STUDENT PRIMER:
New Single Accreditation System for GME

Overview:

After months of negotiations, the American Association of Colleges of Osteopathic Medicine (AACOM), the American Osteopathic Association (AOA), and the Accreditation Council for Graduate Medical Education (ACGME) approved an agreement in February that will result in a single accreditation system for graduate medical education (GME) under the auspices of the ACGME by June 30, 2020.

The new accreditation system will unify accreditation for osteopathic and allopathic GME into a single, streamlined system. This development confers a number of benefits for osteopathic medical students:

- Brings together two parallel GME systems. Students will no longer have to register for and participate in two separate Residency Program Match systems.
- Preserves access to primary and sub-specialty programs for osteopathic medical graduates.
- Maintains DO students’ access to opportunities in the full spectrum of osteopathic and allopathic GME.
- Secures the osteopathic community’s role in the development of the next generation of accreditation for GME.
- Codifies osteopathic medicine’s unique principles and practices within ACGME standards.
- Fosters the medical community’s ability to speak with a unified voice in advocating for GME issues and student issues, on behalf of today’s medical students.
- Promotes consistency across all GME programs in terms of training and evaluation of residents, ensuring the continuation and enhancement of world class osteopathic and allopathic GME.
- Furthers national and international expansion of recognition of the DO degree and our contributions to medicine.

Frequently Asked Student Questions:

Q: How will osteopathic medicine retain its unique identity in the unified graduate medical education accreditation system?
A: The new single accreditation system codifies osteopathic medicine’s unique principles and practices within ACGME standards through the institution of an osteopathic principles recognition committee. In addition, there will be a new ACGME Residency Review Committee for Neuromusculoskeletal Medicine (NMM). Osteopathic medical participation in ACGME governance ensures the continuation of osteopathic distinctiveness and osteopathic-oriented GME. This fosters community confidence that the skills and philosophy of osteopathic medicine will not be diluted for students who choose to train in this...
Area. For details, see the section on “Codifying Osteopathic Medicine’s Principles and Practices” at the end of this primer.

Q: Why is this happening now?
A: The healthcare landscape has been changing, and we are in the midst of a period of consolidation and standardization in many domains of medicine. The forging of a single accreditation system for GME is part of the ongoing evolution of the development of osteopathic medicine in the United States and reflects the major growth in importance of osteopathic medicine to the nation’s healthcare system—one in four U.S. medical students who matriculated last year is studying osteopathic medicine. With the majority of DO graduates now pursuing GME training in the ACGME system, osteopathic medical education has outgrown the dual GME accreditation pathways.

Furthermore, the risks to maintaining the status quo far outweigh any risks associated with uncertainties in the unification process. ACGME’s new Common Program Requirements under the dual system would limit DOs’ ability to move from AOA to ACGME training programs. Also, as the number of DO graduates rises at a faster rate than the medical school graduate population as a whole, there is a risk that competition for osteopathic graduate medical education slots will worsen, or that dually accredited programs may opt to become ACGME-only. Finally, the expense of transitioning to a competency-based accreditation system to meet appropriate standards for GME education would require some extensive enhancement in current AOA systems that would increase the cost for osteopathic GME programs.

Q: How have students been involved in discussions about the unified GME accreditation system?
A: Student opinions have been taken into consideration from the beginning of discussions on bringing together the two systems. Given the number of students seeking out ACGME residencies and fellowships, unification is necessary to maintain the current patterns of training for osteopathic medical students. Input has been solicited through online webinars, surveys, and in-person student meetings. In addition, throughout the discussions and decision-making process, a student representative from the Council of Student Government Presidents (COSGP) was a fully participating and voting member of the AOA’s Board of Trustees.

Q: What do current students think about the unification agreement?
A: In the weeks following the announcement of the unified GME accreditation agreement, AACOM in cooperation with the COSGP conducted an online survey to assess the opinions of osteopathic medical students. Of the 5,307 students who submitted responses—representing nearly one in four students enrolled at AACOM member colleges—82.5% expressed support or strong support for the unified GME accreditation system. Only 5.6% were opposed or strongly opposed. The COSGP has also recently issued a joint resolution with the Student Osteopathic Medical Association (SOMA) and Counsel of Student Affairs (CSA) that presents strong endorsement of the unified pathway.

