

September 7, 2016

The Progress and Consequences of the ACGME Merger: A Call for Action©

Norman Gevitz, PhD

In February 2014, leadership of the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) entered into an agreement with the Accreditation Council for Graduate Medical Education (ACGME) to establish a Single Accreditation System (SAS), which would accredit all US internship, residency, and fellowship programs beginning July 1, 2020.

AOA and AACOM leadership did so without either association undertaking or commissioning a study to comprehensively examine the impact, including unintended consequences of this proposed agreement on the osteopathic profession.

In two essays, “The Unintended Consequences of the ACGME Merger” written and delivered in April 2014 and “Structure and Dysfunction: An Open Response to the AACOM Executive Committee” in May 2014, this author critically considered the likely sequela of effects on the osteopathic profession should the AOA House of Delegates in July 2014 ratify the AOA Board of Trustees’ decision to proceed.

Norman Gevitz is Professor of the History and Sociology of Medicine & Senior Vice President—Academic Affairs, AT Still University. He is the author of more than 50 peer-reviewed publications including *The DOs: Osteopathic Medicine in America* 2nd edition (Baltimore: Johns Hopkins University Press, 2004). His previous writings on the Single Accreditation System “The Unintended Consequences of the ACGME Merger” and “Structure and Dysfunction: An Open Response to the ACCOM Executive Committee” may be found on the web through a Google search and downloaded in full. The opinions expressed in this paper are his own.

In April and May 2014, this author noted the following direct effects of the Single Accreditation System on postdoctoral training of osteopathic candidates:

1. The total number of current osteopathic graduate medical education (OGME) positions will fall by approximately 20%.
2. The resulting OGME positions which will become ACGME positions will be open equally to MDs thus making these positions far more competitive. With total OGME positions declining and remaining positions now highly competitive, many 4th year DO students will find it more difficult securing internships and residencies.
3. The OGME “safety net” which currently allows all DOs who want a residency position or traditional internship to obtain one, will disappear.

More than two years have elapsed since these two essays were written. This author stands by these observations and predictions though, as shall be argued, the loss of OGME spots will be more pronounced than first predicted.

This third essay is more statistically grounded since there is now data on the progress of converting AOA-only accredited postdoctoral training programs into ACGME accredited programs.

To compile this report the following sources were utilized: Results and Data: 2016 Main Residency Match (Washington, DC: National Resident Matching Program, April 2016); AOA Intern/Resident Registration Program, Results of the 2016 Match available at <https://www.natmatch.com/aoairp/stats/2016prgstats.html>; Opportunities—AOA-Approved Internships, Residencies, and Fellowships available at <http://opportunities.osteopathic.org/search/search.cfm>; Accreditation Council for Graduate Medical Education, List of Programs that Applied for Accreditation Under the Single Accreditation System by Specialty <https://apps.acgme.org/ads/Public/Reports/Report/18>; (accessed on July 30, 2016; report updated daily); Accreditation Council for Graduate Medical Education, List of Programs Applying for and with Osteopathic Recognition by Specialty <https://apps.acgme.org/ads/Public/Reports/Report/17> (accessed on July 30, 2016; report updated daily); Report on Osteopathic Medicine Placements in 2016 Matches, American Association of Colleges of Osteopathic Medicine, 2016.

This report is written for consideration of the entire osteopathic medical profession but particularly for currently enrolled students in osteopathic medical schools as to what they should expect regarding postdoctoral training opportunities in the National Resident Matching Program (NRMP) and Supplemental Offer and Acceptance Program (SOAP) when they are seniors.

Osteopathic medical students will judge “success” of the Single Accreditation System on the basis of whether it allows them the opportunity to enter a residency program of their choosing. This report considers the likelihood of this goal being met in 2020 based upon current data and statistical projections based on this data.

The 2016 Matches

In 2016 there were a total of 27,860 ACGME PGY-1 positions in the National Residency Match Program (NRMP) and 26,836 (or 96.3%) of these NRMP positions were filled.

