Osteopathic Medical College Growth Plans Through 2011-12

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The American Association of Colleges of Osteopathic Medicine (AACOM) surveyed its 23 member colleges to determine plans for class size growth through the 2011-12 academic year. AACOM worked with the American Association of Medical Colleges (AAMC) to replicate a growth plan survey of the U.S. allopathic medical schools in an attempt to capture a more complete picture of medical school growth over the next five years. All 23 of the osteopathic colleges responded (see Appendix 1). Twenty of those colleges provided data beginning from base year 2006-07. Three provisionally accredited colleges will begin enrolling students in fall 2007 and use 2007-08 as their base year.

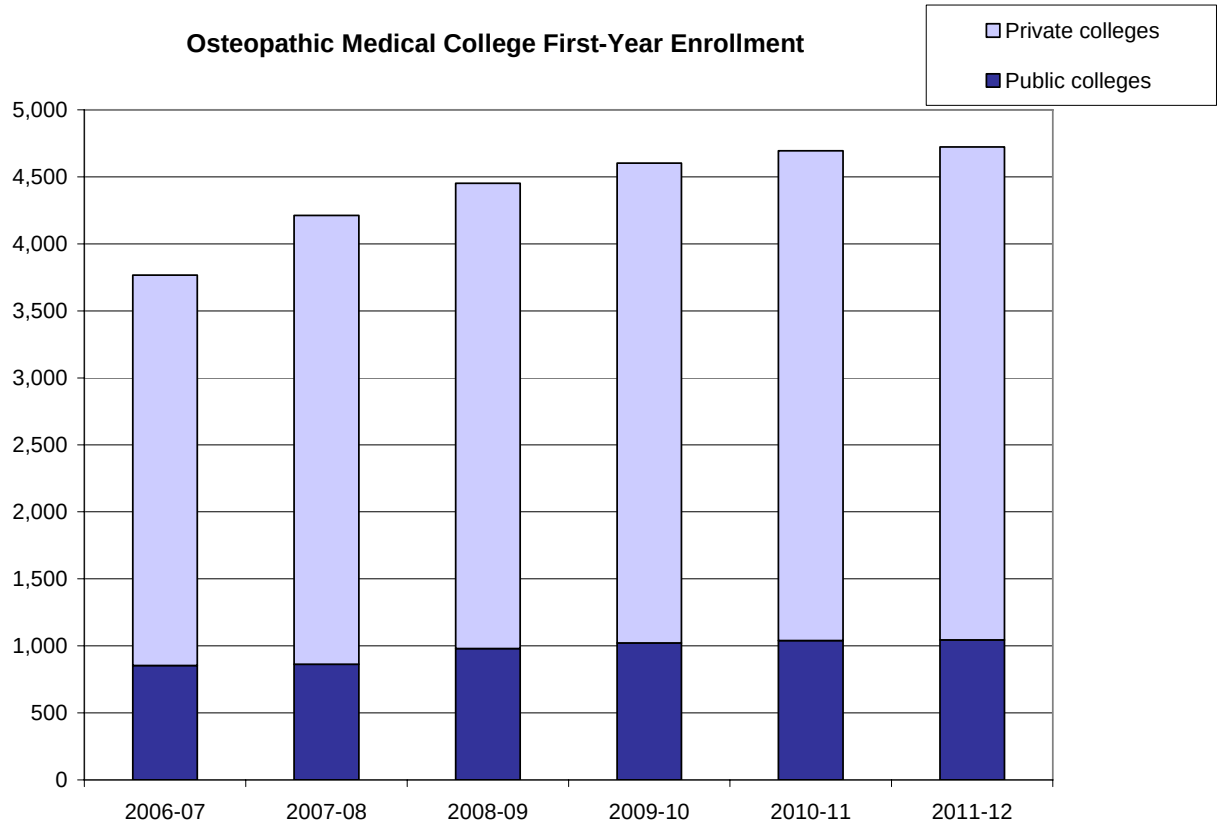
In collaboration with AAMC, an online survey was developed and sent to the deans of the 23 accredited colleges of osteopathic medicine (COMs) in fall 2006. Follow-up requests were sent in October, November, December, and January. Twenty-one of the colleges responded to the survey on-line; two colleges submitted the survey by fax transmission and the data were transferred to the electronic file by AACOM staff members.

