

The Single Accreditation System: AOA/ACGME Integration

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Disclosures

- We have no conflicts of interest to report regarding this presentation.
- ***Except that we are passionately committed to Family Medicine.***

Disclosures

- And We DO represent two organizations actively collaborating to assist AOA programs with the SAS:
 - Association of Family Medicine Residency Directors (AFMRD)
 - American College of Osteopathic Family Physicians (ACOFP)

Polling Question #1

- What is your role in your organization?
 - Program Director
 - Program Faculty
 - Program Administrator/Coordinator
 - Other

Goals

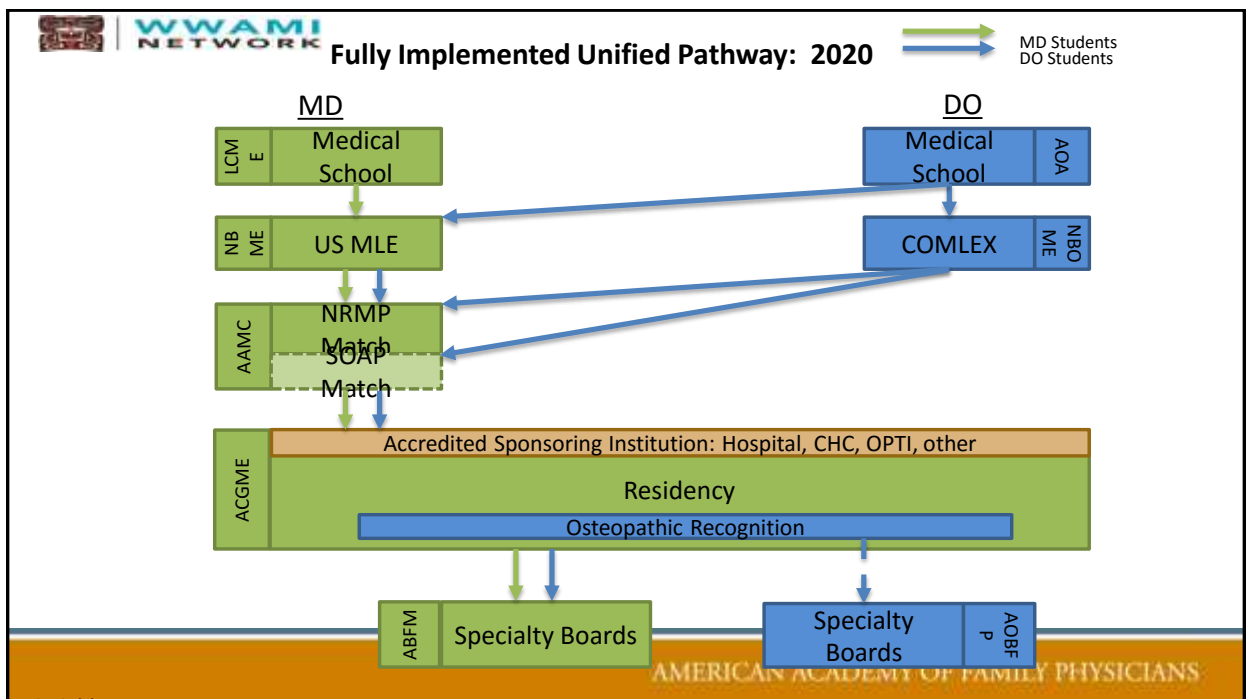
- Describe the Single Accreditation System process, focusing on the challenges faced by many osteopathic programs.
- Discuss common questions related to Program Accreditation in Family Medicine.
- Describe the Osteopathic Recognition pathway.
- Identify resources to help!

The ultimate goal:

Preserving and enhancing
the primary care workforce
critical to health care system
reform

Polling question #2

- In which general area do you have the *most* questions or concerns?
 - SAS process and timelines
 - Sponsoring Institutional accreditation
 - Program accreditation
 - Osteopathic recognition



SAS Process

- Board certification systems are still separate.
 - *Clarification of requirements to sit for AOBFP Boards under SAS still not announced.*
 - **Must maintain AOA certification for graduating AOA residents to sit for AOBFP Boards.**
 - For AOA resident to sit for ABFM Boards, must complete BOTH PGY-2 and -3 years in ACGME-accredited program.