Table 1: The relative success of matching for each group of NRMP applicants:

Category	Applicants	Matched	% Matched
US MD Seniors	18,187	17,057	93.8%
US MD Grads	1,502	732	48.7%
DO Stud/Grads	2,982	2,396	80.3%
Canadian S/G	15	13	86.7%
Fifth Pathway	7	0	00.0%
US IMGs	5,323	2,869	53.9%
Non-US IMGs	7,460	3,769	50.5%
TOTALS	35,476	26,836	75.6%

For data purposes, the NRMP separates into two categories: “US MD seniors” and “US MD graduates” but lumps together DO students and DO graduates into one group. Therefore, to more accurately compare US trained MDs to US trained DOs in the NRMP it is necessary to collapse the data on US MD seniors and graduates into one group to be consistent with the published NRMP data on the DO cohort.

In 2016, there were 19,689 “active” US MD seniors/graduates entering the NRMP, of which 17,789 (90.3%) were matched. An additional 717 were placed in PGY-1 positions through the Supplemental Offer and Acceptance Program (SOAP) making a total of 18,506 successful applicants (94.0%).

By comparison, of the 2,982 “active” DO students/graduates who submitted rank order list of programs to the NRMP, 2,396 matched to PGY-1 positions, making their match rate 80.3 %. An additional 132 DO students/graduates found ACGME positions through the SOAP. Thus, a total of 2,528 (84.8%) of the DO student/graduate applicants entered ACGME programs through the NRMP and SOAP.

Table 2: Comparison of “Active” US MD Seniors/Graduates with “Active” US DO Seniors/Graduates in 2016 Matched in NRMP & SOAP

Type of Applicant	# of Applicants	Matched	%	Unmatched	%
US MD Sen/Grad	19,689	18,506	94.0	1,183	6.0
US DO Sen/Grad	2,982	2,528	84.8	454	15.2
Totals	22,671	21,034	92.8	1,637	7.2

Unlike the 1,183 MD seniors/graduates who had no further options for PGY-1 placement, the 454 DO seniors/graduates who were not successful in the NRMP and the SOAP had the added opportunity to enter the AOA Scramble, where the great preponderance found PGY-1 positions.

The 80.3% success statistic for “active” DOs in the NRMP does not provide a complete picture. A significant number of DO seniors/graduates who “withdrew” from the NRMP or were on the “no rank list” also need to be considered. 4,278

DO students/graduates had originally signed up for the 2016 NRMP match. 1,108 (25.9%) of these DO senior/graduate applicants withdrew before the match to instead enter the AOA match. Also, 188 other DO applicants (4.4%) were on the NRMP “no rank list.”

Table 3: All DO Seniors/Graduates Originally Applying for the 2016 NRMP Match

Status	Number	%
Withdrew Before Match	1,108	25.9
No Rank List	188	4.4
Matched in NRMP	2,396	56.0
Matched in SOAP	132	3.1
Unmatched after NRMP & SOAP	454	10.6
Totals	4,278	100.0

In most cases it is likely that DO candidate withdrawal was due to applicants’ belief and that of their academic advisers they would not be highly competitive in the NRMP. Thus, with these “inactive” applicants included, the total of 2,528 NRMP and SOAP matched DO students/graduates represents just 59.1% of all those DO candidates who originally applied.

By contrast, if 828 withdrawals and “no rank” candidates are added to the 19,689 “active” MD student/graduate cohort, the success rate of this group in the NRMP and SOAP declines only slightly from 94.0% to 90.2%.

NRMP PGY-1 Growth & Participation

For 2016—four years following the base year of 2012—the number of NRMP PGY-1 positions increased from 24,006 to 27,860 (or 16%). If this growth pattern continues, independent of the conversion of AOA programs into ACGME programs, there should be a gain of 4,458 new PGY-1 positions for a total of 32,318 NRMP PGY-1 positions in 2020.

