Uncertain future

For osteopathic programs, single accreditation system brings questions about future

For **Sheri L. Clarke, MPA, C-TAGME,** and her colleagues at McLaren Greater Lansing, a single accreditation system means there's a lot of work to do before June 2020.

That's when the American Osteopathic Association (AOA) will stop accrediting residency programs. In February, the association announced it had reached an agreement with the ACGME, which will eventually accredit all residency programs in the United States.

McLaren Greater Lansing, part of the larger McLaren Health Care network in Michigan, has 14 osteopathic residency programs that will need to obtain ACGME accreditation over the coming years.

Clarke, who is the associate director of medical education at McLaren Greater Lansing, knows the transition will require time and money. Medical educators will need to conduct extensive reviews of ACGME requirements and provide faculty development. Some programs may need to hire additional staff members to meet the new requirements. However, for Clarke and other osteopathic medical educators, there are still many unknowns about the transition from AOA to ACGME accreditation.

Some considerations are practical: Will osteopathic programs need to meet all ACGME requirements before they apply for accreditation, or will there be a grace period? What will happen to the Osteopathic Postdoctoral Training Institution (OPTI) model, the consortiums at the heart of osteopathic education? Will smaller programs have enough money and staff to maintain accreditation?

Others are more philosophical: What will it mean for programs to retain their distinction as "osteopathic" when all training programs are accredited by the ACGME?

"At this point, we have more questions than we have answers on what kind of effect this unification is going to have," Clarke says.

A distinct tradition

For most of its history, osteopathic medicine flourished outside of the allopathic, or mainstream, Western, medical establishment. Andrew Taylor Still, a frontier physician, founded the philosophy in the late 19th century, maintaining that the body functioned as an integrated unit. He believed that the musculoskeletal system played an important role in health and that most disease could be cured without the use of drugs. Osteopathic physicians used their hands to diagnose and treat patients.

Allopathic medical schools shunned Still's philosophies, so he built his own osteopathic medical school in Kirksville, Mo. Barred from most hospitals until the 1960s, osteopathic physicians built their own.

Today, the separation between osteopathic and allopathic physicians is less pronounced. In many hospitals, osteopathic and allopathic physicians practice side by side. Osteopathic physicians train in ACGME-accredited programs, although thousands continue to train in AOA-accredited programs. According to data provided by the AOA, enrollment in its programs has nearly doubled over the last five years, with nearly 7,500 trainees in AOA programs in the 2012-2013 academic year.

Coming together

Officials from the AOA and the American Association of Colleges of Osteopathic Medicine began discussing forming a single accreditation system with the ACGME in late 2012. The talks were sparked by proposed changes to the ACGME's Common Program Requirements that would make it more difficult for osteopathic trainees to enter some ACGME-accredited training programs. Officials from all three organizations have expressed concerns about the availability of training positions for medical school graduates and said a unified accreditation system would make the best use of all GME positions.

In a March 24 letter to the osteopathic community, AOA President **Norman E. Vinn, DO,** named other pressures that led to the decision, including:

- The costs of developing a competency-based accreditation system, similar to the ACGME's Next Accreditation System (NAS), for osteopathic GME
- The potential for dually accredited programs to drop AOA certification as the number of allopathic

and osteopathic medical school graduates increase
- The possibility that "the federal government will cease funding a dual system for GME," based on initiatives to align GME financing with public needs

"Many of those who have expressed concerns have not fully considered the dangers of maintaining the 'status quo,' " Vinn wrote.

Concerns about community-based programs

However, moving to a single accreditation system doesn't necessarily create more training positions, says **Richard Terry, DO, MBA, FAAFP, FACOFP,** chief academic medical officer for the Lake Erie Consortium for Osteopathic Medical Training.

"The positions don't magically occur in unification," Terry says. "There still is significant work that has to be done. We clearly do not have enough spots on either side."

Moving to a single accreditation system also means that training positions that were once reserved solely for osteopathic trainees will now be open to all trainees, **Joseph P. McNerney, DO, FACOFP dist,** a longtime osteopathic educator who is currently in private practice in Spring Hill, Fla.

For osteopathic graduates at the top of their class, the increased competition won't be a problem, McNerney says. However, those in the bottom half of the class may have trouble finding places to train among a larger pool of applicants.

Terry says osteopathic educators have been innovative in opening new training programs, particularly establishing programs in small, community-based hospitals and through the federal Teaching Health Center GME program, which provides grants for primary care residency training in community-based settings.

However, Terry says he's concerned that moving to a single accreditation system will make opening new programs more difficult, as all programs will be required to meet the ACGME's more resource-intensive standards.

The AOA has told the ACGME about the priority it places on community-based programs, **Nicole Grady,** an AOA spokesperson, said in an email.

"The ACGME has confirmed that it recognizes the value of these programs as well and would like to see such programs grow and thrive," Grady said. "Of course, all programs will still need to meet ACGME accreditation standards."

