Single Accreditation System: Historical Background, Current Status, and Future Opportunities

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ACGME

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Disclosures

I have nothing to disclose or any financial conflicts
Objectives

- Recount the background leading to the development of Single Accreditation System
- Review Benefits of the Single Accreditation System
- Describe the pathways:
  - ACGME Accreditation for Osteopathic Programs
  - Osteopathic Recognition
- Explain the roles of the ACGME:
  - Osteopathic Principles Committee
  - Osteopathic Neuromusculoskeletal Medicine Committee
- Describe challenges hospitals or programs may encounter during transition
- Review transition achievements/Update on the Single Accreditation System
ACGME Mission

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

First residency 1890
First RRC 1940
ACGME established 1960
ACGME independent 1980
32 yrs

Single Accreditation
NAS
ACGME-I
Milestones Project
JGME
Outcomes Project
CLER

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Courtesy of John Potts, MD
ACGME Programs

- 9,934 GME programs*
- 126,037 residents*
- 817* sponsoring institutions
- 139* specialty and subspecialty areas
- 29 Review Committees
- 1 Recognition Committee
- Approximately 6,000+ items/decisions per year

*ACGME Data AY 2015-16 (5-6-2016)
A Medical Reform Movement In The 1870’s

• Osteopathic medicine is a unique form of American medical care that was developed in 1874 by Dr. Andrew Taylor Still.

• Dr. Still was dissatisfied with the effectiveness of 19th Century medicine.

• He believed that many of the medications of his day were useless or even harmful.

• Dr. Still was one of the first in his time to study the attributes of good health so that he could better understand the process of disease.

Slide content from Michigan State University Presentation by Lisa DeStefano, DO

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1892, Still opened the first school in Kirksville MO
Original Colleges of Osteopathic Medicine

- A. T. Still University-Kirksville College of Osteopathic Medicine (The American School of Osteopathy), 1892
- Des Moines University-College of Osteopathic Medicine (Dr. S. S. Still College of Osteopathy*), 1898
- Philadelphia College of Osteopathic Medicine (Philadelphia College and Infirmary of Osteopathy), 1899
- Midwestern University-Chicago College of Osteopathic Medicine (American College of Osteopathic Medicine and Surgery), 1900
- Kansas City University of Medicine and Biosciences-College of Osteopathic Medicine (The Kansas City College of Osteopathy and Surgery), 1916

*Dr. Summerfield Sauders Still

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Osteopathic Medicine: GME

- Early part of the 1900’s were spent organizing and getting legal recognition in the states.
- 8,235 Osteopathic Physicians in 1935
- First reviewed and approved programs in Osteopathic Hospitals
  - AOA Internships, 1936
  - AOA Residencies, 1947
- WW II led to increased exposure and stature.
- Osteopathic Postdoctoral Training Institutions (OPTI)-1995
Osteopathic Profession Today*

- 96,954** osteopathic physicians in the US
- 123,075*** if you add currently-enrolled students
- 33 Accredited Colleges of Osteopathic Medicine^
- Osteopathic Colleges with 48 teaching locations in 31 states^
- New Students starting Fall 2015 – 7,025^
- Currently enrolled students – 26,121^

*www.osteopathic.org
**Total number include graduates of Osteopathic Medical Schools (May 31, 2015)
***Total number of DOs and Osteopathic Medical students (May 31, 2015)
^AACOM Website May 9, 2016
Colleges of Osteopathic Medicine – Admissions Offices

The American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA) currently accredits 33 colleges of osteopathic medicine offering instruction at 48 locations in 31 states.

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*AACOM Map and information from AACOM Website
AOA-Approved*

- AOA-Accredited OPTI’s  20
- Programs
  - Internships  121
  - Residency Programs  862
  - Fellowships  261
    Total  1,244
- Dually accredited programs
  - Residency  154
  - Fellowships  11
    Total  165

*As of July 1, 2015
Single Accreditation System

ACGME, AOA, and AACOM

• Promote improved health and health care for the public

• Achieve four benefits:
  • Maintain consistent evaluation and accountability for the competency of resident physicians across all graduate medical education (GME)
  • Eliminate duplication in GME accreditation.
  • Achieve efficiencies and cost savings for institutions currently sponsoring “dually” or “parallel” programs.
  • Ensure residency and fellowship applicants are eligible to enter all accredited programs in the United States

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Timeline

- February 26, 2014 - MOU (ACGME, AOA, AACOM)
- February 2, 2015 - New sponsoring institutions submitting Intent to Apply Form
- April 1, 2015 - New sponsoring institution applications*
- July 1, 2015 - AOA-approved program applications*
  - Programs cannot apply if their institution is not in pre-accreditation status
- July 1, 2015 – Applications for Osteopathic Recognition
- June 30, 2020 - AOA ceases accreditation

*Pre-accreditation* status granted upon submission of a completed institution or program application.

