RESOLUTION NO. 17

WHEREAS, on February 26, 2014, the American Osteopathic Association, along with the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM), has agreed to a Memorandum of Understanding outlining a Single Accreditation System (SAS) for graduate medical education (GME) programs in the United States; and

WHEREAS, the SAS has adopted the academic teaching hospital residency model advocated by the ACGME, which allocates more federal and state funding to training non-primary care physicians at large academic health centers and increases administrative, research, and cost requirements for residency programs; and

WHEREAS, the SAS has neglected the community-based residency training model, which encourages resident training in smaller community hospital settings, relies on physicians who remain in full-time patient care for training resident physicians, and helps smaller residency training programs to provide healthcare services in rural and underserved areas; and

WHEREAS, a 2015 analysis revealed that 63% of family medicine residency graduates stay within 100 miles of their residency training program, which leads to the conclusion that “state and federal policy-makers should prioritize funding training in or near areas with poor access to primary care services”; and

WHEREAS, even with generous guidance and logistical support from the ACOFP and AOA, as of December 2017, only 493 out of 1244 (39.6%) AOA residency programs have received Initial or Continued ACGME Accreditation, and ACGME has stated, “Pre-accreditation does not mean, or imply, that a program has been accredited by the ACGME,” leaving doubt as to how many programs will actually achieve Initial or Continued Accreditation; and

WHEREAS, an October 2017 report from the Robert Graham Center for Policy Studies in Family Medicine and Primary Care demonstrated that 20% of AOA-only family medicine residency programs that have gained ACGME Pre-accreditation expressed little to no confidence in their ability to receive Initial ACGME Accreditation, and 30.8% of AOA-only family medicine residency programs that were planning to apply expressed little to no confidence in their ability to receive Initial ACGME Accreditation; and
WHEREAS, failure of osteopathic programs to transition to the new ACGME standards could result in fewer licensed physicians being trained in primary care in healthcare shortage areas; and

WHEREAS, a 2016 report from iVantage Health Analytics expresses concern that 673 rural hospitals are vulnerable to closure, further exacerbating access to needed medical care in rural communities; and

WHEREAS, on May 4, 2017, H.R. 2373 was introduced to the United States House of Representatives to amend title XVIII of the Social Security Act to require the Centers for Medicare & Medicaid Services (CMS) to certify at least two accrediting bodies for the purpose of accrediting medical residency training programs in allopathic and osteopathic medicine; and

WHEREAS, many stakeholders interested in preserving community-based residency programs have expressed public and private interest in providing the funds necessary to develop an accrediting agency that is devoted to the accreditation of community-based hospitals that provide services to rural and underserved communities; and

WHEREAS, the American College of Osteopathic Family Physicians is uniquely positioned to provide the necessary leadership, organization, structure, administration, staffing, and educational programming necessary to become an accrediting agency; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) encourage legislative efforts in the United States Congress to amend title XVIII of the Social Security Act to require Centers for Medicare and Medicaid Services (CMS) to certify at least two accrediting bodies for the purpose of accrediting medical residency training programs in allopathic and osteopathic medicine and; be it further

RESOLVED, that the ACOFP Board of Governors collaborate with appropriate stakeholders interested in preserving community-based residency programs in order to secure adequate funding to undertake the process of becoming an accrediting agency without impacting current ACOFP budgetary goals and objectives; and, be it further

RESOLVED, that the ACOFP become an accrediting agency to provide accreditation to community-based hospitals with an emphasis on providing healthcare services to rural and underserved areas, encouraging resident training in rural and underserved settings, and decreasing the cost and administrative burdens that prohibit smaller community-based hospitals from opening or continuing residency programs.

References:


