

Approval of ACGME Training as an AOA-Approved Internship: History and Review of Current Data

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Context: The policy of the American Osteopathic Association (AOA) on the approval of allopathic residency training has evolved since the mid-1980s, when such a policy became necessary because of the low number of osteopathic medical residency positions compared with the number of students graduating from colleges of osteopathic medicine. Resolution 42 (A/2000), the Approval of ACGME (Accreditation Council on Graduate Medical Education) Training as an AOA-Approved Internship, requires that trainees justify a special circumstance requiring them to seek ACGME-accredited training, and complete all rotational requirements of an AOA-approved osteopathic internship.

Objective: To examine the evolution of AOA approval of allopathic residency training and to present the available data on Resolution 42 as it points to the future of osteopathic graduate medical education (OGME).

Methods: An electronic review of the literature was conducted using Medline, the search engine on the *JAOA's* Web site, and Google. Bibliographies from relevant articles were used to find related citations, and further searches were done using the names of authors of major articles on OGME. Finally, the AOA's database of Resolution 42 petitions was cross-referenced with the AOA's membership database.

Results: Nine hundred thirty-seven trainees had applied for Resolution 42. Almost two thirds of the applicants were in family medicine and internal medicine residency programs, and most (55%) programs were in six states: New York, Illinois, Ohio, California, Pennsylvania, and Texas. The special circumstance most documented was location preference.

Conclusion: The sustained advancement of the osteopathic medical profession is dependent on OGME and accreditation policy. By regularly assessing the achievements of policies and programs, educators can better shape the future of osteopathic medicine.

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Resolution 42 (A/2000), the Approval of ACGME (Accreditation Council on Graduate Medical Education) Training as an AOA (American Osteopathic Association) Approved Internship, has sparked much debate. The *JAOA* has published a number of letters to the editor dedicated to this topic, presenting differing perspectives on the policy.¹⁻⁶ An active, open exchange of ideas is an important facet of policy evolution.

The goal of this article is to examine the evolution of AOA approval of allopathic residency training and to provide elected leaders, educators, residents, interns, and students with the available data on Resolution 42 as it points to the future of osteopathic graduate medical education (OGME).

Background

In the late 1970s and early 1980s, a new trend in OGME emerged. The number of graduates of colleges of osteopathic medicine (COMs) were outnumbering the available osteopathic residency positions.⁷ Much discussion on this topic ensued within the osteopathic medical profession, leading to a pilot project that granted COM graduates AOA approval of the first year of ACGME-accredited residency training.^{7,8} The AOA Board of Trustees approved this project in 1986, and this approval was available to COM graduates in the classes of 1987, 1988, and 1989, who were participating but had not matched to a residency program through the AOA Intern Registration Program. Trainees were required to fulfill the curricular requirements for an osteopathic internship, and approval was granted on an individual basis.^{7,8} During this period, a total of 119 graduates applied for the program: 47 in 1987, 31 in 1988, 37 in 1989, and 4 in 1990.⁸⁻¹⁰ The program was terminated June 30, 1990, when an adequate number of osteopathic internship positions became available.^{9,10}

The executive committee of the Council on Postdoctoral Training (COPT) continued to approve "allopathic graduate medical training as an internship if they met the rotational requirements of the osteopathic internship, and had 'special circumstances' preventing them from taking an osteopathic internship."¹¹ The number of applicants considered under this rule, eventually standardized as Board of Trustees Resolution 65, was 27 in 1990-1991, 79 in 1992-1993, and 102 in 1993-1994.^{11,12} Published data are not available for the 1991-1992 training year.

Other changes in educational policy occurred during this

period. Beginning in February 1992, through a policy change by the National Board of Osteopathic Medical Examiners, interns became eligible to take Part III of the national licensing board examination even if they were not enrolled in an AOA-approved internship.¹³ In 1988, the AOA policy for approval of ACGME-accredited residency training changed so that applicants no longer had to show that osteopathic residency positions were unavailable.¹⁴ In 1990, residents were no longer required to pay the costs of inspection of their allopathic programs.¹⁰ In March 1993, the AOA Board of Trustees eliminated the \$150 application fee required for the ACGME-accredited residency approval process.¹³

