Accreditation Council for
Graduate Medical Education

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Dear Program Directors, Designated Institutional Officials, Faculty Members, Residents and Fellows, Program Coordinators, and other members of the Graduate Medical Education (GME) Community,

This letter is in follow-up to my communication to you on June 14, 2013, in which I shared the status of the joint discussions between ACGME and the American Osteopathic Association (AOA) and the American Association of Osteopathic Colleges of Medicine (AACOM).

The implementation of The Next Accreditation System is a point of divergence for the two GME systems in the United States. This new system is designed to promote innovation, focus the effort of the faculty on specialty specific educational outcomes in every resident, focus the efforts of the Review Committees on programs with problems with a goal of rapid improvement, and provide aggregate accountability to the public for the outcomes of our educational programs. Coupled with the Clinical Learning Environment Review (CLER), The Next Accreditation System will focus our efforts on graduation of physicians steeped in professionalism and prepared to provide excellence in clinical care from now until 2050 and beyond. The resources, infrastructure and effort required by the ACGME to implement The Next Accreditation System are very significant, and the effort for programs and faculty to focus on outcomes and innovation in their programs is substantial. The aggregate public accountability able to be demonstrated is essential in maintaining and building the public trust, and solidifying the social contract.

We have been impressed with the commitment to education, and the desire to achieve educational quality, of our colleagues in Osteopathic Medicine. Their tradition is a rich one, patient-centered, and strongly committed to primary care, although in recent years it has diversified into specialty and subspecialty training with varying degrees of success. Their programs are often located in rural areas, an essential element of dissemination of physicians to practice in rural America. Throughout our discussions, the goal of preserving recognition of training in osteopathic elements and principles, and the training of physicians specifically prepared to become faculty in these traditions have been respected and preserved structurally. Indeed, ACGME has engaged AOA and their educational community for many years. ACGME has been, for more than 13 years, engaged on-and-off with AOA concerning a unified or single accreditation system. ACGME has been engaged

by individuals involved in GME accreditation in the AOA on at least 4 separate occasions in the past decade, under both the leadership of Dr. David Leach, and myself. ACGME has demonstrated a willingness to discuss and assist elements within the AOA accreditation effort to improve their processes, to share best practices, and to tacitly permit the use and modification of our copyrighted accreditation standards within their community. ACGME provides use of the ACGME's surgical case logs to osteopathic surgical residents in order to facilitate the documentation of their educational experiences, and for use by the osteopathic accreditors of surgical residencies. And, most importantly, ACGME accredited institutions, their programs and faculty today educate more than 60% of the recent graduates of osteopathic medical schools.

We have been in serious discussions and negotiations with AOA and AACOM for more than 18 months, at their request, with a goal of incorporation of accreditation of osteopathic GME into ACGME and The Next Accreditation System. In February 2013, after 13 months of discussions and negotiations, ACGME informed AOA and AACOM that by July 2013 a decision needed to be reached regarding their participation in a single accreditation system, and an agreement codifying the framework and elements approved. All parties understood this. The rationale was clear. First, if parties cannot reach agreement after 18 months, agreement is not likely. Second, on July 1, 2013, ACGME was prepared to embark on The Next Accreditation System and its related Milestones measurement, outcomes tracking, and eligibility standards, in fulfillment of its continuing efforts to improve its GME accreditation system. The osteopathic community was welcomed to participate in these innovative systems of oversight and accountability, but it needed to make the decision whether or not to participate by July 2013, as the phase in period under discussion and the resources required to assist programs to be successful needed to be allocated to this effort.

In June 2013, the ACGME Board of Directors approved a Memorandum of Understanding (MOU) jointly developed by ACGME, AOA and AACOM, and offered it to AOA and AACOM's governing boards for their approval. With the offer, ACGME reminded AOA and AACOM that, per previous discussion, this would be the conclusion of our negotiations. The positions of the parties on all key issues had been discussed with each other and with counsel, solutions to "sticky" issues had been negotiated, the parties had discussed several draft MOUs, and the MOU manifested all of our best efforts at addressing the issues at hand.

On July 18, 2013, Dr. Baretta Casey, Chair of the ACGME Board of Directors, and I were notified by Dr. Boyd Buser and Dr. Steven Shannon of the AOA and AACOM, respectively, that both of their governing boards had rejected the MOU. The next day, Dr. Buser announced this to the AOA membership, with the implication that ACGME had unilaterally "imposed" an MOU of its own making upon the osteopathic

community, and with the statement that, from the perspectives of AOA and AACOM, the MOU does not include adequate recognition of the core principles of osteopathy and does not adequately protect the distinctiveness of osteopathic GME. Dr. Buser's presentation can be accessed on the AOA website, at http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx .

The MOU was jointly developed over a lengthy period of time by all involved parties and their counsel. As late as 4 days prior to the June 2013 ACGME Board of Directors meeting, the MOU was word-crafted by the three teams (AOA, AACOM, and ACGME) in our final session together. Less than a week prior to the June ACGME Board of Directors meeting, the Executive Directors of AOA and AACOM sent a letter to, and personally contacted, members of the ACGME Board of Directors, and executive leadership of the five ACGME Member Organizations (AMA, AAMC, AHA, ABMS, and CMSS) concerning an issue that they deemed to be essential and that they wished to be addressed in a fashion different from the position of the ACGME negotiating team (not osteopathic principles or distinctiveness). That issue was discussed at the ACGME Board of Directors meeting, and the modification sought by the AOA and AACOM was accepted and incorporated into the MOU as demonstration of ACGME's willingness to "go the extra mile" to make this agreement possible.

The failure to form an ACGME accreditation system that includes AOA and AACOM is regrettable, but the efforts to achieve that system were sincere and in furtherance of quality of health care for the public. ACGME will proceed with keeping its promise to the American Public and the profession, to implement The Next Accreditation System. This will benefit more than 117,000 residents and fellows enrolled in ACGME accredited programs each year. Most importantly, enhancement of their education will benefit the patients they currently serve, and those they will serve over the course of their professional lives of service.

Sincerely,

Thomas J. Nasca, M.D., MACP
Chief Executive Officer