

# Review Committee for Otolaryngology Update

Sukgi Choi, MD, Chair  
Michael Cunningham, MD, Vice Chair  
Pamela Derstine, PhD, MHPE, Executive Director

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*SUO-AADO-OPDO Annual Meeting  
November 13, 2015*



## Topics

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- Review Committee Members and Staff
- Accreditation Statistics
- Focused Program Requirement Revisions
- Case Logs
- NAS Review
- Site Visits and Self-Study
- Single Accreditation System



Accreditation Council for Graduate Medical Education

# REVIEW COMMITTEE MEMBERS AND STAFF

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## Review Committee Membership

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- 11 voting members
  - ABO – 3 members
  - ACS – 3 members
  - AMA (CME) – 3 members
  - Resident - 1 member
  - AOA – 1 member
- Non-voting Ex-Officio
  - ABO – 1



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## Review Committee Membership (Current)













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 Sukgi S. Choi, MD <b>Chair</b>	 Wayne K. Robbins, DO
 Michael J. Cunningham, MD <b>Vice Chair</b>	 David J. Terris, MD
 Iram Ahmad, MD Resident Member	 Terrance Tsue, MD
 David B. Hom, MD	 Randal S. Weber, MD
 Lloyd B. Minor, MD	 D. Bradley Welling, MD, PhD
 John Rhee, MD, MPH Chair-Elect	 Robert H. Miller, MD, MBA Ex-Officio, ABO

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## Review Committee Membership Effective July 1, 2016

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 John Rhee, MD, MPH <b>Chair</b>	 Liana Puscas, MD
 Angelique M. Berens, MD Resident Member	 Wayne K. Robbins, DO
 Sukgi S. Choi, MD	 Michael G. Stewart, MD, MPH
 Howard W. Francis, MD, MBA	 David J. Terris, MD
 David B. Hom, MD	 D. Bradley Welling, MD, PhD
 Marci M. Lesperance, MD	 Robert H. Miller, MD, MBA Ex-Officio, ABO

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# ACGME Review Committee Staff

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Pamela L. Derstine, PhD, MHPE  
• Executive Director

Susan E. Mansker  
• Associate Executive Director

Deidre M. Williams  
• Accreditation Administrator (primary)

Jennifer M. Luna  
• Accreditation Administrator (secondary)

Tom Hackett  
ADS

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## ACCREDITATION STATISTICS

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## Accreditation Statistics: Current

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Total # Accredited Programs		
	# Core	106
	# Neurotology	20
	# Pediatric	22
Applications as of November 2015		
	# Core (osteopathic)	4

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## Accreditation Statistics: Current

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Program Accreditation Status (Core)	
Status	# Programs
Continued Accreditation	95
Continued Accreditation w/ Warning	7
Continued Accreditation w/o Outcomes	2
Initial Accreditation w/ Warning	1
Probationary Accreditation	1

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## Accreditation Statistics: Current

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### Program Accreditation Status (Neurotology)

Status	# Programs
Continued Accreditation	17
Continued Accreditation w/ Warning	0
Continued Accreditation w/o Outcomes	2
Initial Accreditation	1

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## Accreditation Statistics: Current

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### Program Accreditation Status (Pediatric)

Status	# Programs
Continued Accreditation	16
Initial Accreditation	4
Initial Accreditation w/ Warning	2

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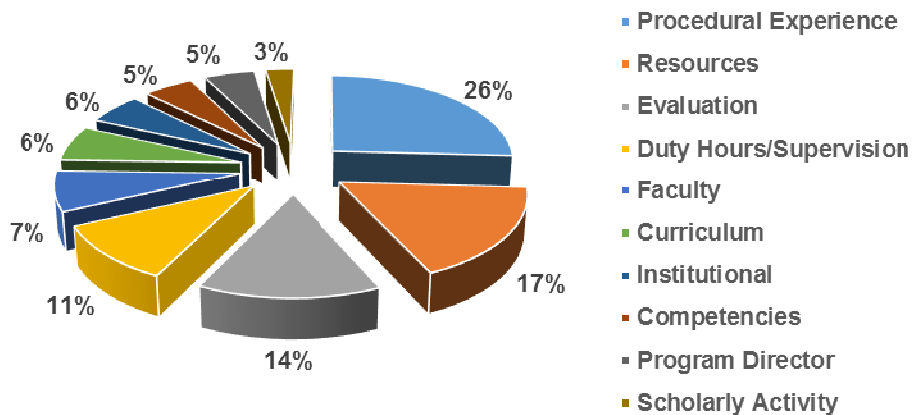
# Accreditation Decisions: 2015

## Other Review Committee Meeting Decisions

<b>Complement increases (Core)</b> Permanent: # Requested/#Approved Temporary: # Requested/# Approved	15/12 3/2
<b>Complement increases (Neurotology) none requested</b> <b>Complement Increases (Pediatrics) none requested</b>	
<b>Site Visit Requests</b> (Requested February/Reviewed July 2015) Core Full Core Focused Neurotology Full	1 1 1
<b>Progress Reports Requested</b> Will be reviewed January 2016	8

