

Justin T. Bradshaw*, OMS II, Steven P. Gawrys, OMS II, Westin J. Wong, OMS II
and Lawsen M. Parker, OMS II

Further insight on AOA ophthalmology residency program closure data

<https://doi.org/10.1515/jom-2022-0042>

Received February 19, 2022; accepted March 22, 2022;
published online June 8, 2022

To the Editor:

We read Ahmed et al.'s recent article "AOA Ophthalmology and Otolaryngology Program Closures as a Model to Highlight Challenges of Maintaining GME in High Need Areas" [1] with great interest and congratulate them on their publication. They found that previously accredited AOA ophthalmology and otolaryngology residency programs were less likely to obtain ACGME accreditation (47 and 62%, respectively) than other previously accredited AOA surgical subspecialty residency programs, such as urology (90%) [1].

To contribute to their findings and respond to "Recommendation #2," [1] we found that all 10 of the current urology residencies that successfully merged to ACGME are considered community-based or community-based/university-affiliated programs [2, 3]. Additionally, another study found that urology residents are more profitable than residents of other specialties [4]. This profitability could play a role in the decision to obtain accreditation for urology residency programs over ophthalmology or otolaryngology residency programs.

Two of the successfully transitioned urology residency programs are affiliated with a large university that was also affiliated with five AOA ophthalmology residency programs that never obtained accreditation after the ACGME merger [3, 5]. These five AOA ophthalmology residency programs contributed to 33% of all 15 AOA ophthalmology residencies in 2013 [5]. This accounts for more than half (62.5%) of the AOA ophthalmology residency programs that eventually did not obtain ACGME

accreditation. Because these five programs were all affiliated with one university, we believe that the AOA ophthalmology residency data presented by Ahmed et al. [1] may be misleading. If the university had only been affiliated with one AOA ophthalmology residency program that never obtained accreditation, then the data would reflect that 7 out of 11 AOA ophthalmology residency programs would have received accreditation (64%), which is similar to that of AOA otolaryngology residency programs that successfully merged (62%) [1].

Despite these findings, we agree with the recommendations presented by Ahmed et al. [1] The ACGME merger appears to be a setback for osteopathic medical students interested in competitive specialties such as ophthalmology or otolaryngology. We suggest further research that investigates potential barriers and incentives within a university that may cause it to choose certain surgical subspecialty residency programs (i.e., urology) over others (i.e., ophthalmology and otolaryngology).

Research funding: None reported.

Author contributions: All authors provided substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; all authors drafted the article or revised it critically for important intellectual content; all authors contributed to the analysis and interpretation of data; all authors gave final approval of the version of the article to be published; and all authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Competing interests: None reported.

References

1. Ahmed H, Vo K, Robbins W. AOA ophthalmology and otolaryngology program closures as a model to highlight challenges of maintaining GME in high need areas. *J Osteopath Med* 2021;122:79–84.
2. Freida residency program database: medical fellowship database: AMA. FREIDA. Available from:

*Corresponding author: Justin T. Bradshaw, OMS II, Rocky Vista University, College of Osteopathic Medicine, Southern Utah Campus, 255 E. Center Street, Ivins, UT 84738, USA,
E-mail: justin.bradshaw@rvu.edu.

Steven P. Gawrys, OMS II, Westin J. Wong, OMS II and Lawsen M. Parker, OMS II, Rocky Vista University, College of Osteopathic Medicine, Southern Utah Campus, Ivins, UT, USA

<https://freida.ama-assn.org/search/list?spec=43376&pt=Community-Based,Community-Based%2FUniversity%20Affiliated,Osteopathic%20Recognition%2FFocus> [Accessed 18 Feb 2022].

3. American Osteopathic Association. Single GME transitioned programs opportunities. Available from: <https://osteopathic.org/wp-content/uploads/2018/02/single-gme-transitioned-programs-opportunities.pdf> [Accessed 18 Feb 2022].
4. Wynn BO, Smalley R, Cordasco KM. Does it cost more to train residents or to replace them? a look at the costs and benefits of operating graduate medical education programs. *Rand Health Q* 2013;3:7.
5. The American Osteopathic Colleges of Ophthalmology and Otolaryngology – Head and Neck Surgery. Osteopathic ophthalmology residencies. Available from: <https://web.archive.org/web/20131203021941/http://www.aocohns.org/wp-content/uploads/2010/10/2012-OPH-Residency-List-5-24-2012.pdf> [Accessed 18 Feb 2022].