

May 19, 2014

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**An Open Letter from the AACOM Executive Committee in Response to Norman Gevitz's  
"The Unintended Consequences of the ACGME Merger"**

Dear Dr. Gevitz,

As an established historian and sociologist with a long-standing interest in and passion for the osteopathic medical profession, we value your academic career and recognize your many credentials and achievements in our field of osteopathic medical education and practice. We also recognize that your recent communications regarding the new, single system of accreditation have been made with the best of intentions, and represented an effort on your part to help preserve and protect the profession and those who practice it, both current and future.

However, we must disagree with many of the arguments and statements made in those communications, as there are multiple errors of fact that confuse information with opinions. Most importantly, we believe that it is absolutely imperative that ANY communication during this time of change be clear, concise, and correct in terms of what is fact and what is opinion. Statements made to seem factual that are not sourced or cannot be verified create confusion and disrupt progress toward achieving consensus within our profession. This has created a great deal of confusion and fostered disunity in our profession, at a time when acting boldly and collectively is the best course of action.

- **FACT: Numerous individuals 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 this effort. All along the way, a key aspect of AACOM's**

deliberations centered on what would be in the best interest of the osteopathic medical students, graduates, colleges, and the profession of which we are all a part.

- **FACT:** There have not been enough first year osteopathic graduate medical education (OGME) positions for osteopathic medical school graduates for around 20 years, and there are no circumstances in the near future in which there will be enough positions.<sup>1</sup> In 2014 the colleges of osteopathic medicine will graduate almost 5,000 DOs.<sup>2</sup> The number of DO graduates is expected to increase to approximately 6,000 DOs by 2019<sup>3</sup> (the 7,000 graduates you cite in 2020 is incorrect). In the 2014 OGME match, there were 2,988 first-year funded positions, of which 529 were traditional rotating internship positions (2,064 [69%] filled as a result of the match).<sup>4</sup>
- **FACT:** Under the standards adopted in the Accreditation Council for Graduate Medical Education (ACGME)'s Next Accreditation System, which will go into effect in 2016, unless AACOM, AOA, and ACGME join in the development of the single accreditation system, DO graduates that choose OGME training will face extraordinary restriction of their ability to access ACGME specialty and fellowship training. Under those circumstances, DOs will have limited career pathways if they chose to become an osteopathic physician.<sup>5</sup>
- **FACT:** ACGME is an accreditation body whose mission is to advance the quality of graduate medical education. It is not a membership organization or an advocacy body, and it is not in the business of starting residencies, just as medical college accreditation bodies (COCA and LCME) are not in the business of starting medical schools.<sup>6</sup> The ACGME's quality control missions are related to the recognition of the public's interest in stewardship of the over \$10 B in public funds paid for GME. There is obviously a sharp focus on quality, patient safety, and appropriate type of training expressed by all bodies that investigate and comment on GME issues.<sup>7</sup>

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<sup>1</sup> In 1996 there were 1,877 funded AOA PGY1 positions and 1,932 osteopathic medical college graduates. GME positions from an AOA file 'The AOA Intern Registration Program Statistics' originally produced by AOA Department of Education, 6/23/1999 and subsequently updated. Graduate statistics from <http://www.aacom.org/data/graduates/Pages/default.aspx>, Graduates by Gender 1969-2012.xlsx

<sup>2</sup> Estimate based on survey of the osteopathic medical colleges conducted in April 2014 to assess placement of current graduates in GME. Contact [research@aacom.org](mailto:research@aacom.org) for a copy of the report.

<sup>3</sup> Estimate based on October 2013 survey of planned growth of current osteopathic medical colleges including new locations expected to enroll students for the first time in Fall 2015 (graduation in 2019 requires first enrollment in fall 2015). Contact [research@aacom.org](mailto:research@aacom.org) for a copy of the report.

