HOD ACTION: Recommendations in Council on Medical Education Report 5 adopted as amended and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 5, November 2021

Subject: Investigation of Existing Barriers for Osteopathic Medical Students Applying for Away Rotations

Presented by: Niranjan Rao, MD, Chair

Referred to: Reference Committee C

American Medical Association (AMA) Policy H-295.876 (3), “Equal Fees for Osteopathic and Allopathic Medical Students,” asks that our AMA:

“work with relevant stakeholders to explore reasons behind application barriers that result in discrimination against osteopathic medical students when applying to elective visiting clinical rotations and generate a report with the findings by the 2020 Interim Meeting.”

This report is in response to this policy.

Testimony on this topic during the 2019 Interim Meeting noted that U.S. osteopathic medical students are charged fees in excess of those charged to U.S. allopathic medical students for the same clinical rotations at some U.S. allopathic medical schools. These fees represent a financial barrier to career opportunities for osteopathic medical students in that these clinical experiences are often useful to support applications to graduate medical education (GME) programs. Testimony also noted that AMA policy “discourages discrimination against medical students by institutions and programs based on osteopathic or allopathic training…[and]…encourages equitable fees for allopathic and osteopathic medical students in access to clinical electives.”

INTRODUCTION

Medical students seek elective clinical experiences at institutions other than their home institution (“away electives”) for a number of reasons, including exposure to specialties and subspecialties not available at their home institutions, working with special populations, obtaining letters of reference to support residency applications, and experiencing diverse or different health care systems. Perhaps the most important reason students seek these experiences is to explore the training environment at institutions where they are considering applying for GME positions. In this regard, these away electives have the potential to benefit the student, the specialty program, and the institution hosting the elective, and potentially serve to help both learner and program achieve the best match to meet their respective objectives. Mueller et al, in a study of allopathic medical schools, found that the most common reason for a school to support a visiting medical student program was recruitment into its residency programs, and the most common reason for students to participate is to secure residency positions in those programs.1

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BACKGROUND

The Association of American Medical Colleges (AAMC) supports students seeking away electives through the online Visiting Student Learning Opportunities (VSLO) program, which includes a Visiting Student Application Service (VSAS) for students and host institutions. Most, if not all, allopathic medical schools utilize VSAS to manage visiting student applications. The fee to use VSAS is $40 for the first three applications and $15 per application thereafter. Institutions are also charged a fee to use the system, but the institutional fee structure is not published. The VSLO website notes that participating host institutions may have their own fee structures and may charge a processing fee or tuition but specifies that only the AAMC may charge fees that are referred to as application fees. Host institutions may charge applicants processing fees, registration fees, or other types of fees, as long as these fees are not labeled as application fees. VSLO also allows host institutions to select the home institutions from which they will accept applications.

The Accreditation Council for Graduate Medical Education (ACGME) reached an agreement with the American Osteopathic Association and American Association of Colleges of Osteopathic Medicine to develop a single accreditation system for GME in early 2014. Transition to the ACGME Single Accreditation System began in 2015, and by June 2020 the transition was complete. One benefit of the Single Accreditation System is to offer all U.S. medical school graduates a uniform GME pathway, allowing them to seek admission into any residency and fellowship program. Any graduate of a college of medicine accredited by the Commission on Osteopathic College Accreditation (COCA), a medical school within the United States or Canada accredited by the Liaison Committee on Medical Education (LCME), or a medical school outside the United States or Canada that meets the established eligibility criteria is eligible to enter an ACGME-accredited program.

Beginning in 2020, the National Resident Matching Program (NRMP) supported the first combined Match for allopathic and osteopathic medical students into programs accredited through the ACGME’s Single Accreditation System.

THE ROLE OF ELECTIVE OPPORTUNITIES FOR VISITING MEDICAL STUDENTS IN RESIDENCY PROGRAM DECISIONS

As noted in the introduction, medical students seek away elective experiences to explore programs and make themselves known to the host programs. In this regard, the experiences are often referred to as “audition electives.” The literature offers conflicting information about whether audition electives are important in securing a position. Data from the 2014 NRMP Program Director Survey showed that program directors consider the audition elective to be an important factor for deciding whom to interview and rank. Some studies have demonstrated that audition electives are important in the selection of applicants, while others have shown that audition electives have no effect on the selection of applicants.

