ORIGINAL ARTICLES

Analysis of AOA/ACGME Accredited Family Medicine Residency Programs

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BACKGROUND AND OBJECTIVES: American Osteopathic Association (AOA) accreditation of Accreditation Council for Graduate Medical Education (ACGME) family medicine residency programs began in the early 1990s to increase the number of Osteopathic Graduate Medical Education (OGME) training positions in family medicine. Despite the rapid expansion of family medicine residencies accredited by both the AOA and the ACGME, little has been published about issues facing these programs.

METHODS: We developed an Internet-based survey for osteopathic program directors of dual-accredited family medicine residency programs in 2009. All 98 osteopathic family medicine program directors were surveyed, and 72 programs met the study's inclusion criteria of having graduated at least one class of dual-accredited residents.

RESULTS: We received 56 responses (78%) to the survey. Sixty-four percent of study participants indicated that the primary benefit of dual accreditation was to attract more applicants who are US graduates. Sixty-six percent of respondents reported that less than 50% of their DO graduates take the ABFM board exam, citing cost as the primary reason. Additionally, 21% of study participants report that the annual cost of maintaining dual accreditation was greater than $20,000.

CONCLUSIONS: A substantial number of osteopathic residents graduating from dual-accredited programs are not seeking board certification by the ABFM, but our study participants felt confident that their programs would maintain dual AOA-ACGME accreditation even if there was a significant increase in US MD applicants.

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There has been an increase of nearly 81% in the number of osteopathic (DO) graduates from 2000–2010.[1] Simultaneously, the number of purely osteopathic training positions has decreased dramatically due to either the closure of smaller osteopathic hospitals or their amalgamation with larger allopathic (MD) institutions.[2] The end result is fewer purely osteopathic training institutions.

In an effort to increase the number of Osteopathic Graduate Medical Education (OGME) training positions, there has been a significant increase in the number of dual accredited residency positions (American Osteopathic Association [AOA] and Accreditation Council for Graduate Medical Education [ACGME]) in multiple specialties. In fact, the primary growth of osteopathic residency positions in the past 5 years has occurred with AOA accreditation of ACGME-approved positions.[3]

The majority of dual-accredited programs and approved positions are in the specialty of family medicine, where dual-accredited programs (102) outnumber purely osteopathic programs (83).

The number of trainees in dual-accredited family medicine programs has increased 14% per year since 2005.[3] This expansion is likely due to two key factors:

Historically, family medicine has not been a desirable specialty by US MD graduates. Data from the 2010 Match indicate that only 7.8% of US MDs chose family medicine as a specialty, compared to 18.7% of DO graduates.[4] In addition, US trained DOs are preferred to international medical graduates (IMGs) by many programs.[5]

Osteopathic graduates are attracted to family medicine and have proven to be quality residents in allopathic family medicine residencies

See related commentary on pages 433-4.

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for the past 2 decades, thus paving the way for allopathic programs that were already "DO friendly" to become dual accredited with the expectation of attracting more osteopathic graduates.

Yet, little has been published about issues facing these programs, such as cost of maintaining dual accreditation, osteopathic (DO) residents' choice of certification by the American Board of Osteopathic Family Practice (ABOFP) and/or American Board of Family Medicine (ABFM), and DO residents' board performance. To capture this information, we developed a seven-question, multiple-choice survey that was e-mailed to all osteopathic program directors of dual-accredited family medicine programs in 2009. The survey was specifically designed to gather data on financial aspects of dual accreditation and obtain information about board certification choice and board performance of DO graduates.

The information obtained from our survey of osteopathic family medicine residency directors offers a snapshot of what is occurring in dual-accredited family medicine programs. We discuss several important aspects unique to dual-accredited programs such as additional costs of maintaining dual accreditation, board certification choice, and board performance of DO graduates from these programs.

