

FAQ: Single GME Accreditation System

Updated June 15, 2016

Timeline

What is the timeline for the transition to a single graduate medical accreditation system?

Since July 1, 2015, AOA-accredited training programs have been able to apply for ACGME accreditation. The AOA will cease providing GME accreditation on June 30, 2020. This means training programs have a five-year period to comply with ACGME requirements.

However, to ensure that all residents graduate from an accredited training program, AOA standards have established deadlines for programs to apply for ACGME accreditation. In essence, if a trainee cannot complete a program by June 30, 2020, that program must either 1) apply for ACGME accreditation, or 2) stop accepting trainees. If a program does not apply by the deadline, it will not be able to participate in the AOA Match the following February. See the [full chart of program deadlines](#).

Learn more about the [ACGME application process](#).

Will the AOA continue accrediting new residencies and/or fellowships until July 1, 2020?

The AOA has the ability to accredit new and existing postdoctoral training programs until July 1, 2020. However, new AOA training programs established after July 1, 2015, are not eligible for pre-accreditation status with the ACGME, and their graduates would not be eligible for the pre-accreditation benefit of entering an ACGME program under the 2013 or 2016 eligibility standards.

Governance

What will happen to the AOA education committees associated with postgraduate training?

We expect all AOA education committees to remain active at least until 2020, when the transition to the single accreditation system is scheduled to conclude. The role of AOA committees currently associated with accreditation of OGME will undoubtedly evolve and become part of a reorganized structure consistent with the AOA's new role with osteopathic graduate medical education.

What will be the OPTIs' role in the single accreditation system?

OPTIs will still have a role in accreditation for the foreseeable future because colleges of osteopathic medicine are required to maintain membership in an OPTI under the Commission on Osteopathic College Accreditation standards. The ACGME has confirmed that OPTIs can [apply to serve as the required accredited sponsoring institution](#) for training programs and several OPTIs have already achieved ACGME initial accreditation to serve as sponsoring institutions for GME programs.

If a specialty college evaluating committee (SPEC) member is appointed to an ACGME Review Committee, does he/she need to step down from the SPEC?

Under the ACGME's procedures for managing conflicts of interest, members of SPECs, the AOA Program and Trainee Review Committee and the AOA Council on Postdoctoral Training cannot be members of an ACGME Review Committee, as these bodies make or participate in GME

accreditation decisions. Hence, they must either resign from the SPEC or not accept the position on the ACGME review committee.

What is the future for the OPTI chief academic officers, DMEs and program directors?

It is not expected that the role of the chief academic officer will change in any significant way. For DMEs, we don't anticipate any major changes because the ACGME standards do not require that DMEs (called Designated Institutional Officials, or DIOs) be ABMS-certified. In fact, under ACGME standards, the DIO is not required to be a physician. Hence, osteopathic DMEs should easily transfer into an ACGME DIO role. We will be discussing the role of osteopathic DMEs more as we move forward.

Accreditation

Once an osteopathic program applies for ACGME accreditation, will it continue to have to meet AOA accreditation requirements?

Programs must be accredited in order to be eligible for funding from the Centers for Medicare & Medicaid Services. Until the program successfully completes the transition to ACGME accreditation, it will need to retain AOA accreditation. Receiving pre-accreditation status from the ACGME will not affect a program's accreditation by the AOA; the AOA will continue to accredit such programs until they receive initial accreditation by ACGME.

If an AOA program applies for ACGME accreditation in July 2015, will that program be considered AOA or ACGME in the spring of 2016?

Once a program applies for ACGME accreditation, that program will automatically be granted pre-accreditation status. Programs with pre-accreditation will **continue to be reviewed and approved by the AOA** until such time as they receive initial ACGME accreditation. The exact timeline from application to receiving initial accreditation status from the ACGME will vary based on how quickly each program completes the process. However, **DO graduates of AOA programs that have pre-accreditation status will be** eligible to apply for fellowship training under either the 2013 or 2016 eligibility standards, whichever is least restrictive. Moreover, DOs who complete training after their AOA training program obtains ACGME initial accreditation be considered to have completed an ACGME program and thus would be eligible for advanced ACGME residencies and fellowships.

If an AOA program achieves ACGME accreditation, does that automatically cancel its AOA accreditation?

