

Osteopathic graduate medical education

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With the consolidation of the hospital industry, the postdoctoral training system is in a constant state of flux. Responding to the rapidly changing environment, the American Osteopathic Association's (AOA) leadership has launched several new initiatives to strengthen osteopathic postdoctoral training (other articles in this issue—including those on osteopathic postdoctoral training institutions and the Osteopathic Graduate Medical Education Development Initiative—provide more in-depth discussion of these). This report briefly reviews recent initiatives that ensure that osteopathic postdoctoral training remains responsive to the training needs of osteopathic physicians. The report also provides statistics on the 2000-2001 postdoctoral training year.

Postdoctoral training initiatives *Osteopathic Graduate Medical Education Development Initiative*

One of the goals of the AOA is to expand the available number of osteopathic postdoctoral training opportunities, especially in states with little or no osteopathic graduate medical education (OGME) programs. Responding to that goal, the AOA has established the OGME Development Initiative to develop osteopathic post-

doctoral training programs in those states with little or no osteopathic training opportunities. To date, the initiative has identified 558 hospitals with no allopathic or osteopathic postdoctoral training opportunities. These hospitals are being contacted to determine their level of interest in establishing osteopathic postdoctoral training opportunities.

Osteopathic postdoctoral training institutions

Providing greater oversight and continuity to the osteopathic postdoctoral training system are osteopathic postdoctoral training institutions (OPTIs). Osteopathic postdoctoral training institutions are consortia of hospitals and colleges of osteopathic medicine. A key function of OPTIs is the ability to assist interns and residents to secure new osteopathic training positions when hospitals close. Over the past 2 years, OPTIs have facilitated the transfer of a number of interns and residents into new programs.

Rotating Internship Task Force

A second initiative to strengthen osteopathic postdoctoral training is the Rotating Internship Task Force. During his term as AOA President, Donald Krpan, DO, established the task force to study the current structure of the AOA internship and its relevance in today's postdoctoral training environment.

Combined intern/residency positions in AOA's "Match"

Another initiative to strengthen osteopathic postdoctoral training is the establishment of combined intern and resi-

dency positions in AOA's Intern Registration Program ("the Match"). Traditionally, directors of medical education have been able to offer the three programmatic options in the Match:

- ☐ A traditional rotating internship;
- ☐ Approved specialty track internships in internal medicine, internal medicine/pediatrics, obstetrics/gynecology, otolaryngology/facial plastic surgery, pathology, pediatrics, and urologic surgery; and
- ☐ Special emphasis internships in anesthesiology, emergency medicine, family medicine, psychiatry, and diagnostic radiology.

Beginning in 2001, directors of medical education and program directors were offered the opportunity to create a new, fourth programmatic option called the combined internship/residency position. This new option allows directors of medical education and program directors to link selected internship and residency positions into a new, combined program for students. The benefits of this new linkage include the following:

- ☐ Increased demand by students for osteopathic training programs;
- ☐ Program directors will have their residency positions filled earlier than before; and
- ☐ Students will have the assurance of knowing where they are going after their first year of training.

These new, combined programs are different from specialty track internships and special emphasis tracks. A specialty track internship joins the internship and residency into a unique program that allows the reduction of 1 year of training. A special emphasis allows trainees to con-

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Table 1
Approved, Budgeted, and Filled Intern Positions,
and Number of Graduates Available to Fill Intern Positions, 1992-2000*

Positions	Postdoctoral education year								
	1992– 1993	1993– 1994	1994– 1995	1995– 1996	1996– 1997	1997– 1998	1998– 1999	1999– 2000	2000– 2001
☐ Approved	2157	1994	2311	2497	2421	2443	2437	2346	2319
☐ Budgeted	1799	1866	1676	1951	1878	1922	1878	1796	1814

Data for College of Osteopathic Medicine (COM) Graduates Receiving Degrees in May or June of the First Year of Postdoctoral Training									
☐ COM graduates	1531	1658	1771	1850	1906	2014	2279	2405	2440
☐ Graduates taking osteopathic internships	1145	1225	1385	1421	1410	1546	1571	1502	1450†
☐ COM graduates in osteopathic internships, %	75‡	74	78	77	74	77	69	62	59
☐ Budgeted osteopathic intern positions that were filled, %	64	66	83	73	75	80	89	85	80