The colleges were asked to report anticipated new student first-year enrollment in each of the academic years 2006-07 through 2011-12. Growth over that five-year period was calculated. Based on survey responses from the 23 colleges, the first-year class size in osteopathic medical education is projected to increase from 3,767 in 2006-07 to 4,724 in 2011-12, an increase of 957 or 25.4 percent.[1] First-year enrollment at the six public COMs is projected to increase from 854 to 1,045, an increase of 191 or 22.4 percent, while the private colleges are projected to grow from 2,913 first-year students to 3,679, an increase of 766 or 26.3 percent. This includes three new colleges that did not enroll any students in 2006-07 but are accepting their first classes in 2007-08. It does not include two additional colleges that have begun the process of accreditation and are in candidate status, with projected dates of first enrollment in 2008-09.

Twelve of the 23 responding COMs (52 percent), including the three new COMs opening in 2007-08, indicated that they do not anticipate adding any new seats for students

[1] Actual first-year enrollment reported by the 20 osteopathic colleges in the 2005 survey of osteopathic medical education was 3,908. The difference between this actual enrollment and the enrollment reported in the growth survey can be accounted for by two factors – in any year, for a variety of reasons, some students will be in extended-curriculum tracks in which they will be counted as first-year enrollees for their first two years of study. Therefore, these students are counted in the annual survey as first-year students, but not in the growth survey which asks about planned class size. Also, there is natural class size variability due to the rolling-admission practices of the colleges. These factors account for the difference between planned total class size of 3,767 and reported first-year class size in 2005.

through 2011-12. Eleven COMs (48 percent) indicated that they would add seats, ranging from five to 100 in total. The total number of new seats planned by the 11 current COMs indicating that they will grow is 582, an increase of 15.4 percent over 2006-07enrollment, and an increase of 13.8 percent over planned enrollment in 2007-08 with the three new COMs.



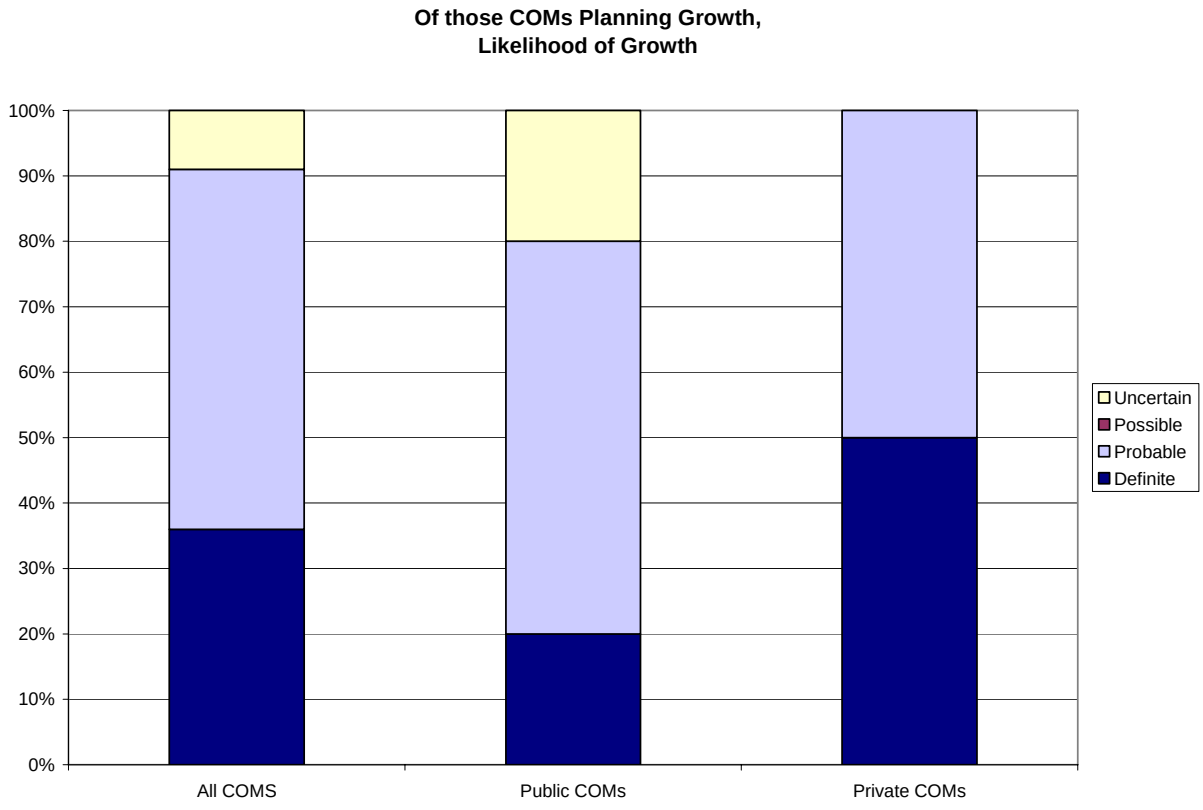
Breaking out growth plans by public or private control status, 83 percent of public COMs anticipate growth in the range of 26 – 50 students per class; 12 percent of private COMs anticipate growth of 26 – 50 students, and 17 percent anticipate growth of 76 – 100 students. Almost two-thirds of the private COMs do not plan any growth in the next five years.

