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
27,860 PGY-1 positions in NRMP Match (2016)

3109 PGY-1 Positions in AOA Match (2017)
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
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
Why a Single Accreditation System?

Benefits include:

- Consistent methods of evaluation and accountability
- Enhanced opportunities for trainees
- One accreditation system transparent to:
  - Federal government
  - Licensing boards
  - Credentials committees
  - Public
- Cost-savings by eliminating duplicate accreditation services
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
• 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.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System
The agreement streamlines the accreditation of GME programs but preserves and protects the distinctive elements of the osteopathic medical education continuum.
68% of 1,244 programs ACGME accredited or pre-accredited

- 82% of 862 residencies
- 39% of 261 fellowships
- 26% of 121 internships

**Accredited** (499)

**Applied** (346)

- Applying (174)
- Unsure (52)
- Closing (61)
- Closed* (112)
Protecting Our Residents

- If a program does not achieve ACGME initial accreditation by June 30, 2020, the AOA will retain accreditation authority to allow any remaining residents to complete training in an accredited program so they can become eligible for AOA board certification.

- Section X: Programs cannot accept residents who would complete training after June 30, 2020 unless the programs have submitted an ACGME application.

- New Section X (pending): Programs cannot accept residents in 2019 if the AOA Program and Trainee Review Council believes the program is unlikely to achieve ACGME accreditation.
Osteopathic Recognition

1/9/2018

Must be ACGME accredited to seek Osteopathic Recognition

130 programs with OR and 15 newly submitted applications

AACOM Student Webinar Jan 10, 2018
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”:

- **Want AOA Program**
  - Don’t Take It

- **Bad Test Taker**
  - Don’t Take It

- **Wants a Program that will Likely Require USMLE**
  - Good Chance of Good Score
    - Take it
  - Unsure or of Success on USMLE
    - Hold off/Plan for Step 2

- **Completely Unsure**
  - Hold off/Plan for Step 2
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; more structure in third and fourth years
- 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

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. (Cores)
LMU-DCOM GME Department

• Accreditation support and training
  – New Program feasibility analysis and application support
  – Periodic site visits and mock reviews
  – Guidance on effective structure of GME Committee, Clinical Competency Committees, Program Evaluation Committees, and the Clinical Learning Environment Review (CLER) initiative of the ACGME
  –Coordinator training and development programs
  – Interim DME services
  – Osteopathic recognition designation support
• Enhanced learning resources and electronic library access
  – Access to simulation training
  – Access to American Heart Association training programs

• Faculty development and support
  – Adjunct faculty appointments
  – Preceptorship CME
  – Didactics support

• Research support
  – Ready access to research mentorship
  – Research seed grants
  – Research funding proposal and grant application guidance
  – IRB review and guidance
  – Identify and develop venues for research presentations
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