Osteopathic graduate medical education

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Statistics from postdoctoral training for the 1997-1998 year presented herein indicate some moderation in the impact of healthcare industry changes on postdoctoral training. The number of osteopathic physicians being graduated continues to increase while the number of osteopathic postdoctoral training positions appears to have stabilized at least for the time being. It may be that the Osteopathic Postdoctoral Training Institution (OPTI) system—designed to help stabilize the number of postdoctoral training opportunities and maintain training quality—has begun to have a positive effect even prior to the complete implementation of OPTI by July 1, 1999.

Osteopathic internship programs and participation

Trends in enrollment

Graduates from the colleges of osteopathic medicine (COMs) increased by 5% (103 additional graduates) in 1997, while there was less than a 1% increase (25 more) in the number of AOA-approved internship positions during that 1997–1998 training period (*Table 1*). For the 1997–1998 academic year, the AOA received signed contracts for 1,546 interns, inclusive of 174 internal medicine, 22 obstetrics/gynecology, and 34 pediatrics specialty track positions. One hundred sixty-two internship programs were available for graduates in the 1997–1998 training year (*Table 1*).

Table 2 shows that 77% of academic year 1997 graduates participated in the AOA's Intern Registration Program ("the Match"). Graduates from 3 COMs had increased match rates, while 12 COMs showed declining match rates. Two had rates that declined 10% or more. One COM entered the match for the first time and has no comparative data. Rates of nonparticipation increased for 12 COMs and decreased for 3 COMs.

Table 3 contains the January 27, 1997 count of trainees matched for osteopathic internships. Graduates from each college are categorized according to their selection of AOA-approved internships for the 1997–1998 training year. The AOA's traditional rotating internship track continues to attract the most graduates, with 74% of all participants.

Table 4 shows the geographic distribution of AOA-approved internship positions for the academic year. Consistent with previous years, Florida, Michigan, New Jersey, New York, Ohio, and Pennsylvania continue to provide the majority of intern programs and positions.

AOA approval of allopathic internship training

Resolution No. 19 replaced Resolution No. 22 as a mechanism for interns to petition the Executive Committee of the Council on Postdoctoral Training (ECCOPT) for approval of their Accreditation Council for Graduate Medical Education (ACGME) first year training as a result of special circumstances that necessitated this choice.

During the 1997–1998 training year, there were 132 petitions for AOA approval of PGY-I ACGME-accredited training. Of these, 44 were approved; 50 were approved pending completion of specific rotations; 32 were denied, and 5 deferred. There were also 84 approvals of federal training by COM graduates who had military commitments.

Osteopathic residency training policies and programs

Editor's note: After publication of the November 1997 JAOA *Education Issue in which residency data for the 1996–1997 training year were reported, Helen Baker, PhD, of the West Virginia School of Osteopathic Medicine brought to the attention of the Division of Postdoctoral Training an error in the entry of 1996–1997 training year data. This error resulted in the "loss" of about 18% of residents in osteopathic training as compared to the 1995–1996 training data.*

The Division of Postdoctoral Training re-visited not only the 1996–1997 data but also the previous years' training statistics with the intention of providing a consistent method of assessing resi-

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Table 1
Approved, Budgeted, and Filled Intern Positions,* and Number of Graduates Available To Fill Intern Positions, 1989–1990 Through 1997–1998

	Postdoctoral education year								
	1989–1990	1990–1991	1991–1992	1992–1993	1993–1994	1994–1995	1995–1996	1996–1997†	1997–1998
Approved positions	1,859	1,859	1,942	2,157	1,994	2,311	2,497	2,421	2,443
Budgeted positions	1,622	1,701	1,648	1,799	1,866	1,676	1,951	1,878	1,922
Data for College of Osteopathic Medicine (COM) Graduates Receiving Degrees in May or June of the First Year of Postdoctoral Training									
COM graduates	1,528	1,537	1,523	1,531	1,658	1,771	1,850	1,906	2,014‡
Graduates taking osteopathic internships	1,257	1,194	1,195	1,145	1,225	1,385	1,421	1,410	1,546
% COM graduates in osteopathic internships	82%	73%	78%	75%	74%	78%	77%	74%	77%
% Budgeted osteopathic intern positions that were filled	77%	70%	73%	64%	66%	83%	73%	75%	80%§

*Approved positions are the number of positions approved by the Council on Postdoctoral training as of the 1997–1998 academic year. These positions were part of 162 intern training programs. Budgeted positions are the number of positions institutions funded for 1997–1998.
†1997–1998 data represent academic years beginning July 1 through June 30.
‡Number of graduates as of June 30, 1998.
§Percentages are rounded to the next highest number.

dency participation across the training years.

