

Osteopathic graduate medical education

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Statistics presented herein substantiate the accelerated changes in the health-care industry and illustrate the potential instability for continuation of postdoctoral training in this chaotic climate. Although the number of osteopathic physicians graduating is increasing, the number of osteopathic training positions has decreased—largely because of the merging or closing of hospital training sites. The Osteopathic Postdoctoral Training Institution (OPTI) system has been designed to help stabilize this situation for graduates of colleges of osteopathic medicine (COMs); however, OPTI will not be completely implemented until July 1, 1999. The year ahead may see some stabilization due to partial OPTI implementation.

This report presents data representing the academic year July 1, 1996 through June 30, 1997.

Osteopathic internship programs and participation

Graduates from the COMs increased by 3% (56 additional graduates) in 1996, while there was a 4% decrease (73 fewer approved positions) in the number of AOA-approved internship positions during that same period (*Table 1*). Fewer opportunities were available for graduates who wished to continue

their osteopathic medical training. During the 1996–1997 academic year, the AOA received signed contracts for 1,410 interns, inclusive of 134 internal medicine, 12 obstetrics/gynecology, and 29 pediatrics specialty track positions. The 1996–1997 academic year provided 162 internship programs for graduates (*Table 1*).

Table 2 shows that 72% of academic year 1996 graduates participated in the AOA's Intern Registration Program ("the Match") and subsequent postmatch. Graduates from 4 of the COMs showed increased match rates, while 11 COMs showed declining match rates—two had rates that declined more than 10%. Rates of nonparticipation increased for 7 COMs and decreased for 7 COMs. The nonparticipation rate for one remained the same.

Table 3 contains the final count of viable postdoctoral contracts after removal of breached, released, military, or deceased participants. The number of graduates from each college are categorized according to their selection of AOA-approved internships for the 1996–1997 training year. The AOA's traditional rotating internship track continues to attract the most graduates, with 71% 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

At the July 1996 Board of Trustees annual meeting, the Council on Postdoctoral Training (COPT) proposed Resolution No. 22 to replace Resolution No. 65. This Resolution, approved by the Board, provides 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 only as a result of special circumstances that necessitated this choice. Along with this request, all appropriate supporting documentation must accompany a letter of petition to the ECCOPT (via the Postdoctoral Training Division of the AOA).

During the 1996–1997 training year, there were 205 petitions for AOA approval of PGY-I ACGME-accredited training. Of these, 27 were approved; 120 were approved pending completion; 49 were denied, and 9 deferred. There were also 83 approvals of federal training by COM graduates with military commitments.

Resolution 22 (A/96)—Special circumstances for approval of ACGME training. Resolution 22 states that individual graduates with special circumstances may apply in writing with accompanying documentation to have ACGME-accredited training reviewed by the ECCOPT for internship year approval based on the following criteria:

- All programs and/or training must be ACGME-approved programs.
- All programs must meet their rotational requirements for the traditional rotating internship and at least one of the following:
 - The DO has documented a personal limitation created by a physical or mental disability or handicap that precludes satisfactory completion of program requirements.
 - The DO has a documented legal

Table 1
Approved, Budgeted, and Filled Intern Positions,* and Number of Graduates
Available To Fill Intern Positions, 1988–1989 Through 1996–1997

| | Postdoctoral education year | | | | | | | | |
|---|-----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| | 1988– 1989 | 1989– 1990 | 1990– 1991 | 1991– 1992 | 1992– 1993 | 1993– 1994 | 1994– 1995 | 1995– 1996 | 1996– 1997† |
| Approved positions | 1,845 | 1,859 | 1,859 | 1,942 | 2,157 | 1,994 | 2,311 | 2,497 | 2,421 |
| Budgeted positions | 1,515 | 1,622 | 1,701 | 1,648 | 1,799 | 1,866 | 1,676 | 1,951 | 1,878 |
| Data for College of Osteopathic Medicine (COM) Graduates Receiving Degrees in May or June of the First Year of Postdoctoral Training | | | | | | | | | |
| COM graduates | 1,612 | 1,528 | 1,537 | 1,523 | 1,531 | 1,658 | 1,771 | 1,850 | 1,906§ |
| Graduates taking osteopathic internships | 1,369 | 1,257 | 1,194 | 1,195 | 1,145 | 1,225 | 1,385 | 1,421 | 1,410 |
| % COM graduates in osteopathic internships‡ | 85% | 82% | 73% | 78% | 75% | 74% | 78% | 77% | 74% |
| % Budgeted osteopathic intern positions that were filled‡ | 90% | 77% | 70% | 73% | 64% | 66% | 83% | 73% | 75% |
| <p>*Approved positions are the number of positions approved by the Council on Postdoctoral training for the 1996–1997 academic year. Budgeted positions are the number of positions institutions have chosen to fund. †1996–1997 data represent academic year July 1, 1996 through June 30, 1997. ‡Percentages are rounded to the next highest number. § Number of graduates as of June 30, 1997.</p> | | | | | | | | | |