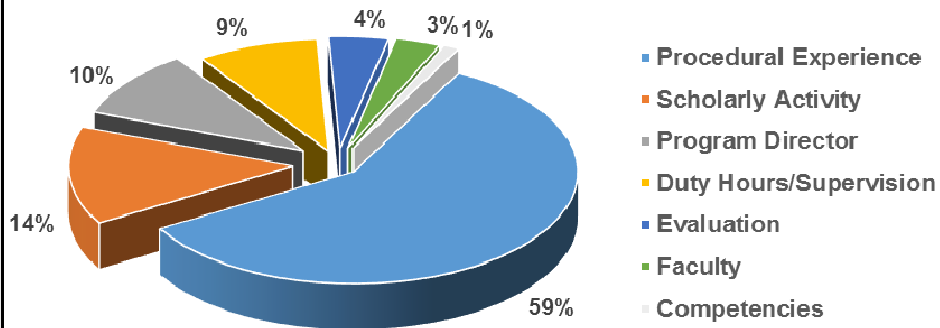
# Citation Statistics: Pre-NAS

Citation Frequency 2010-2014



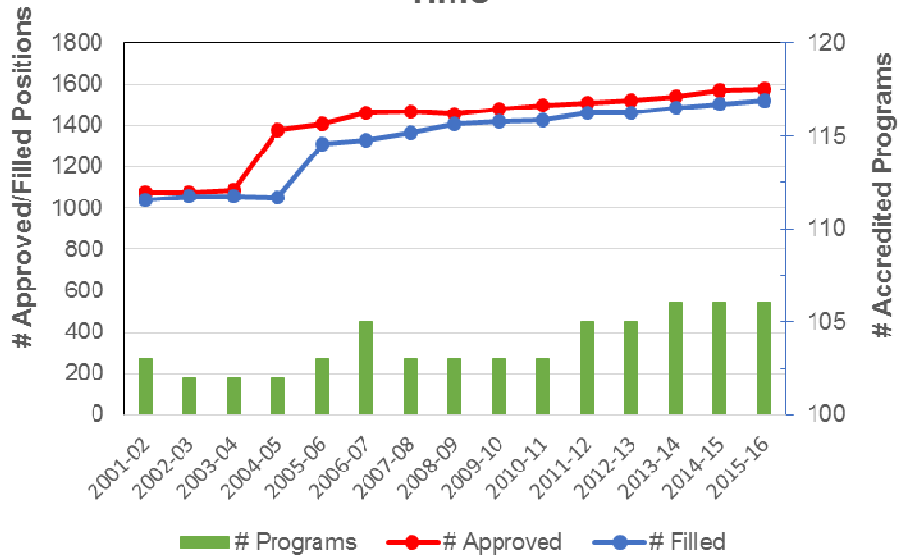
# Citation Statistics: NAS

## Citation Frequency 2015



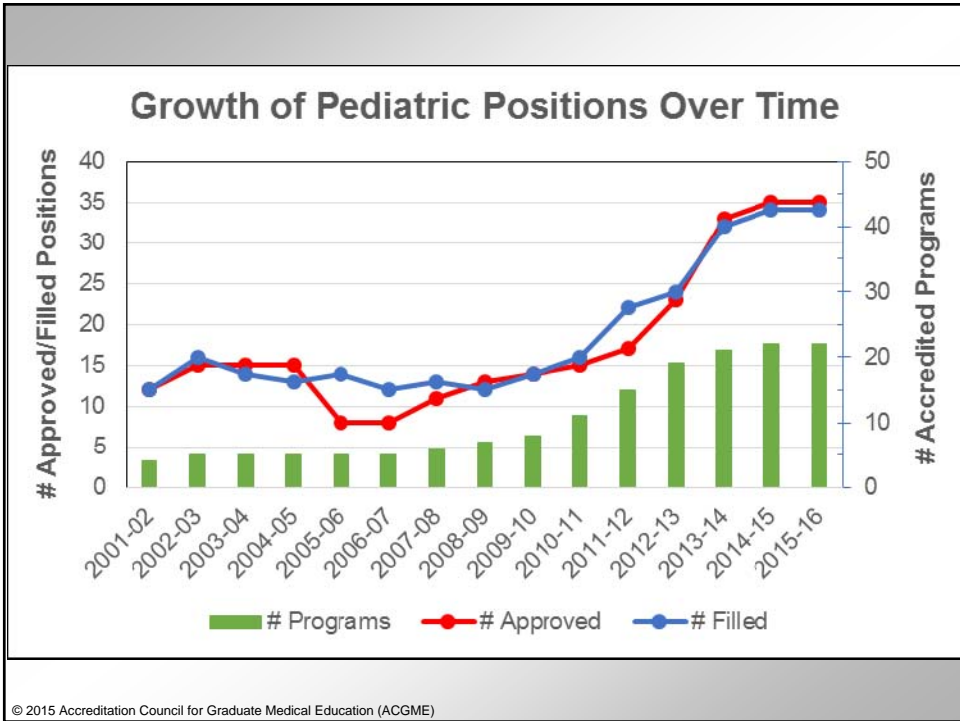
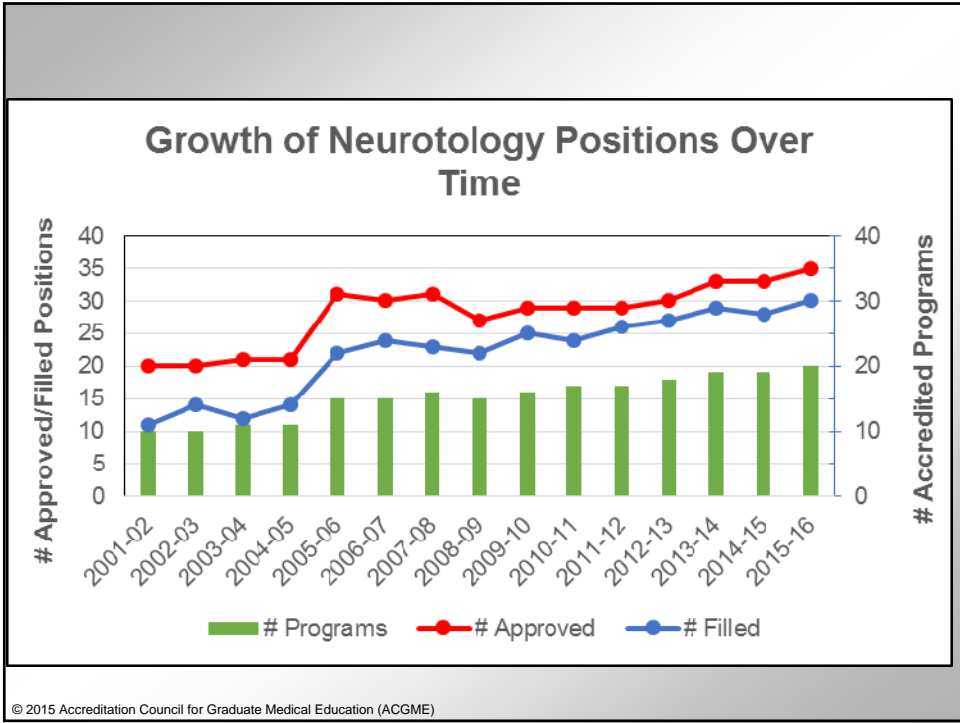
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## Growth of Otolaryngology Positions Over Time