Projected Growth, 2006/07 – 2011/12						
Size of Growth	**All COMS**		**Public COMs**		**Private COMs**	
	Number of COMs N=23	*% of COMs*	*Number of COMs N=6*	*% of COMs*	*Number of COMs N=17*	*% of COMs*
No growth	12	52%	1	17%	11	65%
1-25 students	1	4%	0	0%	1	6%
26-50 students	7	30%	5	83%	2	12%
51-75 students	0	0%	0	0%	0	0%
76-100 students	3	14%	0	0%	3	17%

COMs Planning Growth

The next section refers only to those COMs indicating planned growth – five public and six private colleges of osteopathic medicine.

Respondents indicating plans for growth were asked to indicate "how likely" it was that the increases would occur – on a scale of "not certain," "possible," "probable," and "definite." Of the five public colleges projecting growth, one indicated uncertainty regarding the change, three indicated that the growth was probable, and one reported that it was definite. For the six private colleges projecting growth, three indicated that the growth is probable and three that it is definite.



Targeting growth

COMs planning growth were asked to indicate if the growth was targeted to any specific population groups or communities. Overall, 10 of the 11 COMs planning growth indicated that the growth was targeted.

Among the public colleges, four of five indicated that growth was targeted, specifically: three of the four noted targeting to underrepresented minority groups in medicine. The one college that did not specifically address minority populations indicated that it sought to mirror the diversity of the state's population. Two

COMs specifically indicated geographic targeting, one to state residents and the second to its regional population.

Four of the six private institutions indicated that growth was targeted, in three cases by geography and in one case by medical specialty – family practice. None specifically targeted underrepresented minority group members.

Growth methods and options (data tables in Appendix 2)

The colleges were asked what options or methods would be used to accommodate planned expansion. Specifically, they were asked whether "expansion of existing campus and facilities," "new clinical affiliations," or "new regional or branch campus(es)" would be used for expansion. All five of the public COMs planning expansion indicated that they would either probably or definitely expand existing facilities. Of the six private COMs planning expansion, five indicated that they definitely would expand existing facilities and one indicated that it probably would not.

Asked about new clinical affiliations, for the public colleges – two definitely would develop new clinical affiliations, two probably would, and one possibly would. For the private colleges, five definitely would develop new clinical affiliations and one probably would not.

Asked about new regional or branch campuses, only one of the public COMs indicated that it probably would follow this approach; three probably would not and one definitely would not. For the private COMs, only two definitely would pursue regional or branch campuses; two probably would not and two definitely would not.

Barriers to growth (data tables in Appendix 3)

All respondents were asked to indicate what barriers to expanding enrollment existed for the medical schools. A list of possible barriers was offered, and respondents were asked to note whether each barrier was: a:"major problem," "moderate problem," "small problem," or "not a problem," with an additional option for "don't know."

Classroom space was identified as a problem for all but one of the COMs indicating planned growth. Among the public COMs, classroom space was a major or moderate problem for two of the five, and a small problem for the other three. Among the private COMs classroom space was a major problem for one, a moderate problem for two, a small problem for two, and not a problem for one.

Lab space was identified as a major or moderate problem for three of the COMs planning growth. Eight identified it as either a small problem or not a problem.

Library and study space was identified as a small problem or not a problem for seven of the COMs indicating planned growth. Only one of the COMs planning growth identified it as a major problem.

The availability of ambulatory training sites was identified as a major problem by three COMs planning growth and not a problem or a small problem by seven responding COMs. Similarly, seven responding COMs felt that the availability of hospital training sites was either a small problem or not a problem.

The number and variety of patients was seen as a barrier to growth by just three (all private) of the 11 COMs planning growth, and two of those three saw it as only a small problem.

The availability of ambulatory preceptors was seen as a small problem or not a problem by eight of the 11 COMs planning growth. It was seen as a major or moderate problem by three COMs, all private.

The availability of full-time faculty, both clinical and basic science, was not identified as a major problem by any of the COMs planning growth. However faculty availability was perceived to be somewhat of an issue by the private colleges.

