

Detailed Corrections, Information, and Context in Response to the Position Paper by Norman Gevitz, PhD, September 7, 2016

The points below were developed for you to use and to refer to when discussing the September 2016 essay, “The Progress and Consequences of the ACGME Merger: A Call for Action,” by Norman Gevitz, PhD, on the single graduate medical education (GME) accreditation system. This document takes assertions or assumptions directly from the author’s report and underneath provides corrections, information, and context in bullet points.

We are disappointed that Dr. Gevitz chose not to consult with AACOM or AOA leadership, through which he could have obtained additional information, a more complete understanding of the process, and a context in which to consider it.

Assertion: “AOA and AACOM leadership entered the agreement for the SAS without undertaking or commissioning a study to comprehensively examine the impact and consequences of the SAS on the profession.”

- 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 over a period that exceeded two years. 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.

Assumption/Assertion: “More than two years have elapsed since these two essays were written. This author stands by these observations and predictions though, as shall be argued, the loss of OGME spots will be more pronounced than first predicted. This third essay is more statistically grounded since there is now data on the progress of converting AOA-only accredited postdoctoral training programs into ACGME accredited programs.”

- The author’s statement may suggest that the transition is over two years into the five-year phase-in period and that all programs could apply at the same time. The transition is just starting its second year as of July 1, 2016, so just a little over 15 months since the launch.
- The chronology of the transition is not explained or addressed in the author’s report, which is misleading given the generalizations made with preliminary data on the transition. Below is the chronology of the application process under the SAS:
 - Institutional sponsors started to apply for ACGME institutional sponsorship on April 1, 2015, which then opened the door for AOA-accredited programs to apply. AOA-accredited programs began to apply for ACGME accreditation on July 1, 2015, once their institutional sponsors applied for ACGME accreditation. AOA programs are expected to complete the transition to ACGME accreditation before July 1, 2020. AOA will cease providing GME accreditation in July 2020.
 - Fellowship programs and internship programs can only apply once their sponsoring program or core program has applied for ACGME accreditation.
 - AOA-accredited programs can only be reviewed for osteopathic recognition once they have achieved initial accreditation.

Assertion: “Based on current trends in the transition application process of the single accreditation system, the total number of current osteopathic graduate medical education (OGME) positions will fall by approximately 40%.”

- The author has strong opinions about the impact of the SAS on the future of osteopathic medicine. He has provided projected data that he believes support his views. Other knowledgeable and informed members of the osteopathic community project data leading to different conclusions.
- Based on AOA’s data¹ from direct outreach to programs through a call campaign, over 80 percent of AOA programs already indicate that they will apply for ACGME accreditation. Already, the majority of AOA programs (including dually-accredited programs) in the first year of a five-year phase-in period have either started the process, achieved initial accreditation, or are in the application phase waiting for a review.
- Much of GME is paid for by Medicare. If the funding is there, the program will persist. Therefore, if a program does close, the position will be transferred elsewhere. It may be in a different setting, but GME slots have value (both in time and funding) and are often sold and not lost.
- The current rate of programs applying or receiving initial accreditation is not a good predictor of the future because certain types of programs can not apply in the same manner as others (as described in the chronology above).

Assertion: “The resulting OGME positions which will become ACGME positions will be open equally to MDs thus making these positions far more competitive. With total OGME positions declining and remaining positions now highly competitive, many 4th year DO students will find it more difficult securing internships and residencies. The OGME ‘safety net’ which currently allows all DOs who want a residency position or traditional internship to obtain one, will disappear.”

