Allowing MDs to Serve Osteopathic Residencies

THE HIGH GROUND
THE PROBLEM

2005 COGME report predicts physician shortage, calls for increases in medical school enrollments.

Both allopathic and osteopathic medical schools heed the call: New schools developed, class sizes increased.

But osteopathic profession is now producing DOs faster than it is creating osteopathic GME positions.
2007: 3,100 DO graduates

2009: 3,700 DO graduates but only 2,435 funded OGME slots

2016: AACOM projects 5,000+ DO grads. Where will they go?
THE PROBLEM

Short-term solution: DOs in allopathic residencies BUT this is leaving osteopathic slots unfilled

If a GME slot remains unfilled for three years, it loses federal funding and disappears

Not a good time to lose GME slots: Cap mandated by BBA ’97 will only increase competition for future slots in both professions
ONE SOLUTION

How can the profession help ensure that all new DOs will have access to GME?

Allow MDs to serve in osteopathic residency programs
**PROS**

**Access:** More empty OGME slots would be filled and therefore not lost

**Parity:** It’s the fair thing to do—they take us, we don’t take them

**Recognition:** OMM/OPP would be more widely used, respected
CONS

**Quality:** OGME slots would be filled with less-qualified physicians

**Distinctiveness:** Value of OMM/OPP would be lessened or even lost

**Survival:** Feds could stop funding OGME altogether or even force a merger
THE NUMBERS

2009 NRMP Match: 95% filled altogether
91% filled in family medicine
98% filled in internal medicine

2009 AOA Match: 59% filled altogether
49% filled in family medicine
55% filled in internal medicine

As of June 2008, 58% of DOs serving residencies were in ACGME programs
QUESTIONS

Will allopathic residencies keep taking DOs when the number of new MDs increases?

Will unfilled OGME slots still be there when the profession needs them?

Will the allopathic establishment continue to support dually-accredited programs if they can fill all their slots with MDs?
Student Dr. Network: 71% of 204 polled supported MDs in osteopathic GME programs

AMSA humanism group: Open to MDs in DO slots; positive about OMM/OPP

DO students/residents: split, but most fear ACGME residencies will close to DOs
All OGME Survey Participants

- 70% support admitting MDs into DO residencies
  IF they are grads of LCME-accredited schools
- No support for IMGs in osteopathic GME
- Support for training MDs in OMM/OPP before they enter osteopathic residencies
UNINTENDED CONSEQUENCES

AOA specialty boards, examiners, accrediting bodies, would have to change their standards and procedures

MDs who serve osteopathic residencies could join the AOA and influence its policies

Osteopathic profession could create more specialty and sub-specialty GME programs in order to attract MD grads
RECOMMENDATIONS

Solution must take current healthcare reform efforts and economic climate into consideration

Today, broadest support is for increasing and restructuring the nation’s primary care workforce

Current economic recession makes it unlikely that residency caps will be removed
RECOMMENDATIONS

Economic climate could also influence hospitals to drop dually-accredited residency programs.

The profession can’t keep counting on dually-accredited programs to solve its own shortage of OGME positions.

Admitting MDs into osteopathic residencies would help fill primary care OGME slots that may otherwise be lost.
RECOMMENDATIONS

Admitting MDs into DO programs would enable more MDs to learn about OMM/OPP

The profession would be ready for legislation that ‘elevates’ primary care medicine

The profession could solidify its position as the nation’s model for ways to produce and train primary care physicians.
CONCLUSIONS

Admitting MDs into osteopathic residencies could produce a strong primary care workforce schooled in both the osteopathic and allopathic traditions.

This could serve to strengthen the nation’s primary care workforce.

Allowing MDs to serve osteopathic residencies would be good for the patient.
THANK YOU

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Barbara Greenwald
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