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1. Systemic Issues with ACGME Accreditation Standards

1.1 - Program Closures Tied to Arbitrary or Burdensome Requirements

Vaccination Mandate Fallout

The termination of the General Surgery Program Director at Arnot Ogden Medical Center—due to noncompliance with the COVID-19 vaccination mandate—triggered a cascade of challenges that ultimately led to the program's closure. His departure created an immediate faculty shortage, leaving the residency unable to meet ACGME requirements for faculty oversight and supervision. Despite efforts to stabilize the program, this led to loss of ACGME accreditation for this vital rural training program.

The closure not only disrupted resident education but also deprived the surrounding community of much-needed surgical care and workforce development.

Resident-Survey Over-Weighting

The closure of the Cardiology Fellowship at Arnot Ogden Medical Center highlights the unintended consequences of over-reliance on Resident Survey scores—particularly during the extraordinary disruptions caused by the COVID-19 pandemic. Although the program held initial accreditation, it was given no opportunity to appeal before its closure. During the height of the pandemic, federal and state mandates halted all elective cardiac procedures, leaving fellows without access to essential training opportunities such as catheterizations. Understandably, survey responses reflected frustration with the lack of procedural exposure—yet these circumstances were entirely beyond the program's control.

This decision had far-reaching consequences. The loss of the fellowship program has severely impacted cardiology recruitment in this already underserved rural region. Without a pipeline of trained specialists, the area continues to face critical shortages in cardiac care—contributing to delays in diagnosis, treatment, and ultimately, poorer health outcomes for the community.

Administrative Burden Without Residents

ACGME requirements mandate that all accredited programs—regardless of resident enrollment—maintain full administrative staffing and support. For small or emerging residency and fellowship programs, particularly those in underserved rural and urban areas, these fixed costs quickly become unsustainable. As a result, several programs across the country have preemptively closed, recognizing that they could not continue to meet increasingly rigid standards.

A notable example is the Ophthalmology residency at St. John's Episcopal Hospital in Far Rockaway, New York—a medically underserved urban community. This program had operated successfully for over a decade under American Osteopathic Association accreditation without citations. However, following the transition to ACGME oversight, the program voluntarily closed in 2024, unable to align with the new administrative and structural expectations despite a long history of training competent physicians.

Similarly, the Endocrinology Fellowship at Arnot Ogden Medical Center faced insurmountable challenges meeting ACGME criteria and chose to voluntarily close. This decision, made in the absence of regulatory flexibility, has only intensified the region's shortage of endocrinologists—further limiting access to specialty care in the local population.

These closures underscore a critical need for nuanced, scalable accreditation models that support—not stifle—small programs serving high-need communities.

1.2 - Cost-Prohibitive and Arbitrary Accreditation Requirements

Geographic Restrictions

The LECOM Orthopedic Surgery Residency Program was prohibited from continuing its affiliation with Cincinnati Children's Hospital and Allegheny General Hospital in Pittsburgh as approved training sites due to ACGME-imposed distance restrictions. While both institutions are nationally recognized for excellence in orthopedic and subspecialty training, the ACGME standards prohibit rotations beyond a certain mileage radius from the primary training site—regardless of the clinical value, patient diversity, or educational benefit they offer. This restriction significantly hindered the program's ability to provide residents with exposure to high-volume, high-complexity cases that are not readily available at smaller or rural facilities.

Within 10 miles from LECOM's program, UPMC Hamot houses a historically allopathic orthopedic surgery residency program and sends their residents to Pittsburgh for rotations. This program has not been closed by the ACGME.

Mandatory Base Hospital Program Mix

The LECOM Orthopedic Surgery Residency Program received a citation on the grounds that the sponsoring institution did not have its own General Surgery, Pediatrics, and Internal Medicine residency programs—despite the fact that these foundational clinical experiences were fully addressed through established rotations at accredited consortium partner sites. This rigid interpretation of institutional requirements failed to acknowledge the strength, quality, and oversight of the training provided through these affiliated programs. The residents received comprehensive exposure to core disciplines, meeting both educational and ACGME competency requirements through structured, well-supervised clinical experiences at partner institutions. Penalizing the program for not duplicating services already available through the consortium undermines the collaborative training models that are often essential for smaller institutions and rural medical centers. It also raises critical concerns about equity in accreditation, particularly for community-based programs committed to innovation and resource sharing in graduate medical education.