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scroll down the page
### Transition Achievements

<table>
<thead>
<tr>
<th>Dates</th>
<th>Achievements</th>
</tr>
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<tbody>
<tr>
<td>February 2014</td>
<td>MOU</td>
</tr>
<tr>
<td>July 2014</td>
<td>House of delegates</td>
</tr>
<tr>
<td>November 2014</td>
<td>ONMM and OPC, draft requirements</td>
</tr>
<tr>
<td>January 2015</td>
<td>AOA and AACOM become member organizations</td>
</tr>
<tr>
<td></td>
<td>New DO members to the board</td>
</tr>
<tr>
<td></td>
<td>Joint Task Force overseeing transition</td>
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<tr>
<td>February 2015</td>
<td>AOA and AACOM full participation ACGME Board</td>
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<tr>
<td></td>
<td>Approved ONMM requirements and OPC requirements for Osteopathic Recognition</td>
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<td></td>
<td>DO’s to serve on review committees</td>
</tr>
<tr>
<td></td>
<td>SVP named</td>
</tr>
<tr>
<td>April 2015</td>
<td>IM and FM first to except AOA certification for PD’s</td>
</tr>
<tr>
<td>May 2015</td>
<td>AOA Institutions start to apply</td>
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<tr>
<td></td>
<td>AACOM Student survey on Osteopathic Recognition (OR)</td>
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</table>
## Transition Achievements

<table>
<thead>
<tr>
<th>Dates</th>
<th>Achievements</th>
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<tbody>
<tr>
<td>July 2015</td>
<td>AOA Programs start to apply</td>
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<tr>
<td></td>
<td>ACGME Programs and pre-accredited programs start applying for OR</td>
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<tr>
<td></td>
<td>Drs. Nasca and Buser give update to HOD</td>
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<tr>
<td>September 2015</td>
<td>First AOA programs achieve Initial Accreditation</td>
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<tr>
<td>October 2015</td>
<td>Transitional year RC made changes to requirements</td>
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<td>November 2015</td>
<td>First ACGME programs achieve Initial Recognition</td>
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<tr>
<td>Nov./Dec. 2015</td>
<td>9 Specialties will accept AOA Internships during transition</td>
</tr>
<tr>
<td>January 2016</td>
<td>Fellowship Eligibility during transition</td>
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<tr>
<td>February 2016</td>
<td>Addition of a 2(^{nd}) entry point for completion of an ONMM program</td>
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<tr>
<td>March 2016</td>
<td>Process for combined/integrated programs</td>
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Working Committees

• Operations Committee Meeting
  • Leadership from each organization
    • ACGME
    • AOA
    • AACOM

• Education
  • Small group with representation from each organization
    • Learn from past experiences
    • Focus on education needs
    • Review opportunities for educational presentations
Program Director Qualifications

22 Review Committees will consider AOA-certified program directors
Program Director Qualifications

- Review Committees have other requirements for the program director position in addition to certification

- Additional requirements
  - Published in Program Requirements
  - FAQs from the Review Committee

- All program director appointments must be reviewed and approved by the Review Committee
## AOA Members

### Review Committees

<table>
<thead>
<tr>
<th>Hospital-Based</th>
<th>Medical</th>
<th>Surgical</th>
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<tbody>
<tr>
<td><strong>Committee</strong></td>
<td><strong>AOA Members</strong></td>
<td><strong>Committee</strong></td>
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<tr>
<td>Anesthesiology</td>
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<td>Dermatology</td>
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<tr>
<td>Emergency Medicine</td>
<td>2</td>
<td>Family Medicine</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
<td>1</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>PM&amp;R</td>
<td>1</td>
<td>Neurology</td>
</tr>
<tr>
<td>Preventive Med.</td>
<td>1</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Transitional</td>
<td>3</td>
<td>Psychiatry</td>
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<tr>
<td><strong>Institutional</strong></td>
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<td></td>
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<tr>
<td><strong>ONMM</strong></td>
<td>6</td>
<td></td>
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<tr>
<td><strong>OPC</strong></td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

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“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

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## Eligibility Requirements

Common Program Requirements are in BOLD

Geriatric Medicine (Family Medicine)