At the July 1996 AOA Board of Trustees annual meeting, the COPT proposed that Resolution 22 replace Resolution 65 to streamline the application process.¹⁵ Resolution 22 stipulated that approval be granted if there were a special circumstance and if the applicant completed the rotational requirements of an osteopathic internship.¹⁵ In the 1996–1997 training year, among the 205 petitions that were received, 27 were approved, 120 were approved pending completion of curriculum, 49 were denied, and 9 were deferred.¹⁶ In the 1997–1998 training year, 132 petitions were received: 44 were approved, 50 were approved pending completions of curriculum, 32 were denied, and 5 were deferred.¹⁷

In 1998, Resolution 19 replaced Resolution 22.^{18,19} Resolution 19 did not require an osteopathic curricular component for approval.¹⁹ During the 1998–1999 training year, 108 petitions were received under Resolution 19: 31 were approved, 54 were approved pending completion of curriculum, 17 were denied, 4 were deferred, and 2 received no action. In the 1999–2000 training year, 61 additional petitions were received: 19 were approved, 32 were approved pending completion of curriculum, and 10 were denied.¹⁸ Resolution 19 was suspended by the AOA Board of Trustees in March 1999.¹⁸

At their annual meeting in July 2000, the AOA Board of Trustees passed Resolution 42 as a response to the suspension of Resolution 19 and to address the declining number of funded internship positions and increasing numbers of COM graduates.²⁰ Resolution 42 contained several changes. It applied to current and past trainees, it broadened and clarified the meaning of “special circumstances,” it was processed using a one-page application, and it required a commitment to osteopathic principles and practice.²⁰ Jurisdiction of Resolution 42 fell under the COPT executive committee. When the AOA department of education was restructured in 2004, the Program and Trainee Review Committee (PTRC) began to review these cases.²⁰

Published data from the *JAOA* on Resolution 42 report 46 petitions in 2000–2001, 204 in 2001–2002, 140 in 2002–2003, 204 in 2003–2004, and 274 in 2004–2005.^{21–25} These data do not differentiate approval of special circumstances from final approval. The applicant’s internship is considered to be approved if the special circumstance is accepted and the applicant has completed all rotational requirements of an AOA-

approved osteopathic internship (2 months of internal medicine, 1 month of family medicine, 1 month of emergency medicine, and a total of 6 months in those core disciplines and/or general surgery, obstetrics and gynecology, and pediatrics).

Data on Resolution 42 approvals and denials are available in past COPT newsletters that are sent regularly to OGME directors and residency program directors, and are contained in the minutes of COPT and PTRC meetings.²⁶ The term “approval” in these documents signified that the special circumstance was accepted but not necessarily that AOA approval was granted for the residency program, and “complete” indicated final approval. Recent change in policy has clarified this point by reporting approvals pending completion of required curriculum.²⁷ Individual cases are discussed in confidential executive sessions.

Methods

A thorough review of the literature up to November 1, 2005, was done using multiple search methods. Searches were conducted in Medline (1966 to present), the search engine on the *JAOA*’s Web site, and Google. Search terms were selected to obtain all information publicly available on the topic and included “osteopathic graduate medical education,” “osteopathic postdoctoral education,” “osteopathic medical education,” “Resolution 42,” “Resolution 19,” and “Resolution 22.” Bibliographies from relevant articles were used to find additional citations. Further searches were done using the names of authors of major articles on OGME.

Subsequently, an analysis of the AOA’s database of Resolution 42 petitions was undertaken. This database contains demographic information for all applicants, including AOA Number, name, osteopathic college, college state, graduation date, sex, date of birth, residency institution code and name, residency state, specialty, start date, end date, application approval, application completion, and decision date. This database was cross-referenced with the AOA’s membership database to obtain the current membership status of all applicants, member type (member vs nonmember), and the membership “paid thru” date.

Last, a representative sample of files was reviewed to ascertain the type of special circumstances listed on the applications. In most instances, this information was evident from the cover letter sent with the application, but occasionally, further review of the file was needed to determine this information.

