SUBJECT: RECOMMENDATIONS REGARDING ADMITTING MDS INTO OSTEOPATHIC GRADUATE MEDICAL EDUCATION PROGRAMS

SUBMITTED BY: Medical Education Summit Progress Task Force

REFERRED TO: Reference Committee 4

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1 WHEREAS, the American Osteopathic Association (AOA), the American Association of
2 Colleges of Osteopathic Medicine (AACOM), and the Osteopathic Heritage
3 Foundations partnered to sponsor two Medical Education Summits (MES) to discuss
4 key issues confronting osteopathic medical education; and

5 WHEREAS, the AACOM and AOA established a MES Progress Task Force with the
6 responsibility to study and/or implement the consensus statements from MES I and
7 MES II; and

8 WHEREAS, MES Progress Task Force asked the AOA Bureau of Osteopathic Education
9 (BOE) to a consensus statement requesting a study on the impact of admitting MDs
10 into osteopathic graduate medical education; and

11 WHEREAS, a BOE Task Force completed its study and submitted a white paper to the
12 MES Progress Task Force for consideration (see attachment 1); and

13 WHEREAS, Table 9 of the report lists several options for admitting MDs into DO training
14 programs of which the MES Progress Task Force believes Action 3 is most viable
15 (see attachment 2); now therefore be it

16 RESOLVED, that the AOA Board of Trustees accept the white paper on MDs in DO
17 Training Programs (attachment 1); and be it further

18 RESOLVED, that the AOA Board of Trustees endorse the recommendation that through
19 2015 the osteopathic profession would annually review the impact of the projected
20 30% additional LCME MD graduates entering ACGME training programs, including
21 an analysis of federal legislation affecting the number of graduate medical education
22 positions, before making a final decision on whether or not to support a new policy
23 that would permit osteopathic graduate medical education programs to admit MDs.

Explanatory Statement: There are two main reasons that the issue of admitting MD's into OGME programs has been raised:

1. The need to fill all OGME slots so they are not lost to the profession by closure or transfer to ACGME programs; and

2. The greater interest in opening new AOA-accredited residencies programs, particularly in DO-shortage areas, if there would be the possibility of such programs also being open to MD residents.

Regarding the first point, the study revealed that the increase in the number of graduates of our schools should lead to a significant increase in overall numbers of filled positions within OGME.

The study also pointed out that the second point could be addressed, while not always easily, by pursuing dual accreditation of any new AOA-accredited program.

As described in the study, a major confounding issue created by such a change in policy (for both reasons above) would be the corresponding changes required in policies for all AOA approved certifying boards, all state licensing laws and National Board of Osteopathic Medical Examiners (NBOME) licensing examination policies, not to mention a host of other unintended consequences detailed in the study.

ACTION TAKEN ____________________

DATE ____________________________

Study on the Impact of Admitting MDS into OGME Training Programs

May 2009

This white paper was developed by representatives of the American Association of Colleges of Osteopathic Medicine (AACOM) and the American Osteopathic Association (AOA) Bureau of Osteopathic Education in response to a request from the Medical Education Summit Progress Task Force (Appendix 1).

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BACKGROUND AND HISTORY[1]

Periodically the concept of allowing MDs to matriculate into Osteopathic Graduate Medical Education (OGME) programs has been raised by leaders in the profession. Common reasons cited to consider this concept include the preservation of capped slots for GME with additional candidates, the opportunity to grow osteopathic programs and opening programs to MDs would be an act of reciprocity and fairness. These issues have been particularly acute for the profession's primary care specialties like Family Medicine and general internal medicine.

There is concern that the number of trainees entering ACGME programs is growing while the number of graduates entering AOA training programs is decreasing significantly. Each year, published results from the AOA Match[2] appear to indicate a decline in the number of graduates from colleges of osteopathic medicine (COMs) electing to train in AOA-approved programs. Common reasons sighted for the growing number of applicants to ACGME programs includes availability of specialty choice (including geographic location of programs) and perceived quality of training.[3]

In truth, however, the total percentage of filled first year slots in AOA-approved training programs has remained relatively stable during the last decade, hovering between 51% and 56%.[4] The total number of students filling AOA slots is actually increasing. The expectation is that this number will continue to grow steadily with the great increase of projected COM students, but the percentage is likely to drop because the number and percentage of those going into ACGME programs is increasing more than the number going into AOA-approved programs. (See Graph 3, page 11)
The AOA Match, however, does not represent the full picture when we assess the annual fill rate of AOA training programs. For example, a substantial number of COM graduates participate in the post-Match "scramble" for training positions. The number of additional filled slots is not known to the AOA until the fall, when all the training programs report the full complement of filled positions through the Trainee Information, Verification, and Registration Audit (TIVRA) system. Regrettably, these data are not available until after publication of the annual osteopathic medical education theme issue of *JAOA—the Journal of the American Osteopathic Association.* Post-Match data for 2005 brought an additional 241 graduates into AOA-approved programs, for a total fill rate of 51%. In comparison, in 2007 an additional 396 graduates entered AOA-approved programs after the NMS and NRMP Matches and were identified through TIVRA for a total fill rate of 52%. In 2008 there were an additional 475 graduates who entered AOA-approved programs through the post-match scramble resulting in a total fill rate of 51%.

The number of osteopathic physicians who participate in the NRMP match process but fail to match into ACGME-accredited programs is a contributing factor to these additional numbers. In 2005, 2006, and 2007, 31% of the osteopathic physicians participating in the NRMP match did not

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[1] Burkhart, DN, "Response to a Letter to the Editor" *JAOA, 108:3*, Mar 2008, 105-106. Adapted text from a Response to a letter sent to the JAOA.

[2] Burkhart, DN, Lischka, TA, "Osteopathic Graduate Medical Education" *JAOA,108:3,* Mar 2008, 127-137.

[3] Teitelbaum, HS, Table 1.6 from a report: *Osteopathic Medical Education in the United States: Improving the Future of Medicine,* Project funded jointly by the American Association of Colleges of Osteopathic Medicine And American Osteopathic Association, 2005.

[4] National Matching Services, Inc. Match data by specialty. (Unpublished AOA data, 1998-2007).

successfully match into ACGME-accredited programs.[5] Many of these individuals then chose to scramble into AOA-approved programs.

The AOA has recently restructured the requirements for training programs. Starting in July 2008, graduates specializing in most osteopathic medical specialties can begin residency training in the first year after graduation. As a result of this restructuring, it is possible that fewer trainees will transfer to ACGME-accredited programs in the second year—and that the AOA will attract more first-year trainees into AOA-approved training positions. Only time will determine if these assumptions are correct. After completing an AOA-approved first year of training, currently, an additional 10-14% of trainees have been entering into ACGME training programs.

There are not enough GME education positions for all the current and previous COM graduates seeking training positions. In 2007, the AOA Match offered 2189 funded GME positions for the pool of 3173 trainees seeking positions. Graduates of COMs filled 1,663 of the funded slots, for a total fill rate of 76%.[6]

The question of accepting MDs into OGME training programs was included as one of three global issues addressed at the Medical Education Summit focused on OGME held November 2007 (Appendix 4). Two osteopathic leaders were asked to present each side of the question "should the osteopathic profession allow MDs to train in osteopathic graduate medical education?" Kendall Reed, DO, Dean, Des Moines University College developed a presentation in favor of admitting MDs into AOA-slots. His main arguments for allowing MDs into osteopathic programs included the issue of defending two standards of graduate medical education in the US and making a legal defense if we did not allow MDs into our programs. Dr. Reed also stated that admitting MDs into AOA-approved training positions was the right thing to do.

William D. Strampel, DO, Dean, Michigan State University College of Osteopathic Medicine presented the opposition. Dr. Strampel believes the osteopathic profession is under constant pressure to merge with MD colleagues and to have one voice in medicine and college accreditation. Before making a decision to bend to this pressure, he stated the profession should look at issue of quality and education and answer the hard questions on the benefit to the profession or cause the profession to be absorbed or lost. The full PowerPoint presentations by Dr. Strampel and Dr. Reed are available to the public at www.mededsummit.net.

Recommendations to move forward on an issue had to meet a 75% approval rating from Summit participants. The recommendation to study the impact of admitting MDs into OGME programs met the 75% participant requirement for approval.

In June 2008, the Medical Education Summit Progress Task Force charged the BOE to conduct a study on the impact of admitting MDs into AOA approved training positions. A subcommittee of BOE members would work with representatives from the American Association of Colleges of Osteopathic Medicine (AACOM) to develop a white paper that would later be reviewed by the full BOE and AACOM Board of Deans. Kenneth Johnson, DO was appointed Chair of the Task Force. Representatives from the BOE include Ronnie Martin, DO, Gary Willyerd, DO, and Joanna

[5] National Resident Matching Program, *Advanced Data Tables for 2008 Main Residency Match*, Washington, DC, National Resident Matching Program; 2008.
[6] National Matching Services, Inc. and AOA Department of Education (Unpublished AOA data 2008).

Pease, DO. Representatives from AACOM are Tyler Cymet, DO, Lorenzo Pence, DO, and Joseph DeGaetano, DO.

The BOE had recommended the Task Force prepare a white paper on this recommendation from the Medical Education Summit Progress Task Force. The Task Force held its first teleconference August 27, 2008. The Task Force met bi-monthly via conference call and held one face-to-face meeting at the AOA Annual Convention in Las Vegas, Nevada on October 28, 2008.

To fully develop a relevant white paper, the Task Force agreed that a survey should be presented to Key Stakeholders so that the profession had an opportunity to voice its' opinion. Dr. Martin and AOA staff developed relevant survey questions working with their respective experts in survey development. The survey was sent using Zoomerang.

Key Stakeholders were identified by the Task Force. Leaders representing every Specialty College and their Education Evaluation Committee, Certifying Board, OPTI, and College of Osteopathic Medicine were asked to participate in the survey. A random sample of Directors of Medical Education and Program Directors from residency training programs and internships also participated. A total of 665 leaders were asked for their response and 257 completed and returned the survey for a 39% response rate, which is considered an excellent response rate for valid consideration.

Eighteen survey questions were developed to provide a "forced" choice with only four options: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree." There were two open sections for participants to add positive and negative comments, one question to self identify their role and one multiple choice question. A copy of the survey and its results by question is attached (Appendix 2).

