Allowing MDs in Osteopathic Residency Programs: The High Ground

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Abstract

The osteopathic medical profession is producing DOs faster than it is creating osteopathic graduate medical education (GME) positions. Many newly-minted DOs choose to serve in ACGME-accredited residencies, and this migration is leaving AOA-accredited residencies unfilled. The 2009 ‘pre-scramble’ AOA Match shows that approximately 61% of funded osteopathic GME slots remain empty. In 2008-2009, 58% of all DO residents were in ACGME programs.

Allowing MDs to serve DO residencies would help fill empty AOA-approved GME slots, (mostly primary care) which are in danger of losing federal funding if they remain unfilled. Proponents see it as a way to ensure future DOs will get the GME training they need when the rising number of allopathic graduates could close the window of opportunity for DOs in ACGME programs. Opponents believe allowing MDs into osteopathic residencies will lead to a deterioration of osteopathic GME programs and osteopathic distinctiveness.

Allowing MDs into osteopathic GME programs is the logical next step for the profession. A recent survey showed at least two-thirds of osteopathic leaders were in favor of such a move. Medical students and residents do not have the same preconceived ideas as their predecessors about osteopathic-versus-allopathic medicine and would be open to the idea. More importantly, allowing MDs into osteopathic GME programs would ensure the osteopathic profession is at the forefront of change. If and when legislation is enacted to safeguard primary care medicine, the move could help the profession solidify its position as the nation’s model for training primary care physicians.