Research, staff, and other resources

ACGME accreditation requires resources that aren't always readily available at the community-based hospitals where many osteopathic physicians train. Research, for example, traditionally hasn't been a focus in osteopathic programs, which often rely on volunteer faculty members to teach trainees at the bedside, Clarke says. Some osteopathic faculty members may not want to undertake research, while others may not have the skills or knowledge to do so.

"We're going to have to figure out how to move our faculty from a patient-care-focused environment to incorporating more research projects into their daily practice," she says.

Annual accreditation fees will increase as programs transition to ACGME accreditation, with the smallest programs shouldering the largest increases. Currently, an AOA-accredited program with three trainees pays a $1,500 annual fee. Under the ACGME, that program's annual fee would be $4,300.

ACGME accreditation usually demands more administrative resources, says Clarke, who was previously a program coordinator at an ACGME-accredited program. At McLaren Greater Lansing, many osteopathic program coordinators manage more than one residency program, and some coordinators manage as many as five. As the institution prepares programs for ACGME accreditation, it may need to hire additional coordinators, she says.

Also, the ACGME's duty hour requirements are slightly more stringent, Clarke says. Some osteopathic training programs may need to adjust staff schedules.

Even the transition to ACGME-accreditation will be labor-intensive. At McLaren Greater Lansing, Clarke plans to review ACGME standards with program directors and coordinators, ensuring their programs meet all requirements. Program directors, coordinators, and faculty members will need professional development to become familiar with the principles of the ACGME's NAS and the clinical learning environment review.

All of these changes will cost money, Clarke says. She believes the shift to a single accreditation system could dramatically alter the "landscape" of medical specialty programs at osteopathic training institutions. With limited resources, institutions that offer a variety of specialty

programs may need to make strategic decisions about which ones to continue investing in, she says.

"The question is, will the hospitals be able to find the money, especially at a time where the government is talking about reducing GME funding," she says. "And if the hospitals can't find the money, what will happen? There's a possibility that GME slots will be lost, based on the fact that some osteopathic hospitals will be unable to find the resources to meet the ACGME requirements."

Uncertainty for program directors

How many osteopathic program directors will remain in their positions is also a major concern for many in the osteopathic community, says McNerney, who's a member of the AOA Bureau of Osteopathic Medical Education.

The ACGME does not plan to relax its requirements for program directors to be certified by the American Board of Medical Specialties (ABMS), ACGME CEO **Thomas J. Nasca, MD, MACP,** said at the organization's Annual Educational Conference in February. Osteopathic program directors who don't have the required credentials will be permitted to appoint a faculty member with ACGME-approved credentials to serve as a co-program director, Nasca said.

"This is not an issue of disrespect. This is an issue related to the ability to understand the nuances of ACGME accreditation. It is very difficult to run an ACGME-accredited program if you've never participated in one."

The requirement is problematic for osteopathic medical specialties, including family medicine, in which the majority of program directors are AOA-certified, McNerney says. The American College of Osteopathic Family Physicians recently passed a resolution asking the AOA to revise its agreement with the ACGME to accept osteopathic program directors' certifications, he says.

Wade Faerber, DO, FAOAO, the director of the orthopaedic surgery program at Riverside County Regional Medical Center, an osteopathic training program in Riverside, Calif., isn't ABMS-certified. He believes program directors should remain qualified if their respective programs meet ACGME-accreditation standards.

Faerber says he's taking "a cautiously optimistic approach" because ACGME Residency Review Committees have discretion over whether to accept a program director's credentials.

Retaining traditions

Under a single accreditation system, the ACGME plans to create an Osteopathic Residency Review Committee for programs that wish to apply for osteopathic recognition, in addition to meeting the accreditation requirements of their medical specialty review committees, such as family medicine or internal medicine.

J. Michael Finley, DO, FACP, FACOI, FACR, chief academic officer of the OPTI West Educational Consortium, plans to conduct an internal audit of program directors at the consortium's 65 affiliated programs to determine which ones want to maintain the osteopathic distinction.

Finley, who is also associate dean of GME for the Western University of Health Sciences/College of Osteopathic Medicine of the Pacific, sees moving to a single accreditation system as an opportunity to share osteopathic philosophies with the allopathic community. He believes the ACGME will also change as it begins to accredit osteopathic training programs.

Under the new system, MDs with prerequisite education could participate in osteopathic training programs, learning techniques such as osteopathic manipulative treatment that haven't traditionally been taught in allopathic programs.

"This is a powerful opportunity for GME," Finley says. "MDs are currently unfamiliar with the narrative of osteopathic medicine."

OPTIs, training consortiums that include colleges of osteopathic medicine as well as hospitals and other training facilities, are another opportunity for osteopathic medical education to influence the ACGME.

OPTIs allow training programs to share resources and offer educational experiences, such as a lecture series, which a single hospital couldn't provide, Clarke says. Osteopathic leaders say the ACGME has "looked favorably upon" the OPTI model, although what will happen to OPTIs under a single accreditation system is still unclear.

Finley says he's optimistic that osteopathic medical education will continue to thrive under a single accreditation system. "The osteopathic profession is ours to lose."