The Task Force agreed that leaders from the Council of Student Government Presidents (COSGP), Student Osteopathic Medical Association (SOMA), and the Congress of Interns and Residents (CIR) meeting during the National AOA Convention would be surveyed on specific questions (decided by the Task Force in advance) using an Audience Response System. Results from those groups are found in Appendix 3.

At its October 28 meeting, the Task Force discussed results from the survey and how the results should be framed for review. The group agreed that each question would be categorized for impact under one or more of the following areas: Undergraduate Medical Education, Graduate Medical Education; Leadership; and Profession.

After reviewing the Survey results from leadership, students, interns and residents, the Task Force initially determined they would use a 67% level of approval (2/3s majority) as an indication there was support for or against concepts from the survey. The Medical Education Summit Steering Committee used a 75% level to determine agreement for support. However the Task Force felt in a conference setting there was potential for interactive discussion. Thus, the Summit participants could influence decisions and make adjustments to wording to gain consensus or approval, justifying a higher threshold. After further discussion, it was recommended to the Task Force that the report should provide raw data and percentages of agreement/disagreement so that interpretation would be up to the readers of the report, in particular the Medical Education Summit Progress Task Force.

IMPACT CONSIDERATIONS

IMPACT CONSIDERATION 1: Admitting MDs into OGME and Type of MD
Would the profession support admitting MDs? Would the profession support admitting US LCME GRADUATES and INTERNATIONAL MEDICAL GRADUATES?

The first question on the survey was the only multiple choice question. Osteopathic leaders were asked to select as many answers as applied in the first three options or could choose the fourth option "None of the above."

TABLE 1: Question 1 Survey Response from Leadership

1. Which of the following type(s) of MD would you consider admitting into OGME programs (check all that apply):		
US MD (LCME Graduate)	180*	70%
US Citizen MD International Medical Graduate	104*	40%
Non-US Citizen MD International Medical Graduate	51*	20%
None of the above	76*	30%

*Out of a total of 257 respondents

This question was developed to determine if there was a substantial level of support from leaders to admit MDs into OGME programs by type of MD, i.e. US MDs from US (LCME) medical schools and International Medical Graduate MDs (IMG), broken down into US citizens and Non-US citizens.

In addition to Question 1, Statement 13 asked leaders to confirm whether or not they believed it was unacceptable to admit MDs into OGME programs. Statement 13, "Admitting MDs into OGME programs is not acceptable," was included in the survey to demonstrate if there was reliability in the survey between responses in Question 1 and Statement 13. Reliability was fairly consistent with 30% agreement in Question 1 and 36% agreement in Statement 13. A total of 60% of the participants (153 out of 257) responded they would not support admitting IMG graduates into osteopathic training programs, whether they were US IMGs or non-US IMGs.

The Task Force then asked AOA General Counsel for opinion on whether the profession could discriminate between different categories of MDs. His response was as follows:

> "The analysis on this issue is made a bit more complicated because ACGME training programs accept graduates of LCME schools on an equal basis with all graduates of international medical schools (US born or otherwise).
>
> 1. Distinguishing Between DO and MD Graduates.

I believe that we can defend the distinction currently drawn between DO and MD graduates based on osteopathic application of the specialty as a core competency and lack of sufficient osteopathic education and training in MD schools.

2. Distinguishing between graduates of LCME accredited schools and graduates of international medical schools.

This is a bit more complex. We could defend this based on the LCME's known program of accreditation. There would be challenges from the international medical community. As noted in my introductory comments, the success of IMGs within ACGME residency training would make this a difficult decision to defend.

3. Distinguishing between US international medical graduates and non-US graduates.

I don't think this can be defended. We can have Test of English as a Foreign Language requirements and requirements for visa, but I don't believe an outright barrier of international graduates could be defended once the door is opened."

General Counsel was asked to attend a Task Force meeting held at the Annual AOA Convention and answer direct questions on this issue. The Task Force felt that there is support (70%) from leadership that US MD Graduates from LCME schools could enter OGME programs. US born IMGs were favored over non-US born (40% to 20%), however, General Counsel thought it would be difficult to legally differentiate between US and Non-US born graduates from foreign medical schools (IMGs). Though it also could be legally challenged to admit only US graduates from LCME schools, there are arguments that could be defensible, i.e. the known quality of LCME schools as opposed to the many and varied foreign schools and the argument that there is a factor of reciprocity. The AOA would be reciprocating if they admit LCME graduates since ACGME training programs admit osteopathic graduates from COCA- accredited (Commission on Osteopathic Colleges Accreditation) schools.

TABLE 2: Question 1 Survey Response from Student/Trainee Leaders

1. Which of the following type(s) of MD would you consider admitting into OGME programs (check all that apply):			
	CIR	SOMA	COSGP
US MD (LCME Graduate)	59%	68%	74%
US Citizen MD International Medical Graduate	26%	38%	39%
Non-US Citizen MD International Medical Graduate	18%	22%	23%
None of the above	41%	36%	26%

Student opinion on question 1 of the survey did not widely deviate from Leadership opinion on the original survey, however at 59%, interns and residents were less supportive of admitting US LCME MDs and in their response to "None of the above."
A review of the literature regarding IMGs training in ACGME programs included results from a survey of 702 fourth-year US medical students on factors influencing residency selection. The survey results found that the proportion of IMGs in a residency program was a significant negative

factor on program desirability. Data from the National Residency Match Program (NRMP) demonstrated that residency programs that enrolled large numbers of IMGs over time experienced an increase in the number of applications from IMGs and a decrease in the number of applications from MDs graduating from LCME (American) schools.[7 8] In addition it was found that communication and social skills, professionalism, patient management and social issues were neglected aspects of medical education in the teaching curriculums of third world country medical schools.[9] In 2005, IMGs comprised 23% of US physician population and 24% of residents training in ACGME programs. Fifty-five percent (55%) of IMG residents are US citizens or lawful immigrants who reside in the US because of marriage, parents, and/or political situations. There are between 7000-8,000 unemployed IMG physicians in the US, many that are unable to match into training programs due to a variety of issues. Like osteopathic physicians, IMG physicians work with underserved populations and a majority are trained in primary care specialties.[10] With the predicted physician workforce shortage, IMG physicians have been and will continue to provide care to the public.

Impact Finding on Consideration 1: The survey demonstrates that the profession is supportive of admitting LCME trained MD graduates into OGME programs Survey results showed lack of support for admitting all categories of MDs into OGME. However, while the Task Force agrees that the profession is likely to support the admission of MD graduates from LCME schools further study is needed on the questions of admission of other classes of MDs into osteopathic graduate medical education. Permitting LCME MDs to enter OGME could be perceived as an act of reciprocity and fairness.

Based on the survey, the impact of admitting International Medical Graduate MDs, whether US citizens or foreign born, would not be acceptable at this point in time by educational leaders in the profession, students, interns or residents.

IMPACT ON UME AND GME

On the osteopathic leadership survey there were 18 statements asking opinions on topics related to admitting MDs into osteopathic training programs (see Appendix 2). Though all 18 statements relate in some way to osteopathic graduate medical education (OGME), some statements addressed issues that focused on the impact to the profession and the ethics and acceptance of admitting MDs rather than the impact on OGME specifically. The GME focused issues that were addressed included maintenance of CMS resident position and reimbursement CAPs, the ability to network with virgin health care institutions to open new OGME programs, the legal issue of not admitting MDs when ACGME programs admit DOs, competition that MD graduates would present for OGME slots in competitive osteopathic specialties, and various issues surrounding the training, perception and value of OPP/OMM/OMT.

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[7] Woods, SE, Harju, A et. al.; Perceived Biases and Prejudices Experienced by International Medical Graduates in the US Post-Graduate Medical Education System. Med Educ Online [serial online] 2006;11:20
Available from http://www.med-ed-online.org

[8] Koehn NN, Fryer GE, Phillips RL, Miller JB, Green LA. The Increase in International Medical Graduates in Family Medicine Residency Programs. Fam Med 2002; 34:429-435.

[9] Singhal, K and Ramakrishnan R, Training Needs Of International Medical Graduates Seeking Residency Training: Evaluation Of Medical Training In India And The United States; *The Internet Journal of Family Practice.* 2004. 3:1.

[10] Ramamurthy R, "International Medical Graduates in the Physician Workforce Debate" Unpublished PowerPoint presentation to the AMA, February 2005.

IMPACT CONSIDERATION 2: Competition:

The survey provided the opportunity to add written comments. There were 13 comments in favor of admitting MDs to promote maintenance of OGME position by filling CAP allowances. From most responses, there were no indications that IMGs would or would not populate these unfilled slots. One responder wrote: "OGME programs are at a disadvantage in the competition for filling positions in Family Practice because they are unable to draw from the MD recruiting pool. ACGME programs have a tactical advantage in their ability to recruit DOs as well as MDs." Another leader wrote a negative response: "The decision to admit MDs would then result in an increase in IMG applications for OGME spots. I cannot see this making our programs more competitive, desirable, or appealing to future osteopathic students looking for OGME." Survey results frequently beg follow-up questions and in this case, Statement 2, would be a good candidate for such follow-up given the response would apply only to US LCME graduates on a secondary survey.

There is only anecdotal evidence of incidents that have been conveyed over time discussing LCME MDs that have inquired about entering osteopathic training programs. There is no documentation of PGY-1 LCME graduates requesting acceptance to OGME positions for any reason, location, quality of training, et al.

The Task Force reviewed NRMP Match data from 2008 and 2009 to see if there would be a significant number of LCME MD graduates seeking positions. Table 3 shows the statistics from the NRMP Match in 2009. There were a total of 1,749 unmatched participants in the NRMP Match that were LCME students or previous graduates from LCME schools compared to 1,546 in 2008. There are no demographics on the programs they tried to enter, but it is likely many of these participants are trying to enter specialties that are more competitive.