Up until 1995, data presented reflected contracts from the current training year entered into the database by the time of article publication. This system was changed to show actual contracts for the previous training year in 1995. However, data in *Table 5* and the *Figure*, which had been collected prior to this shift in method, had not been standardized to fit this new approach.

To standardize these data and to provide a consistent comparison between training years, the method chosen for this article counts residency contracts for each training year in the following manner. A training year begins July 1 and ends June 30. The period from July 1, 1997 until June 30, 1998, for example, includes contracts in training in that entire period or in any part of it as counted in the total residency numbers. Breached and released contract figures, however, are not entered into these training totals.

Postdoctoral data going back to the 1989–1990 training year and continuing until the 1996–1997 training year have been presented anew in *Table 5* and in the *Figure*. Training data for the 1997–1998 year have been calculated in similar fashion. These new configurations of postdoctoral data guarantee a comparison of like statistics to like statistics.

The error detected by Dr Baker, however, was not due to the problem identified herein. It was resolved by the entering, after the November 1997 *JAOA*, of all 1996–1997 training year data into the database. With that and the calculation of residency participation in the manner described herein, reversal of the apparent 1-year decline of 465 residents (18%) for the 1996–1997 training year occurs. The number of

Table 2
Intern Registration Program: Final Match Results by College of Osteopathic Medicine for 1997–1998 Intern Class Year

College	No of grads*	Matched	Non-Matched	Non-part†	Total % 1997–1998 Matched	1997–1998 Non-Matched	1997–1998 Non-part†	1996–1997 Matched	1996–1997 Non-Matched	1996–1997 Non-part†
CCOM	158	95	2	61	60	2	38	65	1	33
KCOM	145	90	10	45	62	7	31	83	2	15
LECOM	37	31	1	2	92	3	5	0	0	0
MSU–COM	129	121	0	8	94	0	6	91	3	5
NYCOM	199	141	0	58	71	0	29	72	3	25
NSU–COM	127	84	5	38	66	4	30	65	5	3
OUCOM	98	84	5	9	86	5	9	90	7	3
OSU–COM	87	59	6	22	68	11	21	73	1	26
PCOM	234	198	17	19	85	7	8	93	3	4
UHS–COM	179	94	20	65	53	11	36	61	5	34
UMDNJ–SOM	63	58	2	3	92	3	5	79	3	18
UNECOM	82	54	12	16	66	15	19	68	4	28
UNTHSC	95	43	12	40	45	13	42	54	9	37
UOMHS/COMS	209	123	8	78	59	4	37	63	4	33
WesternU/COMP*	188	92	36	60	49	19	32	49	9	41
WVSOM	72	51	6	15	71	8	21	81	5	14

	1997–1998	1996–1997
Total graduates	2,014	1,955
Total matched (including military)	1,546	1,410
Percent of total matched (including military)	77%	72%

*Data entered as of May 31, 1997. Matched statistics inlcude previous graduates who did not enter a program the year that they graduated (N=28). Numbers are inflated due to listing anticipated graduates—not actual graduates.
†Nonpart indicates nonparticipant.
Note: Percentages have been rounded. Full names of colleges with abbreviations appear in Appendix II.
Not shown: Percent of students with military obligations (3% [67] of all graduates participating in the Match).
Source: AOA Intern Registration Program (The Match—January 30, 1997 and subsequent signed contracts in the AOA's data base.)
Nonparticipants include graduates who did not enter into the Match or any internship program and participants who requested and obtained releases from their Match obligations.