restriction that requires physical presence in a state or local area where AOA-approved programs are not located.

□ The DO has documented an unusual or exceptional family circumstance that limits training opportunities. Example of such circumstances may be, but not limited to, the following:

—Documented serious health needs of the DO or his immediate family: only spouse, parents or children; or

—Documented spousal employment. Spouse of DO is employed in an established professional career that prohibits relocation; or

—Documented serious financial hardship.

A decision to grant or deny internship year approval will be made by the

ECCOPT. A denial by the ECCOPT may be appealed within 30 days after notification to the Division of Postdoctoral Training. The Executive Committee also takes into consideration whether an applicant has participated in the AOA Match. An AOA-approved internship is required for licensure in several states, (Florida, Michigan, Oklahoma, Pennsylvania, West Virginia), and for eligibility to sit for all osteopathic board certification examinations after completion of AOA-approved residency training.

Osteopathic residency training policies and programs

There were 517 AOA-approved residency programs in the 1996–1997

academic year. This represents a 9% decrease (49 programs) from the 1995–1996 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, pediatrics, and emergency medicine. These specialty areas continue to be of primary interest to osteopathic medical graduates. Of the total 340 internal medicine residents, 134 are interns in the specialty track; of the total 199 residents in obstetrics/gynecology, 12 are interns in the specialty track, and of the total 43 pediatrics residents, 29 are interns in the specialty. For these interns, first-year training counts as their

Table 2
Intern Registration Program: Final Match Results
by College of Osteopathic Medicine for 1996-1997 Intern Class Year

| College | No of grads* | Matched | Non- Matched | Non- part† | Total % | | | | | |
|--------------------|-----------------|---------|-----------------|---------------|-----------|-----------------|---------------|-----------|-----------------|---------------|
| | | | | | 1996-1997 | | | 1995-1996 | | |
| | | | | | Matched | Non- Matched | Non- part† | Matched | Non- Matched | Non- part† |
| CCOM | 139 | 91 | 2 | 46 | 65 | 1 | 33 | 71 | 0.8 | 29 |
| KCOM* | 139 | 115 | 3 | 21 | 83 | 2 | 15 | 84 | 2 | 14 |
| MSU-COM* | 126 | 115 | 4 | 7 | 91 | 3 | 5 | 92 | 1 | 8 |
| NYCOM | 186 | 134 | 6 | 46 | 72 | 3 | 25 | 82 | 3 | 15 |
| NSU-COM | 129 | 84 | 6 | 39 | 65 | 5 | 3 | 81 | 4 | 15 |
| OUCOM | 96 | 86 | 7 | 3 | 90 | 7 | 3 | 95 | 1 | 4 |
| OSU-COM | 88 | 64 | 1 | 23 | 73 | 1 | 26 | 61 | 2 | 38 |
| PCOM* | 215 | 200 | 7 | 8 | 93 | 3 | 4 | 91 | 1 | 7 |
| UHS-COM* | 161 | 98 | 8 | 55 | 61 | 5 | 34 | 67 | 4 | 30 |
| UMDNJ- SOM* | 72 | 57 | 2 | 13 | 79 | 3 | 18 | 85 | 3 | 12 |
| UNECOM | 80 | 54 | 3 | 23 | 68 | 4 | 28 | 76 | 7 | 17 |
| UNTHSC | 105 | 57 | 9 | 39 | 54 | 9 | 37 | 46 | 5 | 49 |
| UOMHS/ COMS | 200 | 126 | 7 | 67 | 63 | 4 | 33 | 67 | 4 | 29 |
| WesternU/ COMP* | 156 | 78 | 14 | 64 | 49 | 9 | 41 | 47 | 7 | 46 |
| WVSOM | 63 | 51 | 3 | 9 | 81 | 5 | 14 | 83 | 3 | 14 |