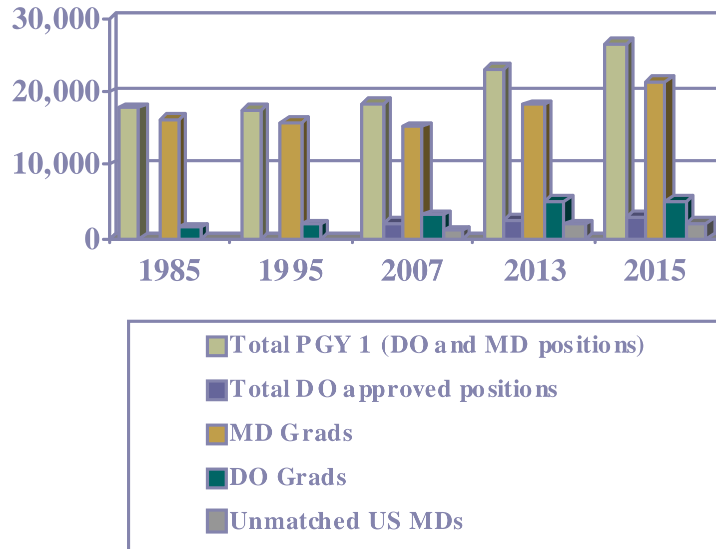
TABLE 3: 2009 Statistics on fill rates in LCME programs[11]

2009 NRMP Match	Total Number	Matched	Unmatched
LCME students	15,638	14,566	1,072
Previous Graduates	1,222	545	677
	TOTAL LCME MDs seeking positions:		1,749

Graph 1 on the following page depicts the total number of first year trainee positions for both MDs and DOs from 1985 through 2015. There appears to be growth in the total number of positions that will be available, but the number of US MDs only begins to rise in 2013, while the number of unmatched US MDs and DOs graduates will grow significantly.

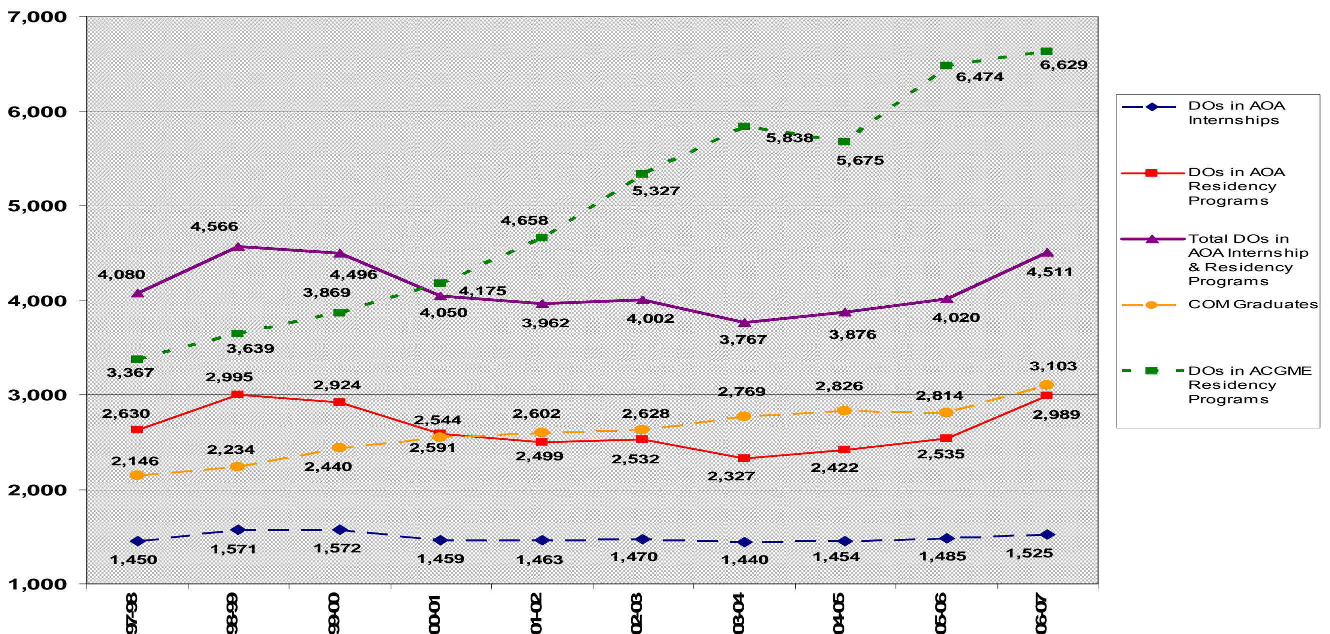
[11] National Resident Matching Program (NRMP) Advance Data Tables for 2009 Main Residency Match. 2009.

Graph 1. First Year Trainee Positions MDs and DOs[12]



Graph 2 provides an overall picture of osteopathic graduates and their decision to train in AOA and ACGME programs over the past ten year's growth (1997-2007). The number of DOs training in ACGME programs has nearly doubled in the past ten years, while the number electing to train in osteopathic programs has remained relatively stable.

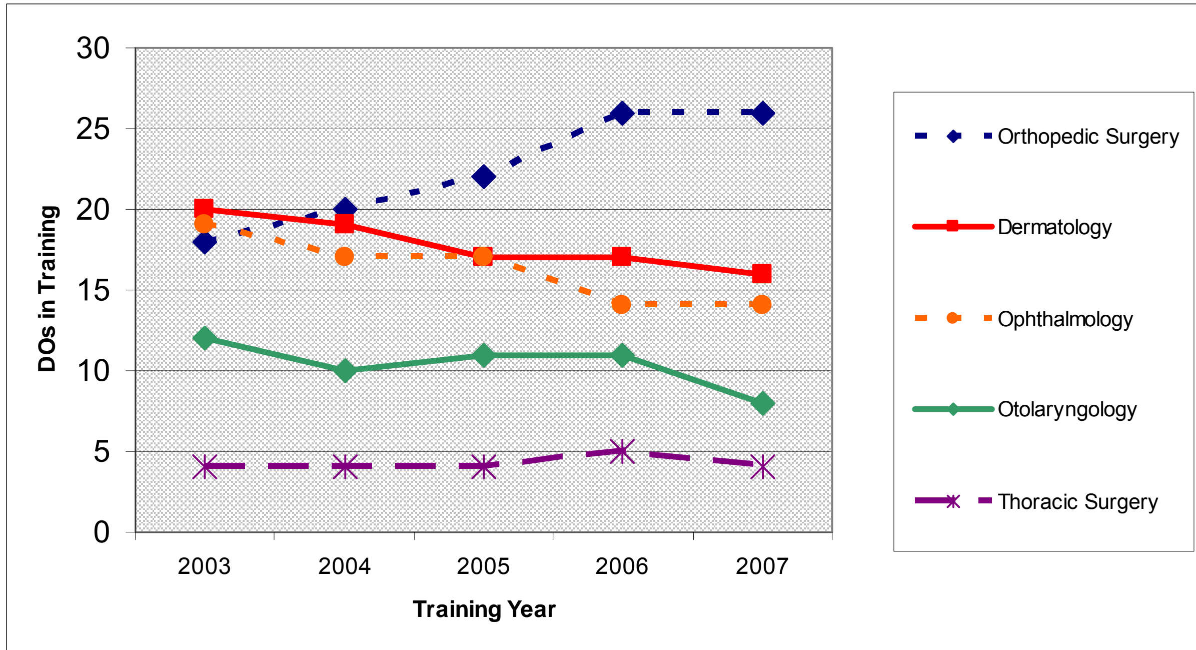
Graph 2. DOs in Training - AOA and ACGME Comparison[13]



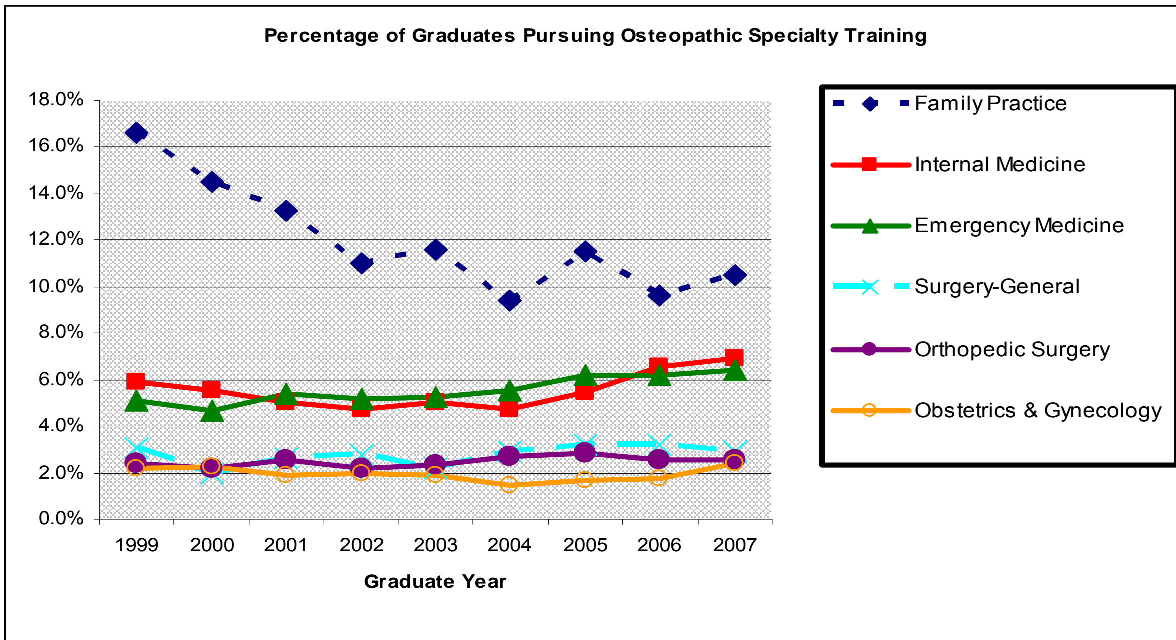
[12] Johnson, K. Unpublished graph based on data from AACOM and AOA

[13] Lischka, T. Unpublished graph based on data from JAOA (2008) and JAMA (2008).

Graph 3. Number of DO Graduates Pursuing Competitive ACGME Specialty Training[14]



Graph 4. Percentage of DO Graduates Pursuing Osteopathic Specialty Training



Concern has been expressed by members of the Task Force and the profession as to what would be the impact on osteopathic student satisfaction if there is increased competition for specialty slots? This concern was addressed with two specific statements on the survey:

[14] Journal of the American Medical Association (JAMA) Data tables 2003-2007.