No. The program director must take action to formally relinquish AOA accreditation, which may be done for several reasons. Maintaining both accreditations means that the program must adhere to both sets of training standards. There are also fees to maintain two accreditations. However, some programs may want to maintain their AOA accreditation a little while longer after achieving ACGME initial accreditation. AOA programs that terminate their AOA approval during the Match season (April to February) will stay in the AOA Match for that Match cycle unless they specifically direct the AOA Postdoctoral Division to remove them from the Match.

What happens when a program relinquishes AOA approval?

If a program accredited by both the ACGME and AOA voluntarily relinquishes its AOA accreditation, the current osteopathic trainees in the AOA program will receive, following their completion of the program, AOA approval of their training without being required to apply for

AOA Recognition for ACGME Training. These graduates would also be considered eligible to sit for an AOA certifying board with no additional application requirements.

How do I terminate AOA program approval?

To terminate AOA program approval, program directors must notify the AOA by completing the official termination of approval form and submitting it to their OPTIs. The OPTI will forward that information to the AOA Postdoctoral Division.

What will happen to dually accredited programs during the transition?

Programs that currently have dual accreditation have a few options under a single GME system. Hospital leadership may wish to consolidate its programs, transition its AOA-accredited program to an osteopathic-recognized ACGME program, or maintain dual accreditation until the AOA ceases accrediting programs. Once a dual program moves completely under ACGME accreditation, it will no longer undergo two sets of inspections or pay two sets of accreditation fees. However, these programs will have the ability to seek osteopathic recognition from the ACGME and several have done so already.

What will happen to programs that do not become ACGME-accredited by June 30, 2020?

The AOA will cease accrediting programs after June 30, 2020. Programs that have not achieved ACGME accreditation by that date will be unable to continue training. In the past, the AOA has typically worked with residents in closing programs to transition them to open slots in other accredited programs. Neither the AOA nor the ACGME wants to see any GME programs close; our shared goal throughout this process is to increase the number of quality GME programs available for all physicians.

What will happen to the subspecialties now operating under conjoint committees that do not exist in the ACGME structure?

Most of the subspecialties have counterparts in the ACGME. One of the topics of continuing discussion will be management of specialty training programs for which there are no ACGME counterparts.

Will accreditation of smaller programs be denied due to size?

The ACGME will not deny accreditation based solely on program size or number of residents within the program. Programs will be evaluated for substantial compliance with the standards.

Postdoctoral Training

Will MDs and IMGs be allowed to train in osteopathic training programs? If so, when?

Once the transition to a single GME accreditation system is complete, all DOs and MDs will be eligible to enter ACGME-accredited training programs, including osteopathic-recognized programs. The same would apply for IMGs. Prerequisite eligibility requirements have been established for all residents seeking appointment in a program with Osteopathic Recognition, including those residents that did not graduate from a COCA-accredited COM (MDs).

However, MDs will not be able to enter osteopathic training programs until that individual program has become ACGME-accredited. Accreditation will occur on a program-by-program basis.

Does this mean that MD students can now learn OMM?

MDs were never prohibited from learning OMM. Many of our schools offer CME in osteopathic manipulative medicine, and MDs have attended many of those courses over the years.

How does the single accreditation system affect Resolution 42?

Resolution 42 is the current mechanism used by certain states (Florida, Oklahoma and Pennsylvania) that require a first year of AOA residency training for licensure in their state. As we transition to a single GME accreditation system, **Resolution 42 will remain available for the foreseeable future** for DOs completing, or who have already completed, ACGME training seeking licensure in those states. Find additional information about [getting an ACGME PGY-1 year approved](#).

How will we be able to distinguish osteopathic-recognized programs from other ACGME programs once the single GME accreditation system goes into effect?

The AOA [Opportunities database](#) will show a program's intention about ACGME accreditation. A list is also available on the [ACGME website](#). We will work with ERAS, FREIDA and other databases to include an indication for the osteopathic-recognized programs.

Will the osteopathic rotating internship required in some states become a transitional year for ACGME purposes?

The ACGME Review Committee (RC) that oversees [transitional year programs](#) will also be responsible for accrediting current AOA-accredited internships. Some state licensing boards may choose to do away with the internship requirement after the transition to a single accreditation system is completed. Please note that some ACGME specialties require a broad-based preliminary year and will allow their programs to contract with DOs that have completed AOA internship training on an equal basis with physicians who have completed an ACGME-accredited PGY-1 year. See the list of [ACGME specialties will accept osteopathic first years](#).

