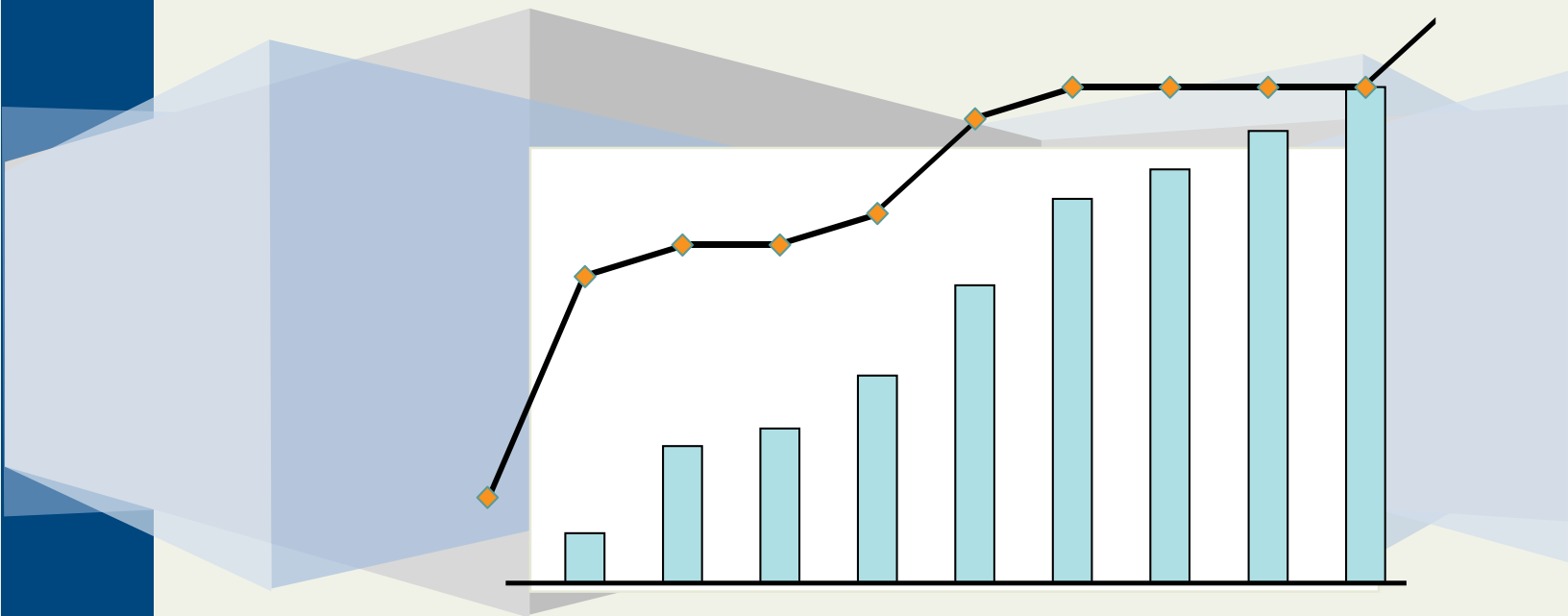


# A Report on a Survey of Osteopathic Medical School Growth

Analysis of the Fall 2009 Survey



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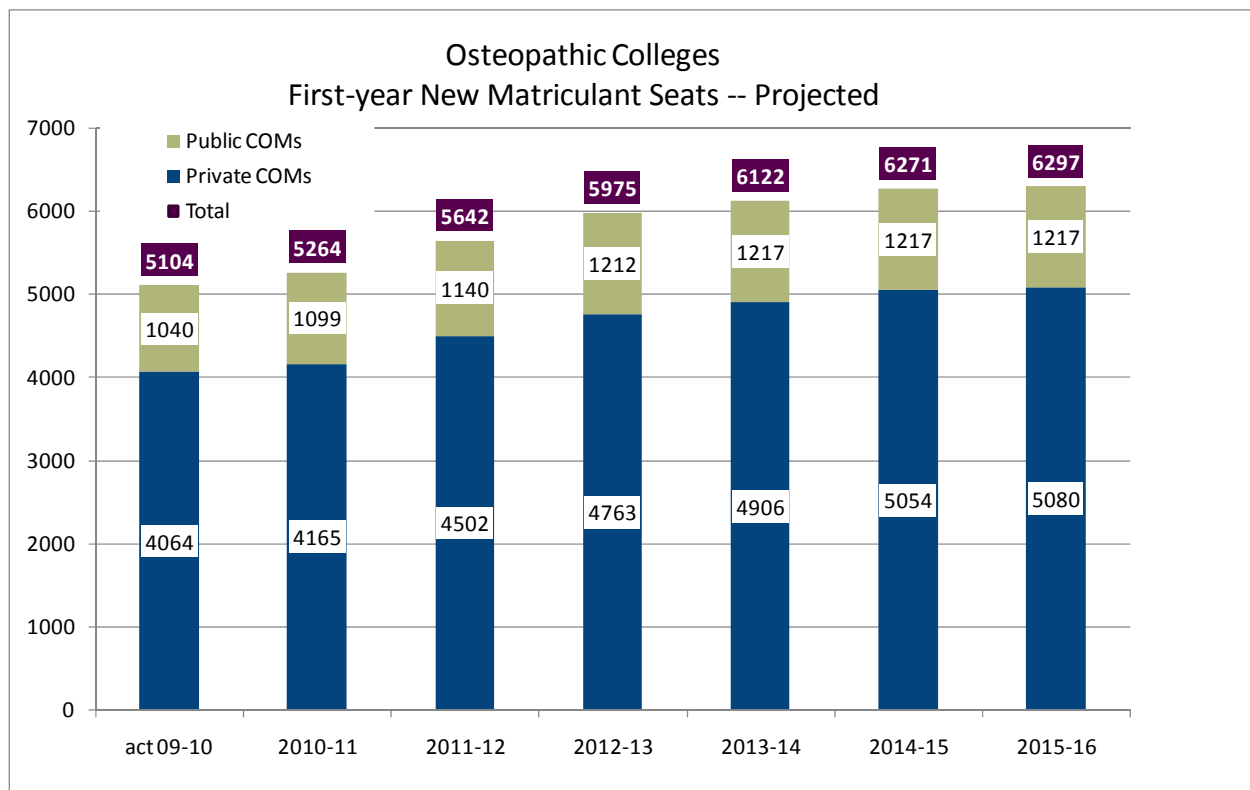
AMERICAN ASSOCIATION OF  
COLLEGES OF OSTEOPATHIC MEDICINE

## Osteopathic Medical College Growth

A report on data collected in Fall 2009

Thomas Levitan, MEd

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Each fall the American Association of Colleges of Osteopathic Medicine surveys its member colleges on planned growth over the coming six years. The third version of the survey was delivered to the deans of the 26 colleges and the three branch campuses holding full or provisional accreditation status in October 2009. As of December 14, 2009, responses had been received from all 29 colleges and branch campuses. The survey asks about plans for entering class size over the next six years. Other questions explore various factors relating to class size growth. All colleges responded to the growth numbers portion of the survey, and projected class sizes are based on the responses of all colleges. Several colleges did not respond to all queries in the survey – data about concerns and approaches to growth reflect the responses of 24 colleges (five public and 19 private).

Based on current projections, 6,297 new students are expected to matriculate into the 26 osteopathic colleges and three branch campuses in fall 2015.<sup>1</sup> This is an increase of 1,193 first-time, first-year medical students over the class that entered in fall 2009 (a 23.4 percent increase). The six public osteopathic colleges project an increase of 177 students (or 17 percent); the 23 private colleges and branch campuses project an increase of 