RESOLUTION NO. 9

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 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 community-based hospital settings, relies on physicians who remain in full-time patient care for training resident physicians, and helps smaller residency training programs to provide health care 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, failure of osteopathic programs to transition to the new ACGME standards could result in fewer licensed physicians being trained in primary care in health care 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, many stakeholders interested in preserving community-based residency programs have expressed public and private interest in providing the funds necessary to develop resources devoted to the accreditation of community-based hospitals that provide services to rural and underserved communities; now, therefore be it

RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) directs its advocacy firm to encourage legislative efforts in the United States Congress to amend title XVIII of the Social Security Act to require the Centers for Medicare and Medicaid Services
to certify that a larger percentage of future graduate medical education funding be
allocated to Accreditation Council for Graduate Medical Education (ACGME) primary care
residency training programs in community-based hospitals that provide health care
services to rural and underserved areas; and, be it further

RESOLVED, that the ACOFP collaborate with ACGME to create an accreditation track for current
and future community-based, primary care residency training programs, with an emphasis
that the accreditation requirements limit the administrative, research, and cost
requirements for these community-based hospitals, and that these programs must exist in
community-based hospitals that provide health care services to rural and underserved
areas; and, be it further

RESOLVED, that the ACOFP Board of Governors collaborate with appropriate stakeholders
interested in preserving community-based, primary care residency training programs in
order to secure additional funding to assist in the development of future ACGME residency
training programs in community-based hospitals that provide health care services to rural
and underserved areas.

References:
Do/Accreditation/Single-GME-Accreditation-System
Do/Accreditation/Common-Program-Requirements
https://washingtonmonthly.com/magazine/julyaugust-2013/first-teach-no-harm/
(2015). Family Medicine Graduate Proximity to Their Site of Training: Policy Options for Improving the Distribution
of Primary Care Access. Family Medicine, 42(2), 124-130.