| | 1996-1997 | 1995-1996 |
|---------------------------------|-----------|-----------|
| Total graduates | 1,955 | 1,850 |
| Total matched | | |
| (including military) | 1,410 | 1,427 |
| Percent of total matched | | |
| (including military) | 72% | 77% |

*Data entered as of May 31, 1996. Matched statistics include previous graduates who did not enter a program the year that they graduated (N=22). 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 (5% [72] of all graduates participating in the Match).

Source: AOA Intern Registration Program (The Match—January 30, 1996 and subsequent signed contracts in the AOA's data base, June 1, 1996 through December 31, 1996. 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.

(continued on page 653)

Table 3
American Osteopathic Association Interns by College:
1996 Graduates, Academic Year 1996–1997

| 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 | 80 | 45 | 56 | 5 | 6 | 16 | 20 | 12 | 15 | 0 | 0 | 0 | 0 | 2 | 3 | 0 | 0 |
| KCOM | 85 | 56 | 67 | 3 | 4 | 12 | 14 | 10 | 12 | 0 | 0 | 1 | 0 | 2 | 2 | 0 | 0 |
| MSU-COM | 98 | 59 | 61 | 2 | 2 | 12 | 12 | 19 | 19 | 1 | 1 | 1 | 0 | 1 | 1 | 2 | 2 |
| NYCOM | 133 | 116 | 81 | 5 | 4 | 3 | 2 | 8 | 6 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| NSU-COM | 64 | 42 | 86 | 1 | 2 | 7 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3 | 0 | 0 |
| OUCOM | 82 | 61 | 74 | 3 | 4 | 10 | 13 | 4 | 5 | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 2 |
| OSU-COM | 55 | 38 | 69 | 6 | 11 | 7 | 13 | 1 | 2 | 1 | 2 | 0 | 0 | 2 | 4 | 0 | 0 |
| PCOM | 169 | 111 | 66 | 4 | 2 | 13 | 8 | 30 | 18 | 3 | 2 | 0 | 0 | 8 | 5 | 0 | 0 |
| UHS-COM | 86 | 71 | 83 | 2 | 2 | 6 | 7 | 3 | 4 | 2 | 2 | 0 | 0 | 2 | 2 | 0 | 0 |
| UMDNJ- SOM | 57 | 23 | 40 | 1 | 2 | 20 | 35 | 9 | 16 | 0 | 0 | 0 | 0 | 2 | 4 | 2 | 4 |
| UNECOM | 52 | 42 | 81 | 0 | 0 | 3 | 6 | 5 | 10 | 0 | 0 | 0 | 0 | 2 | 4 | 0 | 0 |
| UNTHSC | 45 | 27 | 60 | 1 | 2 | 13 | 29 | 3 | 7 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| UOMHS/ COMS | 99 | 77 | 78 | 5 | 5 | 4 | 4 | 11 | 11 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 0 |
| Western U/ COMP | 81 | 67 | 83 | 0 | 0 | 4 | 5 | 6 | 7 | 3 | 4 | 0 | 0 | 1 | 2 | 0 | 0 |
| WVSOM | 44 | 39 | 87 | 0 | 0 | 3 | 7 | 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 1,230 § | 874 | 71 | 38 | 3 | 133 | 11 | 134 | 11 | 12 | 1 | 2 | 0.1 | 29 | 2 | 6 | 0.5 |

*Full names of colleges with abbreviations appear in *Appendix II*.

†Specialty track counted as part of residency training for that specialty.

‡Otolaryngology/Facial Plastic Surgery

§ Excludes 68 breaches/releases, 72 military, and 39 ACGME-approved positions.