Results

As of November 2005, a total of 937 applicants for Approval of ACGME Training as an AOA-Approved Internship under Resolution 42 were listed in the AOA’s database. Five hundred fifty-seven (59.4%) applicants were men, and 380 (40.6%) applicants were women. Applicants had graduated from COMs between 1971 and 2005. As one would expect, most of the

Table 1
Approval Status of Resolution 42 Applicants (N=937)

Approval Code	Completion Code	No. of Applicants	Member	Nonmember
Approved	Complete	544 (58.1)	439 (80.7)	105 (19.3)
Pending	Verified	362 (38.6)	307 (84.8)	55 (15.2)
Approved	Verified	22 (2.3)	18 (81.8)	4 (18.2)
Denied	Verified	9 (1.0)	6 (66.7)	3 (33.3)
Total	...	937 (100)	770 (82.2)	167 (100)

* Data are given as No. (%).

graduates (85.2%) were clustered in the years since the resolution was passed in 2000. Most applicants graduated in 2002 (19.0%) and 2003 (19.2%). Five hundred forty-four (58.1%) applicants were considered by the AOA to be approved and complete; their special circumstances were accepted, and they fulfilled the requirements of an AOA-approved internship (Table 1).

Colleges of Osteopathic Medicine

The number of applicants from various COMs ranged from 14 (1.5%) graduates from Michigan State University College of Osteopathic Medicine in East Lansing and the University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine in Stratford to 98 (10.5%) graduates from Kansas City (Mo) University of Medicine and Biosciences College of Osteopathic Medicine (KCUMB-COM) (Table 2). The majority of applicants (54%) graduated from six COMs:

- KCUMB-COM, 98 (10.5%)
- Des Moines (Iowa) University, College of Osteopathic Medicine, 93 (9.9%)
- Nova Southeastern University College of Osteopathic Medicine in Davie—Fort Lauderdale, Fla, 91 (9.7%)
- New York College of Osteopathic Medicine of New York Institute of Technology in Old Westbury, 90 (9.6%)
- Midwestern University/Chicago (Ill) College of Osteopathic Medicine, 80 (8.5%)
- Western University of Health Sciences College of Osteopathic Medicine of the Pacific in Pomona, Calif, 67 (7.2%)

Location of Residency Program

The applicants' residency programs represented 45 states. Fifty-five percent of the residency programs were in six states: New York (96 [10.2%]), Illinois (85 [9.1%]), Ohio (81 [8.6%]), California (64 [6.8%]), Pennsylvania (64 [6.8%]), and Texas (62 [6.6%]).

Specialty

Of 18 specialties represented in the applications, dermatology and orthopedic surgery were each chosen by one (0.1%) applicant. Two hundred ninety-eight applicants (31.8%) were enrolled in family medicine residency programs and 290 (30.9%) in internal medicine programs, accounting for almost two thirds of the applications. The other programs represented were pediatrics (73 [7.8%]), transitional year (61 [6.5%]), obstetrics and gynecology (46 [4.9%]), emergency medicine (43 [4.6%]), psychiatry (37 [3.9%]), internal medicine/pediatrics (24 [2.6%]), surgery (22 [2.3%]), anesthesiology (15 [1.6%]), physical medicine and rehabilitation (6 [0.6%]), pathology (5 [0.5%]), urology (4 [0.4%]), neurology (4 [0.4%]), family practice/psychiatry (4 [0.4%]), and radiology (3 [0.3%]).

Special Circumstance

A representative sample of 124 (13.2% of 937) files was reviewed to gain insight into the circumstances behind the applications. The majority of this sample (75 [60.5%]) listed "location because of family concerns" as the special circumstance for the application. Within this group, 31 (41.3%) applicants specified spousal employment or education, 25 (33.3%) applicants had other family conditions that did not allow them to be easily mobile, 12 (16%) applicants listed location because the chosen specialties were only available in a specified area, 5 (6.7%) applicants highlighted a family illness, and 2 (2.7%) applicants claimed financial concerns.

Specialty choice was the second most common special circumstance listed (21 [16.9%]). The only specialty choice that appeared more than twice in this group was psychiatry.

Comment

The AOA has had a mechanism for granting approval of ACGME-accredited training in place since the mid-1980s. Although the format and protocol to apply for and to receive approval of ACGME-accredited training has changed over the years, two requirements have predominated: trainees must justify a special circumstance requiring them to seek ACGME-accredited training, and the trainee must complete all rotational requirements of an AOA-approved osteopathic internship.

