AOA Okays Further Study of Combined Match

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CHICAGO — The American Osteopathic Association's House of Delegates at its annual meeting agreed to keep a controversial combined osteopathic/allopathic resident match proposal on life support for 1 more year, following lengthy testimony on the concept of combining the organization's Intern/Resident Registration Program with the National Resident Matching Program.

The original resolution on a combined match, presented by the Bureau of Osteopathic Education and the AOA Council on Postdoctoral Training, called for keeping the status quo—that is, two separate matches. The resolution was amended in deference to the position of the two largest osteopathic student organizations, the Council of Osteopathic Student Government Presidents and the Student Osteopathic Medical Association (SOMA), which back further exploration of the issue.

As passed, the resolution resolves "that the AOA, in cooperation with the American Association of Colleges of Osteopathic Medicine, conduct a thorough analysis and evaluation of the benefits, detriments, and outcomes for the profession with respect to continuing a separate match vs. adoption of a single joint match and report the findings back to the AOA House of Delegates in 2006."

About half of graduating osteopathic medical students participate in the Intern/Resident Registration Program, which announces its results 1 month before the allopathic National Resident Matching Program (NRMP). Most of the remaining students apply through the NRMP to programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Many students favor a joint match, believing the opportunity to rank osteopathic and allopathic programs simultaneously would give them additional program options without the need to choose one match or the other.

During a reference committee meeting, Karen J. Nichols, D.O., AOA board member and trustee, and dean of the Chicago College of Osteopathic Medicine, said a combined match would undermine the profession's "equal but separate" status, a view generally held by the AOA leadership. The existing match system provides students adequate opportunity to attain advanced placement into programs and training positions accredited by both AOA and ACGME, as well as to link from traditional internships into accredited residencies, she said.

A combined match would undermine the osteopathic profession's 'equal but separate' status.

DR. NICHOLS

"If there are 10,000 M.D. graduates every year and 2,000 D.O. graduates every year, and you put them together, who do you think is going to be running the program? The bigger group. So basically, we would be abdicating control over a major part of our training system," Dr. Nichols said.

She reinforced her presentation with the results of two student surveys conducted this year: an AOA survey of 2,800 graduating doctors of osteopathy and her own survey of 300 students at her institution and the Arizona College of Osteopathic Medicine, conducted 1 month after completion of both match programs. In the larger survey, 70% of students said they were in favor of a combined match.

Results of the AOA survey suggested that the students who listed allopathic residencies as their first choice were most likely to add AOA positions if a combined match was offered. "If the student's first choice was an osteopathic residency, that was no problem," said Dr. Nichols. "The group we were trying to tease out were those who listed allopathic first and osteopathic second. We chose this group because we had such a high percentage of students successfully matching in their first or second choice, and this is really the only group that would have been able to add more students to osteopathic programs," said Dr. Nichols.

Student leaders at the meeting were unconvinced that a combined match would be a good idea. SOMA President Marty Knott said his organization believes "we don't know enough about the potential impact of a combined match, and it's hard for us as students to say how this will affect our profession." SOMA trustee and AOA alternate delegate Sean N. Martin, with the Virginia College of Osteopathic Medicine, told this newspaper that the major determinants of students' residency choices are location and quality.

If students "want to remain near their families or want to live in a particular area, they should be able to do that. If we can just take all the energy that we're using on the pros and cons of a joint match and rechannel that to come up with creative ways to increase the number of residency programs or dually accredited residency programs, I think that would be . . . in the best interests of the profession," he said. ■

Also Decided at the AOA House

In other action at the meeting:

► **End-of-life care white paper.** Delegates approved a white paper on end-of-life care and encouraged all osteopathic physicians to maintain competency in end-of-life care through educational programs such as the Web-based Osteopathic Education for Physicians on End-of-Life Care modules; to stay current with their state statues on the topic; and to engage patients and their families in discussion and documentation of advance care planning, including advance directives, hospice care, and palliative care.

► **Long-acting–opioid policy.** Delegates passed a policy on long-acting opioid medication, stating that all patients have a basic right to medically appropriate intervention and/or treatment of acute and chronic pain and that it is "the right of all physicians to provide medically-appropriate intervention and treatment modalities that will achieve safe and effective pain control for all their patients." The action follows formal opposition by the College of Osteopathic Family Physicians Board of Governors to "any federal law or regulation that attempts to limit the ability of family physicians to legally prescribe, administer, or dispense controlled substances."

► **Counterfeit-drug education resolution.** Delegates assented to a resolution that supports the efforts by the Food and Drug Administration to educate osteopathic physicians on how to identify counterfeit drugs, which account for "approximately 10% of the global medicine market." DOs are encouraged to report counterfeit drugs through the FDA's Counterfeit Alert Network.

► **Call for end to consumer drug ads.** Delegates voted to encourage pharmaceutical companies to stop product-specific direct-to-consumer advertising. The resolution asks governments to adopt policies or legislation to promote disease-specific public health education as the focus of such advertising.

► **Statement on minority health disparities.** Delegates adopted a position statement on minority health disparities aimed at training culturally competent physicians and "increasing representation for African Americans, Hispanic Americans, Asian Americans, Native Americans, Pacific Islanders and individuals of disadvantaged backgrounds."

► **Support for EHRs.** Delegates voted to support the implementation of electronic health records with e-prescribing capabilities and osteopathic principles and practices terminology. Delegates also backed the use of systems, developed by certified vendors, that meet current national standards.

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