Single GME Accreditation System Update

Lorenzo L. Pence, DO, FACOFP
Senior VP Osteopathic Accreditation
OMED 2017
COSGP Meetings
Pennsylvania Convention Center
Philadelphia, PA
October 7-10, 2017
Disclosures

I have nothing to disclose or any financial conflicts
Objectives

• Provide an update on the Single accreditation System
• Discuss Emergency Medicine Video Interview
• Define
  • Pre-accreditation
  • Continued Pre-accreditation
  • Initial Accreditation
  • Initial Accreditation Contingent
• Review ACGME Website for Student Resources
• Review Program application statistics
ACGME Mission

“We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”
Where Are We Today?

28 months into the transition
Where Did We Start?

- Opportunities for students to train in either AOA or ACGME programs
- Loss of opportunity, residents graduating from DO programs not eligible for ACGME fellowships
- Co-Program Directors for dually accredited programs
- ABMS Boards required
Where Did We Start?

- Rare DO participation on ACGME review committees
- ONMM not an ACGME specialty
- MD’s did not have opportunity to train in AOA programs or take Osteopathic Boards
- AOA and AACOM not represented on ACGME Board of Directors
- Osteopathic Recognition did not exist for ACGME programs
AOA-Approved*

Programs

- Residency Programs 862
- Internships 121
- Fellowships 261

Total 1,244

Dually accredited programs

- Residency 154
- Fellowships 11
  
  Total 165

- OPTI’s 20

*As of July 1, 2015
## Transition Achievements

<table>
<thead>
<tr>
<th>Dates</th>
<th>Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2014</td>
<td><strong>MOU (2/26/14)</strong></td>
</tr>
<tr>
<td>July 2014</td>
<td>House of delegates – Full Approval (7/14/14)</td>
</tr>
<tr>
<td>November 2014</td>
<td>ONMM and OPC work groups, draft requirements</td>
</tr>
<tr>
<td>January 2015</td>
<td>1. AOA and AACOM become member organizations</td>
</tr>
<tr>
<td></td>
<td>2. New DO members to the board</td>
</tr>
<tr>
<td></td>
<td>3. Joint Task Force overseeing transition</td>
</tr>
<tr>
<td>February 2015</td>
<td>1. <strong>AOA and AACOM full participation ACGME Board</strong></td>
</tr>
<tr>
<td></td>
<td>2. ACGME Board Approved ONMM specialty requirements and OPC requirements for Osteopathic Recognition</td>
</tr>
<tr>
<td></td>
<td>3. DO’s to serve on review committees</td>
</tr>
<tr>
<td></td>
<td>4. SVP named</td>
</tr>
<tr>
<td></td>
<td>5. IM and FM first to except AOA certification for PD’s</td>
</tr>
<tr>
<td>April 2015</td>
<td>AOA Institutions start to apply</td>
</tr>
</tbody>
</table>
## Transition Achievements

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<tbody>
<tr>
<td>May 2015</td>
<td><strong>AACOM Student survey on Osteopathic Recognition (OR)</strong></td>
</tr>
</tbody>
</table>
| July 2015     | 1. AOA Programs start to apply  
2. ACGME Programs and pre-accredited programs start applying for Osteopathic Recognition  
3. Drs. Nasca and Buser give update to HOD                                                                                           |
| September 2015| First AOA programs achieve Initial Accreditation (IM)                                                                                   |
| October 2015  | Transitional year RC makes changes to requirements                                                                                     |
| November 2015 | **First ACGME programs achieve Initial Recognition (18 programs)**                                                                        |
| Nov/Dec 2015  | Eligibility FAQs for Specialties with a Preliminary Year (9 Specialties will accept AOA Internships during transition)                  |
| January 2016  | Fellowship Eligibility during transition                                                                                               |
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<tr>
<td>February 2016</td>
<td><strong>ONMM RC</strong> Added a 2\textsuperscript{nd} entry point for completion of an ONMM program</td>
</tr>
</tbody>
</table>
| March 2016   | 1. Process for combined/integrated programs  
2. ACGME Common Program Requirements Phase 1 Task Force starts reviewing Section VI                                                   |
| May 2016     | 1. OPC Meeting (2\textsuperscript{nd} to review OR applications), 18 additional programs achieve Osteopathic Recognition   
2. ACGME moves to new location (401 North Michigan Ave)                                               |
| June 2016    | 1. ONMM RC 1\textsuperscript{st} to meet at new ACGME address  
2. 1\textsuperscript{st} ONMM Residency Program achieved ACGME Initial Accreditation                                                                 |
|              | 3. Various Review Committee start proposing changes to specialty requirements to add Osteopathic Board Certification Pass Rates               |
| July 2016    | Drs. Nasca and Buser present update to HOD                                                                                                  |
## Transition Achievements