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# FOCUSED PROGRAM REQUIREMENT REVISIONS

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## Revisions effective 7/1/2016

### Program Director Qualifications (added)

A minimum of three years of clinical practice in the specialty post-residency/fellowship <sup>(Core)</sup>



FAQ: During the period of transition to a single accreditation system, the Review Committee will consider AOA certification for the current program director of an AOA-approved otolaryngology program applying for ACGME accreditation. Additional qualifications will be considered. Once a program moves from AOA-approved to ACGME-accredited, a newly-appointed program director will be required to have only ABO certification, consistent with all current ACGME-accredited otolaryngology programs.

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## Revisions effective 7/1/2016

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### Program Director Qualifications (added)

A minimum of one year of experience as an associate program director of an ACGME-accredited otolaryngology program or three years of participation as an active faculty member of an ACGME-accredited otolaryngology program <sup>(Core)</sup>



FAQ: During the period of transition to a single accreditation system, the Review Committee will consider one year of experience as an associate program director of an AOA-approved otolaryngology program or three years participation as an active faculty member of an AOA-approved otolaryngology program. Once a program moves from AOA-approved to ACGME-accredited, a newly appointed program director will be required to have experience in ACGME-accredited otolaryngology programs, consistent with all current ACGME-accredited otolaryngology programs.

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## Revisions effective 7/1/2016

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The Review Committee for Otolaryngology does not allow transfer into an ACGME-accredited otolaryngology program at the PGY-2 level or above from an RCPSC-accredited program. <sup>(Core)</sup>

- Note: The common program requirements specify eligibility for transfer must be from ACGME- or RCPSC-accredited residency programs.

The Review Committee for Otolaryngology does not allow exceptions to the eligibility requirements for fellowship programs in Section III.A.2.

- Note: The fellowship requirements specify that fellows must have completed an otolaryngology residency accredited by the ACGME or RCPSC.

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## Revisions effective 7/1/2016

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The PG-1 year must include six months of structured education on non-otolaryngology rotations designed to foster proficiency in the peri-operative care of surgical patients, interdisciplinary care coordination, and airway management. (Core)

- The total time a resident is assigned to any one non-otolaryngology rotation must be at least four weeks and must not exceed two months. (Core)
- Rotations must be selected from the following: anesthesia, general surgery, neurological surgery, neuroradiology, ophthalmology, oral-maxillofacial surgery, pediatric surgery, plastic surgery, and radiation oncology. (Core)
- This must include an intensive care rotation. (Core)

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## Revisions effective 7/1/2016

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The PG-1 year must include six months of otolaryngology rotations designed to develop proficiency in basic surgical skills, general care of otolaryngology patients both in the inpatient setting and in the outpatient clinics, management of otolaryngology patients in the emergency department, and cultivation of an otolaryngology knowledge base.

