The GME Single Accreditation System (SAS) & the Transition of Residency Programs from AOA to ACGME Accreditation

MISCONCEPTION #1:
The AOA match and AOA-accredited programs are going away. I should bypass the AOA match and only apply to ACGME programs.

False. We are in the initial phase of the transition to the Single Accreditation System and, consequently, there are still many AOA-accredited programs seeking DO students for their residency programs. Not counting dual programs, almost 400 AOA residency programs have already attained ACGME pre-accreditation and those that intend to submit application for ACGME accreditation in the near future will continue to interview and rank students within the AOA match. During the transition period while AOA programs continue to apply for ACGME accreditation, an applicant will have a much better chance of matching through the AOA match due to the smaller pool of applicants. This also applies to dually-accredited programs that have retained their AOA accreditation at this time. Applying through the AOA match will allow osteopathic students to stand out more easily, as many ACGME programs receive significantly more applications (American MD, International MD, and DO applicants) to cull through before selecting which students to interview.

The AOA continues to oversee hundreds of residency training programs. The AOA is not going away and it would benefit applicants not to overlook the AOA match.

MISCONCEPTION #2:
Students should not apply to an AOA program that has not yet applied for ACGME accreditation because they may not be able to complete their training or may have limited eligibility for entering ACGME fellowships.

False. There are two parts to this question. The first part is that residents may not be able to complete their training if they apply to an AOA program that has not applied for ACGME accreditation. Under new AOA standards, AOA programs will only be able to participate in the AOA match if they have applied for ACGME accreditation in time for residents to complete programs under the AOA prior to June 30, 2020. If a program has not applied by that date, the will not be available for students to rank in the AOA Match. The intent of this standard is to ensure that residents complete their training in an AOA accredited training program before the AOA ceases accreditation activities. Completing an accredited residency training program is an important requirement in obtaining AOA board certification and medical licensure (in most states).

The second question is that residents may be limited in applying to ACGME fellowships if they complete an AOA program that has not applied for ACGME accreditation. The ACGME has FAQs on this topic. Requirements vary from specialty to specialty. While ACGME standards allow residents from AOA programs that have not applied for ACGME accreditation to be eligible for ACGME fellowships through the “exceptional candidate” pathway, each ACGME specialty Review Committee decides whether or not its fellowship programs will consider exceptional candidates. Some specialties do; others do not. A chart showing which specialties accept exceptional candidates can be found at: http://www.acgme.org/Portals/0/PDFs/Eligibility-Exception-Decisions-bySpecialty.pdf

While it is important to be aware of whether a program has applied or intends to apply for ACGME accreditation, depending on the specialty, there may be ample time left so don't let their transition status deter you from being interested; however, it is essential to be informed.
MISCONCEPTION #3:
If a program has not yet achieved “Osteopathic Recognition” status, residents in that program will not receive the level of osteopathic education they are seeking.

False. Just because ACGME Osteopathic Recognition status has not yet been received does not mean the program is not adequately equipped to provide an excellent osteopathic education. It is important for applicants to do their research and look specifically at a program’s history of osteopathic education. A program that was previously AOA accredited prior to receiving ACGME accreditation may provide stronger osteopathic training regardless of whether or not it has yet achieved Osteopathic Recognition status through the ACGME, compared to programs that have been historically only ACGME accredited.

As with everything in this process, it is essential to stay informed. Osteopathic students should not overlook AOA residencies or newly transitioned AOA-to-ACGME residencies that have not yet attained Osteopathic Recognition based on the current status of the program’s application(s). Under the ACGME’s procedures, training programs cannot secure osteopathic recognition until the residency program receives ACGME accreditation. It is still early in the process and during the course of the next few years, many more AOA programs are likely to complete the transition to ACGME with Osteopathic Recognition. We encourage students to inquire about a program’s plans as they relate to Osteopathic Recognition if that is important to them.

FAQ #1:
Why did osteopathic policy makers choose to “merge” the AOA with the ACGME?

It is important to note that the agreement has to do with accreditation and is NOT a merger. The AOA and American Association of Colleges of Osteopathic Medicine (AACOM) remain separate organizations and both organizations nominate members to serve on the ACGME governing board and policy committees.

Per the AOA, a key goal of the agreement is to use the Single Accreditation System as a platform to create a single standard for physicians and to help justify and facilitate creation of additional GME spots for USA graduates. For the Osteopathic Medical community, it solidifies our place within the healthcare system. As healthcare continues to receive greater oversight, being a recognized part of organizations like the ACGME is critical for osteopathic medicine.

FAQ #2:
Does the Single Accreditation System mean all osteopathic students will be required to take the USMLE in addition to COMLEX-USA board examinations?

No. COMLEX-USA will continue to be required for all osteopathic medical students to graduate. NBOME has developed tools to assist program directors in understanding COMLEX scores and correlating COMLEX results to USMLE scores. Most ACGME residency program directors will accept both COMLEX-USA and USMLE examination scores; however, it is important that students reach out to each program and ask them if they have specific preferences.
FAQ #3:
If I am in the class of 2017 or 2018 and match into an AOA program, will I be eligible for an ACGME fellowship?

Fellowship eligibility depends on a number of factors, including the AOA program's status in applying for ACGME accreditation and the specialty in question. However, even if your program does not apply for ACGME accreditation before you complete training, you may still be eligible for ACGME fellowship programs through the exceptional candidate pathway. Between now and June 30, 2020, if you attend an AOA residency that earns ACGME pre-accreditation while you are in your training, you will have the same eligibility for fellowships that applied through either the June 30, 2013 or the July 1, 2016 ACGME standards, whichever is more favorable to your situation. Finally, if you attend an AOA residency that obtains ACGME accreditation before you complete your training, you will be eligible for ACGME fellowships, just like any other ACGME graduate.

For eligibility requirements for specific ACGME fellowships, see: http://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System/Resident-Fellow-Eligibility.

A resident who completes prerequisite training in an AOA-approved program with pre-accreditation status from the ACGME will be subject to the eligibility standards (per specialty) that were in effect June 30, 2013 or July 1, 2016, whichever is less restrictive.

FAQ #4:
What happens if I match into an AOA program that decides to discontinue its residency program after my OGME-1/PGY-1 or OGME-2/PGY-2 training year?

At the present time, programs do close and there are processes to relocate displaced residents. If this happens during the transition to the single accreditation system, the same process will apply that is currently applicable when programs close. If an applicant matches into a program that decides to stop taking residents, the AOA will work with the program and its parent Osteopathic Postdoctoral Training Institution (OPTI) to identify an appropriate resolution. In some cases, the program will continue to train the residents until they graduate. In others, the AOA and OPTI will help displaced residents transfer to another accredited program within the same specialty so that they can complete training and become board eligible.