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Letters to the editor are considered for publication in the *JAOA* with the understanding that they have not been published elsewhere (in print or online) and that they are not simultaneously under consideration by any other publication.

All accepted letters to the editor are subject to editing and abridgement. Letter writers may be asked to provide *JAOA* staff with photocopies of referenced material so that the references themselves and statements cited may be verified.

Readers are encouraged to prepare letters electronically in Microsoft Word (.doc) or in plain (.txt) or rich text (.rtf) format. The *JAOA* prefers that readers e-mail letters to [jaoa@osteopathic.org](mailto:jaoa@osteopathic.org). Mailed letters should be addressed to Gilbert E. D'Alonzo, Jr, DO, Editor in Chief, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864.

Letter writers must include their full professional titles and affiliations, complete preferred mailing address, day and evening telephone numbers, fax numbers, and e-mail address. In addition, writers are responsible for disclosing financial associations and other conflicts of interest.

Although the *JAOA* cannot acknowledge the receipt of letters, a *JAOA* staff member will notify writers whose letters have been accepted for publication. Mailed submissions and supporting materials will not be returned unless letter writers provide self-addressed, stamped envelopes with their submissions.

All osteopathic physicians who have letters published in the *JAOA* receive continuing medical education (CME) credit for their contributions. Writers of original letters receive 5 hours of AOA category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of category 1-B CME credit for their responses.

Although the *JAOA* welcomes letters to the editor, readers should be aware that these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

## Nonprofit and For-Profit COMs: Investing in the Future of Osteopathic Medicine

*To the Editor:*

I can see from the letter by George Mychaskiw II, DO,<sup>1</sup> that he is passionate about osteopathic medicine. I, too, am passionate about our great profession.

I am also an advocate for responsible growth of the osteopathic medical profession. To me, this means that we need to produce an adequate supply of osteopathic physicians, establish colleges of osteopathic medicine (COMs)

that serve their communities, create quality osteopathic graduate medical education (GME) programs around the country, and provide appropriate osteopathic continuing medical education (CME) opportunities. I am particularly proud that the American Osteopathic Association (AOA) is supporting many movements to bring medical care to rural, inner-city, and other underserved communities.<sup>2</sup> In fact, our new COMs are opening in several such locations.<sup>3,4</sup> In addition, the AOA is working hard to create geographically diverse GME programs and improve our CME offerings.

Responding specifically to Dr Mychaskiw's letter,<sup>1</sup> I caution against *a priori* condemnation of an institution just because of its tax status. There are many socially minded for-profit companies that contribute time, resources, and profits to their communities.<sup>5</sup> Conversely, the US Congress is now chastising many nonprofit hospitals for not engaging in charitable missions.<sup>6</sup> I believe it is the leadership of an organization—for-profit or nonprofit—that determines whether an institution has a larger social mission.

That being said, I have been in contact with Ronnie B. Martin, DO, the dean of the for-profit Rocky Vista University College of Osteopathic Medicine (RVUCOM) in Parker, Colo. He has assured me that for-profit institutions like RVUCOM can further the cause of osteopathic medicine in the United States. Dr Martin and other RVUCOM leaders are confident that the new school will be a positive force in its geographic region—as well as in the larger osteopathic medical community.

Rest assured that I have no support for Caribbean and other offshore schools that do not have the accreditation status or the missions that COMs in the United States now have. And I will strongly oppose any Caribbean school setting up a "DO diploma mill."

As the current AOA president, I will certainly advocate only for the best for the osteopathic medical profession. I encourage AOA members to inform me of anything they believe indicates that RVUCOM—or any other COM—is not meeting its responsibility to osteopathic medicine's mission.

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### RVUCOM: Striving to Meet the Needs of the Osteopathic Medical Profession

To the Editor:

The position taken by George Mychaskiw II, DO, in his July letter to the editor<sup>1</sup> is as much an attack on the American Osteopathic Association (AOA), the AOA Commission on Osteopathic College Accreditation (COCA), and osteopathic undergraduate and graduate medical education (GME) as it is an attack on for-profit medical schools, specifically Rocky Vista University College of Osteopathic Medicine (RVUCOM) in Parker, Colo.

