The Single GME Accreditation System: Progress in Implementation of the Memorandum of Understanding, ACGME, AOA, AACOM

AOA Annual House of Delegates

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Thomas J. Nasca, MD, MACP
Chief Executive Officer
ACGME
ACGME International
Disclosure

• Full Time Salaried by ACGME

• Professor of Medicine and Physiology
  Sidney Kimmel College of Medicine
  Thomas Jefferson University
  Senior Scholar, Department of Medical Education
  College of Medicine
  University of Illinois at Chicago

• No conflicts of interest to report
 Traditions Contributing to the American Concept of Professionalism

Hippocratic Tradition
“Medicine as a Moral Enterprise”
Hippocrates
Aristotle
Maimonides
Thomas Aquinas
Edmund Pellegrino

Physician as a Moral Actor
• Character
• Altruism Guiding Virtue
• Ethical Decision-Making

Guild to Profession
“Medicine as a Public Trust”
Francis Bacon
David Hume
John Gregory
Thomas Percival
AMA, ABIM Charter

Physician as a Professional
• Competency
• Altruism
• Education of the next generation to serve

Social Justice
“Medicine as a Social Good”
John Rawls
Ruth Faden
Madison Powers
ABIM Charter

Physician as a Participant in the Social Contract
• Just distribution of the Good of Health Care
• Well Being

Physician Voluntary Oath
To Society and Each Other

Individual Physician

Medical Profession

Trusting Relationship between Patient and Physician

Social Contract between Society and the Medical Profession
Single GME Accreditation System

- AOA, AACOM, and the ACGME have completed Year 3 of a 6.5-year historic transition to a Single GME Accreditation System
  - 24 months of a 60 month accreditation journey

- Begun in February 2014 with Memorandum of Understanding, and scheduled to be completed in July 2020

- Creates a unified graduate medical education system - the essential phase of the formation of specialist physicians - in the United States
Key Factors in Transition

• Codifies Osteopathic Medicine in GME
  • Inclusion of Osteopathic Principles and Practice into the fabric of ACGME governance and accreditation activities
  • Intentionally preserves osteopathic identity and history

• Does not impact other dimensions of both physician traditions:
  • The osteopathic tradition (i.e., COMLEX, AOA board certification, and COCA-accredited Colleges of Osteopathic Medicine)
  • The ACGME structure and the other dimensions of the allopathic tradition (i.e., NBME, ABMS board certification, and LCME-accredited Colleges of Medicine)
Benefits to the Public

• Assures that the method for evaluation and accountability for competency of physicians graduating from GME programs is consistent across all programs
• Eliminates unnecessary duplication of accreditation
• Coordinates activities related to funding and policy
• Places leadership of osteopathic and allopathic medicine together in the same room to address key challenges facing the profession and public, for example:
  • ACGME Member Organizations
  • Coalition for Physician Accountability
  • National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience
Benefits to Medical School Graduates

Provides all US medical school graduates with the opportunity to:

- Enter a uniform GME pathway to practice medicine
- Seek admission to any residency or fellowship program
- Progress from residency to fellowship without repeating training
- Demonstrate achievement of common milestones and competencies as they enter practice
What have we accomplished?

- New governance structure achieved through Bylaw changes
- Nominees elected to ACGME Board of Directors and its key committees
- New ACGME department created and staff added
- Nominees appointed to 21 existing Review Committees
- Nominees appointed to the Osteopathic Principles Committee and Osteopathic Neuromusculoskeletal Medicine Review Committee
- Joint GME Operations Committee and Education Committee meetings (AOA, AACOM, and ACGME)
- Outreach and communication ongoing by ACGME and AOA
AOA and AACOM Nominated ACGME Board Members – 3 Year Anniversary!

• Clinton Adams, DO, MPA, FACHE
  President and Chief Executive Officer,
  Rocky Vista University

• David A. Forstein, DO, FACOOG
  Fertility Center of the Carolinas,
  Department of Obstetrics and Gynecology

• Karen J. Nichols, DO, MA, MACOI, CS
  Dean,
  Chicago College of Osteopathic Medicine at Midwestern University

• Gary L. Slick, DO, MACOI, FACP
  Medical Director and Chief Academic Officer,
  Osteopathic Medical Education Consortium of Oklahoma (OMECO)
New Committees

• Requirements, applications, and Milestones have been written, proposed, and approved for both:
  • Osteopathic Principles Committee
  • Osteopathic Neuromusculoskeletal Medicine Review Committee
• Numerous programs have already achieved Osteopathic Recognition
  • Allopathic and Osteopathic
• Osteopathic neuromusculoskeletal medicine programs have been accredited, with more in the application process
Year 2 of 5 in Accreditation Transition to a Single GME Accreditation System

