

# Program Director's Newsletter

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*Purpose: To assist Program Directors so that they may stay up to date on the latest news, policies, and changes from the AOA and AOCOO-HNS Council on Medical Education.*

## Items of Interest from the AOA PTRC and AOCOO-HNS Council of Medical Education

Dear Program Directors,

Included in this issue of our Program Director's Newsletter are highlights from the national level as well as our recent Council on Medical Education (COME) level. **Hopefully it's news you want to know, but for sure it's news you need to know.**

### AOA/ACGME News:

As you all have likely heard, the AOA this past July rejected the Memorandum of Understanding. However, ongoing talks are focusing on modifying the current ACGME Common Program Requirements to allow Osteopathic graduates access to allopathic postgraduate training, including fellowships.

### Inspection Process:

Dr. Stephan Trent and his associates have been very busy conducting institution and residency inspections. They are organizing their inspections by institution, as opposed to individual residencies. A few of our programs have already been inspected under this new process. Dr. Trent, in his recent memo to the C.O.M.E., wants to remind us that he will not be conducting exit interviews during his inspections. However, should any issue regarding patient safety be exposed, it will be dealt with at that time.

Dr. Trent asks that in preparation for inspection, the program download the **crosswalk from the AOA website**, as that is the one he and his assistants will be using.

One flaw already noted in the new inspection process has to do with the crosswalk and its insufficient weighting of potential critical deficiencies. The COPT has sent out a memo for all evaluating committees to revisit their crosswalks to identify critical deficiencies and give them appropriate weight.

### COGME 21<sup>st</sup> Report:

<http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/Reports/twentyfirstreport.pdf>

The Council on Graduate Medical Education (COGME) since its inception in 1986 is authorized by Congress to provide an ongoing assessment of physician workforce trends, training issues, and financing policies, and to recommend appropriate Federal and private-sector efforts to address identified needs. In August, 2013, they published their 21<sup>st</sup> report, *Improving Value in Graduate Medical Education*. In it are recommendations for directing the future of medical care as it relates to the training of

**American Osteopathic  
Colleges of Ophthalmology  
and Otolaryngology-Head  
and Neck Surgery**

4764 Fishburg Road  
Suite F  
Huber Heights, OH 45424

Phone: 800-455-9404, 937-233-5653  
Fax: 937-233-5673  
E-mail: [info@aocohns.org](mailto:info@aocohns.org)

Program Directors dedicated  
web page - [http://  
www.aocohns.org/  
residency-resources/program  
-directorsfaculty-information](http://www.aocohns.org/residency-resources/program-directorsfaculty-information)



physicians. The full report, which makes for very interesting reading, may be accessed at the web link above. I encourage you all to read the full report as it clearly outlines the likely direction of medical education for the future. Here are excerpts of the recommendations.

- Transitioning to a competency based medical education (CBME) format. The starting point for CBME is determining what a physician needs to learn (knowledge, skills, and attitudes) to be able to provide safe and effective care to the population of patients served and how to accomplish this in the context of the health care delivery system in which the physician works. This is in contrast to the structure and process system, in which the curriculum is driven by a consensus of expert opinion on what must be learned. Recognition of this **pivotal point in medical education history** should be an impetus for future public and private support.
- Streamlining of medical education by the elimination of the transitional post-graduate year for those residencies that currently require it (e.g. Ophthalmology), and allowing certain clinical training in the fourth year of medical school to be credited toward residency training.
- Funding for GME should increase to allow for 3,000 more residency positions, and this funding should be sought through Congress as well as private insurers. Furthermore, this funding should be directed to specific specialties: Family medicine, Geriatrics, general internal medicine, general surgery, high priority pediatric subspecialties, and psychiatry.
- Recommendations on recruitment of medical students which align with the development of a physician workforce that meets the health care needs of the populations served.
- Funding should be directed toward medical education research that advances training toward meeting patient preferences and improving population health outcomes.

**Program Directors Annual Report:**

The revision of this cumbersome report has been approved at our recent C.O.M.E. meeting and will be shortly forwarded to the COPT for its approval. It should be in place for use for this academic year. Of note is the elimination of the evaluation tools column. There are also some revisions/omissions to the descriptions listed under some of the required elements. Hopefully, you will find it less time-consuming and redundant.

**Program Directors Timeline:**

In an effort to keep us all on track with our yearly duties, the COME along with the office staff have developed a month by month timeline of tasks. They will be emailed to you at the beginning of each month along with any other breaking news you should have.

**Program Directors Listserve:**

You should already have received a convenient listserv to facilitate communication with your fellow program directors. To the newer PDs, we encourage you to reach out to more seasoned PDs for advice, mentoring, etc.

As always, your questions, comments and suggestions regarding these issues are welcomed. Clearly, we are venturing into new waters in medical education.

Respectfully submitted,  
Sidney Kay Simonian, DO  
C.O.M.E. Advisor