Osteopathic medical education in 1998 prepares for the future

Osteopathic medical education grows in the late 1990s. Growth continues in the number of osteopathic medical students, colleges of osteopathic medicine (COMs), graduate medical education (GME) opportunities, continuing medical education (CME) offerings, and the number of board-certified osteopathic physicians. These changes are addressed in articles throughout this issue of the *JAOA*.

The growth in undergraduate osteopathic medical education continues to reflect the profession's orientation to the production of primary care physicians. Three colleges of osteopathic medicine continued their development. The Arizona College of Osteopathic Medicine of Midwestern University (AZCOM) is now in its third year of instruction in Glendale, Ariz. Two other colleges with provisional accreditation—Touro University College of Osteopathic Medicine—San Francisco (TUCOM-SF) in San Francisco, and Pikeville College School of Osteopathic Medicine (PCSOM) in Pikeville, Kentucky—are now in their second year of instruction.

In the autumn of 1996, the Bureau of Professional Education (BPE) convened a task force to review the college accreditation standards and procedures. This is part of the ongoing review of college standards on a 5-year cycle. The task force addressed the complexities of college accreditation in light of increasing societal concerns regarding higher education. The BPE received excellent commentary, from multiple stakeholders within the osteopathic medical profession, on proposed revisions to the standards and procedures. The quantity and quality of commentary is but one measure of the high devotion of the osteopathic medical profession to its education mission. In July 1998, the AOA Board of Trustees approved revisions to the standards and procedures for accreditation of COMs. Currently, this process is continuing with a survey of stakeholders in the college accreditation process to obtain their input on the standards. The passage of the 1998 amendments to the Higher Education Act may require minor revisions to the standards and procedures.

The past year has witnessed the initiation and growth of the Osteopathic Postdoctoral Training Institutions (OPTI) organizations. In order to address the need for increased osteopathic postdoctoral education opportunities, the AOA Board of Trustees approved the development of OPTI at its July 1995 meeting. The OPTI concept will further the growth of the partnership between the COMs and AOA-accredited hospitals. More importantly, OPTI will provide a mechanism to expand osteopathic medical training facilities. An ad hoc task force on OPTI implementation has been established to serve as an advisory panel for establishing OPTIs. Presently, five OPTIs have received accreditation, with five more having been inspected and awaiting accreditation action.

The summer of 1997 saw the greatest change in the support of graduate medical education since the establishment of Medicare over 30 years ago. The Balanced Budget Act of 1997 (P.L. 105-33) placed limits on the numbers of GME trainees funded. This same act also provides pilot mechanisms for funding to consortia, such as the OPTI. On May 12, 1998, the Secretary of the Department of Health and Human Services issued the final regulations necessary to implement P.L. 105-33. The AOA, together with the American Osteopathic Hospital Association (AOHA) and the American Association of Colleges of Osteopathic Medicine (AACOM), convened an Osteopathic Graduate Medical Education Task Force in January 1997 to begin addressing the funding needs for the osteopathic medical profession, in anticipation of GME funding changes. This task force was followed by a Task Force on Alternative Funding in Osteopathic Graduate Medical Education, established in November 1997. Presently, the Alternative Funding Task Force has issued a draft "white paper" designed to stimulate thinking in this area and to prepare for funding of osteopathic graduate medical education in 2002 without federal funding, should that become necessary.

The CME program continues to see an increase in the number of hours recorded for osteopathic physicians. The 1995–1997 cycle, which finished on December 31, 1997, saw 9.4 million hours recorded, an increase of 3.0 million from the 6.4 million hours recorded for the 1992–1994 cycle. The initial phase of the recently instituted accreditation program has been activated and completed. Experiences from that review have led to drafting of new regulations that promise to greatly streamline the process for those sponsors, which are in full compliance. January 15–17, 1999 will see the fifth offering of the workshop to assist CME providers. Computerization of the course registration process for Category 1 sponsors already allows more accurate, rapid processing of each osteopathic physician's CME credits.

Challenges face CME. Many pharmaceutical and medical device corporations have restructured their funding support systems to make them more closely allied with product marketing needs. The growth of managed care has introduced the concept of using CME to improve patient care outcomes. Some national leaders in CME provision have suggested that CME offerings will grow to encompass, in

part, the enhancement of medical skills (the traditional offering); healthcare outcomes improvement (a nontraditional, but medically related focus that includes risk management and customer satisfaction); and continuing professional development (a nontraditional offering related to the business aspects of practice management and the acquisition of information technology skills). Moreover, the last year had seen the heightened usage of direct-to-consumer (DTC) pharmaceutical marketing, a complementary, but potentially competitive, use of funding that had been previously applied to CME support.

The Bureau of Osteopathic Specialists (BOS) continues to develop the certification program. Staff of the AOA Department of Education continues to provide professional psychometric support to selected certifying boards. The BOS has developed an examination construction manual to assist the specialty boards in examination design and evaluation. Recertification mechanisms have been developed and implemented, and time-dated certification is now available. The BOS is in the final stages of revising its handbook.

The Bureau of Research has enjoyed the continuing development of the resources of the Osteopathic Research and Development Fund. This fund, together with the resources of the A.T. Still Foundation and Research Institute, has allowed the Bureau to embark upon larger projects of greater focus in the areas of clinical outcomes.

Previous editions of this editorial have commented upon the healthcare facilities accreditation program. In 1996, the AOA Board of Trustees accepted the report of the Task Force on Healthcare Facilities Accreditation and approved the expansion of the healthcare facilities accreditation program into the current Healthcare Facilities Accreditation Program (HFAP). In 1997, the AOA Board of Trustees authorized the establishment of the American Osteopathic Accreditation Program (AOAP) to enable osteopathic physicians to enjoy the benefits of a single accreditation for their clinical practices, which will be accepted by managed care providers. In order to take advantage of the complementary capabilities and great potential for synergies between HFAP and AOAP programs, the Division of Healthcare Facilities Accreditation has been transferred to the Department of Membership/Information Technologies, where it can more closely interact with the Division of Physician and Patient Programs.

This education issue serves a snapshot of what the osteopathic medical education system looks like in the fall of 1998. As we strive to be responsive to the public's and the profession's current needs, we continue to discuss and debate those changes necessary to let the profession grow into the next millennium. ◆

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