Statement 6: "Admitting MDs into OGME programs would place osteopathic and MD students into competition for existing slots."
Statement 17: The growing number of graduates from allopathic medical schools (LCME accredited) projected to increase by 21% (approximately 3,500 by 2016) will result in a decreased number of allopathic (ACGME) training opportunities available for graduating DOs."

These two statements brought a high level of agreement from leadership, student, interns and residents. Eighty-three (83) percent of all survey groups agreed with Statement 6. In Statement 17, leaders agreed at the 84% level, student, interns and residents at the 88% level.

These statements also prompted the most written comments from participants (29) to one specific issue. Though osteopathic students are widely accepted into primary care specialties in ACGME programs, there are very few that match into many competitive specialties such as dermatology and some surgical specialties (see Graph 3). These specialties are highly competitive in the osteopathic profession as well. As the number of graduating osteopathic students has increased significantly, the number of OGME positions in these specialties has not grown at the same rate as the number of graduates desiring the OGME positions.

This issue deserves further investigation. There is no evidence, pro or con, to support a presumption that osteopathic programs would differentially select osteopathic graduates over allopathic graduates when selecting residents.

A minority of the students, interns and residents responded agreement to statement 10 on the survey; "the majority of osteopathic students would welcome admitting MDs into OGME programs." There response was 107 agreed and 127 disagreed for an overall agreement to the statement of 47%. In contrast, osteopathic physician leaders responded at a higher level in agreement to this statement (145 of 257 responders or 57%).

There were 162 of 247 students, interns and residents (68%) that indicated they would consider admitting US MDs into OGME programs (Statement 1), but only 47% of the students, interns and residents agreed the majority of osteopathic students would welcome admitting MDs into OGME programs (Statement 10).

Given that the survey indicated that only US MDs would be accepted by the profession to enter OGME programs, the Task Force surmised that the most likely candidates for OGME positions would now be unmatched LCME students and those MDs seeking highly competitive specialties Based on NRMP match data, the potential number if considering LCME MDs only would be 1,556 unmatched MDs in 2008[15] and 1,749 unmatched MDs in 2009.[16] It is believed that programs that would likely get significant interest would be the highly competitive specialties such as Orthopedics with a 99.8% fill rate in 2008[17] and 2009.[18]

[15] NRMP, Results and Data 2008 Main Residency Match, April 2008.
[16] NRMP Advance Data Tables for 2009 Main Residency Match, March 19, 2009.
[17] NRMP, Results and Data 2008 Main Residency Match, April 2008.
[18] OP CIT. 15.

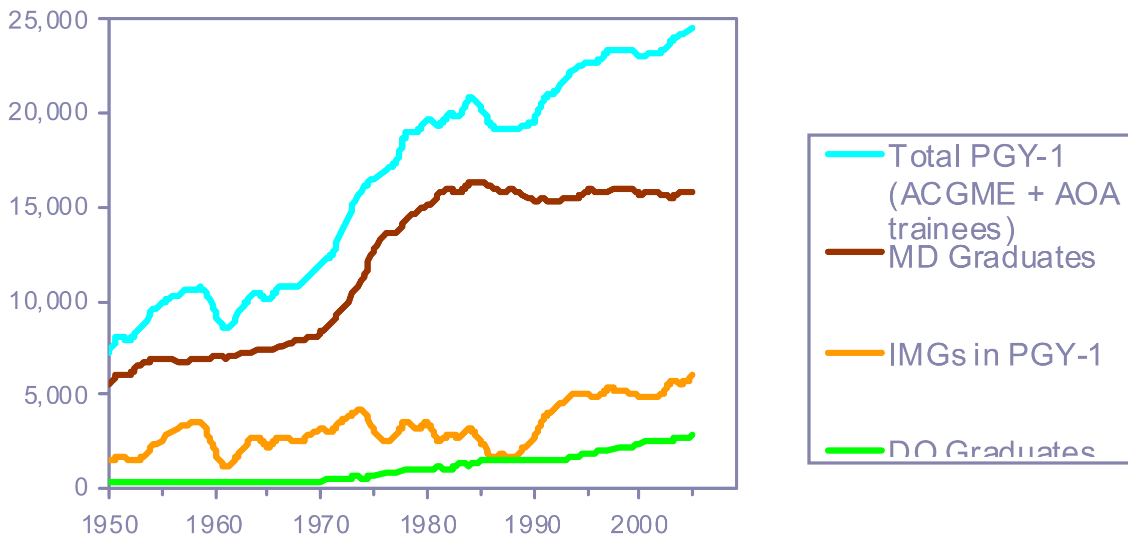
TABLE 4: Number of DO and MD Graduates and Funded Positions trended to 2015

	2007	2009	2011	2013	2015
DO graduates	3,103	3,724	4,500	5,000	5,200[19]
AOA first year positions (in AOA Match)*	2,189	2,435	2,556*	2,684*	2,818*
MD graduates[20]**	15,206	15,638	17,362[21]	18,200[22]	19,000[23]
MD first year positions (in NRMP Match)	21,845	22,427	23,191[24]	23,981[25]	24,800[26]
Unmatched MD	1,696	1,749	1,810**	1,873**	1,939**

*Based on historical trend data of 5% increase every two years and no campaign to promote growth
**Based on historical trend data of 3.5% increase every two years

The Task Force purposefully did not re-survey MD leaders, students or trainees at this time. Until the profession determines there should be action to move forward on a plan to admit MDs, the Task Force felt that the decision should be made by the osteopathic profession without undue influence by the MD community.

Graph 5: Genesis of the Problem: Failure to Sustain Growth in GME[27]



In 2006, in response to the predicted physician workforce shortage, the Association of American Medical Colleges (AAMC) has called for an expansion of students in allopathic medical colleges for

[19] AACOM PowerPoint presentation to ACOFP March 2008 on first year enrollment predictions 2011.
[20] National Resident Matching Program (NRMP) Results and Data 2008 Main Residency Match, April 2008.
[21] Nealy, M, U.S. Medical Schools Experience Record First-Year Enrollment, *Diversity* Oct 22, 2008, 01:15.
[22] Ibid.
[23] Dill, MJ, Salsberg, ES, AAMC Center for Workforce Studies, The Complexities of Physician Supply and Demand Projections through 2025, Nov 2008, (based on Moderate Growth).
[24] Predictions based on 1.69% growth in positions each year from 2009 to 2015. Calculations based on known first year positions offered in 2009 and 2015 Dill and Salsberg prediction.
[25] Ibid.
[26] Op.Cit 17.
[27] Cooper, RA, "Addressing the Problem of Physician Shortages" PowerPoint Presentation at the Sixteenth Annual Osteopathic Medical Education Leadership Conference, Chicago, Sept 2005.

the first time in 35 years.[28] The AAMC recommended a 30% increase by 2015. To date, allopathic medical colleges have already expanded enrollment by 17%. The AAMC estimates an additional 2,812 new MD graduates by 2012, would be a little more than half of their goal of 4,900 new graduates by 2015 (Graph 5). There is an expectation that new MD schools will grow in the next decade, but existing schools have not yet been able to meet the rising demand for expansion.

According to Michael J. Dill and Edward S. Salsberg of the AAMC Center for Workforce Studies, it would require 859,300 physicians to meet the demand for physicians in 2025, but there will only be 734,900, resulting in a shortage of 124,400 physicians. The Center for Workforce studies includes osteopathic physicians in their analysis. In the latest 2008 report, the largest shortage of physicians is projected to be in primary care and surgical specialties.[29] With a projected 2,812 new physicians entering residency training in 2012, the competition for funded positions in allopathic programs is inevitable, particularly if there is no expansion of the current resident CAP put in place by the government through the Balanced Budget Act of 1997 (BBA97).

Restrictions for growth on residency training were placed on hospitals for governmental funding through the BBA97. Funding for new graduate positions has been difficult to attain. BBA97 was projected to reduce Medicare payments by $119 billion, including $2.3 billion in graduate medical education (GME) payment reductions. Medicare is the largest single source of financing of GME, which accounted for 7% of Medicare expenditures by 1999.[30] The Center for Medicare and Medicaid Service (CMS) placed caps (FTE caps) on all GME and has only redistributed unused caps once in 2007.

One of the important issues surrounding the question of admitting MDs into OGME is what will be the impact on osteopathic physicians seeking ACGME training positions by 2015? ACGME training programs have aggressively recruited osteopathic graduates in primary care specialties. ACGME primary care training programs have been increasing their admissions of osteopathic and IMG graduates in order to fill funded slots and maintain their FTE caps.[31] There are fewer numbers of osteopathic physicians that have been admitted into programs in specialties that are historically highly competitive for LCME MD graduates. When 2,812 new graduates seek ACGME training programs, the question must be raised: What will happen to the slots that have been open to osteopathic physicians in primary care? One must speculate that many of those will be redistributed to new LCME MD graduates, moving out osteopathic physicians and IMGs. The April 2009 AMA G-email reported the following: "On Thursday, March 19, nearly 30,000 applicants to the National Resident Matching Program (NRMP) learned where they will obtain their residency training. The 2009 Match was the largest in history, with 29,890 applicants competing for 22,427 first-year positions. Just over half the applicants (15,638) were U.S. medical school seniors, 400 more than in 2008. The growth of US MDs as well as DOs and US IMGs over the last few years has increased

[28] AAMC Center for Workforce Studies Report: Medical School Expansion Plans, February 2007.

[29] Walker, EP, "Nation Faces Daunting Doctor Shortage, Washington Correspondent," MedPage Today, December 02, 2008, http://www.medpagetoday.com/HospitalBasedMedicine/WorkForce/11980.