Table 3
American Osteopathic Association Interns by College:
1997 Graduates, Academic Year 1997–1998*
(as of Match date, January 27, 1997)

College†	Total No.	Traditional rotating		Emergency medicine		Family practice		Internal medicine†		Ob/Gyn†		OOP‡		Pediatrics†		Psychiatry	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
CCOM	90	76	84.0	1	1.0	6	7.0	4	4.0	1	1.0	0	0.0	2	2.0	0	0.0
KCOM	84	59	70.0	1	1.0	9	11.0	13	16.0	0	0.0	0	0.0	0	0.0	2	2.0
LECOM	31	18	58.0	1	3.0	4	13.0	7	23.0	0	0.0	0	0.0	1	1.0	0	0.0
MSU-COM	117	66	56.0	1	1.0	20	17.0	22	19.0	3	3.0	0	0.0	3	3.0	2	1.0
NYCOM	137	114	83.0	13	10.0	2	2.0	4	3.0	1	0.0	0	0.0	3	3.0	0	0.0
NSU-COM	83	48	58.0	1	1.0	19	23.0	7	8.0	3	4.0	1	1.0	4	4.0	0	0.0
OUCOM	78	63	81.0	1	1.0	8	10.0	4	5.0	0	0.0	0	0.0	2	2.0	0	0.0
OSU-COM	56	36	64.0	8	14.0	7	13.0	3	5.0	0	0.0	0	0.0	2	2.0	0	0.0
PCOM	189	144	76.0	4	2.0	11	6.0	24	13.0	1	0.0	0	0.0	4	4.0	1	1.0
UHS-COM	90	71	79.0	5	6.0	5	6.0	3	3.0	3	3.0	2	2.0	1	1.0	0	0.0
UMDNJ-SOM	56	41	73.0	1	2.0	7	13.0	1	2.0	0	0.0	0	0.0	6	6.0	0	0.0
UNECOM	52	39	75.0	0	0.0	7	14.0	4	8.0	0	0.0	0	0.0	1	1.0	1	2.0
UNTHSC	41	21	51.0	3	7.0	14	34.0	1	2.0	2	5.0	0	0.0	0	0.0	0	0.0
UOMHS/COMS	114	89	78.0	3	3.0	9	8.0	9	8.0	0	0.0	1	1.0	1	1.0	2	2.0
Western U/COMP	82	67	82.0	1	1.0	5	6.0	5	6.0	3	4.0	1	1.0	0	0.0	0	0.0
WVSOM	49	45	92.0	0	0.0	2	4.0	2	4.0	0	0.0	0	0.0	0	0.0	0	0.0
Total†	**1,349**	**997**	**74.0**	**44**	**3.0**	**135**	**10.0**	**111**	**8.0**	**17**	**1.0**	**5**	**1.0**	**30**	**30.0**	**8**	**1.0**

*Does not include military or trainees matched after January 27, 1997, which totals an additional 197 interns.
†Full names of colleges with abbreviations appear in *Appendix II*.

residents went up in 1996–1997, just as it has, in fact, done in a steady progression since the 1989–1990 training year.

There were 516 AOA-approved residency programs in the 1997–1998 academic year. This is a decrease of only one program from the 1996–1997 academic year. *Table 5* illustrates the number of residents in each specialty. In this era of primary care focus, these numbers indicate the growing interest in family practice, internal medicine, obstetrics/gynecology, and pediatrics. These specialty areas continue to be of primary interest to osteopathic medical graduates. Of the total 447 internal medicine residents, 174 are in the specialty track; of the total 214 residents in obstetrics/gynecology, 22 are in the track, and of the total 54 pediatrics residents, 34 are in the specialty. For these interns, first-year training counts as their first year of residency, thus

Table 4
Number of AOA-Approved Intern Positions by State
Academic Years 1994–1995 Through 1997–1998*

