



AMERICAN ASSOCIATION OF
COLLEGES OF OSTEOPATHIC MEDICINE

OFFICE OF THE PRESIDENT

January 31, 2014

Richard Reeves
National Center for Education Statistics
ATTN: Postsecondary Institution Ratings System RFI
U.S. Department of Education
1990 K Street N.W., 8th Floor
Washington, DC 20006

VIA: Federal eRulemaking Portal

Dear Mr. Reeves:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), we are pleased to offer comments on the U.S. Department of Education's (USDE) proposed Postsecondary Institution Ratings System (PIRS). Before implementing the college ratings system, we strongly urge the Department to submit its plans for peer review and consider public comments in order to increase the likelihood of establishing a more thoroughly-considered assessment of the measure of postsecondary institutions' value to students and federal taxpayers.

AACOM represents the 30 accredited colleges of osteopathic medicine in the United States. These colleges are accredited to deliver instruction at 41 teaching locations in 28 states. In the 2013-14 academic year these colleges are educating over 23,000 future physicians – more than 20 percent of U.S. medical students. Six of the colleges are publicly controlled, 24 are private institutions.

AACOM commends the Department for proposing regulations designed to promote the principles of accountability in the Title IV student financial aid programs. We recognize that appropriate oversight is a fundamental function of the USDE to ensure that federal funding is properly allocated.

Although we support the Administration and the Department's goal of ensuring that students receive a cost-effective and high quality education, AACOM has specific concerns with the implementation process of the college ratings system in terms of data, metrics, and the potential regulatory burden on schools and institutions. First, we would suggest greater clarity in the PIRS system name, such as using "Postsecondary Peer-Institution Ratings System" instead of the aforementioned to better explain the comparison of like institutions with similar missions. Secondly, with regard to standardizing a graduation rate measure for medical schools, we

5550 Friendship Boulevard
Suite 310
Chevy Chase, MD 20815-7231
P 301.968.4142
F 301.968.4101
www.aacom.org

propose using a cohort-based measurement similar to the measure used for undergraduate education, while also allowing for more than four years as the calculated time frame to allow for the standard/traditional four years of medical school education (to include additional time for personal medical leaves or the possibility of extended time for research, fellowship, or multiple degree completion). Finally, as you are aware, there are different types of medical schools; these schools should be rated differently using unique criteria.

At a time when our nation faces a critical and growing shortage of physicians, AACOM asks that the Department, in examining the college ratings system and other proposals such as gainful employment and student loan repayment reform, consider the factors unique to medical education. U.S. medical students follow a common sequence of course work, clinical training, and national board exams, regardless of whether they attend a public, non-profit, or for-profit medical school. Following graduation, physicians cannot begin to practice until they complete additional graduate medical education training, which takes between three and seven years (depending upon their field of specialty) and pass additional national licensure exams.

The unique process of medical education can pose a significant financial burden to medical students who risk large amounts of debt and rely on various federal loan options. During residency training, physicians earn a stipend; however, that income is generally not sufficient to begin full repayment of educational loans, and is certainly not indicative of the future practicing physician's salary. As a result, medical residents depend on federal financial aid options such as forbearance and income-based repayment to postpone or reduce their obligations until they become licensed physicians. Any proposed rating system must not penalize borrowers who use these repayment options after graduation.

While AACOM understands that the college ratings system would only impact colleges and universities, and the gainful employment regulation affects for-profit institutions, we are concerned with the potential negative non-regulatory impact of these requirements and their extension to all U.S. medical schools. We further caution that if proposals and regulations such as these are applied to medical schools, it could have an adverse impact on medical students participating in Title IV student financial aid programs. In addition, a ratings system that considers income as a factor in determining Title IV eligibility would likely discourage service in primary care and lower-paying specialties, further exacerbating the nation's physician workforce shortage.

Thank you for providing the opportunity to share our views. AACOM looks forward to working closely with the Department to ensure medical students and schools are well-served by Title IV student financial aid programs. If you have questions or require further information, please contact Pamela Murphy, M.S.W., Director of Government Relations, at 301-908-2137 or pmurphy@aacom.org.

Sincerely,

A handwritten signature in black ink, appearing to read "SC Shannon". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Stephen C. Shannon, D.O., M.P.H.
President and CEO