[30] Phillips, RL, Fryer, GE, Chen, FN, Morgan, SE, Green, LA, Valente, E, Miyoshi, TJ *The Balanced Budget Act of 1997 and the Financial Health of Teaching Hospitals.*

[31] Department of Health and Human Services April 30, 2004 notification, The Social Security Act (the Act) under sections 1886(d)(5)(B)(v) for IME and section 1886(h)(4)(F) for direct GME establishes a cap on the number of allopathic and osteopathic residents that a hospital may count for purposes of IME and direct GME payments, respectively. Generally, each hospital's caps, often referred to as the "1996" FTE caps, are based on the number of allopathic and osteopathic residents that the hospital trained in its most recent cost reporting period ending on or before December 31, 1996.

the competition for positions. As a result, only 1,087 PGY1 unfilled positions were available in the Scramble for 1,072 unmatched US MD seniors and more than 7,000 other applicants."[32]

Dual AOA/ACGME Training Programs

The osteopathic profession has approved a significant increase in the number of dual AOA/ACGME programs over the past five years. The number of dually accredited approved funded slots has more than doubled since 2004 (72 programs in 2004, 150 programs in 2009).[33] This strategy to increase the number of funded slots for osteopathic graduates has been beneficial to growth because essentially the AOA is gaining CMS slots from the ACGME. Students may find the opportunity to be eligible for either or both AOA and American Board of Medical Specialties (ABMS) board certified an advantage. Many osteopathic medical students perceive, without documentation of evidence, that the quality of ACGME programs as superior to osteopathic programs,[34] but that perception is not based on evidence-based measures.

Dual AOA/ACGME training slots may be vulnerable if: 1) the ACGME training programs find they can fill their programs with the increased number of new LCME MD graduates in 2013, and 2) Hospitals that incur additional expenses to meet the requirements for dual programs decide to limit that portion of their mission.

TABLE 5: Approved (Active) Dual Programs Comparison between 2006 and 2009[35]

	2006	2006	2009	2009
Representative Specialties (not all, does not include CAQs)	Dual Programs	Dual Approved DO Positions	Dual Programs	Dual Approved DO Positions
Emergency Medicine	4 (2)	78 (48)	3 (3)	83 (83)
Family Practice	47 (30)	435 (312)	90 (89)	1,011 (1,008)
Internal Medicine	16 (7)	190 (107)	26 (25)	321 (309)
Internal Medicine - Pediatrics	1 (1)	6 (6)	1 (1)	10 (10)
Neurology	1 (1)	6 (6)	1 (1)	6 (6)
Obstetrics & Gynecology	1 (1)	9 (9)	3 (3)	18 (18)
Occupational Medicine	0	0	1 (0)	3 (0)
Palliative Medicine	0	0	1 (1)	2 (2)
Pediatrics	12 (8)	140 (95)	14 (13)	186 (180)
Physical Med & Rehab	2 (2)	22 (22)	2 (2)	22 (22)
Psychiatry	4 (3)	39 (33)	4 (4)	39 (39)
Child Psychiatry	0	0	1 (1)	6 (6)
Sports Medicine	2 (2)	11 (11)	3 (3)	9 (9)
Total	90 (57)	936 (649)	150 (146)	1,716 (1,692)

As of July 31 2004 there were 39 dually accredited programs compared to 117 as of July 31, 2008. There were 1,317 approved positions in the 117 programs with 487 trainees for a fill rate of 37%. At the start of 2009, the number of dually accredited programs rose to 150. The majority of dually

[32] AMA Graduate Medical Education e-Letter [ama.grad.med.educ@enews.ama-assn.org], April 2009.

[33] Burkhart, DN, Lischka, T, "Dual and Parallel Postdoctoral Training Programs," *JAOA*, *109:3,* Mar 2009.

[34] Teitelbaum, HS, Table 1.6 from a report: *Osteopathic Medical Education in the United States: Improving the Future of Medicine,* Project funded jointly by the American Association of Colleges of Osteopathic Medicine and American Osteopathic Association, 2005.

[35] Burkhart, DN, Lisckha, T, Adapted table from article: "Dual and Parallel Postdoctoral Training Programs," *JAOA*, *109:3,* Mar 2009.

accredited programs and positions are in family medicine (57%) with 89 active programs and 1,011 approved positions. Internal Medicine, the second largest specialty with dual programs offers 26 programs and 321 approved positions. In internal medicine, dual positions are 76.2% filled.[36]

Though the profession is concerned that our current positions are not filling to capacity, a greater concern would be what if there were not a sufficient number of positions for the growing number of osteopathic graduates in the future.

It is apparent that the profession is challenged to increase OGME positions over the next four–five years, to avoid a crisis in the profession faced by its graduates. With a requirement by all states for GME to qualify for licensure and practice rights for all physicians, the impact of non-availability of GME positions, either osteopathic or allopathic, would negatively impact the entire profession starting with COCA-accredited Colleges of Osteopathic Medicine and continuing through its public and health policy roles and functions and may endanger the availability of clinical rotations.

Once the profession determines it will permit LCME MDs into OGME programs, it will be difficult to change that decision. It is not clear if LCME MD graduates will be seeking primary care positions if they are not seeking them from the ACGME. What will be the benefit of admitting LCME MDs into osteopathic programs and reciprocity if by 2015; there are not enough funded slots for our own graduates?

Students in 2004 indicated in Table 6 their plans for residency through a survey. While many students may plan training in allopathic residencies, a growing number of DOs do not match into ACGME programs each year. In 2009 there were 607 DOs who did not match compared to 531 the previous year and 516 in 2007.

TABLE 6: Senior Osteopathic Medical Students Plans for GME Training[37]

Senior osteopathic medical students who reported various plans immediately after graduation or internship, 2003-04 (1,882)		
Type of residency/employment	Number of students	Percentage of students
Pursue osteopathic residency	572	31%
Pursue allopathic residency	881	47%
Pursue AOA/ACGME residency dual approved program	168	9%
Enter governmental service	191	10%
Self-employed /group practice/ other professional activity	5	0%
Undecided or indefinite post-graduate/internship plans	41	2%

[36]Burkhart, DN, Lischka, T., AOA Department of Education, AOA data compiled for a publication on dual and parallel programs scheduled to be published in the JAOA March 2009.

[37] IBID.

Impact Finding on Consideration 2: A decision to admit MDs into OGME positions will create increased competition for osteopathic graduates globally and specifically within highly competitive specialties.

There may be an unproven opportunity to recruit LCME MD graduates into currently unfilled OGME programs. While unproven, it is likely that a high percentage of MDs seeking OGME positions will seek resident slots in competitive training programs in preference to primary care programs in the same percentage that is currently seen in both the allopathic and the osteopathic professions. This may create decreased opportunity for osteopathic graduates to train in these competitive osteopathic specialties. This is not an argument that OGME programs would prefer to recruit LCME MD students over DO students. The point is that it would be expected if LCME MD students were allowed to enter OGME programs, they would have the same opportunity to complete in all specialties, which could result in fewer opportunities for DOs in competitive specialties.

There will be significant growth in UME and potential minimal growth of GME and even potential attrition of GME opportunities. This could have a significant negative effect on OGME recruitment and the profession.

IMPACT CONSIDERATION 3: Sustaining Cap Slots and New GME Growth

Would admitting LCME MDs into osteopathic training programs sustain slots to maintain approved CMS CAPs? Statement 2: "Admitting MDs into OGME programs would enable programs to sustain slots approved by CMS and be able to maintain their approved CAPS." The second survey statement asked leaders if they agreed that CAPS would be positively impacted if the profession admitted MDs.

The Task Force did not anticipate the response from Question 1 would impact Statement 2. If the profession would only agree to consider admission of LCME MD graduates, would there be sufficient numbers of MDs interested in OGME positions? There would be significantly less numbers of LCME MD graduates interested in filling open osteopathic training slots compared to IMG MDs.

Impact Finding on Consideration 3: Though osteopathic leaders and student, interns and residents believe that admitting MDs into OGME programs would have the potential to sustain slots, the Task Force recommends that additional study or questions are indicated as respondents were not asked to differentiate between the LCME MD graduates and IMGs on the survey. If a limit was made to accept only LCME MDs, it is felt that it would be conjecture on the part of the Task Force to give validity to the survey response.

An additional question that must be asked in future study is; 'Does the profession leadership think US LCME graduates would populate enough OGME slots to make a significant change in current unfilled positions?"

There were anecdotal reports of the desire of hospitals that do not currently have GME programs to have both DOs and MDs in any new programs that are to be established.

There was significant geographic diversity among the Task Force. Exploration of this topic by the Task Force revealed that there is likely significant regional variability in this perception.

IMPACT CONSIDERATION 4: Quality

Would admitting MDs into OGME programs negatively or positively impact the perception of Osteopathic Program Quality. Statement 7 "Admitting MDs into OGME programs would negatively impact the perception of OGME training program quality."
Statement 8 "Admitting MDs into OGME programs would positively impact the perception of OGME training program quality."

215 of 257 physician leaders (84%) disagreed with Statement 7 that admitting MDs would negatively impact the perception of quality in training. In comparison 170 of 257 physician leaders (66%) of the respondents agreed with statement #8 that "Admitting MD's into OGME programs would positively impact the perception of OGME training program quality." The response indicates that admitting MDs may have a positive impact on the perception of OGME program quality and would likely not have a negative impact. Student, intern, and resident responses were very similar to physician leader responses.

There is not clear opinion on the perception of osteopathic GME. The response may indicate agreement that exposing osteopathic skills and philosophy to MDs would demonstrate the effectiveness and value of high quality osteopathic training toward patient care.
There are studies currently in progress with the AOA focusing on quality and perception of quality that were initiated at the Osteopathic Heritage Foundation Medical Education Summit held in January 2006. A report on that project will be the presented when it is completed.

Impact Finding on Consideration 4: A decision to admit MDs is unlikely to improve the perception of quality. The focus of the profession should be directed towards identifiable and measurable metrics of quality and programs for quality improvement and marketing/public relations efforts.

IMPACT FINDING ON CONSIDERATION 5: Strengthen OMM Teaching

Would admitting MDs into OGME programs strengthen the teaching of OPP, OMM, and OMT in GME and should we consider training MDs in OPP, OMM and OMT? Statement 4 "Admitting MDs into OGME programs would strengthen the teaching of OPP, OMM and OMT in graduate medical education" and Statement 15 "The osteopathic profession should restrict training of OPP/OMM/OMT to osteopathic physicians only" focused on values toward teaching MDs OMM.

Most of the respondents (181 of 257 or 70%) disagreed that admitting MDs into osteopathic OGME programs would strengthen the teaching of OPP, OMM and OMT. There were 21 written comments from leaders that by admitting MDs into OGME programs we would risk losing our

identity, 13 comments that admitting MDs would improve the acceptance of osteopathic philosophy and skills, and 12 comments that before any MD could be allowed in OGME programs they would need a prescribed amount of training in OPP/OMM/OMT before entry into osteopathic graduate medical education programs. The issue of OPP/OMM/OMT is debated throughout the comments in the survey. The responses ranged from "OMM/OMT/OPP has no value whatsoever" to "Even those MDs who are interested in OMM and in learning about osteopathic medicine do not have the basic palpatory training and ability to become trained in manipulation."

