of the citations?
  - Is *substantial compliance* achieved even though there are citations?
Things to Consider…
Program Director Qualifications

• The RC for Dermatology will not require new applications to have Co-Program Directors

• Although ABD certification is not required, proposed program directors will be considered based upon their experience level, academic credentials/scholarly activity and participation/leadership in educational/academic and dermatology associations
Things to Consider…

Faculty/Resource Requirements

• Each program must have a director of surgical training. This individual must have completed a one-year procedural dermatology/Mohs training fellowship. Alternative qualifications may be considered by the RC but approval is not guaranteed.

• Each program must have a director of dermatopathology. This individual must have completed a dermatopathology fellowship-training program.
Things to consider...

Faculty/Resident Scholarship

- The majority of faculty members and residents must show evidence of ongoing scholarly activity.
- The RC’s definition of scholarly activity includes:
  - authorship of studies, textbook chapters, review articles
  - participation in sponsored clinical or basic science research
  - presentations at regional or national meetings
  - leadership roles in regional or national dermatology or GME organizations.
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Click here for the executive summary of the MOU

The single accreditation system allows graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common Milestones and competencies.

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Click here for the timeline
Review Committee Staff

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- Luz Barrera, Accreditation Assistant; 312.755.5077; lbarrera@acgme.org
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- ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- Accreditation Data System (ADS)
- Duty hours Information/FAQ
- Affiliation Agreements FAQ
- General information on site visit process and your site visitor
- Notable Practices
- Dermatology Webpage
  - Resident complement increase policy
  - Case log updates
  - Program Requirements and PIFs
  - FAQs
Questions