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<td><strong>August 2016</strong></td>
<td>1. Neurological Surgery RC announce acceptance of AOA Board Certification for program directors.</td>
</tr>
<tr>
<td></td>
<td><strong>2. With Neurological Surgery, 24 RC’s accept AOA Board Certification as a requirement to be an ACGME program director</strong></td>
</tr>
<tr>
<td><strong>September 2016</strong></td>
<td>1. 18 RC’s submit proposed changes to requirements to include Osteopathic Board Pass rates</td>
</tr>
<tr>
<td></td>
<td><strong>2. OPC meets and grants Initial Recognition to 12 additional ACGME Programs</strong></td>
</tr>
<tr>
<td><strong>October 2016</strong></td>
<td>ONMM RC approves 2 ONMM programs (total 3 to date)</td>
</tr>
<tr>
<td><strong>January 2017</strong></td>
<td>1. OPC meets/approves 21 additional programs for OR</td>
</tr>
<tr>
<td></td>
<td><strong>2. ACGME Common Program Requirements Phase 2 Task Force reviewing sections I-V</strong></td>
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## Transition Achievements

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| **February 2017** | 1. ACGME Common Program Requirement Phase 1 Task Force completing review and update to Section VI  
2. Family Medicine RC proposed changes to FM requirements for adding Osteopathic Board pass rate, other RCs will be submitting proposed changes (19 to date)  
3. ACGME Board approved RC proposed changes to requirements in a variety of specialties to add Osteopathic Board pass rate (16 specialties)  
4. AACOM Student survey (3rd year) on Osteopathic Recognition (OR) |  
**March 2017** | 1. ACGME Common Program Requirements Phase 1 Task Force releases updated changes to section VI, 24 hour rule reinstated (same as AOA)  
2. ACGME and AODME Joint Pre-Conference, Orlando, FL (first for ACGME)  
3. ACGME, AOA, and AACOM: Agreement to Protect Residents during the Transition to a Single GME Accreditation System |
# Transition Achievements

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<tr>
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| **April 2017** | 1. OPC meets/approves 10 additional programs for OR (Total 79)  
2. ONMM RC meets/approves ONMM program (Total 4)  
3. 20 RC’s (15 have been approved, 5 with proposed changes) submit changes to requirements to include Osteopathic Board Pass rates |
| **June 2017** | 1. 5 additional RC’s with proposed focused revisions approved by ACGME Board Proposed changes to include Osteopathic Board Pass rates (20 RC’s have made changes to date)  
2. 1 additional RC has submitted proposed revisions to be reviewed September Board meeting  
3. **First ACGME FM/ONMM Program** |
| **July 2017**  | 1. Drs. Nasca and Buser - present update on Single GME Accreditation System to AOA House of Delegates |
## Transition Achievements

### Dates | Achievements
--- | ---
September 2017 | 1. OPC meets and grants Initial Recognition to 32 additional ACGME Programs. Total of ACGME Programs achieving Osteopathic Recognition surpassed 100 programs (Total 111) to date.<br>2. ONMM Review Committee meets, 3 additional programs achieve Initial Accreditation (Total 7)<br>3. ACGME Board approved RC proposed changes to requirements in Preventive Medicine to add Osteopathic Board pass rate (22 specialties)
Where Are We Today?

- AOA and AACOM DO representatives participate on the ACGME Board
- Integration of DO’s on ACGME Review Committees
- ACGME staff invited to present at various AOA, AACOM, AODME, OPTI, AEC, AHME, AMA, DIO Programs, Specialty Colleges, Program Director Workshops, etc.
- Resources available ACGME website, etc.
ACGME Programs*

- 10,740 Accredited GME programs**^
- 134,661 residents*
- 813 sponsoring institutions*
- **136 specialty and subspecialty areas**
  - 29 Review Committees
  - 1 Recognition Committee
  - Over 6,000 items/decisions per year