Materials and Methods

An informal questionnaire consisting of seven multiple-choice, single-answer questions was developed by the first author and designed on the Web survey tool Survey Monkey. Although the survey was not pilot tested, the questions were reflective of common issues raised by osteopathic program directors at various educational conferences where the first author presented this topic. The percentile choices for each question were based on trends observed by the first author in his own dual-accredited program.

A request to complete the online questionnaire was sent via e-mail to all osteopathic program directors of dual-accredited family medicine programs. We only surveyed the osteopathic program directors because we believe the issues were more applicable to the osteopathic component of their program. E-mail addresses were obtained from the American College of Osteopathic Family Physicians (ACOFP). Three e-mails were sent to each program director over an 8-week period from September to November 2009, with an Internet link to the survey. Instructions in the survey indicated that the questions were relevant to programs that have graduated at least one class of dual-accredited residents. Program directors were asked to select the responses most accurately representing the current status of their program.

The study participants were asked the following questions about their program: (1) the number of graduates sitting for both the ABFM and ABOFP certification exams, (2) reasons why DO graduates opt out of the ABFM exam, (3) failure rates of DO graduates on the ABFM exam, (4) failure rates of DO graduates on the ABOFP exam, (5) the benefits of maintaining dual accreditation, (6) the security of osteopathic spots if there is an increase in US MD applicants, and (7) additional costs to their program to maintain dual accreditation.

The proportions of responses for each question were calculated for comparison. The data were examined only in aggregate form. Our study was determined to be exempt from review by the United Health Services Hospitals' Institutional Review Board.

Results

Of the 98 osteopathic program directors of dual-accredited programs contacted, 72 met the survey criteria of having graduated at least one class of dual-accredited residents. Fifty-six responses were received (response rate 78%), which were anonymous to name of program director and institution. All program directors that started the survey completed it.

Our first question asked study participants to estimate the percentage of their DO graduates who complete both the ABOFP and ABFM certification exams. Sixty-six percent of those responding reported that 50% or less of their program's osteopathic graduates are electing to be certified by both boards (Figure 1).

Question two asked study participants to speculate why some of their DO graduates are not seeking ABFM certification. The cost of maintaining both certifications, cited by 83%, was the primary reason (Figure 2).

Figures 3 and 4 compare responses obtained from questions three and four, which query study participants about residents' performance on their respective certification examinations. Respondents report that 82.1% of the osteopathic graduates pass the ABFM exam on their first attempt, whereas 94.5% pass the ABOFP exam on the first attempt.

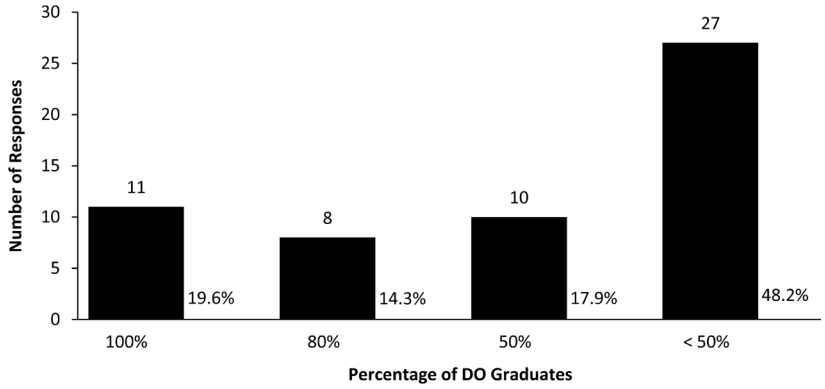
The program directors' rationale for maintaining dual accreditation is explored in question five and illustrated in Figure 5. The most common response was to attract more US-trained residency applicants (63.6%). In general, study participants felt certain that they would maintain AOA accreditation even if there was a significant increase in US MD applicants (36.4% extremely certain, 34% certain, and 25.5% reasonably certain).

Finally, regarding the annual costs of dual accreditation, 38.2% of program directors estimated that their additional costs of dual accreditation were between $10,000 and $14,000, and 21.4% indicated that their costs were greater than $20,000 (Figure 6).

