The Single Accreditation System: Implications for Dermatology Programs

Nicole Owens, Chair, Review Committee for Dermatology

AOCD Spring Meeting
Friday, April 24, 2015
Outline

• Why are we doing this?
• Changes in governance and structure
• Background and Timeline
• “Pre-Accreditation” Status
• Site Visit Overview
• The work for your RC
• Things to Consider…
Why Are We Doing This?

Osteopathic physicians:

• Licensed in every state
• Practice side by side with allopathic docs
• Training different; Credentialing is not
Why Are We Doing This?

One accreditation system transparent to:

- Federal government
- Licensing boards
- Credentials committees
- Public
Why Are We Doing This?

Consistent evaluation and accountability

• Eliminate unnecessary duplication
• Efficiencies and cost-savings in accreditation
• Enhanced opportunities for trainees
AOA Members on RC-Derm

- Two AOA nominees for position
- RRC recommends one of the two
- Appointment by BOD
- Orientation
- Full voting member
New Review Committees

- Osteopathic Neuromusculoskeletal Review Committee
  - Delegated accreditation authority for accreditation of Neuromusculoskeletal and Osteopathic Manipulative Medicine residency programs
  - Eight members
    - Five nominated by AOA and appointed by BOD
    - One appointed by ACGME
    - Resident member
    - Public member
  - Chair will sit on CRC
New Review Committees

- **Osteopathic Principles Committee**
  - Responsible for review and evaluation of the osteopathic principles dimension of programs that seek ongoing Osteopathic Recognition
  - 17 Members
    - 13 nominated by AOA and appointed by BOD
    - 2 appointed by ACGME
    - Resident member
    - Public member
New ACGME Staff

- Lorenzo Pence, DO, Senior Vice President, Osteopathic Accreditation
- Tiffany Moss, Executive Director
- Other necessary supporting personnel
Timeline for Accreditation

- July 1, 2015 eligible programs may apply
- Eligible programs:
  - AOA-approved as of July 1, 2015 and
  - Have matriculated residents/fellows
- Window for application closes June 30, 2020
- AOA ceases accreditation < 30 June 2020
“Pre-Accreditation Status”

• Created for and to be applied only during the transition to ACGME accreditation of currently AOA-approved programs
• Extended to include institutions
• Is not synonymous with Initial Accreditation
• Granted upon receipt of completed application in ADS
• Does not require IRC / RRC review
• Status will be publicly acknowledged
"Pre-Accreditation Status"

Importance to AOA programs:

• Individuals who complete programs that have previously* achieved “Pre-Accreditation Status” will be eligible to compete for ACGME accredited Dermatopathology and Micrographic Surgery and Dermatologic Oncology fellowships (subject to eligibility standards in effect June 30, 2013).

* Pre-Accreditation Status cannot be retroactively granted (“grandfathered”)
“Pre-Accreditation Status”

Importance to ACGME:

- Programs will be in data system
  - ADS annual update
  - Case logs
  - Resident survey
  - Faculty survey
  - Milestones
“Pre-Accreditation Status”

Remains in effect until:

1. Program achieves Initial Accreditation, or
2. Program withdraws application, or
3. June 30, 2020
Site Visits for Osteopathic Programs on Pre-accreditation

- Treated as a “New” to ACGME program with trainees (residents/fellows)
- Single site visitor
- A full site visit with review of all applicable program and institutional requirements
- Program application uploaded through ADS serves as the core document for the site visit
- Will review other documentation on site, as needed
- Interviews with residents, faculty, program leadership, sponsoring institution leadership
Sample Site Visit Schedule

- Program Director opening interview
  - 30 to 45 minutes review of the application document with the program director(s)
  - CRITICAL changes since the application was submitted
- Resident Interview
  - 45 to 90 minutes interview(s) with residents (depending on program size)
  - Likely as 2 separate groups
    - Junior/mid-level residents
    - Residents in the senior year(s) of the program
Sample Site Visit Schedule (cont.)

- Faculty interview
  - 45 minutes with core faculty (composition will vary by specialty)
  - Site directors of participating sites
- Institutional leadership
  - 15 to 30 minutes with DIO or designee
- Program Director clarification interview
  - 45 to 75 minutes, includes debriefing and feedback

Some Specialties
- Interview with leadership of sponsoring programs (for a Transitional Year Program)
What if…. The Program Does Not Achieve Initial Accreditation at its First Review?

