

The Single Accreditation System

An Information Paper

Why are we moving towards a Single Accreditation System?

The Single Accreditation System (SAS) is an agreement between three organizations: the American Osteopathic Association (AOA); the American Association of Colleges of Osteopathic Medicine (AACOM), and the Accreditation Council of Graduate Medical Education (ACGME). Together, they agreed to what is called a Memorandum of Understanding (MOU). Under this agreement, ACGME will govern and credential all post-graduate training programs. The goal of the agreement was to:

1. Improve opportunities for trainees in all aspects of post-graduate training.
2. Increase consistency of training in all specialty areas; hold programs accountable to a set of training standards across the board and provide a consistent method of evaluation of programs.
3. Dispense with duplication of accreditation processes, making it more cost effective and time saving for the training facility.
4. Improve transparency to outside organizations, ie, federal government, licensing, and credentialing bodies, as well as the healthcare consumer.
5. Provide needed training positions to accommodate the large number of medical school graduates in the MD and DO professions.

What is the timeline and basic logistics of this change?

The Memorandum of Understanding (MOU) was agreed upon between the three organizations, AOA, AACOM, and ACGME, on February 26, 2014.

ACGME began accepting applications for program accreditation on April 1, 2015. Once an application is submitted to ACGME, the program is listed under **pre-accreditation status**.

A training program receives **continued accreditation** after the application is reviewed and if the program needs to make further changes prior to initial accreditation. It does not indicate that the program was approved or rejected for accreditation; it just places the program in a holding pattern.

When the program has met all accreditation requirements, the program will receive **initial accreditation** from the ACGME.

Programs accredited by ACGME will also be able to apply for “osteopathic recognition.” This designation allows programs to offer osteopathic content to their residents and open the door for MDs to gain osteopathic certification, if they so choose. In emergency medicine, applying for and gaining “osteopathic recognition” allows a program to fund its entire fourth year of training, as the osteopathic model provides a four-year training curriculum. Currently, a program offering a fourth year of training in emergency medicine generally has all or part of that fourth year unfunded or training is paid for through other sources.

All programs must achieve initial accreditation by June 30, 2020 or will cease to be an accredited training program. Two years after initial accreditation, programs will have another site visit and can be approved for continued accreditation status.

What does this change mean for my program and me? Will this change impact the competitiveness of the process and the likelihood of matching to a program?

Let's deal with the second question first - will this change impact the competitiveness and likelihood of matching into an emergency medicine program?

Currently, the matching process in both the MD and DO matches is very competitive. What the SAS pathway will do is open the programs nationwide for all medical school graduates, MD or DO. This is likely to increase competition for large, national institutions that have always seen many applicants; but it will also open up a whole new realm of rural, suburban, and urban training settings that have not been available to participants in the past. It will provide all Match participants with a larger selection of positions and redistribute training patterns into smaller settings not available in the past.

In answer to the first question about the effect of the SAS on emergency medicine residency programs and current residents, the change in the system will have some impact.

For DO residents in osteopathic emergency medicine programs, it will provide them with a pathway to certification by the American Board of Emergency Medicine (ABEM), which was not available to them in the past. For MD residents in emergency medicine, it will not have any effect to their pathway to certification but will introduce them to DO program directors and faculty that they may not have been familiar with in the past, and, depending on changes in certification requirements of the American Osteopathic Board of Emergency Medicine (AOBEM), residents may be Board eligible by both boards.

As AOA-approved programs transition to ACGME-accreditation, residents will see changes in their training programs, especially if they change from four-year programs to three-year programs. Just remember - if you begin in a four-year program, you must complete that four-year program. There is no chance for you to complete in just three years.

The following scenarios explain what certification during the SAS pathway transition will look like for osteopathic residents in AOA-approved programs.

Residents enrolled in AOA-accredited four-year emergency medicine programs transitioning to ACGME-accredited programs during the SAS pathway period must complete all years of training in a program that is accredited. ABEM's website does not indicate whether all four years must be ACGME-accredited or AOA-accredited, so it may be best to contact that organization regarding certification; however, residents in these programs may apply for board eligibility by the AOBEM.

Residents enrolled in AOA-accredited four-year emergency medicine programs transitioning to three-year programs may be Board eligible by ABEM if they complete the full four-year program in a combination of AOA-approved and ACGME-accredited training. In all cases, you must complete the total of four years of training; however, please consult both the AOBEM and ABEM websites for the most current information. www.aobem.org or www.abem.org

If your program does not achieve initial accreditation by the last day of your residency, you are still Board eligible for AOBEM certification but not ABEM certification.

Programs that did not pursue ACGME accreditation prior to June 30, 2016 are no longer allowed to match residents as they would graduate beyond the June 30, 2020 deadline.

Will there be a single match program?

AOA-accredited residency training programs participate in the AOA Match, which is administered by the National Matching Services Inc. (NMS). Most ACGME-accredited programs* participate in the National Residency Matching Program (NRMP). Programs accredited by the AOA and the ACGME (dually accredited training programs) may participate in both matches. The NRMP and ACGME are separate organizations. The NRMP is focused on matching residents and training programs, and the ACGME is focused on the accreditation of training programs. **With the transition to a single graduate medical education accreditation system, training programs previously accredited by AOA will be ACGME accredited by July 1, 2020; therefore, the final AOA Match is expected to occur no later than 2019.** Until that time, the AOA will continue to administer the AOA Match to match DO graduates into AOA-accredited programs (including dually accredited programs that choose to participate in both matches). AOA-accredited programs that do not have ACGME accreditation cannot participate in the NRMP Match. Moreover, programs with pre-accreditation status are not allowed in the NRMP Match.

