Welcome to the annual osteopathic medical education issue of JAOA—The Journal of the American Osteopathic Association. Articles in this issue provide the most current information about osteopathic medical education, outlining several trends in the past year.

Because these are significant times for osteopathic medical education, I would like to take a moment to talk about the current state of affairs as we enter 2006. A number of issues are converging: projected physician workforce shortages; growth in the number of and enrollments in colleges of osteopathic medicine (COMs); declining numbers of osteopathic medical students participating in the Association’s Intern/Resident Registration Program (the “Match”); implementation of information technology in healthcare provision and medical education; cutbacks in federal and state funding (eg, Title VII program, Medicare and Medicaid funding for clinical practices within our schools); increasing economic pressures on practicing physicians; the effect of the federal government’s “cap” on the growth of graduate medical education; the need to implement quality-control measures in osteopathic medical practice and education (eg, the Clinical Assessment Programs); changes in the scope of practice of our allied health colleagues; growing uninsured and underinsured populations; the combined pressures of increasing rates of chronic disease; and an aging baby-boom population.

In this changing environment, key organizations have come together to assess the circumstances. For example, the American Association of Colleges of Osteopathic Medicine (AACOM) and the American Osteopathic Association (AOA) joined to sponsor a major study of osteopathic medical education under the direction of Howard S. Teitelbaum, DO, PhD, MPH.10 After surveying fourth-year osteopathic medical students, as well as interns and residents, and the deans of the nation’s COMs, this study looked across the continuum of osteopathic medical education at outcome measures, trends, curricula, areas of success, and areas that need improvement.

Although a number of issues were raised by the Teitelbaum study,10 policy issues related to osteopathic medical education (eg, topics introduced by individual osteopathic medical educators, resolutions by the AOA House of Delegates, the actions of the Osteopathic Medical Educators Council, Bureau of Osteopathic Education, and Council on Osteopathic Postdoctoral Training) also led to last month’s Osteopathic Heritage Foundation Medical Education Summit in Chicago, Ill. The summit was attended by leaders of AACOM, the AOA, and the COMs, as well as others involved at all levels in the delivery of osteopathic medical education. However, one issue was abundantly clear: there is a strong need within the profession for better and improved data as we chart the course for the future of osteopathic medicine in the United States.4

At publication, several new COMs have been proposed and a number of them are at various stages in the AOA’s accreditation process.11 In addition, many of our COMs are expanding their class sizes in an effort to help meet a projected physician shortage in the United States.1,2,6,12

As we experience a time of tremendous growth and opportunity in osteopathic medical education, we must continue to focus on quality—both in undergraduate and graduate medical education programs—and we must continue to recruit high-quality students to osteopathic medicine.

It is also critical that those involved in osteopathic medical education continue to collaborate to find ways to foster innovation in educating the next generation of osteopathic physicians.

We need to understand and study the unique qualities that current and future osteopathic physicians bring to patient care, and to see that a high standard of osteopathic medical care can meet the needs of our ever-changing society.

In this issue of the JAOA, readers will note that the mean grade point averages and Medical Colleges Admission Test scores of applicants to COMs have continued to increase—and that our profession continues to recruit a large number of women and members of racial minorities.12 This issue of the JAOA also includes articles on other trends in undergraduate medical education,4 as well as trends in osteopathic graduate medical education,4 osteopathic postdoctoral training institu-

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Editor’s note:
The January 2006 Osteopathic Heritage Foundation Medical Education Summit in Chicago, Ill, will be covered in the March 2006 issue of The DO magazine.
tions,13 AOA board certification and recertification,14 and continuing medical education.15

As noted, a key outcome of January’s Osteopathic Heritage Foundation Medical Education Summit was the profession’s clear recognition of the importance of having complete, reliable, and transparent data as we begin formulating the next steps for the osteopathic medical profession in the 21st century. The quality and availability of data has been improving in recent years as the AOA, AACOM, and other organizations devote more time and resources to that effort.4 This trend must continue.

Close collaboration between the AOA and AACOM is required as both associations interact with government agencies and support organizations outside the “osteopathic family.” Such discussions—between neighbors in the healthcare community—must proceed so that we can gain a deeper, fuller, and more accurate perspective of osteopathic medicine as a whole.

For example, the osteopathic medical profession clearly needs to begin tracking all osteopathic physicians, from matriculation to retirement, to understand the contributions of the profession to the healthcare workforce and to trends in specialization and the provision of care. The JAOA’s annual medical education issue has long reported data on osteopathic physicians receiving internship and residency training within the “family” of osteopathic medical training programs.4 I would like to suggest that the profession also begin collecting and publishing data on osteopathic physicians training in residency training programs accredited by the Accreditation Council for Graduate Medical Education.

As the leaders of the profession chart the future of osteopathic medicine, we must clearly understand not only our past, but we must also have an accurate representation of our present.

Figure. Stephen C. Shannon, DO, MPH, discussing the implications of current physician workforce issues to the osteopathic medical profession at the opening session of the Osteopathic Heritage Foundation Medical Education Summit in Chicago, Ill, on Friday, January 27, 2006. (Photo by Barbara Greenwald, Staff Editor, The DO magazine.)

References
5. Greenwalt B. At the crossroads: should the match “tradition” be maintained? The DO. May 2005;9:23–29.