The Transition to ACGME Accreditation: An Overview for AOA Programs

John R. Potts, III, MD, FACS
Senior Vice President, Surgical Accreditation
ACGME

Webinar originating from the offices of the ACGME
Chicago
1 April 2015
Disclosures

- In recovery:
  - General surgeon
  - Program director
  - ACGME DIO

- Long believed in single accreditation system
- No financial conflicts to disclose
Joint Education Committee

- Established to learn:
  - What osteopathic community needs to know about ACGME accreditation
  - How best to delivery necessary information
- Membership:

<table>
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<tr>
<th>ACGME</th>
<th>AOA</th>
<th>AACOM</th>
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<tr>
<td>Tim Brigham, PhD</td>
<td>Mr. Jim Swartwout</td>
<td>Ms. Alegneta Long</td>
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<td>Malcolm Cox, MD</td>
<td>Michael Opipari, DO</td>
<td>Tyler Cymet, DO</td>
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<td>Paul Friedmann, MD</td>
<td>Greg Smith, DO</td>
<td>Harry Lausen, DO</td>
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<td>John Potts, MD</td>
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Outline

• ACGME structure and function
• Review Committees
• Accreditation process for AOA programs
• Possible challenges for AOA programs
• Osteopathic Recognition
• Frequently asked questions
ACGME
Structure and Function
A Very Important Difference

AOA
Residency Match
Program Accreditation
Individual Certification
& much more

NRMP
Residency Match

ACGME
Program & Institutional Accreditation

ABMS Boards
Individual Certification

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Establishment of Review Committees

- 1949 Conf. Committee on Internal Medicine
  - *Representatives* from:
    - American Board of Internal Medicine
    - American College of Physicians
    - American Medical Association
- Others followed
- RRCs acted independently
ACGME History

• 1981 ACGME established
  • “Parent Organizations”
    • American Association of Medical Colleges
    • American Board of Medical Specialties
    • American Hospital Association
    • American Medical Association
    • Council of Medical Specialty Societies
  • BOD made up of representatives
ACGME History

• 2000 ACGME became an independent, private professional organization

• “Parent Orgs” became “Member Orgs”

• Member Orgs **nominate** Board members
ACGME Board of Directors

- 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 Board of Directors

• AACOM nominees seated on BOD 2015
  • Clinton E. Adams, DO
  • Gary L. Slick, DO

• AOA nominees seated on BOD 2015
  • Karen J. Nichols, DO
  • David A. Forstein, DO
ACGME Governance

- CRCC
- CRCR
- CRPM

Board of Directors
- Executive Committee

- Audit
- Awards
- Compensation

- Education
- Governance
- Finance

- Journal
- Monitoring
- Requirements

ad hoc Appeals Panels

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ACGME Governance

Committees that include AOA or AACOM nominees

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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.”
ACGME Values

- Honesty and integrity
- Excellence and innovation
- Accountability and transparency
- Fairness and equity
- Stewardship and service
- Engagement of stakeholders
Principles

- Residents must be educated in an environment that assures:
  - safety of patients under the care of residents and faculty today
  - safety of patients under the care of today’s residents in their future practice
  - humanistic environment within which residents learn the principles of professionalism and effacement of self-interest
ACGME Functions

• Approve requirements
• Establish policies and procedures
• Set budget and fees
• Monitor Review Committees
From the GME community, at large

Nominating Organizations:
AACOM    AAMC
ABMS    AHA
AMA    AOA
CMSS

*Each with at least one public and one resident member

Authority to accredit

Authority to recognize

ACGME Accreditation Structure

Composition

Nominating Organizations:
AACOM    AAMC
ABMS    AHA
AMA    AOA
CMSS

Nominating Organizations:
+-ABMS Board    +-AMA
+-Specialty Society    +- AOA

From the GME community, at large

ACGME Board of Directors*

ACGME Policies

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 RC Residents

Council of Review Committee Chairs
ACGME

- Accredits 9,527 GME programs
- 120,108 residents
- 693 sponsoring institutions
- 136 specialty and subspecialty areas
- 29 Review Committees
- 1 Recognition Committee
- Approximately 6000 items/decisions per year

ACGME Data Resource Book AY 2013-4
The Review Committees
Review Committees

- All volunteers
- Number of members from 7 - 20
- Physician *nominees* from:
  - American Medical Association
  - ABMS specialty board
  - American Osteopathic Association
  - Specialty academy / college
- At least one resident member per RC
- Public members on most RCs
Evolution of the ACGME