Q: How was the decision made to create a single, unified GME accreditation system for osteopathic and allopathic medicine?
A: In January 2012, AACOM, AOA, and ACGME first met to discuss potential ways to improve the GME system. Months of subsequent discussions eventually led to an agreement in October 2012 by the three organizations to seek to develop a single GME accreditation system. Over the course of the following months, there was significant discussion with leaders and stakeholders in osteopathic medical education. 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, and colleges, as well as the profession of which we are all members.

In February 2014, after a Memorandum of Understanding (MOU) document was reviewed and vetted extensively by the boards and executive leadership of the AOA and AACOM as well as the ACGME’s board and executive leadership, all three boards decided to move forward in establishing a single GME accreditation system.

While the MOU commits the organizations to a unified GME accreditation system and creates the decision-making structure, many of the details will be worked out by existing and new oversight bodies. The agreement will be slowly phased in between 2015 and 2020, giving members of the osteopathic medical education community the opportunity to join existing oversight committees within the ACGME system, and providing ample time for the development of additional oversight bodies within ACGME to accredit osteopathic programs. This transition period will also enable programs accredited by the AOA to work their way through the unified system’s accreditation process. The lengthy, five-year transition period outlined in the agreement provides all stakeholders the time to work through questions and “what-if” scenarios that will undoubtedly surface.

Q: How is the unification process’s impact on the osteopathic medical profession being predicted, monitored, and assessed?
A: Both AACOM and AOA leadership will be monitoring the implementation of the single accreditation system throughout this period. AOA- and AACOM-nominated members will become members of the ACGME Governing Board and will have representation on the ACGME Monitoring Committee that oversees consistency of standard and process implementation. An ACGME/AOA/AACOM Joint Task Force, which forged the agreement for the new single accreditation system for GME, will continue to oversee and monitor the transition process as well. We anticipate that regular reports on a variety of metrics will be made available to members of the profession.

Q: Will the COMLEX-USA be considered equivalent to meet criteria for admission into the unified GME programs?
A: Students decide which supporting documents to provide with each of their residency applications. Neither the COMLEX-USA nor the USMLE exams are required by ACGME or AOA accreditation standards for residency program admissions applications. It is up to residency program directors to determine whether and which examination scores to accept. COMLEX-USA is already regarded by the majority of residency program directors of AOA- and ACGME-accredited residency programs as an important and useful assessment tool as part of the evaluation of DO residency applicants for their programs. Currently, 77% of ACGME-accredited graduate medical education program directors accept the COMLEX-USA as part of their evaluation of osteopathic medical student applicants, according to Program Director Surveys by the National Resident Matching Program. Extensive efforts are underway to help residency program directors understand and interpret COMLEX-USA scores, and the transition to a single accreditation system should afford even more opportunities for educating about the COMLEX-USA.

Unification of GME program accreditation is not expected to reduce acceptance of the COMLEX-USA for residency admissions, but rather to continue to grow acceptance with the goal of one day achieving universal acceptance. However, it is likely – at least for a while – that some ACGME programs will continue to prefer to receive a USMLE score. If a student has aspirations for such programs, then that
A student will have to make the decision about whether to take the USMLE in addition to the COMLEX-USA.

COMLEX-USA will continue to be the required examination series and the pathway to licensure for osteopathic physicians. It is widely recognized and universally accepted as the valid examination for osteopathic physician competency assessment for licensure. It is also required by accreditation standards established by the Commission on Osteopathic College Accreditation (COCA) and is a requirement for graduation from all colleges of osteopathic medicine. (The COSGP Student Podcast with Dr. Shannon also addresses this question.)

Q: Will osteopathic board certification exams and American Board of Medical Specialties (ABMS) certification exams be recognized as equivalent?
A: The single accreditation system is strictly limited to graduate medical education and does not include board certification or medical school accreditation. AACOM and AOA continue to believe that it is important to the public for osteopathic physicians to demonstrate their competency in osteopathic principles as part of the osteopathic board certification process. Both AOA and ABMS certifications will be available to DOs and MDs who complete osteopathic-focused training programs. However, to qualify for certain leadership positions in ACGME-accredited programs, ABMS certification or “other qualifications that are acceptable” to the applicable Residency Review Committee (RRC) may remain one of many criteria.

