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THE ALLOPATHIC AND OSTEOPATHIC WORLDS: ALIGNING OUR TRAINING TO MEET OUR PATIENTS' NEEDS

Over the past year, many of us learned about the discussions between the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) regarding the development of joint accreditation standards. This represented a major rapprochement between two physician accreditation bodies that have been separated ideologically for decades. Many of us were discouraged, however, when these discussions apparently stalled. Further concern arose in response to a recent proposal by the AOA to create a new competency-based educational model that calls for an integration of medical school and graduate medical education, thereby shortening the training process. This could have resulted in primary care physicians being trained in as few as five years. The AOA described this as a change to address many of the concerns voiced by the ACGME, including the physician workforce shortage, increased need for primary care, and medical student debt burden.

As we entered 2014, there was a looming feeling of division between the AOA and the ACGME. So what

a welcome surprise on February 26, 2014, when email inboxes around the country were buzzing with excitement about announcements from both the ACGME and AOA that they had reached a historic agreement to create a single graduate medical education accreditation system.

As program directors, we will be navigating many transitions and will be facing many implementation challenges ahead. We must remember that these challenges are necessary to assure consistent high quality educational programs. Considering that the fate of GME funding continues to be uncertain, yet the need for physicians continues to grow, the graduate medical education community must treat training programs and all residency positions as "national resources," as Dr. Nasca suggested during his CEO address at the 2014 ACGME Annual Education Conference. A single accreditation system will help us to be more united in our role as fierce advocates and stewards of residency training.

This action could not come at a more opportune moment in family medicine. As the country struggles with solutions to the crisis in health care, our specialty is working hard to clearly define the role and value of family medicine, through efforts such as the Future of Family Medicine 2.0 project. The specific solutions and definitions may not be crystalized at this time, however, the absolute requirement of unity is clear. We need to unite and speak with one clear voice as decisions and policies are made locally, regionally, and nationally.

As program directors, we have long recognized that quality physicians come from both pathways. Our increased application numbers are in part due to the greater numbers of osteopathic students as new schools are created and current schools increase their class sizes. Osteopathic schools have a solid tradition of graduating higher percentages of primary care physicians than do the allopathic schools. A single accreditation system can help free us of the politics that distracted us from our daily reality of training a quality primary care workforce.

We look forward to embarking on this historic journey. Many program directors and students are anxiously anticipating the decision regarding the future of the AOA and National Residency Matching Program matches and can only hope for their timely unification as well. The news of a single accreditation system is a positive step toward training a workforce that provides comprehensive, cost effective, and patient-centered care for modern times.

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