

### Medical Education Summits: Building a Solid Foundation for the Future of the Osteopathic Medical Profession

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In January 2006, the inaugural Osteopathic Heritage Foundation Medical Education Summit was held to address key issues confronting the osteopathic medical profession, particularly the physician workforce, student recruitment, and the funding of postdoctoral programs. Building off of the draft statements from the first summit, the Medical Education Summit II addressed issues specifically related to osteopathic graduate medical education. The authors provide a brief outline of the summit process, describe the outcomes from both meetings, and discuss the future goals of osteopathic medical education.

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*Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure.<sup>1</sup>*

One of the goals for osteopathic medical education has been to “grow” the influence of the profession within the larger establishment of the US and international healthcare workforce.<sup>2</sup> Ultimately, the osteopathic profession hopes to provide the benefits of osteopathic philosophy and care to an ever-increasing number of patients.<sup>3</sup>

The passage of the Balanced Budget Act of 1997,<sup>4</sup> which was proposed with the hope of controlling Medicare spending, caused a funding crisis for graduate medical education (GME) programs,<sup>5</sup> particularly in the osteopathic setting.<sup>6</sup> The premise

for this legislation was to limit the number of GME positions funded by the Centers for Medicare and Medicaid Services and to create “bottleneck” control of the number of US-trained physicians based on a projected surplus of US physicians.<sup>4</sup> However, 2004 and 2005 projections indicated that prior assessments were erroneous and that, in fact, a severe shortage of physicians for US healthcare needs will occur by 2020.<sup>7,8</sup>

At the same time that this shortage was predicted, osteopathic medical education was undergoing a series of important changes. For example, several new colleges of osteopathic medicine (COMs) were in development, graduates of existing COMs were increasingly choosing allopathic residency programs,<sup>9</sup> and more COM graduates were choosing higher paying specialties rather than traditional primary care specialties to manage their debt, most often incurred for tuition expenses.<sup>10</sup> Meanwhile, the American Association of Medical Colleges announced a recommendation to increase their class sizes by 15% to 30% to address the projected physician shortages.<sup>11</sup> All of these factors created further concerns about the availability of OGME positions and the quality of the osteopathic educational infrastructure and applicant pools.<sup>12</sup>

After reviewing these growing concerns, the Board of Trustees (BOT) of the American Osteopathic Association (AOA) passed a resolution in July 2005 that a medical education summit be held (Resolution 43 [A/2005]—Osteopathic Graduate Medical Education—Healthy Profession 2015, Call for Professional Growth In). This resolution prompted leadership at the American Association of Colleges of Osteopathic Medicine (AACOM) and the AOA to appoint the Medical Education Summit (MES) Steering Committee. With the generous support of the Osteopathic Heritage Foundation (OHF), the AOA, and AACOM, the OHF MES was officially launched.

#### Medical Education Summit Steering Committee

In preparing for the summit, the steering committee, which included representatives from the AOA BOT, AACOM, and the American Osteopathic Directors of Medical Education (AODME), was charged with the following:

- Build a comprehensive strategic model of responsible growth in osteopathic medical education
- Conduct a thorough analysis of the benefits, detriments, and outcomes for the osteopathic profession with respect to continuing a separate osteopathic match versus adoption of a

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single joint match (ie, osteopathic and allopathic) as proposed by AOA student groups

- Consider and evaluate the requests of “emerging states” for variance from published standards for establishing OGME programs

In addition, more than 80 issues were forwarded to the committee by the AACOM Board of Deans and the Society of Medical Educators, the AOA House of Delegates and BOT, the AODME, and the Osteopathic Medical Educators Council (now the Bureau of Osteopathic Medical Educators),<sup>13</sup> as well as the recommendations published in the osteopathic medical education study.<sup>12</sup> The steering committee deliberated extensively to consolidate the more than 80 topics into 25 rank-ordered items that fell into the following four themes: (1) workforce,<sup>7,8,14,15</sup> (2) recruitment,<sup>16,17</sup> (3) funding,<sup>10,18-20</sup> and (4) quality<sup>21-24</sup> (Figure 1).

