The Effect of the Single Accreditation System

The proposed ACGME Single Accreditation System with the addition of the American Osteopathic Association (AOA) and the American Association of Osteopathic Medical Colleges (AACOM) under the joint Memorandum of Understanding (MOU) has been extremely beneficial for both access of osteopathic medical students into ACGME program physicians and accelerated residency development. To understand these benefits one must understand the state of affairs three years ago when the Next Accreditation System of the ACGME was announcing its final implementation phase to begin in July 2015.

In July 2011 there were 4159 graduates from osteopathic medical schools throughout the United States. Unfortunately the distribution of ACGME and AOA residencies had greater than 50% of the programs in the Eastern Time zone of the United States. Western University of Healthcare Sciences partnered with OPTI-West was actively involved in residency development in the Western United States. A comprehensive study was accomplished comprising the fiscal viability for graduate medical education of every single hospital in California, Oregon and Washington and a strategic initiative to target those hospitals with osteopathic leadership, positive financial metrics and assuring quality programs with the appropriate scope, volume and variety.

Prior to the Memorandum of Understanding the development of de novo osteopathic residencies program development was achieved but at a slow pace secondary to multiple factors to include underrepresentation of osteopathic leadership in many hospital medical staffs. Some hospitals following the vetting of the financials with administration using Medicare modeling by OPTI-West and Western University resulted in the development of residencies under the AOA model but many adopted the ACGME pathway and collaborated with LCME (Liaison Council of Medical Education) institutions.

The development of dedicated osteopathic residencies in medical centers with minimal osteopathic leadership on the medical staff is challenging based on my experience as a national graduate medical education financial consultant who has provided consultation to over 65 hospitals throughout the United States. Osteopathic medicine has been on the forefront of development of primary care graduates in both AOA and ACGME programs. Unfortunately the political power base of hospital medical executive committees and medical staffs are generally not primary care and rarely have more than 5% osteopathic representation on the medical staff in the Western United States.

Should a hospital medical staff and administration even agree to develop de novo osteopathic graduate medical education programs another significant impediment was the lack of AOA board certified physicians to comply with the osteopathic residency standards despite the numerous ACGME trained osteopathic physicians. Over 60% of osteopathic medical school graduates training have been in ACGME programs in the Western United States. These ACGME osteopathic physicians were labeled “unqualified” by the AOA specialty colleges to provide instruction despite many provided osteopathic manipulation and adhered to osteopathic principles and practices in their practice of medicine. Some AOA specialty colleges provided some special exceptions for MDs or ACGME DO’s to be program directors or qualified preceptors but no exception was ever made for the allowance of anyone with an MD degree to participate in residency training which resulted in a number of hospitals not allowing the AOA program development.
Prior to 2012, there was a strategy that developed AOA accredited residencies embedded into current ACGME residencies doubling the cost and paperwork for those programs and providing some dedicated opportunity for the osteopathic medical graduate. There were two different methods of AOA accreditation with dual ACGME programs but ultimately both enabled osteopathic residency standards to stand side-by-side with ACGME residency standards. Unfortunately, this dual accredited strategy provided no assurances these programs will exist for DO graduates after 2015 regardless of the AOA adoption of the MOU.

July 2012 with the announcement of the implementation of the Next Accreditation System, many ACGME training programs immediately prohibited AOA trained residents to access ACGME fellowships; the AOA estimated this would affect only 7% of the osteopathic profession’s medical school graduates. In reality, the July 2012 announcement of the Next Accreditation System understated the impact of all osteopathic medical school graduates by having a national impact on all ACGME training programs. In the Western United States, ACGME programs began restricting any attending physician with the DO degree with AOA residency certification and training to be “unqualified” to provide any participation in training of ACGME residents even if the ACGME resident had a DO degree. In addition, the University of California Davis, University of California Irvine and University of California San Diego restricted access of osteopathic medical students from applying to their programs for audition rotations either directly or using VSAS (Visiting Students Application Service). These three institutions placed on their websites DO’s need not apply however we had reports of other institutions beginning subversive discrimination against osteopathic students access to ACGME programs for audition rotations.

