Osteopathic Medical Education in 2008: Course Corrections and New Horizons

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It has been another momentous year in osteopathic medical education (OME). This year’s OME theme issue of JAOA—The Journal of the American Osteopathic Association provides the profession’s latest data and comments on issues that affect OME on all levels.

Perhaps nowhere in the profession is there greater evidence of change in OME than in recent developments at the nation’s osteopathic medical schools. Previous years found medical educators1,2 bemoaning forecasts of growing physician shortages. Since last year, three new colleges of osteopathic medicine (COMs) were granted provisional accreditation status and matriculated their first classes: A.T. Still University, School of Osteopathic Medicine in Arizona (Mesa); Lincoln Memorial University-DeBusk College of Osteopathic Medicine in Harrogate, Tenn; and Touro University College of Osteopathic Medicine in New York, NY.3 Two new COMs received provisional accreditation status and will start classes later this year: Pacific Northwest University of Health Sciences, College of Osteopathic Medicine in Yakima, Wash; and Rocky Vista University College of Osteopathic Medicine in Parker, Colo,3 the latter of which is the first for-profit medical school in the United States in decades—sparking lively commentary in the profession.4,6 Currently, COM campuses number 28 in 21 states—a number that will grow to 30 campuses in 23 states by the end of the current calendar year. In fact, members of the profession may proudly note that one in five medical students in the United States is attending a COM.

Two articles in this edition of the JAOA address the topic of the profession’s rapid growth. Konrad C. Miskowicz-Retz, PhD, and Andrea Williams, MA,3 provide an informative description of the steps required by educational institutions to achieve accreditation, including an analysis of start-up costs. Tom Levitan, MED,7 summarizes the results of a recent survey designed to provide a forecast of expected COM growth during the next decade.

As noted, this growth has not been without controversy, however, as voices in- and outside the profession express concerns that we may have sacrificed strength and stability for speed.4,6 While there is broad agreement about the need for more physician training in the United States,2,8-10 in OME there remain many questions:

- Will there be a sufficient number of applicants, faculty, administrators, clinical placements and graduate medical education slots to provide sustained quality education throughout our educational system?
- Will core professional education in osteopathic principles and practice suffer?
- What will the long-term impact be on our profession?

In addition, though American Association of Colleges of Osteopathic Medicine (AACOM) has long had the privilege of collaborating with staff at the American Osteopathic Association (AOA) in compiling data for the journal’s annual medical education theme issue3,11,12 beginning with the current issue of the JAOA, both associations are pleased to present data from AACOM’s forthcoming 2007 Annual Statistical Report on Osteopathic Medical Education4 in Appendix 2 on pages 170-174. This collaborative evolution allows both organizations to present what we each do best to the entire osteopathic medical profession on an annual basis. Further, advanced publication or republication of AACOM’s data in the JAOA—at this time the profession’s only fully peer-reviewed and indexed publication—ensures that this data will remain available for future researchers.

The Osteopathic Heritage Foundation 2006 Medical Education Summit (MES I) in January 2006 and the second Medical Education Summit (MES II) last November provided a forum for osteopathic medical educators to begin collaboratively addressing many of the “big picture” issues facing the profession. D. Keith Watson, DO, and Karen J. Nichols, DO,13 chairs of MES I and MES II, respectively, provide a special report in this edition of the JAOA about the context of the summits, the process used, and the outcomes achieved at each gathering. The cooperative efforts represented by these two summits provided a structure in which key stakeholders in our profession can gather to discuss the important issues we face collectively in the near- and long-term.

As long-time readers of the JAOA would expect, this theme issue also provides annual updates on the continuum of OME. Steven F. Schmit, EdD,14 provides recent information on osteopathic postgraduate training institutions. Diane N. Burkhart, PhD, and Terri A. Lischka, BA,15 describe recent fluctu-
lications in trainee participation and data from the AOA Intern/Resident Registration Program (ie, the AOA “Match”). In addition, they discuss the ongoing evolution of the restructured traditional osteopathic internship and trends in postgraduate training, including details regarding program development and osteopathic graduate medical education selection data. Match data is provided for 2006 and 2007 graduates.\(^\text{16}\)

Delores J. Rodgers, BS,\(^\text{17}\) describes innovations occurring in AOA continuing medical education (CME), including obtaining Category 1-A CME credit hours for online programs. Ronald E. Ayres, DO, et al\(^\text{18}\) describe the evolution of specialty board certification standards. These standards are now beginning to incorporate quality measures into a system of osteopathic continuing certification. Clearly much is changing in OME.

This theme issue of the JAOA is crafted to highlight our profession’s educational accomplishments, innovations, dilemmas, and challenges. It provides data as well as related interpretations—all of which underlie our work as we address many key challenges: growth, resources, osteopathic graduate medical education, lifetime competency, quality, and modernization. Each of these challenges (and many others) tests our ability to adapt osteopathic principles and practices and enhance them to assist us in new and changing environments.

Osteopathic medicine has a tradition of being present for the underserved and for those with problems of access to medical care (Resolution 241 [A/2006]—Rural Sites and Underserved/Inner City Areas – Osteopathic Education).\(^\text{19–21}\) As we create our future, the real challenge we face is finding a way forward that preserves and expands osteopathic medicine’s distinctive value for patients and responds to our country’s need for an adequate number of physicians to provide the care needed for our burgeoning, aging, and chronic disease–stricken population.

**References**


9. Cooper RA. It’s time to address the problem of physician shortages: graduate medical education is the key. Ann Surg. 2007;246:539.