To determine who would participate in the summit, the steering committee selected a broad cross-section of the osteopathic profession’s constituent groups: students and residents, medical educators from both osteopathic undergraduate medical education and OGME, chairs of the AOA Department of Education committees, officers of the Commission on Osteopathic College Accreditation (COCA), and public members (eg, chief executive officers of hospitals, public advisors to AOA accreditation bodies). Inclusion was based primarily on functional roles that individuals held in their respective organizations. Despite the committee’s best attempts at inclusiveness, invitations were limited to meet budgetary and logistic constraints and encourage collaboration among attendees.<sup>13</sup>

The steering committee researched relevant topics related to primary areas of concern and then created and distributed a reading list of articles, many of which are referenced in the present piece. These resources were selected to highlight salient features and provide a common background for discussion. In addition, both the AOA Department of Education and AACOM provided substantive data for use and review where and when it was available.

### Inaugural Medical Education Summit

The inaugural OHF MES—later known as MES I—was held January 26, 2006, through January 29, 2006, in Chicago, Ill. Presentations on physician workforce, osteopathic recruitment, and OGME funding were given by nationally recognized experts. After each presentation, the 70 participants were divided into groups of seven to eight people to deliberate on the challenges relevant to the respective topics and to propose statements for the summit to adopt as consensus statements. Each breakout session was moderated by a trained external facilitator overseen by a steering committee member. For each major topic, the groups were “remixed” to provide maximum dialogue among individuals and to promote a collegial exchange of ideas.<sup>13</sup>

#### ■ Workforce

- What will be the US physician workforce needed for 2020?
- What mix of primary care and specialty training should the AOA promote?
- How much of the need for physicians can we—the osteopathic medical profession—realistically and responsibly address?
- What factors will impact these decisions:
  - The ratio of allopathic medical school increases to COM increases?
  - Additional international medical graduates coming into the United States for training and practice?
  - Increases in non-physician providers?

#### ■ Recruitment

- What will happen to the quality of the applicant pool for COMs when both osteopathic and allopathic schools increase student enrollment?
- How can we most effectively address the recruitment and match issues facing OGME programs?

#### ■ Funding

- How can we most effectively handle students’ rising debt load for osteopathic medical education?
- How can we obtain additional GME funding to ensure that OGME programs can grow to equal the number of osteopathic graduates? Do osteopathic school class sizes need to be “matched” with available OGME-funded positions?

#### ■ Quality

- What do we mean by “quality” and is there agreement about how it is used when referring to osteopathic medical education?

**Figure 1.** The key themes selected for and addressed during the Osteopathic Heritage Foundation Medical Education Summit, which took place January 26, 2006, through January 29, 2006, in Chicago, Ill. **Abbreviations:** AOA, American Osteopathic Association; COM, college of osteopathic medicine; GME, graduate medical education; OGME, osteopathic graduate medical education.

For the topic of quality in medical education, participants met in separate focus groups to describe their particular viewpoints about the definition of *quality* as it relates to osteopathic medical education. Key phrases and concepts defined in these sessions will be used in a large, multisite survey to better understand how students, residents, and even the public view the quality of our medical education programs. Pilot surveys are currently being tested for statistical validation.

A total of 65 recommended consensus statements were forwarded for deliberation and further discussion during the final MES I session.<sup>25</sup> The final session was conducted according to ground rules established by the steering committee early in the planning phases. An electronic audience response system (Turning Point; Turning Technologies LLC, Youngstown, Ohio) was used to tally audience responses (ie,

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“yes” or “no”) on each individual statement. A 75% consensus vote was required for adoption of the statement as a “Summit Consensus Statement.” If an individual statement did not meet 75% on the first vote, alternate language was incorporated to best meet participants’ recommended changes. A second vote was then taken with the incorporated changes. If a 75% vote was not reached, the statement was moved to a “parking lot” for further study or referral to subsequent summits.

