Recent news for family medicine has not been positive. In the 2005 National Resident Matching Program (NRMP), only 82.4% of the offered positions were filled, the lowest percentage among major specialties. Further, the 2,782 positions offered in the 2005 NRMP represented a decline of 511 (16%) from the 1998 number of 3,293. With an all-time low 40.7% of United States medical graduates (USMGs) matching to family medicine in 2005, allopathic program directors of family medicine residencies, now more than ever before, are attempting to build connections with the osteopathic profession in efforts to reverse the declining enrollment in allopathic residency programs. A mutual need currently exists because the osteopathic profession is beset with the opposite problem of producing more graduates than it can accommodate within its own postdoctoral education system.

The number of colleges of osteopathic medicine (COMs) has grown rapidly in the past 2 decades, generating increasingly more graduates with an academic orientation toward primary care. In 1985, for example, COMs graduated 1,474 students. For 2005, they are projected to nearly double that number to 2,826. As a result, increasing numbers of doctor of osteopathy (DO) physicians are turning to allopathic Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs for postdoctoral training. In fact, in 2003, there were 5,838 DOs in ACGME-accredited programs, compared to 2,523 in osteopathic training programs. While osteopathic physicians have not fared well for selection into...
the most competitive allopathic residencies in the NRMP, family medicine has a long tradition of accepting DOs into its programs, and the door is opening wider.

Allopathic family medicine program directors have become increasingly proactive in building bridges to the osteopathic community by seeking out and obtaining American Osteopathic Association (AOA) accreditation of their ACGME-accredited residency programs. The acquisition of AOA internship accreditation requires few academic adjustments, a minimum of additional costs, inclusion of osteopathic content, and minor administrative and personnel adaptations. Obtaining AOA accreditation can be seen as an investment, a recruiting tool, and a means to become integrated into the growing supply of osteopathic physicians.

Until recently, allopathic family medicine program directors had the option of obtaining AOA accreditation on two levels. The first is the traditional osteopathic internship. Since the AOA accredits internships and residencies separately, the simplest choice is to seek accreditation of the 1-year AOA internship that is easily folded into the first postgraduate year (PGY-1) of the ACGME-approved family medicine residency. This option proved to be the most popular, easiest to accomplish, least expensive, and the one that is negligibly intrusive into the mandates of the ACGME accreditation system. These programs are typically small, with no less than four positions, but meet the minimum size requirement for an AOA internship program. Osteopathic physicians selected into these AOA-accredited internship programs normally continue into PGY-2 and PGY-3. While the first year fulfills the requirements of both an AOA internship and an ACGME PGY-1, all subsequent training of these DOs is recognized and accredited only by the ACGME.

The second option is to apply for two separate AOA accreditations (internship and a family medicine residency) with two sets of standards, administrative mandates, and added costs associated with a second AOA accreditation process. This choice represents a stronger and more costly commitment to osteopathic postdoctoral education. DOs graduating from these programs are qualified for both the American Osteopathic Board of Family Physicians (AOBFP) and the American Board of Family Medicine (ABFM). For training institutions, this option increases the number of compliance issues, greater degrees of administrative complexity, and more extensive reporting relationships. Despite these drawbacks, there are a number of presumed positives, including closer interactions with COMs and the additional advantages of national recognition, the enhanced potential for the recruitment of students and faculty, and the retention of graduates as future members of the medical staff.

The trend of allopathic family medicine residency programs seeking AOA accreditation began in earnest in 1997 and coincided with a downturn in interest in primary care by USMGs. As of March 2005, 107 ACGME-accredited programs, mostly in family medicine, obtained AOA approval for a traditional, 1-year internship program. Likewise, 44 ACGME-accredited family medicine residencies, nearly 10% of all allopathic accredited family medicine programs, have obtained AOA approval to train both interns and residents, nearly all within the past 5 years. One can assume that the chief motive of allopathic program directors obtaining a secondary and unnecessary level of accreditation relates to manpower needs and the desire to place their program in the mainstream of osteopathic education for recruitment opportunities.

A closer look at the allopathic family medicine programs that obtained AOA internship and residency accreditation provides interesting insights. Of the 44 programs, 37 are located in the 15 states that have COMs. Of the 37, 25 are concentrated in four states: Pennsylvania, Michigan, Illinois, and New York. These are large-population states with a mix of urban and rural environments that collectively support 102 ACGME-accredited family medicine residency programs and 28 allopathic medical schools. In many instances, these parallel-accredited programs work in close affiliate relationships with the COMs and provide osteopathic students with required clinical clerkships at the third- and fourth-year levels.