*1992-1999 data include military match participants and does not include postmatch participants. Beginning with year 2000 graduates, the military match participant data have been excluded and postmatch data through June 30, 2001, have been included.
†Includes 145 postmatch participants and does not include military match participants.
‡Percentages are rounded to the next highest number.

centrate in an area of osteopathic medicine during their internship year. The new, combined program is an agreement to allow a fourth-year student to select both their first and second OGME years. It neither reduces the training by 1 year as the specialty track does, nor does it promise concentration in a field of osteopathic medicine in the first year as the special emphasis does.

This new, combined position was established in response to student interest in being able to match to a residency position in addition to their internship.

Data on the 2000-2001 academic training year

In 2000, there were 2440 graduates of colleges of osteopathic medicine (COMs; *Table 1*). This represents a slight increase

from the 2405 COM graduates in 1999. In contrast, the number of approved internship positions decreased from 2346 positions in 1999 to 2319 positions in 2000.

The AOA Match provides osteopathic students with a mechanism to secure osteopathic internship positions before graduation. Students may participate in the Match, but are not required to do so. *Table 2* shows the variation in student participation in the Match by COM. A total of 61% of the 2440 COM graduates participated in the AOA's Intern Registration Program in 2000. More than 75% of the graduates who participated in the Match were from Lake Erie College of Osteopathic Medicine, Michigan State University College of Osteopathic Medicine, Nova Southeastern University Col-

lege of Osteopathic Medicine, Ohio University College of Osteopathic Medicine, Philadelphia College of Osteopathic Medicine, or University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine. Participation in the Match program is generally lower in those COMs residing in states with few osteopathic postdoctoral training opportunities. Approximately 90% of the participants matched to their first choice.

A total of 70% of the 2000 COM graduates who matched chose a traditional rotating internship (*Table 3*). Approximately 25% of the matched graduates chose either family medicine, internal medicine, or emergency medicine internships. In 2000, a new specialty track internship in urologic surgery was added but had no matches.

Table 2
American Osteopathic Association Intern Registration Program
Intern Match Statistical 2000–2001 Summary—by College

Total % 2000–2001							Total % 1999–2000		
No. of College*	Grads†	Matched	Non-matched/ Nonpart‡	No. of Grads	Matched, %	Non-matched/ Nonpart, %	No. of Grads	Matched, %	Non-matched/ Nonpart, %
AZCOM	98	32	66	98	33	67	N/A	N/A	N/A
KCOM	140	73	67	140	52	48	145	70	30
LECOM	112	79	33	112	71	29	104	79	21
MSUCOM	108	102	6	108	94	6	134	93	7
MWUCOM	161	72	89	161	45	55	170	42	58
NSU-COM	155	98	57	155	63	37	151	62	38
NYCOM	300	126	174	300	42	58	237	57	43
OSU-COM	86	49	37	86	57	43	86	65	35
OUCOM	101	82	19	101	81	19	90	82	18
PCOM	244	186	58	244	76	24	258	78	22
UHS/COM	205	94	111	205	46	54	184	49	51
UMDNJ/									
SOM	80	62	18	80	78	22	81	70	30
UNE/COM	123	39	84	123	32	68	90	57	43
UNTHSC	108	35	73	108	31	69	110	40	60
UOMHS	179	86	93	179	48	52	193	63	37
WesternU/									
COMP	177	53	124	177	30	70	168	45	55
WVSOM	63	46	17	63	73	27	69	78	22
TOTALS	2440	1314	1126	2440	53	47	2270	63	37

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

†Totals do not include previous year's graduates who entered this year's match or military match participants.

‡Nonpart=nonparticipant in match.

Note: Percentages have been rounded.