The special circumstance for consideration under Resolution 42 must be approved by either the director of the division of postdoctoral training or the PTRC. If this approval is not granted, the decision can be appealed to the Bureau of Osteopathic Education and then to the Board of Trustees. Applicants must provide extensive supporting documentation aimed at justifying their special circumstance. The subjective nature of the process lends itself to differences of opinion among

Table 2
The Number of Resolution 42 Applicants by College of Osteopathic Medicine

College of Osteopathic Medicine	No. (%) of Applicants	No. (%) of Approvals	Graduating Class					Total
			2000	2001	2002	2003	2004	
Des Moines (Iowa) University, College of Osteopathic Medicine	70 (7.2)	33 (3.4)	179	207	188	200	193	967
Kansas City (Mo) University of Medicine and Biosciences College of Osteopathic Medicine	62 (5.9)	36 (3.4)	205	210	225	205	211	1056
Kirksville College of Osteopathic Medicine of A.T. Still University of Health Sciences	35 (4.7)	20 (2.7)	140	140	147	169	142	738
Lake Erie College of Osteopathic Medicine	18 (2.7)	13 (2.0)	112	121	131	134	165	663
Michigan State University College of Osteopathic Medicine	10 (1.6)	6 (1.0)	108	122	120	134	133	617
Midwestern University/Arizona College of Osteopathic Medicine	29 (5.1)	15 (2.7)	98	96	122	120	129	565
Midwestern University/Chicago (Ill) College of Osteopathic Medicine	62 (7.9)	33 (4.2)	161	143	168	151	165	788
New York College of Osteopathic Medicine of New York Institute of Technology	72 (5.4)	50 (3.7)	300	253	239	254	296	1342
Nova Southeastern University College of Osteopathic Medicine in Davie–Fort Lauderdale	69 (8.5)	41 (5.1)	155	153	153	178	171	810
Ohio University College of Osteopathic Medicine	19 (3.7)	11 (2.1)	101	106	95	108	108	518
Oklahoma State University College of Osteopathic Medicine	18 (4.2)	10 (2.3)	86	90	84	83	86	429
Philadelphia College of Osteopathic Medicine	47 (3.8)	34 (2.8)	244	249	249	233	246	1221
Pikeville College School of Osteopathic Medicine	25 (10.9)	13 (5.7)	NA	53	64	54	58	229
Texas College of Osteopathic Medicine	39 (7.0)	19 (3.4)	108	110	109	111	119	557
Touro University, College of Osteopathic Medicine–California	15 (4.7)	12 (3.7)	NA	64	67	84	107	322
University of Medicine and Dentistry of New Jersey–School of Osteopathic Medicine	8 (2.1)	4 (1.0)	80	69	81	71	80	381
University of New England College of Osteopathic Medicine	39 (6.9)	30 (5.3)	123	111	111	108	110	563
West Virginia School of Osteopathic Medicine	19 (5.5)	12 (3.5)	63	66	66	73	75	343
Western University of Health Sciences College of Osteopathic Medicine of the Pacific	53 (6.1)	29 (3.3)	177	181	183	158	175	874

Abbreviations: NA, not applicable.

applicants, decision makers, and the profession as a whole. This subjectivity and the multiple layers of appeal explain in part the very high (99%) acceptance rate for the special circumstance.

The subjective acceptance of the special circumstance is balanced by objective measures. The candidate must complete the prescribed rotational curriculum as defined by the AOA at the time of application.²⁸ There is little room for interpretation of this requirement. At the time of the current study, 58% of applicants had been granted final approval, with appli-

cations pending completion of the noted curriculum. One applicant in 100 is denied preliminary approval based on a special circumstance, but 20 applicants in 100 fail to complete the prescribed curriculum and thus are denied approval of their ACGME-accredited training as an AOA-approved internship.

The class of 2001 was the first class with full benefit and knowledge of Resolution 42. In this class, 121 (80.1%) of 151 applicants were granted final approval. In the class of 2002, only 71% of applicants were granted approval, and the number continues to decline. At the same time, there has been a steadily

Table 3
Graduates of Colleges of Osteopathic Medicine
and Resolution 42 Applicants between 2000 and 2004

Year	No. of Graduates	No. (%) of Applicants	No. (%) Approved
2000	2440	80 (3.3)	67 (83.8)
2001	2544	151 (5.9)	121 (80.1)
2002	2602	178 (6.8)	126 (70.8)
2003	2628	180 (6.8)	77 (42.8)
2004	2769	120 (4.3)	30 (25.0)
Total	12,983	709 (5.5)	421 (59.4)

increasing number of COM graduates entering ACGME-accredited residency programs.²⁹ The fact that a trainee can apply for AOA approval at any time after beginning training suggests that the annual number of applications will continue to rise.

