

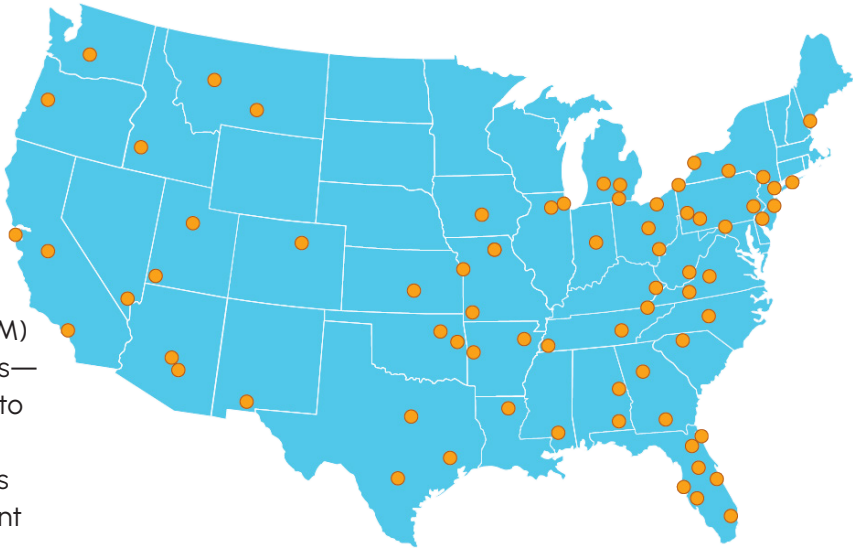


# The State of Clinical Education in Osteopathic Medical Schools

NOVEMBER 2025

## OVERVIEW: GROWTH AND SCALE

Osteopathic medical education has grown dramatically over the past decade, now representing nearly one-third of all U.S. medical students. College of Osteopathic Medicine (COM) student enrollment has climbed 65% in ten years—from about 23,000 to over 38,000—compared to an 18% increase among MD programs. Both DO and MD programs report difficulties finding sites and preceptors, citing concerns about insufficient clerkship opportunities.



## Trends in Medical Education

CATEGORY	DO (OSTEOPATHIC)	MD (ALLOPATHIC)
Schools	44 COMs in 71 locations	158 schools
Share of Trainees	~30% of U.S. medical students	~70% of U.S. medical students
Enrollment Growth (2013-2024 to 2023-2024)	+65% (23,071 → 38,225)	+17.5% (83,352 → 97,903)
Current Enrollment	39, 463 (2024–2025)	99,562 (2024–2025)
Yearly Growth	+4.1% from prior year	+1.8% from prior year
Graduates (2023)	7,891 (+2.5% from prior year)	20,922(−0.64% from prior year)
Graduate Growth (2013-2023)	+64% (4,806 → 7,891)	~16% (18,072→20,922)
School Growth by Locations (2015-2025)	+69% (42 →71)	+14% (139 → 158)

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## OSTEOPATHIC CLINICAL EDUCATION MODEL

Unlike MD programs that often rely on large academic medical centers, osteopathic medical schools depend on a distributed, community-based training model. Students complete their first two years on campus, then rotate across hospitals, clinics, and private practices in diverse communities. This approach allows COMs to embed clinical training in the very settings where physicians are most needed—rural, regional, and underserved areas—but it also makes them more sensitive to fluctuations in site availability and preceptor participation.

## PRESSURE FOR CLINICAL TRAINING SITES

Findings from AACOM's 2023 Clinical Rotations Survey show that 74% of COM leaders believe it is harder today to secure or maintain clinical sites than five years ago. Responses from approximately 30 COMs, representing all major geographic regions of the U.S., indicate that these challenges are widespread and not limited to any single area of the country. Top challenges include competition from MD schools and other COMs, limited availability of preceptors trained in osteopathic manipulative treatment (OMT), and realignments within health systems that reduce independent teaching opportunities. Additional strain comes from expanding Physician Assistant (PA) and Nurse Practitioner (NP) programs seeking the same sites, as well as preceptors requesting increased compensation. Site shortages and competition from other institutions are now the leading threats to sustaining distributed clinical training networks.