1,016 students (or 25 percent). The projections include one college that will enroll its first class in fall 2010, and two branch campuses or additional teaching sites that are scheduled to open over the next five years. Several other colleges are in various stages of development; their classes are not included in these projections.

A total of 27 responses were received – these represented data for the 26 currently accredited colleges, three currently operating branch campuses, one branch campus currently in the accreditation process, three currently operational “additional teaching sites,” and one approved “additional teaching site.” For two of the branch campuses, responses about concerns and approaches are included in the main college responses while one branch campus associate dean submitted a separate survey. All respondents did not respond to every question – the total number of responses and percentages will not be consistent for all questions.

Respondents to the survey who indicated that there will be growth were asked to indicate the likelihood of that growth. Based on proposed first-year class size in the 2015-16 academic year, 15 colleges indicated that they plan growth over their 2009-10 class size (for one college, the growth is entirely accounted for by the development of a branch campus). The magnitude of that growth ranges from 14 additional seats to 150 additional seats. Four colleges, including one that is proposing a new branch campus, indicated planned growth of more than 100 seats. Five colleges indicated growth of 50 – 99 seats. Seven colleges indicated growth of fewer than 50 seats. Of the 15 colleges that indicated plans to grow, nine indicated that growth is “somewhat likely” and six indicated that the growth is “very likely.”

