The Single GME Accreditation System

December 2014
• Review history that led to the single GME accreditation system
• Overview of integration of osteopathic medicine into ACGME
• Overview of single GME structure and timing
The medical professions are at a crossroads. We must evolve and adapt.
• Desire by ACGME, AOA and AACOM to align GME structures and standards to improve public health
• Growth in osteopathic medicine fostered integration of training
  • Of nearly 5,000 DO grads seeking GME in 2014, 45% directly entered ACGME programs and 48% entered AOA programs
• A single GME system aligns with the goals of the Next Accreditation System
  • Enhances the ability of the peer-review system to prepare physicians for practice in the 21st century
  • Accelerates the movement of the ACGME toward accreditation on the basis of educational outcomes
  • Reduces the burden associated with the current dual accreditation structure and process-based approach
Goals of Single GME

- Act in the best interest of patients
- Respond to dynamic growth, interest in OM
- Preserve unique dimensions of OM
- Secure broad access to postdoctoral training for current and future physicians
- Affirm appropriate role and voice of DOs in governance

Benefits & Opportunities

- Consistent approach to training that encourages all physicians to deliver quality care in a holistic, patient-centered fashion
- Aligns competency standards
- Eliminates unnecessary duplication
- Aligns with policy makers’ expectations
- Stronger, unified voice on GME access and funding issues
- Increases visibility of OM

Overall, seek to enhance efficiency, relevance and innovation in U.S. GME system
- DOs will serve on Residency Review Committees in specialties where there are osteopathic ACGME programs
- New committees will be formed to oversee development and application of osteopathic principles in osteopathic-focused programs
- New ACGME staff will support osteopathic programs
- AOA and AACOM will become ACGME member organizations with representation on the board of directors
• AOA and AACOM join governance of ACGME as member organizations
• Beginning July 1, 2015, accredited AOA programs begin 5-year transition to ACGME accreditation
• Osteopathic standards are added to ACGME standards to define osteopathic programs
• DOs and MDs eligible for all residencies
### Administrative Infrastructure & Process

<table>
<thead>
<tr>
<th>2014 - 2015</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACGME to hire Senior Vice President and support staff to oversee OGME</strong></td>
<td>SVP and staff recruiting</td>
<td>Hired</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Add AOA and AACOM members to ACGME Board of Directors</strong></td>
<td>Accepted to ACGME Board</td>
<td>Start Terms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Osteopathic Principles Committee</strong></td>
<td>Appointed, first meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Residency Review Committee for NMM/OMM</strong></td>
<td>Appointed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RRCs with Osteopathic GME</strong></td>
<td>Nominees to ACGME</td>
<td>DOs Appointed to RRCs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Education & Application Processes

<table>
<thead>
<tr>
<th>2014-2015</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Educate Program Directors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on application process, preparation and timeframe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Educational forums</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standards review meetings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>between RRCs and Specialty Committees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meeting started in 2013 and will continue through transition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Institutions may apply for</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“pre-application” status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individual programs able to</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>apply for “pre-accreditation” status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Begin April 2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Begin July 2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recent Developments

• ACGME demonstrating a commitment to collaborate on standards development
  • Responsive to feedback on OB/GYN standards, and favorable proposed revision to Family Medicine standards
  • OPC and ONMM draft standards open for comment, transparent process for review
• COPTI, PTRC and COPT considering education policy changes to protect residents in the pipeline during transition
  • Considering implications for new programs applying for AOA accreditation
• Clarification on which AOA-approved programs can apply for ACGME accreditation under the terms of the MOU

• Three categories of programs:

  1) AOA-approved programs that are approved and have at least one matriculated resident as of July 1, 2015, will benefit from all provisions of the MOU, including automatic “pre-accreditation” status

  2) AOA-approved programs with zero matriculated residents as of July 1, 2015, may apply for ACGME accreditation and can benefit from the following MOU provisions:
    – Automatic “pre-accreditation” status
    – Residents will be deemed to meet ACGME initial year and fellowship entry requirements, provided they meet relevant specialty eligibility requirements

  3) Programs approved by AOA after July 1, 2015 will apply through the normal process for ACGME initial accreditation
Single GME System Maintains Distinctive Elements of Osteopathic Educational Continuum

The agreement streamlines the accreditation of GME programs but does not alter the distinctive elements of the other components of the osteopathic medical profession’s educational continuum.
• Financial implications
  • Hospitals with dually accredited and parallel accredited programs should realize cost savings as they no longer have to maintain two separate GME accreditation systems

• Institutional sponsorship
  • Choice of self-sponsor, third-party sponsor or OPTI sponsor

• Benefits of maintaining osteopathically-focused programs
  • Goal is to grow and strengthen programs to meet increasing demand
- DOs’ holistic approach to care aligns with national health care objectives
- DOs tend to train and practice in community-based settings, and understand the unique health care needs of their communities
- DOs mostly practice in the primary care specialties of family medicine, internal medicine, pediatrics and OB/GYN
- DOs who provide specialty care in communities tend to be more involved in patients’ continuum of care
- DOs help to fill a critical need for physicians in rural, urban and other medically underserved communities