- First residency
- First RRC
- ACGME established
- ACGME independent
- Single Accreditation
- CLER
- NAS
- ACGME-I
- Milestones Project
- JGME
- Outcomes Project

32 yrs
Analogy

United States

Rights ceded to federal government
- Conduct foreign relations
- Declare war
- Coin money
- Establish post offices
- Oversee interstate trade
- Protect copyrights & patents
- Set standards for weights & measures

Rights retained by states
- Establish local governments
- Taxation of property
- Conduct elections
- Issue licenses
- Police powers
- Ratify amendments
- Manage public health & safety
- Oversee intrastate trade
- “Constitution”, i.e., drinking age
- Education
Actions of Review Committees

- All must adhere to ACGME policies
- All maintain CPRs as minimum standard

*but...*

- RCs historically isolated

- *Peer* review process
  - Different priorities
  - Different interpretations
Review Committee Functions

- Review programs/institutions
- Determine accreditation status*
- Propose program/institutional requirements

*Authority for accreditation actions delegated by ACGME Board of Directors
# Review Committees

**Institutional**

**Kevin Weiss, M.D.**

## Institutional Review

<table>
<thead>
<tr>
<th>Hospital-Based</th>
<th>Medical</th>
<th>Surgical</th>
<th>Osteopathic</th>
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<tbody>
<tr>
<td><em>Louis Ling, MD</em></td>
<td><em>Mary Lieh-Lai, MD</em></td>
<td><em>John Potts, MD</em></td>
<td><em>Lorenzo Pence, DO</em></td>
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<tr>
<td>Anesthesiology</td>
<td>Allergy and Immunol</td>
<td>Colorectal Surg</td>
<td>Osteo Principles</td>
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<tr>
<td>Radiology</td>
<td>Dermatology</td>
<td>Neurosurgery</td>
<td>ONMM</td>
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<tr>
<td>Emergency Med</td>
<td>Family Medicine</td>
<td>OB-Gyn</td>
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<tr>
<td>Medical Genetics</td>
<td>Internal Medicine</td>
<td>Ophthalmology</td>
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<td>Nuclear Medicine</td>
<td>Neurology</td>
<td>Orthopaedic Surg</td>
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<td>Pathology</td>
<td>Pediatrics</td>
<td>Otolaryngology</td>
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<tr>
<td>Prev. Medicine</td>
<td>PM&amp;R</td>
<td>Plastic Surgery</td>
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<tr>
<td>Radiation Oncology</td>
<td>Psychiatry</td>
<td>Surgery</td>
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<tr>
<td>Transitional Year</td>
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<td>Thoracic Surgery</td>
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<td>Urology</td>
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RC Member Responsibilities

- Fiduciary responsibility to ACGME
- Avoidance of conflict or duality of interest
- Confidentiality of accreditation process
Process for ACGME Accreditation of Currently AOA-approved programs
Timeline

• MOU announced 26 February 2014
• Institutions may apply 1 April 2015
• AOA programs may apply 1 July 2015
• Application window closes 30 June 2020
• AOA ceases accreditation 30 June 2020
Provisions in 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 Reqs:
  - AOA-certified faculty will be acceptable to RC
  - May have AOA-certified co-program director

2014 MOU among ACGME, AOA & AACOM
Provisions in MOU

- Applicant programs which, on 1 July 2015:
  - Are AOA-approved
  - But do not have matriculated residents
- Get “Pre-Accreditation Status”
- Do not get relief from Common Program Reqs

2014 MOU among ACGME, AOA & AACOM
Accreditation of AOA Programs

AOA-Approved Program

Yes

AOA-Approved as of July 1, 2015

No

Program is under aegis ACGME-accredited sponsoring institution

Yes

Sponsoring institution applies for ACGME accreditation
April 15, 2015 – June 30, 2020;
Receives “Pre-Accreditation Status”

No

Program cannot apply under the terms of the agreement between AOA, AACOM and ACGME;
program begins standard ACGME application process at any time through the DIO of an ACGME-accredited sponsoring institution.