Costs were seen as a moderate problem by all of the public COMs and two-thirds of the private COMs. Two of the private COMs did not see costs as a problem at all.

Regulatory and accreditation requirements were reported as not a problem by five of the eleven COMs planning growth, and only one COM saw the requirements as a major problem.

Quality of applicants was seen as not a problem by five of the 11 COMs planning growth. However two COMs, one public and one private, perceived applicant quality to be a major barrier to growth.

Summary

Since 1968, the number of osteopathic medical schools has increased more than four-fold, from five COMs to 23 COMs enrolling students in 2007. During the same time period, first-year enrollment has increased almost eight-fold, from 521 to almost 3,800. Over the next five years, plans are developing for another significant increase in osteopathic medical education, with entering classes projected to grow by over 25 percent. With its emphasis on primary care and patient-centered medicine, osteopathic medicine will continue its significant contribution to ensuring high-quality health care for the U.S. population.

Appendix 1

All AACOM member colleges responded to the AACOM Survey of Medical School Enrollment Plans.

College, location	Respondent	Control
Michigan State University College of Osteopathic Medicine East Lansing, MI	William Strampel, DO, Dean	Public
Pikeville College School of Osteopathic Medicine Pikeville, KY	John Strosnider, DO, Dean	Private
West Virginia School of Osteopathic Medicine Lewisburg, WV	Michael Adelman, DO, Dean	Public
Philadelphia College of Osteopathic Medicine Philadelphia, Pa and Gwinnet County, GA	Kenneth Veit, DO, Dean	Private
University of New England College of Osteopathic Medicine Biddeford, ME	Boyd Buser, DO, Dean	Private
Edward Via Virginia College of Osteopathic Medicine Blacksburg, VA	Dixie Tooke-Rawlins, DO, Dean	Private
Western University of Health Sciences-College of Osteopathic Medicine of the Pacific Pomona, CA	Clinton Adams, DO, Dean	Private
Oklahoma State University Center for Health Sciences-College of Osteopathic Medicine Tulsa, OK	Leigh Goodson, PhD, VP for Enrollment Management Emily Brown, MS, Director of Academic Affairs and Accreditation	Public
University of North Texas Health Sciences Center-Texas College of Osteopathic Medicine Fort Worth, TX	Bruce Dubin, DO, Associate Dean for Academic Affairs	Public
AT Still University-College of Osteopathic Medicine, Mesa Mesa, AZ (will enroll first class in 2007)	Douglas Wood, DO, PhD, Dean	Private
Chicago College of Osteopathic Medicine of Midwestern University Downers Grove, IL	Karen Nichols, DO, Dean	Private

College, location	Respondent	Control
Nova Southeastern University College of Osteopathic Medicine Fort Lauderdale, FL	Lawrence Jacobson, DO, Vice Dean	Private
AT Still University-Kirksville College of Osteopathic Medicine Kirksville, MO	Philip Slocum, DO, Dean	Private
Arizona College of Osteopathic Medicine of Midwestern University Glendale, AZ	James Cole, DO, Dean	Private
New York College of Osteopathic Medicine Old Westbury, NY	Thomas Scandalis, DO, Dean	Private
University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine Stratford, NJ	Thomas Cavalieri, DO, Dean	Public
Touro University College of Osteopathic Medicine Mare Island, CA and Henderson, NV	Michael Clearfield, DO, Dean	Private
DeBusk College of Osteopathic Medicine of Lincoln University Harrogate, TN (will enroll first class in 2007)	Ray Stowers, DO, Dean	Private
Ohio University College of Osteopathic Medicine Athens, OH	D. Keith Watson, DO, Associate Dean	Public
Des Moines University College of Osteopathic Medicine Des Moines, IA	Kendall Reed, DO, Dean	Private
Lake Erie College of Osteopathic Medicine Erie, PA and Bradenton, FL	Silvia Ferretti, DO, Dean	Private
Touro College of Osteopathic Medicine-New York New York, NY (will enroll first class in 2007)	Martin Diamond, DO, Dean	Private
Kansas City University of Medicine and Biosciences Kansas City, MO	Sandra Willsie, DO, Dean	Private