Will there be a loss of programs/positions that have the osteopathic dimension?

This question cannot be answered with certainty at this time. However, since July 1, 2015, several programs have [applied for osteopathic recognition, including programs that are currently accredited by the ACGME](#) only. Seeking osteopathic recognition does not require the added cost of two accreditation systems (fees, inspections, etc.) that currently dual or parallel accredited programs must absorb. We expect that previously AOA-accredited programs will continue to apply for osteopathic recognition and are optimistic that many programs previously accredited only by the ACGME will also seek osteopathic recognition.

Many hospitals sponsor osteopathic medical student clerkships. How will the clerkships be retained under a single GME accreditation system?

The agreement with ACGME is limited to issues of graduate medical education accreditation. We anticipate that the current clerkships for medical students will remain in place.

Do all residents/fellows in dually accredited programs need to be assessed on the Milestones for Osteopathic Recognition?

No, programs that have Osteopathic Recognition will only need to report Osteopathic Recognition Milestones for those residents designated as receiving osteopathic-focused education in the program.

What is an osteopathic track?

Osteopathic recognition may be obtained for an entire training program or a subset of training positions within the program. The subset of training positions is referred to as "a track."

Do Osteopathic Neuromusculoskeletal Medicine programs need to apply for Osteopathic Recognition?

ONMM programs (like any ACGME-accredited program) may [apply for Osteopathic Recognition](#), but they are not required to do so.

Are there any distance restrictions for institutions to gain ACGME accreditation as institutional sponsors?

No. For instance, an Osteopathic Postdoctoral Training Institute (OPTI) with multiple programs in multiple states could qualify as a sponsoring institution as long as the institution can demonstrate assumption of ultimate financial and academic responsibility for the programs that it sponsors and be in substantial compliance with other relevant [ACGME Institutional Requirements](#).

Does the sponsoring institution need to write checks to faculty members, staff members, and others, in order qualify as a sponsor?

No, sponsoring institutions do not need to write the checks, but must demonstrate financial oversight. The sponsoring institution could have multiple payors. A key role of the sponsoring institutions is to make sure that staff members and residents/fellows have resources they need.

How can a program change its sponsoring institution while it has pre-accreditation status?

A program with pre-accreditation status has submitted an application which is predicated on its relationship to a particular sponsoring institution that has also applied for or already has ACGME accreditation. The designated institutional official (DIO) of that institution has explicitly agreed that the institution is willing and able to provide the necessary institutional support for the program. If the program then chooses to move to another sponsoring institution, it must have similar support from the DIO of that other institution. The program must withdraw its original application, and the DIO of the second institution must then initiate the process for the program to submit a new application, based on its relationship to that second institution. Under other circumstances, such a change would require the program to submit a second new program application fee. In the spirit of the MOU, the ACGME has determined that if it is clear that the same program has submitted a second application due to a change in sponsoring institution (i.e., by AOA program number), payment of a second application fee will not be required.

If programs in different specialties that are sponsored by the same institution apply for accreditation, will a site visit be conducted for all programs at the same time?

While each program is scheduled individually, whenever possible, the ACGME will coordinate site visits for two or more programs at a given sponsoring institution. Feasibility will depend on the timing of the receipt of program applications. If multiple applications are received in close temporal proximity, the site visits will be coordinated. If not, the ACGME may still try to coordinate the visits, but cannot guarantee this as other site visits may have been added to the assigned field representative's schedule for any given week. All site visits for programs with pre-accreditation status will be scheduled as quickly as possible to ensure timely review.

How important is it for programs to record the scholarly activity of their program directors? What types of scholarly activity does the ACGME consider?

It is vitally important that the programs fully and accurately record the scholarly activity of the program director, faculty members, and residents/fellows. Scholarly activity includes: peer-reviewed publications; non-peer reviewed publications (such as book chapters); presentations at international,

national, or regional meetings; other presentations, including local teaching; research grants; leadership roles in national medical organizations; and responsibility for organizing seminars, conference series, and courses. It is important for the Review Committees to understand the degree of scholarly activity in the program. See more [guidance on scholarly activity](#) from the ACGME.

Is pre-accreditation status sufficient to receive CMS reimbursements?