- 200 Combined-Programs
  - 78 Med/Peds (Accredited)
  - 122 Other (Non-accredited)
    - 1 Family Medicine/ONMM
    - 2,226 Residents

*ACGME Data 2017-18 (10-6-2017)

^Total programs include Med/Peds programs but does not include other Combined programs
Which Match

- Fourth Year Students (2018 Match-AOA\(^\wedge\), NRMP, SF, UM, and MM*)
- Third Year Students (2019 Match-AOA\(^\wedge\), NRMP, SF, UM, and MM*)
- Second Year Students (2020 Match - NRMP, SF, UM, and MM*)
- First Year Students (2021 Match - NRMP, SF, UM, and MM* )

*Applicants that are eligible for Military Match

\(^\wedge\)Check AOA Opportunities page for eligible programs
AOA Programs Transitioning to ACGME Accreditation

What questions should students be asking?

- Does the program have ACGME accreditation?
  - If no, has the program applied?
    - If no, does the program plan to apply?
    - If yes, what is the timeline?

- Which match(s) will the program participate?
AOA Programs Transitioning to ACGME Accreditation

What questions should student be asking?

• Which certifying board(s) will a graduate of the program be eligible?

• Does the program have Osteopathic Recognition?
  • If no, has the program applied?
    • If no, does the program plan to apply for Osteopathic Recognition?
    • If yes, what is the timeline?
AOA Programs Transitioning to ACGME Accreditation

Terms

• Pre-accreditation
• Continued Pre-accreditation
• Initial accreditation
• Dual accredited program
• Parallel Program
Pre-Accreditation

- AOA Programs that have applied for ACGME accreditation but have not been reviewed by an ACGME Review Committee

- These programs maintain their full AOA accreditation
Pre-Accreditation

• 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 Institutional review committee/Residency Review Committee review

• Status will be publicly acknowledged
Pre-Accreditation

• 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.
Continued Pre-Accreditation

- AOA Institutions or Programs that have been reviewed by the appropriate review committee (IRC/RRC) but have not yet achieved ACGME initial accreditation are noted as having “continued pre-accreditation” status

- Institutions or programs are still fully accredited by the AOA

- Institutions or programs will receive full report from IRC/RRC with a full description of the requirements that need to be addressed
Initial Accreditation

• AOA Institution or Program application that has been reviewed by the appropriate review committee (IRC/RRC) and the committee has determined the new program or institution substantially complies with requirements

• Institution or program has achieved ACGME Accreditation
Initial Accreditation Contingent

- The appropriate review committee has determined the application for a new program substantially complies with the requirements but the sponsoring institution has not achieved initial accreditation from the IRC

- Program can not be ACGME accredited until sponsoring institution has initial accreditation

- The program still has full AOA accreditation

- Upon Institution achieving Initial Accreditation, the program will achieve ACGME Accreditation (sponsoring institution has 24 month window to achieve initial accreditation or program must resubmit its application
Dually-Accredited Programs

• 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

• 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
Single GME Accreditation System (NEW)

On February 26, 2014, the ACGME, American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) outlining a single graduate medical education accreditation system in the United States. The single GME accreditation system allows graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common Milestones and competencies.

Read the Executive Summary of the MOU to learn more about the agreement.

Links to resident and student information

AOA Programs

AOA Institutions

AOA Residents and Medical Students

ACGME Programs and Sponsoring Institutions
AOA Residents and Medical Students

What AOA Residents and Students Need to Know About the Single GME Accreditation System

1. Identify AOA-approved programs that have applied for ACGME accreditation
2. Pre-Accreditation
3. Locate Program Requirements and Other Specialty-Specific Information
4. Osteopathic Recognition
5. Protection of AOA Residents During the Transition to a Single GME Accreditation System
6. Fellowship Eligibility for Graduates of Programs in Pre-Accreditation
7. Fellowship Eligibility for Graduates of ACGME-Accredited Programs
8. Clinical Year Requirements
9. Board Certification Requirements – Pass and Take Rate
10. Osteopathic Neuromusculoskeletal Medicine
11. Council of Review Committee Residents
12. Report an Issue
13. Licensing Board Exams
AOA Residents and Medical Students

What AOA Residents and Students Need to Know About the Single GME Accreditation System

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Link to OR information
AOA Residents and Medical Students

What AOA Residents and Students Need to Know About the Single GME Accreditation System

1. Identify AOA-approved programs that have applied for ACGME accreditation
2. Pre-Accreditation
3. Locate Program Requirements and Other Specialty-Specific Information
4. Osteopathic Recognition

Osteopathic Recognition was created by the ACGME as a part of the transition to a single GME accreditation system, so that programs’ osteopathic identity can be maintained under ACGME accreditation. Any ACGME-accredited or pre-accredited program may apply for Osteopathic Recognition, which is overseen by the Osteopathic Principles Committee.

