A Single, Unified Graduate Medical Education Accreditation System

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In late 2011, the Accreditation Council for Graduate Medical Education (ACGME) announced proposed changes to their Common Program Requirements, which are requirements that must be met by all ACGME residency and fellowship programs regardless of specialty. The proposed changes would have limited the ability of osteopathic physicians with graduate medical education (GME) training through a program accredited by the American Osteopathic Association (AOA) to enter advanced training in ACGME-accredited programs. Leadership from the AOA met with the ACGME in January 2012 to express our concerns regarding the effect the proposed Common Program Requirements would have on the training of osteopathic physicians. That meeting resulted in an agreement to form a joint task force, comprising members of the AOA and the ACGME, to discuss possible resolutions to this issue. Given the scrutiny that GME is under on a number of fronts—including the Centers for Medicare & Medicaid Services, the US Congress, and the Institute of Medicine—the task force agreed to discuss these issues in the larger context of how the US GME accreditation system could be improved by the AOA and the ACGME working together.

The task force is composed of AOA and ACGME leadership representatives and has met on 4 occasions in 2012, in March, May, July, and September, with the next meeting planned to take place in December. As a result of the progress of the task force discussions, the ACGME postponed action on the proposed Common Program Requirements from their June board meeting to their September board meeting, also this year.

As a result of the deliberations of the joint task force, the governing boards of the AOA, the ACGME, and the American Association of Colleges of Osteopathic Medicine (AACOM) drafted parallel resolutions authorizing the task force to continue to work together to define a process, format, and timetable, which, if adopted by the 3 organizations, would result in a single accreditation system for GME programs in the United States. The adoption of these board resolutions was announced in a joint press release on Wednesday, October 24, 2012.1

The targeted implementation date for the new accreditation system, if discussions are successful, is July 1, 2015. Upon implementation, all GME programs previously accredited by the AOA would immediately be granted full accreditation status by the “new” ACGME. Prior training in AOA-accredited programs and AOA board certification would be recognized as equivalent for purposes of serving as faculty, program directors, and directors of medical education. The AOA and AACOM would be granted designated seats on the ACGME board in the same manner as the ACGME’s current organizational members (ie, American Medical Association, American Hospital Association, American Association of Medical Colleges, American Board of Medical Specialties, and Council of Medical Specialty Societies). Osteopathic physicians would also be represented on residency review committees. Accreditation standards would be modified to recognize and accommodate distinctly osteopathic competencies (including osteopathic principles and practice and osteopathic manipulative treatment) in GME programs currently accredited by the AOA.

This move toward a unified accreditation system will preserve osteopathic medical graduates’ access to a broad range of specialty and subspecialty training throughout the US GME system. Most importantly, we believe that the health of the US public—our patients—will benefit from a uniform path of preparation for the next generation.
of physicians, with unified standards that evaluate the effectiveness of GME programs in producing competent physicians.

It is important to note that maintenance and strengthening of a distinct osteopathic medical profession has been our mission and focus throughout this evolving process. Thus, this agreement is limited to the accreditation of GME. The unique osteopathic systems of undergraduate medical education, physician licensure, licensure examination (i.e., the Comprehensive Osteopathic Medical Licensing Examination-USA), and osteopathic board certification will all remain in place.

The next step in this process will be the development of a memorandum of understanding to be presented to the governing boards of the AOA, AACOM, and the ACGME in early 2013. This memorandum will delineate further details of the process toward eventual implementation of the unified system. It will also define the terms under which any of the participating organizations may opt out should insurmountable barriers arise as we move forward. The AOA is committed to keeping the osteopathic family up to date as we progress toward implementation of this historic milestone. Answers to frequently asked questions may be found at http://www.osteopathic.org/acgme, and we will continue to provide updates in the AOA Daily Report and through other AOA communication outlets as necessary and appropriate.

Reference

Rapid Review

JAOA—The Journal of the American Osteopathic Association considers manuscripts for rapid review when appropriate. Authors must justify their rapid review requests in their cover letters. Rapid review is reserved primarily for original contributions of high importance to the osteopathic profession. However, the editor in chief will assess each rapid review request on a case-by-case basis.

For more information on submitting manuscripts to the JAOA, visit http://www.jaoa.org/misc/ifora.xhtml.