

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

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

3
4 “work with relevant stakeholders to explore reasons behind application barriers that result in
5 discrimination against osteopathic medical students when applying to elective visiting clinical
6 rotations and generate a report with the findings by the 2020 Interim Meeting.”

7
8 This report is in response to this policy.

9
10 Testimony on this topic during the 2019 Interim Meeting noted that U.S. osteopathic medical
11 students are charged fees in excess of those charged to U.S. allopathic medical students for the
12 same clinical rotations at some U.S. allopathic medical schools. These fees represent a financial
13 barrier to career opportunities for osteopathic medical students in that these clinical experiences are
14 often useful to support applications to graduate medical education (GME) programs. Testimony
15 also noted that AMA policy “discourages discrimination against medical students by institutions
16 and programs based on osteopathic or allopathic training...[and]...encourages equitable fees for
17 allopathic and osteopathic medical students in access to clinical electives.”

18
19 INTRODUCTION

20
21 Medical students seek elective clinical experiences at institutions other than their home institution
22 (“away electives”) for a number of reasons, including exposure to specialties and subspecialties not
23 available at their home institutions, working with special populations, obtaining letters of reference
24 to support residency applications, and experiencing diverse or different health care systems.
25 Perhaps the most important reason students seek these experiences is to explore the training
26 environment at institutions where they are considering applying for GME positions. In this regard,
27 these away electives have the potential to benefit the student, the specialty program, and the
28 institution hosting the elective, and potentially serve to help both learner and program achieve the
29 best match to meet their respective objectives. Mueller et al, in a study of allopathic medical
30 schools, found that the most common reason for a school to support a visiting medical student
31 program was recruitment into its residency programs, and the most common reason for students to
32 participate is to secure residency positions in those programs.¹

1 BACKGROUND

2

3 The Association of American Medical Colleges (AAMC) supports students seeking away electives
4 through the online Visiting Student Learning Opportunities (VSLO) program, which includes a
5 Visiting Student Application Service (VSAS) for students and host institutions.² Most, if not all,
6 allopathic medical schools utilize VSAS to manage visiting student applications. The fee to use
7 VSAS is \$40 for the first three applications and \$15 per application thereafter. Institutions are also
8 charged a fee to use the system, but the institutional fee structure is not published. The VSLO
9 website notes that participating host institutions may have their own fee structures and may charge
10 a processing fee or tuition but specifies that only the AAMC may charge fees that are referred to as
11 application fees. Host institutions may charge applicants processing fees, registration fees, or other
12 types of fees, as long as these fees are not labeled as application fees. VSLO also allows host
13 institutions to select the home institutions from which they will accept applications.

14

15 The Accreditation Council for Graduate Medical Education (ACGME) reached an agreement with
16 the American Osteopathic Association and American Association of Colleges of Osteopathic
17 Medicine to develop a single accreditation system for GME in early 2014. Transition to the
18 ACGME Single Accreditation System began in 2015, and by June 2020 the transition was
19 complete. One benefit of the Single Accreditation System is to offer all U.S. medical school
20 graduates a uniform GME pathway, allowing them to seek admission into any residency and
21 fellowship program. Any graduate of a college of medicine accredited by the Commission on
22 Osteopathic College Accreditation (COCA), a medical school within the United States or Canada
23 accredited by the Liaison Committee on Medical Education (LCME), or a medical school outside
24 the United States or Canada that meets the established eligibility criteria is eligible to enter an
25 ACGME-accredited program.³

26

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

30

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

33

34 As noted in the introduction, medical students seek away elective experiences to explore programs
35 and make themselves known to the host programs. In this regard, the experiences are often referred
36 to as "audition electives." The literature offers conflicting information about whether audition
37 electives are important in securing a position. Data from the 2014 NRMP Program Director Survey
38 showed that program directors consider the audition elective to be an important factor for deciding
39 whom to interview and rank.⁴ Some studies have demonstrated that audition electives are important
40 in the selection of applicants,^{5,6} while others have shown that audition electives have no effect on
41 the selection of applicants.^{1,7,8,9,10,11}

42

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

45

46 To explore the concerns raised in Policy H-295.876 (3), AMA staff reviewed the websites of
47 allopathic medical schools in six states (California, Florida, Illinois, New York, Ohio, and Texas)
48 and 13 school websites identified by representatives of the AMA Medical Student Section. This
49 sample represented 66 of the 144 allopathic medical schools in the United States that have
50 graduated at least one full class of students. The websites from 15 of these schools indicated that
51 visiting medical students must be from LCME-accredited schools, and four of the 15 explicitly

