

Open Letter to the AACOM Community in Response to the Position Paper, “Progress and Consequences of the ACGME Merger: A Call for Action,” by Norman Gevitz, PhD

September 13, 2016

Dear Members of the AACOM Community:

Many of you may have received a September 7, 2016, position paper on the state of the Single Graduate Medical Education (GME) Accreditation System (SAS) which is unfortunately riddled with errors, assumptions and unfortunate generalizations that lead to conclusions that are particularly bleak for the outcome of the five-year transition process and the future of osteopathic graduate medical education (OGME). While no one has a crystal ball as to how the transition will ultimately unfold between now, June 30, 2020, and beyond, it is critical to interpret facts based on what has occurred thus far and with appropriate context.

The data presented and used for inference in the document is on the current progress of a process that is only just starting its second year. And unfortunately, the views of the author were put forth without conversation with many of those who are actively involved in moving the process forward. This has led to many misstatements and errors.

AACOM, the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) work tirelessly to limit myths, misunderstandings, and rumors, which are particularly unhelpful during this transition period. It is in this spirit that we have drafted this communication and taken this opportunity to educate our constituents and correct the key assumptions and omissions in this paper.¹

The position paper takes preliminary data on the transition to surmise the following:

- That based on current trends in the transition, 40 percent of osteopathic programs will be lost by 2020.
- The slow pace of applications for internship, surgical residency, and fellowship programs should be interpreted as inevitably fewer opportunities for osteopathic medical students by 2020.
- AOA-accredited programs are not pursuing osteopathic recognition and therefore the AOA programs that transition to ACGME will lose their osteopathic slots to MDs. Increased competition in general for DO students will mean that DOs will not be able to compete with MDs in an environment with a single match system.

¹ For more detailed corrections, information and context in response to the position paper, refer to the following document: http://www.aacom.org/docs/default-source/single-gme-accreditation/talkingpoints_gevitz.pdf

First, it is important to address the chronology of applications for ACGME accreditation which would explain the progress made so far—an essential piece missing in the paper. Sponsoring institutions must first apply before the training programs they sponsor can apply. Once core programs apply, then sponsoring programs of internships and fellowships can apply. It is like a cake with the foundation being sponsoring institution applications, the next layer of cake being the core training program applications, and the top layer being internship and fellowship applications. One builds on top of the other. That explains why there are a larger number of institutions and residency programs applying compared to fellowship and internships programs. Similarly, AOA-accredited programs are only reviewed for osteopathic recognition after receiving ACGME initial accreditation, which explains why programs are prioritizing the accreditation application process before applying for osteopathic recognition. While we are all working to see a larger number of institutions, programs, and osteopathic recognition applications, an understanding of the chronology of the process would help to explain the current rate of progress through the process and make clear that the initial year of this transition process is not a statistically sound predictor of the outcomes by year five of the transition or by 2020.

Furthermore, the paper seems to have created a category of “failed programs.” There is no such category in the ACGME process for AOA-only accredited postdoctoral programs applying for ACGME accreditation status. The word “failed” casts a pejorative tone and discredits the hard work and quality of OGME programs. The transition process intentionally allows for programs to apply and have several opportunities to improve upon their applications, while still remaining in the application process as programs with “continued pre-accreditation” and with the goal of achieving initial accreditation by 2020. In addition, programs do not apply or “file for pre-accreditation status” as stated in the position paper. Rather, under the single accreditation system, programs and institutions apply for ACGME initial accreditation status and are granted “pre-accreditation status” immediately. If the program meets substantial compliance with specialty requirements, it is granted “initial accreditation status.” Whether a program is designated as pre-accreditation or continuing pre-accreditation, there are specific benefits to residents and the training programs when they are in these categories.

The facts are that AOA-accredited programs are transitioning to the single accreditation system at a reasonable pace. So far, around half of AOA-accredited programs have either applied, have initiated the application process² or have already received initial accreditation. This number increases with the addition of dually-accredited programs that are already ACGME accredited. In addition, data from the AOA’s direct outreach to programs³ indicates that already in the first year, over 80 percent, or 1,000 programs, report plans to apply to the ACGME, not all programs were able to be contacted, some programs have closed (with similar trends as previous years), some are

² Data from the ACGME as of September 12, 2016, 255 programs have initiated the application process but have not submitted completed applications yet, 242 have submitted complete applications, 56 have achieved initial accreditation (3 of which are initial accreditation contingent on institutional accreditation). There are also 173 dually-accredited program.

³ Presentation by Dr. Boyd, Buser, current AOA President during the AOA House of Delegates, July 2016.

<https://www.osteopathic.org/inside-aoa/events/annual-business-meeting/Documents/2016%20Annual%20Business%20Meeting/2016-SAS-Slides.pdf>

undecided, and a small percentage (seven percent) do not currently plan to apply. Similarly, institutions are progressing as well, with 84 institutions⁴ having applied for initial accreditation and 77 percent of those reviewed having already achieved ACGME initial accreditation.