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## Revisions effective 7/1/2016

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Each resident must spend a 12-month period as chief resident on the otolaryngology clinical service at the primary clinical site or one of the participating sites of the Sponsoring Institution during the last 24 months of the educational program. <sup>(Core)</sup>

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## CASE LOGS

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## 2015 Program Compliance\*

Otolaryngology Key Indicator Procedure		Req #	# Prog. Fail	% Prog. Fail
Head & Neck	Parotidectomy	15	3	2.9%
	Neck Dissection	27	0	0
	Oral Cavity Resection	10	0	0
	Thyroid/Parathyroidectomy	22	0	0
Otology/Audiology	Tympanoplasty	17	1	0.9%
	Mastoidectomy	15	1	0.9%
	Stapedectomy/Ossiculoplasty	10	5	4.8%

\* 104 programs reporting

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## 2015 Program Compliance\*

Otolaryngology Key Indicator Procedure		Req #	# Prog. Fail	% Prog. Fail
FPRS	Rhinoplasty	8	4	3.8%
	Mandible/Midface Fractures	12	1	0.9%
	Flaps and Grafts	20	0	0
General/Peds	Airway-pediatric and adult	20	1	0.9%
	Congenital Neck Masses	7	2	1.9%
	Ethmoidectomy	40	0	0
	Bronchoscopy	22	0	0

\* 104 programs reporting

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# Case Log Documents

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## Documents on Review Committee Web Page

- Case Log Coding Guidelines  
Contains a complete list of all CPT codes for each area and a separate list of CPT codes that count toward each Key Indicator Procedure

## Documents within the Case Log System

- Program User Guide (pdf)
- Resident User Guide (pdf)
- Definitions (pdf)

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# Biennial Case Log Review

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## Key Indicator CPT Code Changes

- Neck Dissection
  - **Add** 41153 glossectomy, composite procedure with resection of floor of mouth, with suprathyroid neck dissection
- Thyroid/Parathyroidectomy
  - **Add** 60270 substernal thyroidectomy, cervical approach
  - **Add** 60270 substernal thyroidectomy, sternal split, or transthoracic approach

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## Biennial Case Log Review

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### Key Indicator CPT Code Changes

- Airway-pediatric and adult
  - **Add** 31541 laryngoscopy, direct, operative with excision of tumor and/or stripping of vocal cords or epiglottis, with operating microscope or telescope
- Bronchoscopy
  - **Remove** 31615 tracheobronchoscopy through established tracheostomy incision

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## Biennial Case Log Review

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### CPT Code Mapping Changes

- **Remove** 31575 flexible laryngoscopy, diagnostic as a reportable case
- **Add** 43180 Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (e.g., Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed
- **Add** 43130 Diverticulectomy of hypopharynx or esophagus, with or without myotomy, cervical approach
- **Add** 43135 Diverticulectomy of hypopharynx or esophagus, with or without myotomy, thoracic approach

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## Biennial Case Log Review

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### CPT Code Mapping Changes

- **Add 42842**  
Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone, without closure
- **Add 42844**  
Radical resection of tonsils, tonsillar pillars, and/or retromolar trigone, closure with local flap (e.g., tongue, buccal)
- **Add 42845**  
Radical resection of tonsils, tonsillar pillars, and/or retromolar trigone, closure with other flap

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## Biennial Case Log Review

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### CPT Code Mapping Changes

- **Add 21110**  
Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
- **Add 21195**  
Reconstruction of mandibular rami and/or body, sagittal split; without internal fixation

The Review Committee thanks Dr. Iram Ahmad and the University of Iowa for their contributions to this revision of the Case Log guidelines.

## Proposed FAQ

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Does a pediatric laryngotracheal examination with a laryngoscope and a telescope count as a bronchoscopy key indicator case?

- No, such an examination, defined by CPT codes 31520, 31525 and 31526, does not count as a bronchoscopy key indicator case because there is no utilization of a bronchoscope and the entire lower airway is typically not examined.

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# NAS REVIEW

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## Upcoming Review Committee Meetings

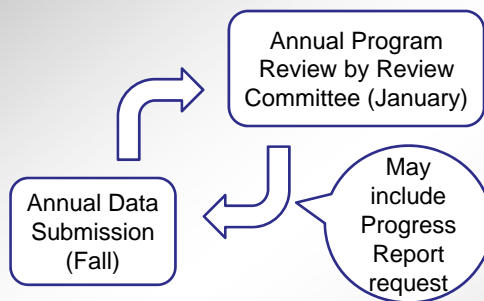
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- **January 29-30, 2016**
    - Agenda closing date:  
November 20, 2015
  - **April 29-30, 2016**
    - Agenda closing date:  
March 1, 2016
  - **August 29, 2016\***
    - Agenda closing date:  
August 1, 2016
- \* Business Meeting ONLY  
complement change  
requests will be reviewed