Correspondingly, there were 2680 available PGY-1 positions in the AOA Intern/Resident Registration Program in 2016. However, there will be no appreciable growth in osteopathic positions in future years. Under terms of their agreement with ACGME, the AOA can no longer accredit new postdoctoral training programs.

All new programs initiated by the osteopathic medical community must go through the regular ACGME accrediting process and all existing AOA-only accredited postgraduate programs must file for ACGME “pre-accreditation” status and attain “initial” ACGME accreditation status by June 2020.

In 2016, 718 accredited internship and residency programs offered PGY-1 positions in the 2016 AOA match. Hypothetically, if all of these AOA postdoctoral training programs applied for ACGME “pre-accreditation status” and ultimately obtained ACGME “initial accreditation” status for all of their PGY-1 positions in time for the 2020 NRMP match, the projected total number of PGY-1 positions in NRMP in 2020 would increase by the current total of 2,680 AOA positions.

Thus, based upon the projected growth in existing non-osteopathic PGY-1 positions plus the hypothetical addition of all existing AOA accredited PGY-1 positions, the total number of ACGME PGY-1 positions in the NRMP would rise from 27,860 in 2016 to 34,998 in 2020—a gain of 7,138 (or 25.6%)

In 2020, almost all DO seniors will be registering with the NRMP. The number of DO students currently enrolled in the class of 2020 (2016-17 matriculants) exceeds 7,300. Taking consideration of medical school attrition, military and San Francisco matches, and addition of osteopathic graduates to the osteopathic seniors, one may expect approximately 7,000 DO students/graduates in the 2020 NRMP.

Correspondingly, approximately 22,000 US MD students/graduates will be applying to the NRMP at the same time. These 29,000 US MD & DO seniors/graduates will constitute 66.7% of all 43,500 projected applicants—including US and Non-US international medical graduates—all directly competing for a projected 34,998 NRMP positions.

Both AOA and ACGME, along with other stakeholders, support congressional legislation to create 15,000 federally-funded GME residency positions over a five-year period to meet what they argue is a looming shortage in postdoctoral training positions. Currently, there is no appreciable bi-partisan congressional support for such legislation.

Progress of the Conversion Process

Conversion of AOA internship, residency, and fellowship programs to ACGME accredited programs formally began July 1, 2015—the first day when AOA programs could submit paperwork to file for ACGME pre-accreditation status. Postdoctoral training programs that had previously been “dual accredited” by both the AOA and ACGME did not have to file any additional paperwork since they were already ACGME accredited and met all ACGME standards.

As of July 30, 2016, 222 of the then listed 989 AOA-only accredited postdoctoral training programs (22.3%) have filed for ACGME pre-accreditation status in the first 13 months of the program—4 of all internship programs (4.4%), 213 of all residency programs, (32.1%) and 5 of all fellowship programs (2.1%).

Table 4: Application of AOA-Only Accredited Postdoctoral Training for ACGME Pre-Accreditation Status as of July 30, 2016

Type of Program	Number	Applied	% Applied	Inspected	Failed
Internship	90	4	4.4	0	0
Residency	663	213	32.1	100	51
Fellowship	236	5	2.1	1	1
Totals	989	222	22.4	101	52

101 of these 222 AOA-only accredited postdoctoral training programs have been inspected during this period by ACGME with 52 (52%) having failed on their first attempt. (Programs that failed are categorized on the ACGME website as having “continued pre-accreditation” status.)”

Thus, as of July 30, 2016, only 5.0% of 989 AOA single-accredited internship, residency and fellowship programs have attained ACGME “initial accreditation”.

Already, some AOA-only accredited programs have announced they will not file for ACGME pre-accreditation status and will voluntarily shut down because their sponsoring institutions have determined they do not have the fiscal or personnel resources or the patient load necessary to convert their programs into ACGME accredited programs.

Based on current trends, it would not be at all surprising if 40% of all current AOA-only accredited internships, residencies, and fellowships do not achieve ACGME initial accreditation.

