

What Does the ACGME Single Accreditation mean for Medical School Preceptors?

Jeffrey LeBoeuf, MBA, CAE
Chief Graduate Medical Education/Rotations Officer
LMU-DCOM



Program Goal

To provide an overview of the “nuts and bolts” on the transition to a single accreditation system and what it means to the undergraduate medical school preceptor.

Learning Objectives

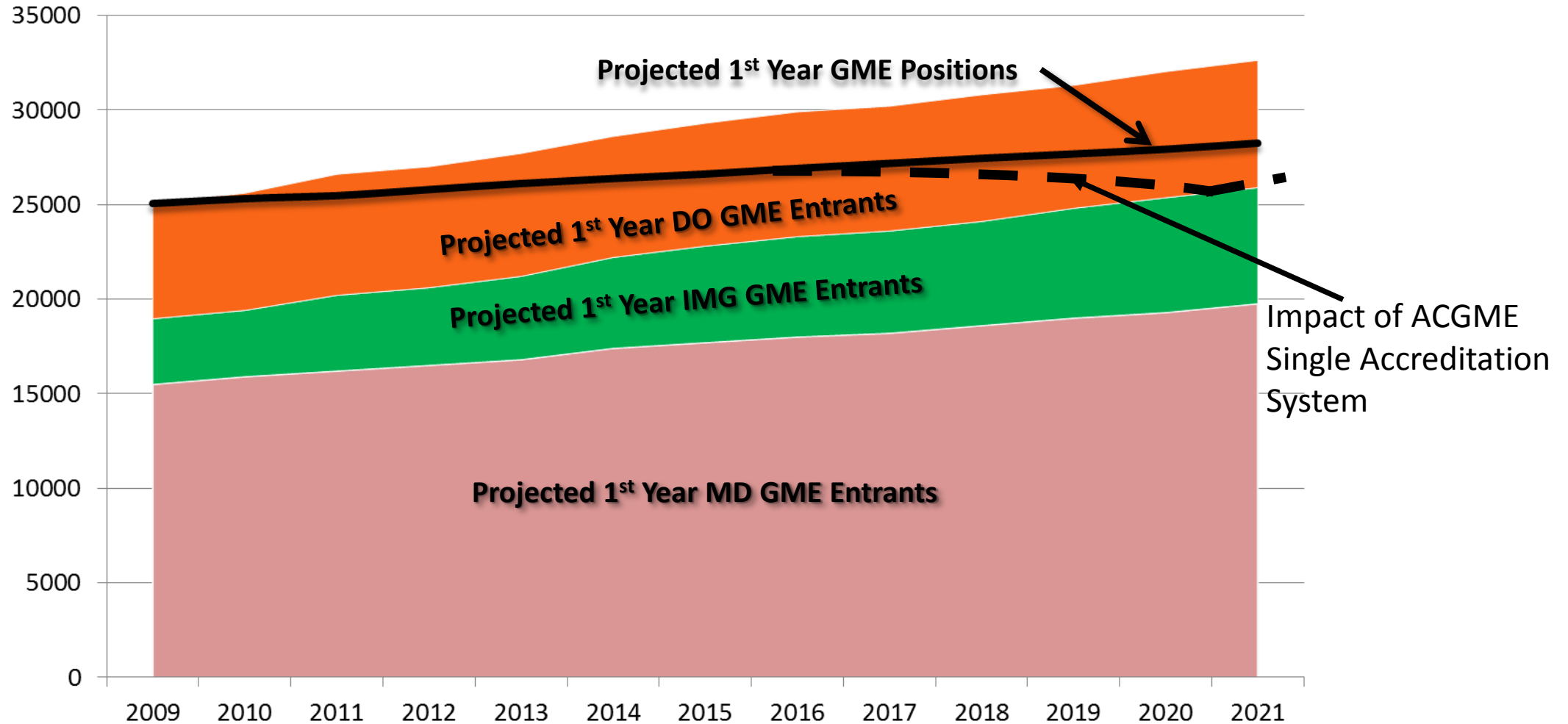
At the end of the presentation the participant will be able to:

1. Understand the impact of the ACGME Single Accreditation System on board certification and licensure.
2. Recognize the certification pathway(s) for allopathic (MD) and osteopathic (DO) physicians in the context of the ACGME Single Accreditation System.
3. Identify board certification opportunities for physicians completing residency programs including OPP.
4. Recognize potential opportunities in CME offerings as a result of the ACGME Single Accreditation System.

What brought us here?

