AACOM UME-GME Task Force Update

Annual Conference

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Top Three Issues

TRANSITION FROM UME TO GME: CPA UME-GME REVIEW COMMITTEE RECOMMENDATIONS

OSTEOPATHIC RECOGNITION & GRADUATE LEVEL OSTEOPATHIC MEDICAL EDUCATION

STRENGTHENING OSTEOPATHIC MODEL OF MEDICAL EDUCATION

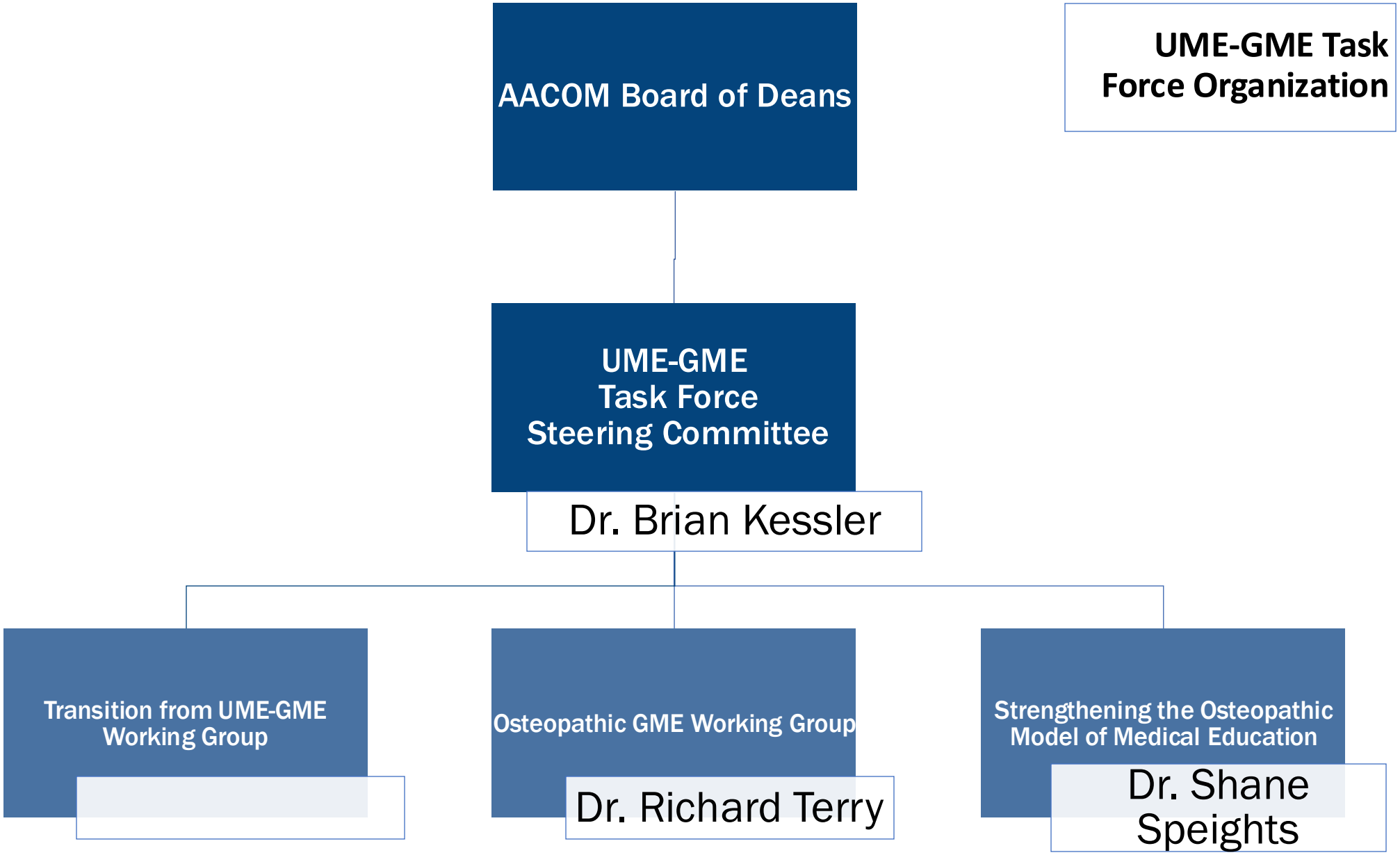
UME-GME Steering Committee Members

- Linda Boyd, DO
- Michael Clearfield, DO
- DeAundre Dyer, DO
- Heather Ferrill, DO
- Ashley Gullett, OMS IV
- Tami Hendriksz, DO
- Brian Kessler, DO
- Victor Kolade, MD (AIAMC)
- Christopher Loyke, DO
- Elizabeth McMurtry, DO
- Thomas Mohr, DO
- Shane Speights, DO
- Richard Terry, DO
- (2nd student member, to be added)

<u>Honorary Members</u>

- Margaret Wilson, DO
- William Craver, DO
- Terri Donlin, MBA (OHF)

UME-GME Task Force Organization



UME-GME Task Force Timeline

Oct-Dec 2021	• AACOM Town Hall Discussions on UGRC Recommendations w/AOGME, CORP, Clinical Deans, COSGP
Nov-Dec 2021	• AACOM Board of Deans to Consider Establishment of UME-GME Task Force • UME-GME Steering Committee Members Selected
March 2022	• **Road map report on UGRC Recommendations to AACOM Board of Deans** • **Establish OGME Working Group**
April 2022	• AACOM Conference Town Hall on UGRC Recommendations
June 2022	• All working groups formed
2022-2025	• Regular reports & discussion during AACOM Board of Deans meetings over next 3 years (March, June, November)

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Transition from UME-GME

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UGRC Recommendations: 9 Themes

1. Collaboration and Continuous Quality Improvement (1-3)
2. Diversity, Equity, and Inclusion (4-5)
3. Trustworthy Advising and Definitive Resources (6-8)
4. Outcome Framework and Assessment Processes (9-12)
5. Away Rotations (13)
6. Equitable, Mission-Driven Application Review (14-20)
7. Optimization of Application, Interview, and Selection Process (21-24)
8. Educational Continuity and Resident Readiness (25-30)
9. Health and Wellness (31-34)

Roadmap for Transition to Residency Work: "Sprint" Timeline

14 Feb. — Steering Committee Kick-off meeting

28 Feb. — Subgroups response to recommendations; Responses shared electronically