### Outcomes

The 2006 OHF Medical Education Summit: Consolidated Consensus Statements<sup>25</sup> reflects all 65 statements considered by summit participants. Sixty-one of the statements reached a consensus level of 75% on either the first or second attempt. This striking number of approved consensus statements has proved invaluable to the profession during the past 24 months. Questions concerning opening new COMs, quality standards, and other “boiling points” have been answered, and actions have been predicated on the consensus points determined by this process. Critics will rightfully argue that many of these statements are “no-brainers.” Nonetheless, they stand as a public declaration of a common professional will around key issues.

The 61 approved statements were regrouped in preparation for the second medical education summit, and a tracking system has been devised to follow action plans. The ongoing MES I progress report, which is being prepared for Web posting (Joyce L. Obradovic, MA, RDH, oral communication, January 2008), will extensively reference documents and accomplishments to date. *Figure 2* outlines the progress on several of the consensus statements within the context of these accomplishments.<sup>26</sup> Additional substantive plans have been put into action since the June 2007 report,<sup>27</sup> and many of them have origins or links to the consensus statements beyond what has been previously reported.

Now we can move to meaningful and purposeful decisions for critical questions in which agreement has not yet been reached. The following statements reflect the four unresolved issues<sup>25</sup>:

- Should COCA accreditation standards for approvals of class size increases for existing schools and class size approvals for new schools be restricted to available linked first-year OGME postdoctoral positions?
- Should the “osteopathic philosophy” be redefined in light of current trends and evolution of the profession? Specifically, should allopathic physicians be allowed to train in OGME settings?
- Should the AOA, the American Osteopathic Board of Specialists, and the American Board of Medical Specialists move toward parallel programs and away from dual programs by discussing equivalent recognition of AOA certification as an entry qualification to train in American Council on Graduate Medical Education (ACGME) subspecialty programs as soon as possible?

- Should the AOA develop policies that will allow osteopathic graduates of either AOA or ACGME postgraduate programs to obtain positions (eg, osteopathic directors of medical education, deans of COMs) and licenses in some states that are currently open only to those osteopathic physicians who are trained in AOA programs?

These questions were added to the topics and issues to be deliberated during the second medical education summit.

### Medical Education Summit II

Because the four statements that did not reach consensus were substantially related to OGME, the Medical Education Summit II (MES II) Steering Committee was charged with assessing issues related specifically to OGME. As a result, the research completed by the steering committee and the reading materials provided to attendees before the summit focused on literature and data relating to OGME and its milieu. As it did with the first summit, the steering committee again restricted participants, this time to approximately 100 members of the profession in official capacities representing all stakeholders in OGME issues, including students, residents, and new “physician-in-practice” leaders. Of the MES I participants, only those directly involved in OGME were invited to participate in MES II.

The steering committee performed a detailed analysis of all aspects of OGME and divided the topics into the following three components:

- **Global issues**—How do we ensure that OGME maintains the essence of what makes it osteopathic?
- **Resources and structure**—How do we ensure that there are sufficient resources and an appropriate structure for the GME needs of osteopathic medical students?
- **Specialty mix**—How should the profession deal with the aspects of specialty mix (ie, students gradual trend toward choosing medical specialties rather than traditional family practice specialties) that influence or are influenced by OGME?

The steering committee prepared question sets for each of these three topics and identified the main controversy in each topic.

Funding for MES II, which was held November 10, 2007, through November 12, 2007, in Lombard, Ill, was generously provided by the AOA, AACOM, the OHF, the Osteopathic Founders Foundation, and the Osteopathic Institute of the South. The summit kicked off with an introduction of the issues and the pertinent history, followed by presentations by nationally recognized experts in each of these areas. These experts delivered a provocative set of point/counterpoint presentations on each controversial topic. Participants also benefited from the general reactions and overview of two noted experts: Barbara Ross-Lee, DO, and David Leach, MD.