Table 4 reflects the number of AOA-approved internship training positions by state. The table reveals that approximately three fourths of AOA-approved internship positions reside in Florida, Michigan, New Jersey, New York, Ohio, and Pennsylvania. While gains were made in some states, the number of internship positions declined in other states. The number of approved internship positions increased in three states (Arkansas, California, and Pennsylvania), while the number of approved internship positions decreased in six states (Iowa, Missouri, New York, Ohio, Michigan, and Oklahoma).

Table 5 provides information on osteopathic residency positions. There were 486 AOA-approved residency programs

in the 2000-2001 academic year, compared with 496 approved programs in 1999-2000. This decline is a direct result of the consolidation of the hospital industry. There were 2781 residents in AOA-approved training programs in 2000-2001, compared with 2928 residents in 1999-2000. The largest reductions in residency positions occurred in family practice and internal medicine, each with a greater than 10% decrease from 1999 fill rates.

The AOA has established mechanisms by which osteopathic physicians may obtain approval of allopathic training as equivalent to the osteopathic internship. This approval is key for those osteopathic physicians seeking licenses in those states

requiring an osteopathic internship. During the 2000-2001 training year, 46 osteopathic physicians petitioned the AOA for approval of their first year of ACGME postgraduate training.

Conclusion

Interns and residents are confronted with a complex and evolving postdoctoral training environment. The AOA is responding to the changing environment of postdoctoral training with the establishment of a number of task forces, initiatives, and other enhancements to post-doctoral training.

Table 3
American Osteopathic Association Intern Registration Program
Intern Match Summary of Class of 2000 Seniors by
Type of Match Program

College*	Total No.	Traditional rotating		Emergency medicine		Family practice		Psychiatry		Pediatrics		Internal medicine		Ob/ Gyn†		Otolar/ Facpl‡		Radiology		Urologic surgery	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
AZCOM	32	15	47	0	0	9	28	0	0	0	0	5	16	1	3	0	0	2	6	0	0
KCOM	73	50	69	1	1	7	10	0	0	2	3	9	12	3	4	1	1	0	0	0	0
LECOM	79	62	79	4	5	5	6	0	0	2	4	5	9	1	2	0	0	0	0	0	0
MSUCOM	102	48	47	4	4	16	16	0	0	3	3	22	22	4	4	3	3	2	2	0	0
MWUCOM	72	61	85	1	1	5	7	1	1	1	1	1	1	0	0	1	1	1	1	0	0
NSU-COM	98	63	64	1	1	20	20	0	0	4	4	9	9	0	0	0	0	1	1	0	0
NYCOM	123	99	81	12	10	1	1	0	0	4	3	6	5	1	1	0	0	0	0	0	0
OSU-COM	49	31	63	4	8	7	14	0	0	1	2	5	10	0	0	0	0	1	2	0	0
OUCOM	82	61	74	2	2	5	6	0	0	2	2	7	9	2	2	1	1	2	2	0	0
PCOM	185	127	69	4	2	26	14	0	0	8	4	19	10	0	0	1	0.5	0	0	0	0
UHS/COM	92	71	77	1	1	11	12	0	0	0	0	5	5	1	1	2	2	1	1	0	0
UMDNJ/ SOM	61	32	53	1	1	12	20	0	0	4	7	11	18	0	0	1	2	0	0	0	0
UNE/COM	39	33	85	2	5	3	8	0	0	0	0	1	3	0	0	0	0	0	0	0	0
UNTHSC	34	20	59	0	0	8	24	0	0	0	0	4	12	0	0	0	0	2	6	0	0
UOMHS	86	60	70	1	1	11	13	0	0	1	1	8	9	3	4	0	0	2	2	0	0
WesternU/ COMP	52	37	71	2	4	6	12	0	0	0	0	4	8	3	6	0	0	0	0	0	0
WVSOM	46	37	80	0	0	1	2	0	0	4	9	2	4	1	2	1	2	0	0	0	0
Total§	1305	907	70	40	3	153	12	1	0.1	36	3	124	10	19	2	11	1	14	1	0	0

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

†Ob/Gyn=Obstetrics and gynecology.