Program submits ACGME application with ACGME-accredited sponsor endorsement
July 1, 2015 - June 30, 2020;
Receives “Pre-Accreditation Status”

Program had matriculated residents/fellows as of July 1, 2015

No

Review Committee assesses substantial compliance with current ACGME requirements

Yes

Review Committee assesses substantial compliance with current requirements, with two exceptions:
1. Program may have AOA-certified co-program director
2. AOA-certified faculty members are acceptable

C

B

A

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# Accreditation of AOA Programs

<table>
<thead>
<tr>
<th>Program AOA-Approved as of July 1, 2015</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Program has matriculated residents as of July 1, 2015</td>
<td>Yes</td>
<td>A</td>
</tr>
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<td></td>
<td>No</td>
<td>B</td>
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<table>
<thead>
<tr>
<th>Will have Pre-Accreditation Status</th>
<th>Can have AOA-certified co-PD</th>
<th>AOA-certified faculty systematically “acceptable”</th>
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<tbody>
<tr>
<td>A</td>
<td>+</td>
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<td>B</td>
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Usual Program Applications

Sponsoring Institution: ACGME-accredited

Program application for ACGME accreditation

RC Review finds: “Substantial Compliance”?

Yes

Initial Accreditation

No

Withhold Accreditation

May re-apply or appeal
AOA Program Applications

Sponsoring Institution:
ACGME-accredited or
“pre-accreditation status”

Program application for
ACGME Accreditation

Program AOA-Approved
1 July 2015?

No

“Continued Pre-Accreditation”

Residents in program
1 July 2015?

Yes

Type A Program
May have AOA co-PD
AOA-certified faculty

RC finds
“Substantial Compliance”?

No

Type B Program
Subject to all current
ACGME PRs

Yes

“Pre-Accreditation status”

Program: Initial Accreditation Contingent

“Continued Pre-Accreditation”

Program: Initial Accreditation

ACGME-accredited

Yes

Initial Accreditation
Conferred

RC finds
“Substantial Compliance”?

No

Accreditation Withheld

Status of
Sponsoring
Institution?

2 yrs

Withdraw
Application

1 July 2020

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Your Application

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

• Cannot alter applications after submitting

• Describe plan to meet each requirement

• In policies, etc., use ACGME language
Time to RC Review

• “Pre-Accreditation Status” acknowledged instantly

• RC review of application will take *months*
  
  • Application received
  
  • Site visit scheduled
  
  • Application & site visit report to RC members
  
  • Next scheduled RC meeting
  
  • Notification by Executive Director
**After Initial Accreditation**

- **Initial Accreditation**
  - 2 year SV
  - RC Review

- **Continued Accreditation**

- **Cont. Accr. w/o Outcomes***

- **Init. Accr. w/ Warning**

- **Withdrawal of Accreditation**

- **Continued Accreditation**

* Can last length of program + 1 yr

** Site visit in one year

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“Pre-Accreditation Status”

• Created *for* and to be applied *only* during the transition to ACGME accreditation of currently AOA approved programs
• Extended to include institutions
• Granted upon receipt of completed application
• Does *not* require RC review
• Status will be publicly acknowledged
• *Not* synonymous with Initial Accreditation
“Pre-Accreditation Status”

• Importance to AOA programs:
  • Programs in “pre-accreditation status” pay application fee only once – regardless of number of re-applications
  • Individuals who complete programs that have previously achieved “pre-accreditation status” will be subject to 2013 or 2016 eligibility standards, whichever is less restrictive*.

*Not all graduates of programs with “pre-accreditation status” will be eligible for all ACGME programs
ACGME Fees

- Program application fee: $6,200
  Payable at time of application
- Annual accreditation fees:
  $4,300 for programs with ≤5 trainees
  $5,200 for programs with >5 trainees
  Payable 1 January
- *No* fee for institutional accreditation
- *No* fee for Osteopathic Recognition

http://www.acgme.org/acgmeweb/tabid/231/GraduateMedicalEducation/Policies/Fees.aspx
“Pre-Accreditation Status”

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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 (AAMC) 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 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 systems 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
- Single Accreditation System for AOA-Approved Programs Main Page

Pathways (Posted December 3, 2014)
- Pathways to ACGME Accreditation for AOA-Approved Programs

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

Application Process
The following guidelines apply to currently AOA-approved core residency and subspecialty programs that apply for ACGME accreditation.
- Application Process
  - Timeline (Updated December 3, 2014)
  - Intent to Apply for Institutional Accreditation

News and Communications
- News and Communications

FAQs
These FAQs address common areas of the
Eligibility Requirements

Specialty and Subspecialty Program Eligibility Requirements

Below are the eligibility requirements for each specialty/subspecialty that are (1) in effect on June 30, 2013; and (2) in effect as of July 1, 2016. If applicable, any interim requirements in effect between those dates are also provided.

