LETTERS
TO THE EDITOR

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. Approximately 41% of osteopathic physicians are family physicians.

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.

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.\textsuperscript{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.\textsuperscript{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 al\textsuperscript{2} 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.\textsuperscript{2} In the United States in each of the past few years
less than 10% of the graduates of allopathic medical schools have chosen family medicine. The popularity of family medicine as a career choice among medical students in Canada has been consistent over the past decade. But this was not always the case. Between 1997 and 2003, the percentage selecting family medicine as their first choice declined from more than 30% to 23-24%. Multiple factors were identified as contributing to this downturn, including lower income levels for family doctors, large earnings gaps between family medicine and other specialties, administrative burdens and inadequate system support for family physicians’ practices, and insufficient roles and recognition for family medicine in the medical school environments. These factors are common to both Canada and the United States—and all had to be addressed.

In 2002, the Canadian government produced an important paper on the social accountability of Canada’s medical schools. Included was an expectation that the schools would produce the right number and mix of physicians, including family physicians, to meet the needs of the population. In Canada, this has historically meant trying to maintain a 50/50 balance between family doctors and other specialists. To address their social responsibility the medical schools established an extensive multiyear initiative—The Future of Medical Education in Canada (FMEC). The FMEC Final Report on MD (undergraduate) Education (10 major recommendations, many of them particularly relevant to family medicine. One of the recommendations titled “Value Generalism” specifically stated, “MD education must focus on broadly based generalist content, including family medicine—family physicians and other generalists must be integral participants in all stages of medical education.” While not solely intended to address the challenges related to family medicine, these reports delivered important messages to all stakeholders about the vital role family medicine needs to play in Canada’s medical schools.

Over the past decade, while not starting from ground zero, every Canadian medical school has been addressing the recommendations in these reports. They have amended admissions policies to ensure a diverse student population and re-visited the roles and responsibilities of their departments of family medicine to ensure each has a strong central role in their medical school. Many senior decanal appointments have been awarded to family physicians and relevant core teaching roles throughout the undergraduate curriculum have become the responsibility of departments of family medicine and their faculty. The hidden curriculum has been diminished and remains under constant scrutiny.

During this time, while some progress has been made regarding income levels and other support needed for family physicians across Canada, significant challenges remain. Despite this, thanks to the prominent role of family medicine in the medical schools, the popularity of family medicine as the career choice of CMG’s has increased from its low point of 23% in 2003 to its current 40% levels.

In keeping with Starfield’s landmark research that showed that the best population health outcomes are directly related to access to primary care/family physicians—and to achieve the Triple Aim of better health and better health care at lower cost—the United States and Canada both need an optimal supply of family physicians. Our medical schools play an essential role in producing the number of family doctors needed to care for our populations. Without the socially responsible steps taken by Canada’s medical schools to ensure that each has a well-supported, highly visible, respected department of family medicine with faculty involved as teachers and role models for students throughout their undergraduate years, it is hard to imagine family medicine in the position it holds today as the most popular career choice of Canada’s graduating medical students. The Canadian experience might serve as a beneficial model for America.

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References
Response to “Medical Student Career Choice: Comparing the Social Accountability of Canadian and American Medical Schools”

We thank Dr Gutkin for his willingness to expand on the issues raised in our paper. He graciously spent considerable time discussing the intricacies of the Canadian medical system with us as we were preparing our manuscript. Most importantly, we thank him for elucidating the changes that have occurred within the medical education system in Canada to promote family medicine as a preferred career choice.

Work force projections reported in a study commissioned by the American Association of Medical Colleges suggest that a shortfall of between 14,900 and 35,600 will exist by 2025. The training of sufficient numbers of family physicians will be critical in meeting this demand.

Currently there exists the potential to add nearly 500 additional family medicine trainees per year as residency programs solely accredited by the AOA seek ACGME accreditation. Furthermore, data suggest that over 5000 graduates from 33 osteopathic medical schools will enter training in July 2020. However, this modest potential increase in the number of family physicians completing training will be insufficient to meet projected needs.

While the exceptional effort by Canadian medical schools to become socially accountable for the number and type of physicians that will enter their medical workforce is admirable, no parallel effort has been undertaken in the United States. We would suggest that the US medical education system would do well to follow the Canadian example of valuing generalism by making the necessary changes to prepare and encourage more medical students to enter into family medicine residency programs.

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References