Learn more about Osteopathic Recognition.
Identify programs that have applied and received Osteopathic Recognition in this report.

Direct questions about Osteopathic Recognition to Executive Director for Osteopathic Accreditation Tiffany Moss: 312.755.5490 or tmoss@acgme.org

5. Protection of AOA Residents During the Transition to a Single GME Accreditation System

6. Fellowship Eligibility for Graduates of Programs in Pre-Accreditation
7. Fellowship Eligibility for Graduates of ACGME-Accredited Programs
8. Clinical Year Requirements
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Links to Osteopathic Recognition
Links to Fellowship eligibility
AOA Residents and Medical Students

What AOA Residents and Students Need to Know About the Single GME Accreditation System

6. Fellowship Eligibility for Graduates of Programs in Pre-Accreditation

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 (by subspecialty) that were in effect June 30, 2013 or July 1, 2016, whichever are 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 who graduated from a program with pre-accreditation status is appointed to a fellowship program based on the "exceptionally qualified applicant provision" detailed in the ACGME Common Program Requirements, and is successfully completed Levels 1, 2, and 3 of COMLEX USA, then he or she will not be required to take USMLE.

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.

The eligibility requirements for every specialty and subspecialty vary among three spans of time between June 30, 2013 and July 1, 2016.

7. Fellowship Eligibility for Graduates of ACGME-Accredited Programs

8. Clinical Year Requirements
Resident/Fellow Eligibility

Below are the eligibility requirements for each specialty (in bold font) and subspecialty (not in bold) 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
  - Regional Anesthesiology and Acute Pain Medicine
  - Pain Medicine
  - Pediatric Anesthesiology
  - Regional Anesthesiology and Acute Pain Medicine
- **Colon and Rectal Surgery**
- **Dermatology**
  - Dermatopathology
  - Micrographic Surgery and Dermatologic Oncology
- **Emergency Medicine**
  - Clinical Informatics
  - Emergency Medical Services
  - Medical Toxicology
  - Pediatric Emergency Medicine
  - Sports Medicine
  - Undersea and Hyperbaric Medicine
- **Family Medicine**
  - Clinical Informatics
  - Geriatric Medicine
  - Hospice and Palliative Medicine
- **Internal Medicine**
  - Adult Congenital Heart Disease
  - Adult Critical Care Medicine
  - Cardiovascular Disease
  - Clinical Informatics
- **Pediatrics**
  - Clinical Informatics
- **Radiology**
  - Clinical Informatics
- **Surgery**
  - Clinical Informatics
- **Urology**
  - Clinical Informatics

Links to fellowship Eligibility
Eligibility Requirements
Common Program Requirements are in BOLD
Hospice and Palliative Medicine

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<tr>
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<tbody>
<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 meets the eligibility criteria.</td>
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<td>Required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or an RCPSC-accredited or CFPC-accredited residency program located in Canada. (Core)</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. 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. 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>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. (Core)</td>
</tr>
</tbody>
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# Eligibility Requirements

**Cardiovascular Disease (Internal Medicine)**

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<tr>
<td>III.A. Eligibility Criteria</td>
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<td>III.A.2. Eligibility Requirements – Fellowship</td>
</tr>
<tr>
<td><strong>III.A.1.</strong> Prior to appointment to the fellowship, fellows should have completed at least three years of internal medicine education.</td>
<td><strong>III.A.1.</strong> Prior to appointment to the fellowship, fellows should have completed at least three years of internal medicine education.</td>
<td><strong>III.A.2.</strong> Fellows from non-ACGME-accredited internal medicine programs must have completed at least three years of internal medicine education prior to starting the fellowship.</td>
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<td><strong>III.A.3.</strong> The program director must inform applicants from non-ACGME-accredited programs, prior to appointment and in writing, of the ABIM policies and procedures that will affect their eligibility for ABIM certification.</td>
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<td><strong>III.A.4.</strong> When averaged over any five-year period, a minimum of 75% of fellows in each program must be graduates of an ACGME-accredited internal medicine program.</td>
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**Eligibility Exception:**