Note: Total No. of graduates for 1996–1997 academic year is 1,906. Total No. of AOA-approved Internship Programs for 1996–1997 academic year is 162. Also note that percentages have been rounded.

first year of residency, thus reducing the total years of training by 1. These specialty intern 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 emergency

medicine, family practice, and psychiatry and continue to attract approximately 177 or 14% of the final count of osteopathic interns participating in AOA-approved programs in 1996–1997.

A concept new to the residency program for the 1998–1999 training year is that of the pilot match process for orthopedic surgery. With the participation of all osteopathic ortho-

pedic surgery residency programs and in cooperation with the American Osteopathic Academy of Orthopedics, the AOA is sponsoring a program for the matching of residents for orthopedic surgery residency positions. The National Matching Service is implementing the match, which is the sole avenue to obtain AOA-approved training in orthopedic surgery.

Table 4
Number of AOA-Approved Intern Positions by State
Academic Years 1993–1994 Through 1996–1997*

| State | No. of AOA-approved positions | | | |
|----------------|-------------------------------|---------------|---------------|---------------|
| | 1993– 1994 | 1994– 1995 | 1995– 1996 | 1996– 1997 |
| Alabama | 4 | 4 | 5 | 5 |
| Arizona | 34 | 37 | 89 | 62 |
| Arkansas | 4 | 4 | 4 | 4 |
| California | 67 | 77 | 83 | 71 |
| Colorado | 25 | 25 | 25 | 33 |
| Connecticut † | ... | ... | 5 | 8 |
| Delaware | 6 | 6 | 6 | 6 |
| Florida | 121 | 132 | 159 | 157 |
| Georgia | 6 | 16 | 9 | 9 |
| Illinois | 90 | 90 | 100 | 80 |
| Indiana | 19 | 19 | 19 | 19 |
| Iowa | 22 | 30 | 28 | 28 |
| Kansas | 12 | 12 | 12 | 12 |
| Maine | 28 | 34 | 29 | 19 |
| Massachusetts | 20 | 20 | 26 | 26 |
| Michigan | 376 | 418 | 411 | 447 |
| Missouri | 65 | 79 | 72 | 83 |
| New Jersey | 134 | 145 | 184 | 195 |
| New York | 286 | 402 | 397 | 360 |
| Ohio | 190 | 222 | 290 | 235 |
| Oklahoma | 59 | 64 | 64 | 64 |
| Oregon | 6 | 7 | 7 | 7 |
| Pennsylvania | 279 | 311 | 329 | 356 |
| Rhode Island ‡ | 7 | 0 | ... | ... |
| Tennessee | 18 | 18 | 13 | 13 |
| Texas | 68 | 78 | 82 | 72 |
| Virginia | 13 | 13 | 6 | 6 |
| West Virginia | 30 | 43 | 38 | 44 |
| Wisconsin§ | 5 | 5 | 5 | ...§ |
| Total | 1,994 | 2,311 | 2,497 | 2,421 |

*Figures based on annual institution survey.

† Connecticut began its program in 1995.

‡ Rhode Island, closed as of December 1, 1994.

§ Wisconsin, closed as of June 30, 1996.

AOA approval of allopathic residency training

It is important to note, as the *Figure* depicts, that of 3,288 COM graduates currently in ACGME-approved residency programs, 1,348 (41%) 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

In July 1995, the AOA Board of Trustees approved the implementation of the OPTI. This new mechanism for structuring and accrediting AOA-approved postdoctoral (internship and residency) training programs will be fully implemented by July 1, 1999, with all training programs under an AOA-approved OPTI structure. At the July 1996 annual meeting, the AOA Board of Trustees approved the Administrative Handbook for OPTI, which has since been refined. The application and annual survey forms were also approved. Three OPTI applications have been submitted to the Division of Postdoctoral Training as of the date of this article. One site visit has been completed. All OPTI site visits for the next 2 years prior to the implementation date of July 1, 1999, have been tentatively scheduled.

Acknowledgments

Michael I. Opiari, DO, Chair, Council on Postdoctoral Training, and Konrad C. Retz, PhD, Director, AOA Department of Education also contributed to this article.

Note: Table 5 and the Figure appear on pages 655, 656, and 657.