- Allergy and Immunology
- Anesthesiology
  - Adult Cardiothoracic Anesthesiology
  - Anesthesiology Critical Care Medicine
  - Clinical Informatics
  - Hospice and Palliative Medicine
  - Obstetric Anesthesiology
  - Pain Medicine
  - Pediatric Anesthesiology
- Colon and Rectal Surgery
- Dermatology
  - Dermatopathology
Eligibility Requirements (Example)

Eligibility Requirements
Common Program Requirements are in BOLD

Hospice and Palliative Medicine

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<tr>
<td>III.A. Eligibility Criteria</td>
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<td>III.A. Eligibility Requirements – Fellowship Programs</td>
</tr>
<tr>
<td>Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee. The program must document that each fellow has met the eligibility criteria.</td>
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<td>All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC-accredited residency program located in Canada.</td>
</tr>
<tr>
<td>III.A.1. Applicants must have completed an ACGME- or American Osteopathic Association (AOA)-accredited residency program in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery.</td>
<td>III.A.1. The program must document that each fellow has met the eligibility criteria.</td>
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<td>Prior to appointment in the program, fellows must have completed an ACGME- or RCPSC-accredited program in child neurology, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, or at least three clinical years in an ACGME- or AOAAccredited graduate educational program in one of the following specialties: anesthesiology, emergency medicine, obstetrics and gynecology, psychiatry, radiation oncology, radiology, or surgery.</td>
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<tr>
<td>III.A.2. Applicants must have completed an ACGME- or American Osteopathic Association (AOA)-accredited residency program in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery.</td>
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<td>III.A.2. Prior to appointment in the program, fellows must have completed an ACGME- or AOAAccredited program in child neurology, family medicine, internal medicine, pediatrics, physical medicine and rehabilitation, or neurology; or at least three clinical years in an ACGME- or AOAAccredited graduate educational program in one of the following specialties: anesthesiology, emergency medicine, obstetrics and gynecology, psychiatry, radiation oncology, radiology, or surgery.</td>
<td>III.A.1. Fellowship programs must receive verification of each entering fellow’s level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program.</td>
</tr>
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Eligibility Requirements (Example)

III.A.1. Applicants must have completed an ACGME or American Osteopathic Association (AOA)-accredited residency program in anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, or surgery.
“Pre-Accreditation Status”

• Importance to ACGME:
  • Programs will be in data system
    • ADS annual update
    • Case logs
    • Resident survey
    • Faculty survey
    • Milestones
“Pre-Accreditation Status”

Remains in effect until:

1. Program achieves Initial Accreditation, or
2. Program withdraws application, or
3. 30 June 2020
Dually-Accredited Programs

- Term is not in ACGME Glossary
- Refers to programs that are accredited by both the ACGME and the AOA
- Dually-accredited programs do not need to do anything by way of application in the SAS.
- They may need to ask RC for complement increase if residents in the AOA program are not currently counted in ACGME complement.
- They may seek Osteopathic Recognition
Parallel-Accredited Programs

- Term is not in ACGME Glossary

- Refers to two programs in the same specialty / subspecialty and in the same institution with one accredited by ACGME and one accredited by AOA but with no overlap between the two.

- *May* remain separately accredited through application of AOA-approved program but…

- Expect in most instances programs will merge

- They *may* seek Osteopathic Recognition
Subspecialty Programs

- Subspecialty programs are considered dependent
- *Must* be associated with core program in same SI
- Sub *can* apply after core has Pre-Accreditation
- Sub *cannot* be accredited until core is accredited
AOA Fellowship Applications

Sponsoring Institution and core program: ACGME-accredited or “pre-accreditation”

Program application for ACGME Accreditation

Program AOA-Approved 1 July 2015?

“Pre-Accreditation status”

Fellows in program 1 July 2015?

“Continued Pre-Accreditation”

Withdraw Application 1 July 2020

Initial Accreditation Conferred

May have AOA co-PD AOA-certified faculty

Subject to all current ACGME PRs

Core Program ACGME-Accredited?

RC finds “Substantial Compliance”?

No

No benefits of MOU

Yes

Initial Accreditation Conferred

Yes

 +/- SV

RC finds “Substantial Compliance”?

