

# Program Director's Newsletter

Volume 4, Issue 1

October, 2015

*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:

As the returning Chair of the C.O.M.E., I am reviving the Program Directors Newsletter. After reviewing the previous PD Newsletter, I realize how many changes have occurred in a relatively short time. That newsletter reported the rejection of the MUA in July 2013, but as we all know it was ratified in July 2014, and we have all been deciding what to do about it for more than a year now. It is my hope that all programs will move forward with ACGME accreditation though we realize that each program's unique situation will be the final determinant. You should know by now that both the EYE and ENT RCs have deemed AOA board certified program directors acceptable. **Thanks to Wayne Robbins for his representation on the ENT RC and his persuasive argument on our behalf.**

### **MORE ACGME NEWS:**

All program directors by this time should be familiar with the ACGME documents, website, milestones and accreditation process. Your institution and OPTI should also be delivering loads of information and help to get us all on the road. The AOCOO-HNS is focusing Faculty Development and PD Workshops on this project as well. **Please note, any substantive change in your program including any correspondence with the ACGME must be reported to your OPTI and to the AOA.**

Attached please find the COPT UPDATE and COPT ALERT to read about other AOA determinations during this time of transition. Of prime importance is **SECTION X**, which lists all the modifications and amendments to the transition process. **Pay close attention to Section X (10.5a): AOA programs that do not apply for ACGME accreditation cannot accept new trainees after July 1 of the year in which the resident can complete his/her training by June 30, 2020. This means that right now ENT programs cannot recruit for 2016 until they have applied for ACGME accreditation. Likewise, Ophthalmology programs cannot recruit beyond July 2016.**

### **OTHER PTRC HIGHLIGHTS:**

Dr. Steven Trent, who heads the AOA program and training institution inspection team is slowly catching up on the overdue inspections, though about 157 were still overdue by a year or more as of his report to the PTRC in July,

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2015. He has recruited more inspectors and held inspector workshops to provide more breadth. Note that **all AOA inspections will cease in 2020**, if not sooner, as all remaining “Osteopathic” programs will be receiving accreditation by the ACGME.

The AOA reported that 2154 new postgraduate training positions have been created over the past year. 146 are for traditional rotating internships, and 1888 are for various residencies, the majority of which are in primary care. 120 fellowship positions have been created. At least on paper 10 new ENT positions have been created, though there is some concern whether or not they will be filled (hospital politics). Nothing new for Ophthalmology, and sadly it is known that several of our programs will be closing or not moving forward on the ACGME road. **The College office requests that you keep them informed of any change of status in your program.**

### **C.O.M.E. TASKS:**

Our new Year-end evaluations for residents and programs were initiated this past summer and you all responded by completing them with 100% compliance. Hopefully, you found them far less cumbersome than the old 16 page report for each resident. At the September C.O.M.E. meeting we completed our program and resident reviews, and found the new forms much easier to handle. Based on your feedback, we made several modifications that should clarify some of the questions that arose the first time around. Please refer to the website for the revised forms for next years’ reports. Any program that will not be seeking ACGME accreditation will be required to use these forms until their program terminates. **Those programs with pre-accreditation status from the ACGME will still need to use these forms until full accreditation is attained. In addition, it is recommended that your residents still maintain detailed logs of their cases.**

The C.O.M.E. will continue to function on your behalf as long as the AOA is responsible for accreditation of your training program. We will try to keep you up to date on the changing landscape of medical education. We encourage and appreciate your feedback, suggestions, questions and reports on your program’ progress down the ACGME road. Please provide them to me personally and/or to the College office.

Sincerely,  
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**From:** AOA Council on Postdoctoral Training <postdoc@osteopathic.org>  
**Sent:** Friday, August 28, 2015 8:35 AM  
**To:** dbailey@aocooHNS.org  
**Subject:** COPT Newsletter - August 2015



### In This Issue

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The AOA Council on Postdoctoral Training (COPT) met in Chicago on July 31, under the leadership of Chair, Brian Kessler, DO. The primary areas of discussion focused on issues relating to AOA programs transition to ACGME accreditation. The COPT heard comments from AOA President, John Becher, DO and President-Elect, Boyd Buser, DO.