If an AOA-accredited program receives ACGME accreditation and terminates its AOA accreditation in the middle of the Match cycle (June to February), it will be given the option of staying in the AOA Match for the remainder of that Match cycle, so as not to disrupt the matching process for students and programs; programs will not be withdrawn from the AOA Match simply because they received ACGME accreditation. However, a program must be AOA accredited to enter the AOA Match process.

What organizations are there to help residents during this transition process?

Just as there are two organizations that accredit residency programs, there are two organizations that represent and assist emergency medicine residents. One is the Emergency Medicine Residents' Association (EMRA), and the other is the Resident-Student Organization (RSO). Let's discuss them in alphabetical order.

The **Emergency Medicine Residents' Association (EMRA)** is a group of more than 14,000 members that serves as the voice of emergency medicine physicians-in-training. EMRA, along with CORD's Student Advising Task Force, developed an extensive how-to guide for osteopathic students: <https://cordemblog.wordpress.com/2017/02/02/the-osteopathic-emergency-medicine-applying-guide/>

Currently, EMRA has a great mentorship program which matches DO students with DO residents. Most of their mentorship now takes place online via EMRA Hangouts, which occur on the first Thursday of every month. Hangouts are virtual meet-ups where medical students from across the country log onto an online platform and ask real time questions with an advisor. EMRA offers several avenues for career advice, including the EMRA mentorship program, local EM physicians, and state chapter EM physicians.

The **Resident-Student Organization (RSO)** is a group of more than 1500 osteopathic members. RSO has two voting seats on the Board of Directors of the American College of Osteopathic Emergency Physicians (ACOEP) and provides a voice for both medical students interested in emergency medicine and emergency

medicine residents. Working with ACOEP, RSO provides emergency medicine education to its members at both the spring and fall meetings of the ACOEP.

Working with the members of the ACOEP, RSO has developed a national mentoring service for medical students in which they are matched with osteopathic physicians and residents to help them during their medical school training and as they transition to residency training. This close relationship extends beyond training, and physicians and staff are there to assist residents throughout their training career and as they enter practice.

The RSO provides regional symposiums across the country to offer students the ability to take advantage of one-day high-quality, rapid-fire lectures, skills labs and resident/student panels that provide hands-on learning and up-close mentoring opportunities. These are usually paired with ACOEP social events that provide students the ability to network with program directors, emergency physicians and ACOEP Board members and staff in a relaxed, social environment prior to the symposium. www.acoep.org

USMLE vs. COMLEX?

The United States Medical Licensing Exam (USMLE) and the Comprehensive Osteopathic Medicine Licensing Exam (COMLEX) are examinations to assess a physician's ability to apply knowledge, principles and practices learned in medical school to patient care scenarios.

Both are assessment tests consisting of three parts, taken at various times during a medical student's course of training. The first parts are basic assessments of the understanding of principles of medicine like anatomy, behavioral sciences, pathology, pharmacology and so forth. The second parts are cognitive assessments based on problem-solving in a timed environment. The third parts are also problem-based and symptom-based assessments measured in timed environments meant to assess a physician's competency subset.

Passing either the USMLE or the COMLEX examinations demonstrates competency in the clinical and biomedical sciences required to solve clinical problems, assess, and manage patient presentations in an unsupervised, clinical setting.

While neither is necessarily required for placement into a residency program, they are usually required for a physician to receive a license to practice in the state in which he or she trains. Completing part three of either examination is considered the first step in most state's medical licensing procedures. Please check your individual state's website to find the requirements for your state.

However, many ACGME residency programs are less familiar with the COMLEX or do not accept it. It is highly recommended that applicants take the USMLE to be competitive and considered by every residency training program.

Will the Single Accreditation System impact the number of residency slots and programs?

Only time will tell how residency slots and program numbers will be affected. Every year, programs close and new programs open, even prior to the MOU. It is expected that some programs will close, but efforts will be made to open new programs, as well.

How will this new system impact 3 vs. 4-year formats?

The three vs. four-year program length has been a topic of discussion for years in the emergency medicine community. Only time will tell how the SAS will impact this debate.

Currently, programs are offered in both three and four-year formats. AOA-approved programs have traditionally been four-year training programs. However, as these programs transition into the new system, some are remaining four-year programs while others are changing to three-year formats. Why? Some programs state that it is easier to recruit into a three-year program, some residents prefer three years to four, and sometimes it's an economic issue of the training institution, as more resident positions can be supported if the program is one year shorter. It's all up to the training institution and faculty.

Will there be an impact on board certification?

Board certification will continue to be offered by ABEM and AOBEM. Board certification was not part of the single accreditation and MOU.

Sources:

ACGME Single Accreditation System

<http://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System>

Frequently Asked Questions: Single Accreditation System ACGME

<http://www.acgme.org/Portals/0/PDFs/Nasca-Community/FAQs.pdf>

The Single GME Accreditation System, American Osteopathic Association

<http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system/Pages/default.aspx>

Single GME Update for Program Directors and DME

<http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system/Documents/buser-single-gme-update-sept-16.pdf>

What is USMLE?

www.usmle.org/about

Boards as an Osteopathic Student – COMLEX vs USMLE

<https://www.prospectivedoctor.com/boards-as-an-osteopathic-student-comlex-vs-usmle>

Comprehensive Osteopathic Medical Licensing Examination

<https://www.nbome.org/comlex-cbt.asp>

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