1 stated that osteopathic medical students would not be accepted. For 11 of the school websites,
2 either information on visiting medical students was not included or the visiting student websites
3 were suspended due to the COVID-19 pandemic. The remaining 39 school websites indicated that
4 both allopathic and osteopathic medical students could participate as visiting medical students. One
5 of the schools indicated that osteopathic students would be accepted for most, but not all, of the
6 electives. Three schools required passage of United States Medical Licensing Examination
7 (USMLE) Step 1. Of the 39 schools accepting both allopathic and osteopathic medical students, 23
8 charged a fee. For 19 of these schools, the fee was the same for both allopathic and osteopathic
9 medical students, with a range of \$25 to \$300 per elective request submitted (mean = \$165). The
10 remaining four fee-charging schools in this review charged a differential fee for allopathic and
11 osteopathic student applicants. One school's fees were listed as \$125 and \$295 for allopathic and
12 osteopathic students, respectively; one school's fees were listed as \$150 and \$4,150 for allopathic
13 and osteopathic students, respectively; and one school's fees were listed as \$500 and \$5,000 for
14 allopathic and osteopathic students, respectively. The fourth school listed a \$30 processing fee for
15 osteopathic students and \$900 per week of elective for osteopathic students, while no fees were
16 listed for allopathic students. The review did not explore the practices of GME programs that
17 operate independently from medical schools but may offer clinical elective experiences for medical
18 students.
19

20 Data from an unpublished survey of 182 allopathic schools and GME programs, conducted by the
21 Council of Osteopathic Student Government Presidents, had similar findings. That study found that
22 24 of the surveyed programs did not accept applications for electives from osteopathic medical
23 students, 35 programs listed "licensing exam disparities" including inequitable class ranking
24 requirements and minimum scores for osteopathic students compared to allopathic students, and 14
25 programs listed financial disparities between allopathic student applicants and osteopathic student
26 applicants in the application process.¹² (The authors of this study have asked for the following
27 disclaimer: "This is unofficial student-collected information that is not yet submitted for official
28 publication or research.")
29

30 HOW SOME FEE STRUCTURES AND OTHER BARRIERS DISADVANTAGE 31 OSTEOPATHIC MEDICAL STUDENTS

32 The ACGME states that the benefits of the Single Accreditation System include offering all U.S.
33 medical graduates a uniform education pathway, increasing collaboration among the medical
34 education community, providing consistency across all residency and fellowship programs,
35 reducing costs, and increasing opportunities for osteopathic GME. Despite these stated benefits,
36 surveys of allopathic schools demonstrate that osteopathic medical students continue to face
37 barriers in applying for away rotations at allopathic institutions and programs. These barriers
38 include: 1) outright exclusion from participation; 2) the requirement for a passing USMLE score;
39 and 3) inequitable fees. Upon finding these barriers while considering sites for away electives,
40 osteopathic students would be deterred from applying for an elective opportunity, thus potentially
41 decreasing the likelihood of applying to the program for residency or decreasing the likelihood of
42 securing a position after application. Further, the existence of these barriers implies that osteopathic
43 medical students are less welcome, or unwelcome, at the host institution. These barriers also have
44 implications for educational experiences, in that osteopathic medical students may not be able to
45 participate and learn in specialty and subspecialty areas not otherwise available to them at their
46 home institutions.
47

48 While it is difficult to determine if these financial and other barriers to away experiences have
49 affected the competitiveness of osteopathic medical students applying for ACGME-accredited
50 residencies, Match data suggest a possible relationship between type of training and securing a

1 residency position. Although NRMP data show that the match rates for senior osteopathic medical
2 students in the United States have steadily but slowly risen from 82.7 percent in 2015 to 88.1
3 percent in 2019, during the same period match rates for seniors in allopathic programs were
4 consistently higher, fluctuating between 93.9 percent and 94.3 percent. Beginning in 2020, the
5 ACGME completed the transition to the Single Accreditation System to accredit participating
6 osteopathic residency programs that were previously only accredited by the AOA, thereby offering
7 all U.S. medical school graduates (allopathic and osteopathic) a uniform graduate medical
8 education pathway and allowing them to seek admission into any residency or fellowship program.
9 According to NRMP data for the 2020 match, 90.7 percent of osteopathic senior medical students
10 and 93.7 percent of allopathic senior medical students matched to a PGY-1 position. However, data
11 among specialties demonstrate notable differences between the match rates of allopathic and
12 osteopathic senior student applicants. For example, the unmatched rate for osteopathic senior
13 students ranking only one specialty was approximately double the unmatched rate for allopathic
14 senior students in emergency medicine, neurological surgery, neurology, obstetrics and
15 gynecology, orthopedic surgery, plastic surgery, and general surgery. It should be noted that it is
16 unknown whether financial or other barriers to elective experiences played any role in these
17 outcomes.¹³