## COPT Meeting Report

### Institutional Reviews

A report presented by the Institution and Internship Evaluation Committee (IIEC) recommended consideration of a new format of institutional reviews, which in the past had been conducted as a separate review with a separate crosswalk. The new consensus recommendation integrates relevant areas of institutional reviews with all program reviews to avoid the separate review and crosswalk. The concept was accepted in concept by the COPT and upon development by the IIEC will be brought back to COPT for final approval.

### AOA Recognition of ACGME PGY1 Year

As a parameter to be utilized for DOs completing ACGME accredited training that wish to have AOA recognition, the following resolution has been approved by the AOA Board of Trustees: "That an osteopathic physician who successfully completes an osteopathic-focused track in an ACGME accredited PGY-1 program that has received osteopathic recognition will be deemed to have completed an AOA approved PGY-1 year for the purpose of satisfying state licensure requirements."

## AOA Approval of Non-Accredited Fellowship Training in Existing ACGME Fellowship Programs

In an effort to permit DO trainees to become eligible for AOA certification in a specialty after training in an ACGME accredited fellowship program but not in an ACGME accredited position, the COPT developed the following resolution which was approved by the AOA Board of Trustees: "During the transition to the single accreditation system for graduate medical education, DO fellows who are in a currently non-accredited position in an ACGME accredited fellowship may be eligible for AOA approval of their fellowship training. Upon validation of successful completion of an ACGME accredited program by the AOA Specialty College Evaluating Committee (SPEC), a recommendation for AOA training approval will be forwarded to PTRC for final AOA training approval and eligibility for AOA certification examination."

## OPTI Accreditation

COPT briefly discussed potential roles for OPTIs, aside from functioning as ACGME sponsor institutions. The Council of Osteopathic Postdoctoral Training Institutions (COPTI) is also reviewing and evaluating benefits of OPTI for continued discussion and development at future meetings.

## Review of April and June 2015 Program Surveys

The AOA surveyed AOA Program Directors and Directors of Medical Education (DMEs) regarding plans for programs and institutions to enter the single accreditation system. COPT reviewed results of program surveys completed in both April and June. They revealed:

- The percentage of programs that intend to apply during 2015- 47%.
- The percentage that intend to apply for osteopathic recognition-61%, Unsure-22%.

The AOA will continue to send surveys out to program directors and DMEs quarterly.

## Expansion of AOA Training

A review of OGME, AOA programs and positions over the past 12 months (July, 2014-July, 2015) showed a growth of new internships, residencies and fellowships of 163 programs with positions as follows:

Internship	146
Residency	1888
Fellowship	120
<b>Total Positions</b>	<b>2154</b>

## New Section X: AOA Program Accreditation to Single Accreditation System

This new section to the [AOA Basic Documents](#) represents absolute policies developed by COPT and approved by AOA Board of Trustees to govern program development and expansion during the period of transition to the single accreditation system. This is very important and must be reviewed by all DMEs and Program Directors. It is in effect **NOW!** A special **COPT e-Alert documenting all of these new policies is published and being sent to all SPECs, DMEs Program Directors and OPTIs.**




### Find Answers to Your Questions

Educate yourself on changes that impact the osteopathic medical profession by visiting [Osteopathic.org](http://Osteopathic.org).

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**From:** AOA Postdoctoral Training <postdoc@osteopathic.org>  
**Sent:** Friday, August 28, 2015 8:39 AM  
**To:** dbailey@aocoohns.org  
**Subject:** COPT e-Alert - Basic Documents Section X



## COPT e-Alert

### In This Issue

-  [New Section X](#)
-  [Explanation for Standard 10.5a](#)
-  [Questions](#)

The AOA Council on Postdoctoral Training (COPT) met in Chicago on July 31, 2015. At the meeting, the COPT reviewed the newly approved Section X, AOA Program Accreditation During Transition to the Single Accreditation System to be included into the [AOA Basic Documents](#). This Section X has been approved by the AOA Board of Trustees. The information in Section X is of great significance to all currently accredited AOA programs regardless of ACGME transition status. Please review completely.

