speed of change, coupled with limited practice adaptive reserve and insufficient embedding of primary research within demonstration programs, increases risk for catastrophic failure. Aligning primary care research with the timelines and priorities of payers entails establishment of a long-term partnership between primary care researchers and payers.

Such partnerships could be operationalized through establishment of a center for primary care research/transformation within CMS, somewhat analogous to the Veterans Health Administration's QUERI. This center would be charged with establishing a primary research agenda in collaboration with the primary care research community and patients and also with supporting rapid cycle research. CMS would fund primary care research embedded within existing demonstration projects. CMS could partner with major research funders, eg, the Agency for Health Research and Quality (AHRQ), the National Institutes for Health (NIH), and the Patient-Centered Outcomes Research Institute (PCORI), to support pragmatic primary care research through contracts that aligned with CMS timelines and priorities.

Such a CMS Center would align research with policy, create a replicable national model for collaboration between primary care research and payers, and provide a sustained stream for rapid cycle, pragmatic primary care research that addresses emerging priorities.

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Ann Fam Med 2016;14:383-384. doi: 10.1370/afm.1958.

THE SINGLE ACCREDITATION SYSTEM: MORE THAN A MERGER

In February 2014 the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) announced an agreement outlining a single graduate medical education accreditation system in the United States (http://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System; http://www.acgme.org/Portals/0/PDFs/Nasca-Community/FAQs.pdf). This 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 competencies and milestones. The single accreditation system is intended to achieve 4 significant benefits:

1. To maintain consistent evaluation and accountability for the competency of resident physicians across all accredited GME programs
2. To eliminate duplication in GME accreditation
3. To provide cost savings and efficiencies for institutions currently sponsoring dually accredited or parallel accredited allopathic and osteopathic programs
4. To ensure that allopathic and osteopathic residency and fellowship applicants are eligible to enter accredited programs in the United States and can transfer from 1 accredited program to another without repeating training and without causing sponsoring institutions to lose Medicare funding

There are 4 broad dimensions to the agreement:

1. The agreement outlines the process for ACGME accreditation of current AOA-accredited programs. After June 30, 2020, the AOA will no longer accredit residency programs, so these programs must receive initial ACGME accreditation by June 30, 2020.

Upon receipt of a completed institutional application, the ACGME may assign pre-accreditation status to the sponsoring institution. When the institution receives the pre-accreditation designation, the institution's AOA-accredited programs can begin the process for ACGME designation. AOA-approved programs with and without matriculated residents are eligible for ACGME "pre-accreditation status." Pre-accreditation is not synonymous with initial accreditation but rather indicates that the program remains under AOA approval while in the process of attaining ACGME accreditation. Initial accreditation and ultimately continued accreditation are awarded by the ACGME Review Committee when the applicant is in substantial compliance with the applicable Program and/or Institutional requirements. Programs that are not AOA acredited by July 1, 2015, must apply for ACGME accreditation similar to any other new program (http://www.acgme.org/Portals/0/PDFs/Nasca-Community/PathwaystoACGMEAccreditationforAOA-ApprovedPrograms.pdf).

2. The agreement clarifies the eligibility of osteopathic graduates entering into advanced training in ACGME-accredited programs. Physicians who graduate from programs with pre-accreditation status will be eligible for entry into ACGME-accredited advanced standing residencies and fellowships.

3. The agreement endorses incorporation of osteopathic medical principals within ACGME-accredited programs. ACGME-approved residency programs

may apply for Osteopathic Recognition. Osteopathic Recognition signifies that the program is committed to teach and assess Osteopathic Principles and Practice at the GME level. Osteopathic Principles and Practice recognize that the patient is a unit of mind, body, and spirit; that the body has the intrinsic ability to heal itself when provided with the right environmental conditions; and that structure and function are interrelated. Both students who have graduated from osteopathic- and LCME-accredited schools may enter into a program's designated osteopathic-focused track.

Osteopathic Recognition is designed to provide an organized approach to perpetuate osteopathy's contributions to patient care and to create opportunities for all physicians to learn Osteopathic Principles and Practices while creating program distinctiveness. (http://www.acgme.org/Portals/0/PDFs/FAQ/Osteopathic%20Recognition%20FAQs.pdf; http://www.acgme.org/Portals/0/PFAssets/ProgramResources/Elements_of_an_Osteopathic_Learning_Environment.pdf)

4. The 4th dimension of the agreement is the incorporation of the AOA and AACOM into the governance structure of ACGME. This will include board of director seats and playing a role in nominating representatives to various residency committees.

In February 2014, after more than a decade of discussions and 2 years of in-depth planning, the AOA and ACGME announced their intent to create a single GME accreditation system. This historic change has profound implications for both AOA- and ACGME-accredited programs. As of June 2016, 21 family medicine programs have applied for and 5 family medicine programs have received initial accreditation status under the single accreditation system. It is anticipated that more family medicine programs will begin the process when their institution receives preaccreditation status.

The AFMRD, in collaboration with the ACOFP, has developed the Accreditation Navigation program to assist AOA program directors in the transition to ACGME Family Medicine accreditation. The Accreditation Navigation program is based on the popular and very successful National Institute for Program Director Development (NIPDD) program. The AFMRD and the family of family medicine organizations are poised to assist and welcome our osteopathic colleagues. A single accreditation system will provide excellent benefits for osteopathic and allopathic students who are dedicated and interested in providing patient-centered and focused health care.

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North American Primary Care Research Group

From the North American Primary Care Research Group

Ann Fam Med 2016;14:384-386. doi: 10.1370/afm.1959.

A GRATEFUL TRIBUTE TO MAURICE WOOD: FOUNDING PRESIDENT OF THE NORTH AMERICAN PRIMARY CARE RESEARCH GROUP

For more than 60 years Maurice Wood was a passionate advocate for primary care, best evidence, academic research, and the generalist physician's role, in the United Kingdom, United States, and around the world.[1] He died at home on March 11, 2016 at 93 years of age, leaving a stunning legacy of friendship, doctoring, leadership, investigation, mentoring, and inspiration for generations of health professionals.[2-4] To add to the outpouring of gratitude and respect that burst forth for Maurice when news of his passing spread around the world, past presidents of NAPCRG and Wood Award winners voiced personal recollections about this amazing man, the person beloved by so many.

Kurt Stange: "Maurice taught me, (taught all of us), by deed more than by dialogue, that it is possible, actually that it is imperative, to marry intellectual rigor and perseverance with interpersonal kindness, when one is doing something as important as striving to discover how illness happens and how health can be strengthened. His approach lives on in our best individual and collective selves."

Bill Phillips: "Maurice Wood was a man of short stature who cast a shadow long enough to cross the Atlantic and wrap the world around. His heart was big enough to embrace generations of family medicine and primary care researchers. Everywhere he went, he both earned and paid respect. He was devoted the details of classification but comprehended the whole. He founded NAPCRG in a minimalist tradition and lived in youthful amazement at how the organization and its people had grown. At his last NAPCRG meeting, Maurice marveled aloud: 'Look at all the new, young members. I really feel like I can see the future.'"

Moira Stewart: "At the 1975 NAPCRG meeting in San Francisco, Maurice asked a friendly question in public, and he followed up with a quiet one-on-one chat with me querying where my research program was going next! This was the quintessential positive challenge. I heard him say, at workshops in the 1970s and 80s, that until we can describe our patients' problems and our work to respond to these problems, the field of primary care will remain a mystery, unsolved and, some may say, therefore irrelevant. And it must be done cor-