Introduction

Doctors of Osteopathic Medicine, or DOs, are one of two types of fully licensed physicians in the U.S. DOs practice their patient-centered philosophy of medicine in every medical specialty.

Classically trained physicians, DOs receive additional instruction in Osteopathic Manipulative Treatment and use this tool to help diagnose, treat and prevent illness and injury.

Osteopathic medicine teaches DOs to first consider the person within the patient. This emphasis on treating people, not symptoms, means DOs believe there is more to good health than the absence of pain or disease.

As guardians of wellness, DOs focus on prevention and work to understand patients’ lifestyle and environment, partnering with them to help them get healthy and stay well.

The Rise of Osteopathic Medicine

Osteopathic medicine aligns with a new direction in health care that emphasizes a patient-centered approach to achieve high-quality outcomes. That attitudinal shift is reflected in the rapid growth of the osteopathic medical profession, and the high percentage of DOs that choose to practice in primary care specialties.

In 2015, nearly 92,000 osteopathic physicians were recorded in the U.S. (not counting approximately 5,000 osteopathic medical students who graduated in 2015), a sharp upswing from the 24,000 DOs counted in 1985. Osteopathic medicine continually ranks among the fastest-growing disciplines in health care in the U.S.

* AOA Masterfile Data as of May 31, 2015
† AACOM Fall 2015 preliminary enrollment report
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Strength in Primary Care

Fifty-six percent of DOs in active practice are primary care physicians, helping to mitigate the nation’s frontline physician shortage.

Primary care includes:

- Family medicine
- General medicine
- Internal medicine
- Pediatrics and adolescent medicine
- Osteopathic manipulative medicine

While the percentage of DOs in primary care careers has decreased from 60% in 2014, the overall number of DOs in primary care continues to increase.
Growth in Specialization

More DOs can be found in specialty practice, with the number of osteopathic specialists rising incrementally the last 30 years.

In 2015, the percentage of DO specialists rose to 44% from 39% in 2007, helping to alleviate acute physician workforce shortages in surgery and other disciplines.

<table>
<thead>
<tr>
<th>Speciality</th>
<th>%</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medicine</td>
<td>10%</td>
<td>7,142</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>4%</td>
<td>3,299</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>4%</td>
<td>3,100</td>
</tr>
<tr>
<td>Surgery - General</td>
<td>3%</td>
<td>2,327</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>3%</td>
<td>2,227</td>
</tr>
</tbody>
</table>

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† AACOM Fall 2015 preliminary enrollment report
Demographics

Getting Younger Every Year

Heightened interest in osteopathic medicine translates to an increasingly youthful profession. More than 53% of all DOs in 2015 were age 45 or younger.

Women in Osteopathic Medicine

Women comprised 40% of practicing DOs in 2015. In contrast, 33% of all practicing physicians (DOs and MDs combined) are female. **

**The Kaiser Family Foundation’s State Health Facts 2015.
* AOA Masterfile Data as of May 31, 2015
† AACOM Fall 2015 preliminary enrollment report
Where We Practice

DOs are found in all 50 states and were historically concentrated in the Midwest. This distribution is shifting, with more osteopathic physicians located in the South and Northeast.

It’s expected that the influence of new and expanding osteopathic medical schools will continue to alter the pattern. Because physicians tend to practice where they train, the availability of residency programs will greatly influence where DOs practice.

50% growth

12 states had >50% increase in number of DOs from 2010-2015*

Virginia
South Carolina
Utah
Tennessee
North Dakota
Kentucky
South Dakota
Wyoming
Oregon
North Carolina
Minnesota
Washington

Geographic Distribution

Note: Counts based on preferred mailing address, which can be either home or business. Does not include 364 DOs whose address is unknown or outside the U.S.

* AOA Masterfile Data as of May 31, 2015
† AACOM Fall 2015 preliminary enrollment report

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Osteopathic Postdoctoral Training

The Future of Physician Training
On July 1, 2015, the osteopathic medical profession began the transition to a single accreditation system for graduate medical education (GME).