Table 5
AOA-Approved Residency Programs and Trainees by Specialty,
Academic Years 1993-1994 Through 1996-1997

| Specialty | 1993-1994 | | | 1994-1995 | | | 1995-1996 | | | 1996-1997 | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------|-----------|-----------|---------------|
| | Programs | Positions | Residents | Programs | Positions | Residents | Programs | Positions | Residents | Programs | Positions | Residents |
| Anesthesiology | 27 | 145 | 85 | 28 | 147 | 53 | 28 | 142 | 53 | 22 | 102 | 17 |
| Dermatology | 10 | 23 | 18 | 13 | 36 | 20 | 18 | 49 | 38 | 23 | 41 | 23 |
| Emergency Medicine | 26 | 385 | 230 | 27 | 433 | 173 | 29 | 514 | 311 | 25 | 443 | 271 |
| Emergency/ Internal Medicine | 7 | 32 | 15 | 7 | 44 | 16 | 11 | 84 | 21 | 10 | 90 | 29 |
| Family Practice | 101 | 962 | 430 | 102 | 1,011 | 464 | 120 | 1,419 | 795 | 111 | 1,328 | 651 |
| Family Practice/ Emergency Medicine | 0 | 0 | 0 | 1 | 4 | 4 | 4 | 22 | 11 | 4 | 26 | 14 |
| Adolescent Medicine/ Family Practice | 1 | 4 | 0 | 1 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sports Medicine/ Family Practice | 1 | 2 | 1 | 0 | 0 | 0 | 4 | 10 | 2 | 4 | 8 | 1 |
| Geriatrics (IM/FP)* | 3 | 10 | 6 | 3 | 10 | 1 | 8 | 22 | 3 | 6 | 16 | 7 |
| Internal Medicine | 44 | 412 | 176 | 42 | 391 | 163 | 49 | 480 | 229 (161†) | 45 | 468 | 206 (134†) |
| Cardiology | 11 | 62 | 39 | 9 | 54 | 37 | 10 | 56 | 21 | 8 | 44 | 21 |
| Critical Care Medicine | 2 | 2 | 0 | 4 | 8 | 2 | 4 | 8 | 2 | 4 | 8 | 4 |
| Endocrinology | 2 | 4 | 2 | 3 | 6 | 1 | 3 | 6 | 3 | 3 | 6 | 1 |
| Gastroenterology | 6 | 23 | 20 | 7 | 28 | 23 | 7 | 28 | 17 | 5 | 20 | 6 |
| Hematology | 2 | 3 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 0 | 0 | 0 |
| Hematology/Oncology | 1 | 2 | 1 | 1 | 2 | 0 | 2 | 4 | 0 | 2 | 4 | 0 |
| Infectious Diseases | 2 | 7 | 6 | 2 | 7 | 0 | 2 | 7 | 3 | 2 | 7 | 3 |
| Nephrology | 4 | 6 | 0 | 4 | 8 | 1 | 3 | 6 | 2 | 5 | 8 | 1 |
| Oncology | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 3 | 0 |
| Pediatrics/ Internal Medicine | 0 | 0 | 0 | 1 | 2 | 4 | 1 | 4 | 2 | 1 | 4 | 2 |
| Pulmonary Medicine | 8 | 20 | 13 | 9 | 28 | 8 | 8 | 22 | 9 | 5 | 15 | 4 |
| Pulmonary/ Critical Care | 1 | 6 | 0 | 0 | 0 | 0 | 1 | 6 | 0 | 1 | 6 | 0 |
| Rheumatology | 0 | 0 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | 0 | 0 | 0 |
| Neurology | 5 | 24 | 21 | 5 | 24 | 15 | 5 | 24 | 24 | 6 | 27 | 10 |
| Obstetrics/Gynecology | 31 | 200 | 160 | 32 | 225 | 173 | 37 | 276 | 211 (32†) | 34 | 274 | 187 (12†) |
| Maternal/Fetal Medicine | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 1 | 3 | 0 |
| Ophthalmology | 14 | 46 | 38 | 13 | 49 | 33 | 13 | 50 | 44 | 11 | 45 | 36 |
| Orthopedic Surgery | 29 | 190 | 157 | 29 | 213 | 174 | 33 | 254 | 219 | 28 | 231 | 197 |
| Osteopathic Manipulative Medicine | 8 | 28 | 10 | 8 | 36 | 9 | 12 | 49 | 12 | 11 | 37 | 14 |
| Otolaryngology | 1 | 3 | 0 | 2 | 5 | 5 | 2 | 5 | 18 | 2 | 5 | 19 |
| Otolaryngology/Facial Plastic Surgery | 19 | 73 | 45 | 17 | 67 | 49 | 18 | 74 | 52 | 17 | 72 | 41 |
| Pathology | 6 | 20 | 3 | 6 | 20 | 2 | 4 | 17 | 3 | 4 | 17 | 3 |

