

*Should we allow M.D.'s into  
OGME programs?*

*YES*

Kendall Reed D.O.  
Dean COM  
Des Moines University

## *Questions we must ask now*

- How can we continue to defend two standards of graduate medical education in this country?
- Self protectionism or discrimination?
- What is the goal of GME?
- Could the profession make a rational case if challenged?
- Can we lead and do the right thing in the single most important issue we face as a profession ?

# Reality of Current OGME October 31, 2007\*

665 programs total

6045 slots- approved

**2989 filled (49%)**

\* AOA-personal communication J. Obradovic

# *Specialty Specifics*

1915/4405 (43%)

- Family Medicine- 629/1743 (36%)
- Internal Medicine-286/973 (29%)
- Pediatrics-65/154 (42%)
- Emergency Medicine- 472/728 (65%)
- OB-GYN-153/348 (43%)
- OMM/NMSS-23/72 (31%)
- General Surgery-287/387 ( 74%)

## *More reality of our current OGME programs?*

- Student interest is slowly decreasing
- Many faculty are M.D.'s in our programs
- Some of our program directors are M.D.'s
- We have a shortage of qualified educators/faculty in the profession which will become more critical
- DO hospitals are decreasing/extinct

# *Survey of Residents-OMT*

Allee et al JAOA December 2005

## ■ Allopathic residents (232)

Effectiveness of OMT 89% (SW or V)

Incorporation into program 43% (SS or S)

CME interest in OMT 78% (VI or I)

Certification of OMT proficiency 68% (SS or S)

S- support

I -interested

*What is the reality of leaving  
3000 funded slots unfilled?*

They will go away

# *What is the reality of why >50% slots unfilled?*

*Perception of Quality (60%)*

*Dual accreditation most appealing (86%)*

*Location a factor in 34%*

*What is the reality of those slots being of interest to our graduates in the near future?*

*Highly unlikely*

*Does allowing M.D.'s into our  
OGME programs mean  
taking lesser quality  
residents?*

*NO*

*Would M.D.'s even be interested in filling those empty slots in our OGME programs?*

*Some but not all*

*Can Osteopathic Medicine  
benefit from allowing M.D.'s  
into our OGME?*

*Absolutely*

# *Positives for the Profession*

- Establishes us as progressive and realistic about the future of GME

## *Proactive rather reactive*

- Promotes the osteopathic philosophy and musculoskeletal medicine to M.D.'s
- Preserves many of currently funded slots
- Raises public awareness of the profession
- Increase AOA membership
- Strengthens specialty colleges

# *Recommendations*

- Allow M.D.'s to apply and participate in our OGME programs and take D.O boards
- Requirement of AOA membership
- Every OGME program should strive for ACGME accreditation
- Efforts should be continued to encourage ACGME programs to seek AOA accreditation

# *Recommendations*

- Work with local hospital systems/OPTI's to reallocate empty slots
- Develop a strategic plan *now* with ACGME to have a single system of GME in the next 5-10 years
- Consider eliminating all specialties/subspecialties which are small and poorly filled
- Focus on primary care

# *Conclusions*

- Interest in ACGME programs by our students will continue to grow
- Competition for all U.S. GME slots will significantly increase as # matriculants increase over next 10 years

# *Conclusions*

- Honor our past but recognize the changes that have occurred
- Look honestly at the future now!
- Take the lead for change

*Our future should not be based on  
"owning" residency slots or controlling  
GME but on undergraduate education.*

*Our fight for equity has been achieved.  
We must not be victims of our  
success.*

*It's time to do the right thing with  
graduate medical education- a single  
standard that attracts the best and  
brightest*

*“ If you are not catching flack, then you are not over the target”*

***Thank You***

*What would happen to our  
profession if ACGME  
prevented our students  
from entering their  
programs tomorrow ?*