‡Otolar/Facpl=Otolaryngology/facial plastic surgery.

§Does not include military trainees or postmatch contracts.

Table 4
Number of American Osteopathic Association–
Approved Intern Positions by State,
Academic Years 1996-1997 through 2000-2001

State	No. of AOA-approved positions				
	1996– 1997	1997– 1998	1998–* 1999	1999– 2000	2000– 2001
Alabama	5	5	5	5	5
Arizona	62	76	60	50	50
Arkansas	4	4	4	4	8
California	71	61	61	61	63
Colorado	33	33	8	14	14
Connecticut	8	9	8	8	8
Delaware	6	0	0	8	8
Florida	157	170	164	144	145
Georgia	9	9	9	9	9
Illinois	80	86	86	86	86
Indiana	19	19	19	19	19
Iowa	28	28	28	28	20
Kansas	12	12	12	12	12
Maine	19	19	17	17	17
Massachusetts	26	27	27	26	26
Michigan	447	403	419	389	385
Mississippi†	0	0	4	4	0
Missouri	83	77	66	70	66
New Jersey	195	187	183	171	171
New Mexico‡	–	–	4	4	4
New York	360	408	396	374	367
Ohio	235	246	258	248	231
Oklahoma	64	64	64	64	56
Oregon	7	7	7	7	7
Pennsylvania	356	367	379	394	403
Tennessee§	13	–	–	–	–
Texas	72	73	97	74	74
Virginia	6	6	6	6	6
Washington	–	–	–	4	4
West Virginia	44	44	46	50	50
Wisconsin	5	0	0	0	0
Total*	2421	2443	2437	2346	2319

*Figures represent the number of positions approved by the Executive Committee of the Council on Postdoctoral Training (ECCOPT) for the respective training year.

†Mississippi was approved as of July 1, 1998; closed June 30, 2000.

‡New Mexico was approved as of November 5, 1998.

§Tennessee closed as of June 30, 1997.

Table 5
AOA-Approved Residency Programs and Trainees by Specialty,
Academic Years 1996-1997 Through 2000-2001
as of January 24, 2000

Specialty	1996-1997			1997-1998			1998-1999			1999-2000			2000-2001		
	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents
Anesthesiology	22	102	29	23	98	15	19	85	14	12	56	13	12	56	12
Dermatology	23	41	32	14	50	29	12	46	35	12	52	37	12	52	35
Emergency Medicine	25	443	298	28	483	323	29	462	362	30	519	338	29	517	312
Emergency/ Internal Medicine	10	90	31	11	94	52	11	94	57	12	110	63	12	110	62
Family Practice	111	1328	805	114	1391	907	116	1448	1109	114	1389	1043	114	1389	882
Family Practice/ Emergency Medicine	4	26	15	5	28	18	4	20	15	4	22	20	4	22	17
Sports Medicine	4	8	0	4	8	2	8	16	7	7	15	6	7	15	4
Geriatrics (IM/FP)*	6	16	7	5	14	4	6	14	8	8	20	8	8	20	4
Internal Medicine	45	468	232 (150 [†])	45	483	249 (166 [†])	47	524	304 (139 [†])	50	563	298 (151 [†])	50	563	263 (124 [†])
Cardiology	8	44	22	8	43	23	8	43	21	8	43	23	8	43	21
Critical Care Medicine	4	8	4	4	8	4	4	8	1	3	6	0	3	6	0
Endocrinology	3	6	2	1	2	1	0	0	0	0	0	0	0	0	0
Gastroenterology	5	20	11	5	16	7	4	14	7	5	15	8	5	15	8
Hematology/Oncology	2	4	0	1	2	0	1	2	1	1	2	2	1	2	2
Infectious Diseases	2	7	3	2	5	2	2	8	0	2	8	0	2	8	0
Nephrology	5	8	2	2	4	1	1	2	1	1	2	1	1	2	1
Oncology	1	3	0	1	3	0	1	3	1	0	0	0	0	0	0
Pulmonary Medicine	5	15	4	5	15	2	4	11	0	3	8	2	3	8	2
Pulmonary/Critical Care	1	6	2	1	2	1	1	2	1	1	2	2	1	2	2
Neurology	6	27	18	5	25	11	5	26	20	5	26	17	5	26	17
Obstetrics/Gynecology	34	274	210 (12 [†])	34	281	214 (22 [†])	35	288	224 (21 [†])	34	290	220 (12 [†])	34	290	200 (19 [†])
Maternal/Fetal Medicine	1	3	0	1	3	0	1	3	3	1	2	1	1	1	1
Ophthalmology	11	45	39	11	45	35	10	42	35	10	40	37	10	40	32
Orthopedic Surgery	28	231	218	29	248	209	29	244	225	29	251	227	29	251	209
Neuromusculoskeletal Med (Osteopathic Manipulative Medicine)	11	37	15	14	54	23	15	58	25	11	48	21	7	34	17
Otolaryngology	2	5	3	2	5	5	2	5	3	2	5	3	2	5	2
Otolaryngology/ Facial Plastic Surgery	17	72	64	17	72	61	18	78	65	19	83	68	19	83	63 (11 [†])
Pathology	4	17	0	4	13	3	3	9	1	1	1	1	0	0	0
Pediatrics	10	84	17	10	102	20 (34 [†])	12	130	47 (41 [†])	13	143	59 (42 [†])	13	143	53 (36 [†])