• Significant success in creation of a collaborative culture
  • Welcoming of new Review Committee members
  • Embracing of new Board members
  • Continued highly effective function of the Operations Committee
  • Success of combined and coordinated educational efforts

• Significant success in achieving Initial Accreditation by Sponsoring Institutions and Programs in many specialties
Active Participation and Leadership

Key Policy Development Participation:
• Common Program Requirements
  • Phase 1 – Completed revision of Section 6
  • Phase 2 – Underway, with revision of Sections 1-5 expected for public comment in late Fall, 2017.
• Sponsoring Institution 2025
  • Strategic Direction for Institutional Requirements - report in Fall, 2017

Key Governance Participation:
• Monitoring Committee
• Requirements Committee
• Chair of Governance Committee
• Executive Committee
Challenges and Opportunities in Years 3, 4 and 5

• Support programs and sponsors as they adapt to a different process of accreditation
  • Structure and Function
    • AOA Consultation Service
    • ACGME Executive Directors
  • Accreditation Process Advice/Support
    • ACGME Executive Directors
• Solve unique challenges as they arise
• Implement the next phase of governance expansion (2018 expansion of the ACGME Board of Directors)
• Debunk myths and overcome biases
Summary

- Tremendous progress has been made in achieving our shared goals while preserving our respective strengths
- All elements of the MOU have been successfully implemented (consummation in 2020)
- The ACGME is stronger than before through inclusion of osteopathic colleagues, values, culture, and approach to patient care
- Now on the threshold of creating a national GME system that places residents and patients first
Personal Commitment

Continue to
“Under-Promise, and Over-Deliver”
The only place where success comes before work…

is in the dictionary.

Donald Kendall
“The Future ain’t what it used to be!”

Yogi Berra
Philosopher, New York Yankees Catcher
ACGME Accredited Sponsoring Institutions
by Number of Sponsored Programs

Source: GME Community through ACGME Accreditation Data System
ACGME Data Resource Book 2015-2016. Figure E.3.
Pipeline and Continuing GME (Fellowship) Programs

\[ y = 22.668x + 3543.6 \]
\[ R^2 = 0.7785 \]

\[ y = 130.63x + 3818.4 \]
\[ R^2 = 0.9909 \]

100 Allopathic (113 – 13 Withdrawn)
46 SAS AOA Programs

Source: GME Community through ACGME Accreditation Data System
ACGME Data Resource Books 2001 through 2016
### Entering Pipeline Residents and Continuing GME Fellows over 15 Years

- **2001-2002**
  - Entering Pipeline Residents: 24,129
  - Entering Continuing GME Residents: 7,209
- **2002-2003**
  - Entering Pipeline Residents: 24,524
  - Entering Continuing GME Residents: 7,971
- **2003-2004**
  - Entering Pipeline Residents: 23,863
  - Entering Continuing GME Residents: 8,304
- **2004-2005**
  - Entering Pipeline Residents: 24,069
  - Entering Continuing GME Residents: 8,570
- **2005-2006**
  - Entering Pipeline Residents: 24,368
  - Entering Continuing GME Residents: 24,911
- **2006-2007**
  - Entering Pipeline Residents: 25,069
  - Entering Continuing GME Residents: 25,522
- **2007-2008**
  - Entering Pipeline Residents: 25,865
  - Entering Continuing GME Residents: 25,865
- **2008-2009**
  - Entering Pipeline Residents: 26,107
  - Entering Continuing GME Residents: 26,737
- **2009-2010**
  - Entering Pipeline Residents: 26,974
  - Entering Continuing GME Residents: 26,974
- **2010-2011**
  - Entering Pipeline Residents: 27,004
  - Entering Continuing GME Residents: 27,004
- **2011-2012**
  - Entering Pipeline Residents: 27,521
  - Entering Continuing GME Residents: 27,521
- **2012-2013**
  - Entering Pipeline Residents: 27,586
  - Entering Continuing GME Residents: 27,586
- **2013-2014**
  - Entering Pipeline Residents: 27,624
  - Entering Continuing GME Residents: 27,624
- **2014-2015**
  - Entering Pipeline Residents: 27,910
  - Entering Continuing GME Residents: 27,910
- **2015-2016**
  - Entering Pipeline Residents: 28,456
  - Entering Continuing GME Residents: 28,456

#### Cumulative Change:
- Pipeline: 28,456 - 24,129 = 4,327
- Fellowship: 12,503 - 7,209 = 5,294

**Source:** GME Community through ACGME Accreditation Data System

ACGME Data Resource Books 2001 through 2016

**y = 306.75x + 23,221**

\( R^2 = 0.9341 \)

**y = 364.74x + 7,107**

\( R^2 = 0.9947 \)
Occupied Pipeline Positions over 15 Years
Medical School Type of Origin, 2001-2016

Source: GME Community through ACGME Accreditation Data System
ACGME Data Resource Books 2001 through 2016