The initial efforts by the AOA and AACOM beginning negotiations with ACGME and the proposed MOU halted the rule change so that AOA residency trained and boarded DO physicians could again be a preceptor in ACGME programs providing training to both MD and DO residents. Unfortunately osteopathic medical student discrimination continued at numerous ACGME training programs in the Western United States limiting the access of third and fourth year medical school clerkships in the University of California system continued to be limited for the osteopathic medical students. Touro University had been trying to gain access for their students for over two years at University of California Davis without success.
The Osteopathic Physicians and Surgeons of California with a multipronged approach was able to reverse this policy resulted in the cessation of discrimination against osteopathic medical students in the state of California beginning May 2014. A major factor in reversing the discrimination of osteopathic medical students was the AOA and AACOM approval of the Memorandum of Understanding with the ACGME. Further, the Memorandum of Understanding has enabled collaborative discussions between the University of California Irvine and Western University of Health Sciences - College of Osteopathic Medicine of the Pacific for continued collaboration and development of residency training programs. The MOU has further strengthened our relationship with Loma Linda University Medical School in that they have formally asked Western University and OPTI-West in development graduate medical education programs in the Adventist healthcare system.

The MOU has been a factor in successful development of graduate medical education by Western University of Health Sciences and OPTI- West residency programs in Southern California. Since the initial phase of discussion of the Memorandum of Understanding has aided in the development of new program approval with residents enrolled at the following institutions:

1. Community Memorial Hospital, Ventura (Family Medicine and OMT, Internal Medicine, Orthopedic Surgery and General Surgery)
2. Hemet Valley Medical Center, Hemet (Diagnostic Radiology and Internal Medicine with multiple proposed program to include Emergency Medicine, Pulmonary Critical Care, General Surgery)
3. Marian Medical Center, Santa Maria (Family Medicine and OMT)
4. West Anaheim Medical Center, Anaheim (Internal Medicine)

In addition, we have three additional hospitals with approval by the administration to proceed with residency development for multiple programs in 2015 or 2016:

1. Los Alamitos Medical Center, Los Alamitos
2. Bakersfield Memorial Hospital, Bakersfield (proposed programs include Family Medicine with OMT, Pediatrics, Internal Medicine, Pulmonary Critical Care, Obstetrics, Oncology, Cardiology, Urology, Neurology)
3. San Antonio Community Hospital, Upland (Proposed programs Internal Medicine, Family Medicine and OMT, Pulmonary Critical Care, Gastroenterology, Cardiology, General Surgery)

These multiple new hospitals are finally moving forward in Southern California with applications due, in part, the single accreditation pathway ability to allow programs development that provide access by both MD’s and DO’s yet maintaining the osteopathic culture, heritage and training. One must also credit OPTI-West’s success in residency program development for their leadership and comprehensive approach to residency development and operation under a unified OPTI.

Currently there are approximately 2900 PGY-1 osteopathic training positions in the United States and it is projected we will have 7000 graduates from osteopathic medical schools by 2020. Unfortunately, many of these 2900 PGY-1 osteopathic training positions, which are dually accredited, will cease to exist after 2015 regardless of the AOA endorsement of the MOU.
The current dissension regarding the AOA and AACOM adoption of the MOU for a single accreditation system fails to recognize the lack of capacity for osteopathic medical students for dedicated osteopathic postgraduate training positions and the inability to create enough positions for the osteopathic graduate. Further a rejection of the MOU by the osteopathic profession will result in a permanent cleavage of the AOA and ACGME and the current 60% of our osteopathic graduates who are currently accessing the ACGME programs will begin to see those opportunities erode and become nonexistent as we had begun to experience in the Western United States.

The osteopathic profession is at a crossroads regarding our identity of our primary care and specialty societies with their associated certifying board. It is up to our profession to decide how our osteopathic culture and heritage will continue in this new paradigm with AOA leadership and AACOM representation as an equal member on the new ACGME board of directors. The new ACGME Residency Review Committees (RRC) will continue to have osteopathic leadership to assure the culture and heritage continues in this single residency system. The osteopathic medical specialty boards have an opportunity to provide certification to MDs that embrace the osteopathic distinctiveness. The osteopathic medical student graduate is well prepared to compete effectively with the MD graduate provided the MOU provides a foundation for assurances that our students will have equal opportunity. The osteopathic medical schools will continue to maintain the osteopathic culture and heritage provided they have representation by AACOM and the AOA in the new ACGME unified residencies system.

Without the Memorandum of Understanding and Unified Pathway with ACGME, it is difficult to understand how the osteopathic profession will survive if we electively excluded ourselves from active representation to the board of the largest organization of graduate medical education in the world yet expect this same organization to continue to accept our medical school graduates.

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