- **Statement 39. Relevance of osteopathic internships for OGME**
  - Osteopathic internships restructured as a result of AOA Board of Trustees and the AOA COPT resolutions (effective July 2008)\*
- **Statements 15, 20, 25, 32, and 33. Improve and enforce “Opportunities” and Trainee Information Verification Registration Audit (TIVRA) reporting**
  - More program data are available to students applying through AACOM’s Application Service (AACOMAS)
  - Penalties imposed in 2007 for incomplete or non-completion of TIVRA and “Opportunities”
  - Database under construction to share best practices and highlight exceptional programs
  - The “Opportunities” database will be updated each spring to promote best information access
  - OPTI officers given access to each member hospital’s “Opportunities” database to allow assistance and compliance monitoring.
- **Statements 23, 57, 61, and 62. Revise and enhance GME standards**
  - Specialty college standards, OPTI standards, and the AOA basic documents for postdoctoral training extensively revised to promote increased vigor in the GME oversight process and support
  - Innovative programs endorsed by COPT to promote rapid approval processes for programs without compromising GME quality standards
- **Statement 30. Streamline the OGME accreditation processes**
  - Administrative process approved for acceptance of inspection reports and corrective action plans
- **Statements 44 through 47. Ease federal undergraduate medical education loan restrictions**
  - Legislation supported by the AOA and AACOM to defer loan repayment
  - Student loan deferment legislation, supported by the AOA and AACOM, is pending
  - Loan forgiveness and payback incentives for undergraduate medical education students supported by the AOA and AACOM
- **Statements 22 and 40. Promote mentoring and professionalism competency programs in undergraduate medical education curricula**
  - Programs to promote these concepts among undergraduate medical education faculty and administrators presented during the AOA and AACOM meetings in 2007
- **Statements 49 and 50. Increase CMS funding for GME**
  - The AOA testified before the Senate on the Health Education Loan Program regarding workforce and GME funding issues
  - The AOA developed a short outline (longer studies are underway with AACOM) describing growth in osteopathic medicine and the ability of the profession to meet projected physician shortages
  - An osteopathic representative who lobbies for increases in CMS and other funding for GME is on the federally appointed Council on GME
- **Statements 1, 2, 3, 4, 6, and 14. Growth target analysis needed to forecast osteopathic workforce needs**
  - A comprehensive workforce analysis document is underway
- **Statements 17, 18, 37, and 41A. Dual and parallel GME/OGME training programs should be studied and policies developed to maximize OGME positions.**
  - A white paper, which outlines current status markers for dual-accredited programs and provides solid data points for dual-accreditation policy decisions, has been completed
- **Statements 29, 36, 42, 51, 56, and 58. Increase the number of OGME programs**
  - Task force established by the AOA to address this issue as part of the responsible-growth initiative†

**Figure 2.** Reports of progress on the “Top Ten” issues related to several of the Osteopathic Heritage Foundation (OHF) Medical Education Summit consensus statements, which are available in the 2006 OHF Medical Education Summit: Consolidated Consensus Statements.<sup>25</sup> \*Resolution 16 (A/2006)—Certification Reporting. †Resolution 43 (A/2005)—Osteopathic Graduate Medical Education—Healthy Profession 2015, Call for Professional Growth In. **Abbreviations:** AACOM, American Academy of Colleges of Osteopathic Medicine; AOA, American Osteopathic Association; CMS, Centers for Medicare and Medicaid Services; COPT, Council on Postdoctoral Training; GME, graduate medical education; OGME, osteopathic graduate medical education; OPTI, osteopathic postdoctoral training institutions. **Source:** Medical Education Summit I progress report.<sup>26</sup>

Dr Ross-Lee, the vice president of health sciences and medical affairs at the New York Institute of Technology in Old Westbury, spoke about the changes in the profession in the bigger context of our history and where the profession can go. Dr Leach, the recently retired director of the ACGME, spoke about the unique nature of the osteopathic profession in the context of the type of medical care the public needs and deserves.

For MES II, groups were divided into a series of three breakout sessions to identify solutions and approaches, ana-

lyze barriers and facilitators, and develop action plans, respectively. Each breakout session had nine groups—seven to eight people in each group—and, like MES I, was moderated by a trained external facilitator overseen by a steering committee member. The final breakout session used the affirmed concepts to develop action plans.

