



International medical graduates can be the answer to osteopathic graduate medical education vacancies and international recognition of osteopathic medicine

To the Editor:

Osteopathic manual medicine has been spread all over the world by Martin Littlejohn, DO, and William Smith, MD, both pupils of A. T. Still, MD, DO. There are private osteopathy schools, many of which are loosely regulated by the local countries; they have no standardization of training and only teach manual osteopathy. This creates confusion between DO US physician-trained versus DO nonphysician-trained in other countries. Therefore, US-trained osteopathic physicians face hurdles in countries that do not recognize their medical qualifications. US DOs can receive full-scope practice of medicine in only 50 countries.

We need to recognize the differences of the American education system and other countries' education systems. The American education system offers more flexibility, which gives autonomy or even independence from the local level up to the federal level. Anti-trust laws protect the monopoly of any profession. Currently there are two independent, nongovernmental accrediting entities for US medical schools—the Commission on Osteopathic College of Accreditation and the Liaison Committee on Medical Education. This flexibility and autonomy have allowed the two professions to flourish side by side.

Second, other countries' medical education systems are dictated from the governmental level, the ministry of health, down to the hospital level. Therefore, osteopathic philosophy and manipulative medicine will not be integrated into their medical education. Thus, osteopathic schools in these countries are all private and they only teach manual osteopathy. Osteopathy has achieved governmental recognition as a professional entity in only a few countries. Therefore, US DO-trained physicians wishing to practice medicine in those countries encounter the resistance from the local governments because of the misunderstanding of DO qualifications and confusion of the DO title designation.

As globalization has become the norm in many facets of our societies, recognition of the medical degrees should be a two-way street. Currently, there are two existing licensing processes—osteopathic and allopathic—for medical and surgery practices in the United States. Osteopathic medical

profession is a minority medical profession, representing currently about 6% of physician's work force and being expected to grow to 10% by 2020. Because osteopathic medicine still wants and will remain a distinctive and parallel branch of mainstream medicine, it should consider setting up a structure to process the medical qualifications of other countries' physicians. The Education Commission for Foreign Medical Graduates (ECFMG) is the sole entity to certify the international medical graduates.

In fairness, if we want other countries to recognize the medical qualifications of the US-DO degree as a physician's degree, the osteopathic profession should take a leading role in creating a pathway for International Medical Graduates (IMGs) to join our ranks. We can mirror the ECFMG policy with our specific requirements to make them osteopathic or DOs such as completion of formal training in OMM, a thesis of OPP, COMLEX examinations, and a rotating internship. It should be noted that more than 25% of Accreditation Council for Graduate Medical Education (ACGME) trainees are IMGs. Large majorities of IMGs are from India or Pakistan and their degree are MBBS (Bachelor of Medicine and Bachelor of Surgery) and they are granted the title of MDs after they pass the requirements set by ECFMG. So it is not the only undergraduate schooling that gives the title. Having a parallel structure to ECFMG enhances our profession standing abroad.

From 1992 to 2001, there were 136,667 non-USIMG and 15,672 USIMG applicants for ECFMG certifications; only 73,074 (53.5%) non-USIMGs and 10,840 (69.2%) USIMGs were certified as of April 2007.¹ Among these ECFMG certified candidates, 70.6% of non-USIMGs and 91.6% USIMGs were found to be professionally active in the American Medical Association's database.¹ This means that a pool of 22,000 ECFMG certified candidates could not secure a GME position. Each year, there are approximately 31,000 applicants to compete for 24,000 ACGME residency slots (i.e., 7000 candidates will not be matched).² According to ECFMG release on 2009 match performance, 43.7% of 10,980 IMG participants were matched to the first-year positions.³ The surplus of IMG candidates are a good potential source to fill our osteopathic GME vacant positions.

Despite enormous efforts to create new OGME slots, the majority of OGME positions remain unfilled as more DO graduates choose to pursue ACGME residency programs. Currently, there are 2668 internship and 6045 residency positions available in the osteopathic graduate medical education. Only 49% of OGME residency positions and 52% of OGME internship positions are filled,⁴ whereas 60% of

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osteopathic graduates choose to be trained in ACGME programs. That means there are about 1280 internship and 3056 residency positions vacant. If these are left unfilled for three years, the positions will be lost forever, but can and should be filled by IMGs converted to DOs. Therefore, active recruitment of IMGs in OGME programs will not only save the unfilled OGME slots but will also add yearly at least 20% to 25% additional DOs into the physician workforce.

Another dilemma is how to deal with the abroad-trained DO–nonphysicians who want to practice OMM in the United States, because there is not yet an entity to regulate these qualifications and the title of their degree. Our osteopathic profession needs to set up a regulatory system for our nonphysician osteopaths to practice OMM under an osteopathic physician’s supervision. This can also help to train our students in the art of OMM.

Although OGME may not be large enough to accept IMGs because osteopathic medical school growth is outpacing the OGME growth, the time has come for a study of the establishment for an Osteopathic Commission on Education of Foreign Medical Graduates and Osteopathic Graduates (OCEFM&OG) because it will take at least a decade to get the commission finalized, legalized, and recognized by the US government. OGME positions may catch up with the number of osteopathic graduates, and vacancies may still be predominant. Upon the completion of all the requirements

set by this commission, IMGs are to be granted with OCEFMG certificates and eligible to apply for OGME and licensure to State Boards of Osteopathic Medicine as DOs, and nonphysician foreign osteopaths are to be granted with OCEFOG certificates and allowed to perform OMM as Bachelor of Science or Master of Science in Osteopathic Manual Therapy.

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References

1. Boulet JR, Cooper RA, Seeling SS, Norcini JJ, Mckinley D: U.S. citizens who obtain their medical degrees abroad: an overview, 1992-2006. *Health Aff* 28:226-233, 2009
2. American Medical Association: Discussion Paper, International Medical Graduates in the U.S. Workforce. December 2008. Available at: <http://www.ama-assn.org/ama1/pub/upload/mm/18/img-workforce-paper.pdf>. Accessed April 12, 2009
3. Education Commission for Foreign Medical Graduates: Press Release on 2009 Match performance. Available at: <http://www.ecfmg.org/announce.htm#09matchperf>. Accessed on April 12, 2009
4. Burkhart DN, Lischka TA: Osteopathic graduate medical education. *J Am Osteopath Assoc* 108:127-137, 2008