The Philadelphia College of Osteopathic Medicine (PCOM) offers a good example of the osteopathic predoctoral environment and the symbiotic relationship with ACGME-accredited family medicine programs. Following closure of its own teaching hospital in April 2000, PCOM assigned, and continues to assign, its approximately 260 third-year students to area hospitals, both osteopathic (9) and allopathic (14), for required family medicine rotations. All PCOM allopathic affiliates in family medicine have ACGME family medicine residency programs. As of March 2005, these hospitals are part of the 21 ACGME/DOA internship-only programs and 8 ACGME/DOA internship/family medicine residency programs in Pennsylvania and Delaware. PCOM is able to place its students at desirable training sites for clinical education and lend assistance to these affiliates in obtaining AOA accreditation for postdoctoral training. In turn, the ACGME-accredit-
ed family medicine programs see a high volume of osteopathic medical students oriented toward primary care. They also gain a reputation for “DO friendliness” and have an opportunity to recruit a student population that is likely to remain in the geographic region for their postdoctoral education. Although PCOM and the ACGME-accredited family medicine programs have differing reasons for collaboration, their respective needs have been successfully met through the cooperation and joint sponsorship of AOA-accredited programs.

Assessment of the Accreditation Strategy

Results of the 2005 osteopathic match provide insights into how ACGME-accredited programs fared following the acquisition of AOA accreditation. In 2005, 2,826 seniors graduating from COMs were given two choices within the match. The first option was to enroll in programs at AOA-only accredited institutions that provide an osteopathic internship and then entry into the full range of primary care and specialty residencies, including the coveted and competitive surgical programs. The other choice was ACGME/AOA-accredited programs at the internship level that fed directly into primary care residencies, overwhelmingly in family medicine. With these two options, only 1,409 or 48.5% of COM graduates actively participated in the osteopathic match program. For those in the match, the AOA-only accredited programs offered 1,224 positions and filled 726 (59.3%) while the ACGME/AOA-accredited programs offered 941 positions and matched with 514 (54.6%).

Within this latter group are the 44 ACGME family medicine residencies holding accreditation for an AOA internship and family medicine residency. Collectively, these programs offered 184 positions and successfully matched with 90 (48.9%) osteopathic graduates. To gain a more complete picture, it is important to analyze the specialty choices of the nearly half (1,395 or 49%) of the DO students from the class of 2005 who elected not to participate in the osteopathic match. In practical terms, nonparticipants in the osteopathic match sought residency opportunities at ACGME-accredited-only programs. In the 2005 NRMP, 240 graduating osteopathic students were selected for PGY-1 family medicine positions. Since DOs are automatically eliminated from the NRMP if they previously were chosen in the osteopathic match, this number stands apart from the results for AOA and ACGME/AOA programs with no double counting.

It is interesting to note that the recent development of parallel accredited programs has not had a noticeable impact on the steady increase of DO graduates bypassing the osteopathic match and going directly into ACGME-only accredited residencies. Not surprisingly, participation in the osteopathic match program is lowest among students from the newest COMs in geographical regions with a shallow base of osteopathic training institutions. These students have few connections with AOA-accredited-only residencies, are less likely to make a distinction in accreditation status of programs, and they tend to apply directly to the NRMP for ACGME-only family medicine residencies. Ranked above loyalty to osteopathic programs, the factors that receive greater consideration in their residency decision are perceived educational quality, geographical location of the program, and institutional reputation.

Based on 2005 osteopathic and allopathic match data, 428 ACGME-only accredited family medicine programs matched with 240 DOs, and 44 ACGME/AOA-accredited family medicine residencies selected 90 osteopathic graduates. Another 90 DO graduates were chosen to fill ACGME/AOA-accredited internship-only programs, the vast majority of which feed directly into ACGME family medicine residencies. Despite the apparent recruiting advantage of having a parallel-accredited family medicine residency, it is worth noting that approximately half of the offered family medicine residency positions in the osteopathic match remained unfilled.

Recent Changes in AOA Policies

The infusion of allopathic family medicine programs into the osteopathic educational system adversely affected osteopathic training institutions that only offered AOA accreditation. As of March 2005, the majority (55.7%) of all traditional osteopathic internship programs were partnered with an institution that sponsored an ACGME program. This trend markedly raised the competition level for osteopathic graduates in primary care since these are the desirable candidates the ACGME/AOA programs seek to recruit. This onset of competition forced osteopathic training institutions to develop and expand non-primary care residency programs in competitive ACGME specialties that historically accepted few DOs. The full effect on the allopathic family medicine crossover has not yet been felt. However, the ACGME/AOA programs have already severely challenged the primary care foundation of osteopathic training institutions.