- What makes Dr. Gevitz believe that a federally-financed, AOA-accredited GME system that makes it impossible for 75-80 percent of U.S-trained physicians to access GME training can be sustained at a time in which DO graduates are calling for equity of access to GME training?
- This is an overly pessimistic view of the competitiveness of DO grads. AACOM believes in the competence and ability of graduates from the nation’s osteopathic medical schools to succeed on a level playing field—a view widely held and advocated for by students as well. We also believe in the quality of the education delivered at our institutions and the preparation provided for students to succeed.
- COGME and other GME policy bodies in recent years have called for abandonment of the traditional internship and PG-1 one positions not somehow tied to further specialty training. It is inappropriate for the successful future career development of DO graduates to see the traditional internship as a “safety net” when such training is likely to result in lack of hospital and health care system credentialing, insurance reimbursement, and—in many states—physician licensure.
- The claim that the “OGME safety net” allows for all DOs who want a residency position or transitional internship to obtain one is simply not correct. There is no “guarantee” of a GME position to anyone.

¹ <https://www.osteopathic.org/inside-aoa/events/annual-business-meeting/Documents/2016%20Annual%20Business%20Meeting/2016-SAS-Slides.pdf>

Assertion: “In most cases it is likely that DO candidate withdrawal from the NRMP match in 2016 was due to applicants’ belief and that of their academic advisers that they would not be highly competitive in the NRMP.”

- This is another pessimistic view offered with no evidence. Other reasons could be that they were successful in the AOA NMS match, in the San Francisco Match, Military Match, American Urological Association, delayed graduation, or signed to a position outside of match.
- People apply even knowing that their first intention is to match in the AOA match. This doesn't apply to MD grads who don't have another option.

Assumption/Assertion: “There will be no appreciable growth in osteopathic positions in future years. The AOA cannot now accredit programs due to the agreement single accreditation system.”

- The driver of new programs within osteopathic medical education has been the Commission on Osteopathic College Accreditation (COCA) requirements for GME development and these have not gone away. Regardless of whether AOA or ACGME accredits these programs, the connection between class size increases and new colleges and GME growth continues.
- The AOA can accredit new and existing programs, until June 30, 2020. Since July 2015, the AOA has accredited 11 new programs, which resulted in 152 approved positions.
- We are gaining osteopathic slots as training programs apply for osteopathic recognition. The ACGME programs that sought osteopathic recognition represent additional osteopathic recognition slots. Additionally, as dually-accredited programs receive osteopathic recognition, there could be a “dual gain” in osteopathic recognition slots when the ACGME side of a dually-accredited program is larger than the AOA side.

Assertion: Programs that applied and did not receive initial accreditation are categorized as “failed” programs.

- One key benefit of the MOU is that programs have multiple opportunities to apply, get feedback from the ACGME, and reapply to gain initial accreditation. There have already been several programs and institutions that reapplied within this first year and received initial accreditation.
- There is no such category as “failed” in the ACGME process for AOA-only accredited postdoctoral programs applying for ACGME -initial accreditation status. The word “failed” casts a pejorative tone, as Dr. Gevitz clearly intended. Furthermore, the use of the term “failed” is really not accurate. ACGME notes when initial accreditation is not granted that the program/institution did not meet substantial compliance with the specialty requirements.

Assertion: “Some AOA-only accredited programs have announced they will not file for ACGME pre-accreditation status and will voluntarily shut down because their sponsoring institutions have determined they do not have the fiscal or personnel resources or the patient load necessary to convert their programs into ACGME accredited programs.”

- There is no aspect of the accreditation/application process by which programs apply for “pre-accreditation status.” Programs can apply for ACGME initial accreditation status and once they do they automatically receive pre-accreditation status, but they do not “file for ACGME pre-accreditation status” since this process does not exist. This is another example of the author’s lack of understanding of this transition process.

- Data from the AOA² shows that in the period July 1, 2015-June 30, 2016, 65 AOA programs have closed (as they do every year and in similar numbers); 63 percent of these closed because they did not have contracted trainees in the past three years, only three programs closed because they did not wish to apply to the ACGME. If programs do close, those positions are not lost but are transferred elsewhere, often to other programs within the same hospital.

Assertion: “However, under the Single Accreditation System the AOA Match and Scramble programs will be eliminated. Once the NRMP and Soap programs are the only options, DO candidates can no longer expect to be ‘guaranteed’ a PGY-1 position.”

