ACGME Update

John R. Potts, III, M.D.
Senior Vice President, Surgical Accreditation
ACGME

Michigan Association for Medical Education
Howell, MI
4 March 2015
Outline

• Timeline of the SAS
• Three routes to accreditation
• “Pre-Accreditation Status”
• Dually accredited programs
• Parallel accredited programs
• Subspecialty programs
• TY programs
• Challenges for AOA surgical programs
Outline

- Timeline of the SAS
  - Three routes to accreditation
  - “Pre-Accreditation Status”
  - Dually accredited programs
  - Parallel accredited programs
  - Subspecialty programs
  - TY programs
  - AOA surgical programs
Timeline

• MOU announced 26 February 2014
• Institutions may apply 1 April 2015
• AOA programs may apply 1 July 2015
• Application window closes 30 June 2020
• AOA ceases accreditation 30 June 2020
Outline

• Timeline of the SAS
• Three routes to accreditation
  • “Pre-Accreditation Status”
  • Dually accredited programs
  • Parallel accredited programs
  • Subspecialty programs
  • TY programs
  • AOA surgical programs
Provisions in MOU

- Applicant programs which, on 1 July 2015,
  - Are AOA-approved, **and**
  - Have matriculated residents
- Get “Pre-Accreditation Status”
- Get relief from two Common Program Reqs:
  - AOA-certified faculty acceptable to RC
  - May have AOA-certified co-program director
Provisions in MOU

- Applicant programs which, on 1 July 2015:
  - Are AOA-approved
  - But do **not** have matriculated residents
- Get “Pre-Accreditation Status”
- Do **not** get relief from Common Program Reqs
Accreditation of AOA Programs

AOA-Approved Program

Yes

AOA-Approved as of July 1, 2015

No

Program is under aegis ACGME-accredited sponsoring institution

Yes

Sponsoring institution applies for ACGME accreditation
April 15, 2015 – June 30, 2020;
Receives “Pre-Accreditation Status”

No

Program cannot apply under the terms of the agreement between AOA, AACOM and ACGME; program begins standard ACGME application process at any time through the DIO of an ACGME-accredited sponsoring institution.

Program submits ACGME application with ACGME-accredited sponsor endorsement
July 1, 2015 - June 30, 2020;
Receives “Pre-Accreditation Status”

Program had matriculated residents/fellows as of July 1, 2015

No

Review Committee assesses substantial compliance with current ACGME requirements

Yes

Review Committee assesses substantial compliance with current requirements, with two exceptions:
1. Program may have AOA-certified co-program director
2. AOA-certified faculty members are acceptable

©2015 Accreditation Council for Graduate Medical Education (ACGME)
# Accreditation of AOA Programs

<table>
<thead>
<tr>
<th>Program has matriculated residents as of July 1, 2015</th>
<th>Program AOA-Approved as of July 1, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Can have Pre-Accreditation Status</th>
<th>Can have AOA-certified Co-PD</th>
<th>AOA-certified faculty systematically “acceptable”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Actions on *Usual Applications*

**Sponsoring Institution:** ACGME-accredited

Program application for ACGME accreditation

**RC Review finds:**

"Substantial Compliance"

Yes

**Initial Accreditation**

No

**Withhold Accreditation**

May re-apply or appeal
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”

2 yrs

Withdraw Application

1 July 2020

No

“Continued Pre-Accreditation”

Residents in program 1 July 2015?

Yes

“Continued Pre-Accreditation”

May have AOA co-PD AOA-certified faculty

Subject to all current ACGME PRs

RC finds “Substantial Compliance”?

Yes

Status of Sponsoring Institution?

ACGME-accredited

No

“Pre-Accreditation status”

Program: Initial Accreditation Contingent

Program: Initial Accreditation

Usual program application process; No benefits of MOU

RC finds “Substantial Compliance”?