At the conclusion of the development of the action plans, the entire group prioritized those plans. Summit participants were asked to vote only for items not yet in progress. In addi-

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tion, participants were clearly instructed that concepts resulting from MES II would be advisory to the two governing boards (ie, the AOA and AACOM).

### Outcomes

During the MES II, the following three overarching concepts were clarified and approved:

- **Global issues**—The osteopathic medical profession will study, define, and maintain OGME as a separate and distinct system, which at its essence is osteopathic. We will identify what we do best and reformulate OGME based on the needs of the 21st century.
- **Resources and structure**—The osteopathic profession will work to provide sufficient resources and an appropriate structure for the GME needs of COM graduates.
- **Specialty mix**—The osteopathic primary care focus as exemplified in osteopathic medical education is essential to meet societal needs.

The structural overview of MES II, in which these three concepts fall, is provided in *Figure 3*. After the summit adjourned, the steering committee met to further analyze and assign oversight of the recommendations. However, because there was some overlap, several action plans were combined.

In addition, based on the number of priority votes for each area by summit participants, the concept areas were categorized by priority (ie, low vs high). All concept areas were forwarded to the appropriate bodies (ie, implementation groups already in place). By providing this information to the appropriate groups, MES II has provided affirmation of the work set in motion by MES I.

The work product was sent to the steering committee by electronic mail for final vetting and then submitted to the AOA and AACOM for approval. The steering committee was advised that if there were differences of affirmation votes between the two association boards, the two executive committees would meet in an attempt to adjudicate any identified differences. The the AOA Executive Committee and the AACOM Board of Deans vetted the work products on December 1, 2007, and December 10, 2007, respectively. Action plans that did not achieve consensus were vetted by joint leadership on February 6, 2008. Following that approval, plans were put in place for action plan assignments and for the steering committee to provide ongoing oversight.

### Comments

It is clear that MES I set the stage for “evidence-based decisions” about policy—provided that the meaningful data requested by the participants is forthcoming from the AOA and AACOM. The groundwork has been laid to move forward with policy action plans based on consensus not previously possible.

Like any good investigation, each summit uncovered more questions—all of which demand further refinement and

#### ■ Understanding Ourselves

- Studying the definition of *osteopathic* graduate medical education (OGME)
- Identifying what we as osteopathic physicians do best and reformulating OGME based on the needs of the 21st century

#### ■ Improving Infrastructure

- Improving quality
- Enhancing and enforcing existing standards
- Improving the inspection process
- Improving the internal process
- Enhancing the educational structure
- Studying the Osteopathic Postdoctoral Training Institutions concept

#### ■ Improving Support for OGME

- Promoting clinical and educational research
- Advocating for increased funding for OGME

#### ■ Special Topics

- Studying admitting allopathic physicians into osteopathic residencies
- Determining the proper approach to OGME capacity, specifically related to collaboration between undergraduate medical education and OGME
- Dealing with the issues in primary care, including midlevel providers (eg, nurse practitioners, physician assistants)

**Figure 3.** Structural overview of the topics discussed during the Medical Education Summit II, which took place November 10, 2007, through November 12, 2007, in Lombard, Ill.

study as well as additional action plans. Our progress will become more difficult with each level of questioning as we approach our individual core values and beliefs about who we are as osteopathic physicians and what our profession *really* means to international healthcare. Questions and decisions like these cannot be reliably answered with emotion, unreasoned judgment, or tradition. Instead, they demand robust data and information that has been thoroughly scrubbed of bias.

