In fall 2006, the American Association of Colleges of Osteopathic Medicine (AACOM) sent an electronic survey to the deans of all 23 colleges of osteopathic medicine (COMs) in the United States. A response rate of 100% was achieved and data were reported to participants in May 2007. In fall 2007, AACOM sent shortened, personalized follow-up surveys to the same sample group, asking participants to confirm or correct their previous responses. The 2007 AACOM Survey of Osteopathic College Growth Plans and Issues took approximately 30 minutes to complete. A response rate of 96% was achieved. The results of this 2007 survey are summarized in light of data in AACOM’s forthcoming 2007 Annual Statistical Report on Osteopathic Medical Education.

By the 2012-2013 academic year, first-year student enrollment is expected to increase approximately 23%. By 2016-2017, more than 5000 DOs will graduate from COMs annually—a 62% increase over current numbers. When student recruiting efforts focus on demographic and geographic factors, the nation’s COMs are most inclined to use these variables to address the needs of underserved rural populations. The majority of participants, regardless of their current plans for institutional expansion, indicated that the availability of clinical training sites is a cause of concern. Survey respondents also commented on the fiscal challenges of expansion.

Although the original five COMs were all privately controlled, six of the schools that opened in the 1960s and 1970s were established as public institutions:

- Michigan State University College of Osteopathic Medicine in East Lansing
- University of North Texas Health Science Center—Texas College of Osteopathic Medicine in Fort Worth
- Oklahoma State University College of Osteopathic Medicine in Tulsa
- West Virginia School of Osteopathic Medicine in Lewisburg
- Ohio University College of Osteopathic Medicine in Athens
- University of Medicine and Dentistry of New Jersey-School of Osteopathic Medicine in Stratford

The other 14 colleges are all independent. The full names of the COMs and branch campuses appear with their abbreviations, locations, and dates established in Appendix 1 on pages 167-169 of this issue of JAOA—The Journal of the American Osteopathic Association.

Figure 1. Decades of growth at US colleges of osteopathic medicine (COMs). The full names of the COMs and branch campuses appear with their abbreviations, locations, and dates established in Appendix 1 on pages 167-169 of this issue of JAOA—The Journal of the American Osteopathic Association.

Since the late 1960s, the osteopathic medical profession has experienced significant growth. This growth has played a role in meeting the healthcare needs of the United States. Through 1969, there were five colleges of osteopathic medicine (COMs), with one state, Missouri, housing two of these institutions: A.T. Still University-Kirksville College of Osteopathic Medicine and Kansas City University of Medicine and Biosciences College of Osteopathic Medicine (Figure 1). In the past 40 years, an additional 20 COMs have been built—with three institutions also opening branch campuses.

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Three new COMs—ATSU-SOMA, LMU-DCOM, and TOUROCOM—accepted their first classes in the present academic year. Therefore, there will be a 4-year delay before the number of graduates catches up with the reported increases in enrollment.

Methods

In fall 2006 and then again in fall 2007, AACOM surveyed its members on COM plans for growth in the next 5 years. Each year, participants were asked to report on their home institutions’ plans for coming years, including estimated first-year class sizes through 2011 and 2012, respectively.

For the 2006 AACOM Survey of Osteopathic College Growth Plans and Issues, participants were asked to confirm or correct their responses from the previous year. The 2007 instrument was a personalized follow-up survey sent to COM deans via electronic mail as an attached electronic document. In addition, AACOM requested that all information on COM branch campuses be submitted separately from their parent institutions.
This condensed, self-administered survey was available in two formats: Microsoft Word (Microsoft Office 2003 with Service Pack 3; Microsoft Corporation, Redmond, Wash) and Adobe Acrobat (7.0 Standard; Adobe Systems Inc, San Jose, Calif).

To reduce the administrative burden for survey respondents, the format and length of several questions were revised. In particular, previous responses to questions from the 2006 survey were consolidated. The 2007 AACOM Survey of Osteopathic College Growth Plans and Issues contained a total 14 items, which appeared as yes-no, multiple-choice, and fill-in-the-blank questions or statements. One item was a two-part multiple-choice and yes-no question. Only one new multiple-choice question was added to the 2007 survey: “Have you engaged in any of the following activities related to an expansion or possible expansion in medical school class size?” Participants were instructed to mark all answers that apply and were given the following eight choices:

- Hired consultants to conduct studies/analyses related to expansion
- Conducted assessments of the financial needs and/or implications of expansion
- Conducted an assessment of the depth and quality of the applicant pool
- Hired new faculty
- Added new clinical training sites
- Constructed new teaching space and/or reconfigured existing space
- Sought/obtained additional state funding for expansion
- Other

The last option, “Other,” included a blank in which participants were encouraged to describe any recent unlisted activities related to expansion or possible expansion at their home institution.

The 2007 follow-up survey took approximately 30 minutes to complete. Participants were asked to return completed surveys by electronic mail, facsimile transmission, or by the US Postal Service.

Two institutions, PNWU-COM and RVUCOM, which received provisional accreditation status from AOA COCA in early fall 2007, were added to the list of COMs surveyed. With exceptions for these two COMs, which are enrolling their first classes in the upcoming 2008-2009 academic cycle, all planned enrollment increases are subject to approval by AOA COCA.

Results

For the 2007 AACOM Survey of Osteopathic College Growth Plans and Issues, responses were received from 24 of 25 COMs and included data for all three branch campuses for a response rate of 96%.