A 40% decline in the current number of 2,680 PGY-1 osteopathic internships and residencies would result in a loss of 1,072 PGY-1 positions—although in many instances the positions will likely be harvested by other hospitals within a given health system or in a geographically adjacent area.

Transfer of many of these positions from defunct osteopathic hospital programs with a long history of training DOs into hospital programs which have no history nor any connection with osteopathic medical training, poses an additional challenge for DO seniors/graduates. It is likely that allopathic program directors will prefer to fill these newly acquired positions with US educated MDs.

Projected Success Rates

Currently, all DO seniors who wish to undertake graduate medical education, have a mix of matching opportunities which all but guarantees they will secure a PGY-1 position. The AOA Match Program has more positions listed than DO applicants. In 2016, there were 2,680 positions available with 683 (25.5%) unfilled. Thus all DO seniors/graduates who did not match in the AOA system, the NRMP, and SOAP were able to enter the AOA Scramble, consisting of unfilled osteopathic positions, to secure a PGY-1 internship or residency.

However, under the Single Accreditation System the AOA Match and Scramble programs will be eliminated. Once the NRMP and Soap programs are the only options, DO candidates can no longer expect to be “guaranteed” a PGY-1 position.

The question then becomes how well will DO seniors/graduates fare when exclusively in the NRMP and SOAP? What will be the expected range of match success for the entire DO cohort?

The NRMP match success rate for “active applicants” has increased for DO seniors/graduates in each of the past four years: 74.7 % in 2012; 74.8% in 2013; 77.7% in 2014; 79.3% in 2015; and 80.3% in 2016. If it is presumed on the basis of the 5.6% overall increase in success rate from 2012-2016 that the success rate in 2020—four years hence—will continue, the NRMP match rate will be 85.9% for DO seniors and graduates. If we also project a small increase as well—to 4.8%--in osteopathic candidates who secure PGY-1 positions through the SOAP, then the overall success rate for “active” DO applicants will be 90.7%. This projection constitutes “the best case” scenario.

Nevertheless, under this “best case scenario” 651 of the 7,000 DO seniors/graduates who apply will be unable to secure PGY-1 positions.

The “worst case scenario” projects the entire 2020 cohort of 7,000 DO seniors/graduates will achieve a combined NRMP and SOAP match rate midway between that of projected “active” 2020 MD students/graduates (93.8%) and a similarly derived projected “active” 2020 US citizen students/graduates of international medical schools (60.9%). This would result in a projected total DO student/graduate success rate in the NRMP and SOAP of 77.4%

Under this “worst case” scenario, 1,582 of 7,000 DO student/graduates would be unable to find PGY-1 positions.

Table 5: Projected Range of DO Seniors/Graduates Who Will Not Match in the 2020 NRMP & SOAP in 2020 and be Unable to Obtain PGY-1 Positions

Scenario	#Applicants	% Matched	# Unmatched	% unmatched
Best Case	7,000	90.7	651	9.3
Worst Case	7,000	77.4	1,582	22.6

Future Residency Patterns

Of those 2,396 successful osteopathic student/graduate applicants in the 2016 NRMP, 69.7% were matched in five specialties: Internal Medicine-categorical—498 (20.8%); Family Medicine—381 (15.9%); Pediatrics-categorical—353 (14.7%); Emergency Medicine—224 (9.4%); and Anesthesiology—213 (8.9%).

Most problematic for US DOs in the 2016 NRMP match (and historically since DOs were first eligible for allopathic residency programs in the mid-1960s) was entry into ACGME surgical residency programs. Although NRMP does not publish the success rate for types of PGY-1 positions by category of applicant, it is notable

that DOs are underrepresented in these surgical fields either through their rejection or their avoidance based on actual or perceived programmatic discrimination.

The 2,396 successful DO senior/graduate applicants represent 11.9% of the combined 20,185 successful US MD & DO senior/graduate candidates in the NRMP. However, the successful US DO senior/graduate cohort constitutes just 5.7% of the successful applicants in this combined US MD & DO senior/graduate group with respect to obtaining PGY-1 surgical positions.

