



Accreditation Council for
Graduate Medical Education

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June 14, 2013

Dear Program Directors, Designated Institutional Officials, Faculty Members, Residents and Fellows, Program Coordinators, and other members of the Graduate Medical Education (GME) Community,

In all my travels over the past nine months speaking with individuals, groups at grand rounds, educational retreats, and national meetings, one question has been asked consistently. That question is (paraphrased), “*(When) will we have a single accreditation system for GME in the United States?*” Subsequent questions take many forms, depending on the individuals in the audience. There are many dimensions and directions to the questions that follow from the first question, and positions or prerequisites that each individual or group believes should be components of an approach to achieve (or not achieve) the outcome of a single accreditation system for GME in the United States. In this letter, I will outline where we are as we attempt to answer the initial question. First, some background information.

There are two major accreditors of GME programs and sponsoring institutions in the United States: the Accreditation Council for Graduate Medical Education (ACGME), and the American Osteopathic Association (AOA).

The ACGME is the progeny of a more than 70-year history of professional self-regulation of GME in the United States. As currently configured, the ACGME is the independent, professional, self-regulatory body charged with oversight of allopathic GME in the United States. The ACGME is a 501(c)(3) not-for-profit corporation formed by five member organizations: the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), and the Council of Medical Specialty Societies (CMSS). The ACGME currently accredits approximately 9,300 programs that enroll over 117,000 residents and fellows. ACGME accreditation is recognized by state licensing boards, the United States Congress, federal and state governments for the purposes of reimbursement for the costs of GME, and the ABMS certifying boards related to candidate eligibility to enter the initial phase of certification. ACGME International, LLC currently accredits sponsoring institutions and programs outside the United States.

The AOA is a not-for-profit membership organization that accredits approximately 1,000 residency and fellowship programs that currently enroll nearly 7,000 residents and fellows. The forerunner of AOA was formed in 1897, and provides professional self-regulation of osteopathic GME in the

United States. AOA accreditation is recognized by state licensing boards, the United States Congress, federal and state governments for the purposes of reimbursement for the costs of GME, and the AOA-affiliated certifying boards related to candidate eligibility to enter the initial phase of certification. The specialty Colleges of Osteopathic Medicine are aligned with the AOA, and participate in the GME accreditation processes of the AOA. The American Association of Colleges of Osteopathic Medicine (AACOM) represents Osteopathic Medical Schools, who will graduate approximately 21 percent of all domestic physician graduates by 2020.

The ACGME/ABMS competencies, the elaboration of the Milestones in each specialty to measure educational outcomes in residents and fellows, and the development of the Next Accreditation System (NAS), have marked a turning point in ACGME accreditation. Based on these dramatic improvements in ACGME accreditation, coupled with concerns over the heterogeneity of preparation of candidates seeking admission in advanced standing into ACGME-accredited residency and fellowship programs, the ACGME Board of Directors approved eligibility standards that set as a prerequisite ACGME-accredited education for candidates wishing to enter advanced positions in ACGME-accredited residency and fellowship programs. It should be noted that the ACGME did not change eligibility standards for entry into residency programs directly from medical schools. Thus, students graduating from osteopathic medical schools remain eligible to directly enter ACGME-accredited residency programs under the new eligibility standards.

The osteopathic community expressed concern over the eligibility standards governing entry into advanced standing in ACGME-accredited residency and fellowship programs. This led to the formation of a Working Group, composed of individuals from Governance, Senior Administration, and Review Committee leadership of the involved entities, to explore the creation of a single ACGME accreditation system. Its goal was to explore the circumstances under which the ACGME could incorporate the osteopathic community into its governance, and cause all programs to be judged against the same standards while making it feasible for osteopathic programs to achieve ACGME accreditation. Creation of a single accreditation system would require the ACGME to incorporate accreditation of osteopathic neuromusculoskeletal education, as well as create a voluntary mechanism for specialty programs to achieve recognition for education of residents in osteopathic principles.

On June 4, 2013 the ACGME concluded its negotiations with the osteopathic community. On June 8, 2013, the ACGME Board of Directors endorsed a Memorandum of Understanding (MOU) based on those negotiations, to be offered to the AOA Board of Directors and the American Association of Colleges of Osteopathic Medicine (AACOM) Board of Directors in time for their review and acceptance (or rejection) at their respective meetings in July, 2013.

The ACGME believes that the creation of a single accreditation system would yield significant benefits for all residents, medical students, and, most importantly, patients in the United States. The concerns expressed in both the allopathic and osteopathic communities over the course of these discussions have been heard by all members of the working group, as have the desires of the public. It is the intent of the ACGME to move forward into the NAS with a goal of applying its high standards of accreditation to all programs fairly and equally, demonstrating not only excellence in the processes of education, but also excellence in educational outcomes of our residents and fellows. Creation of a single accreditation system within the ACGME that engages all of the profession of medicine in the United States is consistent with this goal.

Over the next six weeks, the governing bodies of the AOA and AACOM will consider the opportunity presented. Out of respect for the leadership of our negotiating partners, and honoring our confidentiality agreement, we will not discuss the specific elements of the MOU until after the AOA and AACOM have made their decisions. Regardless of the decisions made, the ACGME, AOA, and AACOM leadership have opened doors previously closed to each other. A spirit of collaboration and desire to craft a better future for GME in the United States for the betterment of the public has been a driving force for all involved. A desire to honor the traditions and high standards of both limbs of the profession has been apparent throughout these discussions. The ACGME is hopeful that a single accreditation system is the outcome.

I will transmit to you the outcomes and next steps of the process I have outlined above in late July 2013. Thank you for your patience, your advice, your commitment to excellence, and your service to the American Public.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Nasca". The signature is written in a cursive style with a large, sweeping initial "T".

Thomas J. Nasca, MD, MACP
Chief Executive Officer