The Changing Face of Osteopathic Medical Education in the United States

By Stephen C. Shannon, DO, MPH

Abstract and Background

Within the last 20 years, the number of U.S. osteopathic medical colleges/branch campuses has nearly doubled, growing from 15 to 28. Nine of those campuses were added within the last eight years, and several more are planning to open within the next two to five years. At the same time, class sizes at existing schools have expanded. The growth in existing schools has frequently been initiated in response to state policy maker requests to address current and projected shortages of physicians. New schools and branch campuses generally have been located in states or regions where there previously were no osteopathic medical schools.

In 2008 more than 3,100 DOs (doctors of osteopathic medicine) graduated from U.S. schools. By 2016 that number is expected to exceed 5,000. Currently, nearly one in five students attending a U.S. medical school is attending an osteopathic medical school.

This period of growth in undergaduate osteopathic medical education (OME) is both a cause and an effect of the growing integration of osteopathic medicine into the U.S. medical care system. However, this growth has also raised concerns about clinical and faculty capacity, the adequacy of graduate medical education training systems and the congruence of OME’s traditional primary care mission with the changing choices made by osteopathic medical graduates. This poster presents data on the growth of under graduate OME and the trends in graduate medical education and specialty selection of osteopathic medical school graduates, and highlights current concerns raised by the growth of OME.

Big Picture Questions

• Why are fewer osteopathic graduates pursuing primary care specialties?
• Why are more osteopathic graduates opting for ACGME graduate programs as opposed to the traditional path into AOA programs?
• What is the future of osteopathic (AOA) GME?
• Will the primary care focus of osteopathic medicine survive?
• What curriculum is needed to train physicians for the future?
• What is the future of osteopathic (AOA) GME?
• Will clinical systems accommodate the growing cadre of osteopathic medical school graduates?
• Will there be sufficient graduate medical education training opportunities to meet the needs of graduates?
• Will the growth of U.S. allopathic medical schools be sufficient to handle the increasing number of international medical graduates seeking training in the U.S.?
• Are there enough academically experienced faculty and administrators to meet the needs that future growth demands?

The Special Challenge of Osteopathic Graduate Medical Education (OGME)

Traditionally, most DO graduates trained and practiced in a system separated from U.S. MDs. There were separate hospitals, residencies and licensees and specialty boards accredited by the American Osteopathic Association (AOA). Recent changes/trends:

• No longer separate osteopathic hospital system (now mixed MD/DO staffs predominated).

Contact:
Stephen C. Shannon, DO, MPH
President, American Association of Colleges of Osteopathic Medicine
shannonc@aacom.org
AACOM
5550 Friendship Blvd., Suite 310
Cherry Chase, MD 20815
(301) 966-4100
www.aacom.org

Conclusion

Osteopathic medical education is in a period of self-assessment. A significant research initiative is underway to evaluate the biochemical basis and clinical effectiveness of one of osteopathic medicine’s distinguishing characteristics—the utilization of manipulative medicine (in addition to other tools of modern scientific medicine) in the diagnosis and treatment of patients. The profession’s leadership, along with academic leadership, has convened a series of summits to evaluate its undergraduate and graduate medical education system, with a strong focus on assessment, accreditation, innovation and collaboration with allopathic medical education. Ultimately, the future of osteopathic medical education will be an outcome of social and economic trends and forces, and the response of its leaders and institutions to the challenges they confront.