<sup>4</sup> National Matching Service Report on 2014 AOA Match, <https://www.natmatch.com/aoairp/stats/2014prgstats.html>

<sup>5</sup> ACGME Common Program Requirements (effective July 1, 2016) [http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs\\_07012016\\_TCC.pdf](http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs_07012016_TCC.pdf)

<sup>6</sup> <http://www.acgme.org/acgmeweb/tabid/121/About/Mission,VisionandValues.aspx>

<sup>7</sup> Ensuring an Effective Physician Workforce for the United States: Recommendations for Reforming Graduate Medical Education to Meet the Needs of the Public" and its predecessor report, "Ensuring an

- **FACT:** The assertion that “osteopathic residencies will now end” will be true only if our profession elects to let that happen—this statement can be a self-fulfilling prophecy. The single accreditation system establishes a mechanism and set of processes and standards within ACGME by which osteopathic programs will continue and can expand. Not only can current osteopathic programs maintain that status if they continue to meet appropriate standards established by a new Osteopathic Principles Committee established within ACGME by the agreement (and consisting of 13 out of 15 members nominated by the AOA), but existing ACGME programs can also seek that recognition.<sup>8</sup> Such activity has already been occurring, with numerous reports from many states of hospital systems and individual programs interested in affiliation with our COMs in order to prepare for that eventuality. Given that these programs will also admit MDs, it is worth considering the following: “What MD seeking to become a primary care physician would not consider the advantages of dual-certification with osteopathic credentials as well as allopathic credentials—credentials that will distinguish their training, attributes and skills, as well as justify billable activity in Osteopathic Manipulative Medicine?”

One of the main assertions in your paper is the claim of an alignment between AMA and AAMC to use the ACGME to force Commission on Osteopathic College Accreditation (COCA)-accredited osteopathic medical schools to seek Liaison Committee on Medical Education (LCME) accreditation, thus resulting in fewer DO graduates to compete with US MD graduates for residency positions. We believe this is without merit, evidence, or logic and undermines honest, rational debate.

- **FACT:** There have been no discussions of any change in accreditation status of osteopathic medical schools, either as a part of the ACGME discussions— from which that topic was specifically excluded—or by the AMA, AAMC, or other organizations independently with AACOM. COCA is deemed to have the authority to accredit osteopathic medical schools by the U.S. Department of Education as a result of a public process, and any attempt to subject that process to political pressures would be unwelcome.
- **FACT:** The graduates of osteopathic medical schools are valued by residency programs, both OGME and ACGME—they are recruited and have a near complete placement

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Effective Physician Workforce for America: Recommendations for an Accountable Graduate Medical Education System” available: <http://macyfoundation.org/news/entry/changing-graduate-medical-education-to-maintain-the-publics-trust>

<sup>8</sup> AACOM.org, Single GME Accreditation System: Answers to FAQs  
[http://www.aacom.org/news/latest/Pages/SingleGME\\_FAQs.aspx](http://www.aacom.org/news/latest/Pages/SingleGME_FAQs.aspx)

rate (in 2013 it was about 98.5% and so far in 2014 it is over 99%).<sup>9</sup> LCME school placement rates are slightly lower, and their leadership describes those from their system who are not successful as having unreasonable expectations about their specialty choices or training locations.

- **FACT:** The osteopathic medical education system is valued on state and federal policy levels for the graduates and physicians it produces, as well as the health care services it provides to the population. The DO graduates' affinity for primary care, specialty care, community-based training, service to underserved populations, relative efficiency and less-costly infrastructure is well known, recognized, and celebrated.<sup>10 11 12</sup> We are not aware of any policy maker or body that supports an effort to decrease those results.
- **FACT:** For several years, AACOM has partnered with AAMC to provide increased access by 4<sup>th</sup> year DO students to elective clinical rotations in LCME schools and hospital affiliates. This system has worked well, enabling thousands of DO students to rotate in locations where they were seeking residency training, and access within that system has continued to increase for DO students with no evidence of any retrenchment. AAMC's reason for doing this has been stated as helping them find the "best" students in the most efficient way for their programs. This system is not open to IMGs.
- **FACT:** There are enough GME positions for all US MD and DO school graduates now, with over 6,000 to spare that are currently filled by IMGs. Despite growth of both MD and DO schools, there will continue to be several thousand more GME slots than US MD and DO graduates for at least the next decade.<sup>13</sup>

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<sup>9</sup> Estimates based on surveys of the osteopathic medical colleges conducted in April 2013 and April 2014 to assess placement of current year graduates in GME. Contact [research@aacom.org](mailto:research@aacom.org) for a copy of the report.