State	No. of AOA-approved positions			
	1994–1995	1995–1996	1996–1997	1997–1998
Alabama	4	5	5	5
Arizona	37	89	62	76
Arkansas	4	4	4	4
California	77	83	71	61
Colorado	25	25	33	33
Connecticut †	...	5	8	9
Delaware	6	6	6	0
Florida	132	159	157	170
Georgia	16	9	9	9
Illinois	90	100	80	86
Indiana	19	19	19	19
Iowa	30	28	28	28
Kansas	12	12	12	12
Maine	34	29	19	19
Massachusetts	20	26	26	27
Michigan	418	411	447	403
Mississippi ‡	0	0	0	4
Missouri	79	72	83	77
New Jersey	145	184	195	187
New York	402	397	360	408
Ohio	222	290	235	246
Oklahoma	64	64	64	64
Oregon	7	7	7	7
Pennsylvania	311	329	356	367
Rhode Island §	0	...	...	...
Tennessee¶	18	18	13	...
Texas	78	82	72	73
Virginia	13	6	6	6
West Virginia	43	38	44	44
Wisconsin¶	5	5	5	...
Total	**2,311**	**2,497**	**2,421**	**2,443**

*Figures based on annual institution survey.
† Connecticut began its program in 1995.
‡ Mississippi opened as of 7-1-98.
§ Rhode Island closed as of 12-1-94.
¶ Tennessee closed as of 6-30-97.

reducing the total years of training by 1. These specialty tracks are offered only by institutions with existing AOA-approved residencies in these specialties. In addition, special emphasis internships focus the first year of training in a particular specialty, but do not reduce the total number of years of GME. These programs are offered in family practice and emergency medicine and continue to attract a significant portion of osteopathic interns participating in AOA-approved programs in 1997– 1998.

AOA approval of allopathic residency training

It is important to note, as the *Figure* depicts, that of 3,367 COM graduates currently in ACGME-approved residency programs, 164 have had their training registered with the AOA for approval. Trainees are encouraged to initiate the application process early. This process is complete when the Department of Education receives final verification of all ACGME-accredited training. Failure to receive AOA approval of training results in denial of eligibility for AOA board certification.

Osteopathic Postdoctoral Training Institution (OPTI) Accreditation

At press time, five OPTIs had been accredited by the AOA. In January 1998, Centers for Osteopathic Regional Education (CORE) in Athens, Ohio was accredited. In June 1998, Lake Erie Consortium for Osteopathic Medical Training (LECOMT) in Erie, Pa; OPTI-West Educational Consortium in Pomona, Ca; the Statewide Campus System of Michigan State University College of Osteopathic Medicine (SCS of MSUCOM) in East Lansing, Mich, and New York College of Osteopathic Medicine Educational Consortium (NYCOMEC) in Old Westbury, NY were accredited.

Site visits have been completed, but reports have not yet been submitted to the Council on Postdoctoral Training (COPT) for five additional OPTIs: MEDCON—a Medical Education Consortium in Kansas City, Mo;

Table 5
AOA-Approved Residency Programs and Trainees by Specialty, Academic Years 1994–1995 Through 1997–1998

Specialty	1994–1995			1995–1996			1996–1997			1997–1998		
	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents
Anesthesiology	28	147	82	28	142	50	22	102	29	23	98	15
Dermatology	13	36	31	18	49	32	23	41	32	14	50	29
Emergency Medicine	27	433	267	29	514	288	25	443	298	28	483	323
Emergency/ Internal Medicine	7	44	18	11	84	21	10	90	31	11	94	52
Family Practice	102	1,011	529	120	1,419	637	111	1,328	805	114	1,391	907
Family Practice/ Emergency Medicine	1	4	3	4	22	5	4	26	15	5	28	18
Adolescent Medicine/ Family Practice	1	6	0	0	0	0	0	0	0	0	0	0
Sports Medicine/ Family Practice	0	0	1	4	10	1	4	8	0	4	8	2
Geriatrics (IM/FP)*	3	10	3	8	22	2	6	16	7	5	14	4
Internal Medicine	42	391	186	49	480	195 (161†)	45	468	232 (150†)	45	483	249 (166†)
Cardiology	9	54	40	10	56	30	8	44	22	8	43	23
Critical Care Medicine	4	8	2	4	8	1	4	8	4	4	8	4
Endocrinology	3	6	3	3	6	1	3	6	2	1	2	1
Gastroenterology	7	28	17	7	28	15	5	20	11	5	16	7
Hematology	0	1	0	1	2	0	0	0	0	0	0	0
Hematology/Oncology	1	2	0	2	4	0	2	4	0	1	2	0
Infectious Diseases	2	7	2	2	7	1	2	7	3	2	5	2
Nephrology	4	8	1	3	6	1	5	8	2	2	4	1
Oncology	1	2	0	1	2	0	1	3	0	1	3	0
Pediatrics/ Internal Medicine	1	2	1	1	4	2	1	4	2	1	4	2
Pulmonary Medicine	9	28	10	8	22	5	5	15	4	5	15	2
Pulmonary/ Critical Care	0	0	0	1	6	1	1	6	2	1	2	1
Rheumatology	1	2	0	1	2	0	0	0	0	0	0	0
Neurology	5	24	19	5	24	18	6	27	18	5	25	11
Obstetrics/Gynecology	32	225	208	37	276	191 (32†)	34	274	210 (12†)	34	281	214 (22†)
Maternal/Fetal Medicine	0	0	1	1	3	0	1	3	0	1	3	0
Ophthalmology	13	49	39	13	50	38	11	45	39	11	45	35
Orthopedic Surgery	29	213	197	33	254	200	28	231	218	29	248	209
Osteopathic Manipulative Medicine	8	36	12	12	49	10	11	37	15	14	54	23