When fully implemented in 2020, the new system will allow DO and MD graduates to choose osteopathic or allopathic residencies for postdoctoral training.

Through osteopathic-focused residency programs, the single accreditation system recognizes the unique principles and practices of the osteopathic medical profession and makes that training accessible to all physicians.

In 2015, the first AOA-accredited programs began the transition to ACGME accreditation. A number of ACGME residency programs have applied for osteopathic recognition, widening the reach of osteopathic training and ensuring DOs and MDs continue to train side by side.

Certification

Board certification in a specialty is recommended for all physicians after completion of a postdoctoral program. Certification demonstrates proficiency and excellence in their field of practice and is increasingly required to obtain employment and admitting privileges.

Another advantage of board certification — it will eventually allow DOs to take advantage of streamlined multi-state licensure through the Interstate Medical Licensure Compact, which began development in 2015.

DOs are eligible for certification by one of the AOA’s 18 osteopathic certifying boards and/or the American Board of Medical Specialties’ (ABMS) 24 certifying bodies. Board certification is typically determined by whether the physician completed an AOA or ACGME residency.

The AOA certifying boards issued 2,202 new certifications between June 1, 2014, and May 31, 2015, bringing the total number of active certifications to 32,372. Approximately 29% of active DOs hold AOA board certification. (This number does not include DOs with ABMS certification; the AOA does not have this data.)
**Schools Debut in New Areas**
During the 2014-15 academic year, the AOA Commission on Osteopathic College Accreditation accredited 31 colleges of osteopathic medicine (COMs) offering instruction at 45 teaching locations in 30 states. The locations of these COMs, branch campuses and locations are shown with stars on the map below. COMs, branch campuses or additional locations that have opened within the last five years are denoted with white stars.

![Map showing locations of osteopathic medical schools](image)

**Total osteopathic medical students**: 26,121†

**Increase in number of COM graduates since 1985**: 295%†

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* AOA Masterfile Data as of May 31, 2015
† AACOM Fall 2015 preliminary enrollment report

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Students Choose Osteopathic Medicine

In 2015, one in four U.S. medical students attended an osteopathic medical school. Both DO and MD schools offer similar, rigorous medical education, but approach the practice of medicine from distinct philosophies.

Since 2007, the average increase in osteopathic medical school enrollment has been +6.8% per year. The 2014-15 year continued this trend, with a 6.3% increase over 2012-13 enrollment.

Source: 2015-16 from Preliminary Enrollment Survey, ACOM; all other years from Trends in Osteopathic Medical School Applicants, Enrollment, and Graduates 2014, ACOM. All osteopathic medical student statistics are used with permission from ACOM.

* AOA Masterfile Data as of May 31, 2015
† AACOM Fall 2015 preliminary enrollment report
Seeking Additional Diversity

The osteopathic medical profession shares the goal of creating a more diverse physician workforce. The American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine signed on to briefs supporting diversity measures in medical school admissions, which faced a Supreme Court challenge in 2015.

Diversity issues are actively considered as the profession navigates decades of rapid growth. New osteopathic medical schools are being located in underserved communities, and actively recruit minority students, enhance diversity and positively influence social determinants of health.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Five Year Change (2010-11 to 2014-15)</th>
<th>Five Year Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Enrollment</td>
<td>5,137</td>
<td>26%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>2,568</td>
<td>19%</td>
</tr>
<tr>
<td>Asian-American, non-Hispanic</td>
<td>1,318</td>
<td>36%</td>
</tr>
<tr>
<td>Black/African American, non-Hispanic</td>
<td>137</td>
<td>24%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>398</td>
<td>60%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>5</td>
<td>17%</td>
</tr>
<tr>
<td>Unknown</td>
<td>204</td>
<td>37%</td>
</tr>
<tr>
<td>Nonresident Alien</td>
<td>197</td>
<td>184%</td>
</tr>
</tbody>
</table>

Source: AACOM Annual Osteopathic Medical School Questionnaires, 2010-11 through 2014-2015 academic years. All osteopathic medical student statistics are used with permission from AACOM.

Note: Enrollment among American Indian and Pacific Islanders has been decreasing over the past five years.