Table 6: Comparison of US MD Seniors/Grads with US DO Seniors/Grads in Obtaining PGY-1 Surgical Positions in 2016 NRMP.

Residency	Total Comb. Positions	MD	DO	%DO
Orthopedics	703	699	4	0.5
Otolaryngology	291	290	1	0.3
Plastic Surgery	145	144	1	0.6
Thoracic Surgery	35	33	2	5.7
Vascular Surgery	52	50	2	3.8
Surgery-Prelim.	567	534	33	5.8
Surgery-Categ.	1,099	1,041	58	5.2
Ob/Gyn	1,141	1,013	128	11.2
Totals	4,033	3,804	229	5.7

The prospect of DOs entering these surgical specialties in the future appears to be more problematic given the pace by which DO surgical residency programs are seeking and attaining ACGME approval. There are 182 listed AOA-only accredited programs in neurosurgery, obstetrics/gynecology, ophthalmology, orthopedic

surgery, otolaryngology/facial plastic surgery, and general surgery. Of these 182 programs, 87 (47.8%) have filed for ACGME pre-accreditation status.

Of those AOA-only accredited programs which have filed, 38 have been ACGME inspected with 30 (78.9%) having failed on the first attempt at initial accreditation.

To date, only 8 of these 182 listed AOA-only accredited surgical programs (4.4%) are assured of continuing past 2020.

Table 7: AOA-Only Accredited Surgical Residency Programs, Filing for ACGME Pre-Accreditation & Determination of Status for Initial Accreditation

Residency	Number	Filed	Inspected	Initial Accred.	Failed
Neurosurg.	11	7	2	0	2
Ob/Gyn.	34	11	3	3	0
Ophthalmology	14	1	1	0	1
Orthopedics	44	25	12	4	8
Oto/Plastic	20	10	6	0	6
Surgery	59	33	14	1	13
Totals	182	87	38	8	30

Furthermore, as of July 30, 2016, none of the 25 AOA-only surgical fellowships in critical care surgery, micro-surgery, female reconstructive surgery, general vascular surgery, hand surgery, and plastic/reconstructive surgery have applied for ACGME pre-accreditation status.

Thus, the 2016 NRMP, ACGME and AOA data strongly suggests future DO student/graduate applicants will have far more limited opportunities to enter surgical training than they do presently.

The 2016 NRMP data also suggests future DO applicants are likely to have more restricted opportunities than their MD student/graduate counterparts in other

specialty fields—including child neurology, dermatology, medicine-primary, medicine-psychiatry, and radiation oncology.

In addition, it is likely fellowship opportunities for DO candidates in fields other than surgery will sharply decline. As of July 30, 2016, only 5 AOA-only accredited fellowship programs have filed for pre-accreditation status and no AOA-only accredited fellowship program by that date achieved ACGME “initial accreditation.”

Osteopathic Distinctiveness

Under the Single Accreditation System agreement, ACGME recognizes the specialty of “neuromusculoskeletal medicine”. The AOA lists eight AOA-only accredited programs, three of which have applied for ACGME pre-accreditation status (37.5%) as of July 30, 2016 with one program having attained initial ACGME accreditation.

The list of AOA-only accredited residency programs also includes 41 programs which have a neuromusculoskeletal component—family medicine/nmm, internal medicine/nmm, and neuromusculoskeletal medicine +1. As of July 30, 2016, none of these 41 programs have applied for pre-accreditation status.

Under terms of the Single Accreditation System, osteopathic programs converting into ACGME programs as well as long-standing allopathic postdoctoral training programs could subscribe to new ACGME requirements to obtain “osteopathic recognition” status.

As of July 30, 2016, 36 residency programs—both osteopathic and allopathic—have achieved this status which is equivalent to 3/10th of 1% of the approximately 11,000 listed ACGME and AOA listed postdoctoral training programs.

