



Dear Osteopathic Leaders, Educators and Students:

By now, you have likely seen a new paper by Norman Gevitz, PhD, that provides his perspective on the progress of the transition to the Single Accreditation System for GME.

While I respect Dr. Gevitz for his long academic career and steadfast support of the osteopathic profession, I am disappointed that he continues to make doomsday predictions based on inaccurate, unsubstantiated or incomplete data. The paper is replete with errors and false assumptions, so I will not attempt to address them point by point.

Dr. Gevitz is not, and has never been part of, the team leading the implementation of the Single Accreditation System. Nor has he consulted with representatives of ACGME, AOA or AACOM to validate his interpretation of data. As a result, his paper does not reflect the facts or an accurate understanding of the Single Accreditation System structure or match process. Further, it does not reflect an understanding of the current environment which led to the decision to pursue a single system for GME.

Here are the facts:

- **The Single Accreditation System is intentionally designed to preserve osteopathic identity, tradition and history in GME.** Osteopathic principles and practice are becoming part of the fabric of ACGME accreditation governance and activities. Other dimensions of the osteopathic tradition – AOA board certification, COCA-accredited Colleges of Osteopathic Medicine, and osteopathic licensing examinations – are preserved. Many osteopathic physicians are now members of the ACGME Board of Directors and specialty review and recognition committees.
- **One-half of AOA programs are already engaged in the transition, and we’re just entering the second year of a five-year process.** 497 program applications are in progress. 242 of these programs have submitted completed applications. Of these, 56 have achieved initial accreditation and 186 programs are in pre-accreditation or continuing pre-accreditation. The number of programs in the transition process increases to more than 660 when dually accredited programs are included. In addition, more than 1,000 program leaders confirm they have applied or plan to apply. There will be some program closures, as there are every year. Most are programs that have not had residents for 3+ years.
- **Programs in continuing pre-accreditation have not “failed.”** For AOA programs making the transition, achieving “substantial compliance” with ACGME standards can be an iterative process. Citations are not uncommon, which is why the “continuing pre-accreditation” category was created to allow time for corrections. AOA programs have until 2020 to complete the transition. The AOA, ACGME and AACOM are committed to provide programs the support they require to transition successfully to the new system. AOA offers [application assistance](#) to any program that wants it.
- **We’re right on pace.** We expected the transition process to take time and therefore allotted a full five years to complete it. Four-year-plus programs have been first out of the gate, applying at twice the rate of three-year programs. This was expected as they are facing a Dec. 31, 2016, deadline to apply if they

wish to participate in the 2017 match. It was also expected that many three-year programs would take more time, applying in year two or later in the five-year transition. AOA will continue to accredit training programs through June 2020 to accommodate these programs.

- **Surgical specialties are tracking well.** We do not expect a significant loss of training opportunities for DOs in surgical specialties. Many programs have already submitted applications: general surgery (58%), orthopedic surgery (64%), otolaryngology (52%), and OB/GYN (44%). We are concerned that only two of 15 AOA ophthalmology programs have applied and are currently reaching out to these programs individually. There are currently about 50 DOs training in these programs. It's important to note that about one-third of DOs in ophthalmology and general surgery residencies already train in ACGME programs, and more than 6 in 10 DOs in OB/GYN residencies train in ACGME programs.
- **OGME training options are growing.** While the Single Accreditation System was not designed as a mechanism to create new OGME slots, it is doing just that as long-standing ACGME programs apply for, and achieve, Osteopathic Recognition (OR). To date, 12 ACGME programs seeking/receiving OR represent 381 potential "OGME" training slots. There is the potential for more than 1,000 additional osteopathically focused training slots if our existing dually accredited programs apply for and achieve OR for all their positions. We expect this number will grow substantially in the next three years, as more ACGME programs understand the market opportunity and begin to pursue residents interested in osteopathic training.
- **OR applications by AOA programs are expected to follow accreditation applications.** At this time, it is not surprising that few AOA programs have applied for OR, which is the third and final step in the application process. Programs may obtain recognition after steps one and two are complete, and also may apply at any time thereafter.
- **NRMP Match process remains effective in the transition.** The DO candidate "withdrawal" from NRMP is a result of the contractual requirements of participation in multiple match systems, and *not* a reflection that DO students are less qualified than MD students. Any DO or MD student is required to withdraw from the NRMP if they successfully match in another system, such as National Matching Services (for DOs), Military, American Urological Association or San Francisco match.

Dr. Gevitz continues to recommend the AOA reverse course and maintain separate GME accreditation systems. But he fails to acknowledge that the *status quo was not an option*. Osteopathic graduates are voting with their feet, with about half choosing to train in ACGME programs. Indeed, the majority of AOA program closures occur as a result of unfilled positions.

Changes to the ACGME Common Program Requirements and access to fellowships for physicians with AOA training would have made our programs less desirable and were leading to dramatically fewer training options for DOs. The shortage of OGME slots would have progressively worsened as the number of DO graduates continued to grow.

Dr. Gevitz had no answers two years ago, and he has no answers today, for the students, interns and residents who would have been shut out of fellowships and ACGME training opportunities if we maintained a separate path. We are proud to have collaboratively designed a solution to avoid this situation.

From the beginning, unifying the GME accreditation system has been about perpetuating the distinctive elements of osteopathic GME, and increasing opportunities for all physicians in training – MDs as well as DOs. As we expected, programs that were previously accredited only by ACGME are seeking and have received OR. MDs will now be able to train in osteopathic-focused programs for the first time and, ultimately, those physicians will be eligible for AOA board certification.

The reality is:

- Colleges of Osteopathic Medicine are producing highly competent and confident young DOs who are eager to compete, and prepared to deliver high-quality patient care alongside their MD colleagues;
- A GME accreditation system has been designed to perpetuate the distinctive elements of osteopathic medical education into the future;
- Osteopathic physicians are already seated at nearly every table with the ACGME, from the Board and review committees to the Pursuing Excellence initiative; and
- An emerging market opportunity continues to grow as the DO population trains with allopathic colleagues, and MDs gain more exposure to osteopathic training. Together, these new physicians will help to meet the growing demand for osteopathically trained physicians.

I believe I speak for my colleagues and friends at AACOM and ACGME when I say we could not be more optimistic about our progress, or the opportunities for DOs and MDs in the Single Accreditation System. To view my July 22, 2016, Single Accreditation System update to the House of Delegates, click [here](#). You also will find the presentation by ACGME CEO Thomas Nasca, MD.

Boyd R. Buser, DO

A handwritten signature in black ink that reads "Boyd R. Buser, DO". The signature is written in a cursive style with a large initial "B" and a distinct "DO" at the end.

AOA President