No. Programs with pre-accreditation status have submitted an application to the ACGME, but are not yet accredited by the ACGME. Therefore, programs will need to maintain their AOA accreditation until they receive Initial Accreditation from the ACGME in order to continue to receive their CMS payments. Pre-accreditation status is not recognized by CMS.

Currently, AOA-accredited programs that plan to be transitional year programs must have one program sponsor. Is this the same for ACGME accreditation?

A transitional year program must be sponsored by another training program within that institution. This is to ensure that transitional year programs exist in an appropriate GME environment. An AOA-accredited traditional rotating internship program could apply as soon as an appropriate program submits an application and receives pre-accreditation status.

DO Eligibility

What does this mean for DOs who completed an AOA-accredited training program wanting to become GME faculty?

AOA board-certified DOs are eligible to serve as ACGME faculty if they meet other relevant ACGME standards.

Will DO residents currently in ACGME programs be able to apply to DO fellowships?

Yes. Since all internship and residency programs will be ACGME-accredited under the new system, many barriers preventing DO access to various programs will be removed. Once an AOA program transitions to ACGME accreditation, it will remain open to DO residents completing ACGME training. In 2020, when the single system is fully implemented, all DOs will have access to fellowships with osteopathic recognition and those without, provided they meet the eligibility requirements for each individual program.

Will the ACGME's proposed Common Program Requirements related to AOA trainees' access into ACGME programs still be implemented in July 2016?

The [Common Program Requirements](#) have been approved by the ACGME and will be implemented in July 2016. The new Common Program Requirements will still be applicable to physicians who completed GME outside of the United States and Canada.

What happens to graduates of AOA programs that do not have pre-accreditation status who are seeking entry into ACGME fellowships during the transition?

Residents who graduate from AOA programs that have not yet achieved pre-accreditation status should consult with their program directors and/or osteopathic specialty college regarding fellowship programs that have historically been receptive to accepting AOA-trained physicians.

Will DOs who completed AOA internships and residencies in the past be eligible for ACGME fellowships?

The agreement with the ACGME to form a single GME accreditation system does not require ACGME residencies and fellowships to retroactively change their eligibility requirements. Thus, the Common Program Requirements that prevent DOs with AOA training from entering advanced ACGME residencies and fellowship will apply to these DOs. Recently, a number of Review Committees indicated that they would not penalize programs that require a preliminary training year if those programs accepted residents who had completed a first AOA training year. See the [ACGME's FAQs on preliminary years](#).

How will the single GME accreditation system affect pathways to and eligibility for future osteopathic leadership positions?

A major goal behind the single GME accreditation system is to remove barriers that prevent teamwork and collaboration in the education, training and practice of MDs and DOs. That said, entities like medical schools will remain able to set their own requirements for leadership and faculty positions. AOA Resolution 56 grants ABMS-certified DOs the ability to apply to sit for AOA board certification exams and meet requirements for various roles in osteopathic leadership. At this time, there are no plans to eliminate Resolution 56, but the AOA will likely be evaluating the need for Resolution 56 and/or its process in order for DOs to demonstrate their knowledge of osteopathic principles and practice as it relates to their specialty.

Board Certification

How will this affect board certification?

The single accreditation system is strictly limited to GME and does not include board certification or medical school accreditation. The AOA believes it is important to the public for DOs to demonstrate their competency in osteopathic principles through osteopathic board certification.

In most cases, osteopathic certification exams will be recognized by the ACGME as valid and appropriate credentials for service as faculty members and as program directors in ACGME training. No MD or DO will be required to take either certification exam. We expect MDs that complete osteopathic-focused training programs will be allowed to take AOA certifying board examinations in order to demonstrate that they have received training and have qualifications in the domains of osteopathic principles and practices.

The ACGME Board of Directors recognizes that osteopathic graduates may take osteopathic certifying boards, and has instructed all Review Committees to propose language regarding board certification requirements to accommodate this expectation. The ACGME currently monitors pass rates on American Board of Medical Specialties (ABMS) board examinations. AOA board pass rates will also be included in the ACGME's Accreditation Data System (ADS).

What will happen to the osteopathic structure of CAQs – Certificates of Added Qualifications?

The Bureau of Osteopathic Specialists (BOS), which oversees CAQ exams, remains intact. AOA certification and CAQs (and recertification programs) will continue into the future.