SAS Timelines

- All AOA-only residents must be graduated by 2020.
- All current AOA-only programs must achieve Initial Accreditation by June 30, 2020.
- ***This is now less than 3 years away!***
 - ***FM programs MUST have submitted for ACGME accreditation by 1/1/2018 to participate in 2018 AOA match.***

SAS Definitions

- “Pre-accreditation” means that the Institution or Program has submitted an initial application for ACGME accreditation (granted immediately upon receipt of the application).
- “Continued pre-accreditation” means that the Institution or Program was reviewed by ACGME but did *not* receive Initial Accreditation; it *can* re-apply.
- “Initial accreditation” means the the ACGME *has* approved the Institution or Program for 2 years.

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The Current Numbers

- Number of AOA-only FM Programs: 160
 - 253 total, of which 93 are dually-accredited
- Number that have Applied to ACGME: 45
 - Number in Pre-Accreditation: 22
 - Number in Continuing Pre-Accreditation: 13
 - Number that have Achieved Initial Accreditation: 10

 ***Time to get Moving!***

Data from ACGME Jan 2017

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Polling Question #3

- *Where is your program in this process:*
 - SI has been accredited, and program is accredited.
 - SI has been accredited; program has applied for accreditation.
 - SI has been accredited; program has not yet applied for accreditation.
 - SI and program have both applied for accreditation.
 - SI has applied for accreditation, but the program has not.
 - Neither has applied for accreditation.

Sponsoring Institution (SI)

- Must have accredited SI to achieve initial program accreditation.
- Program work can start while SI is in Pre-Accreditation.

SI Responsibilities

- Sponsoring Institution must 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.

SI Responsibilities

- Oversight of resident/ fellow assignments and of the quality of the learning and working environment, extending to all participating sites.
- Financial support for administrative, educational, and clinical resources, including personnel.

Structure for SI oversight of programs

- Critical elements:
 - Written institutional commitment to GME.
 - Designated Institutional Official (DIO):
 - May be the Program Director in single-program SI.
 - An *engaged* Graduate Medical Education Committee (GMEC).

Common SI Challenges

- No obvious sponsoring institution available.
 - Some but not all OPTIs are able to meet the requirements.
- Lack of local institutional resources or support for program accreditation.

PROGRAM requirements

- Common Requirements:
 - Apply to ALL programs, regardless of specialty.
- Specialty-specific Requirements



Common Program Requirements (CPR)

- Affiliation of Sponsoring and Participating Institutions, and “PLAs” (Program Letters of Agreement)
- Specifications about program director and faculty
- General information about resident appointments, educational program, and the competencies
- Expectations of resident scholarly activity
- Evaluation systems
- Resident supervision and duty hours

Family Medicine Program Requirements

- The requirements that define how *our* specialty trains its residents.
- Specifics about program constructs (program director, faculty, administration, training environment); educational program; resources needed; evaluation systems; etc.
- Some of the CPR are more specifically defined here.

FM Requirements: potential issues

- Program size
- Specifications for the “Family Medicine Practice” clinic
- Program director qualifications and time allocated to program
- Core faculty ratio and time allocated to program; faculty roles; scholarly activity
- Curriculum requirements

Polling Question #4

Which of the Program Requirements is causing you the *most* concern?

- Program size
- Specifications for the “Family Medicine Practice” clinic
- Program director qualifications and time allocated to program
- Core faculty ratio, time, and roles
- Curriculum requirements

FM Requirements: Program size

- Minimum defined as 4-4-4
- *Can smaller programs demonstrate “substantial compliance?”*
- Slots *must* be filled each year under ACGME rules
- Strategies for AOA programs currently smaller than the minimum

FM Requirements: the “Site” and the “Practice”

- Definition of the “Family Medicine **Practice**”
- Model clinic “Site” for resident continuity practice, specific for Family Medicine (not shared)
- Faculty and residents practice together
- Residents have identifiable panels of patients
- Adequate volumes over the three years, across ages: 1650 direct visits for every resident with specified percentage of younger and older patients
- Other experiences may contribute to the Continuity Practice as long as they are Continuity experiences