- It is not under the single accreditation system that a single match will occur since it is not part of the agreement. This will occur due to the natural attrition of programs from the National Matching Service (NMS) which administers the AOA match. Furthermore, students have been requesting a single match to ease the match process for years even before SAS. Further, the match is a process to make things happen, not the reason something does or doesn’t happen.
- It is likely that programs that achieve osteopathic recognition and designate all positions as osteopathic tracks will likely continue to enjoy the advantage of securing DO candidates. This is after all, one of the key reasons why dually-accredited programs continue to remain in the AOA match
- Future osteopathic students, interns and residents would have been shut out of fellowships and ACGME training opportunities with the implementation of ACGME’s common program requirements effective July 1, 2016, if we maintained a separate path

Assertion: “The prospect of DOs entering surgical specialties in the future appears to be more problematic given the pace by which DO surgical residency programs are seeking and attaining ACGME approval.”

- The pace of application for surgical programs is in fact much greater than in other specialties, among other reasons due to the AOA deadline for programs of 4 or more years of length to apply for ACGME accreditation by January 1, 2017, in order to be able to recruit.
 - For instance, it is encouraging that 58 percent of general surgery, 64 percent of orthopedic surgery, 52 percent of otolaryngology, and 44 percent of OB/GYN programs have already applied.

Assertion: “None of the 25 AOA-only surgical fellowships in critical care surgery, micro-surgery, female reconstructive surgery, general vascular surgery, hand surgery, and plastic/reconstructive surgery have applied for ACGME pre-accreditation status. Thus, the 2016 NRMP, ACGME and AOA data strongly suggests future DO student/graduate applicants will have far more limited opportunities to enter surgical training than they do presently. As of July 30, 2016, only 5 AOA-only accredited fellowship programs have filed for pre-accreditation status and no AOA-only accredited fellowship program by that date achieved ACGME ‘initial accreditation.’”

- This is a bogus assertion that shows a lack of knowledge of the ACGME accreditation process. Programs and fellowships approach the application process in stages. Fellowships cannot apply for accreditation until the core specialty has applied and cannot be reviewed

² Ibid

until the core specialty program has achieved initial accreditation. This is not expected to occur by the first year of the transition.

Assertion: “There will be very few programs that will have an osteopathic orientation—whether in neuromusculoskeletal medicine or in ‘osteopathic recognition.’”

- To date, more applications have been submitted for osteopathic recognition than applications for any other single specialty.
- There are 14 previously ACGME-only accredited programs that have applied for osteopathic recognition and want to recruit DO students, eight have achieved initial recognition. In total, there are 65 programs that have applied for osteopathic recognition as of September 9, 2016. The Osteopathic Principles Committee has approved 48 programs for osteopathic recognition.
- The process for osteopathic recognition is that AOA-accredited programs must have achieved initial accreditation before they can be reviewed for osteopathic recognition. There it is to be expected that the pace of these applications will pick up in subsequent years as programs achieve initial accreditation. In the meantime, it should not come as a surprise that the majority of programs applying for osteopathic recognition are dually-accredited programs.

Assertion: “The vast majority of DO students/graduates who match into exclusively ACGME programs will likely pursue American Board of Medical Specialties (ABMS) certification rather than AOA Board certification. Soon AOA specialty boards will all but entirely serve the function of re-certifying established specialists.”

- ACGME review committees are integrating AOA board pass rates into their program requirements. At least 17 specialties have already integrated the language in focused revisions so far and all are expected to do so soon.
- AOA board certified program directors are now acceptable to all ACGME review committees given they meet other specialty requirements for program directors.
- It is the expectation that AOA board certification will be the appropriate measure of individuals completing training in osteopathically-recognized programs, whether DOs or MDs, and therefore the expansion of AOA board certification may in fact occur.
- AOA is examining its board certification system and policies with the knowledge that they are in direct competition with ABMS boards. As noted above, ACGME has been systematically taking down barriers to DOs seeking AOA board certification.