We are also pleased with the progress of the osteopathic recognition applications, and particularly the fact that 14 ACGME only programs (without direct relationship with AOA-accredited programs) have applied for osteopathic recognition. Programs have to achieve initial accreditation prior to being reviewed for osteopathic recognition, which would explain why the majority of the programs applying currently are dually-accredited programs.

We may also be gaining osteopathic recognition slots as training programs apply for osteopathic recognition. We know that the “ACGME-only” programs that sought osteopathic recognition represent a number of potential osteopathic recognition slots. Additionally, as dually-accredited programs receive osteopathic recognition, there could be a “dual gain” in osteopathic recognition slots when the ACGME side of a dually-accredited program is larger than the AOA side.

When discussing the future availability or lack thereof of GME slots, it is important to consider that one driver of new OGME programs is a COCA requirement for GME development for accreditation of new colleges of osteopathic medicine (COMs) and class size increases by currently accredited COMs; these requirements continue to be in place. Regardless of whether AOA or ACGME accredits these programs, the connection between class size increases, new colleges and GME growth will continue.

Not only does the paper present a bleak view of the future outcomes of osteopathic graduate medical education programs and positions, the paper’s perspective presents a very pessimistic view of the quality of osteopathic students and shows a lack of confidence in their ability to succeed.

While the development of the single GME accreditation system will mean that currently AOA-accredited GME opportunities will be open to MD graduates who have appropriate preparation, serving as an association that represents the nation’s osteopathic medical schools and their students, we are confident in student abilities and talent as well as in the strong training they receive to compete successfully.

Our belief is not unfounded. It is based on the consistent high match rate with osteopathic programs (be they AOA or ACGME accredited) and the growth in the success rates for DO grads in the NRMP match and SOAP over the last 5+ years in what is already a highly-competitive environment.⁵

The paper concludes that there should be a return to the status quo with OGME as a closed system. However, it offers no solution to the reality faced with the implementation of the ACGME common program requirements which would have resulted in drastically reduced advanced training

⁴ Data from the ACGME Accreditation Data System Public Site, provided as of September 9, 2016, <https://apps.acgme.org/ads/Public/Reports/Report/14>

⁵ AACOM Report on Osteopathic Medicine Placements in 2016 Matches, prepared March 8, 2016. <http://www.aacom.org/docs/default-source/data-and-trends/2016-match-report.pdf?sfvrsn=20>

opportunities for trainees in OGME programs, and would have essentially forced DO graduates seeking fellowships in many specialties into the ACGME pathway.

Those who truly believe that the osteopathic approach to medicine is, indeed, a better way to practice medicine should embrace efforts to make it more universally available and include it more broadly across the ways that physicians practice and more broadly among all health care professionals. The single GME accreditation system and other approaches to continue the full integration of osteopathic principles and practice into all of medicine are the highest goal to be attained, putting the osteopathic approach to the practice of medicine forward as a best practice for the delivery of all health care.

There are strong opinions about the impact of single GME accreditation system on the future of osteopathic medicine. But, the position paper provides data that selectively support a pessimistic and biased view. Other knowledgeable and informed members of the osteopathic medical community interpret that same data and arrive at significantly different, more balanced, and more positive, conclusions. Above all, the views recently expressed present a decidedly strong lack of confidence in osteopathic GME programs and in the ability of osteopathic medical students to compete on a level playing field with their MD counterparts.

As was addressed in [AACOM's response](#) to a 2014 document on the same subject by the author, numerous experts with extensive knowledge and expertise related to the nation's medical education system, osteopathic medicine, relevant public policy, GME, the osteopathic profession's financing, and the nation's physician self-regulatory system spent countless hours and resources analyzing a variety of scenarios related to the single accreditation system. At every step, AACOM's discussions and considerations focused on the best interests of osteopathic medical students, graduates, colleges, and the profession we serve.

No complex transition, whatever the endeavor, is without its challenges. As always, we urge students, faculty, and administrators at COMs to remain engaged, keep informed and up-to-date on the transition, and raise concerns by contacting [AACOM](#), [the AOA](#), or [the ACGME](#). In the meantime, AACOM, along with the AOA and the ACGME, will continue to monitor and address issues as the transition progresses and continue to be transparent by providing updates with painstaking care. AACOM informs the Board of Deans, our constituents—especially students—and others with an interest in the single accreditation system regularly. We provide updates frequently on [our web page](#) dedicated to the single accreditation system and monthly communications through our [Inside OME e-newsletter](#).

Sincerely,

Stephen C. Shannon, DO, MPH
AACOM President & CEO

Thomas Cavalieri, DO
Chair, AACOM Board of Deans
Dean, Rowan University School of Osteopathic Medicine

Cc: AACOM Board of Deans
AACOM Assembly of Presidents
AOA Board of Directors
AOA President, Boyd Buser, DO
AOA CEO, Adrienne White Faines
AODME President, Lynn Mark, DO
AODME President-elect, Steven Gates, DO
AODME Immediate Past President, Robert Cain, DO