Osteopathic medical education (OME) is making great strides on many fronts. The colleges of osteopathic medicine (COMs) are growing in number and size, producing more osteopathic medical graduates than ever before. Osteopathic medical education is transforming the profession from one with a limited regional presence to one with not only a wider presence, but also greater national acceptance, recognition, and respect.

For several years, COM administrators have been witnessing growth in the number of qualified individuals applying to COMs, receiving a record number of applications for the 2006-2007 academic year. Today, nearly one in five students attending medical school in the United States is attending a COM. And, recognizing the serious physician workforce shortages that will confront the nation in the next decade, osteopathic medicine is stepping up to the plate to offer solutions that we are uniquely situated to provide. In addition to the growth in OME outlined in the February and March issues of the Journal of the American Osteopathic Association, the “osteopathic difference” in this context includes the osteopathic medical profession’s tradition of a primary care mission—a mission that is desperately needed for today’s and tomorrow’s healthcare system. Also, osteopathic medicine’s patient-centered approach is increasingly recognized as a model of care that all physicians should adopt.

Similarly, there has been growth in the number of osteopathic graduate medical education (GME) programs. Within the constraints of the funding caps imposed on GME by the Centers for Medicare & Medicaid Services, osteopathic programs in primary care and specialty areas are providing more opportunities. In addition, competency-based curricular changes and enhanced evaluation processes for our schools and our GME programs are all helping to establish a culture of high-quality outcome expectations for OME.

However, successful growth in a system that is undergoing transition may lead to new challenges, uncertainty, and anxiety about the future. As we move forward, we must ask ourselves the following questions:

- Will COMs continue to attract sufficient numbers of high-quality applicants to produce a high-quality osteopathic physician workforce?
- What can the osteopathic medical profession do to ensure that our profession reflects the demographics of the populations it serves?
- Do osteopathic medical educators have the depth of resources (ie, leadership, clinical faculty, clinical training opportunities, and financial resources) necessary to continue to grow?
- Will the Centers for Medicare & Medicaid Services lift or modify their present cap on funding for GME to address the projected physician workforce shortage? If the cap will not be lifted, will our graduates have access to adequate numbers of high-quality GME positions, given the anticipated growth in the number of medical graduates nationwide?
- Can the osteopathic medical profession help the number of available osteopathic GME programs keep pace with the increasing number of osteopathic medical graduates?
- What is the role of osteopathic post-doctoral training institutions, COMs, and osteopathic medical specialty boards in the growth and accreditation of osteopathic GME?
- Why are increasing numbers of our graduates choosing training from programs accredited by allopathic medicine’s Accreditation Council on Graduate Medical Education and will that trend continue?
- Why are fewer of our profession’s graduates seeking residency training in primary care medicine?
- How will the restructuring of the traditional osteopathic internship affect osteopathic GME?
- What is the future of continuing medical education (CME) given the changes in pedagogy and technology the osteopathic medical profession is addressing?

Despite some uncertainty, there are numerous and noteworthy innovations occurring at osteopathic educational institutions. Take faculty development, for example, a key component of expanding OME. A number of schools have developed programs that extend the boundaries of traditional faculty development activities to educate osteopathic clinical teachers. Several innovations in faculty development are currently underway at COMs, including in the areas of web-based OMM and tools for rural preceptors. In addition, many of our colleges have developed formal educational programs for clinical faculty such as the Master of Science in...
Medical Education program offered at Lake Erie (Pa) College of Osteopathic Medicine,20 the Costin Institute for Osteopathic Medical Educators at Midwestern University/Chicago College of Osteopathic Medicine in Downers Grove, Ill,21 and the CORE (Centers for Osteopathic Research and Education) Faculty Development Self-Assessment Instrument used by the Office of Faculty Development at Ohio University College of Osteopathic Medicine in Athens,22 to cite just a few examples. The American Osteopathic Association’s (AOA) Council on Continuing Medical Education’s recent approval of category 1A CME credit hours for faculty development is also a key step in responding to these needs.17

The statistics and data collected about OME are a necessary part of understanding the profession-wide changes underway and planning for the future. The annual medical education issue produced by the JAOA is a key resource for osteopathic medical educators and administrators. It provides basic information on students,1 COMUs,1,23 osteopathic GME,12 CME,17 specialty board certification,15 and the Osteopathic Postdoctoral Training Institutions.14 The collection and analysis of this information, when coupled with other data sources, such as that gathered by the AOA and the Association of American Colleges of Osteopathic Medicine (AACOM), will help us answer the questions posed above and plan the future of OME.

As AACOM continues to monitor, analyze, and respond to growth trends in OME, we would be happy to share our activities with interested readers. I invite the JAOA’s readers to subscribe to AACOM’s free online newsletter, Inside OME, which includes information on this and other topics in OME. To subscribe, e-mail Wendy Bresler, AACOM’s vice president for communications and marketing, at wbresler@aacom.org.

References