Assertion: “All osteopathic applicants in these five-year programs are vulnerable because they are only guaranteed four years of AOA accreditation status; and if their program does not achieve initial ACGME accreditation status by June 2020, they will be unable to complete their fifth year of training.”

- All parties are committed to ensuring that residents are not orphaned and are protected during this transition.
- The AOA has taken proactive measures and incorporated new standards through Standard X. For instance, one standard requires that programs work with their Osteopathic Postdoctoral Training Institution (OPTI) and sponsoring institution to transfer residents into an ACGME-accredited program if the program does not receive initial accreditation by July 1, 2019.

What are the benefits of this new, single accreditation system?

- This single accreditation system for GME will:
 - Improve quality and accountability across all GME programs.
 - Achieve efficiencies and cost savings for institutions with dually accredited programs.
 - Preserve access to training programs for DOs wanting to transition into an ACGME residency program and also allow access to fellowship programs for DOs.
 - Recognize and codify osteopathic principles in the single GME accreditation system and recognize training programs with an osteopathic dimension.
 - Allow for a more unified voice for all physicians to advocate for GME access and funding issues at the federal, state, and local levels.
 - Strengthen the visibility of DOs—and their unique principles and practices—as integral to the U.S. health care system.

What are the current statistics for programs and institutions that have applied for ACGME accreditation?

- As of September 9, 2016, 84 institutions have already applied for ACGME institutional sponsorship and 56 have achieved ACGME initial accreditation, or 77 percent of those reviewed. This includes, for the first time, colleges of osteopathic medicine and osteopathic postdoctoral training institutions.
- As of September 9, 2016, 240 programs have applied for ACGME accreditation and 53 have already achieved ACGME initial accreditation, or approximately half of those reviewed.
- AOA-programs applying for ACGME accreditation and current ACGME programs are applying and receiving “Osteopathic Recognition.”
 - 65 programs have applied for osteopathic recognition (14 are allopathic programs), 48 have achieved osteopathic recognition.

What key accomplishments have occurred toward the implementation of the single GME accreditation system?

All governance and operational elements of the MOU to establish the single GME accreditation system are now in place:

- AOA and AACOM are member organizations with two appointed nominees each to the ACGME Board of Directors:
 - Gary Slick, DO (AACOM nominee)
 - Clinton Adams, DO (AACOM nominee)
 - Karen Nichols, DO (AOA nominee)
 - David Forstein, DO (AOA nominee)
- There will also be four more appointments that will take place in 2018 and in 2020 (2 nominees from each organization), which will add more osteopathic board members on the ACGME board
- AOA nominees appointed to 23 ACGME review committees started their terms, July 1, 2015. All together nearly 50 DOs are now serving on ACGME review/recognition committees
- The two mechanisms that ensure the integration of osteopathic principles and practice training within the new system have been established, the Osteopathic Principles Committee (OPC) and the Osteopathic Neuromusculoskeletal Medicine Committee

- (ONMM). Program requirements and milestones for each have been developed.
- *All* ACGME review committees in specialties for which there are AOA board certification voted to accept AOA certification for program director board certification requirements. This means that AOA-certified program directors will not need a co-program director that is ABMS-certified.
 - *All* ACGME review committees in specialties where there is AOA board certification will integrate language on AOA board certification and pass rates. As of September 9, 2016, *17 review committees* have submitted revisions to their program requirements to begin this process. The remaining are expected to do so soon.

How is AACOM engaged in the development of the single graduate medical education system?

- AACOM is working closely with AOA and ACGME on the operational and implementation details of single accreditation system.
 - AACOM's staff and leadership are involved in various committees dedicated to the operations, education, and management of the transition toward a single GME system.
 - AACOM hosts numerous webinars for faculty, advisors, and students about the single GME accreditation system all available on the [AACOM single GME web page](#).
 - AACOM continues to keep stakeholders informed on the latest transition updates through the monthly *Inside OME* newsletter, regular updates to our Board of Deans and Councils, and through [AACOM single GME web page](#).