OPP/OMM/OMT are required curriculum in OGME, all programs must integrate this core competency into their training. Both program and OPTI inspections require feedback on adherence to training in these areas. "The OPTI shall provide for the integration of OPP throughout all AOA postdoctoral programs within the OPTI in accordance with basic standards requirements of the specialty college and the COPT/IEC" and the Core Competency requirement "The training institution shall ensure that each program defines, teaches and evaluates, in accordance with AOA and specialty college requirements, the specific knowledge, skills, attitudes and experience required for trainees to learn and demonstrate the following basic core competencies: a. Osteopathic philosophy and osteopathic manipulative medicine."[38] A question that must be raised if the teaching of OPP/OMM/OMT for all current OGME programs and OPTIs: Are our inspectors ignoring the findings that there is a lack of emphasis, teaching and demonstration of this competency present in the curriculum or are the councils that make decisions on accreditation ignoring citations of this issue and allowing it to continue?

If the AOA does make a decision to admit MD LCME graduates into OGME, there are several questions that must be answered concerning competency in this area of osteopathic medicine.

1. Can foundational principles, practices and philosophy surrounding osteopathic medicine be taught as a component of the OGME program? If so, by whom and to what standards?
2. Should there be a requirement that the MD must complete a prescribed program in OPP/OMM/OMT before entry into the OGME program. Would MDs be willing to complete such a program?
3. Who would bear the expense of training of MD OGME trainees in osteopathic principles and philosophy?
4. Who would be competent to develop and provide programs to train MDs in this competency?
5. How would the allopathic profession view this requirement? If the osteopathic profession places barriers of time and expense, how will the allopathic profession perceive entry into OGME compared to DO entry into ACGME programs and could it prompt counter requirements in those specialties that have been open to accepting osteopathic graduates?

The majority of respondents to Statement 15 (196 of 257 or 77%) felt that OPP/OMM/OMT training and utilization should not be restricted to only osteopathic physicians.

Impact Finding on Consideration 5: The response rate to the survey itself indicates that admitting MDs would not strengthen the teaching of OPP/OMM/OMT. The comments in

[38] AOA Accreditation Document for OPTIs and the Basic Standards for Postdoctoral Training, July 2008, OPTI Standard, page 6 under I. Program to accredit osteopathic postdoctoral training institutions, Part 1: Standards for Accreditation of OPTIs, Standard I.G.1.3: and COPT standard , page 39, II. Z. (Core Competency Requirements) 2.1.a.

the survey indicate that should we admit MDS, that there would be an absolute requirement for osteopathic training to establish educational equivalency before allowing admitting MDS into OGME programs. Members of the Task Force felt that we if we require it of MDs before they could enter OGME training, there will be a global increase of osteopathic training in all programs.

MDs may less likely consider osteopathic training if they are required to complete a course of study and establish educational equivalency at an unknown cost of time and money. Equivalency is more fully discussed in "other Considerations, Section 3" on page 24.

IMPACT CONSIDERATION 6: Licensure and Certification

Statement 18: "Should the profession decide to admit MDs into OGME programs, the osteopathic profession must support licensure and certification for MDs that successfully complete training and requirements set by specialty affiliates?" There was agreement from leadership that should the profession decide to admit MDs into OGME program, that the profession must support certification and licensure. At 92% agreement, this question proved to provide the highest positive response rate in the survey. In today's medical practice, many physicians cannot gain privileges at hospitals or reimbursement from managed care without certification. Obviously licensure is necessary to practice in any state. What would be the purpose of completing an osteopathic program and not be able to practice?

As with any changes, the 14 osteopathic licensing boards in the US, would need to revise their laws if MDs are allowed to train in OGME programs.[39] This could result in unintended negative consequences that could negatively impact osteopathic state licensing boards. Whenever a change in policy or language is introduced into state laws, osteopathic licensing boards have been challenged by the allopathic state licensing board to become a composite board found in the other 36 states. Holding 14 voting positions with the Federation of State Licensing Boards guarantees the osteopathic profession has a voice in matters of licensure. Osteopathic licensing boards require physicians in the state complete CME requirements in osteopathic manipulative medicine and should there be a review of a physician, he or she will be reviewed by osteopathic peers.

To admit MDs into states where osteopathic licensing boards exist, it would be required they change their medical practice act. This would create rationale on the side of the allopathic boards to become a composite board, and risk further amalgamation of the two professions (See Consideration 8).

<u>Impact Finding on Consideration 6</u>: There was support for full certification and licensure for those MDs completing OGME programs. There are many currently unanswered questions that would require significant further study that include changes to laws, regulations and by-laws at all levels and state by state.

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[39] Federation of State Medical Boards Public Policy Compendium May 2008.

IMPACT CONSIDERATION 7: Leadership and the Profession

Statement 11: "Should the profession decide to admit MDs into OGME programs, the AOA must offer full rights and privileges of AOA membership including the opportunity to hold leadership positions (Delegate, Trustee, Dean, DME, Program Director, Affiliate office)." There were 142 of 256 (56%) responders that agreed that full rights and privileges including opportunity to hold leadership positions should be given to MDs if they are allowed to complete OGME training. Many

in the profession may want to allow MDs from LCME schools to enter OGME programs and provide eligibility for board certification, but leadership is divided in making a decision to give MDs the opportunity to be a dean in a College of Osteopathic Medicine, an AOA trustee, or participate as members on AOA or AACOM Bureaus/Councils or Committees. The opportunity for an MD to be a leader and impact the osteopathic profession will need further discussion if the profession decides to allow MD entry into OGME.

Impact Finding on Consideration 7: Leaders of the profession do not support offering full rights and privileges of AOA membership including the opportunity to hold leadership positions (Delegate, Trustee, Dean, DME, Program Director, Affiliate office).

IMPACT CONSIDERATION 8: Distinctiveness of the Profession

Statement 9: "Admitting MDs into OGME programs would challenge the belief that osteopathic medicine exists as a distinct profession with its own identity and set of principles, practices and skills in osteopathic manipulation."
Statement 12: "Admitting MDs into OGME programs is likely to lead to a merger of the osteopathic and allopathic professions."

There were 104 responders (40%) who were in agreement with Statement 9 and 135 responders (54%) who were in agreement with Statement 12. These statements center on the value of OMM and the distinctiveness of the profession based on the practice and philosophy of OMM/OPP/OMT. Many osteopathic physicians claim there is a fundamental difference between MDs and DOs in medical practice and philosophy,[40] while others believe the differences to be negligible or lost in practice after initial training as noted by several physicians in the survey. If there are no differences between the allopathic and osteopathic profession, then why does the US Department of Education recognize our Colleges of Medicine and governmental agencies recognize our training programs for grants, GME funding and other accreditation leading to licensure and certification? Is there a need for two separate medical professions if both are the same in preparation and training?

Impact Finding on Consideration 8: There appears to be division between and among osteopathic leaders in regard to the need for the osteopathic profession remain separate and distinct from the allopathic profession. With this division, the Task Force recommends the profession continue study on the importance of distinctiveness to the profession and how it varies in different age groups and regions of the country.

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[40] JD Howell, *The Paradox of Osteopathy.* N Engl J Med. 1999 Nov 4;341(19):1465-8. PMID 10547412

PART TWO: OTHER CONSIDERATIONS

OTHER CONSIDERATION 1: DO Student Program Preference

While the Teitelbaum report[41] shows that 83% of the students and 81% of the Interns would prefer dually accredited AOA/ACGME programs, if you refer to Table 5 on page 15 of this paper, only 9% of our students entered into dually accredited programs prior to 2005. The concern is that a number of these programs may close or reduce their approved numbers if the increased number of LCME MD graduates results in a decrease of dual programs and training slots.

TABLE 7: TEITELBAUM STUDY[42]

Are dual accredited (AOA/ACGME) residency programs more appealing to you than are residency programs accredited by AOA only?		
Yes	1332	73%
No	483	27%

TABLE 8: Student/Intern Preferences for AOA, ACGME or Dual training programs[43]

Responses		AOA Internship/Residency	ACGME Residency	AOA/ACGME Dual Accredited Internship/Residency	Total
Students	%	5%	10%	83%	98%
	No.	38	75	601	714
Interns	%	10%	8%	81%	99%
	No.	174	155	1,488	1,817

OTHER CONSIDERATION 2: Pathways for Training MDs

For those programs/hospitals/systems that have a desire to train both DOs and MDs, a mechanism currently exists that would allow this to occur. AOA approved programs may elect to seek ACGME approval to allow them to train MDs (type of MD would be determined locally). This may be a preferred model for most DO students. [44] Such programs would fit the current AOA definition of a dual AOA/ACGME program. There is a cost in time, money and resources to do this and again the CMS funded slots for osteopathic trainees would be shared with MD trainees. Once slots are provided to MDs and the program has ACGME approval, those slots could be lost to the ACGME if the hospital determined it would more advantageous, given the time and expense paid to attain ACGME accreditation.

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[41] Teitelbaum, HS, Report: *Osteopathic Medical Education in the United States: Improving the Future of Medicine,* Project funded jointly by the American Association of Colleges of Osteopathic Medicine and American Osteopathic Association, 2005.

[42] **IBID.**

[43] Final Report of the AOA/ACGME Collaboration Task Force, July 2003.

[44] Op Cit.

OTHER CONSIDERATION 3: Educational Equivalency
Should the profession decide to pursue admitting MDs into OGME, a process for ensuring educational equivalency would need to be developed from an LCME program and passage of the United States Medical License Examination (USMLE). This was not directly addressed by the survey, but was frequently mentioned in comments and explored by the Task Force. This would involve significant time, energy and resources. This would likely mean new program/pathways to establish this educational equivalency. Who would take responsibility for the development and implementation of these programs?