Discussion

Our survey provides insight into several key issues facing dual-accredited family medicine programs today and has implications for existing dual programs, as well as allopathic programs contemplating osteopathic accreditation.

Figure 1: Approximately, What Percentage of Your DO Graduates Sit for Both the ABFM Certification Exam and the ABOFP Certification Exam?



ABFM—American Board of Family Medicine

ABOFP— American Board of Osteopathic Family Practice

Figure 2: Why Do You Think Your DO Graduates Are Not Opting to Sit for the ABFM Certification Exam? (Pick All Answers That Apply to Your Program)

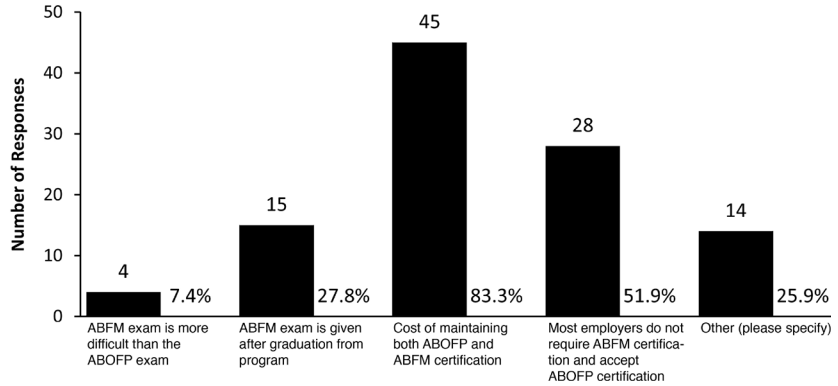
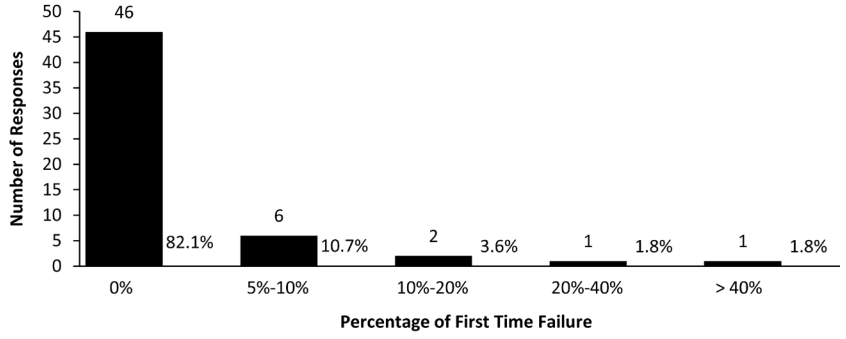


Figure 3: Approximately, Starting From the Time Your Program Obtained Dual Accreditation, What Is the Failure Rate of Your DO Graduates on Their First Attempt on the ABFM Certification Exam?



ABFM—American Board of Family Medicine

The survey results suggest that allopathic programs seek osteopathic accreditation primarily to attract more US graduates. There is no overwhelming desire to become "osteopathic" as a way to improve the quality of their program. Yet a sizable minority of program directors (25%) indicated that osteopathic accreditation improved the reputation of their program. Our survey tool did not solicit other potential benefits of dual accreditation.

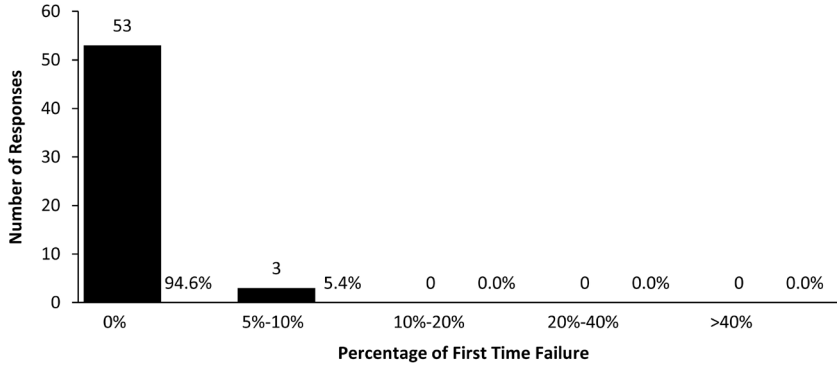
Although this leads one to question the security of the AOA-accredited positions in dual programs if there is an increased interest in family medicine among US MD graduates, our data suggest that most osteopathic program directors are at least reasonably certain about the security of their osteopathic positions. Our study did not attempt to determine factors influencing an osteopathic program director's sense of security about the AOA positions in their programs.

