

Single GME Accreditation System Summit Report

**Key findings and priorities from the June 2026
Single GME Accreditation System Summit**



Accreditation Council for
Graduate Medical Education

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Executive Summary

This report summarizes findings from the June 23-24, 2026 Single GME Accreditation System Summit, convened by the Accreditation Council for Graduate Medical Education (ACGME). The Summit examined the first decade of a unified accreditation system and identified priorities to strengthen the transition from medical school to residency. Participants from undergraduate medical education (UME) and graduate medical education (GME), osteopathic and allopathic medicine, specialty organizations, residency programs, and national partner organizations explored progress, persistent barriers, and opportunities for coordinated improvement.

National perspective presentations reinforced that the next phase of work should move beyond assessing the success of the transition and focus on strengthening objectivity, transparency, and recognition of osteopathic pathways. While residency placement outcomes for osteopathic applicants have improved substantially, participants noted persistent variation in specialty access and continued concerns about how osteopathic training, certification, and identity are understood across programs.

Three broad conclusions emerged from the summit

Structural integration has advanced - The transition to a single GME accreditation system has achieved structural integration and expanded opportunities for osteopathic learners.

Persistent gaps remain - Cultural, operational, and informational gaps continue to affect parity, specialty access, representation, program director understanding, clinical rotation costs, and learner experience.

The next phase requires coordinated action - The next phase of work should focus on coordinated action to improve parity, transparency, assessment, and transition support across the medical education continuum.

Major Discussion Themes

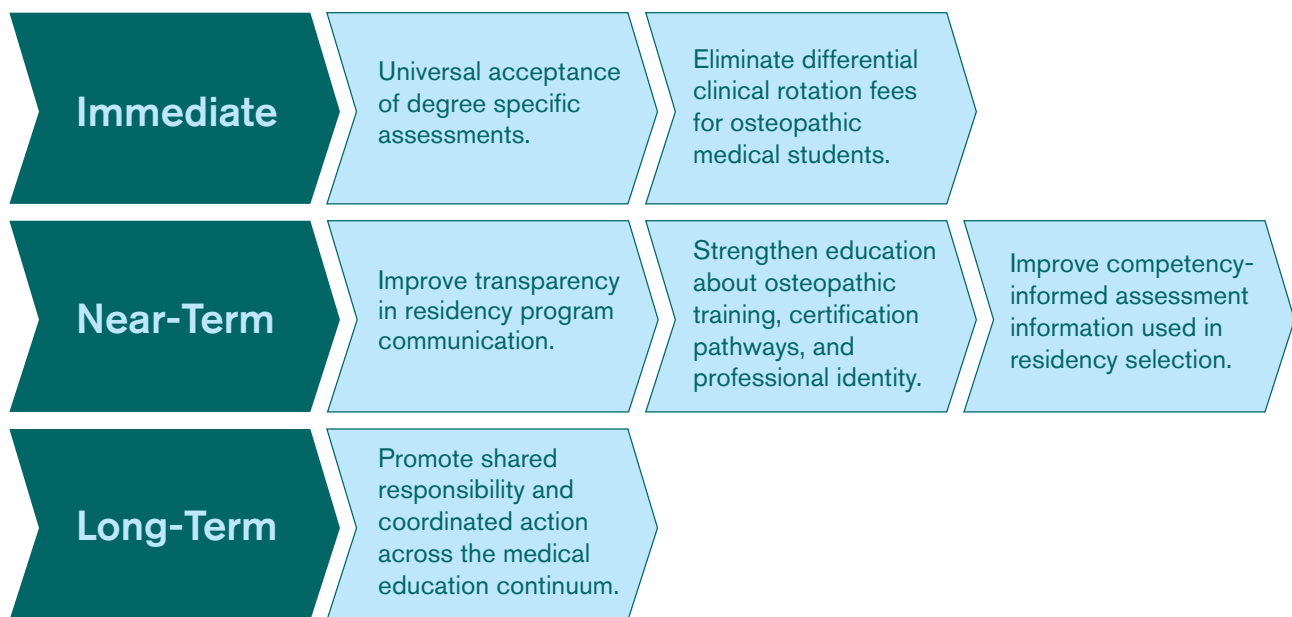
Across the three facilitated discussions—Entry into the Pathway, Program Director Decision-Making, and Integration and Development in the GME Training Environment—participants identified recurring themes that cut across the transition from medical school into residency:

