

Impact of the Single Accreditation System on MD/DO Representation in Otolaryngology Residency Programs

A national analysis, 2021–2025

Nabeeha F. Hassan, BA¹ · Anthony M. Dapoz, Jr., MS¹ · Sarah N. Bowe, MD EdM² · Travis R. Newberry, MD¹

¹The University of Texas Health at San Antonio ²Uniformed Services University

Background

In 2015 the ACGME and AOA began transitioning to a **single accreditation system (SAS)**, completed in June 2020.¹ Of **20** AOA-only otolaryngology programs, **13** met ACGME criteria and transitioned. The purpose of the unified accreditation was to improve educational standards and increase equity across programs. Because training spans five years, 2024–2025 is the first fully matriculated cohort under unified accreditation.

Objective

Evaluate the SAS's impact on MD-DO resident composition within otolaryngology programs and on DO match performance after the transition.

Methods — retrospective descriptive analysis

NRMP · 2016–2025

Reports were reviewed to obtain annual applicant numbers, match rates, total residency positions.²

PROGRAM WEBSITES/SOCIAL MEDIA

Websites of the former 13 AOA-accredited otolaryngology residencies were reviewed (Oct 2025) to identify current and past resident degree designation (MD/DO). Social media was also reviewed, if further degree clarification was required.

ANALYSIS

Temporal trends were summarized using chi-square test and graphs.

Results

MD Match Rate vs. DO Match Rate

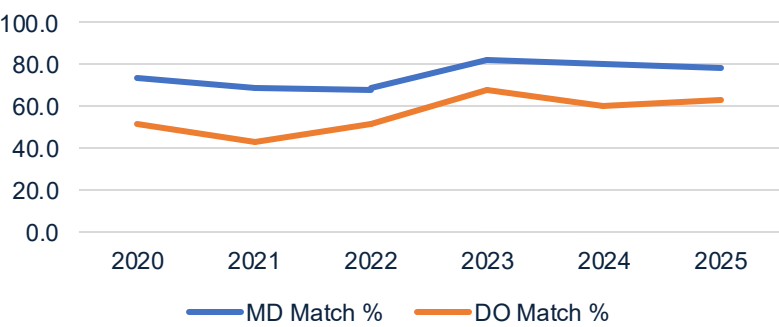


Figure 1. Match rates for both MD and DO candidates increased from 2020-2025, but MD match rate remained higher overall.

Traditional MD vs. Traditional DO (2024-2025)

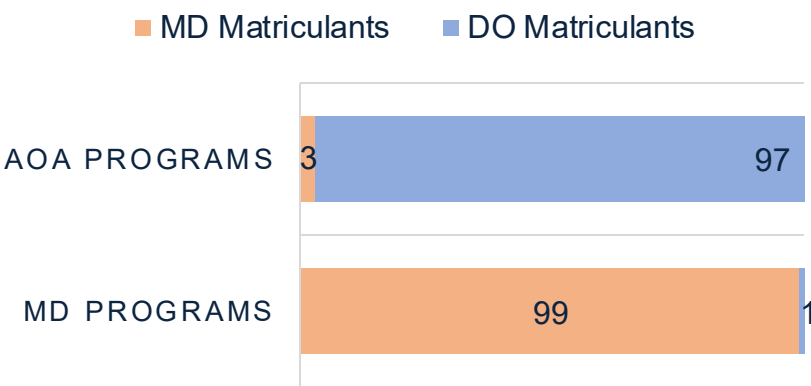


Figure 2. 99% of matriculants in traditional MD programs were MDs. 97% of matriculants in traditional AOA programs were DOs. The matriculants have mostly stayed in their respective programs after implementation of the SAS ($X^2 = 1377$, $p\text{-value} < 0.001$).

Conclusion

Although the SAS expanded access to ACGME-accredited training pathways for both MD and DO graduates, it did not appear to substantially disrupt historical MD-DO enrollment patterns within otolaryngology. DO match rates increased following SAS completion, but matriculants remained strongly clustered by historical program type. This persistent imbalance suggests that accreditation unification alone has not yet translated into meaningful compositional integration across otolaryngology residency programs. Future studies are needed to delineate mitigating factors.

References

1. Accreditation Council for Graduate Medical Education. *History of the transition to a single GME accreditation system*. ACGME.
2. National Resident Matching Program. (2021-2025). *Results and data: Main Residency Match*.