No

Accreditation Withheld

Yes

“Pre-Accreditation status”

1 July 2015?

Yes
Internship (TY) Programs

• Must be sponsored by institution which is ACGME-accredited or in pre-accreditation status

• Must also be sponsored by at least one core specialty program* which is ACGME-accredited or have pre-accreditation status

• At least one of those programs must be sponsored by the same SI as the TY program

• Any others may be in a participating sites

* One of those must be EM, FM, GS, IM, OBG or Peds
AOA Internship \(\rightarrow\) TY Applications

Sponsoring Institution and programs: ACGME-accredited or "pre-accreditation"

- Program application for ACGME Accreditation

Program AOA-Approved 1 July 2015?

- Yes
  - "Pre-Accreditation status"
    - Residents in program 1 July 2015?
      - Yes
        - May have AOA co-PD AOA-certified faculty
      - No
        - Subject to all current ACGME PRs

- No
  - "Continued Pre-Accreditation"
    - Withdraw Application

1 July 2020

Initial Accreditation Conferred

RC finds "Substantial Compliance"?

- Yes
  - Sponsor Program ACGME-Accredited?
    - Yes
      - Initial Accreditation Conferred
    - No
      - Accreditation Withheld

- No
  - Usual program application process; No benefits of MOU

SV

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Possible Challenges for AOA Programs
• Under the MOU, Type A programs:
  • Must have ABMS-certified PD*
  • May have AOA-certified co-PD
• Some RCs have other PD requirements
• Program types B & C must have ABMS PD*

*IM and FM RC’s will accept AOA-certified program director and several other RCs will consider AOA-certified program director

See: http://www.acgme.org/acgmeweb/Portals/0/PDFs/Nasca-Community/PD_Qualifications_forWeb.pdf
Support for Program Director

PR-I.A.  [Common Program Requirement]

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program. (Core)

- Many RCs specify minimum support, e.g.:
  - Transitional Year: 25% (10 hrs/wk) [PR-I.A.1.]
  - Surgery: 30% [PR-I.A.2.]
  - Internal Medicine: 50% (20 hrs/wk) [PR-I.A.2.a]
  - Family Medicine: 70% (28 hrs/wk) [PR-I.A.4.a]
Support for Coordinator

• Common Program Requirements silent
• Some RCs specify minimum support, e.g.:
  • Surgery: “There must be a full-time surgery program coordinator designated specifically for surgical education” [PR-II.C.1.]
  • Family Medicine: “support for full-time residency coordinator” [PR-I.A.4.b]
  • Transitional Year: Not specified
  • Internal Medicine: Not specified
Conflicting Standards

• 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
Site Visit for Applications

• By ACGME policy, all applicant core residency programs must be site visited
• Some subspecialty programs have SVs
• Treated as “new” to ACGME (+/- trainees)
• Single site visitor
• Full site visit (all applicable requirements)
• Interview institutional & program personnel
• Interview trainees (if any)
Specter of Marooned Residents

• What if a resident is in an AOA-approved program and that program fails to achieve ACGME accreditation before 30 June 2020?

• **NO** one wants this to happen

• Shared responsibility

• ACGME policies not applicable in program that has not been ACGME-accredited
Osteopathic Recognition
OPC Background: Need

- “ACGME recognizes the continuing importance to AOA, AACOM and osteopathic physicians of preserving and promoting osteopathic principles”

- “ACGME recognizes that a single system of accreditation will permit allopathic medical students to train in ACGME programs that recognize osteopathic principles, if they so desire”

2014 MOU among ACGME, AOA & AACOM
OPC Background: Constitution

• “The recognition committee, entitled the Osteopathic Principles Committee, shall be responsible for review and evaluation of the osteopathic principles dimension of program applicants that seek ongoing Osteopathic Recognition;”

2014 MOU among ACGME, AOA & AACOM
Committee Members

Robert A Cain, DO (Chair)
Natasha N. Bray, DO (Vice Chair)
Juan F. Acosta, DO
Jane Elizabeth Carriero, DO
Millicent King Channell, DO
Alissa Craft, DO
John Joseph Dougherty, DO
Robert Hasty, DO
Kenneth Heiles, DO
Anthony Ottaviani, DO
George Pasquarello, DO
Michael P. Rowane, DO
Barry Smith, MD
Karen T. Snider, DO
Penelope Tippy, MD
ED: Tiffany Moss
Delegation of Authority

(ACGME Policies & Procedures Manual, Section 9.60)

• Under the delegated authority of the ACGME Board, recognition of the osteopathic principles dimension of accredited programs is carried out by the OPC, subject to appeal of adverse actions to the Board.