There were many recommendations in the comments section of the survey as to what might be acceptable as educational equivalency should MDs be granted access to train in AOA programs. Examples included recommendations for hours of OMM didactic training and lab hours, i.e. 150 hours of OMM didactics/lab. Or training in a proscribed curriculum developed for MDs that would have standards for competency in OPP and OMM. Others recommended that Comprehensive Osteopathic Medical Licensing Examination (COMLEX) 1, and 2 be passed prior to entry into OGME programs or that sections of COMLEX be required if the MD had already passed USMLE 1 and 2. Recommendations for completing osteopathic rotations in clinical settings be required before allowing MDs into OGME programs.

If the profession simply accepted LCME graduation as meeting requirements for entry or accepting USMLE examination passage for MDs in lieu of COMLEX would there be any negative consequences? By establishing mechanisms for development of OMM/OMT/OPP competency as a component of the OGME training of the graduate, the profession validates its distinctiveness. Given the comments in the survey support additional training if MDs were accepted into OGME, the profession would need to develop a plan that would be attractive, but manageable. It will take time to develop strategies and will require the acceptance of multiple stakeholders to succeed.

This could take a significant period of time for applicant, if regulatory barriers were put in place or could be addressed epidemiologically by policy as seen with ACGME programs.

LIMITATIONS OF STUDY

The survey that was presented to educational leaders, students, interns and residents in October 2008 was designed to gain information on the basic issues that the Task Force members felt were likely to impact osteopathic programs if allopathic physicians could enter into osteopathic training programs. Those known issues included the issue of International MD graduates (IMGs), funding and the need to fill unoccupied training slots to maintain CMS Caps, competition for slots in highly competitive medical specialties and the varied beliefs about the distinctiveness of osteopathy for practice and patient care. In designing the survey, the Task Force did not consider that the first question response, "what type of MD" should have established a pattern of answers for the rest of the survey. For instance, if the responders believed that only LCME MD graduates should be admitted into OGME programs, then the rest of the questions should, perhaps have focused on that response rather than including all MD types. Did the survey questions result in valid information for the Task Force to make judgments and decisions? Yes and no. Once the results showed that the only group of MDs that the leaders would consider admitting into programs was LCME MD graduates, the potential to fill slots to maintain the current CMS caps became potentially less feasible.

There are a number of limitations of this study. The survey itself was intended to survey opinion of leaders of the profession with a special emphasis on medical education leaders. It was not intended to survey the general opinion of the profession, although it is believed that this sample would likely reflect that opinion. The survey answers were not stratified by type of MD. It is believed that the answers would likely reflect a difference by type of MD. The survey was targeted to key questions. There are other questions that could be asked like questions centered around educational equivalency.

This Task Force searched for all information available on this topic. There was very little in the literature. Because of this, missing information was gained through the survey. Due to the nature of the survey, it was impossible to convey information to the respondee in a way that was not biased. We found that it was difficult to ask people to respond in terms of the future and not the current landscape.

The Task Force found that as it got deeper into the implications of these decisions, there were second and third order implications that were not as apparent at first, such as the certification, licensure and positions of leadership within the profession. It was also apparent that there may be far reaching implications of these decisions that could have significant effects on the profession's future. It is believed that the results would have been more strongly stratified had the respondents had more information.

FUTURE STUDIES

Consideration for survey responses that did not achieve the 67% level of approval may be subject to resurvey pertaining to "LCME MD graduates only" since that option was not available in this survey

There were anecdotal reports that hospitals without GME may prefer programs that train both MDs and DOs. There is no valid information on this subject. A survey of a representative sample of hospitals without GME could be designed. The focus would be on whether there is a preference for an AOA program, ACGME program or for both.

Throughout the study several questions developed as answers were sought to decide should MDs be admitted into OGME training programs. They include the following:

1. Would admitting US MD graduates change the response to Statement 2 in the survey and if the profession would not accept IMG MDs would it be worthwhile to pursue admitting US MD graduates to preserve Caps? Does the profession leadership think US LCME graduates would populate enough OGME slots to make a significant change in current unfilled positions?

2. If there were greater time permitting and the profession decided to further define what the profession would support, it would be recommended that a follow-up survey, based on the initial results be conducted.

3. If there is sufficient support to permit US MD graduates into OGME programs, should there be a study conducted on interest on the part of MDs including a survey to US MD students?

4. Should MDs be allowed to train in OGME programs, it is recommended that a workgroup be assigned to provide a framework and business plan to develop and implement programs on Equivalency.

5. The Task Force believes an in-depth study on what would be risked, the time and effort commitment needed and what could be unintended consequences if changes to laws, regulations and by-laws were required at all levels and state by state

6. There may be a need to continue study on the importance of distinctiveness to the profession and how it varies in different age groups. If distinctiveness is perceived to be unimportant by any group, but not protecting it proves to be a risk, perhaps there is a need to educate and develop greater support for its preservation.

7. Because the consideration of admitting MDs into OGME training programs centers partially on the idea that the AOA programs are filling to capacity and potentially losing CME CAP funding, the Task Force recommends future studies in collaboration with Specialty and State affiliates be conducted to:

a. Develop strategies for specialty position growth
b. Develop strategies for location growth

CONCLUSIONS:

There is an over abundance of qualified graduates that could populate osteopathic programs. This number will significantly increase over time. It is likely that the absolute number of graduates entering OGME will grow over time.

Why would we look outside of the profession to fill these positions? The osteopathic profession needs to address the issues leading to the fact that a large percentage of our graduates are seeking ACGME training. The three major reasons cited are location of the training program relative to the location of the College of Osteopathic Medicine, perceived quality and specialty availability. All of these reasons are potentially within control of the osteopathic profession. The increase in graduates of our schools should lead to a significant increase in overall numbers of filled positions within OGME. The additional consideration for graduates is geographic location of programs.

Table 9. Potential Positive and Negative Outcomes

Profession Action	Positive Impact	Negative Impact	Negative if we don't
Admit all MDs	▪ Fill unfilled slots ▪ Good will- reciprocity ▪ Decrease potential for lawsuits	▪ **Potential to lose Distinctiveness of the profession** ▪ **Increased competition for competitive specialty training** ▪ **Decreased opportunity for DO grads** ▪ Alienate leadership ▪ Alienate AOA students, interns, residents ▪ Programs fill with mostly IMGs	▪ Lose funding from CMS ▪ Potential for lawsuits ▪ Alienate MDs that want to compete for specialties
Admit only LCME US MD graduates	▪ Good will-reciprocity with ACGME ▪ Decrease potential for lawsuits	▪ **Increased competition for competitive specialty training** ▪ **Decreased opportunity for DO grads** ▪ Potential for lawsuits by IMGs ▪ Lost funding and Program closures ▪ Lost slots	▪ Potential for lawsuits ▪ Alienate MDs that want to compete for specialties
Study, prepare and observe annually through 2015 to see impact of 3000 additional LCME MD graduates entering ACGME programs	▪ Prepare the profession for needed changes in testing, curriculum, state licensure ▪ Observe ACGME attitudes/ actions as slots are filled by increased number of LCME graduates ▪ Observe trends with competing 3rd/4th year clerkships ▪ Specialties realize need to build slots and locations highly desired by students ▪ **Better prepared to make informed decision**	▪ Endure criticisms by those supporting MDs into the profession now ▪ Energized effort by MDs wanting AOA to make decision – lobbying and threatening lawsuits ▪ Potential loss of unfilled OGME CAP slots while waiting	▪ Endure criticisms by those supporting MDs into the profession now ▪ Potential loss of unfilled OGME CAP slots while waiting ▪ Osteopathic graduates that do not match through NRMP have fewer training opportunities, feel threatened
Don't do anything	▪ Initially there would be no costs to the profession ▪ No pressure on specialties to increase slots ▪ No pressure on OPTIs or COMs to develop training programs	▪ Profession not prepared to make decisions early enough to meet needs of graduating students ▪ Zero growth in competitive specialties ▪ Missed opportunities for OPTIs, COMs, specialties, AACOM and AOA to collaborate to meet needs of graduates	▪ Endure criticisms by those supporting MDs into the profession now ▪ Potential loss of unfilled OGME CAP slots while waiting ▪ Osteopathic graduates that do not match through NRMP have fewer training opportunities, feel threatened

APPENDICES

APPENDIX I: Letter to BOE from MES Progress Task Force

June 2, 2008

Dear Doctor:
Each member of the Medical Education Summit II (MES II) Progress Task Force has been assigned the responsibility to oversee the implementation of a set of action plans resulting from MES II, by the leadership of the American Association of Colleges of Osteopathic Medicine (AACOM) and the American Osteopathic Association (AOA).

The MES Progress Task Force (MES PTF) is charging the Bureau of Osteopathic Education with the following:

- **II. A. Study the impact of allowing MDs to take DO residencies**.
  - II.A.1. AOA and AACOM to appoint a Task Force to study admitting MDs into OGME programs.
  - The Task Force is recommended to include:
    - Legal Reviewers
    - Certification experts (BOS)
    - GME Stakeholders
    - Program directors
    - EEC representatives
  - Conduct a SWAT Analysis

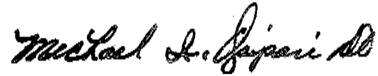
The Task Force will include a Chair and three members from the BOE and three members from AACOM. The Chair will be appointed by the AOA President-Elect, Carlo DiMarco, DO.

The MES PTF is recommending that you take this concept and develop a white paper. When completed please forward to Joyce Obradovic via e-mail at Jobradovic@osteopathic.org. We would hope to have all recommendations completed and submitted to the MES II PTF by December 2008.