- 2016 Osteopathic Graduates = 5420
- 2013 AOA first year training positions = 2900
(last year before “merger” announced)
- ACGME announced new common program requirements which limit osteopathic physicians whom have trained in AOA programs from matriculating into ACGME residency programs

Projected 1st Year GME Entrants



Approximately 7,000 IMGs also entered first-year GME in 2009. Projects 1% annual growth in number of first-year GME positions.
Data compiled by AAMC Center for Workforce Studies, 7/2009 from 2008 AACOM and AAMC sources.
Chart reimaged by OSU Center for Rural Health

Barriers to GME Development

- CMS GME Caps
- Start-up Costs
- ACGME Application Process and “Spirit of the Standards”
- Perception that an Academic Medical Center is Needed

February 26, 2014

- Memorandum of Understanding (MOU) announced
- Provides for a period of transition, July 1, 2015 – June 30, 2020
- Creates a pre-accreditation pathway for AOA programs accredited by July 1, 2015.
- Osteopathic physicians in AOA training programs during the transition can use either the common program requirements of 2013 or 2016 for eligibility standards for advanced training.
- Creates two new ACGME review committees, the Neuromusculoskeletal Review Committee and the Osteopathic Principles committee.

Source: [The Executive Summary of the MOU](#)

ACGME Structure

- ACGME is a 501 (c)(3) organization was established by five medical organizations in 1981. With the MOU, two additional osteopathic medical organizations were added. The primary function of the member organizations is to nominate the ACGME Board of Directors.
 - American Board of Medical Specialties
 - American Hospital Association
 - American Medical Association
 - Association of American Medical Colleges
 - Council of Medical Specialty Societies
 - American Osteopathic Association
 - American Association of Colleges of Osteopathic Medicine

ACGME Structure

- 35 – 38 directors
- Board nominated from membership organizations (4 each)
- AOA and AACOM each have two members; and each will be able to nominate one additional member July 2018; and each a fourth member on July 1, 2020.
- There are resident, public and government members as well.
- Sr VP for Osteopathic Accreditation hired, Lorenzo Pence, DO

ACGME Structure

- Review Committees
 - Specialty review committees
 - Transitional year (TY) review committees
 - Institutional review committees
- All AOA specialties with AOA accredited programs were allowed to nominate one or more members of their specialty review committee.
- Two new committees NMM and OPC

Review Committees

- Review new program applications
- Act on complaints
- Review annual program evaluations (APE)
- Maintain specialty standards
- Conduct on site inspections

Additional Info

- <http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system/Pages/default.aspx>
- <http://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System>

So what? As a preceptor

- Reassure students that they do have a wonderful opportunity
- Promote primary care
- Advise them to:
 - apply themselves fully to their studies, take COMLEX early. Pass on the first attempt.
 - Approach each rotation as a job interview.
 - Keep an open mind about specialty choice.
 - Understand the matches
 - Lean on our LMU office of career services.