Recent data from the 2011 osteopathic Match shows that 29% (includes dual positions) of the 2,499 first-year positions offered were in family medicine. Of these, only 46% (322) were filled. Currently, the supply of osteopathic family medicine first-year positions is greater than the demand. Most of the unfilled osteopathic family medicine PGY-1 positions are ultimately filled by DO graduates that fail to match in their chosen specialty in either the AOA or National Resident Matching Program (NRMP) Match. However, the American Association of Colleges of Osteopathic Medicine (AACOM) projects that by the 2016–2017 academic year, more than 6,000 doctors of osteopathy will graduate from Colleges of Osteopathic Medicine annually, a 62% increase from the current numbers.[6] Given the historical inclination toward family medicine of osteopathic graduates, a sufficient number of osteopathic family medicine residency positions may not be available for graduates who desire them unless there is an increase in

AOA-accredited family medicine positions.

Despite the perception among osteopathic students and residents that dual-accredited programs are of greater quality,[2] our survey results indicate that many DO residents from dual-accredited programs are not taking the allopathic board exam. This may be perceived as a disincentive by some allopathic family medicine programs contemplating new or continuing AOA accreditation. Yet, virtually all DO residents are taking the osteopathic certification exam. Why this difference? The overwhelming majority of respondents to our survey reported that the cost of maintaining both ABFM and ABOFP certification and the wide acceptance of AOA board certification are the primary reasons DO graduates do not take the ABFM exam. Other reasons noted were:

Figure 4: Approximately, Starting From the Time Your Program Obtained Dual Accreditation, What Is the Failure Rate of Your DO Graduates on Their First Attempt on the ABOFP Certification Exam?



ABOFP— American Board of Osteopathic Family Practice

Figure 5: What Are the Benefits of Maintaining Dual Accreditation in Your Program?

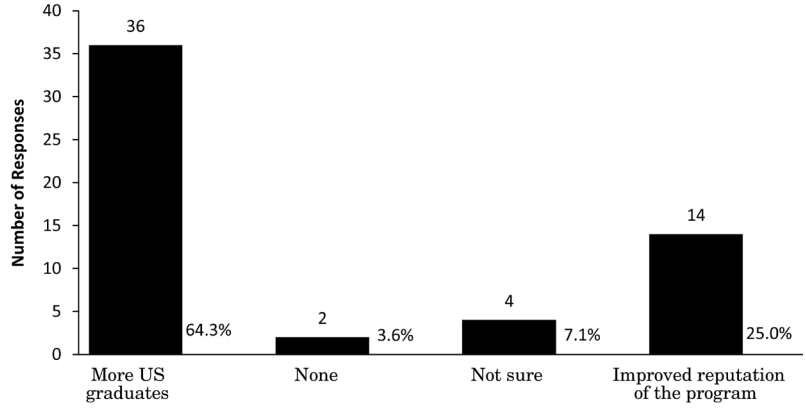
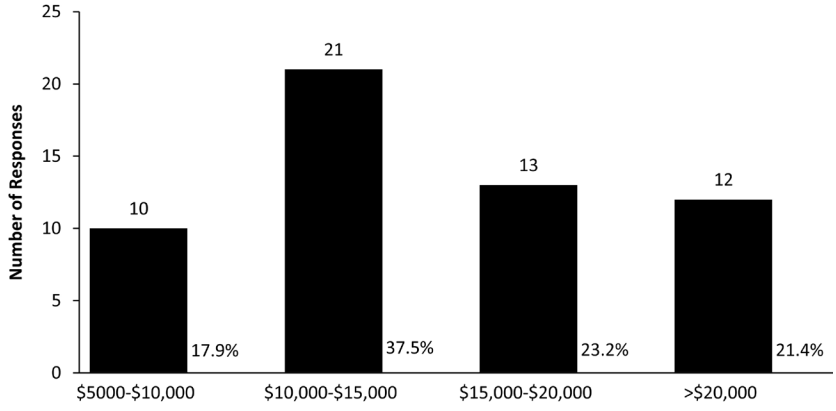


