Osteopathic Graduate Medical Education 2012

Andrea DeRosier, MUPP
Terri A. Lischka, BS

The authors report on the status of osteopathic graduate medical education training for the 2010-2011 academic year. Data are presented on approved programs and trainee positions, including distribution by state and by specialty. The authors also examine other trends in postdoctoral training including programs dually accredited by the American Osteopathic Association and the Accreditation Council for Graduate Medical Education.

The annual report on osteopathic graduate medical education (OGME) is based primarily on annual data provided through the American Osteopathic Association (AOA) Intern/Resident Registration Program (ie, the AOA Match) and the AOA Trainee Information, Verification, and Registration Audit reporting system. Data in the present article are current as of May 31, 2011, and are reported primarily for the 2010-2011 academic year. Information on AOA-approved postdoctoral training programs and positions is drawn from the AOA database, and program information data are current as of May 31, 2011, except where otherwise noted.

OGME Programs and Positions

The AOA Program and Trainee Review Council (PTRC) reviews and approves all OGME programs and positions. For the 2010-2011 academic year, 9110 positions were approved in 827 residency programs (Table 1). This number of AOA-approved positions is an increase from the 2009-2010 academic year, at which time 8501 positions in 792 residency programs were approved.1 The number of internship programs and approved internship positions continues to decline because of the internship restructuring program that began in 2008. Beginning July 1, 2008, the first year of training in a residency was accepted in lieu of the internship year and, for most specialties, the internship year was no longer needed for completion of a residency.1,5 Internship positions for the 2010-2011 academic year totaled 1284 in 134 programs compared with 1318 positions in 142 programs for the 2009-2010 academic year. Internship and residency positions have increased by 575, or 5.9%, since the 2009-2010 academic year.

The number of trainees in OGME programs continues to grow (Figure 1). In the 2010-2011 academic year, 6322 DOs trained in AOA-approved programs, an increase of 517 trainees, or 8.9%, from the previous academic year.1 Table 2 identifies the number of residency programs, approved positions, and trainees by specialty for the past 3 academic years. On the basis of feedback we have received from hospital and program directors, primary care specialties directly support the needs of the hospitals and therefore have the greatest number of slots. Specifically, family practice and internal medicine continue to show strong growth in terms of the number of programs, positions, and trainees. Internal medicine showed the most growth this past year with an additional 6 programs, 196 positions, and 139 trainees. Family practice grew by 5 programs, 162 positions, and 134 trainees.

The percentage of filled positions in osteopathic residency programs continues to increase. In the 2010-2011 academic year, there were 827 AOA-approved residency programs with 9110 approved positions, of which 5731 were filled, for a fill rate of 63%—an increase over the 62% fill rate for 2009-2010 and 59% fill rate for 2008-2009.1,2,3,6

Table 3 notes AOA-approved residency programs and approved and filled positions. From 2009-2010 to 2010-2011 there was a net growth of 35 programs, 609 positions, and 484 trainees.
Primary care continues to be a popular choice among trainees. Family practice and internal medicine trainees account for 23.5% and 16.3% of all osteopathic residents, respectively.

### Other Trends in Postdoctoral Training Programs

#### Dual Programs

Most dually accredited training programs are programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) that carved out slots specifically to train osteopathic physicians and surgeons. Dual programs are most common in surgical specialties such as orthopedic surgery and otolaryngology. Approximately 10% of all postdoctoral training programs are dual programs.

#### Table 1.

Table 1. No. of AOA-Approved Residency and Internship Programs and Trainees Filling Available Positions as Reported by State, 2010-2011 Academic Year

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| Total          | 134      | 1284      | 591      | 827      | 9110      | 5731     | 961      | 10,394    | 6322     |

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*Data shown represent positions approved by the American Osteopathic Association (AOA) Program and Trainee Review Council for the academic year indicated. Data are current as of May 31, 2011. No internship or residency positions are currently approved by the AOA in the District of Columbia or in the following states: Hawaii, Idaho, Louisiana, Maryland, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, South Dakota, Utah, and Vermont.*

*Source: Training Programs by State: Year-End Reports, Division of Postdoctoral Training, AOA, Chicago, Illinois.*
ically for osteopathic trainees. Programs accredited by the ACGME that become AOA approved can maximize funding from the Centers for Medicare and Medicaid Services by filling training positions with osteopathic physicians.³ Osteopathic trainees who complete a residency in a dual program are registered as completing both AOA and ACGME training programs and are eligible to become board certified by the AOA, the American Board of Medical Specialties, or both. As of May 31, 2011, a total of 2108 approved positions in 171 residency programs were dually accredited by the AOA and the ACGME.⁷

(continued on page 200)

Figure 1. Trends of osteopathic physician (ie, DO) enrollment in osteopathic and allopathic postdoctoral training programs.⁴ Data may change and should be considered incomplete until finalized in the 2013 osteopathic medical education issue of JAOA—The Journal of the American Osteopathic Association. Data for academic years 1999-2000 through 2009-2010 were previously published in the JAOA.⁷ Total college of osteopathic medicine (COM) graduates do not include previous years’ graduates. Total DOs in American Osteopathic Association (AOA) internships include trainees who matched to osteopathic internship positions during both the Match and post-Match scramble. Restructuring of the AOA internship, effective July 1, 2008. Abbreviation: ACGME, Accreditation Council for Graduate Medical Education.

