Review Committee for Otolaryngology Update

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

SUO-AADO-OPDO Annual Meeting
November 13, 2015

Topics

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

- 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
## Review Committee Membership (Current)

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>Chair</td>
<td>Sukgi S. Choi, MD</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>Michael J. Cunningham, MD</td>
</tr>
<tr>
<td>Resident Member</td>
<td>Iram Ahmad, MD</td>
</tr>
<tr>
<td>Chair-Elect</td>
<td>John Rhee, MD, MPH</td>
</tr>
<tr>
<td>Ex-Officio, ABO</td>
<td>Wayne K. Robbins, DO</td>
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<td></td>
<td>David J. Terris, MD</td>
</tr>
<tr>
<td></td>
<td>Terrance Tsue, MD</td>
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<td>Randal S. Weber, MD</td>
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<td>D. Bradley Welling, MD, PhD</td>
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<td>Robert H. Miller, MD, MBA</td>
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## Review Committee Membership
Effective July 1, 2016

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<tr>
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<td>Howard W. Francis, MD, MBA</td>
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<td></td>
<td>Robert H. Miller, MD, MBA</td>
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</table>
ACGME Review Committee Staff

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)

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Accreditation Council for Graduate Medical Education

ACCREDITATION STATISTICS
### Accreditation Statistics: Current

#### Total # Accredited Programs

<table>
<thead>
<tr>
<th>Program Type</th>
<th># Programs</th>
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<td># Neurotology</td>
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<tr>
<td># Pediatric</td>
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#### Applications as of November 2015

<table>
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<tbody>
<tr>
<td># Core (osteopathic)</td>
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#### Program Accreditation Status (Core)

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<td>Continued Accreditation w/ Warning</td>
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<td>Probationary Accreditation</td>
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## Accreditation Statistics: Current

### Program Accreditation Status (Neurotology)

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<tr>
<td>Initial Accreditation</td>
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## Accreditation Statistics: Current

### Program Accreditation Status (Pediatric)

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<td>Initial Accreditation w/ Warning</td>
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Accreditation Decisions: 2015

Other Review Committee Meeting Decisions

<table>
<thead>
<tr>
<th>Complement increases (Core)</th>
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<tbody>
<tr>
<td>Permanent: # Requested/#Approved</td>
<td>15/12</td>
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<tr>
<td>Temporary: # Requested/# Approved</td>
<td>3/2</td>
<td></td>
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<tr>
<td>Complement increases (Neurotology) none requested</td>
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<td></td>
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<tr>
<td>Complement Increases (Pediatrics) none requested</td>
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<td></td>
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</table>

Site Visit Requests (Requested February/Reviewed July 2015)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Core Full</td>
<td>1</td>
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<tr>
<td>Core Focused</td>
<td>1</td>
</tr>
<tr>
<td>Neurotology Full</td>
<td>1</td>
</tr>
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</table>

Progress Reports Requested
Will be reviewed January 2016

Citation Statistics: Pre-NAS

Citation Frequency 2010-2014

- Procedural Experience: 26%
- Resources: 17%
- Evaluation: 14%
- Duty Hours/Supervision: 11%
- Faculty: 7%
- Curriculum: 5%
- Institutional: 5%
- Competencies: 5%
- Program Director: 3%
- Scholarly Activity: 3%
Revisions effective 7/1/2016

Program Director Qualifications (added)

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

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 ABOto certification, consistent with all current ACGME-accredited otolaryngology programs.
Revisions effective 7/1/2016

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. (Core)

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

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. (Core)

• 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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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)

Revisions effective 7/1/2016

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.

Revisions effective 7/1/2016

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Revisions effective 7/1/2016

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. (Core)

Accreditation Council for Graduate Medical Education

CASE LOGS
### 2015 Program Compliance*

#### Otolaryngology Key Indicator Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Req #</th>
<th># Prog. Fail</th>
<th>% Prog. Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head &amp; Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parotidectomy</td>
<td>15</td>
<td>3</td>
<td>2.9%</td>
</tr>
<tr>
<td>Neck Dissection</td>
<td>27</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Oral Cavity Resection</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Thyroid/Parathyroidectomy</td>
<td>22</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Otology/Audiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tympanoplasty</td>
<td>17</td>
<td>1</td>
<td>0.9%</td>
</tr>
<tr>
<td>Mastoidectomy</td>
<td>15</td>
<td>1</td>
<td>0.9%</td>
</tr>
<tr>
<td>Stapedectomy/Ossiculoplasty</td>
<td>10</td>
<td>5</td>
<td>4.8%</td>
</tr>
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</table>

* 104 programs reporting

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### 2015 Program Compliance*