The Committee may grant the exemption to the fellowship requirements:

- Exceptionally qualified applicant, who does not satisfy the eligibility requirements listed in Sections

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# Incorporation of AOA Boards

## Focused Revisions to Incorporate Osteopathic Board Pass Rates

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<th>American Osteopathic Board Pass Rate Language Added</th>
<th>Approved by ACGME Board*</th>
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<tr>
<td>Allergy and Immunology</td>
<td>American Osteopathic Committee on Adult and Pediatric Allergy &amp; Immunology</td>
<td>February 2017</td>
</tr>
<tr>
<td>Dermatology</td>
<td>AOBBD</td>
<td>February 2017</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>AOBEM</td>
<td>February 2017</td>
</tr>
<tr>
<td>Neurology</td>
<td>AOBNP</td>
<td>February 2017</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>AOBOG</td>
<td>February 2017</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>AOBHO-HNS</td>
<td>February 2017</td>
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<tr>
<td>Orthopaedic Surgery</td>
<td>AOBOS</td>
<td>February 2017</td>
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<tr>
<td>Otolaryngology</td>
<td>AOBHO-HNS</td>
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<td>Pediatrics</td>
<td>AOBPM</td>
<td>February 2017</td>
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<td>Physical Medicine and Rehabilitation</td>
<td>AOBPMR</td>
<td>February 2017</td>
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<td>Plastic Surgery</td>
<td>AOBPS</td>
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<td>Psychiatry</td>
<td>AOBPN</td>
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<td>Surgery</td>
<td>AOBPS</td>
<td>February 2017</td>
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<tr>
<td>Thoracic Surgery</td>
<td>AOBPS-Cardiothoracic Surgery</td>
<td>February 2017</td>
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<tr>
<td>Urology</td>
<td>AOBPS-Urological Surgery</td>
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<td>Diagnostic Radiology</td>
<td>AOBR</td>
<td>June 2017</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>AOBFP</td>
<td>June 2017</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>AOBIM</td>
<td>June 2017</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>AOBR</td>
<td>June 2017</td>
</tr>
<tr>
<td>Med/Peds</td>
<td>AOBIM/AOBP</td>
<td>June 2017</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>AOBS</td>
<td>June 2017</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>AOBPM</td>
<td>September 2017</td>
</tr>
</tbody>
</table>

*22 Approved by ACGME Board*
### Frequently Asked Questions: SAS

#### Eligibility for Residency

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must DO candidates pass United States Medical Licensing Examination (USMLE) examinations in order to be eligible to apply to ACGME-accredited residency programs?</td>
<td>No. To be eligible for appointment to ACGME-accredited residency programs, candidates must have graduated from a medical school accredited by the LCME or the AOA, or hold a currently-valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or hold a full and unrestricted license.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Are graduates of AOA-approved programs that achieve Initial Accreditation prior to their graduation eligible for ACGME-accredited fellowships?</td>
<td>Residents who graduate from an AOA-approved program that achieves ACGME Initial Accreditation prior to their graduation are eligible for ACGME-accredited fellowship programs, even if not all of the prerequisite clinical education required for entry into the fellowship was completed under ACGME accreditation. Eligibility for and completion of ACGME-accredited programs does not guarantee eligibility for board certification. Board certification eligibility is determined by the individual certifying boards. Questions regarding eligibility for ABMS member board certification should be directed to the appropriate ABMS member board; questions about AOA certification should be directed to the appropriate AOA specialty certifying board.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Eligibility for Fellowship</strong></td>
<td>Effective July 1, 2016, eligibility requirements for all fellowship positions require completion of prerequisite training in a program accredited by the ACGME, the 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 graduated from a program with pre-accreditation status, 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, then that individual will not be required to take USMLE. <strong>NOTE:</strong> 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 posted on the Single GME Accreditation System section of the ACGME website.</em></td>
</tr>
</tbody>
</table>
AAMC Video Interview

• Association of American Medical Colleges (AAMC) Standardized Video Interview pilot program

• AAMC and Electronic Residency Application Service (ERAS) rule, not an ACGME rule

• New for 2018 NRMP Match for Emergency Medicine

• All applicants applying to EM programs required to complete video interview (incorporated into ERAS)

• Allows applicants to share objective performance-based information about themselves
AAMC Video Interview

• Add breadth and depth to applicants application

• Provides program director with additional information to assess applicants

• Video interview designed to assess
  • knowledge of profession behavior (professionalism)
  • Interpersonal skills
  • Communication skills
AAMC Video Interview

Online interview

• 6 questions
  o 30 seconds to read questions
    ▪ 3 minutes to respond to each question

• AAMC resources have been available since May 1

• Applicant may only complete once

• Applicants cannot retake to improve score
Osteopathic Recognition

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

• Overseen by the ACGME Osteopathic Principles Committee (OPC)

• Osteopathic Recognition is conferred upon a program.

