Review and Comment Form

The ACGME invites comments from the community of interest regarding the proposed requirements. Comments must be submitted electronically and must reference the requirements by line number and requirement number. **For focused revisions, only the section(s) of the requirements that is being revised is open for review and comment.**

Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Title of Program Requirements	Common Program Requirements

Select [X] only one	
Organization (consensus opinion of membership)	X
Organization (compilation of individual comments)	
Review Committee	
Designated Institutional Official	
Program Director in the Specialty	
Resident/Fellow	
Other (specify):	

Name	Susan Garstang, MD
Title	Chair, Residency and Fellowship Program Directors' Council Chair, Workgroup for ACGME Common Program Requirements response
Organization	Association of Academic Physiatrists and American Academy of Physical Medicine & Rehabilitation

Add rows as necessary.

	Program Requirement Reference	**Comment(s)**
1	Line number(s): [286-289] Requirement number: [III.A.2]	Our organization believes the exclusion of AOA-accredited internships as prerequisite clinical education for entry into ACGME-accredited PM&R residency programs will lead to fewer quality applicants who can enter our programs, and will further exacerbate physician shortages in our field which will adversely impact the aging population. Please see discussion below.

General Comments:

1. The demand for rehabilitation services is growing due to an aging population, extended life spans of those living with disabling conditions, and returning veterans with disabilities. These patients often are best cared for by doctors who are specialists in Physical Medicine & Rehabilitation (PM&R), and thus it is anticipated that the demand for our specialty will grow in the upcoming years.

   Therefore, we are particularly concerned as we believe that the specialty of PM&R will be disproportionately impacted by this new [proposed] requirement. Doctors of Osteopathic Medicine (D.O.s) have made up a significant percentage of our specialty's applicants and matched residents, due to the unique skill set offered by osteopathic training which complements the specialty of PM&R. In the 2011 Match, of the 287 PGY-2 positions offered, 138 were filled by US allopathic seniors, and 88 were filled by US osteopathic seniors.[1] In PM&R programs in the 2011 Match, 29% of the matched residents were osteopaths, as compared to 11% in Family Medicine, 9% in Pediatrics, and 6% in Internal Medicine (categorical).

   Because of the disproportionate number of D.O. residents in PM&R programs, the need for American Osteopathic Association (AOA)-accredited internships is higher than in other specialties. There are currently 186 residents in PM&R residencies who completed AOA-accredited internships prior to entry into categorical PM&R residency programs. This compares to approximately 700 positions across all specialties who completed AOA-accredited internships. Clearly, restricting entry into ACGME-accredited residencies from those with AOA-accredited internships will either limit the candidate pool for PM&R programs to allopathic candidates, or will force osteopathic medical students to enter ACGME-accredited internships (which in some states will limit their ability to get a medical license).

   In 2011, there were 162 unfilled transitional and medicine preliminary slots, and 107 osteopathic students who matched into PM&R. Approximately 60 of these students did AOA-accredited internships. These students under the new regulations would have to compete with other unmatched students for these 162 slots. This will create further mismatch between residents and PGY-1 positions in the future.

2. The ACGME has expressed concerns about expectations of prior levels of education for interns entering PGY-2 training from a non-ACGME-accredited program, as these levels "are unknown." However, the AOA does have a rigorous accreditation process for PGY-1 (OGME-1) years, and a final evaluation form that must be completed by the Program Director.[2,3] This includes the six Core Competencies (as per the ACGME) as well as a seventh Osteopathic Manipulation Competency, and the required use of appropriate assessment tools such as 360 degree evaluations.[3] The information contained in these forms should be adequate to assess the competence of incoming residents from AOA-accredited internships.

   In addition, discussion amongst many program directors in PM&R reveals a consensus opinion that residents who completed AOA-accredited internships are equally well prepared to enter the PGY-2 year as their M.D. counterparts. In fact, many of them, particularly those who have spent an extra year learning additional manual medicine skills, enter our programs with a higher level of initial

competence in some of the competency areas, most notably physical examination skills. Across the country, D.O and M.D. residents have comparable scores on in-training and board examinations—in some instances, D.O scores are substantially higher than their M.D. colleagues.

Most importantly, regardless of a resident's background, the role of the program director is to make sure that each resident achieves competence in the Core Competency areas and is competent to enter independent practice when they leave the program. Thus, it is the quality and outcome of the training that residents receive in their residency programs that determines the educational outcome, not their internship. Of note, once the ACGME has completed the Milestones Project, the description of a resident at Milestone Zero (upon entry into residency) will help make this type of determination more data-driven.

3. There may be substantial impact to institutions that currently offer internships. Those offering AOA-accredited internships may have to pursue dual accreditation by the ACGME and the AOA, which will lead to a significant burden for those institutions (and an increase in number of needed reviews by the ACGME). In addition, an influx of osteopathic students into ACGME-accredited PGY-1 programs will cause institutions to need additional resources to provide more PGY-1 positions. This may prove difficult in this time of potential cuts to GME budgets nationally. The increasing number of new osteopathic medical schools with many new expected graduates will also have the potential to make this issue more significant in the future.

4. If PM&R programs have potentially up to 30% of their current incoming resident classes disappear due to lack of PGY-1 positions, that will certainly have a negative impact on education as well as the way the residents and staff provide patients with continuing care. In addition, if osteopathic students chose not to enter ACGME-accredited residencies, the quality of overall applicants for PM&R (and other fields) will decrease, which may in the long term negatively impact the provision of high quality patient care.

References:

1. http://www.nrmp.org/data/resultsanddatasms2011.pdf
2. http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/postdoctoral-training-standards/Documents/aoa-basic-document-for-postdoctoral-training.pdf
3. http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/core-competency-compliance-program-part-3-program-director-report.pdf