• The ACGME Board provides oversight of the OPC through the Monitoring Committee.
OPC Responsibilities

Osteopathic Principles Committee Responsibilities

(ACGME Policies & Procedures Manual, Section 9.70)

Recognition of an osteopathic principles dimension will be available to any ACGME-accredited program. This Osteopathic Recognition will be conferred by the OPC, subject to appeal of adverse actions to the Board.
Frequently Asked Questions
Frequently Asked Questions

- What is substantial compliance?
- What is happening with the match?
- What board will certify graduates?
- Can MDs now enter AOA programs?
- What is the New Accreditation System?
- What is considered to be “scholarly activity”?
- What about those Milestones?
- What do I need to know about CLER?
What is meant by ‘substantial compliance’?
Subject 17.50
The Review Committee will issue a citation(s) based on findings that a program or an institution fails to demonstrate substantial compliance with any accreditation standard(s) or ACGME policy or procedure.

Subject 17.50
During program or institutional review, a Review Committee shall confer an accreditation status on the program or institution…The final action represents a peer judgment by the Review Committee as a whole.

*It’s a peer-review judgment call*
What is Happening With the Match?
“The Match”

• There are *numerous* match processes, including:
  • The AOA National Matching Services, Inc.
  • The Joint Service GME Selection Board
  • The National Resident Matching Program
  • The San Francisco Matching Program

• ACGME not in control of or affiliated with any match

• Programs in Pre-Accreditation are AOA-approved

• Programs in Pre-Accreditation use AOA NMS

• ACGME-accredited programs *not* eligible for NMS
What Board will Certify Graduates in the SAS?
Board Certification of Graduates

- Will AOA or ABMS boards certify graduates in SAS?
  - Certification not part of the MOU
  - ACGME has no control over ABMS boards
    - Each does and will determine eligibility criteria
  - Will AOA boards require Osteopathic Recognition?
    - Many unknowns remain

- Do know that ACGME will recognize graduate performance on AOA boards in assessing program quality
Can MDs Now Enter AOA Programs?
Can MDs Enter AOA Programs?

- No
- AOA does not allow MDs in its programs
- MDs and DOs eligible for ACGME programs

n.b. Programs in Pre-Accreditation Status are AOA-approved but are not ACGME-accredited
What is this
Next Accreditation System?
Next Accreditation System: Goals

• Produce physicians for 21st century
• Accredit programs based on outcomes
• Reduce administrative burden of accreditation
The Next Accreditation System

Continuous observations

Identify opportunities for improvement

Program makes improvement(s)

Assess program improvement(s)

Promote Innovation
NAS: What’s Different?

• No cycle lengths
• Continuous accreditation model
• Every program reviewed every year
Data Reviewed **Annually** by RC

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Response to active citations
  - Omission of data
- Board Pass Rate (*will include ABMS and AOA boards*)
- Resident Survey
- Faculty Survey
- Clinical Experience – Case logs
- Semi-Annual Resident Evaluation and Feedback
  - Milestones

Additional data: Ten year self-study
With Annual Data, RRC can...

- Request clarifying information
- “Resolve” prior citation(s)
- “Continue” prior citation(s)
- Issue new citation(s)
- Continue accreditation status
- Change accreditation status
- Request progress report
- Require site visit
Program Statuses

- Existing programs
  - Continued Accreditation
  - Continued Accreditation with Warning
  - Probationary Accreditation
  - Withdrawal of Accreditation
Program Statuses

- New programs
  - Accreditation Withheld*
  - Initial Accreditation
  - Initial Accreditation with Warning
  - Continued Accreditation without Outcomes

*This status will not be applied to Type 1 and 2 programs applying under the terms of the MOU
The Next Accreditation System

• *Each* standard categorized:
  
  • Outcome - All programs must adhere
  
  • Core - All programs must adhere
  
  • Detail - Programs with status of Continued Accreditation may innovate
Program Accreditation in NAS

Application for New Program

Initial Accreditation
- Initial Accred. w/ Warning
- Cont. Accred. w/o Outcomes
- Accreditation with Warning
- Probationary Accreditation

Continued Accreditation

STANDARDS
- Outcomes
- Core Process
- Detail Process

Withhold Accreditation

 Withdrawal of Accreditation
9,022 ACGME Accredited Programs*

*As of 1 January 2013
Excludes programs with Initial Accreditation
9,022 ACGME Accredited Programs*

*As of 1 January 2013
Excludes programs with Initial Accreditation

95.7%

4%

0.3%, n=27

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What is Considered to be Scholarly Activity?
Faculty Scholarly Activity

II.B.5. ACGME Common Program Requirements Effective July 1, 2015

The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.

