AOA to ACGME: The FIU-BH Experience

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Where We Have Been

ABMS Formed 1933 by:
Ophtho 1917, Ob 1930
ENT 1924, Derm 1933

Osler: IM First Residency: 1889
Halsted: Surgery 1890-94

First RRC 1949
ACGME Established 1981

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Background

- # of training programs* 9,977 1,207
- # of residents/fellows* 126,096 8,918
- # of New ACGME Programs 126 40/174*
- Testing Path UME: USMLE COMLEX
- Testing Path GME: ABMS AOA
- # Sponsoring Institutions: 692 [405]**
- Accredited through: ABMS OPTI

* 2015-2016. 174 = # programs in pre-accreditation 5/26/16, 51 are in Continued PA

1. Information from AOA 11/5/2015
2. Number of institutions in which OGME occurs. AOA does not accredit GME institutions.
4. Actual totals skewed due to double counting for some dually accredited programs
A Very Important Difference

AOA
Residency Match
Program Accreditation
Individual Certification
Specialty Societies
& much more

Match Programs
Military
NRMP
SF Match

ACGME
Program &
Institutional
Accreditation

ABMS
Boards
Individual
Certification

Specialty
Societies

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Licensure Exams & Eligibility

COMLEX-USA → ACGME-Accredited Core Residency Program → ACGME-Accredited Subspecialty (Fellowship) Program

AOA-Approved Core Residency Program → ACGME-Accredited Subspecialty (Fellowship) Program
(For which resident eligible by virtue of having completed a program with pre-accreditation status)*

AOA-Approved Subspecialty (Fellowship) Program

ACGME-Accredited Subspecialty (Fellowship) Program
(For which resident eligible only by virtue of application as an "exceptionally qualified candidate")*

USMLE

*Only those who complete ACGME-accredited programs are eligible in some subspecialties

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The Single GME Accreditation System

• July 1, 2015: AOA, American Association of Colleges of Osteopathic Medicine (AACOM) and ACGME began the transition to a SAS for GME

• Completed implementation: July 2020 after which all graduates of osteopathic and allopathic medical schools will train in ACGME-accredited programs

• Through osteopathic-focused residency programs, the SAS will recognize the unique principles and practices of the osteopathic medical profession
Why a Single GME Accreditation System?

• Consistent methods of evaluation and accountability
• Enhanced opportunities for trainees
• Eliminates unnecessary duplication
• Efficiencies and cost-savings in accreditation
• One accreditation system transparent to:
  — Federal government
  — Licensing boards
  — Credentials committees
  — Public
Elements of the Agreement

• AOA and ACOM join governance of ACGME as member organizations
• Beginning July 1, 2015, accredited AOA programs begin 5-year transition to ACGME accreditation
• Pre-accreditation status created for programs and institutional sponsors during the transition period
• Osteopathic standards are added to ACGME standards to define osteopathic programs in the new system
• Two new ACGME committees created for osteopathic programs
• DOs and MDs eligible for all GME positions
Impact on Education Structure

**Changed**
- GME Accreditation
- ABMS
- AOA

**Unchanged**
- Board Certification
- CME
- Predoctoral Education
- Licensure Examinations

The agreement **streamlines** the accreditation of GME programs but **preserves and protects** the structures within each pathway.
“The” Match

• There are *numerous* match processes, including:
  • The AOA National Matching Services, Inc. (NMS)
  • The Joint Service GME Selection Board
  • The National Resident Matching Program (NRMP)
  • The San Francisco Matching Program

• ACGME not in control of or affiliated with *any* match

• Programs in Pre-Accreditation are AOA-approved

• Programs in Pre-Accreditation use AOA NMS

• ACGME-accredited programs *not* eligible for NMS

• After 1 July 2020 NMS will cease

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Board Certification

ACGME-accredited program

ABMS member board certification

AOA-approved program

AOA board certification

Eligibility criteria to be determined

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Requirements

• Sept. 2014: Identify a sponsoring institution
• April 2015: Institutional applications begin/approval process
• 7/15 – 6/30/20: Programs may apply to ACGME
  • May apply for Osteopathic recognition
  • Subspecialties may apply after base program approved

• Once pre-accreditation process granted programs and sponsors must complete required annual ACGME reporting
  • ADS Annual Update
  • Resident survey
  • Faculty Survey
  • Milestone assessment and reporting
Conversion Process

