WHEREAS, the American Osteopathic Association (AOA) Board of Trustees and American Association of Colleges of Osteopathic Medicine (AACOM) Board of Deans have voted at their respective Board meetings to approve a Memorandum of Understanding (MOU) with the Accreditation Council for Graduate Medical Education (ACGME) that outlines the process, format and timeline for transition to a single, unified graduate medical education accreditation system; and

WHEREAS, the transformation of healthcare is placing demands on all sectors of the healthcare delivery system, including graduate medical education, to operate more efficiently and effectively and demonstrate the quality of their services; and

WHEREAS, the opportunity to partner with the ACGME and AACOM in developing a single accreditation system provides the AOA and AACOM with a platform to promote the quality and importance of osteopathic medicine as a key driver of the healthcare delivery system in the United States; and

WHEREAS, the decision to enter into the agreement was reached after two years of extensive and ongoing evaluation of the internal and external environments, and examination of the risks and benefits of creating the new system; and

WHEREAS, the AOA Board of Trustees is satisfied that, through the MOU and accompanying letter of clarification, the AOA’s core negotiating principles have been appropriately addressed; and

WHEREAS, there are currently more than 1,000 postdoctoral training programs accredited by the AOA in the United States, 162 of which are dually accredited by the AOA and ACGME; and

WHEREAS, osteopathic graduate medical education (OGME) and ACGME training share six core competencies, which must be integrated into the curriculum (patient care, medical knowledge, practice based learning and improvement, systems based practice, professionalism, and interpersonal skills and communication); and

WHEREAS, OGME and AOA-accreditation is distinct from ACGME in that it incorporates an additional competency in osteopathic principles and practice, which is interwoven within the other six competencies; and
WHEREAS, the AOA is committed to maintaining and preserving OGME; and

WHEREAS, the AOA and ACGME have coordinated meetings of many of the ACGME residency review committees and the AOA Specialty College evaluating committees at which there was an opportunity to compare the current AOA and ACGME accreditation standards and which found that AOA and ACGME standards are similar on most points; and

WHEREAS, the MOU provides for member organization status within the ACGME for AOA and AACOM, and the ability for both organizations to nominate members to the ACGME Board of Directors; and

WHEREAS, the MOU provides AOA with an ability to nominate voting members of the ACGME residency review committees for all specialties where AOA currently accredits training programs; and

WHEREAS, the ACGME advises that the osteopathic profession will have representation on the ACGME Board of Directors’ Monitoring Committee, which will have responsibility for overseeing the fair and equal application of accreditation standards by the RRCs; and

WHEREAS, the ACGME has indicated its intent to create a senior staff position to be hired from within the osteopathic postdoctoral training community to help oversee the transition to a single unified accreditation system; and

WHEREAS, the MOU provides that current AOA-accredited residency programs will have up to five years (beginning on July 1, 2015) and the potential for multiple reviews by ACGME as they prepare to transition to ACGME accreditation; and

WHEREAS, during the five-year transition, AOA-accredited residency programs will pay only one application fee even if multiple reviews are necessary; and

WHEREAS, the ACGME evaluates programs to determine if they are in “substantial compliance” with accreditation standards and, therefore has flexibility in evaluating programs seeking ACGME accreditation; and

WHEREAS, the MOU provides for continuation of OGME by creating osteopathically focused ACGME training programs and an Osteopathic Principles Committee that will have the authority to approve standards for the osteopathic elements of residency training and, in effect, codify osteopathic principles within the ACGME standards; and

WHEREAS, osteopathic medical students value and are proud of the osteopathic tenets and philosophy and understand that there is a distinctiveness in osteopathic medical practice; and
WHEREAS, the osteopathic principles committee will be able to recommend specific outcomes measures to be used in evaluating progress of residents, such as successful completion of osteopathic board certification examinations; and

WHEREAS, the number of graduating osteopathic medical students far exceeds the number of first-year osteopathic graduate medical education positions and the majority of osteopathic medical graduates now complete training in residency programs accredited by the ACGME; and

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

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

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

WHEREAS, results from the ACOM and ACOM Council of Osteopathic Student Government Presidents’ (COSGP) student survey administered online in March 2014 showed that of 5,307 student responses (22.9% of 2014 fall enrollment), 55.1% of students strongly supported, 27.4% supported, 11.9% expressed neutrality, 3.7% opposed, and 1.9% strongly opposed the “unified GME accreditation system agreement undertaken by ACOM, AOA and ACGME”;

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

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

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

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

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

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

RESOLVED, that the AOA will evaluate and report to the membership and AOA House of Delegates annually, between 2015 and 2021, concerning the following issues:
1. The ability of AOA-trained and certified physicians to serve as program directors in the single GME accreditation system;
2. The maintenance of smaller, rural and community based training programs;
3. The number of solely AOA certified physicians serving as program directors in each specialty;
4. The number of osteopathic identified GME programs and number of osteopathic identified GME positions gained and lost;
5. The number of osteopathic residents taking osteopathic board certification examinations;
6. The status of recognition of osteopathic board certification being deemed equivalent by the ACGME;
7. The importance of osteopathic board certification as a valid outcome benchmark of the quality of osteopathic residency programs, and be it further

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

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

RESOLVED, that the AOA will seek to create an exception category to allow the institution/program, on a case by case basis, up to a one year extension without prejudice for an institution/program that has their budget previously planned so as not to put that institution/program at a competitive disadvantage; and be it further
RESOLVED, that the AOA will advocate for an extension of the closure date for AOA accreditation beyond July 1, 2020, where appropriate for individual programs on a case by case basis; and be it further

RESOLVED, that the AOA House of Delegates expresses its support for the AOA’s entry into a single accreditation system that perpetuates unique osteopathic graduate medical 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.


ACTION TAKEN __________________________

DATE ________________________________