Yes

Initial Accreditation Conferred

No

Accreditation Withheld

SV

SV

SV

SV

©2015 Accreditation Council for Graduate Medical Education (ACGME)
Time to RC Review

- “Pre-Accreditation Status” acknowledged instantly
- RC review of application will take ~ 4–9 months
  - Application received
  - Site visit scheduled
  - Application & site visit report to RC members
  - Next scheduled RC meeting
  - Notification from Executive Director of RC decision
Time to RC Review

- Example: Urology program
  - Application made 1 July 2015
  - “Pre-Accreditation Status” conferred 3 July 2015
  - Request for site visit sent to DFA 3 July 2015
  - SV scheduled (and occurs!) 10 September 2015
  - Program reviewed at next RC meeting Mar 2016
  - ED notifies program of RC decision April 2016
  - *Earliest* application to notification ~ 9 months
# Review Committees

<table>
<thead>
<tr>
<th>Hospital-Based</th>
<th>Medical</th>
<th>Surgical</th>
<th>Osteopathic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louis Ling, MD</td>
<td>Mary Lieh-Lai, MD</td>
<td>John Potts, MD</td>
<td>Lorenzo Pence, DO</td>
</tr>
</tbody>
</table>

- Anesthesiology
- Radiology
- Emergency Med
- Medical Genetics
- Nuclear Medicine
- Pathology
- Prev. Medicine
- Radiation Onc
- Transitional Year

- Allergy and Imm
- Dermatology
- Family Medicine
- Internal Medicine
- Neurology
- Pediatrics
- PM&R
- Psychiatry

- Colorectal Surg
- Neurosurgery
- OB-Gyn
- Ophthalmology
- Orthopaedic Surg
- Otolaryngology
- Plastic Surgery
- Surgery

- 1 AOA Nominee
- 2 AOA Nominees
- 3 AOA Nominees
- >3 AOA Nominees

©2015 Accreditation Council for Graduate Medical Education (ACGME)
After Initial Accreditation

Initial Accreditation

- Continued Accreditation
  - Cont. Accred. w/o Outcomes*
    - Init. Accred. w/ Warning**
      - Withdrawal of Accreditation

- Continued Accreditation

* Can last length of program + 1 yr
** Site visit in one year

©2015 Accreditation Council for Graduate Medical Education (ACGME)
Outline

• Timeline of the SAS
• Three routes to accreditation
• “Pre-Accreditation Status”
• Dually accredited programs
• Parallel accredited programs
• Subspecialty programs
• TY programs
• AOA surgical programs
“Pre-Accreditation Status”

- Created *for* and to be applied *only* during the transition to ACGME accreditation of currently AOA approved programs
- Extended to include institutions
- Granted upon receipt of completed application
- Does *not* require RC review
- Status will be publicly acknowledged
- Not synonymous with Initial Accreditation
“Pre-Accreditation Status”

• Importance to AOA programs:
  • Programs in “pre-accreditation status” pay application fee only once – regardless of number of re-applications
ACGME Fees

- Program application fee:
  $6,200
  Payable at time of application

- Annual accreditation fees:
  $4,300 for programs with \( \leq 5 \) trainees
  $5,200 for programs with \( >5 \) trainees
  Payable 1 January

- *No* fees for institutional accreditation

- *No* fees for Osteopathic Recognition

http://www.acgme.org/acgmeweb/tabid/231/GraduateMedicalEducation/Policies/Fees.aspx
“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.
Eligibility Requirements

Single Accreditation System for AOA-Approved Programs

On February 25, 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) that outlines a single graduate medical education accreditation system for residency and fellowship programs in the United States. Click here for the executive summary of the MOU.

The single 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.

Over the next five years, beginning July 1, 2015, AOA-approved programs and sponsoring institutions will have the opportunity to apply for ACGME accreditation. The ACGME and AOA have created and will continue to create elements of operations and infrastructure to ensure a smooth transition to the single system. Click here for the timeline (Updated December 3, 2014).