Much of Dr Mychaskiw's criticism is based on Abraham Flexner's 1910 report on medical education.<sup>2</sup> Particularly, Dr Mychaskiw compares today's standards of medical education with the poor standards of the early 20th century that Flexner brought to light. However, the practice of medicine and the operation and oversight of medical schools today are different than they were in the time of that famous report.<sup>2</sup> Few standards for accreditation and recognition by programmatic, federal, state, and local agencies existed when Flexner examined US and Canadian medical schools and compared them with the German model he favored.<sup>2</sup> Today, the US Department of Educa-

tion (USDE), COCA, the American Association of Colleges of Osteopathic Medicine (AACOM), the Liaison Committee on Medical Education (LCME), the American Association for Medical Colleges, and states have standards for faculty, curriculum, admission, financing, equality of opportunity, educational competencies, and outcomes that are much more stringent than they were in 1910.<sup>2</sup> Likewise, few standards for GME, medical licensure, board certification, and continuing medical education were established at the time of the Flexner report.<sup>2</sup>

At RVUCOM, we are committed to developing quality GME for our students. In fact, medical education does not end at the completion of the fourth year of medical school. The osteopathic medical profession, its medical schools, and its specialty societies must play an active role in developing internship and residency programs in specialties and locations our graduates desire.

While performing an early analysis of Colorado's need for a medical school, RVUCOM representatives discovered a great deal of interest in GME, and we now believe that the school may be able to have more than 300 new intern and resident positions approved and funded in the state of Colorado. The University of Colorado Medical School in Denver—the sole medical school in the state until RVUCOM was established—is a quality institution that has served the citizens of Colorado for more than 100 years. However, it alone cannot meet the needs of Colorado, the eighth fastest growing state,<sup>3</sup> whose population is currently approaching 5 million.<sup>4</sup> With only one medical school in the state, many of Colorado's hospitals have never had GME programs. Those hospitals without GME programs have more freedom to establish and fund new GME positions as compared with hospitals maintaining existing training programs.<sup>5</sup> As such, RVUCOM is negotiating with these hospitals to establish AOA-approved residencies in family

medicine, internal medicine, and neuromuscular medicine, as well as anesthesiology, cardiology, emergency medicine, gastroenterology, general surgery, neurology, obstetrics, oncology, orthopedic surgery, pediatrics, and thoracic surgery.

Dr Mychaskiw<sup>1</sup> also questioned the financial interests of RVUCOM and its related parties, including the university's chancellor and members of the Board of Trustees. I would like to provide some additional information in this regard. The Rocky Vista University College of Osteopathic Medicine is guided by an independent Board of Trustees. Faculty, staff, administration, and members of the school's Board of Trustees are prohibited from establishing an ownership interest in RVUCOM. Although the father of RVUCOM's chancellor established the American University of the Caribbean School of Medicine in Cupecoy, St Maarten, that school is entirely separate from RVUCOM with respect to board governance and accreditation standards.

The Board of Trustees of RVUCOM consists entirely of volunteers who are committed to advancing the state of osteopathic medicine, supporting the school, and protecting students' educational investments. The seven members of RVUCOM's board (five of whom are osteopathic physicians) are responsible for determining the mission and vision of the college. They are also charged with approving budgets and evaluating and hiring the school's administrative leaders. In addition, RVUCOM employees must meet the standards for education, service, and scholarly activity established by the college. We have invested heavily in human resources; the faculty and staff are experienced and dedicated professionals, many of whom have taught at other medical schools.

A serious examination of the financial realities of establishing a competitive osteopathic medical college with the resources required to train students to

become quality physicians would quickly reveal that a considerable investment has been made. For example, quality faculty, staff, and facilities are required to meet both the accreditation standards and the competition for talented students among all AACOM member institutions. In our judgment, but more importantly in the opinion of those responsible for evaluating our school (which include numerous COCA professionals, site visitors, and the Colorado Commission on Higher Education), we believe RVUCOM will have sufficient and appropriate facilities that will enable students and faculty to successfully pursue the educational goals and curricula of the school, as set forth in COCA's accreditation standards.