Q: Will unified programs recognize AOA board certification on an equal basis with ABMS certification for the positions of program director, director of medical education, and designated institutional review officer without requiring an exception to be granted?
A: AOA board certified DOs can become ACGME faculty if they meet ACGME standards. However, ACGME standards still require ABMS board certification, as well as other qualifications, to serve as program directors of training programs unless otherwise determined to be acceptable by the applicable RRC. The ACGME standards allow for program directors to be certified by an ABMS board or have other “specialty qualifications that are acceptable” to the RRC. In the past, RRCs have approved AOA-certified DOs for program director positions. However, each individual RRC has leeway to determine what constitutes “acceptable” specialty qualifications. It is important to note that a significant number of current AOA program directors are ABMS board certified. In the case of Designated Institutional Officers (DIOs), there is no requirement for specific training or certification, and osteopathic DMEs should easily transfer to an ACGME DIO role.

Q: Will the unification of GME accreditation impact the number of residency slots?
A: There are many factors at play in the graduate medical education policy arena that have the potential to impact graduate medical education funding in the future. The development of a single accreditation system will simplify some of the processes and provide efficiencies to some aspects of the current system, and it will make it easier on a national basis to advocate for graduate medical education policies that would expand the number of residency slots in the U.S. In addition, AACOM has received reports from member colleges of heightened interest in the establishment of GME training in hospitals that are not capped under existing rules (the so-called “virgin hospitals”) because of the single accreditation system announcement. One thing is clear – under the standards adopted in the 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 would have limited career pathways if they chose to become osteopathic physicians.
Q: Will the unification of GME accreditation affect access to current residency slots for osteopathic graduates?
A: The complete phase-in of the single GME accreditation system is not scheduled to be completed for six years – by July 1, 2020. The national GME policy debate is ongoing. However, the unification of GME is expected to better enable all parties involved in medical education to successfully advocate for ongoing GME support. AACOM believes that osteopathic medical school graduates, when allowed to compete on a level playing field for GME positions, will continue to demonstrate the success they have exhibited in the past. The intent of this agreement is to expand access of osteopathic graduates to residency positions. Without the agreement, that access would likely shrink as a result of the implementation of the ACGME’s Common Program Requirements in 2016.

Q: Will the unification of GME accreditation affect membership in AOA specialty colleges and the AOA itself?
A: Unified GME accreditation will have far-reaching effects on the entire healthcare delivery system, but we expect most of these effects to be positive, especially for the osteopathic medical profession. Identifying our audience as graduates of osteopathic GME programs ignores all other DO graduates who are our potential members. Since the single GME system will make the osteopathic medical profession more visible as a major component of healthcare, awareness of DOs among patients is expected to rise. This may benefit osteopathic specialty colleges and certifying boards as well. Though it may require a bylaws change, more physicians (both DO and MD) may be eligible for membership and certification through our osteopathic certifying boards. Rather than a small, captive audience, we will have a wide base of physicians seeking the benefits of osteopathic membership, certification, and community.

Q: In the future, will osteopathic medical schools be expected to conform to allopathic school regulations under the Liaison Committee on Medical Education (LCME)?
A: Osteopathic medical schools are much-valued on state and federal policy levels for the graduates and physicians they produces, as well as the healthcare services they provides to the population. DO graduates’ affinity for primary care, specialty care, community-based training, service to underserved populations, and the relative efficiency and less-costly infrastructure are well known, recognized, and celebrated. There is nothing about the single GME accreditation system agreement that impacts the status of the accreditation of osteopathic medical colleges by the Commission on Osteopathic College Accreditation. We are not aware of any policymaker or body that supports a change in that status – a change that could alter the success of AACOM’s member colleges at producing the kind of physicians needed by our current and future healthcare system.

Q: Where can I find more information and educational literature about the unified GME accreditation system?
A: AACOM and AOA each offer resources on their websites to learn more about the unified GME accreditation system agreement, status, and next steps. More information can be found on AACOM’s website at http://www.aacom.org/news/latest/Pages/singleGME.aspx and on AOA’s website at http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx. The resources include timelines, letters, videos, podcasts, frequently asked questions, fact sheets, reports, coverage of town hall meetings, media coverage, and links to related content. AACOM encourages stakeholders to submit additional comments and questions via this form: https://portal.aacom.org/cgi-bin/remark5_1/rws5.pl?FORM=GMEcommentsquestions.

Q: What does this mean for DO students applying to current AOA-accredited programs? What about
those applying to current ACGME-accredited programs?

A: An overarching goal in agreeing to a single GME accreditation system is to maximize access to GME opportunities and options for all osteopathic medical students and graduates. DO graduates applying to currently AOA-accredited programs will enter the system during a time of transition. They should know that they will be eligible to move from their AOA program into ACGME fellowships and advanced residencies as long as their AOA program has applied for ACGME accreditation, which gives it “pre-accreditation” status, and that there are no specialty-specific restrictions. DOs planning to enter ACGME programs during the transition process should see no change from the current process.