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**Table 2. No. of AOA-Approved Residency Programs, Positions, and Residents as Reported by Academic Year and Specialty**

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* Hospice and palliative care, pediatric emergency medicine, sleep medicine, sports medicine, and undersea and hyperbaric medicine are fellowships governed by Joint Commission Standards by 2 or more specialties.

**Abbreviations:** AOA, American Osteopathic Association; NMM, neuromusculoskeletal medicine; OMM, osteopathic manipulative medicine.

**Sources:** AOA Intern/Resident Contracts received by the division of postdoctoral training for the academic years shown (taken annually on May 31); and AOA’s Trainee Information, Verification and Registration Audit system, or TIVRA, academic years 2010-2011. Data for the 2008-2009 and 2009-2010 academic years have been reported previously in JAOA—The Journal of the American Osteopathic Association.1,7

(continued)
### Table 2 (continued).
#### No. of AOA-Approved Residency Programs, Positions, and Residents as Reported by Academic Year and Specialty

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**Abbreviations:** AOA, American Osteopathic Association; NMM, neuromusculoskeletal medicine; OM, osteopathic manipulative medicine.

**Sources:** AOA Intern/Resident Contracts received by the division of postdoctoral training for the academic years shown (taken annually on May 31); and AOA's Trainee Information, Verification and Registration Audit system, or TIVRA, academic years 2010-2011. Data for the 2008-2009 and 2009-2010 academic years have been reported previously in *JAOA—The Journal of the American Osteopathic Association,* 2012.

**Figure 2** is a map that depicts the geographic concentration of approved OCME positions. Programs approved by the AOA are located in 38 of the 50 states. Approximately 55% of all AOA-approved training positions are located in the following 4 states: Michigan, New York, Ohio, and Pennsylvania. Florida had the most growth in 2010-2011 with an increase of 10 programs and 196 approved positions. Also of note are increases in New York, with an additional 79 positions; Michigan, with an additional 58 positions; and New Jersey, with an additional 48 positions. Internship and residency data by state for the 2010-2011 academic year have been reported previously in *JAOA—The Journal of the American Osteopathic Association,* 2012.
Table 3. Net Growth From the 2009-2010 to 2010-2011 Academic Years of AOA-Approved Residency Programs, Positions, and Residents as Reported by Specialty

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(continued)

* Hospice and palliative care, pediatric emergency medicine, sleep medicine, sports medicine, and underssea and hyperbaric medicine are fellowships governed by Joint Standards by 2 or more specialties.

Abbreviations: AOA, American Osteopathic Association; NMM, neuromusculoskeletal medicine; OMM, osteopathic manipulative medicine.

Sources: AOA Intern/Resident Contracts received by the division of postdoctoral training for the academic years shown (taken annually on May 31); and AOA’s Trainee Information, Verification and Registration Audit system, or TIVRA, academic years 2010-2011.

AOA DATA Analysis

Data reports continue to show modest but steady increases in available OGME positions and trainees in AOA-approved slots. However, the percentage of growth has not kept up with the increasing number of graduating DOs each year. This insufficient growth has resulted in a decline of market share of DOs training in AOA-approved programs. Strategies to increase the number of training positions for graduating DOs have clearly become a new priority for the osteopathic medical profession. It is likely that DO students are looking for more training options in the AOA match, particularly in specialties and locations of interest, while efforts to increase primary care positions remain a priority of the government.10

Conclusion

Although postdoctoral training positions have increased, the rate of increase has not kept up with the rate of students graduating from DO schools. Strategies to increase the number of residency slots for DO students continue to be an important priority for the osteopathic community.

References


(continued)
Table 3 (continued).
Net Growth From the 2009-2010 to 2010-2011 Academic Years of AOA-Approved Residency Programs, Positions, and Residents as Reported by Specialty

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* Hospice and palliative care, pediatric emergency medicine, sleep medicine, sports medicine, and undersea and hyperbaric medicine are fellowships governed by Conjoint Standards by 2 or more specialties.

Abbreviations: AOA, American Osteopathic Association; NMM, neuromusculoskeletal medicine; OMM, osteopathic manipulative medicine.

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Editor’s Note: This JAOA theme issue on osteopathic medical education includes annual updates from the American Osteopathic Association’s departments of accreditation and education. Last year’s article on osteopathic graduate medical education can be accessed online at http://www.jaoa.org/content/111/4/234.full.
Figure 2. Total approved internship and residency positions by state.