

A New Model for Educating Our Nation's Primary Care Physicians

Boyd R. Buser, DO

Financial Disclosures:
Dr Buser is a member
of the American
Osteopathic Association's
Board of Trustees and
is a co-chair of the
Blue Ribbon Commission.

Support: None reported.

Address correspondence
to Boyd R. Buser, DO,
Vice President and Dean,
University of Pikeville-
Kentucky College of
Osteopathic Medicine,
147 Sycamore St,
Pikeville, KY 41501-9118.

E-mail:
boydbuser@upike.edu

Submitted May 5, 2014;
accepted May 6, 2014.

In 2011, the American Association of Colleges of Osteopathic Medicine and the American Osteopathic Association recognized the need to address the rapidly changing health care system and joined forces to establish the Blue Ribbon Commission for the Advancement of Osteopathic Medical Education. The Commission is made up of 24 members representing osteopathic medicine and “reflecting the practice community, physicians-in-training, professional organizations, medical colleges, accreditation organizations, and state medical licensing boards.”¹ The Commission received additional funding support from the Josiah Macy Jr. Foundation.

The Blue Ribbon Commission was given the charge to propose a new educational model that would address the future health care needs of the United States and provide leadership to the nation's evolving health care system. After 18 months of deliberation and input from various stakeholders, the Commission proposed a new model for medical education grounded in osteopathic principles and practice that will better prepare physicians for success.^{2,3} The new proposed educational model would be built on a competency-based curriculum, consist

The focus should be on achieving competencies, not on meeting certain time requirements.

of a “continuous” longitudinal educational experience, interdigitate undergraduate and graduate medical education and training, and focus on health care delivery science. The Commission's goal is to produce board-eligible, practice-ready osteopathic primary care physicians who possess the competencies needed for success in the evolving health care environment.

Competency-Based Training

One of these key principles of the proposed new educational model is competency-based training, in which progress through medical school and graduate medical education is assessed through demonstrated competencies. The seamless integration of undergraduate and graduate medical education called for in this pathway should reduce redundancies and create efficiencies in the system. This training structure has the potential to lead to a shortened amount of time to training completion. Some have expressed concerns that acquiring such competencies and completing the clinical training necessary to produce quality physicians is impossible in a shorter period. However, the Commission is arguing for a different approach to medical education, one in which the focus should be on achieving competencies (outlined in the full report²), not on meeting certain time requirements.

Currently, there are numerous medical schools with 3-year curricula, which means that some family physicians are already completing their medical training in less than the traditional 7 years. The Lake Erie College of Osteopathic Medicine, for example, recently reported preliminary results that students enrolled in its 3-year Primary Care Scholar Pathway demonstrated performance similar to that of 4-year track students on the Comprehensive Osteopathic Medical Licensing Examination-USA Level 1 and Level 2-Cognitive Evaluation.⁴

In addition, the Commission intends that physicians completing the new educational pathway would be prepared to deliver high-quality care in a community-based setting and to serve as the leader of an interdisciplinary health care team. To the extent that these physicians share the same competencies as family physicians, we would welcome conversations leading to that designation, but the Commission intentionally did not presume to make such an explicit specialty designation. The Commission further notes that graduates of this pathway

may elect to pursue additional specialty training and should be very well prepared to do so. The full Commission report² acknowledges that there are numerous issues that need to be addressed, including accreditation, licensure, and funding stream. However, ultimately, the Commission believes the nation needs physicians with redefined competencies. If a physician demonstrates these new competencies—regardless of the length of training—does this make a lesser or superior physician? The Commission believes the latter.

From Recommendations to Reality

National health policy leaders such as Fitzhugh Mullan, MD (MEFS [Medical Education Futures Study] listserv, January 7, 2014), continue to applaud the work of the Blue Ribbon Commission for having created a vision for future physician education and addressing the health care needs of the nation's public. Although much of the Commission's report² focuses on the future of osteopathic primary care physicians, the Commission believes that all physicians should demonstrate the competencies described in the report. Looking forward, we hope to partner with all stakeholders and interested groups in helping to make that vision a reality. (doi:10.7556/jaoa.2014.090)

References

1. About the Blue Ribbon Commission. Blue Ribbon Commission website. <http://blueribboncommission.org/about/>. Accessed May 6, 2014.
2. Blue Ribbon Commission for the Advancement of Osteopathic Medical Education. *Building the Future: Educating the 21st Century Physician*. Chevy Chase, MD: American Association of Colleges of Osteopathic Medicine; 2013. <http://blueribboncommission.org/building-the-future-full-report/>. Accessed May 6, 2014.
3. Shannon SC, Buser BR, Hahn MB, et al. A new pathway for medical education. *Health Aff (Millwood)*. 2013;32(11):1899-905. doi:10.1377/hlthaff.2013.0533.
4. Raymond RM, Madden MM, Ferretti SM, Ferretti JM, Ortoski RA. Preliminary outcomes of the Lake Erie College of Osteopathic Medicine's 3-year Primary Care Scholar Pathway in osteopathic predoctoral education. *J Am Osteopath Assoc*. 2014;114(4):238-241.

© 2014 American Osteopathic Association