Further perspective is gained when data from the 937 applicants are compared with the total number of COM graduates. From 2000 through 2004, there were 12,983 COM graduates.^{19–23} Seven hundred nine trainees began the application process for approval of their ACGME training as an AOA-approved internship, and final approval was granted to 421 applicants. Therefore, 5.5% of COM graduates in the graduating classes of 2000 through 2004 applied for approval, and 3.2% had their applications approved (*Table 3*).

A comparison of the 2004–2005 Intern Registration Program data with Resolution 42 data found that the COMs with the highest number of applicants under Resolution 42 also had the highest number of nonmatched and nonparticipants in the 2004–2005 AOA match. This relationship continued when adjusting for number of graduates.^{19–23} While only 2.8% of Resolution 42 applicants graduated from Pikeville (Ky) College School of Osteopathic Medicine (PCSOM) (ranked 12th), 10.9% of PCSOMs graduates from 2001 through 2004 applied for Resolution 42 (ranked first).

One of the goals of Resolution 42 is to provide opportunities for trainees in states where few OGME opportunities exist. Six states (New York, Illinois, Ohio, California, Pennsylvania, and Texas) represented more than 50% of the applicant training sites and contained 48.6% (1368/2815) of the approved intern positions in 2004–2005.²⁴ One could question whether the original intent of the policy is being achieved. These same six states have the largest numbers of trainees (osteopathic and allopathic) in ACGME-accredited programs, accounting for 46.8% of all ACGME-accredited residency positions.²⁹ In addition, the seven states with the most Resolution 42 applicants (California, Florida, Illinois, New York, Ohio,

Pennsylvania, and Texas) are also the seven states with the largest population in the United States according to the 2000 Census.³⁰ Given these observations, this is where one may reasonably expect this data point to fall.

Another goal of Resolution 42 is to provide the option of AOA approval for training in specialties with a limited number of AOA-approved residency positions. Still, almost two thirds of the Resolution 42 approvals were for family medicine and internal medicine programs. Of the applicants who received AOA approval of their programs, 23.0% were in family medicine, and 14.3% were in internal medicine.²⁴ Also, the bulk of COM graduates in ACGME-accredited programs were in family medicine and internal medicine.²⁹ As of August 1, 2004, there were 5675 COM graduates in ACGME-accredited programs, with 1170 (20.6%) in family medicine and 1097 (19.3%) in internal medicine programs.²⁹ Psychiatry and pathology, two specialties with well-documented shortages of AOA-approved residency programs, had 286 (5.0%) and 102 (1.8%) trainees, respectively, in ACGME-accredited programs.²⁸ The experience with Resolution 42 with regard to specialty choice appears to mirror current OGME trends. The policy requirement that applicants must complete the rotational requirements of an osteopathic internship may account for the discrepancies between those in family medicine or internal medicine programs, where those curricular tenets are encompassed in ACGME-accredited training.

It is worth noting the problems in comparing numbers of residents between specialties and accrediting bodies. To compare the total number of residents in a specialty, one should divide by the required number of years in training. In ACGME programs, if there are 75 residents training in family medicine (3-year program) and 100 training in obstetrics and gynecology (4-year program), there are 25 residents in each training year. In OGME programs, the first year of training is an internship and the subsequent years are residency. So when comparing numbers in OGME- and ACGME-accredited programs, the divisors are different. Finally, residents in dually accredited programs are counted in both the AOA and ACGME statistics.

One of the stated goals of Resolution 42 is to encourage osteopathic trainees to “come back” to the AOA as members.³¹ Although one of the requirements of the resolution is that “The applicant maintains intern/resident membership status in the AOA,” at the time of approval, physicians are not required to retain membership after the approval process is finalized. However, most applicants in the current study remained members of the AOA (770 [82.2%]) as of December 2005) even after the approval process was finalized (*Table 1*). It is possible that the proposed inclusive intentions of the resolution play a positive role.

Concerns over data published in yearly *JAOA* medical education issues have been discussed previously.^{17,32} These concerns include inaccuracies in the data because of timeliness and different nomenclature in institutional databases. One of

the limitations of any review is the accuracy of baseline statistics. This undertaking is no exception.

Much controversy surrounds Resolution 42, and questions remain regarding whether the original intent is being carried out and whether Resolution 42 is good or bad for the osteopathic medical profession. Answers to questions regarding enactment, implementation, and oversight of policies such as Resolution 42 are open to interpretation and viewed from varying perspectives. Open discussion in the light of the data will shape the future of osteopathic training, accreditation, and certification.

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