RESIDENT WEBINAR
The Single GME Accreditation System Update and Osteopathic Board Certification

February 20, 2018
Speakers

- **Boyd R. Buser, DO**
  - AOA Immediate Past President
  - Vice President of Health Affairs and Dean of the University of Pikeville-Kentucky College of Osteopathic Medicine
  - AOA board certified in osteopathic manipulative medicine and family medicine

- **Daniel Williams, DO**
  - Vice President of AOA Certification Board Services
  - Private practice
  - AOA board certified in neuromusculoskeletal medicine

- **Shayna Mancuso, DO**
  - Western University of Health Sciences/College of Osteopathic Medicine of the Pacific (2000)
  - OB/Gyn Residency at University of Nevada School of Medicine (2000-2004)
  - AOA board certified in obstetrics and gynecology
  - OB/Gyn Hospitalist at Northwestern Lake Forest Hospital
Why a Single System

- Consistent methods of evaluation and accountability
- Enhanced opportunities for trainees
- One accreditation system transparent to:
  - Federal government
  - Licensing boards
  - Credentials committees
  - Public
- Cost-savings by eliminating duplicate accreditation services
The Pathway for AOA Programs

- Apply for ACGME accreditation

- Pre-accreditation
- Continued Pre-accreditation
- Initial Accreditation
- Continued Accreditation
Single Accreditation System Activity (as of February 12, 2018)

- 855 (69%) of 1,244 programs ACGME accredited or pre-accredited
- 713 (83%) of 862 residencies
- 106 (41%) of 261 fellowships
- 36 (30%) of 121 internships
<table>
<thead>
<tr>
<th>Specialty</th>
<th>Applications</th>
<th>AOA &amp; ACGME Accredited</th>
<th>Submitted</th>
<th>Applying</th>
<th>Unsure</th>
<th>Closing</th>
<th>Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology (32)</td>
<td>13 (41%)</td>
<td>13 (41%)</td>
<td>1 (3%)</td>
<td>1 (3%)</td>
<td>2 (6%)</td>
<td>2 (6%)</td>
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<tr>
<td>Family Medicine</td>
<td>164 (63%)</td>
<td>164 (63%)</td>
<td>7 (3%)</td>
<td>6 (2%)</td>
<td>5 (2%)</td>
<td>12 (5%)</td>
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<tr>
<td>(262)</td>
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<tr>
<td>Internal Medicine</td>
<td>109 (75%)</td>
<td>109 (75%)</td>
<td>4 (3%)</td>
<td>3 (2%)</td>
<td>1 (1%)</td>
<td>11 (8%)</td>
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<tr>
<td>(146)</td>
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<tr>
<td>NMM/OMT (9)</td>
<td>4 (44%)</td>
<td>4 (44%)</td>
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<tr>
<td>Pediatrics (21)</td>
<td>17 (81%)</td>
<td>17 (81%)</td>
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</table>
### Application Status by Specialty (4 Year Plus Residencies)
SAS Eligible 2/12/2018

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Accreditation</th>
<th>Submitted</th>
<th>Applying</th>
<th>Unsure</th>
<th>Closing</th>
<th>Closed</th>
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</thead>
<tbody>
<tr>
<td>Anesthesiology (13)</td>
<td>11/13</td>
<td>1/8</td>
<td>1/8</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Diagnostic Radiology (15)</td>
<td>10/15</td>
<td>2/13</td>
<td>2/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Medicine (62)</td>
<td>43/62</td>
<td>13/21</td>
<td>2/13</td>
<td>5/8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology (11)</td>
<td>9/11</td>
<td>2/18</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physical Med &amp; Rehab (6)</td>
<td>5/6</td>
<td>1/17</td>
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<tr>
<td>Psychiatry (25)</td>
<td>15/25</td>
<td>5/20</td>
<td>1/4</td>
<td>1/4</td>
<td>1/12</td>
<td></td>
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</tbody>
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### Application Status by Specialty (4 Year Plus Surgical Residencies)

**SAS Eligible 2/12/2018**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Eligible</th>
<th>Submitted</th>
<th>Applying</th>
<th>Unsure</th>
<th>Closing</th>
<th>Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Surgery (11)</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology (37)</td>
<td>26</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ophthalmology (15)</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Orthopedic Surgery (44)</td>
<td>14</td>
<td>26</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Otolaryn &amp; Facial Plastic Surg (21)</td>
<td>7</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Surgery-General (61)</td>
<td>25</td>
<td>27</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Urological Surgery (11)</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>