* As of 1996, Geriatrics is combined with either Internal Medicine or Family Practice to comply with AOA standards.

† Represents the interns in respective specialty tracks. (Tabulated as part of intern totals in Table 1).

Source: 1993, 1994, 1996, JAOA, and contracts received by the AOA for the 1996-1997 academic year.

(continued)

Table 5, Continued
AOA-Approved Residency Programs and Trainees by Specialty,
Academic Years 1993-1994 Through 1996-1997

| Specialty | 1993-1994 | | | 1994-1995 | | | 1995-1996 | | | 1996-1997 | | |
|---------------------------------------|------------|--------------|--------------|------------|--------------|--------------|------------|--------------|--------------|------------|--------------|--------------|
| | Programs | Positions | Residents | Programs | Positions | Residents | Programs | Positions | Residents | Programs | Positions | Residents |
| Pediatrics | 9 | 57 | 9 | 10 | 59 | 14 | 12 | 87 | 18 | 10 | 84 | 14 |
| Neonatal Medicine | 1 | 2 | 0 | 1 | 2 | 0 | 1 | 2 | 0 | ... | ... | (29†) |
| Preventive Medicine/ Public Health | 1 | 4 | 0 | 1 | 4 | 0 | 3 | 4 | 0 | 1 | 4 | 0 |
| Occupational | 1 | 2 | 0 | 1 | 2 | 0 | 0 | 4 | 0 | 1 | 2 | 0 |
| Proctology | 2 | 4 | 2 | 1 | 4 | 1 | 2 | 4 | 2 | 2 | 4 | 0 |
| Psychiatry | 6 | 67 | 43 | 7 | 76 | 31 | 7 | 79 | 42 | 7 | 76 | 26 |
| Child Psychiatry | 0 | 2 | 1 | 1 | 2 | 1 | 2 | 4 | 1 | 1 | 2 | 0 |
| Radiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Diagnostic Radiology | 20 | 156 | 103 | 20 | 137 | 98 | 19 | 155 | 129 | 17 | 142 | 88 |
| Nuclear Radiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Radiation Oncology | 2 | 4 | 1 | 1 | 2 | 1 | 2 | 7 | 1 | 1 | 2 | 0 |
| Rehabilitation Medicine | 1 | 12 | 0 | 1 | 2 | 2 | 3 | 30 | 5 | 1 | 9 | 5 |
| Surgery, General | 41 | 245 | 197 | 38 | 253 | 186 | 39 | 276 | 239 | 38 | 283 | 195 |
| General Vascular | 5 | 7 | 5 | 5 | 9 | 2 | 9 | 17 | 15 | 8 | 18 | 1 |
| Neurological | 8 | 21 | 16 | 8 | 22 | 12 | 9 | 27 | 16 | 10 | 37 | 17 |
| Plastic Reconstructive | 2 | 6 | 3 | 1 | 6 | 4 | 3 | 12 | 6 | 3 | 12 | 4 |
| Thoracic/ Cardiovascular | 2 | 5 | 3 | 1 | 3 | 0 | 2 | 12 | 3 | 2 | 12 | 5 |
| Urological | 11 | 26 | 19 | 11 | 30 | 20 | 13 | 35 | 24 | 15 | 39 | 18 |
| Total | 485 | 3,316 | 1,878 | 487 | 3,483 | 1,802 | 566 | 4,402 | 2,606 | 518 | 4,084 | 2,141 |

* As of 1996, Geriatrics is combined with either Internal Medicine or Family Practice to comply with AOA standards.