A set of questions asked the colleges about approaches to that growth. The table below displays the responses for the 15 colleges planning growth (this includes the planned branch campus).

<b>Approach to growth</b>	<b>Definitely no</b>	<b>Probably no</b>	<b>Probably yes</b>	<b>Definitely yes</b>
<b>Expansion of existing campus</b>	2 (13%)	3 (20%)	4 (27%)	6 (40%)
<b>Development of additional teaching locations not part of the existing campus (preclinical)</b>	1 (7%)	6 (40%)	3 (20%)	5 (33%)
<b>Develop new clinical affiliations</b>	0 (0%)	0 (0%)	5 (33%)	10 (67%)

The colleges indicating planned growth were asked if that growth would be targeted to specific population groups or underserved communities. Thirteen of the 15 respondents indicated that the

<sup>1</sup> For the 2009 growth survey the methodology was revised. In prior years the first-time, first-year projected enrollment was based on the planned COCA approved first-year class size reported by each college. By COCA policy the colleges are permitted to exceed that approved enrollment by up to 8%. To account for this variation, for 2009 (and future surveys), the planned COCA approved first-year class size is increased by 4%.

growth will be targeted. These 13 respondents were asked to describe the target populations. Four of the colleges indicated they will target underrepresented minority groups, with one specifically mentioning minority groups with marginal MCAT and GPA scores. One respondent specifically noted plans to target “urban inner-city populations.” Ten colleges specifically mentioned rural and small-town targeting. Most of the colleges indicating targeted intentions noted regional specificity, for example, by state or geographic region. Of the colleges that did not indicate planned future growth, three noted that recent growth and current recruiting is targeted to underserved populations – both geographic and demographic.

Respondents were asked to indicate approaches to take in targeting growth. Of the 13 colleges planning targeted growth, the following approaches were indicated.

Targeting approach	Using/planning
Modified admissions criteria	7 (54%)
Enhanced financial aid	8 (62%)
Additional teaching sites	9 (69%)
Targeted recruiting activities	12 (92%)

Other approaches indicated include: partnering with rural hospitals for loan repayment programs, and expanding outreach to high school populations to encourage students to consider medical careers.

The following questions are reported for all responding colleges, not only for those planning growth.<sup>2 3</sup>

Respondents were asked: *How concerned are you about the impact the current economic situation will have on your college’s ability to maintain or increase enrollment?* A majority of those responding to the question indicated concern about the economic situation.

Level of concern with economic situation	All colleges (n=24)	Colleges planning growth (n=15)
Not concerned	10 (42%)	5 (36%)
Moderately concerned	13 (54%)	9 (64%)
Very concerned	1 (4%)	0 (0%)

Level of concern with economic situation Public/Private	Public colleges (n=5)	Private colleges (n=19)
Not concerned	1 (20%)	9 (47%)
Moderately concerned	3 (60%)	10 (53%)
Very concerned	1 (20%)	0 (0%)

<sup>2</sup> Note that all respondents did not respond to all questions; thus, the number of responses to any question will not equal the n indicated. Percentages are for those who responded to the question.

<sup>3</sup> Because of the limited size of the osteopathic medical school universe and concerns of some schools about releasing school-identifiable information, further break-out analysis cannot be published.

Responses about the current economic situation included comments on:

- Concern about state and federal support for both medical education and health care.
- Concern about availability of adequate financial aid – both loans and grants.
- Concern about the financial condition of affiliated hospitals and the impact on clinical education.

The survey asked about activities in which the college engaged related to expansion or possible expansion.

<b>Expansion-related activities</b>	<b>All colleges (n=24)</b>	<b>Colleges planning growth (n=15)</b>
<b>Hired consultants to study expansion</b>	4 (26%)	3 (20%)
<b>Assessed financial needs related to expansion</b>	15 (63%)	11 (69%)
<b>Assessed depth and quality of the applicant pool</b>	13 (54%)	9 (60%)
<b>Hired new faculty</b>	7 (29%)	4 (27%)
<b>Added new clinical training sites</b>	16 (67%)	11 (73%)
<b>Constructed new teaching space/reconfigured existing space</b>	6 (25%)	4 (27%)
<b>Sought/obtained state funding for expansion</b>	3 (13%)	3 (20%)