FM Requirements: the “Teachers”

- Program director qualifications and time allocated to program: 0.7 FTE non-clinical
- Core faculty ratio and time allocated to program: 1:6 faculty/residents at 0.6 FTE each non-clinical
- Faculty roles; scholarly activity

FM Requirements: the Curriculum

- Problematic areas for many programs:
 - Maternity care
 - Pediatrics care
 - Inpatient internal medicine
- Availability of experiences

FM Requirements: Other potential issues

- Evaluation system complexities:
 - Incorporating the Milestones
 - **Formative evaluations (direct observations)**
 - Summative evaluations
 - CCC (Clinical Competency Committee)
- Faculty and program confidential evals

FM Requirements: Other potential issues

- Supervision requirements
- "Wellbeing" (duty hours, fatigue mgmt)
- Administrative complexities:
 - PEC (Program Evaluation Committee)
 - ADS (Accreditation Data System) reports

Program Pre-accreditation

- Programs must start reporting all required ACGME annual information:
 - ADS annual update
 - Resident survey
 - Faculty survey
 - Milestone assessment and reporting
- Can simultaneously start application for Osteopathic Recognition

Program Accreditation

- Initial accreditation will be for two years.
- If not approved the first time, the program can continue to revise its plans and then reapply, until June 2020.



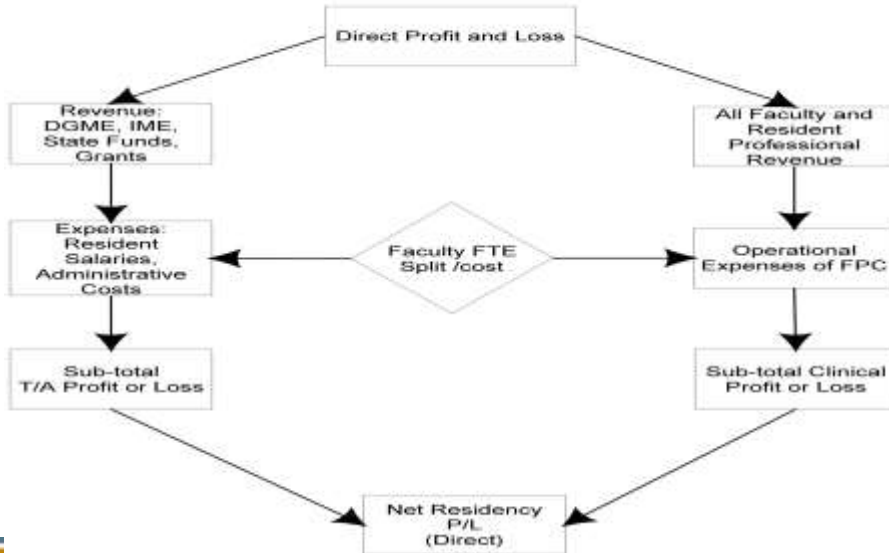
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Program Support and Finances



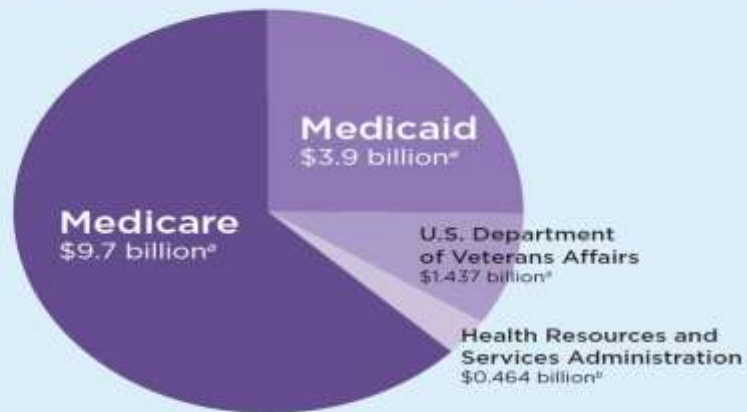
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Conceptual Flow Chart: Residency Financing Model



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FIGURE: Estimated sources of \$15 billion in public funding for GME



NOTE: Additional unreported funding comes from the Department of Defense, state sources, private insurers, and other private sources. a = data from 2012; b = data from 2011 and 2013.