- A second site visit for a program that does not achieve initial accreditation entails a more longitudinal assessment
  - Intent is to capture improvements the program has made
- Site visit will include a review of prior citations and the improvements the program has made
- Where pertinent, residents will be asked about changes in their recent experience (since the prior site visit) in areas covered by the standards
Site Visit Scheduling Timing and Expectations

- Application portal will open July 1, 2015
- Minimum of 30d notice (less if the program requests an early visit)
- Site visitors will return reports within 2-4 days after the site visit
- DFA will “batch” scheduling of site visits for multiple programs at a single sponsor if applications received reasonably concurrently
- Will attempt to “batch” schedule applications received later
  - May depend on other components of the site visitor’s schedule
- Scheduling of site visits for programs on Pre-accreditation is a “High Priority”
- Aim: allow reviews for applications submitted by the fall of 2015 to occur in the fall/winter RC meetings (Jan for derm)
RC Members

- ABD
  - Amy Paller, MD, Vice Chair
  - James Patterson, MD
  - Mary Stone, MD (*Chair-elect, July 1, 2015*)
  - John Zitelli, MD

- Resident
  - Brian Hinds, MD

- AMA
  - Nicole Owens, MD, Chair
  - William Hanke, MD
  - Robert Brodell, MD
  - George Turiansky, MD

- AOA/AACOM
  - Stephen Purcell, DO, FAOCD
    (Effective 7.1.15)

- Public Member
  - Mary Theobald
    (Effective 7.1.2015)
The work for your RC

- Want AOA programs to succeed
- Will help them do so
- Programs in “Pre-Accreditation Status” will not be given “Withhold”
- Will be given guidance in improvements necessary for accreditation (citations)
- Programs may “re-apply” as many times as necessary until June 30, 2020
Things to Consider…
Program Director Qualifications

• The RRC for Dermatology will not require new applications to have Co-Program Directors

• ABD certification will not be required, proposed program directors will be considered based upon their experience level, academic credentials/scholarly activity and participation/leadership in educational/academic and dermatology associations
Things to Consider…

Faculty/Resource Requirements

- Each program **must** have a director of surgical training. This individual must have completed a one-year procedural dermatology/Mohs training fellowship. Alternative qualifications may be considered by the RRC but approval is not guaranteed.

- Each program **must** have a director of dermatopathology. This individual must have completed a dermatopathology fellowship-training program.
Things to consider…

Faculty/Resident Scholarship

• The majority of faculty members and residents must show evidence of ongoing scholarly activity.

• The RRC’s definition of scholarly activity includes:
  • authorship of studies, textbook chapters, review articles
  • participation in sponsored clinical or basic science research
  • presentations at regional or national meetings
  • leadership roles in regional or national dermatology or GME organizations.
Things to Consider...
Resident Eligibility

- Will the Review Committee for Dermatology allow flexibility with respect to PR III.A.1., on resident eligibility?
- Yes. The Review Committee for Dermatology understands that during this transition period to the single accreditation system, programs may wish to consider applicants in AOA accredited programs that are not yet pre-accredited or accredited by the ACGME to satisfy PR III.A.1. Core programs will not jeopardize their accreditation status if they accept these individuals. Programs should check with the appropriate board regarding certification eligibility.
RC-Dermatology Staff

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Single Accreditation System for AOA-Approved Programs

On February 20, 2014, the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced their agreement to a Memorandum of Understanding (MOU) that outlines a single graduate medical education accreditation system for residency and fellowship programs in the United States. Click here for the executive summary of the MOU.

The single accreditation system allows graduates of allopathic and osteopathic medical schools to complete their residency and/or fellowship education in ACGME-accredited programs and demonstrate achievement of common milestones and competencies.

Over the next five years, beginning July 1, 2015, AOA-approved programs and sponsoring institutions will have the opportunity to apply for ACGME accreditation. The ACGME and AOA have created and will continue to create elements of operations and infrastructure to ensure a smooth transition to the single system. Click here for the timeline.

Contact Us
E-mail questions to info@acgme.org

Single Accreditation System for AOA-Approved Programs Main Page

Education
Opportunities for Education about the Transition to the Single Accreditation System

Application Process
The following guidelines apply to currently-AOA-approved core residency and subspecialty programs that apply for ACGME accreditation.
ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- Accreditation Data System (ADS)
- Duty hours Information/FAQ
- Affiliation Agreements FAQ
- General information on site visit process and your site visitor
- Notable Practices
- Dermatology Webpage
  - Resident complement increase policy
  - Program Requirements and PIFs
  - Archive of RRC Updates/Newsletters
  - FAQs
1. As a current program director, if I do not meet these standards, what will happen?

   Accreditation is based upon substantial compliance with the written requirements. That said, the Program Director plays a critical role and the minimum qualifications reflect the importance to role-modeling, leadership, knowledge of GME, etc. It is recommended that the program present a Program Director that meet at least those qualifications noted below at the application phase. The program will need to find a program director who does meet the standards in order to be accredited.

   1) II-A.3.d
   
   at least four years of experience, following residency or fellowship, in the care of dermatology patients, and at least three years as a teacher in an ACGME-accredited dermatology residency. (Core)

   2) II-B.2.b)
   
   Physician faculty members directing resident education in dermatologic surgery should have advanced fellowship education in procedural dermatology. (Core)

2. I would like to know the status of programs who only have 3 residents. There is no documentation that says a program needs 9 residents. There are AOCD programs that have 3 to 6 residents.