18
19 Complicating this report are the effects of the COVID-19 pandemic, which has markedly limited
20 away electives for all students and the effects of the increasing use of virtual interviews for
21 residency programs and applicants. The planned conversion of USMLE Step 1 from a scored exam
22 to pass/fail may also have future implications for this issue.

23
24 **SUMMARY AND RECOMMENDATIONS**

25
26 The AMA, in a joint statement with the American Osteopathic Association, has described the
27 equivalency of training, licensure, and practice rights of allopathic and osteopathic physicians, and
28 the vital role osteopathic physicians serve in the nation's health care delivery system.¹⁴ Thus, it
29 stands to reason that osteopathic medical students should have equal access to elective training
30 opportunities.

31
32 Information collected from allopathic medical school websites indicates that barriers exist for
33 participation of osteopathic medical students in elective experiences at some allopathic medical
34 schools. The barriers include: 1) outright exclusion from participation; 2) the requirement for a
35 passing USMLE score; and 3) inequitable fees. These barriers may deter osteopathic students from
36 applying to or being accepted for a residency position. Programs that lack exposure to potential
37 qualified osteopathic students may rank candidates disparately. These barriers on osteopathic
38 medical students are in contradiction to the goal of the ACGME Single Accreditation System to
39 offer all U.S. medical school graduates a uniform GME pathway.

40
41 Further, current AMA Policy H-295.876 discourages discrimination against medical students based
42 on allopathic or osteopathic undergraduate medical education training and encourages equitable fee
43 structures for allopathic and osteopathic medical student applicants to clinical electives.

44
45 The Council on Medical Education therefore recommends that the following recommendations be
46 adopted and the remainder of this report be filed:

47
48 1. That our American Medical Association (AMA) amend Policy H-295.876 (2), "Equal Fees
49 for Osteopathic and Allopathic Medical Students," by addition and deletion as shown
50 below. (Modify Current HOD Policy)

1 Our AMA encourages equitable access to and equitable fees for clinical electives for
2 allopathic and osteopathic medical students in access to clinical electives, while respecting
3 the rights of individual allopathic and osteopathic medical schools to set their own policies
4 related to visiting students.

5

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

10

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

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

³ Accreditation Council for Graduate Medical Education: Single GME Accreditation System. <https://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System>

⁴ National Resident Matching Program. Data release and research committee: results of the 2014 NRMP program director survey. 2014. [cited 22 December 2015] Available from: <http://www.nrmp.org/wp-content/uploads/2014/09/PD-Survey-Report-2014.pdf>

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⁷ Jacobson RA, Daly SC, Scmidt JL, Fleming BP, Krupin A, et al. The Impact of Visiting Student Electives on Surgical Match Outcomes. *J surg Res* 015 Jun 15;196(2):209-15

⁸ Fabri PJ, Powell DL, Cupps NB. Is there value in audition extramurals? *Am J Surg* 1995 March 169 (3) 338-40.

⁹ Higgins EH, Newman L, Halligan K, Miller M, Scwab S, Kosowicz L. Do audition electives impact match success? *Med Ed Online.* 2016 June 13. doi: 10.3402/meo.v21.31325

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¹¹ Vogt BH, Thanel FH, Hearns VL. The audition elective and its relation to success in the National Residency Matching Program. *Teach Learn Med.* 2000;12:78–80.

¹² Student slide presentation. https://drive.google.com/file/d/1DN_-HkBKEifNGyogPDGdu6X_zD3FsB1p/view

¹³ Results and Data: 2020 Main Residency Match. <https://www.nrmp.org/main-residency-match-data/>.

¹⁴ AMA STATEMENTS: AOA and AMA stand against misrepresentation of osteopathic physicians. <https://www.ama-assn.org/press-center/ama-statements/aoa-and-ama-stand-against-misrepresentation-osteopathic-physicians>