




# Issues with Opening Osteopathic Graduate Education Programs to All Applicants

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[strampe3@msu.edu](mailto:strampe3@msu.edu)

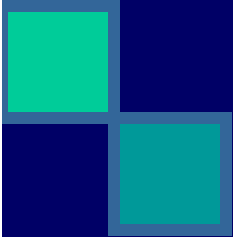



# Today's Situation

- Osteopathic graduation education programs have been under pressure and are changing
  - GME moved from service to education
  - The LCME mandated substantial changes almost 20 years ago and for many reasons our programs were somewhat slower in our response
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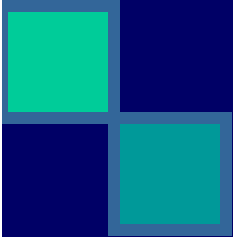



# How Did We Get Here?

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- With the BBA, osteopathic hospitals and programs were hit hard
  - Less expensive program costs worked against us in the initial phases
  - With the “need” for osteopathic hospitals reduced by wider acceptance of our graduates, there has been a rise of “joint/dual” programs
  - The second order consequence of 40 years of foreign medical graduates in allopathic programs
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# Available Options

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- Because some of our program positions have gone unfilled, the discussion has moved to opening these slots to everyone (DO and MD)
  - Some program directors and hospital CEOs have openly discussed this option
  - This appears on the surface to be a clever and simple solution, but most times these type of answers do not adequately consider the 2<sup>nd</sup> and 3<sup>rd</sup> order consequences
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# Things to Consider

- Many times program directors feel their programs have not filled because of this competition, feel that competition is bad, and we can level the playing field by choosing this solution
  - When a program has trouble filling, it may not simply be location and competition
  - We need to look in detail at WHY our students are choosing other options
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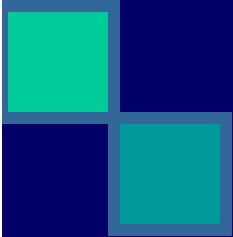



# Things to Consider

- If all programs opened: What can we expect as to the applicants and quality?
  - If a program graduates an M.D. candidate, who will certify these graduates? Currently the ABMS will not and the AOA will not.
  - If we choose this course, we have an ethical responsibility to be sure we can accredit them after training.
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# Things to Consider

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- If we open our programs and we “elect” to give these M.D. residents a crash course in OMM, we are by default, minimizing the unique nature of our profession, which is NOT just some manual medicine techniques we add on to an allopathic educational program
  - The second order consequence will be the perception that our only difference is in learning some of these techniques
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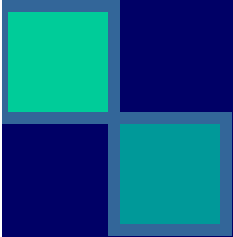


# Things to Consider

- Also, if we certify these graduates, then we should allow them to be voting members – at all levels of the AOA
  - This voting block, along with the number of our own students who have limited exposure to osteopathic trainers after their second year, may become a majority that will not be silent for long
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# Things to Consider

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- We must remember that our profession is under almost constant pressure to merge with our MD colleagues and to have one voice in medicine and college accreditation
  - If we allow this perception to gain ground it will increase this pressure at the state and national level, and we will be in the untenable spot of speaking out of both sides of our mouth
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