Colleges and universities, regardless of federal or state tax status, generally need to demonstrate a positive financial return on the assets used in their businesses to continue to provide the resources required to remain competitive with peer institutions. Where financial returns are not sufficient to meet the ongoing needs of a college or university, other funding sources (eg, foundations, government entities, and others) often agree to subsidize the operations to enable an institution to continue to meet its stated educational goals. The accreditation standards and competition for superior osteopathic medical school applicants will not be lessened or diminished as a result of RVUCOM's tax status. Similar to other colleges and universities, RVUCOM will prosper—or fail—largely on the quality of the graduates and educational outcomes delivered by our school. I feel that, in concentrating on the financial aspects and tax status of RVUCOM, Dr Mychaskiw<sup>1</sup> ignored the most important questions concerning our institution:

- Will RVUCOM provide quality education that will allow its students to become knowledgeable, skilled, competent, and ethical osteopathic physicians?

- Will RVUCOM graduates be prepared to competitively apply for and enter GME programs?
- Will the school advance the health and welfare of the US population, contribute to the advancement of medical and educational knowledge, develop GME programs, and advance the careers of its faculty and staff?

These are pertinent questions and concerns, and to each I answer a resounding “yes!”

Dr Mychaskiw failed to mention in his letter<sup>1</sup> that all these questions must be answered to the satisfaction of each of the involved accreditation agencies (ie, COCA or the LCME, the USDE, and state regulatory groups) before student enrollment and matriculation is permitted. These standards<sup>6,7</sup> are the same for both for-profit and nonprofit institutions.

Every medical school—regardless of its tax status—must provide quality education and service to students and the public while meeting the requirements of regulatory and accreditation agencies to remain a successful business. Colleges failing to meet these expectations will not be able to obtain the resources to operate or grow. If RVUCOM students cannot pass board examinations at a level comparable with their peers, if they are not competitive for resident positions, if they do not obtain certification, or if the graduates cannot provide quality healthcare for their patients, the college will be unfavorably judged by prospective students, and it will not survive. Likewise, if the college does not advance the professional careers of its faculty, it will not be able to recruit or retain quality faculty. If the college does not meet the service expectations of the public and the profession, it will not maintain their support.

On behalf of RVUCOM's administration, faculty, and Board of Trustees, I would like to state that we are com-

mitted to meeting the standards established by our peers and the osteopathic medical profession. We have clearly demonstrated to COCA and regulatory groups that we are developing the systems and acquiring the resources needed to fulfill our mission and vision and to honor our professional values. History will be the ultimate judge of our success, but accreditation and regulatory agencies do not entrust the education or future of students or the safety of patients to chance. They require proof at every step. As RVUCOM continues to mature as an institution, our students, our future patients, and our profession will be advanced.

We appreciate the support we have received from hundreds of physicians and other healthcare professionals, especially the osteopathic physicians of Colorado. We value the partnership and collegial relationship we have enjoyed with the Colorado Society of Osteopathic Medicine and the Colorado Osteopathic Educational Consortium. These organizations and others entertained proposals from several entities interested in establishing medical schools in the state. We are humbled and honored by the trust they placed in us and we are committed to acting in a manner that will reinforce that confidence.

As Charles Darwin stated, “It is not the strongest of the species that survives, nor the most intelligent, but those most responsive to change.” The debate should be centered on commitment and quality. The leaders of RVUCOM welcome that debate, but we do not believe that the tax status of the college should be the central issue.

It is no longer 1910. It is 2007. We are convinced that RVUCOM is the right school in the right location at the right time, created for the right reasons.

**Ronnie B. Martin, DO**

Dean

Rocky Vista University College of Osteopathic Medicine  
Parker, Colo

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