Again, within 10 miles from LECOM's program, UPMC Hamot houses a historically allopathic orthopedic surgery residency program and relies on affiliated sites in Pittsburgh for General Surgery, Pediatrics, and Internal Medicine. This program has not been closed by the ACGME.

1.3 - Post Merger Discrimination Against DOs in Competitive Specialties

Since the AOA-ACGME merger, the disparities in MATCH outcomes for D.O. students have worsened, especially in competitive specialties.

Competitive Specialties

According to the NRMP's *2024 Charting Outcomes in the Match* for U.S. D.O. MS-4 students, match rates for D.O. applicants in highly competitive specialties remain significantly lower compared to their M.D. counterparts. For instance, in specialties such as Dermatology, Neurosurgery, Orthopedic Surgery, and Vascular Surgery, D.O. applicants face substantial challenges in securing residency positions. These disparities are attributed to factors like program preferences, limited availability of positions, and historical biases.

Primary Care Specialties

In contrast, D.O. applicants have more comparable match rates in primary care fields. The NRMP's 2024 data indicates that D.O. MS-4 students had match rates of approximately 91% in Family Medicine, 89% in Internal Medicine, and 88% in Pediatrics. These higher match rates are partly due to a greater number of available positions and a growing emphasis on addressing primary care shortages across the United States.

These statistics highlight the ongoing challenges D.O. students face in certain specialties, underscoring the need for continued efforts to promote equity in residency selection processes.

1.4- Loss of Community-Based and Rural Programs

Community hospitals—especially those in rural and underserved areas—are being disproportionately affected by rigid ACGME accreditation standards that fail to accommodate the realities of their clinical environments. These hospitals often operate with limited financial and educational resources, face significant challenges in recruiting and retaining qualified faculty, and serve patient populations with lower volumes and narrower case diversity. While these factors reflect the logistical constraints of their geography and mission—not deficiencies in quality—the current accreditation framework does not sufficiently account for such context.

As a result, many community-based residency and fellowship programs are being forced to make an impossible choice: invest resources they do not have to meet urban-centric standards or voluntarily withdraw their accreditation. According to ACGME data, 42 programs closed or were withdrawn during the 2021–2022 academic year, and that number rose to 64 in 2022–2023, signaling an alarming upward trend. In 2019–2020 alone, 102 programs closed or withdrew, many of them smaller, community-based programs unable to align with increasingly complex requirements.

This pattern reveals a critical flaw in the system: accreditation standards intended to ensure quality are, in practice, undermining access to graduate medical education in the very areas where workforce shortages are most severe. Without greater flexibility, technical assistance, and resource investment, community hospitals will continue to lose vital training programs—further widening the gap in physician access for rural and underserved populations.

1.5 - Detrimental Impact on Patient Access and Affordability

The ACGME framework has become increasingly inflexible—creating systemic obstacles that hinder innovation and penalize institutions committed to serving marginalized populations.

Discouraging Growth in High-Need Areas

ACGME's current model imposes uniform expectations without acknowledging the adaptive strategies required in resource-constrained environments. Hospitals in rural and medically underserved areas often have the clinical volume, patient diversity, and community support necessary to train competent physicians. Yet, the inflexible application of structural requirements—such as specific numbers of core faculty, on-site specialties, or administrative infrastructure—creates a hostile environment for program sustainability and growth.

This is not a matter of educational quality but of feasibility. Many institutions are forced to choose between overextending limited resources or exiting graduate medical education altogether. In both scenarios, the result is the same: fewer residency slots where they are most urgently needed.

Costly Compliance Structures with Diminished Educational Return

The administrative load imposed by ACGME's compliance infrastructure has escalated dramatically in recent years. Even efficient, outcomes-focused programs must invest disproportionately in bureaucratic functions: detailed logs, policy manuals, and performance dashboards that satisfy paper compliance but do little to enhance educational quality or patient care.

The real-world effect is a redirection of funds away from bedside teaching, simulation training, and recruitment initiatives—and into layers of oversight that are often misaligned with the operational realities of smaller institutions. In effect, the system punishes lean, high-functioning programs for not mimicking the structure of large academic centers.

