

SUBJECT: SINGLE GRADUATE MEDICAL EDUCATION ACCREDITATION SYSTEM

SUBMITTED BY: AOA Board of Trustees

REFERRED TO: Special Reference Committee for ACGME

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- 1 WHEREAS, the American Osteopathic Association (AOA) Board of Trustees and American  
2 Association of Colleges of Osteopathic Medicine (AACOM) Board of Deans have  
3 voted at their respective Board meetings to approve a Memorandum of Understanding  
4 (MOU) with the Accreditation Council for Graduate Medical Education (ACGME) that  
5 outlines the process, format and timeline for transition to a single, unified graduate  
6 medical education accreditation system; and
- 7 WHEREAS, the transformation of healthcare is placing demands on all sectors of the  
8 healthcare delivery system, including graduate medical education, to operate more  
9 efficiently and effectively and demonstrate the quality of their services; and
- 10 WHEREAS, the opportunity to partner with the ACGME and AACOM in developing a single  
11 accreditation system provides the AOA and AACOM with a platform to promote the  
12 quality and importance of osteopathic medicine as a key driver of the healthcare delivery  
13 system in the United States; and
- 14 WHEREAS, the decision to enter into the agreement was reached after two years of extensive  
15 and ongoing evaluation of the internal and external environments, and examination of  
16 the risks and benefits of creating the new system; and
- 17 WHEREAS, the AOA Board of Trustees is satisfied that, through the MOU and accompanying  
18 letter of clarification, the AOA's core negotiating principles have been appropriately  
19 addressed; and
- 20 WHEREAS, there are currently more than 1,000 postdoctoral training programs accredited by  
21 the AOA in the United States, 162 of which are dually accredited by the AOA and  
22 ACGME; and
- 23 WHEREAS, osteopathic graduate medical education (OGME) and ACGME training share six  
24 core competencies, which must be integrated into the curriculum (patient care, medical  
25 knowledge, practice based learning and improvement, systems based practice,  
26 professionalism, and interpersonal skills and communication); and
- 27 WHEREAS, OGME and AOA-accreditation is distinct from ACGME in that it incorporates  
28 an additional competency in osteopathic principles and practice, which is interwoven  
29 within the other six competencies; and
- 30 WHEREAS, the AOA is committed to maintaining and preserving OGME; and

- 1 WHEREAS, the AOA and ACGME have coordinated meetings of many of the ACGME  
2 residency review committees and the AOA Specialty College evaluating committees at  
3 which there was an opportunity to compare the current AOA and ACGME  
4 accreditation standards and which found that AOA and ACGME standards are similar  
5 on most points; and
- 6 WHEREAS, the MOU provides for member organization status within the ACGME for AOA  
7 and AACOM, and the ability for both organizations to nominate members to the  
8 ACGME Board of Directors; and
- 9 WHEREAS, the MOU provides AOA with an ability to nominate voting members of the  
10 ACGME residency review committees for all specialties where AOA currently accredits  
11 training programs; and
- 12 WHEREAS, the ACGME advises that the osteopathic profession will have representation on  
13 the ACGME Board of Directors’ Monitoring Committee, which will have  
14 responsibility for overseeing the fair and equal application of accreditation standards by  
15 the RRCs; and
- 16 WHEREAS, the ACGME has indicated its intent to create a senior staff position to be hired  
17 from within the osteopathic postdoctoral training community to help oversee the  
18 transition to a single unified accreditation system; and
- 19 WHEREAS, the MOU provides that current AOA-accredited residency programs will have up  
20 to five years (beginning on July 1, 2015) and the potential for multiple reviews by  
21 ACGME as they prepare to transition to ACGME accreditation; and
- 22 WHEREAS, during the five-year transition, AOA-accredited residency programs will pay only  
23 one application fee even if multiple reviews are necessary; and
- 24 WHEREAS, the ACGME evaluates programs to determine if they are in “substantial  
25 compliance” with accreditation standards and, therefore has flexibility in evaluating  
26 programs seeking ACGME accreditation; and
- 27 WHEREAS, the MOU provides for continuation of OGME by creating osteopathically  
28 focused ACGME training programs and an Osteopathic Principles Committee that will  
29 have the authority to approve standards for the osteopathic elements of residency  
30 training and, in effect, codify osteopathic principles within the ACGME standards; and
- 31 WHEREAS, osteopathic medical students value and are proud of the osteopathic tenets and  
32 philosophy and understand that there is a distinctiveness in osteopathic medical  
33 practice; and
- 34 WHEREAS, the osteopathic principles committee will be able to recommend specific  
35 outcomes measures to be used in evaluating progress of residents, such as successful  
36 completion of osteopathic board certification examinations; and
- 37 WHEREAS, the number of graduating osteopathic medical students far exceeds the number of  
38 first-year osteopathic graduate medical education positions and the majority of

1 osteopathic medical graduates now complete training in residency programs accredited  
2 by the ACGME; and

3 WHEREAS, the ACGME will, beginning in July 2016, limit access to positions in fellowship  
4 programs and advanced residency programs to physicians who completed prior clinical  
5 training in ACGME accredited programs; and

6 WHEREAS, osteopathic medical students believe that pursuing OGME should not limit the  
7 ability of osteopathic medical students and residents to pursue advanced training in  
8 residencies and fellowships of their choice; and