*As of 1996, geriatrics is combined with either internal medicine or family practice to comply with AOA standards.

[†]Represents the interns/residents in first-year specialty tracks. Number is exclusive of residency number.

Source: 1994, 1995, 1996, 1998, 1999 JAOA and contracts received by the AOA for the 2000-2001 academic years.

(continued)

Table 5, Continued
AOA-Approved Residency Programs and Trainees by Specialty,
Academic Years 1996-1997 Through 2000-2001
as of January 24, 2000

Specialty	1996-1997			1997-1998			1998-1999			1999-2000			2000-2001		
	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents	Programs	Positions	Residents
Pediatrics/ Emergency Medicine	0	0	0	0	0	0	1	4	1	1	4	2	1	4	2
Pediatrics/ Internal Medicine	1	4	2	1	4	2	1	4	1	1	4	2	1	4	2
Preventive Medicine/ Public Health	1	4	0	0	0	0	1	4	0	1	3	2	1	3	0
Preventive-Occupation- Environmental Med	1	2	0	1	2	1	1	2	2	1	3	1	1	3	1
Proctology	2	4	0	2	4	0	1	2	2	1	2	1	1	2	1
Psychiatry	7	76	36	7	58	33	5	51	30	3	33	24	3	33	23
Child Psychiatry	1	2	0	1	2	0	1	2	0	1	2	0	1	2	0
Diagnostic Radiology	17	142	107	16	131	72	15	112	64	13	104	55	13	104	48
Radiation Oncology	1	2	1	0	0	0	0	0	0	1	8	0	1	8	0
Physical Medicine/ Rehabilitation Medicine	1	9	5	1	9	4	1	9	0	1	9	7	1	9	6
Surgery, General	38	283	231	37	286	226	39	291	230	36	279	241	36	279	224
General Vascular	8	18	2	8	19	9	8	19	11	8	19	10	8	19	8
Neurological Surgery	10	37	19	8	27	26	8	27	25	9	36	24	9	36	23
Plastic Reconstructive	3	12	4	3	12	9	3	12	6	2	12	7	3	12	4
Thoracic/ Cardiovascular Surgery	2	12	5	2	12	6	2	12	8	3	12	7	2	12	7
Urological Surgery	15	39	20	14	37	21	13	35	23	12	36	23	12	36	21
Total	518	4084	2525	516	4229	2632	511	4283	2998	496	4304	2928	486	4269	2781

* As of 1996, geriatrics is combined with either internal medicine or family practice to comply with AOA standards.

† Represents the interns/residents in first-year specialty tracks. Number is exclusive of residency number.

Source: 1994, 1995, 1996, 1998, 1999 JAOA and contracts received by the AOA for the 2000-2001 academic years.