



AMERICAN ASSOCIATION OF  
COLLEGES OF OSTEOPATHIC MEDICINE

OFFICE OF THE PRESIDENT

February 18, 2015

The Honorable Arne Duncan  
Secretary of Education  
U.S. Department of Education  
400 Maryland Ave., S.W.  
Washington, D.C. 20202-1510

VIA ELECTRONIC SUBMISSION ([collegefeedback@ed.gov](mailto:collegefeedback@ed.gov))

RE: A New System of College Ratings– Invitation to Comment

Dear Secretary Duncan:

On behalf of the American Association of Colleges of Osteopathic Medicine (AACOM), we are pleased to offer comments to the U.S. Department of Education (USDE) on A New System of College Ratings. AACOM represents the 30 accredited colleges of osteopathic medicine (COMs) in the United States. These colleges are accredited to deliver instruction at 42 teaching locations in 28 states. In the 2014-15 academic year these colleges are educating over 24,600 future physicians – more than 25 percent of new U.S. medical students.

AACOM applauds the Department for proposing a framework 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 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. As we have stressed in previous comments, we suggest greater clarity in the assessment of comparing like institutions with similar missions. Secondly, with regard to standardizing a graduation rate measure for medical schools, we 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, the framework states that “a critical purpose of the ratings system is to recognize institutions that are succeeding at expanding access, maintaining affordability, and ensuring strong student outcomes and setting them apart from institutions that need to improve.” As you are aware, there

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are different types of medical schools; these schools should be assessed 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 regulations such as gainful employment as well as proposals such as 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 to 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 should not penalize borrowers who depend upon these repayment options after graduation.

While AACOM understands that the proposed 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 potential extension to graduate and professional schools to include 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, Vice President of Government Relations, at 301-908-2137 or [pmurphy@aacom.org](mailto:pmurphy@aacom.org).

Respectfully,

A handwritten signature in black ink, appearing to read "S. Shannon".

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