The ACGME will continue to update information on the single accreditation system as new developments unfold, and as questions arise during the systems implementation. Please return to this page periodically for updates and answers to your questions. Thank you for your interest as we work together to implement this important step forward in American graduate medical education.

Related Links

- Program Eligibility Requirements
- ACGME Glossary of Terms
- Requirements for Review and Comment

Events

Contact Us
E-mail questions to info@acgme.org

Single Accreditation System for AOA-Approved Programs Main Page

Pathways (Posted December 3, 2014)
- Pathways to ACGME Accreditation for AOA-Approved Programs

Education
Opportunities for Education about the Transition to the Single Accreditation System

Application Process
The following guidelines apply to currently AOA-approved core residency and subspecialty programs that apply for ACGME accreditation.
- Application Process
- Timeline (Updated December 3, 2014)
- Intent to Apply for Institutional Accreditation

News and Communications

FAQs
These FAQs address common areas of the

©2015 Accreditation Council for Graduate Medical Education (ACGME)
Eligibility Requirements

Specialty and Subspecialty Program Eligibility Requirements

Below are the eligibility requirements for each specialty/subspecialty 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
  - Obstetric Anesthesiology
  - Pain Medicine
  - Pediatric Anesthesiology
- Colon and Rectal Surgery
- Dermatology
  - Dermatopathology
## Eligibility Requirements
Common Program Requirements are in **BOLD**

### Hospice and Palliative Medicine

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>III.A. Eligibility Criteria</strong></td>
<td><strong>III.A. Eligibility Criteria</strong></td>
<td><strong>III.A. Eligibility Criteria</strong></td>
<td><strong>III.A. Eligibility Requirements – Fellowship Programs</strong></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 has met the eligibility criteria.</td>
<td>Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee.</td>
<td>Each fellow must successfully complete an ACGME-accredited specialty program and/or meet other eligibility criteria as specified by the Review Committee.</td>
<td>All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC-accredited residency program located in Canada.</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. The program must document that each fellow has met the eligibility criteria.</td>
<td>III.A.1. The program must document that each fellow has met the eligibility criteria.</td>
<td>Prior to appointment in the program, fellows must have completed an ACGME- or RCPSC-accredited program in child neurology, family medicine, internal medicine, pediatrics, physical medicine and rehabilitation, or neurology, or at least three clinical years in an ACGME- or AOA-accredited graduate educational program in one of the following specialties: anesthesiology, emergency medicine, obstetrics and gynecology, psychiatry, radiation oncology, radiology, or surgery.</td>
</tr>
<tr>
<td>III.A.2. 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.2. Prior to appointment in the program, fellows must have completed an ACGME- or American Osteopathic Association (AOA)-accredited program in child neurology, family medicine, internal medicine, pediatrics, physical medicine and rehabilitation, or neurology, or at least three clinical years in an ACGME- or AOA-accredited graduate educational program in one of the following specialties: anesthesiology, emergency medicine, obstetrics and gynecology, psychiatry, radiation oncology, radiology, or surgery.</td>
<td>III.A.2. Prior to appointment in the program, fellows must have completed an ACGME- or RCPSC-accredited program in child neurology, family medicine, internal medicine, pediatrics, physical medicine and rehabilitation, or neurology, or at least three clinical years in an ACGME- or AOA-accredited graduate educational program in one of the following specialties: anesthesiology, emergency medicine, obstetrics and gynecology, psychiatry, radiation oncology, radiology, or surgery.</td>
<td>III.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.</td>
</tr>
</tbody>
</table>
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.
“Pre-Accreditation Status”

• Importance to ACGME:
  • Programs will be in data system
    • ADS annual update
    • Case logs
    • Resident survey
    • Faculty survey
    • Milestones
“Pre-Accreditation Status”

Remains in effect until:

1. Program achieves Initial Accreditation, or
2. Program withdraws application, or
3. 30 June 2020
Outline

• Timeline of the SAS
• Three routes to accreditation
• “Pre-Accreditation Status”
• Dually accredited programs
• Parallel accredited programs
• Subspecialty programs
• TY programs
• AOA surgical programs
Dually-Accredited Programs

