

SUBJECT: Partnering with ACGME to Increase the Number of Community-Based Primary Care Residency Programs

SUBMITTED BY: Seth H. Carter, DO on behalf of the ACOFP Resident Council

REFERRED TO: 2019 ACOFP Congress of Delegates

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RESOLUTION NO. 9

- 1 WHEREAS, on February 26, 2014, the American Osteopathic Association, along with the  
2 Accreditation Council for Graduate Medical Education (ACGME) and the American  
3 Association of Colleges of Osteopathic Medicine (AACOM), has agreed to a Memorandum of  
4 Understanding outlining a Single Accreditation System (SAS) for graduate medical  
5 education programs in the United States<sup>1</sup>; and
- 6 WHEREAS, the SAS has adopted the academic teaching hospital residency model advocated by the  
7 ACGME, which allocates more federal and state funding to training non-primary care  
8 physicians at large academic health centers and increases administrative, research, and  
9 cost requirements for residency programs<sup>2,3</sup>; and
- 10 WHEREAS, the SAS has neglected the community-based residency training model, which  
11 encourages resident training in community-based hospital settings, relies on physicians  
12 who remain in full-time patient care for training resident physicians, and helps smaller  
13 residency training programs to provide health care services in rural and underserved  
14 areas<sup>4</sup>; and
- 15 WHEREAS, a 2015 analysis revealed that 63% of family medicine residency graduates stay within  
16 100 miles of their residency training program, which leads to the conclusion that “state  
17 and federal policy-makers should prioritize funding training in or near areas with poor  
18 access to primary care services”<sup>5</sup>; and
- 19 WHEREAS, failure of osteopathic programs to transition to the new ACGME standards could result  
20 in fewer licensed physicians being trained in primary care in health care shortage areas<sup>6</sup>;  
21 and
- 22 WHEREAS, a 2016 report from iVantage Health Analytics expresses concern that 673 rural  
23 hospitals are vulnerable to closure, further exacerbating access to needed medical care in  
24 rural communities<sup>7</sup>; and
- 25 WHEREAS, many stakeholders interested in preserving community-based residency programs  
26 have expressed public and private interest in providing the funds necessary to develop  
27 resources devoted to the accreditation of community-based hospitals that provide services  
28 to rural and underserved communities; now, therefore be it
- 29 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFP) directs its  
30 advocacy firm to encourage legislative efforts in the United States Congress to amend title  
31 XVIII of the Social Security Act to require the Centers for Medicare and Medicaid Services

32 to certify that a larger percentage of future graduate medical education funding be  
33 allocated to Accreditation Council for Graduate Medical Education (ACGME) primary care  
34 residency training programs in community-based hospitals that provide health care  
35 services to rural and underserved areas; and, be it further

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

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

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References:

<sup>1</sup> Single GME Accreditation System. (n.d.). Retrieved December 18, 2017, from <http://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System>

<sup>2</sup> Common Program Requirements. (n.d.). Retrieved December 18, 2017, from <http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>

<sup>3</sup> Longman, P. (2016, July 05). First Teach No Harm. Retrieved January 12, 2018, from <https://washingtonmonthly.com/magazine/julyaugust-2013/first-teach-no-harm/>

<sup>4</sup> The Physician Shortage Problem. (n.d.). Retrieved January 23, 2018, from <http://thesmartcoalition.com/the-problem/>

<sup>5</sup> Fagan, E. B., Gibbons, C., Finnegan, S. C., Petterson, S., Peterson, L. E., Phillips, R. L., Jr., & Bazemore, A. W. (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.

<sup>6</sup> Novak, T. S. (2017, October 13). Vital Signs of U.S. Osteopathic Medical Residency Programs Pivoting to Single Accreditation Standards (Doctoral dissertation, University of South Florida, 2017). 1-144. Retrieved January 22, 2018.

<sup>7</sup> Ellison, A. (n.d.). 673 rural hospitals vulnerable to closure: 5 things to know. Retrieved January 22, 2018, from <https://www.beckershospitalreview.com/finance/673-rural-hospitals-vulnerable-to-closure-5-things-to-know.html>

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