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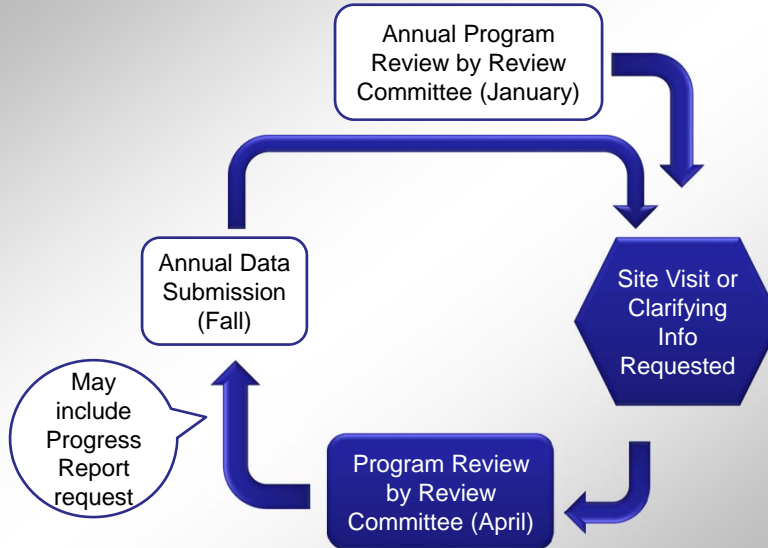
## Accreditation System Overview

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# Accreditation System Overview




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# Annual Program Review: Data Elements




### Annual ADS Update

- Program Changes – Participating site/sponsor
- Program Attrition – Program director/core faculty members/residents
- Scholarly Activity – Faculty members and residents
- Major changes and responses to citations



### Case Logs



### Surveys

- Resident
- Faculty

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## Annual Program Review: Data Elements

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Milestones



Board Scores



Omission of Data

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## 2014-2015 Annual Program Review: January/April 2016

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### Clinical Experience – Case Logs

Minimum Number reports for 2014-2015  
program graduates reviewed

- Graduates expected to comply with all minimum number requirements (Minimums Report)
- Five-year trends will be reviewed (Program Report)

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## 2014-2015 Annual Program Review: January/April 2016

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### Board Scores

- First-time takers only during the most recent 5 years reported by ABO to Data Dept.
  - Written: 75% pass rate
  - Oral: 75% pass rate

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## 2014-2015 Annual Program Review: January/April 2016

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### Resident Survey (completed spring 2015)

- 7 survey question domains
- 70% response rate required
- Aggregated non-compliant survey responses for each domain reviewed
- Trends monitored

### Faculty Survey (completed spring 2015)

- 5 survey question domains (mirrors Resident Survey)
- 60% response rate required
- Program director and core faculty members only
- Trends monitored

Resident/faculty member responses to same domains compared

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## Resident Survey 2014-15 and Beyond

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Included 7 additional questions specific for the 10 surgical specialties, related to:

- Graduated responsibility in the operating room (OR)
- Experience as assistant in OR before acting as surgeon
- Senior residents act as teaching assistant to more junior residents in the OR
- Graduated supervision in non-operative patient care
- Opportunity to participate in all aspects of patient care
- Confident to practice competently and independently w/o fellowship or other future training
- Number of half-day sessions spent in outpatient clinic per week on average throughout the program

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## Resident Survey 2015-16 and Beyond

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Effective with AY 2015-2016 Resident Survey

- There will be two survey windows:  
January-February and March-April
- Resident Survey results will be available to all programs in May

The Faculty Survey will continue to occur at the same time as the Resident Survey for each program

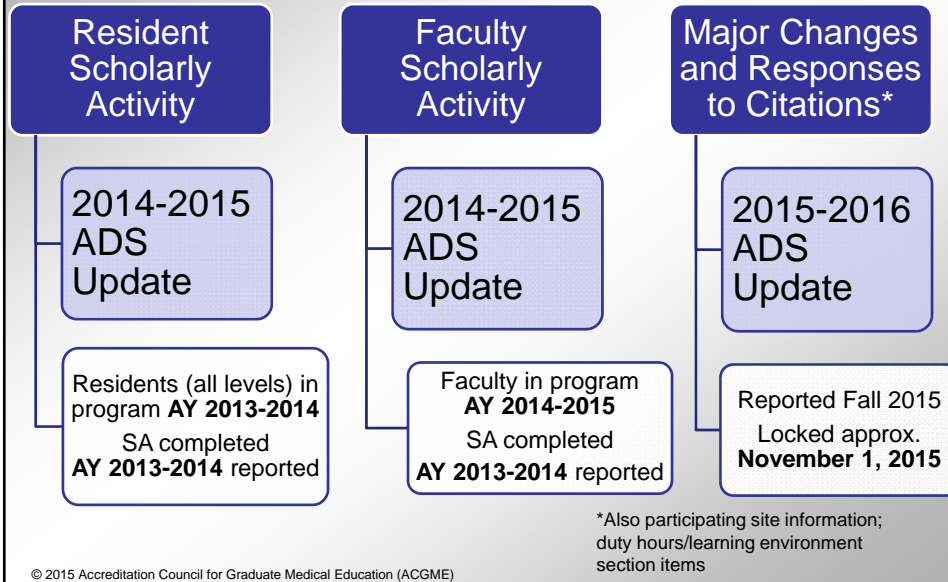
This change requires that ALL annual review decisions be completed by May 1.

Therefore, both Review Committee meetings will take place by May 1.

