

AOA to ACGME: The FIU-BH Experience

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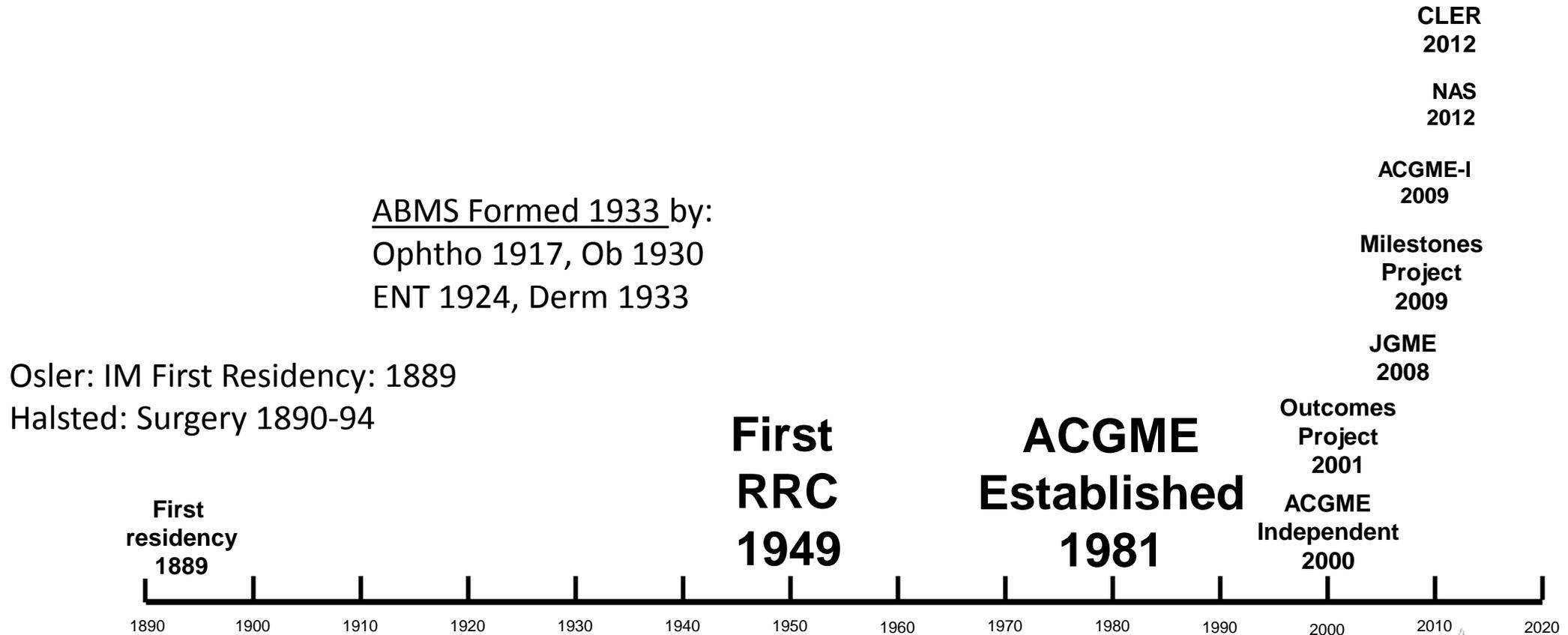
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Where We Have Been