If you have concerns or questions please contact us at your convenience. Thank you

Sincerely,

John B. Crosby, JD
AOA Executive Director



Michael I. Opipari, DO
Chair, Council on Postdoctoral Training

Philip C. Slocum, DO
Dean, KCOM
A. T. Still University, Kirksville College of Osteopathic Medicine

APPENDIX II: Zoomerang Survey Results

Zoomerang Survey Results

Study the Impact of Admitting MDs into OGME

1. Which of the following type(s) of MD would you consider admitting into OGME programs (check all that apply):		
US MD (LCME Graduate)	180	70%
US Citizen MD International Medical Graduate	104	40%
Non-US Citizen MD International Medical Graduate	51	20%
None of the above	76	30%

2. Admitting MDs into OGME programs would enable programs to sustain slots approved by CMS and be able to maintain their approved CAPS.		
Strongly Disagree	29	11%
Disagree	57	22%
Agree	128	50%
Strongly Agree	43	17%
Total	257	100%

3. Admitting MDs into OGME programs would eliminate future lawsuits and legal actions based on discrimination against allopathic graduates.		
Strongly Disagree	39	15%
Disagree	115	45%
Agree	83	32%
Strongly Agree	20	8%
Total	257	100%

4. Admitting MDs into OGME programs would strengthen the teaching of OPP, OMM and OMT in graduate medical education.		
Strongly Disagree	80	31%
Disagree	101	39%
Agree	59	23%
Strongly Agree	17	7%
Total	257	100%

5. Admitting MDs into OGME programs would provide wider acceptance and value of OMM and OMT by the allopathic profession and the public.		
Strongly Disagree	27	11%
Disagree	84	33%
Agree	113	44%
Strongly Agree	33	13%
Total	257	100%

6. Admitting MDs into OGME programs would place osteopathic and MD students into competition for existing slots.		
Strongly Disagree	6	2%
Disagree	38	15%
Agree	137	53%
Strongly Agree	76	30%
Total	257	100%
7. Admitting MDs into OGME programs would negatively impact the perception of OGME training program quality.		
Strongly Disagree	56	22%
Disagree	159	62%
Agree	28	11%
Strongly Agree	14	5%
Total	257	100%
8. Admitting MDs into OGME programs would positively impact the perception of OGME training program quality.		
Strongly Disagree	18	7%
Disagree	69	27%
Agree	134	52%
Strongly Agree	36	14%
Total	257	100%
9. Admitting MDs into OGME programs would challenge the belief that osteopathic medicine exists as a distinct profession with its own identity and set of principles, practices and skills in osteopathic manipulation.		
Strongly Disagree	19	7%
Disagree	85	33%
Agree	93	36%
Strongly Agree	60	23%
Total	257	100%
10. The majority of osteopathic students would welcome admitting MDs into OGME programs.		
Strongly Disagree	28	11%
Disagree	84	33%
Agree	125	49%
Strongly Agree	20	8%
Total	257	100%
11. Should the profession decide to admit MDs into OGME programs, the AOA must offer full rights and privileges of AOA membership including the opportunity to hold leadership positions (Delegate, Trustee, Dean, DME, Program Director, Affiliate office) and represent the AOA on a local, state and national level.		
Strongly Disagree	40	16%

Disagree	75	29%
Agree	115	45%
Strongly Agree	27	11%
Total	257	100%
12. Admitting MDs into OGME programs is likely to lead to a merger of the osteopathic and allopathic professions.		
Strongly Disagree	22	9%
Disagree	115	45%
Agree	90	35%
Strongly Agree	30	12%
Total	257	100%
13. Admitting MDs into OGME programs is not acceptable.		
Strongly Disagree	64	25%
Disagree	101	39%
Agree	51	20%
Strongly Agree	41	16%
Total	257	100%
14. Admitting MDs into OGME will help facilitate the growth of new OGME programs in existing institutions with ACGME accredited programs.		
Strongly Disagree	35	14%
Disagree	80	31%
Agree	111	43%
Strongly Agree	31	12%
Total	257	100%
15. The osteopathic profession should restrict training of OPP/OMM/OMT to osteopathic physicians only.		
Strongly Disagree	66	26%
Disagree	130	51%
Agree	38	15%
Strongly Agree	23	9%
Total	257	100%
16. By allowing MDs into OGME programs it would make it harder to define what a DO is and how DOs differ from MDs.		
Strongly Disagree	21	8%
Disagree	94	37%
Agree	94	37%
Strongly Agree	48	19%
Total	257	100%

17. The growing number of graduates from allopathic medical schools (LCME accredited) projected to increase by 21% (approximately 3,500 by 2016) will result in a decreased number of allopathic (ACGME) training opportunities available for graduating DOs.		
Strongly Disagree	5	2%
Disagree	35	14%
Agree	137	53%
Strongly Agree	80	31%
Total	257	100%
18. Should the profession decide to admit MDs into OGME programs, the osteopathic profession must support licensure and certification for MDs that successfully complete training and requirements set by specialty affiliates.		
Strongly Disagree	5	2%
Disagree	16	6%
Agree	160	62%
Strongly Agree	76	30%
Total	257	100%
19. Admitting MDs into OGME will help facilitate the growth of new OGME programs in institutions that current do not offer any GME opportunities.		
Strongly Disagree	19	7%
Disagree	79	31%
Agree	129	50%
Strongly Agree	30	12%
Total	257	100%
20. Other relevant comments that would support a decision to admit MDs into OGME programs: 101 Responses – included in analysis		
21. Other relevant comments that would support a decision not to admit MDs into OGME programs: - 91 Responses – included in analysis		
22. I am a/an:		
COM Dean	23	9%
DME	100	39%
OPTI Administrator	10	4%
OPTI Academic Officer	12	5%
Program Director	148	58%
Specialty Board Representative	14	5%
Specialty College Executive Director	6	2%
Specialty College President	6	2%
Specialty College Residency Chair, Eval Comm	7	3%
Other	28	11%

APPENDIX III: Student/Intern/Resident Survey Results
(CIR, SOMA, COSGP)

Audience Response System at Convention

Study the Impact of Admitting MDs into OGME

1. Which of the following type(s) of MD would you consider admitting into OGME programs (check all that apply):		
US MD (LCME Graduate)	162	68%
US Citizen MD International Medical Graduate	86	36%
Non-US Citizen MD International Medical Graduate	51	22%
None of the above	81	34%

4. Admitting MDs into OGME programs would strengthen the teaching of OPP, OMM and OMT in graduate medical education.		
Strongly Disagree	50	21%
Disagree	86	36%
Agree	70	30%
Strongly Agree	31	13%
Total	237	100%

5. Admitting MDs into OGME programs would provide wider acceptance and value of OMM and OMT by the allopathic profession and the public.		
Strongly Disagree	11	5%
Disagree	32	14%
Agree	126	54%
Strongly Agree	66	28%
Total	234	100%

6. Admitting MDs into OGME programs would place osteopathic and MD students into competition for existing slots.		
Strongly Disagree	1	<1%
Disagree	16	7%
Agree	93	40%
Strongly Agree	122	53%
Total	232	100%

7. Admitting MDs into OGME programs would negatively impact the perception of OGME training program quality.		
Strongly Disagree	52	22%
Disagree	143	61%
Agree	31	13%
Strongly Agree	7	3%
Total	233	100%

8. Admitting MDs into OGME programs would positively impact the perception of OGME training program quality.		
Strongly Disagree	8	4%
Disagree	50	22%
Agree	135	59%
Strongly Agree	34	15%
Total	227	100%

9. Admitting MDs into OGME programs would challenge the belief that osteopathic medicine exists as a distinct profession with its own identity and set of principles, practices and skills in osteopathic manipulation.		
Strongly Disagree	14	6%
Disagree	65	28%
Agree	90	39%
Strongly Agree	63	27%
Total	232	100%

10. The majority of osteopathic students would welcome admitting MDs into OGME programs.		
Strongly Disagree	26	11%
Disagree	101	43%
Agree	90	38%
Strongly Agree	17	7%
Total	234	100%

15. The osteopathic profession should restrict training of OPP/OMM/OMT to osteopathic physicians only.		
Strongly Disagree	72	32%
Disagree	84	37%
Agree	35	15%
Strongly Agree	37	16%
Total	228	100%

16. By allowing MDs into OGME programs it would make it harder to define what a DO is and how DOs differ from MDs.		
Strongly Disagree	15	7%
Disagree	59	26%
Agree	87	38%
Strongly Agree	68	30%
Total	229	100%

17. The growing number of graduates from allopathic medical schools (LCME accredited) projected to increase by 21% (approximately 3,500 by 2016) will result in a decreased number of allopathic (ACGME) training opportunities available for graduating DOs.		
Strongly Disagree	5	2%
Disagree	23	10%
Agree	113	48%
Strongly Agree	94	40%
Total	235	100%

APPENDIX IV: Highlights of MES II Presentations November 2007

Highlights of MES II Presentations November 2007

Highlights from MES II Presentation from K. Reed, DO, "Should the osteopathic profession should allow MDs into OGME programs? YES!"

Positives for the osteopathic profession

- establishes us as progressive and realistic about the future of GME Proactive rather reactive
- promotes the osteopathic philosophy and musculoskeletal medicine to MDs
- preserves many of currently funded slots
- raises public awareness of the profession
- Increase AOA membership
- strengthens specialty colleges

Rationale for allowing MDs into the osteopathic GME programs:

- how can we continue to defend two standards of graduate medical education in this country?
- self protectionism or discrimination?
- what is the goal of GME?
- could the profession make a rational case if challenged?
- can we lead and do the right thing in the single most important issue we face as a profession

Highlights from MES II presentation from W. Strampel, DO, "Issues with Opening Osteopathic Graduate Education Programs to All Applicants"

The issue of quality programs

- GME move from service to education – Osteopathic programs slower than ACGME to move to that model
- Osteopathic graduation education programs have been under pressure and are changing
- with the BBA, osteopathic hospitals and programs were hit hard
- less expensive program costs worked against us in the initial phases
- with the "need" for osteopathic hospitals reduced by wider acceptance of our graduates, there has been a rise of "joint/dual" programs
- what has been the consequence of admitting foreign medical graduates in allopathic programs?

Things to consider before we decide to allow MDs in our programs as the solution to unfilled slots

- many times program directors feel their programs have not filled because of this competition, feel that competition is bad, and we can level the playing field by choosing this solution
- when a program has trouble filling, if may not simply be location and competition
- we need to look in detail at WHY our students are choosing other options
- if all programs opened: What can we expect as to the applicants and quality?
- if a program graduates an MD candidate, who will certify these graduates? If we choose this course, we have an ethical responsibility to be sure we can accredit them after training.
- also, if we certify these graduates, then we should allow them to be voting members – at all levels of the AOA

this voting block, along with the number of our own students who have limited exposure to osteopathic trainers after their second year, may become a majority that will not be silent for long
we must remember that our profession is under almost constant pressure to merge with our MD colleagues and to have one voice in medicine and college accreditation
if we allow this perception to gain ground it will increase this pressure at the state and national level, and we will be in the untenable spot of speaking out of both sides of our mouth