<b>Expansion-related activities Public/Private</b>	<b>Public colleges (n=5)</b>	<b>Private colleges (n=19)</b>
<b>Hired consultants to study expansion</b>	0(0%)	4 (21%)
<b>Assessed financial needs related to expansion</b>	5 (100%)	10 (53%)
<b>Assessed depth and quality of the applicant pool</b>	5 (100%)	8 (42%)
<b>Hired new faculty</b>	1 (20%)	6 (32%)
<b>Added new clinical training sites</b>	5 (100%)	11 (48%)
<b>Constructed new teaching space/reconfigured existing space</b>	2 (40%)	4 (21%)
<b>Sought/obtained state funding for expansion</b>	3 (60%)	0 (0%)

Respondents were asked to identify barriers to expanding enrollment at their medical schools. Several barriers were noted by multiple respondents. Barriers noted include:

- Facilities – specifically space for teaching.
- Limited faculty – both basic science and clinical.
- Clinical teaching sites.
- Funding – and availability of public support for medical education.

Other barriers were cited by fewer respondents.

- Student concern about debt load.
- A sufficiently large local population to provide an adequate number of qualified students.

- Faculty time required by the admissions process.

Respondents were asked about new partnerships being developed to facilitate expansion. Many of these partnerships were noted by multiple respondents.

- Developing pipelines within the larger university with which the college is affiliated.
- Developing new articulation programs with undergraduate colleges – three/four programs.
- Developing new partnerships with local hospitals and other health care providers.
- Exploring public funding for state/regional students.

A set of questions asked respondents to indicate concern with availability of clinical training. Generally there was no difference between the responses of colleges planning growth and all colleges when “moderately concerned” and “very concerned” responses were combined.

Clinical training issues	Not concerned	Moderately concerned	Very concerned	Not concerned	Moderately concerned	Very concerned
Overall number of undergraduate clinical training sites	9 (38%)	9 (38%)	6 (25%)	5 (36%)	6 (43%)	3(21%)
Overall availability of qualified preceptors	7 (29%)	10 (42%)	7 (29%)	3 (21%)	7 (50%)	4 (29%)
Number of osteopathic undergraduate clinical training sites	7 (29%)	9 (38%)	8 (33%)	5 (36%)	6 (43%)	3 (21%)
Availability of qualified osteopathic preceptors	4 (17%)	12 (50%)	8 (33%)	3 (21%)	6 (43%)	5 (36%)
Number and diversity of patients	16 (67%)	7 (29%)	1 (4%)	9 (64%)	5 (36%)	0 (0%)
Overall availability of GME	2 (8%)	14 (58%)	8 (33%)	0 (0%)	11 (79%)	3 (21%)
Availability of osteopathic GME	1 (4%)	10 (42%)	13 (54%)	0 (0%)	7 (50%)	7 (50%)

Clinical training issues Public/Private	Not concerned	Moderately concerned	Very concerned	Not concerned	Moderately concerned	Very concerned
Overall number of undergraduate clinical training sites	3 (60%)	2 (40%)	0 (0%)	6 (32%)	7 (37%)	6 (32%)
Overall availability of qualified preceptors	2 (40%)	3 (60%)	0 (0%)	5 (26%)	7 (37%)	7 (37%)
Number of <i>osteopathic</i> undergraduate clinical training sites	3 (60%)	2 (40%)	0 (0%)	4 (21%)	8 (37%)	8 (42%)
Availability of qualified <i>osteopathic</i> preceptors	2 (40%)	2 (40%)	1 (20%)	2 (11%)	10 (53%)	7 (37%)
Number and diversity of patients	4 (80%)	1 (20%)	0 (0%)	12 (63%)	6 (32%)	1 (5%)
Overall availability of GME	1 (20%)	4 (80%)	0 (0%)	1 (5%)	10 (53%)	8 (42%)
Availability of <i>osteopathic</i> GME	0 (0%)	5 (100%)	0 (0%)	1 (5%)	5 (26%)	13 (68%)

Respondents were asked about challenges associated with clinical training sites.