Themes	
Transparency and advising	Improving transparency about residency program expectations, culture, selection criteria, and outcomes to help applicants make informed decisions.
Barriers and burdens	Reducing unnecessary barriers and burdens, particularly those related to licensing examinations, application processes, and access to advising and mentorship.

Themes - continued...	
Eliminate differential fees	Eliminating differential fees for osteopathic medical students in clinical rotations to support equitable access to comparable learning experiences and residency preparation opportunities.
Program director education	Strengthening education for program directors and residency leaders regarding osteopathic training, COMLEX-USA, certification pathways, and osteopathic professional identity.
Assessment and selection	Enhancing residency selection processes through more meaningful and competency-informed assessment data, while reducing overreliance on test scores, reputation, and non-evidence-based screening filters.
Transition support and belonging	Creating intentional transition-to-residency support systems that foster belonging, mentorship, professional identity development, and learner success.

Strategic Priorities

Following synthesis and prioritization of discussion outputs, participants identified six coordinated areas for action:



Conclusion

The Summit found broad agreement that the transition to a single GME accreditation system achieved its core goal of unifying GME while expanding opportunities for osteopathic physicians. The next phase should focus on eliminating unnecessary examination and clinical rotation fee burdens, improving program transparency, strengthening education about osteopathic pathways, enhancing assessment information used in selection, and sustaining coordinated action across the continuum. **These efforts are essential to ensure equitable access, successful transitions, and thriving residency experiences for all learners.**

Single GME Accreditation System Summit Report

Purpose, Participants, and Process

Completed in 2020, the transition to a single accreditation system for US graduate medical education (GME) brought previously separate osteopathic and allopathic accreditation pathways into one national framework for residency and fellowship education and training. The transition created shared standards while preserving opportunities for osteopathic education and recognition.

On June 23-24, 2026, the ACGME convened a national summit to reflect on the first decade of this single GME accreditation system and identify opportunities to strengthen the pathway from medical school into residency. The summit brought together leaders and stakeholders from UME, GME, osteopathic education, residency programs, specialty organizations, and national partner organizations, including the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM).

Through national presentations and facilitated small-group discussions, participants examined how single GME accreditation is functioning across the continuum and identified priorities related to understanding, access, support, and equitable transitions into residency.

National Perspectives on a Single GME Accreditation System

The opening national perspectives session established a shared foundation by highlighting progress, persistent challenges, and opportunities for continued improvement since the transition to a single GME accreditation system.

Kathleen Creason, MBA, chief executive officer of the AOA, highlighted the rapid growth of the osteopathic profession and the successful integration of osteopathic GME into a single accreditation system. She also noted ongoing challenges related to parity, including acceptance of COMLEX-USA, recognition of AOA board certification, and reported instances of discrimination affecting osteopathic students and physicians. The presentation called for continued efforts to support equitable treatment and representation across the educational and professional continuum.

Robert Cain, DO, president and chief executive officer of AACOM, focused on the distinction between technical and cultural integration, arguing that while the structural transition to a single accreditation system has been completed, cultural challenges remain. He identified recurring concerns involving osteopathic applicant experiences, accreditation processes, representation in governance and leadership, and the fit of accreditation requirements for community-based and rural training models. The presentation encouraged stakeholders to view these issues as interconnected system challenges requiring shared responsibility and ongoing collaboration.

Donna Lamb, DHSc, MBA, BSN, president and chief executive officer of the NRMP, presented data demonstrating substantial gains in participation and Match outcomes for osteopathic applicants since implementation of a single GME accreditation system. Match rates and overall placement outcomes for osteopathic seniors have improved significantly and now approach or exceed those of allopathic seniors. However, the data also show persistent differences in specialty access, particularly in more competitive specialties, suggesting that while overall opportunities have expanded, acceptance into specific career pathways remains uneven.

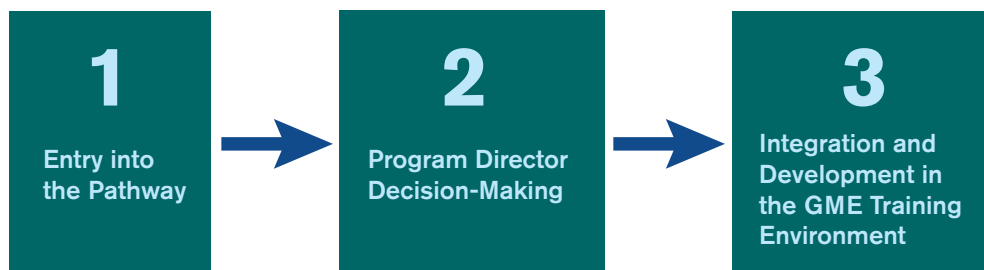
Alison Whelan, MD, chief academic officer of the AAMC, emphasized the value of collaboration across the medical education continuum and highlighted initiatives supporting both allopathic and osteopathic learners. She showcased joint work on residency transitions, competency-based medical education, learner assessment, and the development of nationally aligned UME competencies that recognize osteopathic principles. The presentation noted that sustained collaboration among national organizations has become a strategic asset for addressing workforce and educational challenges.

Across the presentations, it was clear that the transition to a single GME accreditation system had expanded opportunities, increased consistency, and strengthened collaboration across the GME community. Speakers also identified continuing concerns related to parity, specialty selection, representation, clinical rotation access and costs, and cultural barriers for osteopathic learners and physicians. Together, the presentations called for ongoing collaboration, data-informed decision-making, and continuous improvement to ensure the system meets the needs of all learners and the evolving physician workforce.

Setting the Stage to Explore Opportunities for Improvement

These national perspectives established the context for moving from reflection on the first decade of a single GME accreditation system to focused discussion of where improvement is most needed. Summit Co-Chairs David Forstein, DO, former university president and program director, and Daniel Dent, MD, former surgery program director, guided participants into the interactive work of identifying barriers, opportunities, and shared responsibilities for improvement.

Their remarks set a constructive tone and organized the discussion around three framing topics:



Each topic was introduced by a pair of speakers and followed by facilitated small-group discussions.

With this framing in place, participants first examined the earliest point in the residency transition: how applicants understand, enter, and navigate the pathway from medical school to residency.

Topic 1: Entry into the Pathway

The summit's first topic, Entry into the Pathway, was introduced by Susan Enright, DO from the Michigan State University College of Osteopathic Medicine and Margaret Lo, MD from the University of Florida College of Medicine. Their presentation examined factors that influence acceptance into residency, including applicant signaling, licensure examinations, recruitment transparency, and advising resources.

The presenters highlighted evidence that applicant signaling has become a key predictor of interview invitations and discussed the burden many osteopathic students face in taking both the COMLEX-USA and USMLE. Several residency applicant guides and tools were highlighted. These issues framed small-group discussions focused on reducing barriers, improving transparency, and supporting informed residency application decisions.

Small-Group Discussion

Discussions about entry into residency focused on the information, advising, and selection conditions that shape how osteopathic applicants move from medical school into residency. Participants noted that osteopathic applicants often face incomplete or inconsistent information about program expectations, requirements, and how their applications will be interpreted.

Participants emphasized the need for clearer, more usable program information about mission, values, expectations, and success factors. Suggested strategies included increased clarity from programs about desirable competencies and experiences, better use of existing platforms, and improved advising tools and counseling that help applicants assess alignment.

Licensing exams remained a source of confusion and perceived inequity. Participants described pressure on osteopathic students to take the USMLE and variable program director confidence in interpreting COMLEX-USA. Suggested responses included program director education, clearer messaging about both exams as valid pathways.

Participants also noted bias against osteopathic applicants, newer schools, and community-based learning environments, along with uneven access to specialty advising and mentorship.

The discussion pointed to stronger advising systems for both osteopathic and allopathic medical students, greater osteopathic representation, and continued efforts to recognize osteopathic distinctiveness under a single accreditation system.

Having examined the applicant experience, participants next turned to the program side of the transition, focusing on how residency leaders interpret applicant information and make selection decisions.

Topic 2: Program Director Decision-Making

The second topic, Program Director Decision-Making, was framed by Cary B. Aarons, MD, MSED from the Columbia University General Surgery Residency and Sandy Snyder, DO from the Cleveland Clinic Family Medicine Residency. They examined how residency programs evaluate applicants under a single GME accreditation system and how selection processes can balance efficiency, fairness, and mission alignment.

The presenters emphasized the need for selection processes that are holistic, transparent, and practical for program directors reviewing large applicant pools. Their comments highlighted both the promise and the challenges of moving beyond traditional screening metrics, noting that qualities such as resilience, judgment, teamwork, growth, readiness, and alignment with program mission can be difficult to assess through current application materials. They also underscored the importance of meaningful, comparable, and actionable information across UME and GME, particularly as programs interpret COMLEX-USA and USMLE scores, specialty-specific expectations, and screening filters that may unintentionally exclude qualified applicants before holistic review occurs.

Small-Group Discussion

This discussion focused on how program directors evaluate applicants in a high-volume, time-constrained, and specialty-variable environment. Participants described a gap between the accreditation system and a shared understanding of allopathic and osteopathic pathways.

A major theme was the need for sustained program director education on osteopathic medical education, COMLEX-USA, holistic review, and the transition to a single GME accreditation system overall. Participants noted that many leaders may lack shared fluency in osteopathic training, exam interpretation, and osteopathic identity.

Participants also identified limitations in application materials, including Medical School Performance Evaluations (MSPE)s, letters, personal statements, and descriptions of clinical experience. They expressed interest in more observed competence in clinical context and specialty-specific approaches that support fair review without overreliance on exam scores, school reputation, or filters.

Specialty organizations, program director associations, and peer-led faculty development were identified as promising venues for change. Participants emphasized that education should be sustained, specialty-specific, and paired with practical tools for efficient, equitable review.

The final discussion extended the conversation beyond selection to the early residency experience, when matched applicants enter GME environments and begin developing as physicians within their programs.

Topic 3: Integration and Development in the GME Training Environment

The third topic, Integration and Development in the GME Training Environment, was presented by Breanne Jaqua, DO, MPH from the A.T. Still University School of Osteopathic Medicine in Arizona and Gabriel Daniels, MD from the University of South Florida. Drawing on their experiences as former Chairs of the ACGME Council of Review Committee Residents, they focused on residents' early entry into GME and the supports needed to promote development, belonging, and success.

The presenters highlighted the personal, logistical, and professional challenges residents face as they begin residency, emphasizing onboarding, trust-building, professional identity formation, mentorship, and program cultures that support belonging and growth.

Small-Group Discussion

Discussions in the final small-group activity moved from selection to the residency environment, focusing on how residents are welcomed, supported, and developed in residency. Participants emphasized that incoming residents bring different educational backgrounds, experiences, assumptions, and readiness levels that programs must recognize and address.

A central theme was the need for a more intentional transition to residency framework, with support before and after GME begins. Suggested content included feedback, efficiency, organization, wellness, help-seeking, belonging, and practical strategies for success in residency.

Professional identity and belonging were also prominent. Participants noted that residents need to feel their prior training is respected and valued, especially individuals who may be the only osteopathic resident in a program. The discussion emphasized community-building, peer support, role models, mentoring, and psychologically safe feedback cultures.

Participants also discussed ways to support osteopathic identity and practice in residency, including electives related to osteopathic manipulative treatment, scholarly activity, conferences, local privileges, professional society engagement, and guidance on AOA board certification. They emphasized the need for earlier, clearer advising and program director resources that support residents from varied educational backgrounds without framing those differences as deficits.

Prioritized Themes and Strategies

Across the three discussions, participants identified recurring barriers, as well as practical opportunities for improvement. These ideas were then synthesized and prioritized to identify the most actionable strategies for coordinated follow-up. The priorities below represent the most actionable opportunities to improve the transition from medical school into residency and are organized into “Immediate,” “Near-Term,” and “Long-Term” priorities.

One point of summit consensus warrants particular emphasis: requiring osteopathic medical students to take both COMLEX-USA and USMLE must not continue. This dual examination burden imposes unnecessary financial and logistical costs and reflects a persistent, correctable gap in the system. Universal acceptance of degree specific assessments is a foundational step toward the parity the transition to a single GME accreditation system was designed to deliver.

The table below translates these priorities into recommended strategies and identifies potential lead organizations for each area of work.

Actionable Priorities and Recommended Strategies

Immediate Priorities	
Eliminate the dual COMLEX-USA/USMLE examination burden. Stakeholders: National Board of Osteopathic Medical Examiners (NBOME); National Board of Medical Examiners (NBME); AAMC; AACOM	Why this matters: Summit participants reached clear consensus that requiring osteopathic medical students to take both the COMLEX-USA and USMLE must not continue. This dual requirement imposes financial, logistical, and fairness burdens without educational justification. Recommended strategies: • Issue joint guidance affirming COMLEX-USA and USMLE as equivalent, valid pathways for residency application. • Develop and disseminate evidence-based guidance for interpreting performance on licensing examinations. • Engage program directors and coordinators to eliminate policies that require both examinations as a condition of review.

Immediate Priorities - continued...

Eliminate differential fees or barriers for osteopathic medical students in clinical rotations.

Stakeholders: AACOM; AOA; AAMC; academic health centers; clinical education/training sites

Why this matters: Differential fees at clinical education/training sites impose avoidable financial barriers on osteopathic students seeking equivalent learning experiences and residency preparation opportunities.

Recommended strategies:

- Encourage academic health centers and clinical education/training sites to adopt fee-parity policies for visiting osteopathic students.
- Share documented examples of institutions that have successfully eliminated differential fees as models for replication.
- Identify organizational levers, including accreditation standards and institutional policy, that can support fee elimination.

Near-Term Priorities

Improve transparency in residency program communication.

Stakeholders: AAMC; NRMP; AOA; specialty societies

Why this matters: Applicants need consistent, comparable information about program mission, values, selection criteria, culture, and graduate outcomes to make informed decisions about where to apply.

Recommended strategies:

- Standardize the applicant-facing program profiles through Residency Explorer, FREIDA, and ResidencyCAS.
- Encourage programs to publish clear, competency-informed selection criteria and outcome data.
- Develop shared templates or minimum standards for program information to improve comparability.

Near-Term Priorities - continued...

Strengthen education about osteopathic training, certification, and professional identity. Stakeholders: AOA; AACOM; ACGME; specialty societies; program director associations	Why this matters: Program directors, coordinators, and specialty communities require stronger shared understanding of osteopathic medical education, certification pathways, and osteopathic professional identity. Recommended strategies: • Develop targeted educational modules for program directors and coordinators, contextualized by specialty. • Integrate osteopathic education content into specialty society meetings, onboarding tools, and coordinator resources. • Support peer-led faculty development to build shared fluency across allopathic and osteopathic education and training contexts. • Partner with NBOME and NBME on joint educational webinars and presentations at program director association meetings.
Improve assessment information for residency selection. Stakeholders: AAMC; AACOM; UME programs; specialty societies	Why this matters: Selection committees need meaningful competency-informed evidence of clinical experience and applicant readiness, with less reliance on exam scores, school reputation, and non-evidence-based screening filters. Recommended strategies: • Strengthen MSPEs, letters of recommendation, and clinical performance descriptions to convey observed competence, including scope of patient complexity and caseload. • Develop structured holistic review tools and guidance for program directors reviewing large applicant pools. • Reduce overreliance on single metrics and unvalidated screening thresholds that may disadvantage qualified applicants.

Long-Term Priorities	
Promote shared responsibility and coordinated action across the continuum. Stakeholders: ACGME; AOA; AACOM; AAMC; NRMP; NBOME; NBME; specialty societies	Why this matters: A single GME accreditation system has advanced structural alignment, but cultural, informational, and assessment gaps persist. Sustained, multi-organizational collaboration is required to address systemic challenges. Recommended strategies: • Align national partners, specialty societies, schools, certifying boards, programs, and learners around coordinated improvement goals. • Pursue joint publications, conference presentations, webinars, and shared reporting to disseminate findings and advance system change.

Collectively, these recommendations translate the summit’s findings into a shared improvement agenda for national partners, specialty organizations, medical schools, residency programs, and other stakeholders across the continuum.

Summary

Overall, the summit affirmed that the next phase of a transition to a single GME accreditation system should focus on translating shared commitment into coordinated action: eliminating unnecessary examination and clinical rotation fee burdens; improving transparency; supporting equitable review; strengthening understanding of osteopathic pathways; and sustaining collaboration across the continuum so that learners from all educational pathways can enter, thrive, and contribute fully to the physician workforce.

Bibliography

National Perspectives Presentations

Creason, Kathleen S. *AOA Perspective on Single GME*.

Presentation delivered at the Single GME Accreditation Summit, Chicago, IL, June 23, 2026.

Cain, Robert. *Single GME Accreditation: Technical Change v. Cultural Change*.

Presentation delivered at the Single GME Accreditation Summit, Chicago, IL, June 23, 2026.

Lamb, Donna L. *A Decade of Transition: Osteopathic Applicants in the Single Accreditation System Era—NRMP's Perspective*. Presentation delivered at the Single GME Accreditation Summit, Chicago, IL, June 23, 2026.

Whelan, Alison. *AAMC Insights and Experiences*. Presentation delivered at the Single GME Accreditation Summit, Chicago, IL, June 23, 2026.

Topic Presentations

Enright, Susan, and Margaret C. Lo. *Entry into the Pathway: Improving Transparency for a Successful Match*. Presentation delivered at the Single GME Accreditation Summit, Chicago, IL, June 24, 2026.

Aarons, Cary B. *From Data to Decisions: Program Director Decision-Making in the Era of Holistic Review*. Presentation delivered at the Single GME Accreditation Summit, Chicago, IL, June 24, 2026.

Snyder, Sandy. *The Architecture of Program Director Decision-Making: Navigating MD and DO Pathways in a Unified GME System*. Presentation delivered at the Single GME Accreditation Summit, Chicago, IL, June 24, 2026.

Daniels, Gabriel, and Breanne Jaqua. *Integration and Development in the GME Training Environment*. Presentation delivered at the Single GME Accreditation Summit, Chicago, IL, June 24, 2026.

References

Accreditation Council for Graduate Medical Education (ACGME). n.d. "History of the Transition to a Single GME Accreditation System." Accessed July 29, 2026.

<https://www.acgme.org/about/transition-to-a-single-gme-accreditation-system-history/>.

American Medical Association. "Equal Fees for Osteopathic and Allopathic Medical Students H-295.876." *AMA PolicyFinder*. Last modified 2022.

American Osteopathic Association. *Audition Rotations for Osteopathic Medical Students*. Policy H206-A/25. Chicago, IL: American Osteopathic Association, 2025.

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