**Percentage by Specialty**

- **Neurological Surgery (11)**: 2\% (Eligible), 18\% (Submitted), 45\% (Applying), 36\% (Unsure)
- **Obstetrics & Gynecology (37)**: 70\% (Submitted), 16\% (Applying), 3\% (Unsure)
- **Ophthalmology (15)**: 33\% (Submitted), 13\% (Applying), 7\% (Unsure)
- **Orthopedic Surgery (44)**: 32\% (Submitted), 59\% (Applying), 5\% (Unsure)
- **Otolaryn & Facial Plastic Surg (21)**: 33\% (Submitted), 43\% (Applying), 5\% (Unsure)
- **Surgery-General (61)**: 41\% (Submitted), 44\% (Applying), 7\% (Unsure)
- **Urological Surgery (11)**: 73\% (Submitted), 18\% (Applying), 9\% (Unsure)
Application Status by Specialty (NMM and NMM + 1)
SAS Eligible 2/12/2018

NMM/OMT (9)
- AOA & ACGME Accredited: 5 (56%)
- Submitted: 4 (44%)
- Applying: 0
- Unsure: 0
- Closing: 0
- Closed: 0

NMM+1 (33)
- AOA & ACGME Accredited: 19 (58%)
- Submitted: 7 (21%)
- Applying: 4 (12%)
- Unsure: 0
- Closing: 3 (9%)
- Closed: 0

Legend:
- AOA & ACGME Accredited
- Submitted
- Applying
- Unsure
- Closing
- Closed
Osteopathic Recognition Activity
February 12, 2018

Dual 48%
ACGME 16%
AOA 36%

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<thead>
<tr>
<th></th>
<th>Feb 11, 2017</th>
<th>Feb 12, 2018</th>
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<tbody>
<tr>
<td>Initial Recognition</td>
<td>69</td>
<td>130</td>
</tr>
<tr>
<td>Applications</td>
<td>16</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>85</td>
<td>160</td>
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Protecting Our Residents

- If a program does not achieve ACGME accreditation by June 20, 2020, the AOA will retain accreditation authority to allow remaining residents to complete training and become eligible for AOA board certification.

- Section X
  - Programs cannot accept residents who would complete training after June 30, 2020 unless the programs have submitted an ACGME application.

- New Section X (pending)
  - Programs cannot accept residents in 2019 if the AOA Program and Trainee Review Council believes the program is unlikely to achieve ACGME accreditation.
ACGME Has Continually Removed Barriers

- COMLEX accepted for exceptional candidate pathway
- AOA certification acceptable for program directors and faculty
- AOA specialty board certification pass rates implemented by RCs
New (Proposed) ACGME Common Program Requirements

- Currently in public comment period

Residents who completed AOA approved residency would be eligible for ACGME fellowships

AOA board pass rates included for all specialties and subspecialties

New standard to require program directors to provide applicants with information on relevant specialty board examinations

AOA certification as acceptable credentials for program directors and faculty
Expanding Our Presence

- Osteopathic Medicine is one of the fastest-growing health care professions in the country.
- Over the past 30 years, the number of DOs practicing in the U.S. has more than tripled.
AOA Board Certification

- Board certification offered for
  - 18 specialty boards
    - 29 primary specialties
    - 77 subspecialties
Advancing the Vision for Certification

- World has changed

- Open market for certification
- Value demanded by diplomates
- Changing expectations by external stakeholders
- Increasing pace of change
Voice of AOA Boards and Diplomates – We’re Listening

Need for physician-centered continuous education
(i.e., don’t waste my time)

- Integrate Osteopathic Continuous Certification (OCC) with professional activities
- Make it affordable and robust
- Eliminate the 10-year recertification exam
Advancing the Vision for Certification

- Osteopathic Board Certification – Design for FUTURE

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<thead>
<tr>
<th>Osteopathic Continuous Certification will be:</th>
<th>Credible</th>
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<tbody>
<tr>
<td></td>
<td>Physician-centered</td>
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<tr>
<td></td>
<td>Osteopathic distinctive</td>
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<td></td>
<td>A clear benefit over competing boards</td>
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<td>Cost-effective</td>
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<td>Attractive to customers</td>
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WHY I CHOSE AOA BOARD CERTIFICATION

Shayna Mancuso, DO
QUESTIONS
Heather Ivy, DO
Question 1

My program recently received ACGME accreditation. What does that mean for me when taking my licensing boards - DO, MD, or Both?
Question 2

I have concerns that the ABIM will not allow AOBIM certified fellows sit for ABIM IM subspecialty boards. Please address.
Question 3

I am currently in my 4th year of general surgery residency. I am applying to ACGME approved vascular surgery programs. My general surgery residency is pre-accredited and is in the process of applying for full accreditation. I will be taking AOA boards.

Will I be allowed to enter an ACGME fellowship since I am AOA boarded?

If I get accepted into an ACGME fellowship will I be allowed to sit for the AOA vascular boards?
Question 4

As a resident of an ACGME program, will I have any issues applying to an osteopathic fellowship program?
Question 5

Will MD candidates be eligible for osteopathic fellowships and residencies and certification? If so, will osteopathic training (OMM) be required?
Question 6

What is the status of needing to apply for AOA recognition of ACGME PGY 1 intern year in order to be licensed in Pennsylvania, Florida, and Oklahoma?
Question 7

Will the class of 2020 have a single Match?
CONTACT US
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