- According to AAMC, prior to the pandemic, 84% of MD medical school deans reported concerns about an insufficient number of clerkship sites
- Over 70% of MD medical school deans reported difficulties securing qualified preceptors in specialty areas, with concerns rising to 87% for primary care
- 65,766 qualified nursing applicants were turned away due to limited faculty, preceptors, and clinical sites in 2023; in 2022, 60% of NPs did not precept students, citing lack of support and productivity loss.

- Based on the 2023 AACOM Clinical Rotations Survey, 74% of respondents (30) indicated that developing clinical sites or recruiting preceptors was harder than 5 years ago.

### Factors Impacting COMs' Ability to Maintain Clinical Training Sites

Data from AACOM's 2023 Clinical Rotations Survey, 2023.

#### Top Factors with the Highest Impact:

- Competition from U.S. MD Schools
- Competition from Other COMs
- Difficulty Finding Preceptors Who Use OMT

#### Moderate Impact Factors:

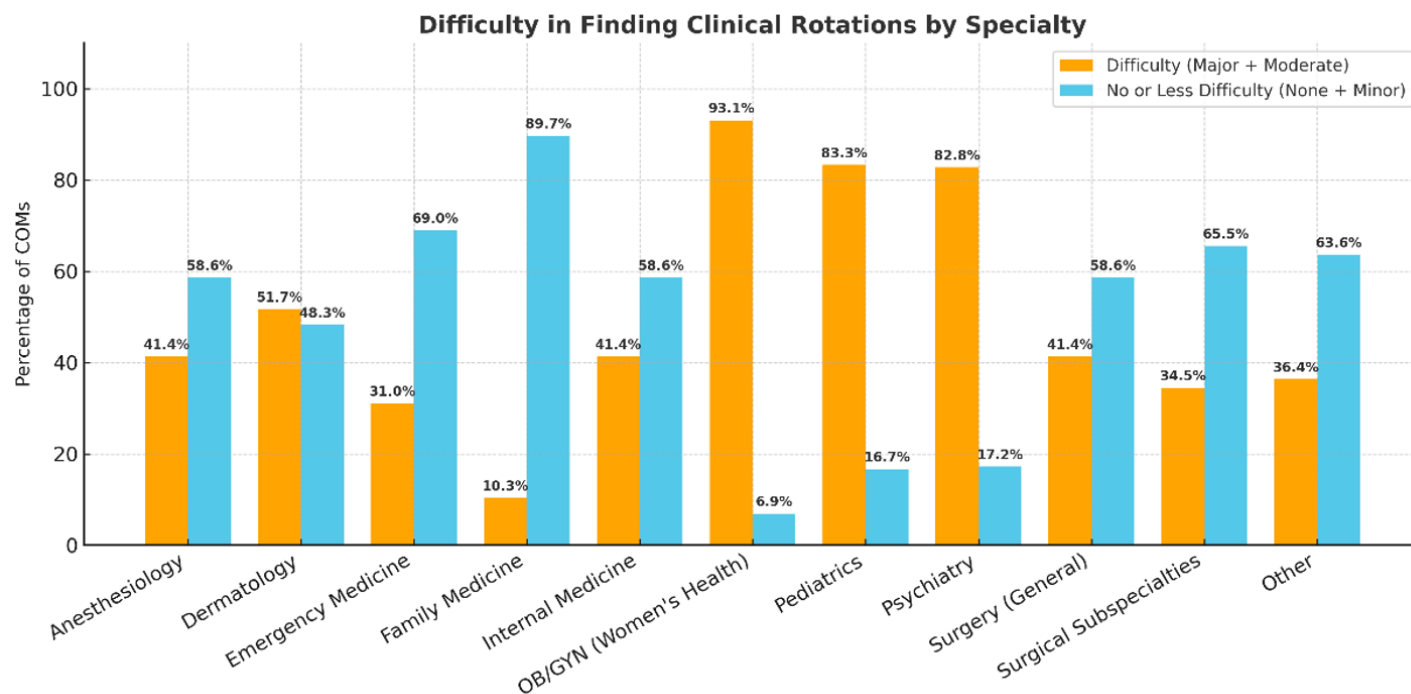
- Changes in Health System Alignment (e.g., mergers or acquisitions)
- Competition from Other Health Profession Education Programs (e.g., PAs seeking rotations)
- Pressure from Existing Sites/Preceptors to Increase Payment

