

A Single Graduate Medical Education Accreditation System: Ensuring Quality Training for Physicians and Improved Health Care for the Public

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The American Osteopathic Association (AOA), the Accreditation Council for Graduate Medical Education (ACGME), and the American Association of Colleges of Osteopathic Medicine (AACOM) entered into an agreement in February to transform the accreditation system for graduate medical education (GME) programs in the United States. The agreement was the product of 2 years of intensive discussions by a joint task force created in response to proposed changes in the ACGME Common Program Requirements as a component of the planned implementation of their Next Accreditation System. These changes would have restricted access for osteopathic physicians (ie, DOs) moving from AOA postdoctoral programs to ACGME training in residencies and subspecialty fellowships. The first meeting of the task force was held in March 2012, and after an initial assessment of the current and future GME environment, the organizations agreed that the potential benefits of a single GME accreditation system warranted pursuit of this goal.

Under the agreement, all postdoctoral training programs currently accredited by the AOA will transition to ACGME accreditation. A single system preserves access to ACGME postdoctoral training programs for DOs and takes bold strides to demonstrate the consistent quality of GME training in the United States across the medical professions. Removing barriers between the professions widens the influence of osteopathic medicine in postdoctoral training. It demonstrates the quality of osteopathic postdoctoral training outside of osteopathic postdoctoral training institutions into new realms.

In just over a year, osteopathic GME programs will begin applying for accreditation by the ACGME. Upon application, programs will enter preaccreditation status. The transition from dual accrediting bodies to a single accreditation system will take place over a 5-year period between July 1, 2015,

and June 30, 2020. During the transition period, DOs who complete AOA programs that have preaccreditation status will meet the ACGME's initial year and fellowship eligibility requirements. In addition, DOs will no longer have to repeat training years or choose their GME training site on the basis of eligibility for future specialty training options.

To preserve distinctive osteopathic GME within the single accreditation system, the ACGME will create 2 new review committees. The Neuromusculoskeletal Review Committee will have accreditation authority over osteopathic neuromusculoskeletal medicine/osteopathic manipulative medicine residency programs. Its 6 members will include 5 AOA representatives and 1 ACGME representative. A 15-member (13 AOA, 2 ACGME) Osteopathic Principles Review Committee will evaluate the osteopathic principles dimension of programs seeking osteopathic recognition across all specialties. Accreditation standards of the ACGME for osteopathic principles and practice will be added to specialty standards and will be applicable to all programs seeking osteopathic recognition. Residents from ACGME programs with osteopathic recognition will be eligible for advanced training.

The agreement confirms that ACGME standards for faculty credentials will be modified to ensure that AOA-certified DOs are acceptable as ACGME faculty. Some programs may require appointment of a program codirector certified by the American Board of Medical Specialties, while programs currently accredited by the ACGME that seek osteopathic recognition may likewise require a program codirector certified by the AOA. Programs that currently have dual accreditation will no longer have to undergo 2 sets of inspections or pay 2 sets of accreditation fees.

The AOA and AACOM will become member organizations of the ACGME, ensuring the osteopathic medical profession's voice within existing

governance structures. The AOA and AACOM will each nominate individuals to 4 seats on the ACGME Board of Directors, and those seats will be phased in to create staggered terms. Terms will begin after ACGME bylaws are amended, until which point the AOA and AACOM will send observers to ACGME board meetings. During the period leading up to the bylaws change, osteopathic observers will also attend Residency Review Committee meetings.

The AOA will continue to accredit GME programs until July 1, 2020. It is important to note that the single accreditation system will pertain only to the accreditation of GME programs. Other components of the medical education continuum—such as undergraduate medical education and continuing medical education—will continue to be accredited through their existing mechanisms.

The AOA and the American Board of Medical Specialties will continue to operate their own board certification examinations, and AOA certification will be the appropriate path by which physicians will demonstrate their competence in the unique dimensions of osteopathic medical practice. The Comprehensive Osteopathic Medical Licensing Examination-USA (COMLEX-USA) will continue to be the required examination series and the pathway to licensure for osteopathic physicians. The COMLEX-USA series is the only licensing examination that assesses osteopathic principles and practice and is required by the AOA Commission on Osteopathic College Accreditation.

Under the single accreditation system, all GME programs will have the option to request osteopathic recognition. To achieve such recognition, the program will be required to meet the osteopathic stan-

dards developed by the Osteopathic Principles Review Committee previously described. Osteopathic and allopathic (ie, MD) graduates will have access to all training positions. However, additional prerequisite education and training may be required for MDs who wish to enter ACGME residencies with osteopathic recognition. The new system will allow DO and MD graduates to demonstrate achievement of common quality milestones and competencies while preserving the unique dimensions of osteopathic medicine and recognizing its contribution to health care in the United States.

Having a unified voice on GME access and funding strengthens physician advocacy in Washington, DC, and at the state and local levels. As efforts are made to cut GME funding, the single accreditation process makes a clear statement of the collaborative work being done by the AOA, AACOM, and the ACGME to remove inefficiencies, improve GME quality, and demonstrate accountability for the public trust.

In short, the agreement streamlines the accreditation of osteopathic and allopathic GME programs but preserves and protects the structures within each profession. Together, a single GME accreditation system will prepare future generations of physicians with the highest quality GME and the broadest opportunities to serve the public.

For more information on the single accreditation system for GME, visit <http://www.osteopathic.org/acgme>. This Web page will be updated as additional information becomes available. (doi:10.7556/jaoa.2014.063)

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