1 March. — Steering committee members discuss recommendations, focus on areas of disagreement/need for further discussion

7 March. — Draft roadmap document

11 March. — Review of roadmap document asynchronously

24 March. — Final roadmap shared w/AACOM Board in advance of March 24 meeting

27-29 April — Townhall at AACOM Annual Conference

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Ranking & Prioritization

- Steering committee members ranked each recommendation based on its potential to impact osteopathic medical students, schools and residency programs
- These rankings were further prioritized based on the time sensitive nature of the recommendations

Ranking +4 or 5	
Ranking -4 or -5	
Ranking -3 or below	
Ranking + 3 or below	
Neutral 0	

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Summary of Proposed AACOM Response/Actions

- Identifying & engaging key stakeholders (internal and external)
  - Working with the AAMC on various recommendations such as Careers in Medicine, UME career advising
- Creating working groups to address several recommendations
- Collecting, reviewing & sharing data in transition to residency
- Advocacy with ABMS, NRMP etc.
- Enhancing existing tools e.g., Matchbook, Careers in Medicine

Proposed AACOM Roadmap

Highest Impact & Most Time Sensitive Recommendations

The steering committee indicated that most of the recommendations have the potential to significantly impact osteopathic medical students, schools, and programs. The highest ranked and most time sensitive recommendations are:

1. Away rotations (#13)
2. Innovations to the residency application process should be piloted (#23)
3. Developing and articulating consensus around components of a successful residency selection cycle; exploring the growing number of unmatched physicians and fostering future research to understand which factors are most likely to translate into physicians who fulfill the physician workforce needs of the public (#2)
4. Interactive database with verifiable GME program/track information (#6)
5. Access to career advising resources (#7)
6. Educators should develop a salutary practice curriculum for UME career advising (#8)
7. Comparable exams with different scales (COMLEX-USA and USMLE) (#18)
8. Virtual interviews (#21)
9. Develop and implement standards for the interview offer and acceptance process (#22)