<table>
<thead>
<tr>
<th>Eligibility Requirements</th>
<th>in Effect on June 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>III.A. Eligibility Criteria</td>
<td></td>
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<tr>
<td>Each fellow must successfully complete an ACGME-accredited specialty training program and/or meet other eligibility criteria specified by the Residency Review Committee for the program to which the fellow has been matched.</td>
<td></td>
</tr>
<tr>
<td>III.A.1. Fellows should have completed an ACGME-accredited residency program in family medicine or internal medicine, or a family medicine residency that has been accredited by either the College of Family Physicians of Canada or the American Osteopathic Association.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>medical education prior to starting the fellowship. (Core)</td>
</tr>
<tr>
<td></td>
<td>or CanMEDS Milestones assessments from the core residency program. (Core)</td>
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</tbody>
</table>
# Fellowship Eligibility Requirements

**Frequently Asked Questions: Single Accreditation System**  
**Accreditation Council for Graduate Medical Education (ACGME)**

These FAQs address elements of the single accreditation system resulting from an agreement among ACGME, the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM). Please refer to the ACGME Glossary of Terms for clarification on some of the terms used in this document.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td>Eligibility for Fellowship</td>
<td>Some disciplines do accept AOA-approved prerequisite training as eligible for entry into ACGME-accredited fellowships. Others require that prerequisite training occur only in ACGME-accredited programs for such eligibility. Starting July 1, 2018, eligibility requirements for all fellowship positions will require completion of prerequisite training in a program accredited by the ACGME, the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC). Between July 1, 2015 and June 30, 2020, a resident who completes prerequisite training in an AOA-approved program with pre-accreditation status will be subject to the ACGME fellowship eligibility standards (per subspecialty) that were in effect June 30, 2013 or July 1, 2016, whichever is less restrictive. A number of Review Committees (see here for a list) allow programs to grant an exception to the eligibility requirements for prior training. If an individual is appointed to a fellowship program based on the “exceptionally qualified applicant provision” detailed in the ACGME Common Program Requirements, and has successfully completed Levels I, 2, and 3 of COMLEX USA, he/she will not be required to take USMLE. This applies only to graduates of programs with a status of pre-accreditation. NOTE: Some subspecialties did not in 2013, and will not in 2016, accept as prerequisite training anything other than completion of an ACGME-accredited program. <em>The eligibility requirements for every ACGME-accredited subspecialty that were in effect as of June 30, 2013, that were/are in effect between June 30, 2013 and July 1, 2016, and that will be in effect as of July 1, 2016, are available on the Single GME Accreditation System section of the ACGME website.</em></td>
</tr>
<tr>
<td>Are graduates of programs with dual accreditation eligible for ACGME-accredited fellowships?</td>
<td>A program with dual accreditation is accredited by the ACGME, and each of its graduates who are listed in ADS (see the section on programs with dual accreditation above) are eligible for ACGME-accredited fellowship positions.</td>
</tr>
</tbody>
</table>
Single Accreditation System
Application Timeline/Process

July 1, 2015-June 30, 2020
What is a Sponsoring Institution

• Organization that assumes the ultimate financial and academic responsibility for a GME program

• Sponsoring institution has the primary purpose of providing educational programs and/or health care services

• University
• Medical school
• Hospital
• School of public health
• Health department
• Public health agency
• Organized health care delivery system
• Medical examiner's office
• OPTI
• Consortium
• Educational foundation
Sponsoring Institution Application Process

• Prior to an AOA program submitting an application

• Sponsoring Institution must have, or must apply for, ACGME Institutional Accreditation

• Sponsoring Institution must have:
  • Continued accreditation, or
  • Initial accreditation, or
  • Pre-Accreditation, or
  • Continued Pre-Accreditation
Application Process

• Submit Sponsoring Institution Application (if applicable)

• Program Requirements
  • Common
  • Specialty Specific

• Submit Program Application

• Submit Osteopathic Recognition Application
“Pre-Accreditation Status”

- Created for and to be applied only during the transition to ACGME accreditation for currently AOA-approved programs
- Extended to include institutions
- Is not synonymous with Initial Accreditation
- Granted upon receipt of completed application
- Does not require IRC/RRC review
- Status will be publicly acknowledged
“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
Once pre-accreditation is granted, programs and sponsors must participate in all required annual ACGME reporting:

- Programs with pre-accreditation status can begin the application process for Osteopathic Recognition. Once programs achieve Initial Accreditation, applications can be reviewed by the Osteopathic Recognition Committee.