• Step 1: Apply for Institutional Accreditation
  • Not required in AOA
  • Documents submitted prior to SAS under old system
    • Received initial accreditation for 2 years
    • Follow up Institutional Site Visit completed July 19, 2016
  • Under SAS document submission for Institutional Accreditation results in pre-accreditation status
    • Otherwise process is the same
Conversion Process

• Step 2: PIF Completion
  • Reorganize block schedule to reflect ACGME IM program
    • Surgery and OB rotations changed to procedure rotation and CCU
    • Reassigned residents from people to services (esp for ICU’s)
  • More clearly defined responsibilities of teaching attendings
    • Ward attending variability reduced
    • Passive learning changed to active patient care in subspecialty rotations
  • 6 months to reorganize, working closely with new DIO
    • Still getting pushback from private attendings, but this is a community-teaching hospital issue, not related directly to the change to SAS
Conversion Process

• Step 3: PIF Submission:
  • Immediately puts program into “pre-accreditation” status
  • Application fee: $6,200
“Pre-Accreditation Status”

• Created for and to be applied only during the transition to ACGME accreditation of currently AOA approved programs
• Granted upon receipt of completed application
• Does not require RC review
• Status is publicly acknowledged
• NOT synonymous with Initial Accreditation
Process Summary

• Step 1: Apply for Institutional Accreditation (IA)
  • Application for IA results in immediate pre-accreditation status
  • Initial accreditation is for 2 years followed by repeat Institutional Site Visit
  • Otherwise process is the same

• Step 2: Complete and submit PIF, Site Visit, RC Review
  • Collaborative effort
    • PD, DIO: write PIF, collect needed information, review in fine-detail
    • Submit to RC, immediate pre-accreditation, site visit scheduled
    • Site visit (1 month), report to RC, RC regularly scheduled meeting*
    • Post site visit similar to new programs under ACGME
      • One exception: if not accredited, we would remain in Pre-Accreditation status

• Step 3: Initial accreditation received
  • Backdated to July 1, 2015
  • Next Site visit for full accreditation July 17, 2017 (2 years from time of initial accreditation)
  • Terrific implications for residents wishing to do fellowships

* Very quick Turn-around Time
Program Conversion Timeline

• Presubmission preparation: minimum of 6 months- one year
• PIF Submitted by DIO January 4, 2016
• Site visit February 11
• RC met April 8-10
  • 3 DO’s on RC: Samuel Snyder* (NSU Chair DOM), Frederick Schaller, Jill Patton
• Initial Accreditation received April 12th, effective July 1, 2015
  • Immediately followed by WebADS update, Surveys, etc
• Next site visit for full accreditation scheduled for 2017
Pros and Cons of Converting a Program (as compared to starting a new one)

<table>
<thead>
<tr>
<th>Pro</th>
<th>Con</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program already in existence</td>
<td>Need to change block rotations</td>
</tr>
<tr>
<td>Attendings already in place</td>
<td>Apprentice model</td>
</tr>
<tr>
<td>Strong ward rotations</td>
<td>Subs more passive learning</td>
</tr>
<tr>
<td>Similar ITE’s</td>
<td>Need for active remediation</td>
</tr>
<tr>
<td>RC’s working with programs!</td>
<td></td>
</tr>
</tbody>
</table>
Pros and Cons of Converting a Program

• Speed bumps:
  • Time and process of attending rounds
  • Change to active learning takes time
  • New expectations stressful for residents and attendings
  • Financial support needs to be substantially increased
    • Faculty salary support
    • Faculty development: meetings, training, career development
    • Coordinator support
  • Patient numbers, hours limitations about the same, but, need to limit off-service rotators, students- especially subinterns
  • Incorrect good cop-bad cop (PD-DIO) perception (faculty, residents)
Programmatic Similarities

• For IM:
  • PD and APD’s
  • Core faculty
  • Program Coordinators
  • Subspecialty education coordinators
  • Semiannual evaluations, online reporting
  • PIF equivalent
  • Site visits
Programmatic Differences

- For IM under ACGME:
  - PD: Defined protected time, salary support
  - APD’s: Defined protected time, salary support, # needed
  - Core faculty: Defined protected time, salary support, # needed
  - Program Coordinators: Report to PD, # needed
  - Subspecialty education coordinators: role more defined
  - CCC and PEC
  - WebADS: Updates, APE
Programmatic Differences

• For IM:
  • Very similar training with inpatient and outpatient experiences
  • AOA more focused on assigning resident to an attending (apprentice model) rather than to a service (Experiential model)
  • AOA includes OPP and OMT (small component of training)
  • AOA has a well defined core didactic program, ACGME does not
  • Big difference is in ACGME-mandated program support
Qualifications for Program Personnel

