Impact of the Single Accreditation Agreement on GME Governance and the Physician Workforce

To the Editor:

In the November issue of The Journal of the American Osteopathic Association, Arnold Melnick, DO, contributed a thoughtful letter on the single graduate medical education (GME) accreditation system and its effect on GME governance. As a member of the osteopathic medical profession for 70 years, Dr Melnick has experienced the advances and setbacks faced by osteopathic physicians (ie, DOs) over the years as the profession has moved toward “full equality.”

From this perspective, I appreciate his warning of potential risks of a unified GME system. However, some of Dr Melnick’s concerns are based on a lack of understanding of the governance structure of the Accreditation Council for Graduate Medical Education (ACGME).

First, the single GME accreditation system is not a merger of the osteopathic and allopathic medical professions. The agreement with the ACGME streamlines the accreditation of GME programs but preserves and perpetuates the distinctive elements of the osteopathic medical education continuum. Osteopathic standards are added to existing ACGME standards to define osteopathic medical programs, preserving the unique dimensions of our profession.

Second, the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) have the same rights as other ACGME member organizations. Each organization is entitled to nominate 4 director seats and, on January 1, 2015, the first 2 board members from both the AOA and AACOM began service. The remaining director positions will be phased in during the transition period. Osteopathic physicians will serve on Residency Review Committees in specialties for which there are osteopathic ACGME programs. New committees will be formed to oversee the development and application of osteopathic principles in osteopathic-focused programs. And new ACGME staff, including a senior vice president, will oversee osteopathic programs.

Changes to the governance structure have been codified in ACGME’s bylaws and approved by the board of directors and a supermajority of ACGME member organizations. Any future changes to ACGME bylaws will have to follow the same rigorous approval process. Leaders from the AOA and AACOM will continue to monitor implementation of the single GME accreditation system, and they have the right to terminate the agreement before June 2020 if they deem necessary.

Meanwhile, both organizations will continue the work to build the new system, which offers many benefits, including the opportunity to expand access to training for all current and future physicians, align competency standards, and strengthen osteopathic medicine’s value and contribution to the US health care delivery system.

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Reference