- June 30, 2020 – All sponsoring institutions and programs must achieve initial accreditation. The AOA ceases to accredit GME programs.
Accreditation of AOA Programs

To achieve Initial Accreditation, programs must demonstrate substantial compliance with Program Requirements
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
Timeline “Pre-Accreditation” to “Initial Accreditation”

• Pre-Accreditation Status” instantaneous

• Initial Accreditation process may take 6-9 months or longer
  • Application received
  • Site visit scheduled
  • Application & site visitor report to review committee members
  • Next scheduled review committee meeting
  • Review committee reviews and grants “Initial Accreditation”
  • Notification by Executive Director
**Actions on AOA Applications**

- **Sponsoring Institution:** ACGME-accredited or “pre-accreditation status”
  - Program application for ACGME Accreditation
    - Program AOA-Approved 1 July 2015?
      - Yes: “Pre-Accreditation status”
        - “Continued Pre-Accreditation”
          - Residents in program 1 July 2015?
            - Yes: May have AOA co-PD AOA-certified faculty
              - Subject to all current ACGME PRs
            - No: “Pre-Accreditation status”
              - Program: Initial Accreditation Contingent
                - Program: Initial Accreditation
        - No: “Pre-Accreditation status”
          - Program: Initial Accreditation
    - No: Usual program application process; No benefits of MOU
      - RC finds “Substantial Compliance”
        - Yes: Initial Accreditation Conferred
          - No: Accreditation Withheld
            - RC finds “Substantial Compliance”
              - Yes: Status of Sponsoring Institution?
            - No: “Continued Pre-Accreditation”
              - 2 yrs
                - Withdraw Application
                  - 1 July 2020

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ACGME Fees

• Program Application fee:
  • $6,200.00
  • Payable at time of application

• Annual accreditation fees:
  • $4,300.00 for programs with ≤ 5 trainees
  • $5,200.00 for programs with > 5 trainees
  • Payable January 1 annually

• No fees for institutional accreditation
• No fees for Osteopathic Recognition

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Committees

- Osteopathic Neuromusculoskeletal Medicine Committee (ONMM)
- Osteopathic Principles Committee (OPC)
Osteopathic Neuromusculoskeletal Medicine Committee (ONMM)

- Delegated accreditation authority for accreditation of Osteopathic Neuromusculoskeletal Residency Programs
  - 8 Members
    - 5 nominated by AOA and appointed by BOD
    - 1 appointed by ACGME
    - 1 Resident Member
    - 1 Public Member
- Chair will sit on Council Review Committee Chairs
Current Status: ONMM

- **Requirements**: Posted
- **FAQs**: Posted
- **Application**: Posted
- **Case Logs**: In progress *(Anticipated to be available Spring 2016)*
- **Milestones**: Posted
## Pathways to completion

<table>
<thead>
<tr>
<th>Pathway</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of training</td>
<td>24 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Entry point</td>
<td>ONMM1 level</td>
<td>ONMM2 level</td>
</tr>
<tr>
<td>Training prior to entry</td>
<td>Transitional year, 1&lt;sup&gt;st&lt;/sup&gt; yr of Family Medicine, 1&lt;sup&gt;st&lt;/sup&gt; yr of another residency program&lt;sup&gt;^ **&lt;/sup&gt;</td>
<td>Residency program&lt;sup&gt;***^&lt;/sup&gt;</td>
</tr>
<tr>
<td>AOA program comparison</td>
<td>NMM/OMM (2 yr)</td>
<td>NMM Plus One (1 yr)</td>
</tr>
</tbody>
</table>

<sup>^</sup>Must be able to complete outlined rotations during the first year.

<sup>^^</sup>Must complete a minimum of 12 months of NMM rotations.

<sup>**</sup>Must have been in an osteopathic-focused position in a program with Osteopathic Recognition <i>or</i> have been in an AOA-approved program.

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Pathway 2 – ONMM2
Level of Entry

Eligibility:

ACGME-accredited residency program with Osteopathic Recognition (in an osteopathic-focused position).**

And

Completion during that residency of a minimum of 12 months of rotations required for the ONMM program.

** Completion of a AOA-approved residency program is also acceptable.
Osteopathic Principles Committee

• Responsible for review and evaluation of the Osteopathic Principles and Practice (OPP) for programs seeking Osteopathic Recognition

• 17 Members
  • 13 Nominated by AOA and appointed by BOD
  • 2 Appointed by ACGME
  • 1 Resident Member
  • 1 Public Member

• Chair is a member of the Council of Review Committee Chairs
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
Function of the OPC

- Review and evaluate the osteopathic principles dimension of ACGME-accredited programs for compliance with these standards.
- Confer Osteopathic Recognition on the osteopathic principles dimension of programs that seek, or seek to maintain, Osteopathic Recognition, and that complies substantially with the Requirements for Osteopathic Recognition, subject to appeal of adverse actions to the Board.
- Although not a Review Committee, the OPC will operate generally under ACGME policies and procedures in a manner similar to Review Committees.
What is Osteopathic Recognition?

