The Single Accreditation System: Implications for Family Medicine Programs

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Friday, April 30, 2015
Outline

• Why are we doing this?
• Changes in governance and structure
• Background and Timeline
• Work of the RC-FM
• Common Citations on New Applications
• Things to Consider…
Today’s Webinar

- 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:
  - [http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system/Pages/webinars.aspx](http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system/Pages/webinars.aspx)
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No financial conflicts to disclose
Mary Lieh-Lai, MD, Senior Vice President, ACGME Medical Accreditation
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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<tbody>
<tr>
<td><strong>Benefits</strong></td>
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| **What are the benefits of the single accreditation system?** | 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.) |

| **Program Accreditation** | |
| **How do programs approved by the American Osteopathic Association (AOA) become ACGME-accredited?** | 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. |
ACGME Mission

• “We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”
Changes at ACGME

- As of July 1, 2013, Next Now Accreditation System
- Delivers on promise of outcomes-based accreditation
- Provides annual RRC review to identify “underperforming programs” and help them improve
- Changes the workflow of the process of accreditation
  - Annual review – no more review cycles
  - Site visits only every 10 years (or as needed)
  - Annual ADS data entry replaces PIFs
- Categorized PRs allow for innovation
  - Detail PRs = potential for innovation
NAS is Conceptually Different from the Previous Accreditation System

Pre-NAS…

Rules

Corresponding Questions

“Correct or Incorrect”

Answer

(meeting minimum standards)

Citations and Accreditation Decision
NAS is about Continuous Improvement

1. Annual Data Submission
2. Annual ACGME Feedback
3. Annual Program Evaluations
4. Annual Written Action Plans
ACGME Board of Directors: Changes

- 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

Committees that will include AOA nominees
ACGME Accreditation Structure

Composition

Nominating Organizations:
AACOM    AAMC
ABMS    AHA
AMA    AOA
CMSS

From the GME community, at large
Nominating Organizations:
+/−ABMS Board   +/−AMA
+/−Specialty Society   +/−AOA

From the GME community, at large
Nominating Organizations:
ACGME BOD
AOA

Authority to accredit

ACGME Board of Directors*
ACGME Policies

ACGME BOD Monitoring Committee

26 Specialty Review Committees*
Program Requirements

Transitional Year Committee*
Program Requirements

Institutional Review Committee*
Institutional Requirements

Osteopathic Principles Committee*
Osteopathic Recognition Requirements

Council of RC Public Members
Council of Review Committee Residents
Council of Review Committee Chairs

*Each with at least one public and one resident member
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**
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
SAS: Provision of MOU

• Applicant programs which, on 1 July 2015:
  o Are AOA-approved, and
  o Do not have matriculated residents
• Get “Pre-Accreditation Status”
• Do not have relief from common program requirements
### SAS Applications: Who gets what?

<table>
<thead>
<tr>
<th>Matriculated Residents 7/1/2015</th>
<th>AOA-Approved 7/1/2015</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Can have Pre-Accreditation Status</th>
<th>Can have AOA-certified Co-PD</th>
<th>AOA-certified faculty systematically “acceptable”</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>+</td>
<td>+</td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
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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
## 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. 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.

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. Click here for the timeline (Updated December 3, 2014).

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

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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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Peter J. Carek, MD, MS
Chair, Review Committee for Family Medicine
AOA Members on RC-FM

**STEPS**
1. Two AOA nominees for each position
2. RC recommends one
3. Approval and appointment by BoD
4. Orientation
5. Full voting member
RC Members – Family Medicine

- Suzanne Allen, MD
- John R. Bucholtz, DO
- Gary Buckholz, MD (HPM)
- Paul Callaway, MD - Vice Chair
- Peter J. Carek, MD, MS - Chair (SM)
- Sam Jones, MD
- Martha Lansing, MD
- Michael K. Magill, MD
- Stacy Potts, MD
- Nicholas Weida, MD - Resident