9 WHEREAS, osteopathic medical students believe that the ability to advance into fellowships  
10 and advanced residency programs is a top priority in selecting residency programs and,  
11 therefore, have expressed their overwhelming support for the unified system; and

12 WHEREAS, results from the AACOM and AACOM Council of Osteopathic Student  
13 Government Presidents' (COSGP) student survey administered online in March 2014<sup>1</sup>  
14 showed that of 5,307 student responses (22.9% of 2014 fall enrollment), 55.1% of  
15 students strongly supported, 27.4% supported, 11.9% expressed neutrality, 3.7%  
16 opposed, and 1.9% strongly opposed the “unified GME accreditation system agreement  
17 undertaken by AACOM, AOA and ACGME”; and

18 WHEREAS, osteopathic medical students understand that the pursuit of a single accreditation  
19 system will create periods of uncertainty within National Matching Service (NMS), the  
20 National Resident Matching Program (NRMP), the NRMP supplemental offer and  
21 acceptance program (SOAP), the osteopathic “scramble” and other matching  
22 mechanisms, including but not limited to the details of when and how the match will  
23 change; and

24 WHEREAS, osteopathic medical students understand that there will be uncertainty as to the  
25 osteopathically focused GME options during the transition process, and desire that  
26 current OGME programs will maintain their osteopathic distinctiveness as defined by  
27 the new ACGME osteopathic principles committee; and

28 WHEREAS, osteopathic medical students are invested in their profession and desire to  
29 increasingly participate in future discussion regarding the challenges and opportunities  
30 of the single accreditation system; and

31 WHEREAS, osteopathic student groups such as the Student Osteopathic Medical Association  
32 (SOMA), the Council of Osteopathic Student Government Presidents (COSGP), and  
33 the Council of Student Affairs (CSA), have collectively discussed this decision and  
34 believe that this resolution reflects students' opinions; and

35 WHEREAS, osteopathic medical students trust that AOA and AACOM leadership have  
36 considered a variety of issues in their attempt to make decisions that are in the best  
37 interest of maintaining and sharing the osteopathic philosophy in the short- and long-  
38 term and are aware of the shared responsibility all parties have in shaping the future of  
39 our profession; and

1 WHEREAS, the development of ACGME-accredited osteopathic GME programs will enhance  
2 the ability of the AOA and osteopathic state and specialty affiliates to attract members  
3 who are currently training in ACGME residency programs; now, therefore, be it

4 RESOLVED, that the AOA will evaluate and report to the membership and AOA House of  
5 Delegates annually, between 2015 and 2021, concerning the following issues:

- 6 1. The ability of AOA-trained and certified physicians to serve as program  
7 directors in the single GME accreditation system;
- 8 2. The maintenance of smaller, rural and community based training programs;
- 9 3. The number of solely AOA certified physicians serving as program directors  
10 in each specialty;
- 11 4. The number of osteopathic identified GME programs and number of  
12 osteopathic identified GME positions gained and lost;
- 13 5. The number of osteopathic residents taking osteopathic board certification  
14 examinations;
- 15 6. The status of recognition of osteopathic board certification being deemed  
16 equivalent by the ACGME;
- 17 7. The importance of osteopathic board certification as a valid outcome  
18 benchmark of the quality of osteopathic residency programs, and be it  
19 further  
20

21 RESOLVED, that any proposed single graduate medical education (GME) accreditation system  
22 will provide for the preservation of the unique distinctiveness of osteopathic medicine,  
23 osteopathic graduate medical education, osteopathic licensing examinations, osteopathic  
24 board certification, osteopathic divisional societies, osteopathic specialty societies,  
25 osteopathic specialty colleges, the AOA, and the osteopathic profession; and be it  
26 further

27 RESOLVED, that the AOA remain vigilant in its oversight of the single accreditation process  
28 and utilize its ability to cease negotiations as delineated in the MOU should osteopathic  
29 principles and educational opportunities be materially compromised; and be it further

30 RESOLVED, that the AOA will seek to create an exception category to allow the  
31 institution/program, on a case by case basis, up to a one year extension without  
32 prejudice for an institution/program that has their budget previously planned so as not  
33 to put that institution/program at a competitive disadvantage; and be it further

34 RESOLVED, that the AOA will advocate for an extension of the closure date for AOA  
35 accreditation beyond July 1, 2020, where appropriate for individual programs on a case  
36 by case basis; and be it further

37 RESOLVED, that the AOA House of Delegates expresses its support for the AOA's entry into  
38 a single accreditation system that perpetuates unique osteopathic graduate medical  
39 education programs.

Explanatory Statement:

The AOA will continue to monitor the progress of the transition to a single GME accreditation system and the emergence of any unintended consequences of the implementation of the new system.

<sup>1</sup>Report on Survey of Osteopathic Medical Students' Views on Single GME Accreditation. American Association of Colleges of Osteopathic Medicine (AACOM) Web site.  
[http://www.aacom.org/news/latest/Documents/GME-merger-survey-report\\_3-25-14.pdf](http://www.aacom.org/news/latest/Documents/GME-merger-survey-report_3-25-14.pdf)

ACTION TAKEN **APPROVED** \_\_\_\_\_

DATE **July 19, 2014** \_\_\_\_\_