## Section X: AOA Program Accreditation during Transition to Single Accreditation System

### 10.1 Revisions to Specialty Basic Standards

The specialty college must provide documentation to COPT validating a need for the revisions to their specialty basic standards.

### 10.2 New Program Approvals

New AOA program applications after July 1, 2015 will require evidence of a documented plan for transition to ACGME accreditation.

### 10.3 Increase Approvals

a. Applications for program increases will require evidence that the program is in a Medicare cap building period or provide other valid rationale to warrant the increase in size.

b. Applications for program increase after July 1, 2015 will require evidence of a documented plan for transition to ACGME accreditation.

### 10.4 ACGME Accreditation Correspondence

a. The ACGME accreditation status of AOA OPTIs, institutions, or programs (pre-accreditation, continued pre-accreditation, initial accreditation contingent, initial accreditation, etc) is considered a substantive change (Standard A.5.2).

b. AOA-approved programs, institutions, and OPTI are required to forward all correspondence (including ACGME Letters of Notification) regarding their ACGME accreditation status to their OPTI, the AOA, and the specialty college within 30 days of receipt.

c. Failure to comply with this policy will be reported to the Program and Trainee Review Council (PTRC) and Council on Osteopathic Postdoctoral Training Institutions (COPTI) and may result in probation or closure.

**10.5 AOA Program Actions** *Per the current PTRC Handbook, the PTRC has the ability to place a program on probation with or without the ability to recruit based on recommendation of the SPEC provided there are critical deficiencies that affect the quality of the program.*

a. AOA programs that do not apply for ACGME accreditation cannot accept new trainees after July 1 of the year in which the resident can complete their training by June 30, 2020.

#### **10.6 Continued Pre-Accreditation Status**

AOA programs that have continued pre-accreditation status for 2 full years and have trainees that cannot complete their training by June 30, 2020 must work with their OPTI and sponsoring institution to develop and submit a plan for the potential transfer all trainees to an ACGME accredited program. The plan will be reviewed by the SPEC and PTRC for approval. This does not negate continued application for ACGME initial accreditation.

#### **10.7 ACGME Application Process**

Any AOA accredited programs that have not submitted an application for ACGME accreditation by July 1, 2016 must notify their sponsoring OPTI, the AOA, the specialty college, its residents, and all trainee applicants, and may not accept any new trainees that cannot be program complete by June 30, 2020.

#### **10.8 Exemptions**

PTRC has the ability to approve exemptions to Section X policies on a case-by-case basis.

### **Explanation for Standard 10.5a**

**Standard 10.5a applies to all programs, not just programs on probation.**

**Example 1:** A surgery program could accept new residents on July 1, 2016 as long as it has applied for ACGME accreditation by June 30, 2016. The surgical program would be in violation of the policy if it accepted new trainees on July 1, 2016 without having applied to the ACGME for accreditation or granted an exemption by PTRC.

**Example 2:** A family medicine program could accept new residents on July 1, 2018 as long as it has applied for ACGME accreditation by June 30, 2018. The family medicine program would be in violation of the policy if it accepted new trainees on July 1, 2018 without having applied to the ACGME for accreditation or granted an exemption by PTRC.

**Requesting an Exemption:** Exemptions to Standard 10.5a must be recommended by your Specialty College Evaluating Committee (SPEC) to the Program and Trainee Review Council, which is the AOA council charged with granting exemptions to any policy in Section X. If you have any questions or concerns, please contact the AOA at [singleGME@osteopathic.org](mailto:singleGME@osteopathic.org).

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