Appendix 2

Growth Methods and Approaches (only COMs indicating growth)						
	All COMS		**Public COMs**		**Private COMs**	
Method Likelihood	*Number of COMs*	*% of COMs*	*Number of COMs*	*% of COMs*	*Number of COMs*	*% of COMs*
Expansion of existing facility and campus						
Definitely not	0	0%	0	0%	0	0%
Probably not	1	9%	0	0%	1	16%
Possibly	0	0%	0	0%	0	0%
Probably	2	18%	2	40%	0	0%
Definitely	8	73%	3	60%	5	84%
New clinical affiliations						
Definitely not	0	0%	0	0%	0	0%
Probably not	1	9%	0	0%	1	16%
Possibly	1	9%	1	20%	0	0%
Probably	2	18%	2	40%	0	0%
Definitely	7	64%	2	40%	5	84%
Regional or branch campuses						
Definitely not	3	27%	1	20%	2	33%
Probably not	5	46%	3	60%	2	33%
Possibly	0	0%	0	0%	0	0%
Probably	1	9%	1	20%	0	0%
Definitely	2	18%	0	0%	2	33%

Appendix 3

Barriers to Expanding Enrollment (only COMs indicating growth)						
	All COMS		**Public COMs**		**Private COMs**	
Barrier Importance	*Number of COMs*	*% of COMs*	*Number of COMs*	*% of COMs*	*Number of COMs*	*% of COMs*
Classroom space						
Not a problem	1	9%	0	0%	1	16%
Small problem	5	46%	3	60%	2	33%
Moderate problem	3	27%	1	20%	2	33%
Major problem	2	18%	1	20%	1	16%
Don’t know	0	0%	0	0%	0	0%
Lab space						
Not a problem	2	18%	1	20%	1	16%
Small problem	6	55%	3	60%	3	51%
Moderate problem	1	9%	0	0%	1	16%
Major problem	2	18%	1	20%	1	16%
Don’t know	0	0%	0	0%	0	0%
Library and study space						
Not a problem	3	27%	1	20%	2	33%
Small problem	5	46%	3	60%	2	33%
Moderate problem	0	0%	0	0%	0	0%
Major problem	1	9%	1	20%	0	0%
Don’t know	2	18%	0	0%	2	33%
Ambulatory training sites						
Not a problem	2	18%	2	40%	0	0%
Small problem	5	45%	2	40%	3	50%
Moderate problem	1	9%	0	0%	1	17%
Major problem	3	28%	1	20%	2	33%
Don’t know	0	0%	0	0%	0	0%
Hospital training sites						
Not a problem	3	27%	3	60%	0	0%
Small problem	4	37%	1	20%	3	50%
Moderate problem	2	18%	1	20%	1	17%
Major problem	2	18%	0	0%	2	33%
Don’t know	0	0%	0	0%	0	0%

Ambulatory preceptors						
Not a problem	3	27%	2	40%	1	16%
Small problem	5	45%	3	60%	2	33%
Moderate problem	2	18%	0	0%	2	33%
Major problem	1	9%	0	0%	1	16%
Don't know	0	0%	0	0%	0	0%
Full-time clinical faculty						
Not a problem	5	45%	3	60%	2	33%
Small problem	2	18%	1	20%	1	17%
Moderate problem	4	37%	1	20%	3	50%
Major problem	0	0%	0	0%	0	0%
Don't know	0	0%	0	0%	0	0%
Basic science faculty						
Not a problem	4	36%	3	60%	1	17%
Small problem	4	36%	1	20%	3	50%
Moderate problem	3	27%	1	20%	2	33%
Major problem	0	0%	0	0%	0	0%
Don't know	0	0%	0	0%	0	0%
Costs						
Not a problem	2	18%	0	0%	2	33%
Small problem	0	0%	0	0%	0	0%
Moderate problem	9	82%	5	100%	4	67%
Major problem	0	0%	0	0%	0	0%
Don't know	0	0%	0	0%	0	0%
Regulatory or accreditation requirements						
Not a problem	5	45%	3	60%	2	33%
Small problem	3	28%	0	0%	3	50%
Moderate problem	2	18%	2	40%	0	0%
Major problem	1	9%	.0	0%	1	17%
Don't know	0	0%	0	0%	0	0%
Quality of applicants						
Not a problem	5	45%	2	40%	.3	50%
Small problem	2	18%	0	0%	2	33%
Moderate problem	1	9%	1	20%	0	0%
Major problem	2	18%	1	20%	1	17%
Don't know	1	9%	1	20%	0	0%
Number and/or variety of patients						
Not a problem	7	64%	4	80%	3	50%
Small problem	2	18%	0	0%	2	33%
Moderate problem	1	9%	0	0%	1	17%
Major problem	0	0%	0	0%	0	0%
Don't know	1	9%	1	20%	0	0%