• Most programs allow AOA or ACGME Program Directors regardless of their residency/fellowship training (AOA vs. ACGME)*

• Most fellowship programs will enroll AOA residents into their programs and accept COMLEX equally with USMLE

• Teaching faculty must be AOA or ACGME board-certified under ACGME

* Not originally the case. Former PD at BH (DO) recruited to become Dean of new school. New PD (MD) recruited to address initial requirements that very rapidly changed to allow Osteopathic PD’s for many specialties
AOA to ACGME at Broward Health

• Pediatrics first program approved; Internal Medicine approved several months later and Orthopedics approved mid May
• TY program is in pre-accreditation status, site visit completed
• Dermatology and FM program submissions by end of calendar year
  • Cardiology fellowship submission pending
• New programs are mostly being developed through ACGME though some institutions are still pursuing AOA when timeline allows
  • Twice as many 4-5-6 year AOA programs have applied to convert to the SAS than 3 year programs (could leave residents in untenable Isl
Programs Approved So Far

- Specialty   # Applied/# Approved
- ASA         2
- Derm        1
- EM          7/17 (Mt Sinai)
- FM          4
- IM          16/30 (Broward, Largo)
- Ob          3
- Ortho       5/19 (Broward)
- Peds        2 (Broward)
- Radiol      3
- Surg        1/27
- Uro         5
AOA in Florida

• 825 AOA programs in US
  • 217 applied for ACGME
  • 53 achieved initial accreditation
  • 112 in pre-accreditation
  • 52 in continued pre-accreditation

• Florida Programs Approved so far:
  • Ft. Lauderdale: IM, P, Ortho
  • Miami: Peds, Mt. Sinai
  • Jacksonville: FM
  • West Palm Beach: Preventive Medicine
  • Largo: IM

• 62 AOA programs in Florida
  • 17 (27%) applied for ACGME accreditation
  • 8 (13%) achieved initial accreditation
  • 5 initial, 3 continued
  • 8 pre-accreditation, 1 cont’d Pre-A

Florida AOA Programs

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<tr>
<th>ASA</th>
<th>IM</th>
<th>Ped</th>
<th>Derm</th>
<th>N/NM</th>
<th>PMR/PH</th>
<th>Rad</th>
<th>Ob</th>
<th>Ophth</th>
<th>Surg</th>
<th>FM</th>
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<td>2</td>
<td>1</td>
<td>17</td>
<td>3</td>
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Florida AOA Programs

- ASA: 2
- IM: 10
- Ped: 3
- Derm: 7
- N/NM: 3
- PMR/PH: 1/1
- Rad: 1
- Ob: 2
- Ophth: 2
- Surg: 1
- FM: 17
- Ortho: 3
- TY: 1
Creation of GME Positions

• ACGME does not build new GME programs
  • Accredits applicant programs

• AOA does actively build new GME programs
  • But, this goes away in 2020

• With SAS, there will be approximately the same number of US GME positions*

* Not necessarily true; AOA programs may close due to the more stringent financial and educational requirements of ACGME
Board Certification of Graduates

• Certification **not** part of the MOU
• ACGME has **no** control over ABMS boards
  • Each determines own eligibility criteria
Resources

• John Potts, M.D. Lecture, from ACGME
• ACGME Website
• Alma B. Littles, M. D., Florida State University College of Medicine
• NSU Website
• Multiple meetings at ACGME, AOA
Supplemental Material
AOA & AACOM integrated into governance and operations of new ACGME
ACGME Board of Directors

• Board of Directors
  • 2 AACOM nominees (3 in 2018; 4 in 2020)
  • 4 AAMC nominees
  • 4 ABMS nominees
  • 4 AHA nominees
  • 4 AMA nominees
  • 2 AOA nominees (3 in 2018; 4 in 2020)
  • 4 CMSS nominees
  • 3 ‘at-large’ physician directors
  • 3 public directors
  • Chair Council of Review Committee Chairs
  • Chair Council of Review Committee Residents
  • At-large resident
  • 2 Federal representatives (ex officio)

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## Review Committees

### Institutional

**Kevin Weiss, M.D.**

### Institutional Review

<table>
<thead>
<tr>
<th>Hospital-Based</th>
<th>Medical</th>
<th>Surgical</th>
<th>Osteopathic</th>
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<tbody>
<tr>
<td><strong>Louis Ling, MD</strong></td>
<td><strong>Mary Lieh-Lai, MD</strong></td>
<td><strong>John Potts, MD</strong></td>
<td><strong>Lorenzo Pence, DO</strong></td>
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<td>Anesthesiology</td>
<td>Allergy and Imm</td>
<td>Colorectal Surg</td>
<td>Osteo Principles</td>
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<td>Orthopaedic Surg</td>
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<td>Psychiatry</td>
<td>Thoracic Surgery</td>
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<td><strong>Transitional Year</strong></td>
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<td>Urology</td>
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Some Differences Between RCs

- Eligibility criteria for fellowships
- Qualifications for Program Director
- Required support for Program Director
- Required support for Program Coordinator
- Scholarly activity for faculty
- Scholarly activity for residents
Certification of PD

PR- II.A.3.b) [Common Program Requirement] Qualifications of the program director must include current certification in the specialty by the American Board of [ABMS member board], or specialty qualifications that are acceptable to the Review Committee.

As of February 2016 Only Neurosurgery still requires an ABMS certified Co-PD. All others accept appropriately qualified AOA certified specialists as PD’s.

* CRS, Med Genetics, and Nuc Med have no AOA counterparts.
ACOI

• 75th Anniversary
  • Offers boards in:
    • IM  Focused Hospital Medicine
    • Cardiology  Interventional Cardiology
    • Critical Care Medicine  Electrophysiology
    • Endocrinology  Gastroenterology
    • Geriatric Medicine  Hematology
    • Infectious Disease  Nephrology
    • Oncology  Pulmonary Diseases
    • Rheumatology  Sleep Medicine

• Losing control of GME, will focus on CME
  • Concerned about losing Osteopathic distinctiveness
## Implication for Current Residents

<table>
<thead>
<tr>
<th>AOA Board Certification Requirements</th>
<th>ABMS Board Certification Requirements (July 2015)</th>
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<tr>
<td><strong>Training Eligibility Criteria for Specialty Certification</strong></td>
<td><strong>Training Eligibility Requirements for ABMS Certification</strong></td>
</tr>
<tr>
<td>American Osteopathic Board of Dermatology</td>
<td>Completed and approved AOA or ACGME training.</td>
</tr>
<tr>
<td>American Osteopathic Board of Emergency Medicine</td>
<td>Completed and approved AOA or ACGME training.</td>
</tr>
<tr>
<td>American Osteopathic Board of Family Physicians</td>
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<tr>
<td>American Osteopathic Board of Internal Medicine</td>
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*Note: This table outlines the certification requirements for current residents. It highlights the differences between the AOA and ABMS requirements for various specialty boards.*
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<tr>
<td><strong>AOA Member Board</strong></td>
<td><strong>Training Eligibility Requirements for AOA Certification</strong></td>
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<tr>
<td>American Osteopathic Board of Surgery: Neurological Surgery</td>
<td>Completed and approved AOA or ACGME training.</td>
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<td>American Osteopathic Board of Nuclear Medicine</td>
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</tr>
<tr>
<td>American Osteopathic Board of Obstetrics and Gynecology</td>
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<td>American Osteopathic Board of Ophthalmology and Otolaryngology</td>
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<td>American Osteopathic Board of Pathology</td>
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</table>
| American Osteopathic Board of Physical Medicine and Rehabilitation | Completed and approved AOA or ACGME training. | American Board of Physical Medicine and Rehabilitation | Through June 30, 2016, ABPMR will recognize AOA-accredited training as acceptable toward internship level PM&R residency training and, ultimately, board certification.  
- For the period of July 1, 2015, through June 30, 2020, ABPMR will recognize AOA-accredited training with ACGME “preaccreditation” |
| American Osteopathic Board of Radiology | Completed and approved AOA or ACGME training. | American Board of Radiology | Training program must achieve ACGME accreditation prior to completion |
| American Osteopathic Board of Surgery | Completed and approved AOA or ACGME training. | American Board of Surgery | The final three years of the basic five-year surgery residency must be in an ACGME accredited training program. |
| American Osteopathic Board of Surgery: Thoracic and Cardiovascular Surgery | Completed and approved AOA or ACGME training. | American Board of Thoracic Surgery | All training must be in an ACGME accredited training program beginning with year one. |
| American Osteopathic Board of Surgery: Urological Surgery | Completed and approved AOA or ACGME training. | American Board of Urology | All training must be in an ACGME accredited training program. |