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SINGLE ACCREDITATION...A MUCH LONGER PROCESS

In the almost 150 years since A.T. Still's inception of osteopathy, osteopathic physicians have navigated the intersection of two worlds. The common goal of patient care has always been shared, but the distinct identity of the accrediting bodies has often been divergent. Five years ago this February, osteopathic accreditation or dual accreditation was pronounced dead. The ensuing five years have been met with the traditional stages of grief. First came denial, as some programs refused to accept the need to apply for accreditation from the Accreditation Council for Graduate Medical Education (ACGME) or decided that they could never meet the requirements of becoming an ACGME program; eighteen family medicine programs have closed since 2014. Next came anger. Many osteopathic program directors were reluctant to embrace their new credentialing expectations or did not have the support needed by their institution to succeed within the new ACGME accreditation requirements; four more programs are expected to close. Many programs continue to bargain with the requirements and their current status; five programs remain AOA but are unsure if they will be able to successfully achieve ACGME accreditation. Depression continues to be pervasive as previous Osteopathic Program Directors search for their new community; nineteen Family Medicine programs remain in preaccreditation or continued preaccreditation. Acceptance, the final stage, fortunately predominates: 216 formerly AOA programs are now accredited in family medicine by the ACGME.

Death regularly forces us to contemplate the legacy that is left. What is the legacy of osteopathic accreditation? What happens to the generations of AOBFP certified family physicians? With osteopathic medical schools continuing to contribute approximately 40% of their graduates to family medicine, how do we fulfill the promise of the Osteopathic Oath? How do we ensure that future generations of physicians can believe in, teach, and apply the tenets of osteopathy?

The simple answer is osteopathic recognition.

The difficult answer is what this new version of self begins to look like. Osteopathic recognition requirements have proven to support the integration of the tenets of osteopathy and augment the concept that family physicians should care for the "whole" patient. What the requirements have not done is give a reliable framework for ensuring that osteopathic physicians across the country perfect and teach the clinical application of the techniques and modalities that have secured the osteopathic identity.

The new landscape of single accreditation is an opportunity to put aside our misunderstandings and unify into educational models that emphasize the excellence of both histories. The reality of these changes is that the merging of these two paths will leave some behind. A sense of not belonging has been difficult for many of our program director peers. The once familiar community of osteopathic program directors who sought community with the AOA and ACOFP has been replaced by a less familiar ACGME and AFMRD.

We currently count 671 ACGME accredited programs within the specialty of family medicine. As of April 2019, 209 family medicine programs have applied for and/or been granted Osteopathic Recognition. Fifteen percent of these programs were previously ACGME only programs, the rest were AOA only or dual programs.

It's a great start, but we have a long way to go. Four hundred and forty-four family medicine programs still have the opportunity to embrace osteopathic recognition. Four hundred and forty-four programs have the opportunity to share the tenets and teachings of osteopathy. Four hundred and forty-four programs have the opportunity to train allopathic and osteopathic physicians with a shared vision of whole person primary care. Four hundred and forty-four programs can graduate allopathic physicians with the distinguishing feature of being osteopathic recognized.

Though grief has a different timeline for each individual, five years is enough. It is time for us to heal. The division between allopathic and osteopathic training has been softened and the path to a unified family medicine has emerged. It is time for us to embrace this new journey together. Leave no program director behind; encourage program directors of formerly AOA programs to join the AFMRD community. Let's look to the future and train the family physicians our patients and future deserve—osteopathic recognized physicians.

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