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## 2015-2016 Annual Program Review: January/April 2016

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## 2015-2016 Annual Program Review: January/April 2016

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### Milestones



- Reported Nov-Dec 2014 and May-June 2015
- Aggregated program information (not individual residents) being analyzed by Milestones Department
- National metrics not yet established
- Report to Review Committee only for compliance with Milestone submission deadlines

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# Annual Program Review

## Milestones



- Programs should inform both the Review Committee and ABO to if a resident's education must be extended due to Clinical Competency Committee evaluation of his/her Milestone levels.
- Temporary increase request required if the extension is more than three months AND the program will exceed its total approved complement
- Please contact the Executive Director ASAP so request can be expedited

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# Milestones Resources

Program and Institutional Accreditation | Data Collection Systems | Meetings and Conferences | Graduate Medical Education

Program and Institutional Accreditation | Next Accreditation System | Milestones

## Milestones

As the ACGME began to move toward continuous accreditation, specialty groups developed outcomes-based milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies.

**What are 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 and 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.

**Why Milestones?**  
First and foremost, the Milestones are designed to help all residencies and fellowships produce highly competent physicians to meet the health and health care needs of the public. To this end, the Milestones serve important purposes in program accreditation:

- Allow for continuous monitoring of programs and lengthening of site visit cycles
- Public Accountability – report at a national level on aggregate competency outcomes by specialty

### Milestones Publications

- [Milestones FAQs](#)
- [Milestones by Reporting Date](#)
- [Clinical Competency Committee Guidebook](#)

CHOOSE YOUR SPECIALTY

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# Milestones Resources

## Workshops

This page houses information about upcoming workshops.

- Leadership Skills for Chief Residents
- Developing Faculty Competencies in Assessment Workshops

**Developing Faculty Competencies in Assessment:  
A Course to Help Achieve the Goals of Competency-Based Medical Education (CBME)**

The ACGME is thrilled to announce the next round of a highly interactive course designed to enhance faculty skills in competency-based assessment of residents and fellows.

The six-day course will be held at the Omni Chicago Hotel in Chicago, with attendance limited to 48 participants. Sessions begin on Sunday at 1:00 p.m., and continue through Friday at 12:00 p.m. The target audience is residency and fellowship program directors, associate program directors, chairs and members of Clinical Competency Committees (CCCs), and any faculty members with major responsibility for the assessment of residents/fellows.

Highlights of the curriculum include:

- > Goals and principles of CBME
- > Practical and effective application of multiple assessment methods and tools
- > Highly experiential with hands-on practice
- > How to create effective assessment systems
- > How to effectively run your CCC
- > How to use Milestones and Entrustable Professional Activities (EPAs) effectively

Spring Workshops will be held in April and May 2016.

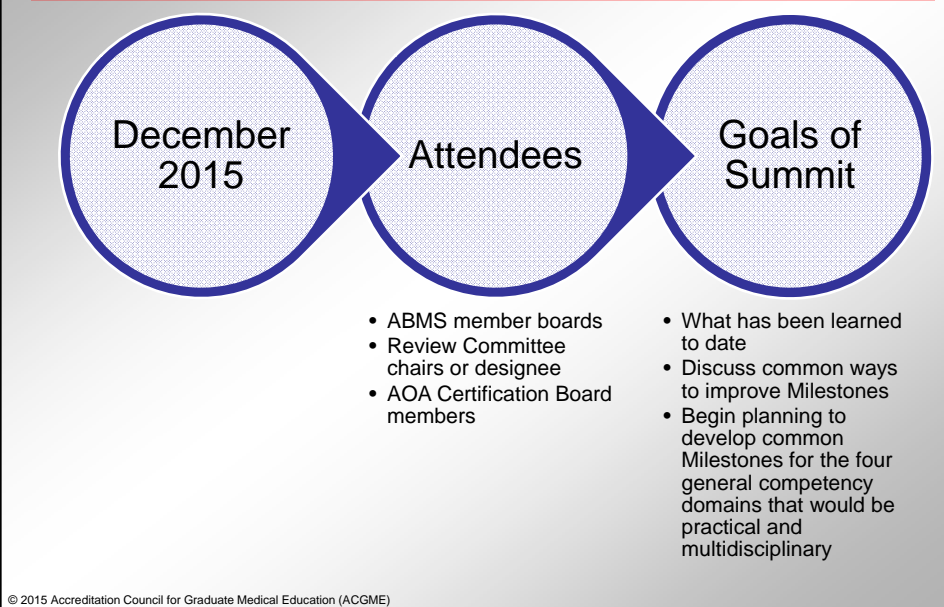
CLICK HERE TO REGISTER

Brochure

Two 6-day workshops will be held in Chicago April 10-15, 2016 and May 15-20, 2016. Registration is open.

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# Milestones 2.0 Summit



## Annual Program Review: Announcement

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Programs that will have been on the Consent Agenda for 2014-2015 and 2015-2016 annual reviews and have current citations

A special Letter of Notification will be sent July 2016 informing those programs that the current citations are considered resolved and have been removed from ADS

**THIS IS A ONE-TIME ONLY EVENT!**

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# SITE VISITS, SELF-STUDY, AND THE 10-YEAR ACCREDITATION VISIT

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## Site Visits: Focused and Full

Notification of site visit may be sent upon review of annual data in the fall or immediately following January Review Committee meeting.

Approximate date will be about same date as notice due to need to get it into scheduling system.