- Commitment by a program to teach and assess Osteopathic Principles and Practices (OPP) at the graduate medical education level.

- Osteopathic Recognition is conferred upon any ACGME-accredited graduate medical education program providing requisite training in Osteopathic Principles and Practice (OPP).
General Osteopathic Recognition
Application Information

- All ACGME accredited programs and AOA programs in pre-accreditation are currently eligible to apply for OR
- Applications will be reviewed by the Osteopathic Principles Committee (OPC)
- Each program at an institution must submit a separate OR application.
- No site visit will be required
- No fees for Osteopathic Recognition (No fees for application, site visits, continued recognition, etc.)
Why Osteopathic Recognition?

• Provides an organized approach to perpetuate osteopathy’s contributions to patient care.

• Creates opportunity for all physicians to learn Osteopathic Principles and Practices.

• Creates program distinctiveness.

• Programs with Osteopathic Recognition are acknowledged on the ACGME website.
Osteopathic Recognition Program vs Track

- Osteopathic Recognition (OR)
  Conferred upon any ACGME-accredited program providing requisite training in Osteopathic Principles and Practice after appropriate application and review for adherence to established requirements.

- Osteopathic-Focused Track
  Programs receiving Osteopathic Recognition may designate all residents in the program as osteopathic-focused or only a portion of the program, which is referred to as an osteopathic-focused track.
One of the following must be identified as the leader of the osteopathic-focused education in the program, also referred to as the Director of Osteopathic Focused Education:

- Program Director
- Co-Program Director (if applicable)
- Osteopathic-Focused Track Director**

**Position only required if the Program Director will not be the designated leader of osteopathic-focused education.
Osteopathic-Focused Track Director

- Must meet the qualifications of a faculty member outlined in the specialty’s program requirements.

- May be board certified in a specialty other than that of the program.

- Must meet the OR faculty qualifications.*

*Note: May be shared between programs.
Current Status: OR

- Requirements: Posted
- FAQs: Posted
- Application: Posted
- Application Instruction Guide: Posted
- Milestones: Posted
Transitional Year 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 in pre-accreditation status

• That program must be sponsored by the same SI as the TY program
Review Committee Decisions on Non-ACGME Preliminary Clinical Years*

- Review Eligibility Requirements for each specialty
- Review Frequently Asked Questions (FAQs) or posted statements from each specialty for information

*AOA Internships

- Anesthesiology
- Dermatology
- Diagnostic Radiology
- Medical Genetics
- Nuclear Medicine
- Ophthalmology
- PM&R
- Preventive Medicine
- Radiation Oncology

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Institution/Program Challenges

- Program Director/Faculty Requirements
- Financial Concerns
- Application Preparation
- Curricular Resources
- Support Staff Requirements
- Compensated Time Requirements
- Resident number requirements
Institution/Program Challenges

- Facility needs
- Small Rural Training Site Concerns
- Patient volume requirements
- Surgery/procedure volume requirements
- Loss of Partners
- Ability to Meet Accreditation Standards by 2020
Institution Applications

- 69 Applications*
  - 6 Pre-Accreditation
  - 19 Continued Pre-Accreditation
  - 44 Initial Accreditation

*May 10, 2016
# Institutions*

<table>
<thead>
<tr>
<th>Institution</th>
<th>Initial Accreditation</th>
<th>Pre-Accreditation</th>
<th>Continued Pre-Accreditation</th>
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<tr>
<td>COM’s</td>
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<td>Hospitals/ Medical Centers</td>
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*May 10, 2016
Program Applications

- 165 Total* applications
- 43 Initial Accreditation
- 6 Initial Accreditation Contingent
- 50 Continued Pre-Accreditation
- 66 Pre-Accreditation

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*May 10, 2016
### Review Committees

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*May 10, 2016
Osteopathic Recognition

- 44 Applications Received to date*

- OPC completed first review of applications for Osteopathic Recognition (November 2015)

- 18 Programs achieved Initial Recognition

*May 10, 2016
Osteopathic Recognition Applications*

*May 10, 2016
# Osteopathic Recognition*

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* May 10, 2016
Opportunities

- Increased training opportunities for Osteopathic and Allopathic graduates
- Osteopathic Recognition
  - Integration and training in Osteopathic Principles and Practices
- OPTIs as sponsoring institutions
  - May be optimal for small/single training sites
  - Shared Resources for Curriculum/Research/Faculty Development
- New partners
- Program development and resident recruitment
- Single Match Process
- Single Inspection Process

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Your **most important resource** will be the **Executive Director** of the Review Committee for your specialty.
Thank you