Discussion

Two years ago, this author wrote two essays which contained observations and predictions of what would be the unintended consequences of AOA and AACOM leadership agreeing to participate in the Single Accreditation System. After two years of experience observing progress of the conversion process, this author stands by all of his original predictions—though one needs revision.

Based on the estimates of respondents—both in favor and against the Single Accreditation System—this author originally predicted a loss of 20% of all current osteopathic graduate medical education programs. The actual pace of applying for ACGME pre-accreditation status and the relative ability of these programs to attain initial ACGME accreditation status suggests 40% of all AOA-only accredited postdoctoral programs will terminate by 2020 and this too may prove to be a conservative estimate.

Two years ago, this author noted the osteopathic graduate medical education “safety net” will end and that DO students/graduates will find it more difficult to secure postdoctoral training. This current report presents numbers which strongly support this statement.

More than 99% of all 2016 DO seniors secured a PGY-1 position. However, in 2020, of the approximately 7,000 US DO seniors/graduates who will be entering the NRMP and SOAP matches, this author estimates that between 9.3% and 22.6% of osteopathic applicants will be unable to secure GME positions.

This is a moral issue as well as a policy issue. For decades, osteopathic medical colleges maintained an unwritten covenant with their students. Colleges, in return for tuition, provided all students a well-grounded undergraduate medical education which prepared them for graduate medical education. Deans assured students if they studied hard and passed all their requirements, they would then participate in graduate medical education to be eligible to become a licensed “physician and surgeon.”

Colleges welcomed matriculants with an understanding the money these students and their families spent and the often massive debt they accumulated would be well worth the investment and ultimately paid back to pursue a medical career

that was both personally satisfying and beneficial to their patients. This covenant will soon be broken.

Hopefully, osteopathic medical school deans will look at the data and realize that in entering the Single Accreditation System, not all of their qualified 2020 seniors/graduates will be able to complete their education. A projected 651 to 1,582 unsuccessful applicants at a conservative \$200,000 per individual will be burdened with between \$130 million-\$316 million in debt, and these otherwise qualified individuals will likely have no career ahead of them as a licensed physician and surgeon.

Advocates for the Single Accreditation System argued participation in the SAS would provide osteopathic graduates with more postdoctoral opportunities. The data shows quite the contrary. US DO senior/graduate applicants who enter the NRMP in 2020, will find the breadth of residency opportunities will be more narrowed than currently—particularly for those who want to enter a surgical specialty.

Advocates for the Single Accreditation System also argued osteopathic philosophy and practices will be infused throughout the fabric of allopathic graduate medical education. The numbers of neuromusculoskeletal residencies and osteopathic recognition programs currently in the ACGME queue strongly suggest otherwise.

Fortunately, it is not too late to act. At this time the Single Accreditation System still constitutes an “avoidable harm” for the osteopathic medical profession.

Rationale for Reversal of Policy

The Single Accreditation system will likely reduce the total number of current osteopathic graduate medical positions by 40%. Unlike the current system which provides additional opportunities for US DO seniors/graduates to find postdoctoral opportunities, the Single Accreditation System will leave a projected 9.3%-22.6% of US DO seniors/graduates without an opportunity for PGY-1 positions. The breadth of residency opportunities for DO candidates in a number of specialties—particularly the surgical residencies—will be sharply narrowed.

There will be very few programs that will have an osteopathic orientation—whether in neuromusculoskeletal medicine or in “osteopathic recognition”.

Furthermore, as argued in this author’s April and May 2014 papers, the vast majority of DO students/graduates who match into exclusively ACGME programs will likely pursue American Board of Medical Specialties (ABMS) certification rather than AOA Board certification. Soon AOA specialty boards will all but entirely serve the function of re-certifying established specialists. Osteopathic specialty colleges will eventually cease to exist. The great majority of future ACGME-trained DOs will not identify with or join the AOA or state societies.