   There is no minimum number required in a dermatology program. All that is required is that the program have adequate resources to include patient number and type to meet the needs of the trainees.

3. Will there be data sharing on resident logs? If residents have to meet both AOA and ACGME until they are fully ACGME, will they have to submit 2 sets of logs or can this information be shared between the ACGME and the specialty college?

   This is currently not being done. Not at this time.

4. Will specialty colleges be notified of the names of residents who are in the Osteopathic Recognized Programs?

   That is not an ACGME function currently with allopathic residents. Need more information.

5. The new ACGME guidelines for 2016 specifically say that all residents must do an ACGME pgy1 for our types of residencies. (We are Option 3) So that means all our residents prior to accreditation will not get credit for their pgy1 residency. It is happening to a resident now who matched for 2016 and is getting no credit for his AOA training. They want him to go back and do an ACGME pgy1 although he is board certified in family practice. What can specialty colleges expect to occur regarding this requirement?

     During the transition period, the requirement for completion of ACGME-accredited PGY1 years will not be enforced and programs may consider applicants who have completed AOA internships. Addressed in the power point.
6. In the AOA world, most program directors in dermatology have full-time clinical jobs and administer programs concurrently. This is in contrast to the allopathic world where program directors have a dedicated amount of time set aside (and usually paid by the parent institution) just for program administration. Other ACGME programs have set FTE percentages for program directors designated in the program guidelines, Derm does not. Is there any recommendation regarding this topic?  

   Although not currently a program requirement, Yes, there is a focused revision proposed that requires that the program director devote at least 30% of his/her time to administration and education needs of the program.

7. What is considered a "site" as far as requiring a site director? Our residents do rotations in multiple clinical sites (since we are a small 65-bed rural hospital), most of which are various private practices. Does each office constitute a site? I'm assuming rotations at other actual hospitals will require site directors? Can site directors be in title only, or must there be an associated paid contract? 

   Each office does constitute a site and would require a site director who is actively engaged in the education and supervision of the resident. PLAs with each site would be required.

8. What roll will the EEC have after July 1, 2015?  

   As the Education and Evaluation Committee (EEC) is a function of the American Osteopathic Association (AOA), that is a question best addressed by the AOA directly.

9. With the impending merger, will the residents of the AOCD be required to take ABD in-training exam yearly?  

   Yes, the standard established by the ACGME is that at least Although there is not a written requirement that residents must take the ABD in-training exam, there is a requirement related to the ABD certifying exam and with that, accredited programs may require annual in-training examination as a means to prepare for the certifying examination at the end of training.

10. Will the residents of the AOCD have a choice in taking either the in-training exam of the ABD or the AOCD or is there a reason to continue with the AOCD in-training exam?  

    There is no stated requirement in the program requirements that residents take the ABD in-training examination. It is advised however to help residents and program directors highlight areas of weakness that may help guide residents in board preparation.

11. Will the resident graduates be able to sit for the ABD certification exam & how soon will that be?  

    That is up to the ABD who is actively considering the issue.

12. Will the resident graduates be able to sit for the AOBD exam or only the ABD certification exam.  

    Residents will be expected to sit for the ABD exam and meet the standards of take and pass rate in the current ACGME requirements. Residents may also sit for the AOA boards if they desire should contact the AOA directly with respect to their Single Accreditation System.
13. Although there is language for DOs to remain on as Program Directors in such residency programs as internal medicine or family practice, will there be similar language drafted, if not already the case, to retain competent DO program directors in DO dermatology residency training programs rather than having an MD co-director or sole MD director?

Yes

14. Once MD candidates are permitted to be selected for an existing DO dermatology residency training program, will those candidates conform to our existing curriculum unique to each DO program or will those MD candidates be exempt from the Osteopathic Core Competencies?

If the program maintains osteopathic principles and wishes to maintain their AOA certification then residents selected would be expected to meet the requirements of the individual program. These requirements would be in addition to the ACGME requirements.

15. According to ACGME guidelines, there is the possibility that a sponsoring institution may apply as a free standing ambulatory center. Does the ACGME have any problems with this.

An ACGME-sponsoring institution must meet the criteria as established in their written standards:

http://www.acgme.org/acgmeweb/Portals/0/PDFs/FAQ/InstitutionalRequirements_07012015.pdf

16. What do they consider full time faculty.

Faculty whose funding comes from the sponsoring institution and whose revenue is derived from clinical and educational work with the residents.

17. Do they consider the program director's full time position as full time as program director or full time working 40 hours a week in the hospital getting paid full time by the hospital.

see #6

18. Can program directors have their own dermatology practices?

The program director may not be reliant on a private practice as their source of income as this would not allow for the program director to devote enough time to the program and would present a conflict of interest between personal financial gain and resident education.