- Term is not in ACGME Glossary
- 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

- Term is not in ACGME Glossary
- 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
Subspecialty Programs

• Subspecialty programs are considered dependent
• *Must* be associated with core residency in same SI
• Sub *can* apply after core has Pre-Accreditation
• Sub *cannot* be accredited until core is accredited
Transitional Year Programs

• Must be sponsored by institution which is ACGME-accredited or in pre-accreditation status

• Must also be sponsored by at least two core specialty programs which are ACGME-accredited or in pre-accreditation status

• At least one of those programs must be sponsored by the same SI as the TY program
Outline

• Timeline of the SAS
• Three routes to accreditation
• “Pre-Accreditation Status”
• Dually accredited programs
• Parallel accredited programs
• Subspecialty programs
• TY programs

• Challenges for AOA surgical programs
9,022 ACGME Accredited Programs*

*As of 1 January 2013
Excludes programs with Initial Accreditation

©2015 Accreditation Council for Graduate Medical Education (ACGME)
9,022 ACGME Accredited Programs*

*As of 1 January 2013
Excludes programs with Initial Accreditation
All Surgical Core Programs

Colorectal
Neurosurgery
OB-Gyn
Ophthalmology
Orthopedic Surgery
Ophthalmology
Plastic Surgery
Surgery
Thoracic Surgery
Urology

Continued Accreditation
Accreditation w/ Warning
Probation

As of January 2014
(Excludes programs with Initial Accreditation)
All Core Surgical Programs

As of January 2014:

1177 Continued Accreditation
105 Accreditation with Warning
16 Probation
70 Initial Accreditation
6 Initial Accreditation w/ Warning

(Graph excludes programs with Initial Accreditation)
Surgical vs All Core Programs

Core surgical programs <14% of all programs
But, accounted for:
  29% programs on Warning
  64% programs on Probation

Surgical Core Programs
  January 2014
  (Excludes programs with initial accreditation)

All Programs (including surgical)
  January 2013
  (Excludes programs with initial accreditation)

Continued Accreditation
Accreditation w/ Warning
Probation
Data Reviewed Annually by RC

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Response to active citations
  - Omission of data
- Board Pass Rate
- Resident Survey
- Faculty Survey
- Clinical Experience – Case logs
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
Data Reviewed Annually by RC

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Response to active citations
  - Omission of data
- Board Pass Rate
- Resident Survey
- Faculty Survey
- Clinical Experience – Case logs
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
Data Reviewed Annually by RC

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Response to active citations
  - Omission of data
- Board Pass Rate
- Resident Survey
- Faculty Survey
- Clinical Experience – Case logs
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
Data Reviewed Annually by RC

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Response to active citations
  - Omission of data
- Board Pass Rate
- **Resident Survey**
- Faculty Survey
- Clinical Experience – Case logs
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
Data Reviewed Annually by RC

• Annual ADS Update
  • Program Characteristics – Structure and resources
  • Program Changes – PD / core faculty / residents
• Scholarly Activity – Faculty and residents
• Response to active citations
• Omission of data
• Board Pass Rate
• Resident Survey
• Faculty Survey
• Clinical Experience – Case logs
• Semi-Annual Resident Evaluation and Feedback
  • Milestones
Data Reviewed Annually by RC

- Annual ADS Update
  - Program Characteristics – Structure and resources
  - Program Changes – PD / core faculty / residents
  - Scholarly Activity – Faculty and residents
  - Response to active citations
  - Omission of data
- Board Pass Rate
- Resident Survey
- Faculty Survey
- Clinical Experience – Case logs
- Semi-Annual Resident Evaluation and Feedback
  - Milestones
Outline

• Timeline of the SAS
• Three routes to accreditation
• “Pre-Accreditation Status”
• Dually accredited programs
• Parallel accredited programs
• Subspecialty programs
• TY programs
• Challenges for AOA surgical programs