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Financial Considerations

- Federal and state GME revenue streams:
 - CMS rules only relate to accreditation; either AOA or ACGME accreditation is required to claim residents.
 - Program must maintain AOA accreditation until Initial Accreditation by ACGME is received.

Financial Considerations

- Sponsoring Institution costs:
 - DIO, GMEC
 - Increased administrative requirements
- Program costs:
 - Additional director and faculty time
 - Family Medicine practice site requirements
 - Educational requirements
 - Systems/administrative requirements

Polling Question #5

- What costs are you most concerned about?
 - Sponsoring Institution costs
 - Additional director and faculty time
 - Family Medicine practice site requirements
 - Educational requirements
 - Systems/administrative requirements

Osteopathic Recognition

- Osteopathic Recognition is conferred upon any ACGME-accredited graduate medical education program providing requisite training in the Osteopathic Principles and Practice (OPP).
- Programs may designate the entire program as osteopathic-focused or designate a portion of the program as an osteopathic-focused track.
- Osteopathic-focused programs must include integration of Osteopathic Principles and Practice into the six ACGME core competency areas.

Osteopathic Recognition

- Basic OR Requirements: **Program Personnel**
 - Must have an assigned leader - PD/Co-PD/ or OR Track Director
 - Must have one other OR Track faculty (minimum of two including PD)
 - Practice in variety of settings (ie Hospital, FMP, NH, etc)
 - Participate in Rounds, Journal club, Conferences, etc. that integrate OPP/OMT

Osteopathic Recognition

- Basic OR Requirements: **Scholarly Activity**
 - Faculty: Must produce at least **2** scholarly pieces annually, averaged over a five year period.
 - Residents: Must produce at least **1** piece of scholarly activity prior to graduation.
- Basic OR Requirements: **OR Milestones**
 - 7 Sub-competencies

Osteopathic Recognition

- The Application Process:
 - Located and completed in ACGME WebADs
 - Can apply at the same time as Program is applying
 - Majority of the OR application is completed in preparing your program application – you do not have to duplicate the work!
 - Does require uploading a few additional documents.

Osteopathic Recognition

- Why Pursue it???
 - Moral/Ethical decision to ensure OPP/OMT training and distinctiveness maintained
 - Very strong pool of DO applicants that want FM & OPP/OMT Training – will seek out programs with OR
 - Not easy, but most programs should not have difficulty achieving OR
- Will you recruit MD's???

Networking for Strength

- **Fundamental belief in the need for primary care, and specifically family medicine, for our patients and communities.**
- Core value that all of us working together are stronger than working in isolation.
- NO program has found all of this “easy.”
- *But ALL programs have found this rewarding!*

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).



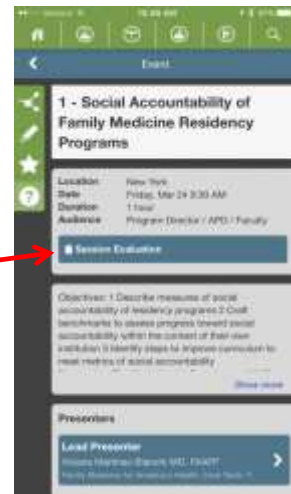
Social Q & A

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Please...
Complete the
session evaluation.

Thank you.



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Resources

- **Association of Family Medicine Residency Directors (AFMRD)** – Become a member and have access to the members only toolbox and discussion list.
- **Residency Program Solutions** – When a program consultation is called for, AAFP's RPS has experienced consultants to meet your needs.
- **American Osteopathic Association** – Multiple resources on website
- **American College of Osteopathic Family Physicians** – Offers programs free assistance

Resources

ACGME:

- <https://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System>
- <https://www.acgme.org/Meetings-and-Events/Webinars> (see link under SAS - FM on this page)



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