• Program designates residents in the program that receive osteopathic-focused education.
Osteopathic Recognition

• ACGME-accredited programs can apply for Osteopathic Recognition.

• Programs in ACGME pre-accreditation may apply, but their application must wait to be reviewed until the program has Initial Accreditation.

• Osteopathic Recognition applications to date:
  o Dually accredited programs
  o AOA programs that have achieved accreditation
  o ACGME programs with no history of formal osteopathic training

• Future applications for Osteopathic Recognition look very favorable.
Osteopathic Recognition

How to look for programs with Osteopathic Recognition?

• ACGME website
  • List of programs and specialties that have achieved osteopathic recognition
  • List of programs that have completed an application for recognition but have not been reviewed by OPC
• ERAS
• NRMP-Program search
Program Search Webpage
Program Search Webpage

Scroll Down
Report shows programs that have achieved Osteopathic Recognition (OR) and programs that have applied for OR but have not been reviewed by the Osteopathic Principles Committee (OPC).
Osteopathic Recognition

ERAS Account Maintenance

<table>
<thead>
<tr>
<th>Account Overview</th>
<th>Program Listing</th>
<th>ERAS 2018 Participation</th>
<th>Institutional Contact Information</th>
<th>Program Contact(s)</th>
<th>Share with Applicants</th>
</tr>
</thead>
</table>

Program Information - This information will be displayed to applicants viewing your program’s information in MyERAS.

Program Name: AAMC Emergency Medicine (for testing)
Specialties: Emergency Medicine

- Program Director: 
- Program Address 1: University of North Carolina School of Medicine
- Address 2: 
- Address 3: 
- City: Washington
- State: District of Columbia
- Zip: 20224
- Program Phone: 2022410224
- Program Fax: 
- Program Email: anasaad@email.org
- Web site: 

Are you an Osteopathic Recognized program? [ ] Yes [ ] No
Are you a dually accredited program? [ ] Yes [ ] No

Program Information for Applicants:
You may provide additional information for applicants interested in applying to your program in the textbox below. This information may include general information, requirements, and/or deadlines. Click here to see an example of where the text will be shown in MyERAS for Applicants. The sample text is 500 characters.

(1000 characters allowed, check count)

Save Cancel

* Indicates a required field.
Osteopathic Recognition

**Specialty: Emergency Medicine**

**Application Cycle: May**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>City</th>
<th>State</th>
<th>Accreditation ID</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAMC Emergency Medicine (for testing)</td>
<td>Washington</td>
<td>District of Columbia</td>
<td>0000000037</td>
<td>Participating</td>
</tr>
</tbody>
</table>

**Training Name**

- Advanced
- Osteo Preliminary
- Categorical

**NRMP Program Code**

- Advanced
- Preliminary
- Categorical

© 2017 ACGME
NRMP Match: Osteopathic Recognition*

*NRMP Search Programs Screenshot
Agreement to Protect Residents

What happens to residents in programs that do not achieve ACGME accreditation?

• Provides protection for residents in AOA-approved training programs, which do not achieve ACGME accreditation prior to June 30, 2020
  o Unique circumstances that may limit a residents ability to complete program by June 20, 2020

• ACGME, AOA, and AACOM agreement

• AOA will have restricted authority to extend AOA accreditation date

• Allows residents to complete training and be eligible for AOA Board Certification
105 Applications*

- **79** Initial Accreditation
- **1** Continued Accreditation
- **14** Pre-Accreditation
- **10** Continued Pre-Accreditation
- **1** Withdrawn

*October 6, 2017
514 Applications*

- **266** Initial Accreditation
- **3** Continued Accreditation
- **86** Pre-Accreditation
- **154** Continued Pre-Accreditation
- **4** Withdrawn