Challenges with clinical training	All colleges (n=24)	Colleges planning growth (n=15)
Increased turnover among volunteer preceptors	5 (21%)	2 (13%)
Difficulty in replacing retiring volunteer preceptors	4 (17%)	2 (13%)
Competition from other osteopathic medical schools for training sites	15 (63%)	7 (47%)
Competition from allopathic medical schools for training sites	18 (75%)	10 (67%)
Competition from offshore medical schools for clinical training sites	12 (50%)	7 (47%)
Competition from other health care professions (NP, PA) for clinical training sites	11 (46%)	5 (33%)
Pressure for payment or increased payment for student rotations	20 (83%)	12 (75%)

Challenges with clinical training Public/Private	Public colleges (n=5)	Private colleges (n=19)
Increased turnover among volunteer preceptors	0 (0%)	5 (26%)
Difficulty in replacing retiring volunteer preceptors	0 (0%)	4 (21%)
Competition from other osteopathic medical schools for training sites	2 (40%)	13 (68%)
Competition from allopathic medical schools for training sites	3 (60%)	15 (79%)
Competition from offshore medical schools for clinical training sites	3 (60%)	9 (47%)
Competition from other health care professions (NP, PA) for clinical training sites	0 (0%)	11 (58%)
Pressure for payment or increased payment for student rotations	4 (80%)	16 (84%)

No respondents provided specific comments related to clinical training; however many indicated that the availability of clinical training sites represent a barrier to expansion.

One question asked respondents about concern with maintaining the quality of the medical school applicant pool.

	Not concerned	Moderately concerned	Very concerned	Not concerned	Moderately concerned	Very concerned
	<b>All colleges (n=24)</b>			<b>Colleges planning growth (n=15)</b>		
How concerned are you with maintaining the quality of the medical school applicant pool as more seats become available?	7 (29%)	16 (67%)	1 (4%)	4 (29%)	10 (71%)	0 (0%)
	<b>Public (n=5)</b>			<b>Private (n=19)</b>		
How concerned are you with maintaining the quality of the medical school applicant pool as more seats become available?	1 (20%)	3 (60%)	1 (20%)	6 (32%)	13 (68%)	0 (0%)



One respondent noted that while the current applicant pool appears to be adequate, changes to health care may make the medical profession less desirable to prospective applicants. Another suggested increased recruitment of international applicants.

Respondents were asked whether new programs were planned or implemented to foster student interest in primary care. Twenty-two colleges (92 percent) of those colleges responding to the question indicated that they had planned or initiated such programs; two colleges indicated that they had not. Colleges indicated the following approaches to developing interest in primary care. All five of the public colleges responding to the full survey indicated efforts to foster interest in primary care; 17 of 19 private colleges (90 percent) indicated efforts to foster interest in primary care.

<b>Approaches to developing interest in primary care</b>	<b>All colleges (n=24)</b>	<b>Colleges planning growth (n=15)</b>
<b>Admissions criteria</b>	9 (38%)	4 (27%)
<b>Enhanced financial aid</b>	5 (21%)	4 (27%)
<b>Changes in pre-clinical curriculum</b>	9 (38%)	4 (27%)
<b>Changes in clinical curriculum and/or rotation sites</b>	16 (67%)	8 (53%)
<b>New extra/co-curricular activities</b>	9 (38%)	9 (60%)
<b>Targeted recruiting activities</b>	12 (50%)	9 (60%)

<b>Approaches to developing interest in primary care Public/Private</b>	<b>Public colleges (n=5)</b>	<b>Private colleges (n=19)</b>
<b>Admissions criteria</b>	2 (40%)	7 (37%)
<b>Enhanced financial aid</b>	1 (20%)	4 (21%)
<b>Changes in pre-clinical curriculum</b>	2 (40%)	7 (37%)
<b>Changes in clinical curriculum and/or rotation sites</b>	4 (80%)	12 (63%)
<b>New extra/co-curricular activities</b>	4 (80%)	5 (26%)
<b>Targeted recruiting activities</b>	4 (80%)	8 (42%)

Several respondents noted that new programs and teaching sites have been developed to emphasize primary care as a career path for students.

The colleges of osteopathic medicine continue to plan significant growth to contribute to meeting the nation’s health care needs. By the 2015-16 academic year, the osteopathic medical schools plan to increase first-year enrollment by nearly 1,200 students, or 23.4 percent. The private colleges plan an increase of 25 percent; the public colleges plan an increase of 17 percent. These projections do not include the possibility of an additional 400 to 500 first-year seats in colleges that are in various stages of development and may well be in operation by 2015.

Although the colleges plan this enrollment growth, they also are concerned about associated challenges. Most notable among these challenges are:

*Adequate funding for education, funding for student loans and grants, availability of qualified faculty – both basic science and clinical, appropriate facilities, the availability of clinical training sites at the*

*undergraduate and graduate medical education levels, a qualified student applicant pool, and changes in the nature of health care and the health care professions.*

The colleges have identified multiple approaches to these challenges so that they may continue to play a significant role in meeting the health care needs of the nation and the world.