#### Lower Impact Factors:

- High Turnover Among Preceptors
- Difficulty Finding DO Preceptors
- Competition from International Schools

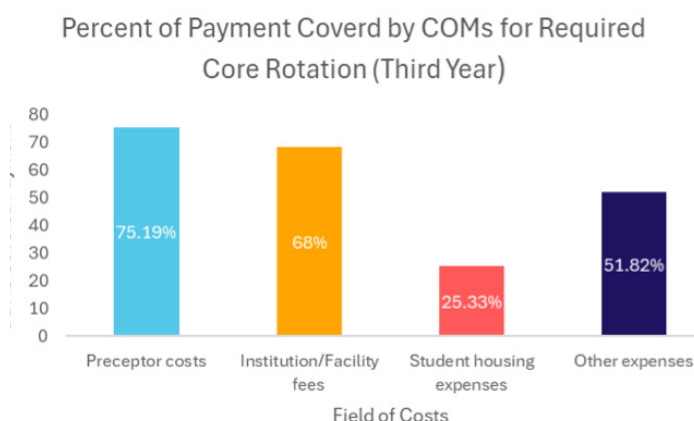
### Specialty-Specific Shortages

AACOM's 2023 Clinical Rotations Survey also found that Colleges of Osteopathic Medicine (COMs) report the greatest difficulty placing students in obstetrics and gynecology, pediatrics, psychiatry, dermatology, anesthesiology, surgery and surgical subspecialties.



## SIGNIFICANT INSTITUTIONAL INVESTMENT

To maintain access to required and elective rotations, COMs provide direct financial support for the majority of clinical education costs. On average, schools fund 75% of preceptor costs, 68–72% of site or facility fees, and substantial portions of housing (25%) and other (52%) expenses.



## STUDENT EXPERIENCE

Despite system-wide pressures, students generally express strong satisfaction with the quality of their clinical education. According to the 2022-2023 AACOM Graduate Seniors Survey (GSS) with more than 3,800 respondents, evaluations of core rotations showed positive clinical exposure with most students strongly agreeing/agreeing that rotations provided diverse patient experiences (80% of respondents), appropriate technology usage (82%), ability to work on a personal basis with patients (86%), attendings modeling excellent patient/communication skills (80%), and sufficient inpatient exposure (76%). Elective rotations received even stronger evaluations with students reporting satisfaction with organization (73%), timely feedback (77%), and attendings engagement (84%).

Concerns were raised by students over some aspects of the community-based, distributed model of clinical training. Less than 60% felt that their clerkships were well organized, and more than one-third reported that their COM arranged less than 60% of their rotations. Nearly half (48%) received less than three months' notice of the location of one or more required rotations. For elective rotations, 39% of students arranged more than 90% of their

own clerkships, with limited institutional assistance. And most students (nearly 70%) received three months' notice or less for elective placements.

The data suggests that while COMs succeed in providing high-quality clinical learning experiences, national capacity and scheduling constraints continue to complicate the student experience.

## Clerkship Evaluations

Most COMs (85%) (33 respondents) require a post-rotation examination for a part of the third-year rotation grade for required third-year rotations utilizing the National Board of Osteopathic Medical Examiners (NBOME)'s Comprehensive Osteopathic Medical Achievement Test (COMAT) exam series as post-rotation assessments. COMAT exams mirror the structure and content of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) which is a requirement for graduation from a COM. A smaller number of COMs use the National Board of Medical Examiners (NBME) shelf exams (9.09%) or in-house exams (3.03%). These standardized assessments help to ensure consistency across clinical rotations and support readiness for national board exams.

This practice also aligns with COCA Element 6.11, which requires comparable educational experiences and equivalent assessment methods across all clinical education sites, supporting consistent evaluation of student outcomes. To demonstrate full compliance, COMs should also document and analyze assessment results to confirm comparability across clinical sites.

## SUMMARY INSIGHT

Osteopathic medical education's distributed model remains a defining strength, connecting future physicians to community-based practice environments nationwide. Yet, sustainability depends on strengthening clinical partnerships and expanding preceptor capacity. As enrollment and competition for sites continues to rise, COMs will need new strategies to preserve access, maintain quality, and protect the unique community-oriented identity that distinguishes osteopathic medical education.

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