* As of 1996, Geriatrics is combined with either Internal Medince or Family Practice to comply with AOA standards.
†Represents the Interns/residents in specialty tracks. Number is exclusive of residency number.
Source: 1994, 1995,1996, *JAOA*, and contracts received by the AOA for the 1997–1998 academic year.

(continued)

Table 5, Continued
AOA-Approved Residency Programs and Trainees by Specialty, Academic Years 1994–1995 Through 1997–1998

Specialty	1994–1995			1995–1996			1996–1997			1997–1998		
	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents
Otolaryngology	2	5	2	2	5	3	2	5	3	2	5	5
Otolaryngology/Facial Plastic Surgery	17	67	55	18	74	66	17	72	64	17	72	61
Pathology	6	20	2	4	17	2	4	17	0	4	13	3
Pediatrics	10	59	14	12	87	13	10	84	17	10	102	20 (34†)
Neonatal Medicine	1	2	0	1	2	0	0	0	0	0	0	0
Preventive Medicine/ Public Health	1	4	0	3	4	0	1	4	0	0	0	0
Occupational	1	2	0	0	4	0	1	2	0	1	2	1
Proctology	1	4	2	2	4	2	2	4	0	2	4	0
Psychiatry	7	76	28	7	79	33	7	76	36	7	58	33
Child Psychiatry	1	2	2	2	4	1	1	2	0	1	2	0
Diagnostic Radiology	20	137	124	19	155	119	17	142	107	6	131	72
Nuclear Radiology	0	0	0	0	0	0	0	0	0	0	0	0
Radiation Oncology	1	2	2	2	7	1	1	2	1	0	0	0
Rehabilitation Medicine	1	2	3	3	30	5	1	9	5	1	9	4
Surgery, General	38	253	204	39	276	218	38	283	231	37	286	226
General Vascular	5	9	4	9	17	2	8	18	2	8	19	9
Neurological	8	22	17	9	27	16	10	37	19	8	27	26
Plastic Reconstructive	1	6	6	3	12	3	3	12	4	3	12	9
Thoracic/ Cardiovascular	1	3	2	2	12	3	2	12	5	2	12	6
Urological	11	30	21	13	35	21	15	39	20	14	37	21
Total	**487**	**3,483**	**2,164**	**566**	**4,402**	**2,258**	**518**	**4,084**	**2,525**	**516**	**4,229**	**2,632**

* As of 1996, Geriatrics is combined with either Internal Medince or Family Practice to comply with AOA standards.
†Represents the Interns/residents in specialty tracks. Number is exclusive of residency number.
Source: 1994, 1995,1996, *JAOA*, and contracts received by the AOA for the 1997–1998 academic year.