Overrepresentation of Academic Powerhouses on Review Committees

Perhaps most concerning is how the standards themselves are shaped. The Review Committees responsible for setting specialty-specific requirements are often dominated by faculty from large academic medical centers. This skews the expectations toward models that reflect high-resource, university-based training—models that are unattainable or irrelevant for community hospitals and emerging consortia.

The consequence is not merely administrative friction; it's a narrowing of what is considered "acceptable" training. Programs rooted in real-world, community-based care delivery—where future physicians are desperately needed—are being systematically excluded before they can even begin. This is especially true in specialties like orthopedics and general surgery, where the startup burden is high and the national need is urgent.

End Result: Workforce Disparities and Worsening Health Access

When residency and fellowship programs are stifled or shuttered by these structural misalignments, the pipeline of trained specialists shrinks. This is not an abstract concern—it translates directly into fewer doctors in the operating room, longer referral wait times, delayed diagnoses, and worse health outcomes. Communities that already suffer from provider shortages are pushed further to the margins, not because of educational inadequacy, but because of accreditation inflexibility.

1.6 - Barriers to Innovation and Rural Track Expansion

On May 24, 2024, LECOM Graduate Medical Education was awarded the prestigious Rural Residency Planning and Development (RRPD) Grant from the Health Resources and Services Administration (HRSA) - a competitive federal initiative aimed at strengthening the rural healthcare workforce. This award recognized our institution's strategic plan to expand psychiatry residency training through our rural affiliates, Corry Memorial Hospital and Corry Counseling of LECOM Health.

To receive this federal award, we underwent a rigorous vetting process. We substantiated—through both the HRSA Rural Health Grants Analyzer and the U.S. Department of Agriculture's Road Ruggedness Scale—that our clinical training sites meet the federal definition of rurality. These facilities are located in non-urban settings with no population centers exceeding 50,000 residents. In full alignment with HRSA's guidance, our curriculum ensures that over 50% of resident training occurs in rural settings, a requirement clearly depicted in our submitted block diagrams.

Despite meeting and exceeding federal rural health standards, the ACGME denied our request for Rural Track Program (RTP) designation—based solely on a geographic technicality. The ACGME's rural definition relies exclusively on whether a training site's street address lies outside of a Core-Based Statistical Area (CBSA), a restrictive criterion that ignores more nuanced and federally accepted definitions of rurality used by HRSA, CMS, and USDA. This decision dismisses the reality that Corry Memorial and Corry Counseling operate in precisely the kind of medically underserved areas that federal policy is attempting to support.

This denial represents a missed opportunity to train desperately needed behavioral health professionals in rural communities that face persistent provider shortages and worsening mental health disparities. Our Psychiatry Rural Track Residency was designed to do exactly what ACGME claims to prioritize: expand access to care, address health inequities, and strengthen the physician workforce in high-need areas.

1.7 - Barrier to Enhanced Education

One of the most innovative and forward-thinking components of LECOM Graduate Medical Education was the integration of a Master's degree in Medical Education as a core requirement for all residents. Far beyond traditional curriculum, this academic element was deliberately crafted to cultivate the next generation of clinician-educators—individuals equipped not only to deliver exceptional patient care but also to

lead, mentor, and teach within academic medicine. The feedback from residents was overwhelmingly positive; many shared that this experience significantly enhanced their confidence, teaching acumen, and ability to mentor medical students and peers.

Despite these clear professional benefits and the program's intent to foster leadership and scholarship, the ACGME issued a citation to the Internal Medicine Program. Their concern centered on the perception that the additional academic workload could disrupt the expected balance within the clinical learning environment. While well-being and workload are vital considerations, the residents themselves viewed the program as an investment in their long-term growth and success.

2. LECOM Orthopedic Surgery Residency Program Closure

The Orthopedic Residency program accreditation was withdrawn on 2/1/2024. Residents were allowed to finish their current academic year. PGY-4 were allowed to finish their 5th and final year of residency at LECOM GME. The other PGYs were required to find new residency placements.

The ACGME Committee raised concerns about the viability of the primary site given the absence of general surgery and internal medicine residencies, the lack of direct supervisorial continuity by the program director during away rotations, and the potential impacts on resident well-being due to frequent rotational transitions.