The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.

Some members of the faculty should also demonstrate scholarship by one or more of the following:

- peer-reviewed funding;
- publication of original research or review articles in peer reviewed journals, or chapters in textbooks;
- publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,
- participation in national committees or educational organizations.
# Faculty Scholarly Activity

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
<th>Chapters / Textbooks</th>
<th>Grant Leadership</th>
<th>Leadership or Peer-Review Role</th>
<th>Teaching Formal Courses</th>
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<td>12433</td>
<td>32411</td>
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</table>
Faculty Scholarly Activity

Pub Med Ids (assigned by PubMed) for articles published between 7/1/2014 and 6/30/2015. List up to 4.

<table>
<thead>
<tr>
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<td>3</td>
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</tbody>
</table>

Number of abstracts, posters, and presentations given at international, national, or regional meetings between 7/1/2014 and 6/30/2015.

Enter a number
Faculty Scholarly Activity

Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/2014 and 6/30/2015

Other Presentations

Enter a number

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Faculty Scholarly Activity

Number of chapters or textbooks published between 7/1/2014 and 6/30/2015

Chapters / Textbooks

Enter a number

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# Faculty Scholarly Activity

## Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) between 7/1/2014 and 6/30/2015

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
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</tbody>
</table>

Enter a number
Faculty Scholarly Activity

Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2014 and 6/30/2015

Leadership or Peer-Review Role

Y

Answer Yes or No
Faculty Scholarly Activity

Between 7/1/2014 and 6/30/2015, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.

<table>
<thead>
<tr>
<th>Teaching Formal Courses</th>
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<tbody>
<tr>
<td>N</td>
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</tbody>
</table>
Resident Scholarly Activity

IV.B. ACGME Common Program Requirements Effective July 1, 2015

The curriculum must advance residents’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

Residents should participate in scholarly activity.

[As further specified by the Review Committee]

The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.

[As further specified by the Review Committee]
# Resident Scholarly Activity

<table>
<thead>
<tr>
<th>Resident</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>Conference Presentations</th>
<th>Chapters / Textbooks</th>
<th>Participated in research</th>
<th>Teaching / Presentations</th>
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Resident Scholarly Activity


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Enter Pub Med ID #'s
Resident Scholarly Activity

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Enter a number

©2015 Accreditation Council for Graduate Medical Education (ACGME)
## Resident Scholarly Activity

### Number of chapters or textbooks published between 7/1/2014 and 6/30/2015

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Resident Scholarly Activity

Participants in funded or non-funded basic science or clinical outcomes research project between 7/1/2014 and 6/30/2015

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</table>

Answer: Yes or No

N
Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program between 7/1/2014 and 6/30/2015

Teaching / Presentations

Answer Yes or No

Y
What About those Milestones?
Milestones

- Organized under six domains of clinical competency
- Observable steps on continuum of increasing ability
- Describe trajectory from neophyte to practitioner
- Intuitively known by experienced specialty educators
- Provide framework & language to describe progress
- Articulate shared understanding of expectations
- Set aspirational goals of excellence
Creation of Milestones

Board  RRC  PD Group  Residents  Academy

Milestones
### PC3. Generates a differential diagnosis.

<table>
<thead>
<tr>
<th>Has not achieved Level 1</th>
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<th>Level 5</th>
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<td>Creates a differential diagnosis that includes common causes of urologic complaints.</td>
<td>Creates a differential diagnosis that includes common and uncommon causes of urologic complaints.</td>
<td>Prioritizes potential causes of patient complaint using information gathering skills.</td>
<td>Rapidly generates differential and strategy to finalize diagnosis.</td>
<td>Creates a differential diagnosis that includes common, uncommon and rare causes of urologic complaints.</td>
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<td>For hematuria, considers less common etiologies, such as renal source of bleeding.</td>
<td>Examples: Generates differential and diagnostic strategy for range of urologic complaints, such as potential genitourinary malignancy, lower urinary tract symptoms, and flank pain.</td>
<td>Examples: Generates differential and diagnostic strategy for multiple urologic complaints, such as lower urinary tract symptoms (LUTS) and renal mass.</td>
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**Comments:**
## General Competency