Follow-up admin Letter of Notification provides detailed information on Review Committee concerns, type of site visit, more realistic approximate date.

When date is established, announcement letter from Department of Field Activities (DFA) is sent.

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## Self-Study/10-Year Visit Definitions

All programs and institutions must have a full accreditation site visit every 10 years.

**Self-study** is a program or institution's longitudinal, comprehensive evaluation of itself.

- Continuous process that incorporates annual program evaluations
- Summarized and reported to the ACGME prior to the

**10-year visit:** accreditation visit that will occur every 10 years regardless of site visits that are requested as part of the Review Committee annual program review

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# Self-Study/10-Year Visit

All programs except those with Initial Accreditation have been assigned an approximate self-study visit date between 8/2016 - 2/2026

This date is the due date for uploading the **self-study summary** to ADS (programs are notified approx. **four months** in advance to begin their self-study)

The 10-year accreditation visit will take place **~15-18 months later**

The currently-assigned self-study visit dates may be adjusted to be more consistent with the January/April Review Committee meeting schedule.

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# Self-Study/10-Year Visit

**Self-Study:**  
a comprehensive review of the program

Information on how the program creates an effective learning and working environment and how this leads to desired educational outcomes

Analysis of strengths, weaknesses, opportunities, and threats, and ongoing plans for improvement

**IMPORTANT REMINDER:**  
Accumulated annual program review data are an important data source for the self-study

**15-18 months later:**  
the 10-Year Site Visit

Time lag is by design to give programs time to make improvements

Includes review of improvements identified by self-study

Full accreditation site visit

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## Self-Study/10-Year Visit

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5 programs with a self-study date of **8/1/2016** will be notified next March/April to begin their self-study.

- Their completed self-study must be uploaded to ADS by **8/31/2016**.
- Their 10-year site visit will take place **January-February, 2018**.
- Their annual program review will take place at the **April 2018 RC** meeting.

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## Review Committee Review of 10-Year Accreditation Visit

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### Available to the Review Committee

- ADS Data, Case Logs, Surveys, Board Scores, etc.
- The program's summary from the self-study ~18 months earlier
- The site visitors' report from the full accreditation site visit, which includes information on the improvements the program has made based on areas identified during their self-study

Review of program aims, context, and the improvements made in follow-up to the self-study allows the Review Committee to assess the effectiveness of the self-study, with data on the improvements achieved being one measure of effectiveness.

# Review Committee Actions

Review Committee provides a Letter of Notification from the full accreditation (10-year) site visit

- Citations
- Areas for Improvement



Review Committee provides feedback on the self-study taking into consideration

- Program aims and context
- Improvements reported and verified during the 10-year visit
- Effectiveness of the self-study, based on the improvements the program reported it made as a result of its self-study



No accreditation impact for initial feedback on the self-study

## Eight Steps for Conducting the ACGME Program Self-Study

The suggested eight-step sequence described here is intended to offer guidance to programs conducting their first self-study.

The self-study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the self-study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and "self-identified" areas for improvement ("self-identified" is used to distinguish this dimension of the self-study from areas for improvement the Review Committee identifies during accreditation reviews).

To offer context for the self-study, there are two new concepts: 1) an exploration of program aims; and 2) an assessment of the program's institutional, local and, as applicable, regional environment. Both are discussed in detail below. The focus on aims and the program's environmental context is to enhance the relevance and usefulness of the program evaluation, and support improvement that goes beyond compliance with the requirements.

### 1. Assemble the self-study group

**Membership:** The members of the Program Evaluation Committee (PEC) are the ideal core foundation for the self-study group. They are familiar with the Annual Program Evaluation process and the resulting action plans and improvement efforts. Including the program coordinator is also recommended.

**Added participants:** The ACGME does not require additional participants in the self-study. However, it may be beneficial to have a few individuals to offer an external perspective. Examples include a departmental leader, a clerkship director, a chief resident, or an expert in education, curriculum design, or assessment. These individuals may be included if program leaders think their contributions would be beneficial. For institutional experts, the DIO may be able to provide suggestions.

**CCC representative:** It may be beneficial to include a member of the Clinical Competency Committee (CCC) on the self-study group, due to the focus on educational outcomes, which makes data on residents'/fellows' Milestone performance an important component in self-study discussions.

### Self-Study Overview

- › February 19, 2015 Memorandum from ACGME Chief Executive Officer Thomas J. Nasca, MD, MACP
- › A Practical Guide to the ACGME Self-Study, JGME Sept 2014
- › Sample Timeline

### Self-Study Specifics

- › Self-Study Summary Template

### Coming Soon: The 10-Year Site Visit

- › 10-Year Site Visit Guide
- › Summary of Improvements Template

### Coming Soon: Additional Resources

- › Resources relevant to program evaluation and improvement
- › Sample program and institutional templates
- › Bibliography of key articles

### Webinars

- › March 11, 2015 DIO Self-Study Webinar
- › Answers to Questions from the March 11, 2015 Self-Study Webinar

### Contact Us

E-mail questions to [self-study@acgme.org](mailto:self-study@acgme.org)

Accreditation Council for Graduate Medical Education

# SINGLE ACCREDITATION SYSTEM

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## Single Accreditation System Basics

AOA-approved programs began applying for ACGME accreditation 7/1/2015



Programs that have applied are listed on the ACGME website with a pre-accreditation status



Programs with pre-accreditation status must participate in:

ADS Annual Update

Case Log reporting

Resident and Faculty Surveys

Milestone assessment and reporting



## Single Accreditation System Basics

Programs will have a site visit prior to Review Committee review of application

Programs that do not achieve Initial Accreditation will retain pre-accreditation status and may re-apply

Programs that do not achieve Initial Accreditation by 6/30/2020 will no longer be AOA-approved

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## Single Accreditation System Basics

Faculty certification by the relevant AOA specialty board will be acceptable to the Review Committee for programs applying during the 5-year transition period.