PCOM-MEDnet in Philadelphia, Pa; MWU/OPTI in Illinois and Arizona; Northeast Osteopathic Medical Education Network (NEOMEN) in Biddeford, Me, and Still Consortium for Osteopathic Postgraduate Education (SCOPE) in Des Moines, Ia.

Site visits have been scheduled late in 1998 or early in 1999 for OPTIK of Kirksville, Mo and Mountain States OPTI of Lewisburg, WVa. The Division of Postdoctoral Training is awaiting applications from the Texas OPTI, UMDNJ-SOM OPTI, New Jersey, the Consortium for Excellence in Medical Education in Ft Lauderdale, Fla, and OMECO in Oklahoma.

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Note: *The Figure appears on page 606.*

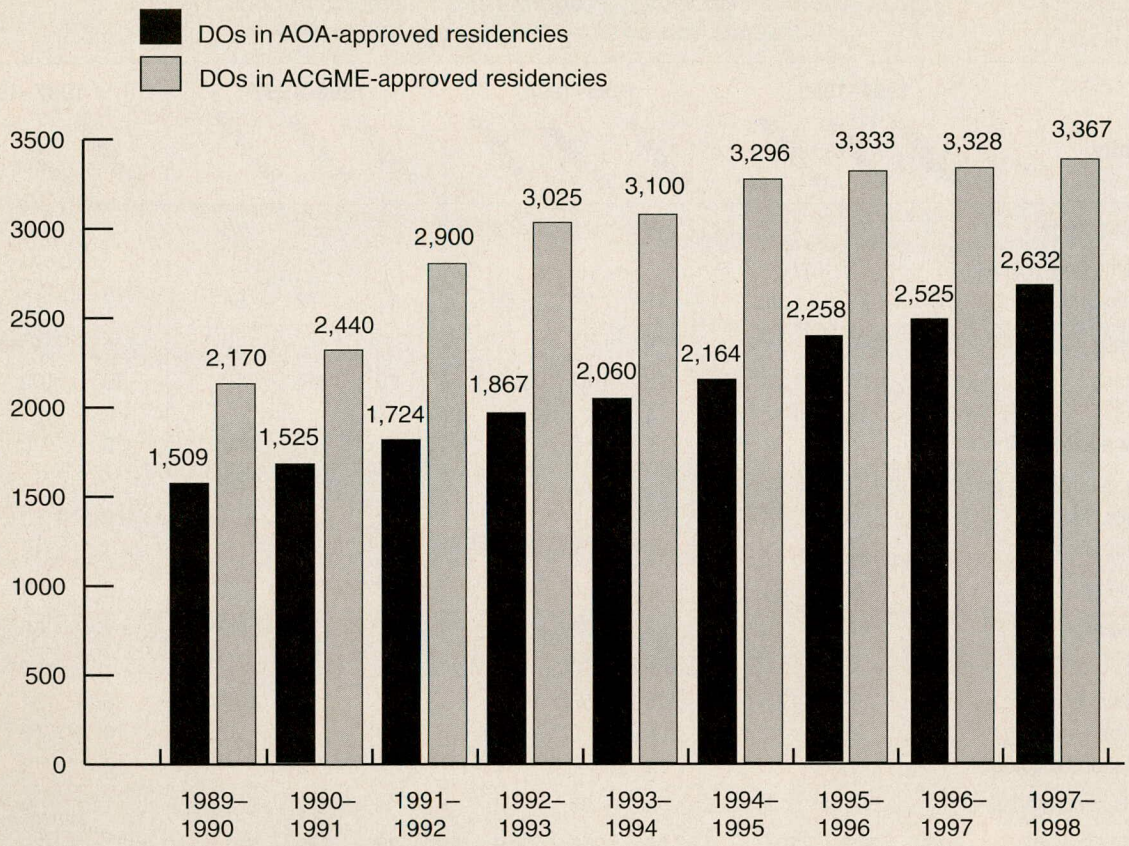

Figure. *Corrected comparison of DOs in AOA– and ACGME–approved residency programs. Numbers of DOs in AOA-approved training changed for training years 1989-1996 to reflect consistent method of counting contracts. 1997-1998 number calculated using new method described. 1997-1998 AGCME data are from* JAMA, *1998;280(9):810.*