† Represents the interns in respective specialty tracks. (Tabulated as part of intern totals in Table 1).

Source: 1993, 1994, 1996, JAOA, and contracts received by the AOA for the 1996-1997 academic year.

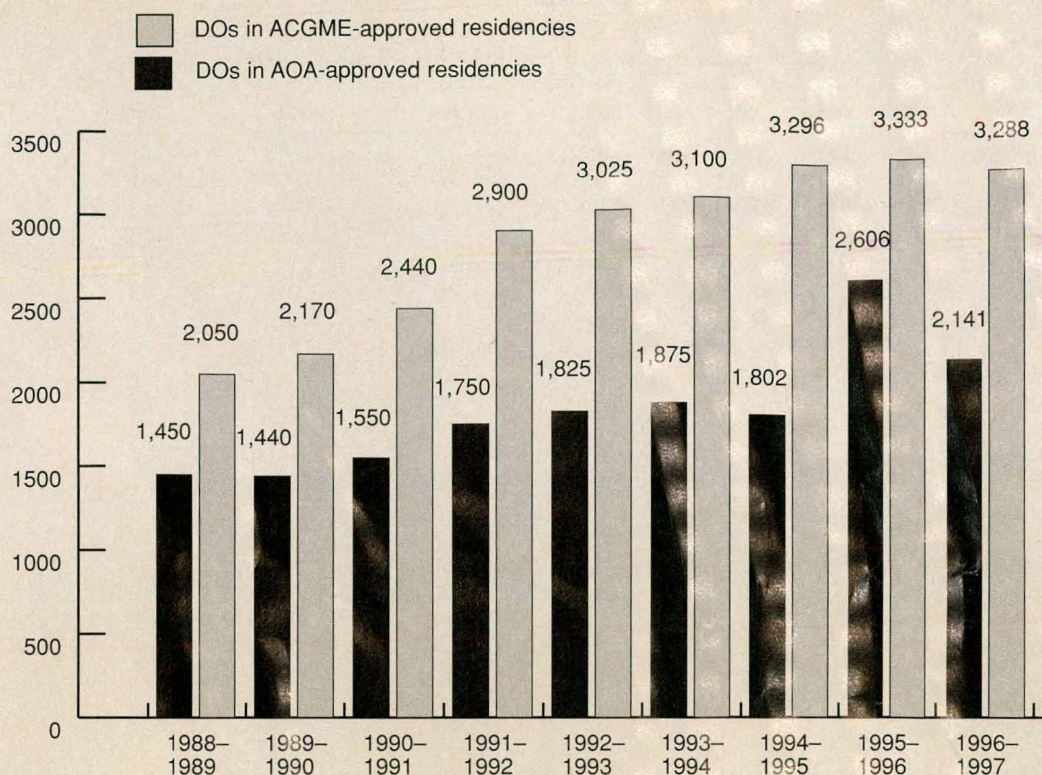


Figure. Comparison of DOs in AOA- and ACGME-approved residency programs. (Sources: AOA data base for 1996-1997 and 1995-1996 academic years and partial year's data for academic years 1987-1988 through 1994-1995. ACGME data are from JAMA 1997; 278:750-754.)

Medical education continued

Certification of osteopathic physicians

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As of June 1997, a total of 13,240 DOs are actively certified by the American Osteopathic Association (AOA) and hold a combined total of

15,434 certificates. For the sixth consecutive year, a record number of DOs received certification from the AOA through its 18 certifying boards. To date in 1997, a total of 809 certificates were awarded in specialty and subspecialty areas (Table 1). In addition, 160 certificates of added qualifications were awarded.

Certification terminology

In February 1994, the AOA Board of Trustees adopted the following standardized definitions of certification and eliminated certificates of special recognition.

General Certification (formerly "Primary Certification"): The primary certification conferred on diplomates who meet the requirements in a specified field of medical practice under the jurisdiction of a certifying Board. General certification represents a distinct and well-defined field of osteopathic medical practice. Certificates read, "Certified in [general field]."

Certification of Special Qualifications (formerly "Secondary Certification"): Subspecialty certification conferred by a certifying Board in a specific subspecialty area of the field to which that

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