Overall, all DO students should know that this new system aims to benefit them. It will allow osteopathic medical students to apply for programs in specialties of their choice. It will not necessarily be an easy transition across the board, but it is expected to increase recognition of osteopathic medicine and bring our unique healthcare approach to a wider audience.

Q: Will the ACGME’s proposed Common Program Requirements related to AOA trainees’ access into ACGME programs still be implemented in July 2016?

A: The Common Program Requirements have been approved by ACGME and will be implemented in July 2016. However, the aspects of the rules that would have prevented DOs with AOA training from entering advanced standing ACGME residencies and fellowships will be moot under the new system for all osteopathic GME programs that enter the pathway to ACGME-accreditation. The new Common Program Requirements will still be applicable to physicians who completed GME outside of the United States and Canada.

Q: Will there be a single match?

A: The match for ACGME programs is administered by the National Residency Match Program (NRMP) and not the ACGME. Consequently, this is an issue that can be resolved only when NRMP joins our discussions. However, if all programs are considered ACGME accredited, it is likely there ultimately will be one match.

Q: As AOA programs get approved by the ACGME, will they participate in the allopathic match instead of the AOA match?

A: The ACGME does not administer the match nor set rules governing its operations. However, AACOM, the AOA, and the ACGME are aware of the match issue and will be monitoring it closely. We expect to begin conversations with the NRMP and the National Matching Services, which administers the AOA match, to determine the best way to administer the match during the transition process.

Q: When will MD students be able to enter DO residencies?

A: We anticipate that applications will be open to MDs as soon as there are ACGME-accredited osteopathic-focused programs. This could be as soon as July 2016 or as late as July 2020.

Q: Will those already training in ACGME-accredited programs at the time the single accreditation system goes into effect be granted AOA-approved residency status?

A: Resolution 42 is the current mechanism used by four states that require a first year of AOA residency training for licensure in their state. The AOA has a process to provide recognition of DOs who have completed a first year of training in an ACGME program for acceptance of their PGY1 year as AOA-approved to satisfy the requirements of an OGME1 year. Resolution 42 will remain available for the foreseeable future for DOs who are currently completing or have already completed ACGME training. Unless the four states change their requirements for licensure, the AOA will reevaluate the situation.
after the single accreditation system is implemented and determine if Resolution 42 will still be needed. It is likely that Florida, Michigan, Oklahoma, and Pennsylvania will continue to require a first year of AOA training for licensure in their state for any DO who completed an ACGME program prior to the start of the single accreditation system.

Q: What, if anything, will happen to uniquely DO specialties like NMM?
A: Within the ACGME system, there will be osteopathic-focused residency programs that will include NMM. In fact, ACGME will create a Residency Review Committee for NMM residencies specifically, since none currently exists for that specialty area.

Q: Does this mean that MD students can now learn osteopathic manipulative medicine (OMM)?
A: MDs were never prohibited from learning OMM. Many of our schools offer continuing medical education in OMM, and MDs have been welcome to attend those courses. Prerequisite competencies and recommended programs of training for MD graduates seeking entry into osteopathic-focused GME programs are expected to be implemented.

Codifying Osteopathic Medicine’s Principles and Practices:

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<tr>
<th>Osteopathic medical leadership representation in the new single accreditation system for GME</th>
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<tr>
<td>The new single accreditation system for GME will be administered under the auspices of the ACGME, with AACOM and the AOA continuing to represent the osteopathic community under the new unified accreditation system.</td>
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<tr>
<td>• Each will nominate four representatives to the ACGME board.</td>
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<td>• Each will have representatives on the ACGME RRC Monitoring Committee that will monitor the implementation of standards by all RRCs.</td>
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<td>• A new RRC will be established for uniquely osteopathic NMM programs. Five of the six members of the RRC will be nominated by the AOA.</td>
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<td>• There will be AOA-nominated representatives on all RRCs that accredit specialties currently accredited by the AOA.</td>
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<tr>
<td>• Each will be on a new osteopathic principles recognition committee which will oversee the standards for osteopathic-focused GME programs. Thirteen of the 15 members will be DOs.</td>
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<td>• The AOA will continue to offer osteopathic board certification.</td>
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More information is available on AACOM’s website (http://www.aacom.org/news/latest/Pages/SingleGME.aspx) and the AOA’s website (http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx).