

Review and Comment Form

The ACGME invites comments from the community of interest regarding the proposed requirements. Comments must be submitted electronically and must reference the requirements by line number and requirement number. **For focused revisions, only the section(s) of the requirements that is being revised is open for review and comment.**

Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Title of Program Requirements	ACGME Common Program Requirements
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Select [X] only one	
Organization (consensus opinion of membership)	<input type="checkbox"/>
Organization (compilation of individual comments)	<input type="checkbox"/>
Review Committee	<input type="checkbox"/>
Designated Institutional Official	<input type="checkbox"/>
Program Director in the Specialty	<input type="checkbox"/>
Resident/Fellow	<input type="checkbox"/>
Other (specify):	<input checked="" type="checkbox"/> X

Name	Geraldine T. O'Shea, DO
Title	President
Organization	American Association of Osteopathic Examiners

Add rows as necessary.

	Program Requirement Reference	Comment(s)
1	Line number(s): [313-324] Requirement number: [III.A.2]	See letter referenced in General Comments.
2	Line number(s): [352-354] Requirement number: [A.2.b) (3)]	See letter referenced in General Comments.
3	Line number(s): [] Requirement number: []	
4	Line number(s): [] Requirement number: []	

General Comments:

The attached provides the opinions and concerns of the American Association of Osteopathic Examiners.



**2013-2014
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September 6, 2013

Accreditation Council on Graduate Medical Education
Committee on Requirements
515 North State Street, Suite 2000
Chicago, IL 60654

Dear Committee on Requirements:

The American Association of Osteopathic Examiners (AAOE) is the membership organization representing osteopathic physicians (DOs) serving on osteopathic and composite medical licensing boards throughout the United States. The AAOE supports the distinctiveness and integrity of osteopathic medicine and is the unified authority in matters that affect osteopathic medical licensure and discipline. AAOE members license and discipline both osteopathic and allopathic physicians, and serve to protect the public by evaluating the credentials of physicians seeking medical licensure in their jurisdiction. To this end, we request that you accept our comments on the American Council on Graduate Medical Education (ACGME) Common Program Requirements for Graduate Medical Education (GME) published for comment on August 19, 2013.

As members of licensing boards, AAOE members are charged with evaluating the credentials of physicians applying for a medical or osteopathic license in our jurisdictions. As representatives of the state licensing boards, it is our belief that both the ACGME and American Osteopathic Association (AOA) adhere to the highest educational and testing standards as they strive to accredit the highest quality GME programs. In the Common Program Requirements Revisions proposed to take effect July 1, 2015, the ACGME stated:

“Programs other than those accredited by ACGME/RCPSA lack accreditation oversight similar to that of ACGME...These Milestones are unknown for non-ACGME/RCPSA trained individuals.”

The AAOE believes that the standards and oversight processes utilized by the AOA as they accredit Osteopathic Graduate Medical Education (OGME) adequately assure high quality postdoctoral training. Similar to ACGME programs, OGME programs accredited by the AOA operate within approved standards and adopt rules and regulations to ensure that training is of high quality and remains in the best interest of the public. While we recognize that the AOA's metrics may not be identical to those used by the ACGME, this does not mean that they are any less valid.

We applaud the ACGME for initiating a set of specialty specific milestones based on the six domains of core competence, and are aware that the AOA has implemented similar competencies that must be documented and met for residents to advance within their residency program. However, we are also well aware that while ACGME programs are charged with documented achievement of these milestones for each individual resident, there is no externally validated and objective summative assessment of each resident's skills and knowledge, other than well-established American Board of Medical Specialties (ABMS) and AOA board certification examinations that residents have historically taken. Since there is no externally validated objective assessment, we believe it is inappropriate to exclude a certain population of osteopathic medical graduates. Seeing that this is the

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case, and that AOA uses similar standards and practices in accrediting OGME, we recommend that all osteopathic applicants continue to be eligible for ACGME training and fellowships without additional conditions.

In reviewing the licensing and educational credentials of physicians who have moved from one residency to another, we are very cognizant that educational gaps are common. These gaps can exist for a number of reasons, and it seems prudent that if the goal is raising educational standards and identifying gaps as residents move between residency or fellowship programs, that a validated system of standard assessment be required regardless of where or what program the resident originated, including from another ACGME program. This assessment could be based on the proposed “exceptionally qualified” candidate procedure.

Finally, licensing board members are interested in making sure that licensure and certification examinations, which are developed to assess the qualifications for each specific profession, are used for their intended purpose. Just as allopathic students and physicians should be evaluated based on the examinations developed to assess their knowledge and abilities (United States Medical Licensing Examination—USMLE and ABMS member board certification examinations), osteopathic examinations (COMLEX-USA and AOA board certification examinations) should be used to do the same for osteopathic students and physicians. Accepting both USMLE and COMLEX-USA will allow residency programs to appropriately evaluate allopathic and osteopathic medical applicants based on their understanding and knowledge of the unique and distinctive philosophies for which they were taught. Evidence based decisions require the use of appropriate and validated professional assessment examinations. If comparisons need to be made between examinations, percentile ranks should be employed to make a reliable comparison between examinations.

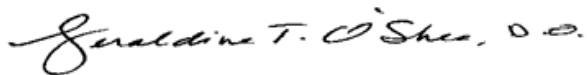
All fifty states and the District of Columbia accept COMLEX-USA for licensure of osteopathic physicians and several require DO applicants to have passed all three levels of the exam. The Federation of State Medical Boards (FSMB) established a Special Committee to Evaluate Licensure Examinations which documents the validity of the USMLE and COMLEX-USA. The Committee’s report found both examinations to be valid for their stated purposes (see FSMB Policy 120.009). Additionally, osteopathic medical students are required to pass COMLEX-USA Levels 1, 2-Cognitive Evaluation and 2-Performance Evaluation in order to graduate.

Establishing standards that do not recognize the work already completed and requiring osteopathic medical graduates to take additional examinations creates undue burdens on qualified applicants. These burdens will unnecessarily restrict access to residency and fellowship training positions. With looming workforce shortages and millions of newly insured patients seeking care through the Affordable Care Act, our country is in desperate need of qualified physicians. Restricting access to publically funded GME training programs will only create further physician workforce shortages. The AAOE therefore requests that any updates to the ACGME Common Program Requirements for GME universally recognizes COMLEX-USA as an equivalent assessment tool used to evaluate osteopathic physicians.

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In summary, while we realize that our suggestions will require additional work on the part of all involved in the education of tomorrow's allopathic and osteopathic physicians, we also suggest that if the ultimate goal is to seriously raise GME standards, then just depending on ACGME Milestones and AOA Competencies will not get the job done. As members of the state licensing boards charged with protecting the citizens of our states, we are expecting that the GME community will collectively work to raise the quality of the entering physician workforce.

Respectfully submitted,



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