Finally, sooner rather than later, osteopathic medical schools will likely be forced into joining with and being accredited by the Liaison Commission for Medical Education (LCME). The logic is inescapable. By agreeing to the proposition that one accreditation system with one common standard on the graduate medical education level through ACGME is in “the public interest,” the osteopathic profession will likely be unable to offer a rational and compelling reason why one accreditation system with one common standard accrediting all US medical schools (allopathic and osteopathic) is not in “the public interest” on the undergraduate level. This is particularly the case when the LCME is composed of the same partners—AMA and AAMC—on the graduate medical education level. And given that tuition-dependent medical schools with comparatively few full time faculty members cannot meet current LCME standards, DO schools will close or lose their osteopathic identity.

The Urgency of Now

Throughout this paper, the focus has been on the year 2020 since that is the official endpoint of AOA Accredited Programs and the deadline by which all AOA postdoctoral training programs need to attain ACGME initial accreditation. However, the negative impact of the Single Accreditation System is being felt now, and this impact will progressively increase for our students and programs up through 2020.

In the 2016 AOA match many five-year AOA programs accepted PGY 1 applicants on the basis of having applied for ACGME pre-accreditation status or simply their intent to apply for pre-accreditation status. The AOA imposed deadline for these five-year programs to apply for ACGME pre-accreditation status is December 31, 2016. Please note “pre-accreditation status” is only a filing mechanism and does not predict whether an applicant program will attain ACGME initial accreditation.

All osteopathic applicants in these five-year programs are vulnerable because they are only guaranteed four years of AOA accreditation status; and if their program does not achieve initial ACGME accreditation status by June 2020, they will be unable to complete their fifth year of training.

This vulnerability is real and made clear by the fact 30 of 38 AOA approved surgical programs failed their first ACGME accreditation inspection.

Many participating hospitals have decided to close or are considering closing their AOA postdoctoral training programs. If they sunset their internships, residencies, and fellowships, they may well decide to limit or end clinical rotations for osteopathic medical students as well. All osteopathic medical school deans know the current challenge of finding and maintaining third- and fourth-year rotation positions.

Finally, an increasing number and percentage of DO senior students will decide to enter the NRMP; and with each passing year, there will be fewer osteopathic programs available for which they can match in the AOA Scramble should they be unsuccessful in the NRMP and SOAP. Thus, one should expect, particularly in 2018 and 2019, a greater number of DO students/graduates being unable to find PGY-1 residency positions.

Reversing Course

Osteopathic leadership acted with good intentions and unfortunately made a “good faith” mistake. Hopefully, most members of the osteopathic medical profession will recognize the only viable alternative to avoiding what is forecasted

in this paper is for leadership to re-think its commitment to the Single Accreditation System.

The profession should reverse course, continue to maintain its own osteopathic graduate medical education system, fix the existing problems with that system, expand it, innovate with it, particularly by developing ambulatory-based programs which reflect the reality of clinical practice.

Under terms of the ACGME agreement, osteopathic leadership has the opportunity to withdraw from the Single Accreditation System. Either AACOM or AOA (or both) can vote to rescind their decision. Osteopathic deans—who constitute the policy-making body of AACOM—and members of the AOA Board of Trustees and the AOA House of Delegates should reject the ACGME agreement to preserve existing osteopathic postdoctoral training programs, particularly those that have already made the decision to sunset their residencies and fellowships in reaction to the ACGME agreement.

In reversing course, those 49 osteopathic programs that have received ACGME “initial accreditation” and those others who still desire to follow on this path can become “dual accredited” programs, joining those that were dual-accredited before the Single Accreditation System agreement. In reversing course, all current AOA-only accredited programs would remain AOA accredited.

In reversing course, DO senior students will continue to have the ability to enter the NRMP and SOAP as well as the AOA Match and Scramble. And, unlike in the future under the Single Accreditation System, all DO seniors will have the opportunity to find PGY-1 positions if we act decisively to retain, expand, and strengthen our osteopathic postdoctoral training programs.