UGRC #	UGRC Recommendation	Proposed AACOM Response
13	**Convene a workgroup to explore the multiple functions and value of away rotations** for applicants, medical schools, and residency programs. Specifically, consider the goals and utility of the experience, the impact of these rotations, and issues of equity including accessibility, assessment, and opportunity for students from groups underrepresented in medicine and financially disadvantaged students.	Given significant concern that the UGRC's recommendation of creating a workgroup may be geared in a direction of limiting away rotations for students, AACOM should 1) communicate the lack of data that speaks from community-based distributed educational models on away rotations

UGRC #	UGRC Recommendation	Proposed AACOM Response
23	**Innovations to the residency application process** should be piloted to reduce application numbers and concentrate applicants at programs where mutual interest is high, while maximizing applicant placement into residency positions. Well designed pilots should receive all available support from the medical community and be implemented as soon as the 2022-2023 application cycle; successful pilots should be expanded expeditiously toward a unified process.	AACOM should advocate to have a voice in the ABMS specialty groups and the NRMP to engage in pilot projects taking place. The UGRC recommendation requests logistical, financial, and analytic resources to aid in pilot projects. AACOM should make a concerted effort to support these initiatives. Continued dialogue with the NRMP leadership is critical.

UGRC #	UGRC Recommendation	Proposed AACOM Response
2	In addition to supporting collaboration around the UME-GME transition, this national committee should: **develop and articulate consensus around the components of a successful residency selection cycle; explore the growing number of unmatched physicians** in the context of a national physician shortage; and foster future research to understand which factors are most likely to translate into physicians who fulfill the physician workforce needs of the public.	AACOM to gather data to show alternative pathways for students that are unmatched and create faculty development for advising on alternative pathways
6	**Create an interactive database with verifiable GME program/track information** and make it available to all applicants, medical schools, and residency programs and at no cost to the applicants. This will include aggregate characteristics of individuals who previously applied to, interviewed at, were ranked by, and matched for each GME program/track.	AACOM to augment Matchbook and collaborate with the AAMC on existing resources

UGRC #	UGRC Recommendation	Proposed AACOM Response
7	**Evidence-informed, general career advising resources should be available for all medical school faculty and staff career advisors**, both domestic and international. All students should have free access to a single, comprehensive electronic professional development career planning resource, which provides universally accessible, reliable, up-to-date, and trustworthy information and guidance. General career advising should focus on students' professional development; inclusive practices such as valuing diversity, equity, and belonging; clinical and alternate career pathways; and meeting the needs of the public. Specialty-specific match advising should focus on the individual student obtaining an optimal match.	AACOM to broaden Careers in Medicine to include DO specific information
8	**Educators should develop a salutary practice curriculum for UME career advising.**	AACOM to collaborate with AAMC, COMs and other national stakeholders to develop a basic curriculum for advising

UGRC #	UGRC Recommendation	Proposed AACOM Response
18	To promote equitable treatment of applicants regardless of licensure examination requirements, comparable exams with different scales **(COMLEX-USA and USMLE) should be reported within the electronic application system in a single field.**	AACOM to support NBOME and USMLE working together to provide ERAS with a score conversion table or percentile converter that allows a direct comparison between a candidate who has taken the COMLEX-USA and a candidate who has taken the USMLE series
21	**All interviewing should be virtual** for the 2021-2022 residency selection season. To ensure equity and fairness, there should be ongoing study of the impact of virtual interviewing as a permanent means of interviewing for residency.	AACOM should review virtual interviewing data of osteopathic medical students including the number of interviews received, match rates, overall experience/preference.
22	**Develop and implement standards for the interview offer and acceptance process,** including timing and methods of communication, for both learners and programs, to improve equity and fairness, to minimize educational disruption, and to improve wellbeing.	AACOM should develop a set of guidelines for the standardized interview offer/acceptance process