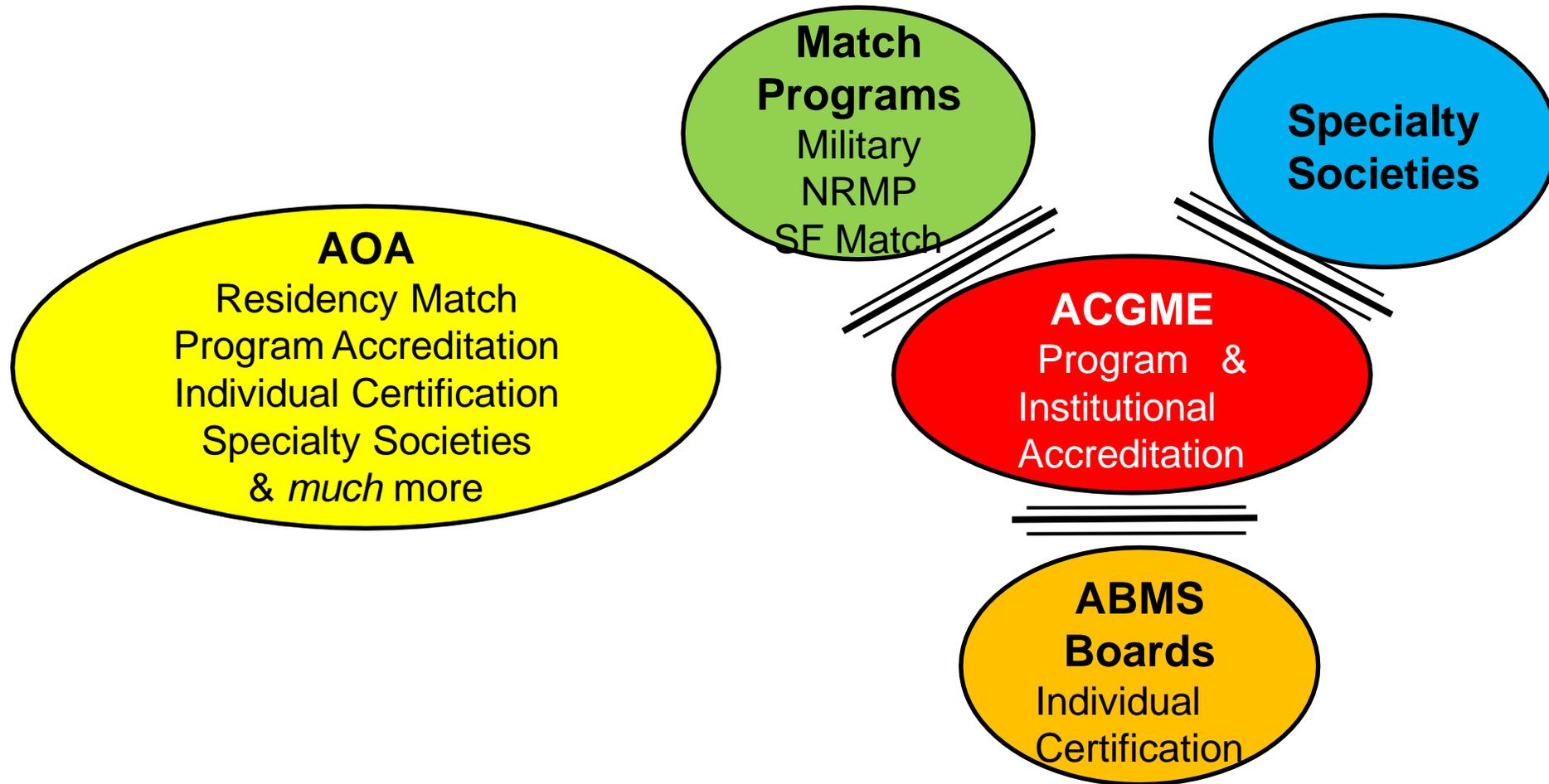


Background

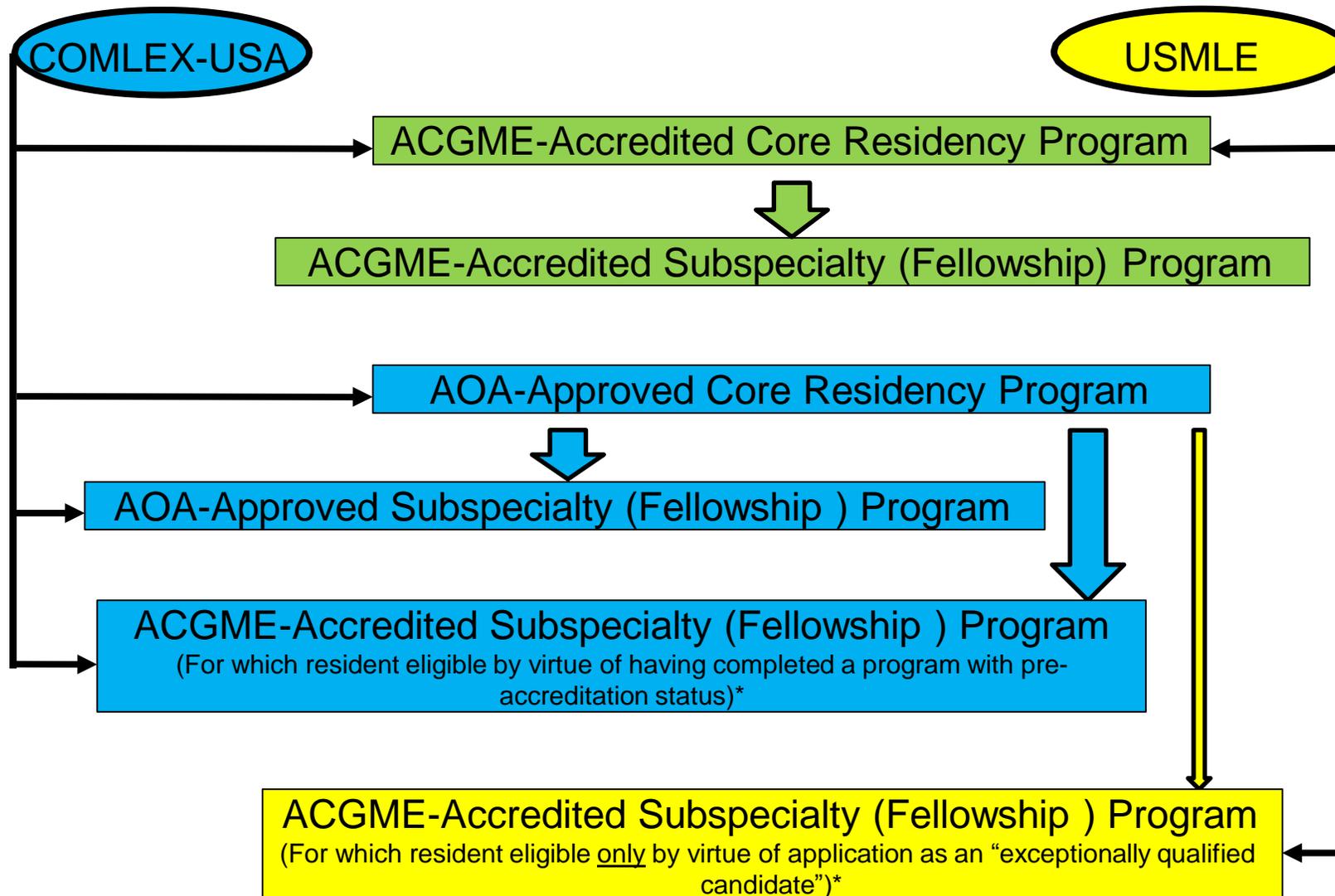
•	ACGME	AOA
• # of training programs*	9,977	1,207
• # of residents/fellows*	126,096	8,918
• # of New ACGME Programs	126	40/174*
• Testing Path UME:	USMLE	COMLEX
• Testing Path GME:	ABMS	AOA
• # Sponsoring Institutions:	692	[405]**
• Accredited through:	ABMS	OPTI
• * 2015-2016. 174 = # programs in pre-accreditation 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.
3. ACGME Data Resource Book Academic Year 2014-2015
4. Actual totals skewed due to double counting for *some* dually accredited programs

A *Very* Important Difference



Licensure Exams & Eligibility



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



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 AACOM 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**

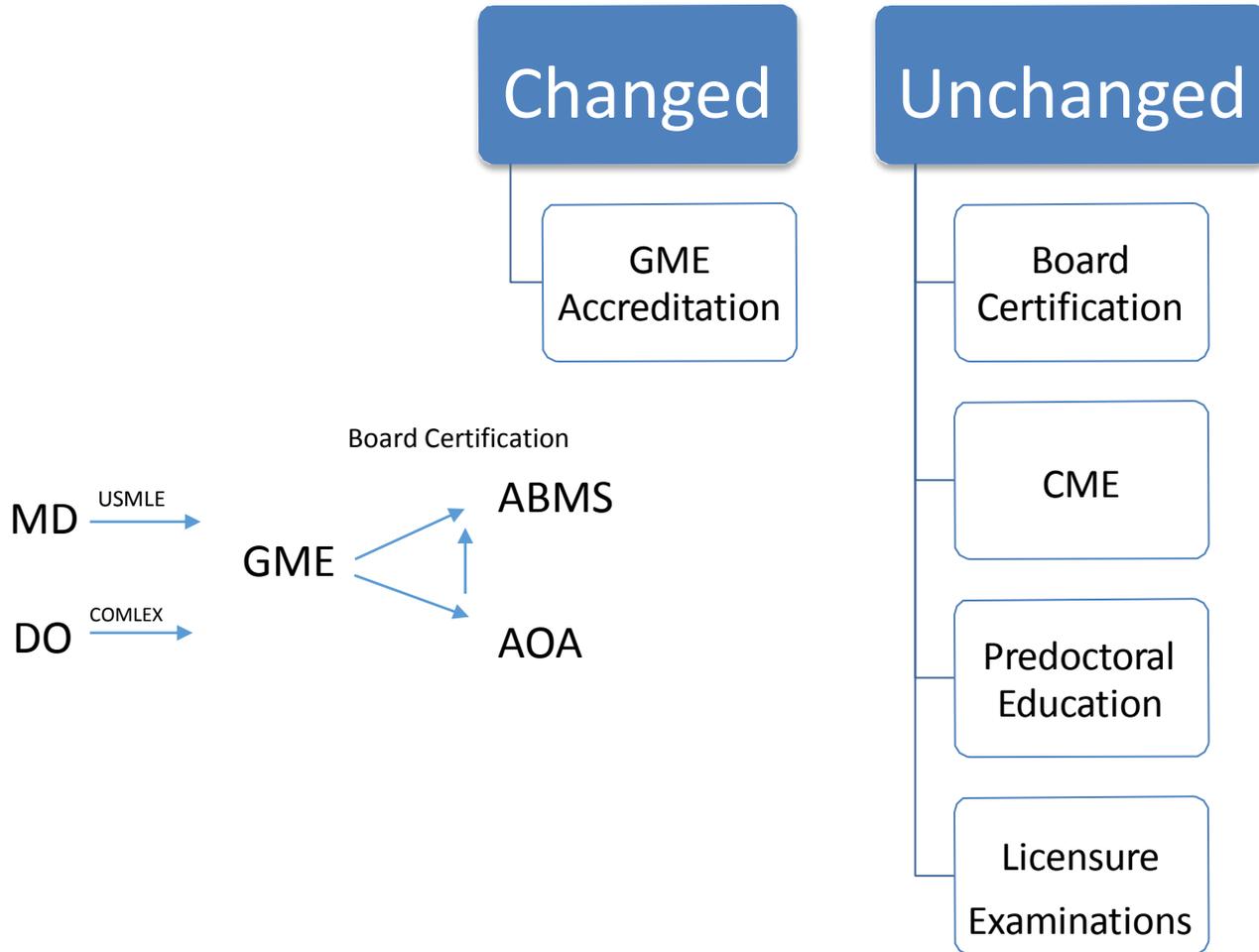


AOA + ACGME



**New
ACGME**

Impact on Education Structure

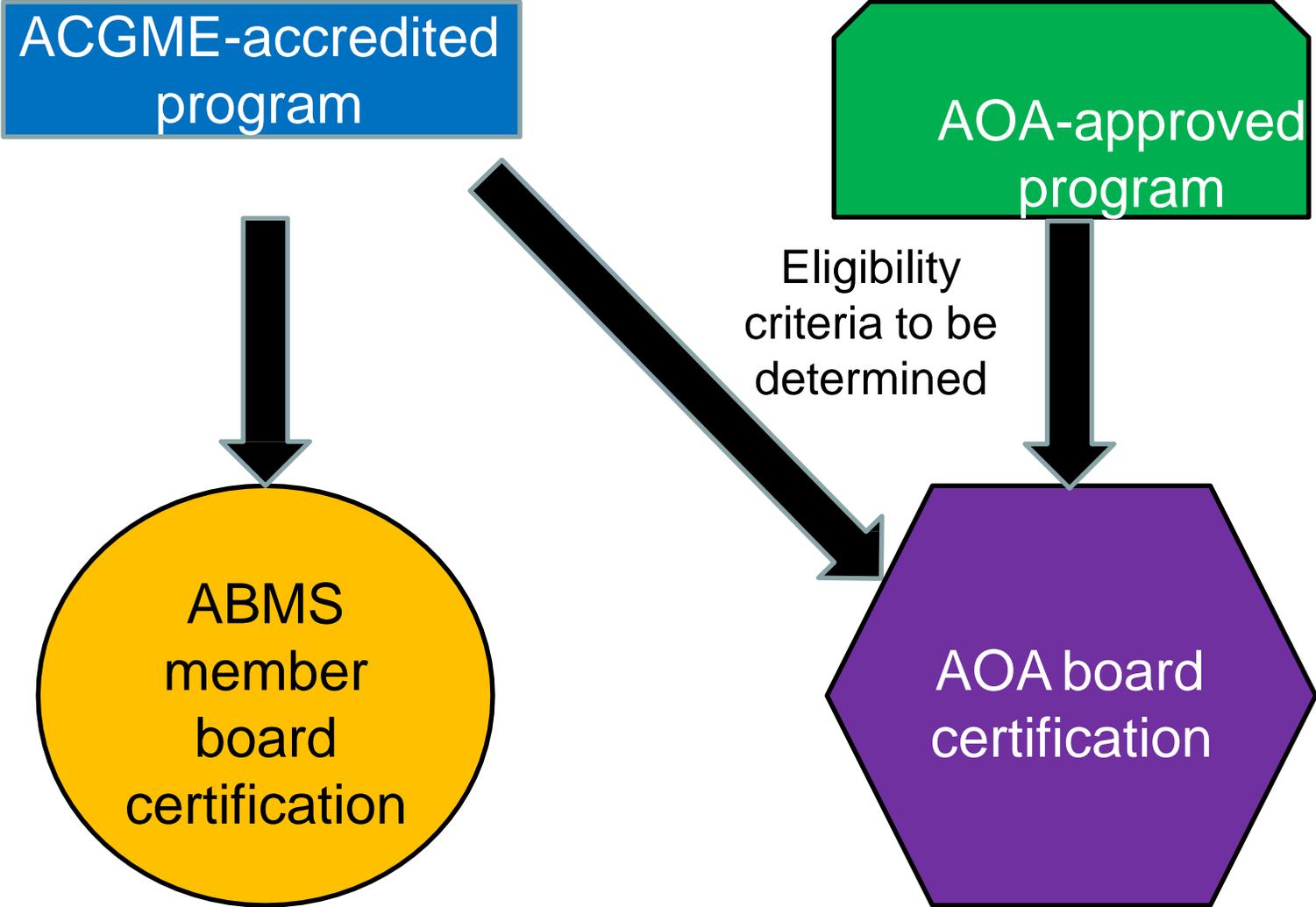


The agreement **streamlines** the accreditation of GME programs but **preserves and protects** the structures within **each pathway**.

“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

Board Certification



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
 - Milestone assessment and reporting
 - Case Log reporting
 - Faculty Survey

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)

- Pro

- Program already in existence
- Attendings already in place
- Strong ward rotations
- Similar ITE's
- RC's working with programs!

- Con

- Need to change block rotations
- Apprentice model
- Subs more passive learning
- Need for active remediation

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	Radiol	3
• Derm	1	Surg	1/27
• EM	7/17 (Mt Sinai)	Uro	5
• FM	4		
• IM	16/30 (Broward, Largo)		
• Ob	3		
• Ortho	5/19 (Broward)		
• Peds	2 (Broward)		

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

- 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 Programs Approved so far:

- Ft. Lauderdale: IM, P, Ortho
- Miami: Peds, Mt. Sinai
- Jacksonville: FM
- West Palm Beach: Preventive Medicine
- Largo: IM

- Florida AOA Programs

ASA	2	IM	10	Ped	3
Derm	7	N/NM	3	PMR/PH	1/1
Rad	1	Ob	2	Psych	6
EM	2	Ophth	2	Surg	2
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

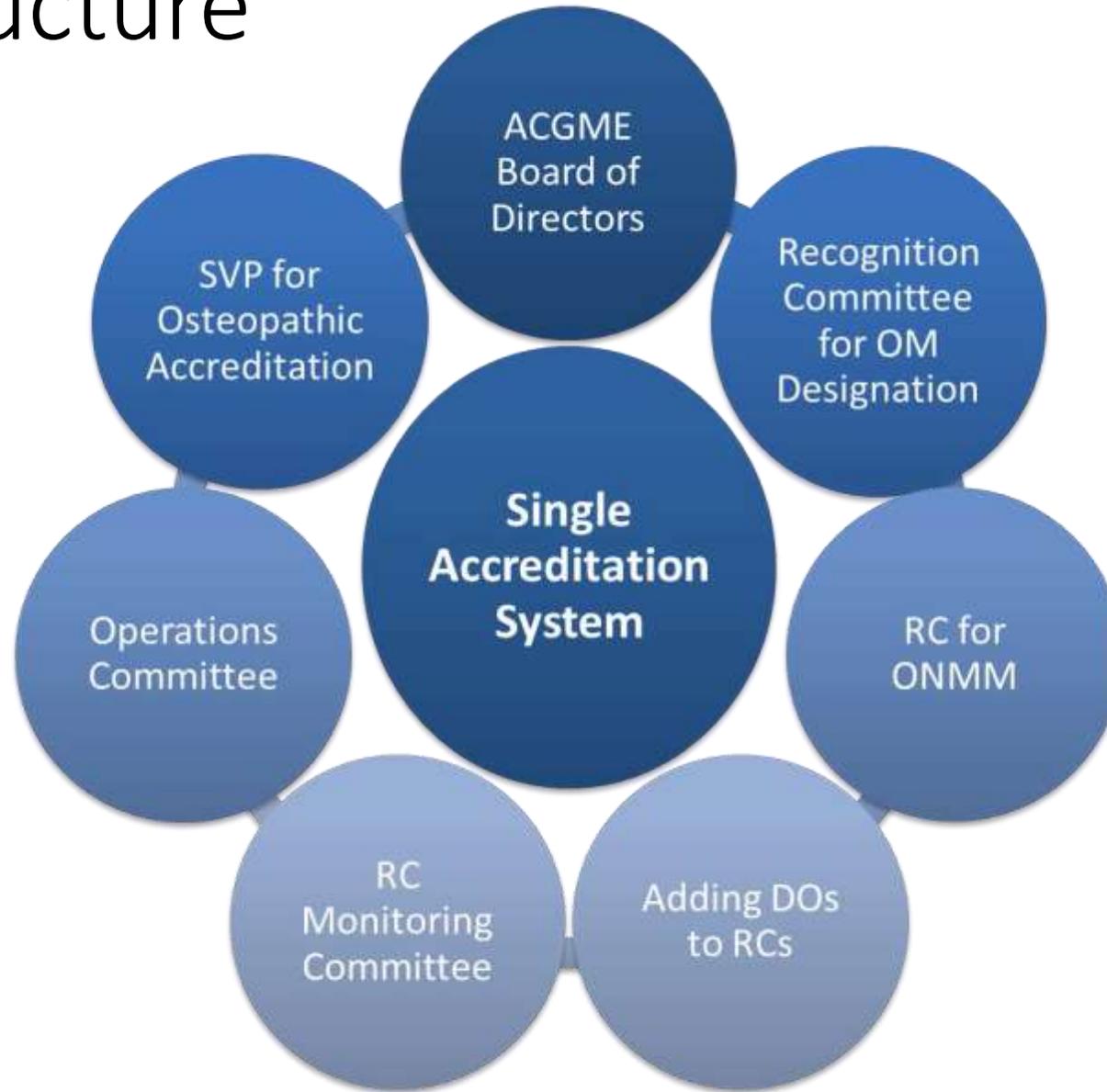
Resources

- 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

Governance Structure

**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*)

Review Committees

Institutional			
<i>Kevin Weiss, M.D.</i>			
Institutional Review			
Hospital-Based	Medical	Surgical	Osteopathic
<i>Louis Ling, MD</i>	<i>Mary Lieh-Lai, MD</i>	<i>John Potts, MD</i>	<i>Lorenzo Pence, DO</i>
Anesthesiology	Allergy and Imm	Colorectal Surg	Osteo Principles
Radiology	Dermatology	Neurosurgery	ONMM
Emergency Med	Family Medicine	OB-Gyn	
Medical Genetics	Internal Medicine	Ophthalmology	
Nuclear Medicine	Neurology	Orthopaedic Surg	
Pathology	Pediatrics	Otolaryngology	
Prev. Medicine	PM&R	Plastic Surgery	
Radiation Onc	Psychiatry	Surgery	
Transitional Year		Thoracic Surgery	
		Urology	

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

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

AOA Board Certification Requirements		ABMS Board Certification Requirements	
Training Eligibility Criteria for Specialty Certification		ABMS Member Board Eligibility Criteria for Specialty Certification (July 2015)	
AOA Member Board	Training Eligibility Requirements for AOA Certification	ABMS Member Board	Training Eligibility Requirements for ABMS Certification
American Osteopathic Board of Dermatology	Completed and approved AOA or ACGME training.	American Board of Dermatology	Training program must achieve ACGME accreditation prior to completion.
American Osteopathic Board of Emergency Medicine	Completed and approved AOA or ACGME training.	American Board of Emergency Medicine	Training program must achieve ACGME accreditation prior to completion
American Osteopathic Board of Family Physicians	Completed and approved AOA or ACGME training.	American Board of Family Medicine	A minimum of the last two years of training in a fully ACGME accredited family medicine residency training program is required.
American Osteopathic Board of Internal Medicine	Completed and approved AOA or ACGME training.	American Board of Internal Medicine	Training program must achieve ACGME accreditation prior to completion
		American Board of Medical Genetics and Genomics	There are no AOA-accredited residency programs in medical

AOA Board Certification Requirements		ABMS Board Certification Requirements	
Training Eligibility Criteria for Specialty Certification		ABMS Member Board Eligibility Criteria for Specialty Certification (July 2015)	
AOA Member Board	Training Eligibility Requirements for AOA Certification	ABMS Member Board	Training Eligibility Requirements for ABMS Certification
American Osteopathic Board of Surgery: Neurological Surgery	Completed and approved AOA or ACGME training.	American Board of Neurological Surgery	All 54 months of core neurosurgery training must be in an ACGME accredited training program. Credit may be given for some/all of the 30 months of research or elective time in an AOA accredited training program or one in the ACGME pre-accreditation phase
American Osteopathic Board of Nuclear Medicine	Completed and approved AOA or ACGME training.	American Board of Nuclear Medicine	Not applicable. There are no AOA accredited nuclear medicine training programs.
American Osteopathic Board of Obstetrics and Gynecology	Completed and approved AOA or ACGME training.	American Board of Obstetrics and Gynecology	All training must be in an ACGME accredited training program
American Osteopathic Board of Ophthalmology and Otolaryngology	Completed and approved AOA or ACGME training.	American Board of Ophthalmology American Board of Otolaryngology	All training must be in an ACGME accredited training program All training must be in an ACGME accredited training program
American Osteopathic Board of Orthopedic Surgery	Completed and approved AOA or ACGME training.	American Board of Orthopedic Surgery	All training must be in an ACGME accredited training program
American Osteopathic Board of Pathology	Completed and approved AOA or ACGME training.	American Board of Pathology	Not applicable. There are no AOA accredited training programs in Pathology.
American Osteopathic Board of Pediatrics	Completed and approved AOA or ACGME training.	American Board of Pediatrics	All training must be in an ACGME accredited training program

AOA Board Certification Requirements		ABMS Board Certification Requirements	
Training Eligibility Criteria for Specialty Certification		ABMS Member Board Eligibility Criteria for Specialty Certification (July 2015)	
AOA Member Board	Training Eligibility Requirements for AOA Certification	ABMS Member Board	Training Eligibility Requirements for ABMS Certification
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. <ul style="list-style-type: none"> 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.