The oft-repeated theme of many groups who reported their proposed statements at MES I was “we need reliable data, which are not being collected or are not available.” This point has been reinforced in conversations with Howard S. Teitelbaum DO, PhD, MPH (oral communication, June 2006), author of the well-known osteopathic medical education study.<sup>12</sup> To address the problem of absent data regarding osteopathic medical education highlighted during the summits, an organized entity for the conduct of educational research for the osteopathic medical profession should be created.<sup>12</sup>

### Conclusion

The first summit was successful in many ways far beyond the 61 statements that emerged as “compass points.” First, the steering committee grappled with a diverse set of topics and

issues, determining which ones to deliberate and whom to invite to participate in the discussions. Second, AOA and AACOM administrative personnel came together as never before to work in tandem for a common product. Third, the educational leadership of both organizations came together in a unified way to deliberate very difficult questions with purpose and integrity. The second summit was able to build on the sound foundation of MES I and proceed to the next level of questions and issues related to OGME.

The summits have initiated a common public articulation of educational direction on growth, promotion of tougher accreditation standards, and a purposeful path for producing highly qualified osteopathic physicians for the future. This process continues in a way that is unique to the osteopathic medical profession. Because of our size, our focus, and our commitment to the heart of what our profession has to offer, we can bring all the stakeholders and players to the table and hammer out the issues facing us. The challenge may be daunting, but our charge is worthy of the work.

### Acknowledgments

*We are honored to have been asked to serve as the chairs for the summit events and are likewise humbled and proud of the accomplishments we achieved as a profession in the process.*