For the 2007-2008 academic year, COM deans reported that AOA COCA–approved first-year class sizes total 4290 students (3409 [79%], private; 881 [21%], public).

In addition, according to the results of this follow-up survey, first-year enrollment is projected to increase to 5227 by the 2012-2013 academic year, an increase of 22%. In the private COMs, first-year enrollment is projected to increase to 4122 (21%). At the public COMs, this increase is projected at 1105 (25%). Assuming the historic graduation rate of COM students remains steady at 96%, estimates provided by survey respondents allow one to surmise that US osteopathic medical students
When respondents were asked about their home institutions’ plans for growth and expansion during the next 5 years, 8 of the 19 private COMs (including the three existing branch campuses) project additional growth in class sizes (Figure 4). Respondents estimate these rates of growth from 2% to 66%. All but one of the 6 public COMs project growth rates of 21% to 50%.

Almost half of the projected total increase in class sizes will occur in the upcoming academic year when PNWU-COM and RVUCOM enroll their first classes of 70 and 150 students, respectively. In addition, several other colleges have proposed class size increases ranging from 4% to 66% for the upcoming academic cycle.

The 2007 AACOM Survey of Osteopathic College Growth Plans and Issues asked participants to comment on their growth projections for the next 5 years. Very little growth was projected by COM deans for 2011 and none was projected for 2012. It is possible that the uncertainty of the healthcare environment precludes such projections beyond 3 to 5 years.

Opportunities and Challenges of Growth

Survey respondents were asked pointed questions about how their colleges planned to manage growth and about any potential barriers they foresaw. Of the 13 COMs reporting planned growth, all 13 indicated that they would either “definitely” or “probably” attempt to increase clinical affiliations. Ten of these COMs plan to “definitely” or “probably” expand their existing campuses. Only 4 COMs reported that they will either “definitely” or “probably” develop new regional or branch campuses.

When respondents were asked, “Is any...planned increase in enrollment targeted to specific population groups or underserved communities?” 6 COMs answered affirmatively. However, only 1 COM specifically noted that its plans for expanded recruitment efforts would target diversity based on economic status, race, and ethnicity. The remaining 5 COMs indicated that their recruitment efforts will be based on demographic and geographic factors that will allow their graduates to meet the needs of underserved patient populations. One COM specified a focus on underserved urban populations, while the other 4 specified that their efforts were directed toward meeting the needs of underserved rural patient populations.

Using a three-point scale (very concerned, moderately concerned, not concerned), deans were asked to respond to the following question, “How concerned are you with the possible shortage of clinical training sites for your students?” 6 COMs answered affirmatively. However, only 1 COM specifically noted that its plans for expanded recruitment efforts would target diversity based on economic status, race, and ethnicity. The remaining 5 COMs indicated that their recruitment efforts will be based on demographic and geographic factors that will allow their graduates to meet the needs of underserved patient populations. One COM specified a focus on underserved urban populations, while the other 4 specified that their efforts were directed toward meeting the needs of underserved rural patient populations.

Using a three-point scale (very concerned, moderately concerned, not concerned), deans were asked to respond to the following question, “How concerned are you with the possible shortage of clinical training sites for your students?” Participants indicated that the availability of clinical training sites is a cause of concern. Of the 13 COMs planning for growth, 9 indicated that a possible shortage of clinical training sites is a cause for concern. Even among the 12 COMs that did not indicate plans for growth, 6 deans used the “comments” section on the survey to report the same concern for their existing student pool (Figure 5). Respondents also expressed concerns regarding sufficient graduate medical education opportunities for students in the medical specialties and geographic regions of their choice.
Other concerns and barriers to growth noted by several respondents centered on the fiscal challenges of expansion, specifically the following:

- building bigger and better on-campus training facilities
- securing well-qualified basic and clinical sciences faculty
- increasing overall operating expenses

Several respondents specifically noted that this kind of all-encompassing growth cannot be financed solely with tuition increases.

Conclusion

Many recent studies have predicted a significant shortage in the number of physicians in the United States in the coming decades. Factors contributing to this shortage include the aging and retirement of the current physician workforce, changes in work patterns of physicians entering the workforce, an aging population that requires more healthcare services, and changes in the economics of healthcare.

The AOA COCA–accredited COMs are working to address the expected physician shortage by increasing class sizes. Larger matriculating classes should help to increase the availability of quality medical care across the nation. With the collaboration of the osteopathic medical profession, our COMs can work together to address the challenges presented by limitations to financial resources, qualified faculty, and quality clinical training opportunities.

References


Figure 5. Representative comments from individuals responding to the 2007 AACOM Survey of Osteopathic College Growth Plans and Issues. In one of 14 survey items, participants were asked to use a three-point scale (very concerned, moderately concerned, not concerned) to respond to the following question, “How concerned are you with the possible shortage of clinical training sites for your students?” The majority of participants, regardless of their current plans for institutional expansion, indicated that the availability of clinical training sites is a cause of concern. The American Association of Colleges of Osteopathic Medicine sent this follow-up survey to deans at the nation’s 25 colleges of osteopathic medicine in fall 2007. Twenty-three completed surveys were returned by participants for a response rate of 96%. Respondent comments have been copied for readability only. Abbreviations: DO, osteopathic; MD, allopathic.