LECOM Graduate Medical Education (GME) has consistently prioritized the quality and depth of its clinical training experiences in the orthopedic surgery program, a commitment clearly reflected in the overwhelmingly positive feedback from residents regarding their rotations at both Allegheny Health Network and Cincinnati Children's Hospital. These premier institutions provided invaluable exposure to a wide spectrum of complex orthopedic cases, offering residents the opportunity to refine their surgical skills and broaden their clinical knowledge in real-world, high-volume environments.

To further support this immersive learning experience, LECOM GME ensured that residents were provided with housing accommodation during these away rotations, removing barriers and reinforcing our dedication to both their education and well-being. The diverse case mix and high standards of care encountered at these sites not only enriched the residents' training but also played a pivotal role in preparing them to become confident, capable, and highly sought-after orthopedic surgeons.

The success of this training model is evident in our outcomes: Since 2011, 52 of our orthopedic surgery graduates have gone on to secure fellowship positions or assume attending physician roles. Additionally, nearly every resident since 2019 has successfully passed both the clinical and written components of the American Osteopathic Association Board Exam—demonstrating the strength of our academic foundation and the caliber of our graduates.

The closure of the Orthopedic Surgery residency program by the ACGME had significant consequences for both the residents and the Erie County community. The residents, many of whom had deep ties to the region, were forced to seek alternative programs across the country to complete their training and education. This abrupt transition caused considerable hardship, including disruptions to their personal lives, professional development, and financial stability. In addition to the challenges faced by the residents, Erie County lost a critical healthcare asset.

The residency program had long provided essential orthopedic care to the region's population - particularly vulnerable and underserved groups. Residents played a key role in patient care delivery, supporting local hospitals and clinics. With the program's closure, access to orthopedic services in the community has diminished, creating a gap in care and placing increased pressure on remaining healthcare providers.

3. LECOM Internal Medicine Residency Program Closure

The LECOM GME Internal Medicine program has a long-standing history, having been established in 1977. Over the decades, 146 residents have benefited from graduate medical education clinical training and educational opportunities in Internal Medicine and its subspecialities.

In March 2022, the Accreditation Council for Graduate Medical Education (ACGME) made the decision to withdraw the program's accreditation following a complaint submitted to the ACGME Hotline by a resident. The Sponsoring Institution engaged internal experts, legal counsel and outside counsel with over 30 years of experience in labor law and reviewed the complaint step by step and closed it as unfounded. Despite this comprehensive and conclusive investigation, the ACGME proceeded to close the program.

The closure of the LECOM GME Internal Medicine program had a profound impact on both the institution and the broader Erie County community. The decision disrupted the career paths of numerous residents who had committed years to their medical training. Many were required to secure placement in other residency programs to complete their education—on short notice—while navigating complex processes such as licensing, credentialing, and relocation.

For fellowship programs, the ACGME requires the base residency program. Therefore, loss of the Internal Medicine Residency resulted in the closure of the Gastroenterology Fellowship and the Pulmonology/Critical Care Fellowship.

The ripple effects of the program's closure were deeply felt throughout Erie County . The Internal Medicine residents played a critical role in the delivery of patient care across hospitals, outpatient clinics, and underserved communities in the region. Their abrupt removal from the healthcare workforce placed strain on local health systems and reduced access to care, particularly for vulnerable populations.

In addition to the immediate loss of clinical support, the closure disrupted a key pipeline for retaining physicians in the Erie area. Many former graduates of the program had chosen to remain in the region to practice, contributing to the long-term stability of Erie County's healthcare infrastructure. The program's elimination represents not only an educational loss but also a challenge to meeting future healthcare needs in the community.

4. Community & Workforce Impact

   When residencies close, access to care now and in the future is impacted. Since 1977, 693 residents and fellows have completed training at LECOM Medical Center (formerly Millcreek Community Hospital), and 417 still practice within 100 miles of Erie, Pennsylvania. Eliminating accredited slots severs this pipeline, pushing graduates to seek fellowships or jobs elsewhere. The effect is especially pronounced for D.O. candidates, who depend on community-based programs as gateways into competitive specialties that can be hard to access at large academic centers. Without local training pathways, rural health systems confront a shrinking applicant pool, steeper recruitment costs, and prolonged vacancies in key services—challenges that ultimately erode continuity of care and community health outcomes.