### References

- Williamson M. *A Return to Love: Reflections on the Principles of "A Course in Miracles."* New York, NY: HarperCollins; 1992.
- Watson DK. Overview and charge to the Osteopathic Heritage Foundation Educational Summit. Paper presented at: Osteopathic Heritage Foundation Medical Education Summit; January 26, 2006; Chicago, Ill.
- Rogers FJ, D'Alonzo GE Jr, Glover JC, Korr IM, Osborn GG, Patterson MM, et al. Proposed tenets of osteopathic medicine and principles for patient care. *J Am Osteopath Assoc.* 2002;102:63-65. Available at: <http://www.jaoa.org/cgi/reprint/102/2/63>. Accessed February 25, 2008.
- Balanced Budget Act of 1997. Pub L No. 105-33, 111 Stat 251. Available at: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=105\\_cong\\_public\\_laws&docid=publ33.105](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=105_cong_public_laws&docid=publ33.105). Accessed February 25, 2008.
- Phillips RL Jr, Fryer GE, Chen FM, Morgan SE, Green LA, Valente E, et al. The Balanced Budget Act of 1997 and the financial health of teaching hospitals. *Ann Fam Med.* 2004;2:71-78. Available at: <http://www.annfammed.org/cgi/content/full/2/1/71>. Accessed March 3, 2008.
- Magen JG. Current threats to osteopathic graduate medical education. *J Am Osteopath Assoc.* 2002;102:156-160. Available at: <http://www.jaoa.org/cgi/reprint/102/3/156>. Accessed March 3, 2008.
- Council on Graduate Medical Education. *Physician Workforce Policy Guidelines for the United States, 2000-2020.* 16th report. Rockville, Md: US Department of Health and Human Services; 2005. Available at: <http://www.cogme.gov/16.pdf>. Accessed February 25, 2008.
- Association of American Medical Colleges. *Recent Studies and Reports on Physician Shortages in the US.* Washington, DC: Association of American Medical Colleges; 2006. Available at: [www.aamc.org/workforce/rcntwrkfc.pdf](http://www.aamc.org/workforce/rcntwrkfc.pdf). Accessed March 3, 2008.
- DOs in training: AOA and ACGME comparison. American Osteopathic Association Web site. 2006. Available at: [http://www.osteopathic.org/pdf/opti\\_traininggraph.pdf](http://www.osteopathic.org/pdf/opti_traininggraph.pdf). Accessed February 25, 2008.
- Baker LC, Baker DC. Factors associated with the perception that debt influences physicians' specialty choices. *Acad Med.* 1997;72:1088-1096.
- American Association of Medical Colleges. *AAMC Statement on the Physician Workforce.* Washington, DC: Association of American Medical Colleges; 2006. Available at: <http://www.aamc.org/workforce/workforceposition.pdf>. Accessed February 25, 2008.
- Teitelbaum HS. *Osteopathic Medical Education in the United States: Improving the Future of Medicine.* Washington, DC: American Association of Colleges of Osteopathic Medicine; 2005. Available at: [https://www.do-online.org/pdf/acc\\_mededstudy05.pdf](https://www.do-online.org/pdf/acc_mededstudy05.pdf). Accessed February 25, 2008.
- Greenwald B. Agreeing to agree: leaders set aside differences at inaugural medical education summit. *The DO.* March 2006;47:46-51.
- Swartwout JE. *Compendium of Osteopathic Workforce Studies.* Chicago, Ill: American Osteopathic Association; 2005. Available at: [https://www.do-online.org/pdf/lcl\\_optirepworkstudycmpenium.pdf](https://www.do-online.org/pdf/lcl_optirepworkstudycmpenium.pdf). Accessed February 25, 2008.
- Cooper RA. Weighing the evidence for expanding physician supply. *Ann Intern Med.* 2004;141:705-714. Available at: <http://www.annals.org/cgi/reprint/141/9/705>. Accessed 25, 2008.
- Singer AM. Undergraduate osteopathic medical education. *J Am Osteopath Assoc.* 2001;101:646-652. Available at: <http://www.jaoa.org/cgi/reprint/101/11/646>. Accessed February 25, 2008.
- The Sullivan Commission on Diversity in the Healthcare Workforce. *Missing Persons: Minorities in the Health Professions. A Report of the Sullivan Commission on Diversity in the Healthcare Workforce.* Washington, DC: The Sullivan Commission; 2004. Available at: <http://www.aacn.nche.edu/Media/pdf/SullivanReport.pdf>. Accessed February 25, 2008.
- Woodworth PA, Chang FC, Helmer SD. Debt and other influences on career choices among surgical and primary care residents in a community-based hospital system. *Am J Surg.* 2000;180:570-576.
- Medicare Payment Advisory Commission. *Report to the Congress: Rethinking Medicare's Payment Policies for Graduate Medical Education and Teaching Hospitals.* Washington, DC: Medicare Payment Advisory Commission; 1999. Available at: <http://www.aamc.org/advocacy/teachhosp/medpac/rethinkingmedicare.pdf>. Accessed February 25, 2008.
- Young DW. GME: at what cost? *Healthc Financ Manage.* 2003;57:42-44,47-48. Available at: <http://www.davidyoung.org/GME.Article.pdf>. Accessed February 25, 2008.
- Cohen J. From the president: educational quality is job one. *Acad Med.* 1994;69:555.
- Aron DC, Headrick LA. Educating physicians prepared to improve care and safety is no accident; it requires a systematic approach. *Qual Saf Health Care.* 2002;11:168-173.
- Tamblyn R. Outcomes in medical education: what is the standard and outcome of care delivered by our graduates? *Adv Health Sci Educ Theory Pract.* 1999;4:9-25.
- Klessig JM, Wolfsthal SD, Levine MA, Stickley W, Bing-You RG, Lansdale TF, et al. A pilot survey to define quality in residency education. *Acad Med.* 2000;75:71-73.
- 2006 OHF Medical Education Summit: *Consolidated Consensus Statements.* Chicago, Ill: American Osteopathic Association; 2006. Available at: [https://www.do-online.org/pdf/lcl\\_optireportconsensusmededsummit06.pdf](https://www.do-online.org/pdf/lcl_optireportconsensusmededsummit06.pdf). Accessed February 25, 2008.
- Watson DK, Nichols KJ. Medical Education Summit I progress report. Presented to the American Association of Colleges of Osteopathic Medicine's Board of Deans; June 2007; Chevy Chase, Md.
- Watson DK, Ferretti S, Nichols KJ, Opiari MI, Shannon SC, Silvagni AJ, et al; Medical Education Summit Steering Committee. *Report of the 2006 Medical Education Summit to the AOA Board of Trustees.* Chicago, Ill: American Osteopathic Association; 2007.