The program director must meet ACGME standards for certification.

- The RC will consider AOA certification in lieu of ABO certification at the time an osteopathic program applies.

All other ACGME Institutional, Common, and Specialty Program Requirements remain unchanged.

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# Single Accreditation System Basics

20 AOA-approved otolaryngology & facial plastic surgery programs\*

- Four programs have applied for ACGME accreditation as of 11/11/2015

Programs located in\*  
MI (8), MO (3), NJ (2), OH (4), OK (1) PA (2)

- Total AOA otolaryngology positions:  
140 approved/119 filled

\* Information available on AOA website 11/3/2015

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# Single Accreditation System

Total # AOA programs applied since 7/1/2015: 68\*

Total # surgical programs applied since 7/1/2015: 29

- Neurological Surgery: 2
- Ophthalmology: 1
- Orthopaedic surgery: 8
- **Otolaryngology: 4**
- General surgery: 9
- Urology: 5

Total # medical programs applied since 7/1/2015: 25

Total # hospital-based programs applied since 7/1/2015: 14

\* As of 11/11/2015

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# Current Status of AOA Applicants<sup>1</sup>

	Pre-Accreditation*	Continued Pre-Accreditation**	Initial Accreditation***
Medical Programs	20	2	3
Hospital-based Programs	14	0	0
Surgical Programs	25	4	0

\* Not yet reviewed

\*\* Reviewed; did not received Initial Accreditation

\*\*\* Reviewed; received Initial Accreditation

<sup>1</sup> As of 11/11/2015

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The screenshot displays the ACGME website interface. At the top right, there is a dropdown menu labeled 'CHOOSE YOUR SPECIALTY'. Below this, a 'Data Collection Systems' section lists 'Accreditation Data System', 'ACGME Surveys', and 'Resident Case Log System', each with a 'LOGIN' button. A 'Next Accreditation System (NAS)' section includes links for 'Milestones' and 'Clinical Competency Committee Guidebook'. A 'Search Accredited Programs' section features a link to 'SEARCH Accredited Programs and Sponsoring Institutions', highlighted with a red arrow. The main content area is titled 'Accreditation Council for Graduate Medical Education (ACGME) - Public' and contains search boxes for 'Program Search' and 'Sponsor Search'. Below these are two columns of report lists: 'Report Lists' and 'Report Totals'. The 'Report Lists' column includes items like 'List of Programs by Specialty' and 'List of Sponsors with Pre-Accreditation'. The 'Report Totals' column includes 'Number of Accredited Programs by Academic Year' and 'Number of Pre-Accredited Programs by Academic Year', with a red arrow pointing to the latter. Other report items include 'Accreditation Decisions', 'New Program Directors', 'Number of Sponsors, Programs, and Residents by State', and 'Number of Programs With a Combined Specialty Track'.

## Single GME Accreditation System

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) outlining a single graduate medical education accreditation system 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.

[Click here for the executive summary of the MOU](#)

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. AOA-approved programs and Sponsoring Institutions can now apply for ACGME accreditation, and must achieve ACGME Initial Accreditation by June 30, 2020, the conclusion of the agreement and the date the AOA will cease accreditation activities.

## Implementation Updates

[+](#)  
**Applications for Institutional and Program Accreditation and Osteopathic Recognition**

## Resources and References

- [Eligibility FAQs for Specialties with a Preliminary Year](#)
- [Single GME Accreditation System Webinars](#)
- [Single GME Accreditation System FAQs](#)
- [Osteopathic Principles Committee](#)
- [Osteopathic Neuromusculoskeletal Medicine](#)
- [Program Director Qualifications](#)
- [Program Eligibility Requirements](#)
- [ACGME Glossary of Terms](#)
- [Requirements for Review and Comment](#)

### Contact Us

E-mail questions to [info@acgme.org](mailto:info@acgme.org)

### Single GME Accreditation System

- [Single GME Accreditation System Main Page](#)

### Pathways (Posted December 3, 2014)

- [Pathways to ACGME Accreditation for AOA-Approved Programs](#)

### Application Process

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

- [Application Process](#)
- [Intent to Apply for Institutional Accreditation](#)

### News and Communications

- [News and Communications](#)

### FAQs

These FAQs address common areas of the single accreditation system that results from an agreement between the ACCME and the AOA and AACOM.

- [FAQs \(Updated July 28, 2015\)](#)

### Presentations and Webinars

- [Presentations and Webinars](#)