POTENTIAL BARRIERS IMPOSED UPON OSTEOPATHIC STUDENTS SEEKING ELECTIVE EXPERIENCES AT ALLOPATHIC SCHOOLS IMPOSE BARRIERS

To explore the concerns raised in Policy H-295.876 (3), AMA staff reviewed the websites of allopathic medical schools in six states (California, Florida, Illinois, New York, Ohio, and Texas) and 13 school websites identified by representatives of the AMA Medical Student Section. This sample represented 66 of the 144 allopathic medical schools in the United States that have graduated at least one full class of students. The websites from 15 of these schools indicated that visiting medical students must be from LCME-accredited schools, and four of the 15 explicitly
stated that osteopathic medical students would not be accepted. For 11 of the school websites, either information on visiting medical students was not included or the visiting student websites were suspended due to the COVID-19 pandemic. The remaining 39 school websites indicated that both allopathic and osteopathic medical students could participate as visiting medical students. One of the schools indicated that osteopathic students would be accepted for most, but not all, of the electives. Three schools required passage of United States Medical Licensing Examination (USMLE) Step 1. Of the 39 schools accepting both allopathic and osteopathic medical students, 23 charged a fee. For 19 of these schools, the fee was the same for both allopathic and osteopathic medical students, with a range of $25 to $300 per elective request submitted (mean = $165). The remaining four fee-charging schools in this review charged a differential fee for allopathic and osteopathic student applicants. One school’s fees were listed as $125 and $295 for allopathic and osteopathic students, respectively; one school’s fees were listed as $150 and $4,150 for allopathic and osteopathic students, respectively; and one school’s fees were listed as $500 and $5,000 for allopathic and osteopathic students, respectively. The fourth school listed a $30 processing fee for osteopathic students and $900 per week of elective for osteopathic students, while no fees were listed for allopathic students. The review did not explore the practices of GME programs that operate independently from medical schools but may offer clinical elective experiences for medical students.

Data from an unpublished survey of 182 allopathic schools and GME programs, conducted by the Council of Osteopathic Student Government Presidents, had similar findings. That study found that 24 of the surveyed programs did not accept applications for electives from osteopathic medical students, 35 programs listed “licensing exam disparities” including inequitable class ranking requirements and minimum scores for osteopathic students compared to allopathic students, and 14 programs listed financial disparities between allopathic student applicants and osteopathic student applicants in the application process.¹² (The authors of this study have asked for the following disclaimer: “This is unofficial student-collected information that is not yet submitted for official publication or research.”)

HOW SOME FEE STRUCTURES AND OTHER BARRIERS DISADVANTAGE
OSTEOPATHIC MEDICAL STUDENTS

The ACGME states that the benefits of the Single Accreditation System include offering all U.S. medical graduates a uniform education pathway, increasing collaboration among the medical education community, providing consistency across all residency and fellowship programs, reducing costs, and increasing opportunities for osteopathic GME. Despite these stated benefits, surveys of allopathic schools demonstrate that osteopathic medical students continue to face barriers in applying for away rotations at allopathic institutions and programs. These barriers include: 1) outright exclusion from participation; 2) the requirement for a passing USMLE score; and 3) inequitable fees. Upon finding these barriers while considering sites for away electives, osteopathic students would be deterred from applying for an elective opportunity, thus potentially decreasing the likelihood of applying to the program for residency or decreasing the likelihood of securing a position after application. Further, the existence of these barriers implies that osteopathic medical students are less welcome, or unwelcome, at the host institution. These barriers also have implications for educational experiences, in that osteopathic medical students may not be able to participate and learn in specialty and subspecialty areas not otherwise available to them at their home institutions.

While it is difficult to determine if these financial and other barriers to away experiences have affected the competitiveness of osteopathic medical students applying for ACGME-accredited residencies, Match data suggest a possible relationship between type of training and securing a
residency position. Although NRMP data show that the match rates for senior osteopathic medical
students in the United States have steadily but slowly risen from 82.7 percent in 2015 to 88.1
percent in 2019, during the same period match rates for seniors in allopathic programs were
consistently higher, fluctuating between 93.9 percent and 94.3 percent. Beginning in 2020, the
ACGME completed the transition to the Single Accreditation System to accredit participating
osteopathic residency programs that were previously only accredited by the AOA, thereby offering
all U.S. medical school graduates (allopathic and osteopathic) a uniform graduate medical
education pathway and allowing them to seek admission into any residency or fellowship program.

