Contribution of Osteopathic Training to the Primary Care Workforce

TO THE EDITOR:

Kozakowski et al. report on the waning interest of US medical students in pursuit of primary care residencies. While this may be true in allopathic medical schools, osteopathic medical schools historically provide foundational training in and focus on primary care specialties. For example, over the past five years an average of over 24% of the students applying to osteopathic residencies at the Michigan State University College of Osteopathic Medicine, one of the largest osteopathic medical schools in the country, have matched into osteopathic family medicine residencies, with an average of over 30% matching in 2015 and 2016. Additional students matched into allopathic, military, and Canadian family medicine residencies. In a class of approximately 300 students, a 26% overall match to family medicine residencies is significant and over time can defray the predicted number of needed family medicine physicians regionally. Nationally, in 2015, 54% students graduating from osteopathic medical schools matched in primary care residencies.1 Approximately 41% of osteopathic physicians are family physicians.2

Kozakowski et al. report, most alarmingly, on the four-fold growth in specialty residency positions compared to primary care positions over the past two decades. The authors report that the exclusion of the American Osteopathic Association (AOA) Intern/Resident Registration Program primary care residency positions in their analyses is not an issue as the positions are not sufficient in number to address the primary care workforce shortage. However, the relatively low number of primary care residency positions might be exacerbated by the potential loss of many of the AOA family medicine residencies over the next four years due to the entry into a single accreditation system under the Accreditation Council for Graduate Medical Education (ACGME). Some hypothesize that 20–40% of AOA residencies may voluntarily close due to a lack of financial or personnel resources, or insufficient patient panels to meet ACGME requirements.3

While the loss of potential primary care residency positions is concerning, as the authors clearly state, the issue is not only the number of primary care residency positions, but also the number of students attracted to primary care specialties. Osteopathic medical schools include annual courses focusing on the osteopathic principals and practice, stressing the importance of whole person care, which is congruent with primary care. The mission statements of the majority of colleges of osteopathic medicine include the goal of producing primary care physicians. Finally, osteopathic medical schools prioritize a competency-based curriculum, with longitudinal primary care clinical experiences delivered in a variety of community-based and outpatient care environments, with training in population health. All medical schools may benefit from observing methods used by osteopathic medical schools in attracting medical students to primary care.

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References

Response to “Contribution of Osteopathic Training to the Primary Care Workforce”

TO THE EDITOR:

We are deeply grateful to Drs Malouin and Keenum for raising their concerns regarding the potential impact of the Single Accreditation System (SAS) for Graduate Medical Education (GME) and appropriate recognition of the significant proportion of osteopathic graduates matriculating into our family medicine...
residency programs. The Triple Aim of better health care experience, improved health of populations, and reduced per capita costs of health care will be extremely difficult to achieve without a workforce that is balanced between primary care and subspecialty physicians.1

The continued persistence of the osteopathic medical schools to prepare medical students for a career in family medicine is a key driver of the family medicine and primary care workforce production. We, and many others, recognize that the successful transition of as many of the GME positions in programs currently accredited only by the American Osteopathic Association (AOA) to accreditation by the Accreditation Council on Graduate Medical Education (ACGME) is critical for our family medicine workforce. To that end, the American Academy of Family Physicians (AAFP) is actively working with our sister family medicine organizations, including the American College of Osteopathic Family Physicians, to provide technical assistance, programs, and other tools to assist AOA-only accredited family medicine programs to successfully achieve ACGME accreditation before the deadline of June 30, 2020. Significant challenges lie ahead since, as of early February 2017, only a relatively small number of the total AOA-only accredited family medicine programs have entered the ACGME accreditation application process, given the deadline of December 31, 2017 by which AOA-only accredited programs must have achieved at least pre-accreditation status in order to participate in the 2018 AOA match.

Our two annual reports on the National Residency Matching Program (NRMP) Match and the Entry of US Medical Graduates into Family Medicine Residencies have served as barometers for the family medicine workforce for over three decades. We readily acknowledge that we can do more to increase the recognition of the contribution of the osteopathic graduates to the family medicine residency ranks. As noted in our companion article, the percentage of osteopathic graduates entering ACGME-accredited family medicine programs has grown steadily from 16% to 23% of the entering class from 2005 to 2015.2 The SAS is a shared opportunity to collaborate, aggregate and report data on the production, along with organizational and cultural influence of family medicine student choice in all medical schools.

As representatives of the AAFP, the authors are eager to host conversations, in partnership with our sister family medicine organizations, to discover those behaviors and strategies that enable some schools to achieve greater success in producing graduates entering into family medicine than their peer schools and to imagine new possibilities.

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References

Medical Student Career Choice: Comparing the Social Accountability of Canadian and American Medical Schools

TO THE EDITOR:

In their recent study published in Family Medicine O’Neill et al2 suggest that Canadian medical schools may be doing a better job than their American counterparts in preparing medical students for their family medicine residencies. Their conclusion was based on the scores achieved by Canadian and American family medicine residents on the American Board of Family Medicine In-Training Examination (ITE) taken during the first few months of their residencies. While the difference in results was eliminated when the ITE was administered during the latter stages of training, the authors make the point that their findings may reflect a greater focus on Family Medicine cognitive skills development for medical undergraduates in Canada compared to what is occurring in allopathic medical schools across America.

Although it is important to discern how effective the medical schools in Canada and the United States are in preparing their students for family medicine residencies, we might want to look even more closely at how they are impacting the consideration their graduates are giving to family medicine as their career of choice. In 2016, over 36% of Canadian medical school graduates (CMG’s) made family medicine their residency program of first choice and family medicine trainees filled 40% of all the PGY1 positions across the country.2 In the United States in each of the past few years