October 6, 2017, Total program and Fellowship applications
Program Applications*

*October 6, 2017

- Allergy/Immunology: Initial Accrediation 1, Continued Accreditation 11, Pre-Accreditation 17, Continued Pre-Accreditation 85, Withdrawn 81
- Anesthesiology: Initial Accrediation 50, Continued Accreditation 28, Pre-Accreditation 41, Continued Pre-Accreditation 9, Withdrawn 15
- Dermatology: Initial Accrediation 8, Continued Accreditation 8, Pre-Accreditation 5, Continued Pre-Accreditation 4, Withdrawn 3
- Emergency Medicine: Initial Accreditation 14, Continued Accreditation 10, Pre-Accreditation 15, Continued Pre-Accreditation 10, Withdrawn 15
- Family Medicine: Initial Accreditation 54, Continued Accreditation 10, Pre-Accreditation 14, Continued Pre-Accreditation 10, Withdrawn 10
- Internal Medicine: Initial Accreditation 8, Continued Accreditation 8, Pre-Accreditation 5, Continued Pre-Accreditation 4, Withdrawn 3
- Neurology: Initial Accreditation 9, Continued Accreditation 15, Pre-Accreditation 5, Continued Pre-Accreditation 4, Withdrawn 3
- OB/GYN: Initial Accreditation 4, Continued Accreditation 3, Pre-Accreditation 14, Continued Pre-Accreditation 10, Withdrawn 15
- Ophthalmology: Initial Accreditation 5, Continued Accreditation 4, Pre-Accreditation 3, Continued Pre-Accreditation 14, Withdrawn 10
- Orthopaedic Surgery: Initial Accreditation 14, Continued Accreditation 10, Pre-Accreditation 15, Continued Pre-Accreditation 10, Withdrawn 15
- Otolaryngology: Initial Accreditation 5, Continued Accreditation 4, Pre-Accreditation 3, Continued Pre-Accreditation 14, Withdrawn 10
- Pediatrics: Initial Accreditation 14, Continued Accreditation 10, Pre-Accreditation 15, Continued Pre-Accreditation 10, Withdrawn 15
- PM&R: Initial Accreditation 5, Continued Accreditation 4, Pre-Accreditation 3, Continued Pre-Accreditation 14, Withdrawn 10
- Plastic Surgery: Initial Accreditation 14, Continued Accreditation 10, Pre-Accreditation 15, Continued Pre-Accreditation 10, Withdrawn 15
- Psychiatry: Initial Accreditation 5, Continued Accreditation 4, Pre-Accreditation 3, Continued Pre-Accreditation 14, Withdrawn 10
- Radiology-Diagnostic: Initial Accreditation 14, Continued Accreditation 10, Pre-Accreditation 15, Continued Pre-Accreditation 10, Withdrawn 15
- Surgery: Initial Accreditation 5, Continued Accreditation 4, Pre-Accreditation 3, Continued Pre-Accreditation 14, Withdrawn 10
- Transitional year: Initial Accreditation 14, Continued Accreditation 10, Pre-Accreditation 15, Continued Pre-Accreditation 10, Withdrawn 15
- Urology: Initial Accreditation 5, Continued Accreditation 4, Pre-Accreditation 3, Continued Pre-Accreditation 14, Withdrawn 10

© 2017 ACGME
Fellowship Applications*

40 Applications*

- **23** Initial Accreditation
- **10** Pre-Accreditation
- **7** Continued Pre-Accreditation

*October 6, 2017, Total Fellowship applications
Osteopathic Recognition

127 Applications*

- **111** Initial Recognition
- **16** Pending Review

*October 6, 2017
# Programs with Osteopathic Recognition

<table>
<thead>
<tr>
<th>Specialty</th>
<th>No. of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy/Immunology</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>1</td>
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<tr>
<td>Dermatology</td>
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<tr>
<td>Emergency Medicine</td>
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<tr>
<td>Family Medicine</td>
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<tr>
<td>Geriatric Medicine</td>
<td>1</td>
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<tr>
<td>Hospice/Palliative Care</td>
<td>1</td>
</tr>
<tr>
<td>Internal Medicine</td>
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<tr>
<td>Internal Medicine/Pediatrics</td>
<td>1</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>1</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>3</td>
</tr>
<tr>
<td>Transitional Year</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>111</strong></td>
</tr>
</tbody>
</table>

As of October 6, 2017
Thank you