To protect the viability of osteopathic training institutions, changes in AOA accreditation policy were introduced. By allowing ACGME programs to become accredited to provide AOA internship programs, a new class of programs was created with no associated connection to osteopathic residencies. DOs were subsumed into a strictly ACGME program after the first year, and
graduates did not qualify for AOA certification. A policy correction was approved in 2003 requiring that all new and previously approved AOA internship programs, within 2 years, must apply for at least one AOA residency. Institutions were provided with a mechanism to request a delay, but all institutions must have one or more approved and functioning osteopathic residency program(s) within 5 years. Currently, it is no longer possible for an ACGME program to consider AOA accreditation unless it is willing to support an internship and at least one residency program. Since this policy is also retrospective, it placed pressure on ACGME/AOA-accredited internship programs to either make the greater commitment to osteopathic medical education or to voluntarily withdraw.

Conclusions

To date, AOA accreditation as a method to enhance recruitment of family medicine residents has had limited success. It has worked best at institutions with close ties to private COMs that train a high volume of third- and fourth-year osteopathic medical students at larger-sized residency programs and in states where DOs are already heavily concentrated. Most of the unfilled ACGME/AA positions in the osteopathic match have been from rural family medicine residencies in programs distant from COMs and with limited interactions for clerkship education.

The recent change in AOA policy requiring support of at least two osteopathic programs has forced allopathic residencies with AOA-accredited internships only to assess their recruitment strategy of DOs. Their first choice is to comply with the initiation of a second AOA-accredited program that, with all the compliance issues, is unlikely to improve their DO recruitment opportunities. The second option is to carefully examine the successes, present and projected, that osteopathic accreditation has generated and, if found wanting, voluntarily withdraw from sponsorship of osteopathic postdoctoral programs.

One perception is that DOs have a critical and growing need for ACGME training opportunities with no other postdoctoral alternatives. Osteopathic students are already seeking residency choices regardless of AOA accreditation status. A case for this position can be made based on declining numbers participating in the AOA match program, the current percent of DOs selecting ACGME/AOA-accredited internship and family medicine residency programs, and the questionable return on the investment that comes from linking recruitment and supplemental accreditation programs.

While obtaining AOA accreditation has been a short-term solution for some but not all ACGME programs, prospects for long-range benefits may be better because of another surge in the number of osteopathic graduates expected within the next 4 years. The creation of new COMs and branch campuses, plus increases in class size at existing osteopathic medical schools, will generate at least 500 more graduates per year in need of postdoctoral training (Table 1). It can be assumed that the NRMP will continue to see more osteopathic candidates applying to allopathic programs. The USMGs will still monopolize the most competitive ACGME programs while the DOs will continue to fill the voids in undersubscribed residency positions within the NRMP. Family medicine has a number of such positions currently available.

Osteopathic training institutions face a tenuous and uncertain future as providers of primary care programs. These institutions have been expanding their non-primary postdoctoral offerings in specialties where DOs have limited opportunities in ACGME programs as a countermeasure to the stronger presence of ACGME/AOA programs and the declining participation of graduates in the osteopathic match. Allopathic programs will see decreased competitiveness from osteopathic training institutions in primary care, an upcoming bump in the number of DO graduates, and increased efforts of osteopathic training institutions to develop, expand, or convert to popular specialty residency programs. Should some or all of these trends continue into the future, all ACGME-accredited family medicine programs, ACGME and ACGME/AOA accredited, can expect to see greater numbers of DOs seeking educational opportunities. Given the dynamics of the current environment, the final word has not been spoken as to whether ACGME/AOA-accredited programs will have an advantage and be rewarded for their investment in osteopathic accreditation.

### Table 1

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<th>New Colleges of Osteopathic Medicine and Branch Campuses</th>
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The entering class size of new Colleges of Osteopathic Medicine (COMs) and branch campuses producing graduates in the next 4 years include:

- Edward Via Virginia COM (150 students)
- Lake Erie COM-Braidenton (150 students)
- Touro University COM-Nevada (75 students)
- Philadelphia COM-Atlanta (80 students)

An increase in class size of 50 was granted to Michigan State University COM in 2005. As of January 1, 2006, the AOA Council on College Accreditation granted applicant status to three new COMs: Touro COM, New York, NY; Lincoln Memorial University COM, Harrogate, Tenn; and A.T. Still COM, Mesa, Ariz. Initiatives to open additional COMs are underway that could see even more institutions pursuing AOA applicant status in the near future.
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REFERENCES