Effective July 1, 2015
- Robert Danoff, DO
- Harald Lausen, DO
- Joseph Mazzola, DO
RC-FM webpage

- RC-FM meets **three** times per year.
- Meeting dates and agenda closing deadlines can be found on RC’s page

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Agenda Closing Date</th>
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<tr>
<td>February 9-10, 2015</td>
<td>December 15, 2014</td>
</tr>
<tr>
<td>October 19-20, 2015</td>
<td>August 24, 2015</td>
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- Contact an administrator for new program application due dates.
Work of Your RC

- Reviews programs with regard to common and specialty program requirements
  - Determines accreditation status for programs
- Proposes revisions to program requirements
  - Also develops FAQs
- Discusses matters of policy, issues relevant to the specialty
- Recommends changes in policy, procedures and requirements to ACGME Council of Review Committee Chairs.
Work of Your RC in SAS

• Want AOA programs to succeed and 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?

- 21 New applications approved
- 1 application was Withheld
Common Citations on New Applications

• The information provided to the Review Committee did not demonstrate substantial compliance. Specifically, the data provided did not present adequate volume for the proposed number of graduates (4 per level; 12 total) to meet the required 1,650 continuity patient visits at the conclusion of the program. (IV.A.6.a).(5) - Curriculum Organization and Resident Experiences

• The Committee was not able to determine substantial compliance with the requirement. Specifically, although the application indicates that family physician faculty will provide newborn care, at the time of the site visit it could not be verified that any family physician faculty members will role model in the care of inpatient children. (II.B.7. – Faculty)

• At the time of the site visit, no PLAs were in place for this residency program. (I.B.1 - Participating Sites)
Common Citations on New Applications

- The Committee was not able to determine substantial compliance with the requirement as there were multiple omissions as well as unnecessary information provided in the application, including: USUALLY A LONG LIST OF OMISSIONS/ERRORS IN THE APPLICATION THAT WERE DISCUSSED AT THE SITE VISIT. (II.A.4.g).(1) – Program Director Responsibilities

- The information provided to the Review Committee did not demonstrate substantial compliance. Specifically, none of the family medicine physician faculty, including the program director have demonstrated scholarship, with no peer reviewed funding, publications, or presentations in local, regional, or national professional meetings. (II.B.5.b).(1) – (4) – Faculty
Things to Consider…
Program Director Qualifications

• RC for Family Medicine will **not** require new applications to have Co-Program Directors.

• Although ABFM certification is not required, proposed program directors will be considered based upon their experience level, academic credentials/scholarly activity, participation and leadership in educational/academic and family medicine associations.
Things to Consider…
Program Director Qualifications

Will the Review Committee for Family Medicine allow flexibility with respect to the two years as a core faculty in an ACGME-accredited family medicine program?

• Yes. For AOA approved programs applying during the five-year application phase, the Review Committee will review the experience of the program director in total, including years in an AOA-accredited residency program as faculty and/or program director, to assess compliance with this requirement.
Things to Consider…

Faculty/Resource Requirements

- The sponsoring institution **must** provide at least 70 percent salary support (*at least 28 hours per week*) for the program director as protected time for administration, evaluation, teaching, resident precepting, and scholarship.

- Each program **must** have a program coordinator (*note this does not need to be a full-time position that is solely dedicated to the FM program*).
Things to consider…

Faculty Scholarship

- In addition to the program director, **some faculty members** 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 family medicine or GME organizations
Things to Consider…
Number of Residents

- III.B.2. The program must offer at least four resident positions at each educational level. (Detail)

- III.B.3. The program should have at least 12 on-duty residents. (Detail)
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Click here for the timeline
Review Committee Staff

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- Sandra Benitez, Senior Accreditation Administrator; 312.755.5035; sbenitez@acgme.org
- Luz Barrera, Accreditation Assistant; 312.755.5077; lbarrera@acgme.org
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
• Family Medicine Webpage
  • Resident complement increase policy
  • Program Requirements and PIFs
  • Archive of RRC Updates/Newsletters
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Questions