#### Otolaryngology Key Indicator Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Req #</th>
<th># Prog. Fail</th>
<th>% Prog. Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPRS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>8</td>
<td>4</td>
<td>3.8%</td>
</tr>
<tr>
<td>Mandible/Midface Fractures</td>
<td>12</td>
<td>1</td>
<td>0.9%</td>
</tr>
<tr>
<td>Flaps and Grafts</td>
<td>20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>General/Peds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway-pediatric and adult</td>
<td>20</td>
<td>1</td>
<td>0.9%</td>
</tr>
<tr>
<td>Congenital Neck Masses</td>
<td>7</td>
<td>2</td>
<td>1.9%</td>
</tr>
<tr>
<td>Ethmoidectomy</td>
<td>40</td>
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<td>0</td>
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<tr>
<td>Bronchoscopy</td>
<td>22</td>
<td>0</td>
<td>0</td>
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</table>

* 104 programs reporting

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Case Log Documents

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

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

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

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
Biennial Case Log Review

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

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.
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.
Upcoming Review Committee Meetings

- **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

Accreditation System Overview

- Annual Data Submission (Fall)
- Annual Program Review by Review Committee (January)
- May include Progress Report request
Accreditation System Overview

Annual Program Review by Review Committee (January)

Annual Data Submission (Fall)

Site Visit or Clarifying Info Requested

Program Review by Review Committee (April)

May include Progress Report request

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
Annual Program Review: Data Elements

Milestones

Board Scores

Omission of Data


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)
Board Scores

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

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
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

Resident Survey 2015-16 and Beyond

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

**Resident Scholarly Activity**
- 2014-2015 ADS Update
- Residents (all levels) in program AY 2013-2014
  - SA completed AY 2013-2014 reported

**Faculty Scholarly Activity**
- 2014-2015 ADS Update
- Faculty in program AY 2014-2015
  - SA completed AY 2013-2014 reported

**Major Changes and Responses to Citations**
- 2015-2016 ADS Update
- Reported Fall 2015
  - Locked approx. November 1, 2015

*Also participating site information; duty hours/learning environment section items

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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 ABOto 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.

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

Goals of Summit
- What has been learned to date
- Discuss common ways to improve Milestones
- Begin planning to develop common Milestones for the four general competency domains that would be practical and multidisciplinary

Attendees
- ABMS member boards
- Review Committee chairs or designee
- AOA Certification Board members

December 2015
Annual Program Review: Announcement

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!

Accreditation Council for Graduate Medical Education

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

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

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

- **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
Self-Study/10-Year Visit

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.

Review Committee Review of 10-Year Accreditation Visit

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 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
Programs with pre-accreditation status must participate in:

- ADS Annual Update
- Case Log reporting
- Resident and Faculty Surveys
- Milestone assessment and reporting

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 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.

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 ABOto certification at the time an osteopathic program applies.

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

### Single Accreditation System

<table>
<thead>
<tr>
<th>Category</th>
<th>Total # Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # AOA programs applied since 7/1/2015</td>
<td>68*</td>
</tr>
<tr>
<td>Total # surgical programs applied since 7/1/2015</td>
<td>29</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>2</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>1</td>
</tr>
<tr>
<td>Orthopaedic surgery</td>
<td>8</td>
</tr>
<tr>
<td>Otolaryngology</td>
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<td>General surgery</td>
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<tr>
<td>Urology</td>
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<tr>
<td>Total # hospital-based programs applied since 7/1/2015</td>
<td>14</td>
</tr>
</tbody>
</table>

*As of 11/11/2015

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### Current Status of AOA Applicants

<table>
<thead>
<tr>
<th>Medical Programs</th>
<th>Pre-Accreditation</th>
<th>Continued Pre-Accreditation</th>
<th>Initial Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-based Programs</td>
<td>20</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Surgical Programs</td>
<td>14</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* Not yet reviewed
** Reviewed; did not receive Initial Accreditation
*** Reviewed; received Initial Accreditation

1 As of 11/11/2015

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Single GME Accreditation System

On February 25, 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Osteopathic Association of Colleges of Osteopathic Medicine (AOAOM) announced their agreement in a Memorandum of Understanding (MOU) setting forth a single graduate medical education accreditation system in the United States. The single accreditation system will allow 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 notice of the MOU.

The ACGME and AOA have created and will continue to create elements of standards and infrastructure to ensure a smooth transition to the single system. ACGME-approved programs and sponsoring institutions can now apply for ACGME accreditation, and must achieve ACGME initial accreditation by June 30, 2016. The conclusion of the agreement and the date the AOA will cease accreditation is:

Implementation Updates

Applications for Institutional and Program Accreditation and Osteopathic Recognition

Resources and References

- Rapidly ROIs for Residency with a Preliminary Year
- Single Residency Accreditation System ROIs
- ACGME Accreditation System FAQs
- Osteopathic Principles Committee
- Osteopathic Recomended Medical Board Review
- Program Director Qualifications
- Program Eligibility Requirements
- ACGME Glossary of Terms
- ACGME Privacy Notice

Contact Us
Email: positions.aov@agm.org

Single GME Accreditation System

Pathways (Posted December 3, 2014)

Application Process

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

News and Communications

FAQs

These FAQs address common areas of the single accreditation system that result from an agreement between the ACGME and the AOA and AOAOM.

Presentations and Webinars

Presentations and Webinars