Figure 6: Approximately, What Are the Additional Costs for Your Program to Maintain Dual Accreditation?



The ACGME Family Medicine Residency Review Committee (RRC) currently does not have a minimum requirement for their graduates to take the ABFM certification exam and does not calculate the percentage of graduates (MD or DO) that take the certification exam (verbal communication with T. O'Neil from ABFM). As a result, programs may not mandate their residents to take the ABFM exam.

The AOA Basic Standards requires 90% of DO residents to take the ABOFP certification exam.[7] Further, the ABOFP certification exam is offered in the spring of the residents' third year, enabling them to have their scores prior to graduation.

Osteopathic residents may perceive the ABOFP certification exam to be easier when compared to the ABFM certification exam; however, our results indicated that just 7.5% of the participants in our study believed this to be an issue. Yet, osteopathic program directors report a higher failure rate among DOs taking the ABFM exam compared to the ABOFP exam. According to the 2005–2008 data reported by the ABOFP, the first-time takers' pass rate for graduates of dual programs

was 98%,[8] compared to an 84.6% first-time pass rate for osteopathic graduates in dual programs on the ABFM exam (83.8% overall pass rate for MDs.)[9] The performance discrepancy of DO grads from dual programs on the ABOFP exam versus the ABFM exam raises questions for further investigation.

Twenty-six percent of program directors indicated there were other reasons not noted in the survey question on why their graduates do not take the exam. Some comments were: "We need a certain number of DOs to sit for the AOA exam to maintain certification" and "They are not interested in allopathic certification."

Finally, there are additional costs to residency programs associated with dual accreditation. These results should be interpreted with caution because the reported figures are gross estimates from study participants and were not validated by the authors. The majority of program directors responded that dual accreditation, on average, added between $10,000 and $14,000 annually to their program costs. Twenty percent reported the costs to be greater than $20,000.

The cost of osteopathic accreditation varies greatly due to widely disparate Osteopathic Postdoctoral Training Institution (OPTI) fees, AOA fees, and added program administration fees (ie, DO faculty cost, ACOFP in-service exam fees, and enhanced CME for DO residents for boards and required conference attendance). Our cost estimates do not take into account money reimbursed by some colleges of osteopathic medicine for osteopathic student clinical clerkships nor the potential reduction in recruitment fees from enhanced student exposure to the residency. This is= revenue for the hospital and may offset some or all of the additional costs for AOA accreditation. Our survey did not question program directors as to what value they believed the additional expense of AOA accreditation added to their program.

Our analysis of AOA/ACGME accreditation should by no means be considered a comprehensive review as our survey focused on just a few questions, and the answers were estimates. Family medicine allopathic directors may be interested in the DO graduates' lack of interest in ABFM certification. This may trigger a redesign of dual programs such that the program's DO residents are in the osteopathic track only and not enrolled in the ACGME program unless they indicate they want ABFM certification. This is being tried in the author's program. A more drastic move would be a single core family medicine certification exam with a separate DO assessment for osteopathic manual medicine. This would truly level the playing field.

The integration of AOA accreditation within ACGME family medicine residency programs has been an important innovation in family medicine education and has opened lines of communication between osteopathic and allopathic medical education. However, there seems to be vulnerable aspects of this assimilation. Further study is needed to learn more about how dual accreditation affects overall program quality and cost.

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