### PC3: Generates a differential diagnosis.

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Comments:
Milestones Display

**Sub-Competency**

<table>
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</tr>
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<tbody>
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Examples:
- **For abdominal pain,** considers urologic and non-urologic etiologies
- **For flank pain,** considers common etiologies, such as infection, prostatic hyperplasia, and malignancy
- For hematuria, considers common etiologies, such as urinary lithiasis and pyelonephritis
- For hematuria, considers less common etiologies, such as spontaneous hemorrhage from possible benign or malignant renal neoplasm (in addition to common etiologies listed above)
- For hematuria, considers less common etiologies, such as renal source of bleeding

Examples:
- Generates differential and diagnostic strategy for range of urologic complaints, such as potential genitourinary malignancy, lower urinary tract symptoms, and flank pain
- Generates differential and diagnostic strategy for multiple urologic complaints, such as lower urinary tract symptoms (LUTS) and renal mass

Comments:
### Milestones Display

**Developmental Progression or Set of Milestones**

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<tbody>
<tr>
<td>Has not achieved Level 1</td>
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<table>
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</table>

**Comments:**

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### Individual Milestone

**PC3. Generates a differential diagnosis.**

<table>
<thead>
<tr>
<th>Has not achieved Level 1</th>
<th>Level 1</th>
<th>Level 2</th>
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</table>

Priorities potential causes of patient complaint using information gathering skills.

Rapidly generates differential and strategy to finalize diagnosis.

Generates differential and diagnostic strategy for range of urologic complaints, such as lower urinary tract symptoms (LUTS) and renal mass.

Comments:
ACGME Goals for Milestones

- Track what is important: Educational outcomes
- Use existing tools for observations
- Set common expectations for resident progress
- Specialty specific normative data
- RRCs will use aggregated program data
- ABMS Board may use individually identified data
Clinical Competency Committee

Operative Performance Rating Scales
Nursing and Ancillary Personnel Evaluations
OSCE
Mock Orals
End of Rotation Evaluations
ITE
Sim Lab
Self Evaluations
Case Logs
Student Evaluations
Clinic Work Place Evaluations
Patient / Family Evaluations
Peer Evaluations
Assessment of Milestones

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What do I need to know about CLER?
The ACGME Clinical Learning Environment Review (CLER) provides the profession and the public a broad view of sponsoring institutions’ initiatives to enhance the safety of the learning environment and to determine how residents are engaged in patient safety and quality improvement activities.
CLER Program

- Focused on institutions, not programs
- Provides formative feedback
- No accreditation implication
- Performed in ACGME-accredited institutions
  - No CLER visits to institutions in pre-accreditation
Resources
Some Resources

- Webinars Page
  - NAS (General and specialty specific)
  - Milestones
  - CLER
  - Self-study
  - Soon to have presentations on Institutional Accreditation and the details of individual specialty accreditation

- Single GME Accreditation System

- Program eligibility requirements
  http://www.acgme.org/acgmeweb/tabid/461/GraduateMedicalEducation/SingleAccreditationSystemforAOA-ApprovedPrograms/EligibilityRequirements.aspx
# Upcoming Webinars

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Otolaryngology</td>
<td>April 1, 2015</td>
<td>1:00 - 2:00 pm</td>
</tr>
<tr>
<td>Surgery</td>
<td>April 1, 2015</td>
<td>5:00 - 6:00 pm</td>
</tr>
<tr>
<td>Urology</td>
<td>April 15, 2015</td>
<td>5:00 - 6:00 pm</td>
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<tr>
<td>Internal Medicine</td>
<td>April 16, 2015</td>
<td>3:00 - 4:00 pm</td>
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<tr>
<td>Diagnostic Radiology</td>
<td>April 29, 2015</td>
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<tr>
<td>Transitional Year</td>
<td>April 29, 2015</td>
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<td>Family Medicine</td>
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<td>Dermatology</td>
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<td>Orthopaedics</td>
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<td>Emergency Med</td>
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<td>Obstetrics &amp; Gynecology</td>
<td>May 20, 2015</td>
<td>5:00 - 6:00 pm</td>
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<td>Ophthalmalogy</td>
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