<sup>10</sup> Opening Keynote Address, AACOM Annual Conference, April 2014: The Patient-Centered Medical Home, Paul Grundy, MD, MPH, Global Director of IBM Healthcare Transformation, IBM Corporation

<sup>11</sup> AACOM Annual Conference, 2013. Innovation and the Future of Health Care: George E. Thibault, MD, President, The Josiah Macy Jr. Foundation

<sup>12</sup> Mary K. Wakefield, PhD, RN, Administrator for the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, <http://www.aacom.org/resources/e-news/ome/archives/2012/2012-01/Pages/hpfseminar.aspx>

<sup>13</sup> Health Affairs Blog, *The 2014 GME Residency Match Results: Is There Really A "GME Squeeze?"* [http://healthaffairs.org/blog/2014/04/24/the-2014-gme-residency-match-results-is-there-really-a-gme-squeeze/?utm\\_source=MEFS+Distribution&utm\\_campaign=bd8c24b6d1-January+23rd+Newsletter&utm\\_medium=email&utm\\_term=0\\_51c52ee5ff-bd8c24b6d1-240680021#http://healthaffairs.org/blog/2014/04/24/the-2014-gme-residency-match-results-is-there-really-a-gme-squeeze/](http://healthaffairs.org/blog/2014/04/24/the-2014-gme-residency-match-results-is-there-really-a-gme-squeeze/?utm_source=MEFS+Distribution&utm_campaign=bd8c24b6d1-January+23rd+Newsletter&utm_medium=email&utm_term=0_51c52ee5ff-bd8c24b6d1-240680021#http://healthaffairs.org/blog/2014/04/24/the-2014-gme-residency-match-results-is-there-really-a-gme-squeeze/)

- **FACT: GME is a publicly funded resource. To date, there have not been any stated policy justifications that would warrant the closure of the very schools that policy makers have recognized are producing the type of physicians that the nation needs, especially when they are less costly to taxpayers and recognized as a real benefit to the communities in which they serve. The osteopathic profession today is in a much more advanced state of political presence than it was a century ago, and is recognized as a successful and valued resource. It would be very surprising, and highly self-defeating, for the AMA and the AAMC to challenge the value of osteopathic medical schools as a resource in this country.**
- **FACT: Under the implemented single accreditation system, AACOM and AOA will hold eight seats on the governing board of ACGME, which is 28% of the governing board members from sponsoring organizations (AAMC, AMA, CMSS, AHA, and ABMS). DOs are 7-8% of the practicing physicians in the U.S., and DO graduates are rapidly approaching 20% of all U.S. medical school graduates. In this circumstance, how likely is it that ACGME's board would vote to limit access to their programs to only LCME graduates? If such limits were even considered, wouldn't it be more likely to occur if AOA and AACOM were not member organizations and had no presence within the organization?**

As you are a sociologist and historian, we are surprised that your presentation and communications on this important issue do not reflect upon similar crossroads in the evolution of osteopathic medical education, and the methods by which those challenges were overcome. To look back and highlight what brought about collective unity of purpose and ultimately success during similar periods of challenge/opportunity could have provided very valuable insight and helped to create positive momentum going forward. This was a sadly missed opportunity, in our view.

During this time of change and challenge we must focus on what really defines ANY profession. According to most modern day definitions of a profession, a universal criterion that appears repeatedly across all professions is that of self-governance. How do we create an open, honest, and productive dialogue around this challenging issue, one that crosses all of our separate but related associations, societies, and interest groups? How do we make sure that all voices are heard? How do we make sure that the information that is being universally and broadly shared is accurate? How do we go about achieving consensus and making decisions? What is it that we need to pursue in the interest of the greater good? These are the questions that we need to ask and to develop answers as a unified body, and we need to do it sooner rather than later.

Let's not proclaim that the sky is falling before we have a chance to pursue a common vision of where our profession can go. Let us do what those in our profession have done before us: Positively and productively pursue change that benefits the health of our citizenry and defines us as a caring and enlightened group of professionals who can police themselves and act in the

collective best interest of the American public. If we cannot do that, then we can rest assured that someone will surely step in and do it for us.

Sincerely,

Executive Committee of the AACOM Board:

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