Lisa Patterson Shelburne

Career Services Coordinator – DCOM 328

Lincoln Memorial University-DeBusk College
of Osteopathic Medicine

6965 Cumberland Gap Parkway

Harrogate, Tennessee 37752

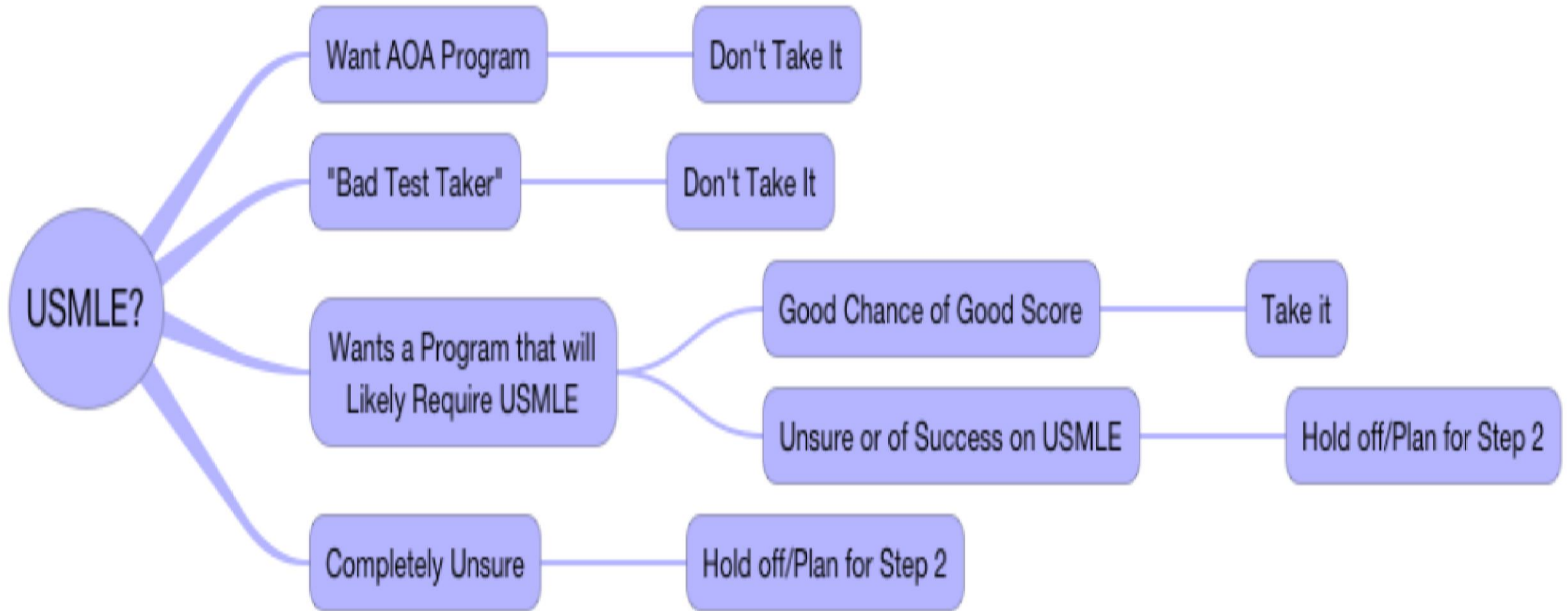
423-869-6832 Office

865-279-2740 Cell

423-869-7078 Fax

lisa.shelburne@lmunet.edu

If you're asked "Should I take the USMLE?"



Myths

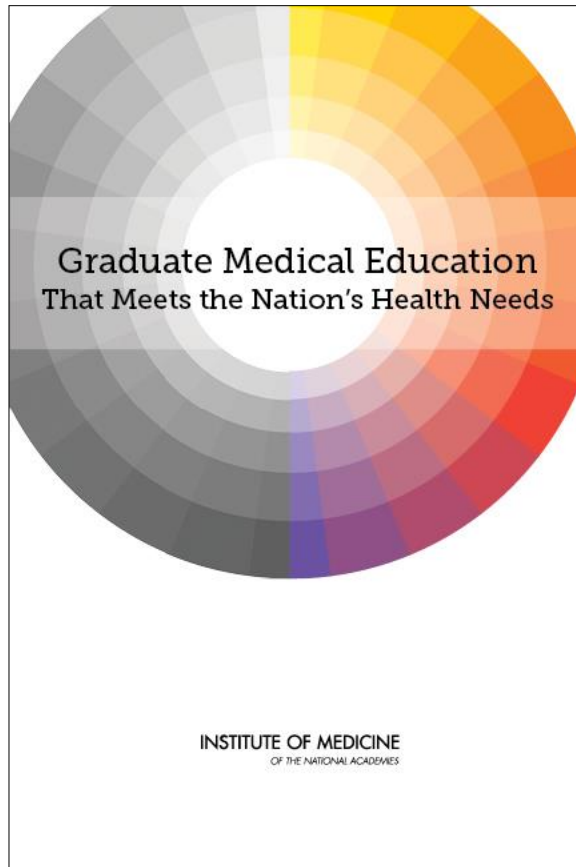
- ACGME programs won't take a DO
- ACGME programs won't accept COMLEX
- They will not let a DO into a fellowship
- DOs must go into an "osteopathic emphasis" ACGME program
- The AOA will not have a match next year
- It does you no good to "audition" at an ACGME program

Trends in medical education, including GME

- Medical Schools being held more accountable for GME
- Simulation
- Case-Based and Systems-Based Learning
- Adult Learning Theory
- Technology
- Lessening the differences between “basic sciences” and “clinical rotations”
- Curriculum for rotations
- Student portfolios
- Pressure for alternative to CMS payment methodology for GME

Graduate Medical Education That Meets the Nation's Health Needs

www.iom.edu/GME



Suggested citation: IOM (Institute of Medicine). 2014. *Graduate medical education that meets the nation's health needs*. Washington, DC: The National Academies Press.

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Focus on the core competencies

- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Systems Based Practice
- Professionalism
- Interpersonal Skills and Communication
- Osteopathic Philosophy and Osteopathic Manipulative Medicine

Coach and Model

- Professionalism
- Interpersonal Skills and Communication
- Systems Based Practice

ACGME is a different animal

- Encourage students to review the specialty standards at www.acgme.org
- Standards are outcomes oriented. AOA standards were prescriptive.
- As a graduate of an ACGME residency program, or an AOA program in pre-accreditation, physicians can sit both ABMS and AOA board certification exams.

II.A.3. Qualifications of the program director must include:

- II.A.3.a) requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee; (Core)**
- II.A.3.b) current certification in the specialty by the American Board of Family Medicine, or specialty qualifications that are acceptable to the Review Committee; (Core)**
- II.A.3.c) current medical licensure and appropriate medical staff appointment; and, (Core)**
- II.A.3.d) a minimum of five years of clinical experience in family medicine, with two years as a core faculty member in an ACGME-accredited family medicine residency program. (Core)**

Jeffrey J. LeBoeuf, CAE, MHA, MBA

Chief of GME & Rotations

LMU-DeBusk College of Osteopathic Medicine

DCOM #344 | 6965 Cumberland Gap Parkway,

Harrogate, TN 37752

Office: 423.869.7427

Fax: 423.869.7078

Cell: 601.951.8324

jeffrey.leboeuf@lmunet.edu