According to NRMP data for the 2020 match, 90.7 percent of osteopathic senior medical students
and 93.7 percent of allopathic senior medical students matched to a PGY-1 position. However, data
among specialties demonstrate notable differences between the match rates of allopathic and
osteopathic senior student applicants. For example, the unmatched rate for osteopathic senior
students ranking only one specialty was approximately double the unmatched rate for allopathic
senior students in emergency medicine, neurological surgery, neurology, obstetrics and
gynecology, orthopedic surgery, plastic surgery, and general surgery. It should be noted that it is
unknown whether financial or other barriers to elective experiences played any role in these
outcomes.\footnote{13}

Complicating this report are the effects of the COVID-19 pandemic, which has markedly limited
away electives for all students and the effects of the increasing use of virtual interviews for
residency programs and applicants. The planned conversion of USMLE Step 1 from a scored exam
to pass/fail may also have future implications for this issue.

SUMMARY AND RECOMMENDATIONS

The AMA, in a joint statement with the American Osteopathic Association, has described the
equivalency of training, licensure, and practice rights of allopathic and osteopathic physicians, and
the vital role osteopathic physicians serve in the nation’s health care delivery system.\footnote{14} Thus, it
stands to reason that osteopathic medical students should have equal access to elective training
opportunities.

Information collected from allopathic medical school websites indicates that barriers exist for
participation of osteopathic medical students in elective experiences at some allopathic medical
schools. The barriers include: 1) outright exclusion from participation; 2) the requirement for a
passing USMLE score; and 3) inequitable fees. These barriers may deter osteopathic students from
applying to or being accepted for a residency position. Programs that lack exposure to potential
qualified osteopathic students may rank candidates disparately. These barriers on osteopathic
medical students are in contradiction to the goal of the ACGME Single Accreditation System to
offer all U.S. medical school graduates a uniform GME pathway.

Further, current AMA Policy H-295.876 discourages discrimination against medical students based
on allopathic or osteopathic undergraduate medical education training and encourages equitable fee
structures for allopathic and osteopathic medical student applicants to clinical electives.

The Council on Medical Education therefore recommends that the following recommendations be
adopted and the remainder of this report be filed:

   for Osteopathic and Allopathic Medical Students,” by addition and deletion as shown
   below. (Modify Current HOD Policy)
Our AMA encourages equitable access to and equitable fees for clinical electives for allopathic and osteopathic medical students in access to clinical electives, while respecting the rights of individual allopathic and osteopathic medical schools to set their own policies related to visiting students.

2. That our AMA encourage the Association of American Medical Colleges to request that its member institutions promote equitable access to clinical electives for allopathic and osteopathic medical students and charge equitable fees to visiting allopathic and osteopathic medical students. (New HOD Policy)

3. That our AMA encourage the Accreditation Council for Graduate Medical Education to require its accredited programs to work with their respective affiliated institutions to ensure equitable access to clinical electives for allopathic and osteopathic medical students and charge equitable fees to visiting allopathic and osteopathic medical students. (New HOD Policy)

Fiscal note: $500.
RELEVANT AMA POLICY

H-295.876, “Equal Fees for Osteopathic and Allopathic Medical Students”

3. Our AMA, in collaboration with the American Osteopathic Association, discourages discrimination against medical students by institutions and programs based on osteopathic or allopathic training.
4. Our AMA encourages equitable fees for allopathic and osteopathic medical students in access to clinical electives, while respecting the rights of individual allopathic and osteopathic medical schools to set their own policies related to visiting students.
Citation: Res. 809, I-05 Appended: CME Rep. 6, A-07 Modified: CCB/CLRDP Rep. 2, A-14

H-295.867, “Expanding the Visiting Students Application Service for Visiting Student Electives in the Fourth Year”

1. Our American Medical Association strongly encourages the Association of American Medical Colleges (AAMC) to expand eligibility for the Visiting Students Application Service (VSAS) to medical students from Commission on Osteopathic College Accreditation (COCA)-accredited medical schools.
2. Our AMA supports and encourages the AAMC in its efforts to increase the number of members and non-member programs in the VSAS, such as medical schools accredited by COCA and teaching institutions not affiliated with a medical school.
3. Our AMA encourages the AAMC to ensure that member institutions that previously accepted both allopathic and osteopathic applications for fourth year clerkships prior to VSAS implementation continue to have a mechanism for accepting such applications of osteopathic medical students.
Citation: Res. 910, I-09 Reaffirmed: CME Rep. 01, A-19

H-310.909, “ACGME Residency Program Entry Requirements”

Our AMA supports entry into Accreditation Council on Graduate Medical Education (ACGME) accredited residency and fellowship programs from either ACGME-accredited programs or American Osteopathic Association-accredited programs.
Citation: Res. 920, I-12
REFERENCES


2 Visiting Student Learning Opportunities. https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/


12 Student slide presentation. https://drive.google.com/file/d/1DN_-HkBKEifNGyogPDd6u6X_zD3FsB1p/view
