

Osteopathic Recognition Requirements

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Contents

Introduction.....	3
I. Osteopathic Program Personnel	3
I.A. Director of Osteopathic Education	3
I.B. Osteopathic Faculty.....	5
I.C. Core Osteopathic Faculty.....	6
II. Designated Osteopathic Resident Appointments	7
III. Osteopathic Educational Program	8
IV. Osteopathic Learning Environment	10
IV.A. Experiences.....	10
IV.B. Resources	11
V. Osteopathic Evaluation	12
V.A. Designated Osteopathic Resident Evaluation	12
V.B. Osteopathic Faculty Evaluation.....	14
V.C. Program Evaluation	15

Osteopathic Recognition Requirements

Introduction

- Int.A. Osteopathic Recognition may be conferred by the Osteopathic Recognition Committee upon an ACGME-accredited graduate medical education program providing requisite education in Osteopathic Principles and Practice (OPP). ^{(Core)*}
- Int.B. OPP refers to a philosophical and practical approach to patient management and treatment, including osteopathic manipulative treatment (OMT), based on an understanding of body unity, self-healing and self-regulatory mechanisms, and the interrelationship of structure and function. ^(Core)
- Int.C. OPP further defines the conceptual understanding and practical application of the distinct behavioral, philosophical, and procedural aspects of clinical practice related to the four tenets of osteopathic medicine: ^(Core)
- Int.C.1. the body is a unit; the person is a unit of body, mind, and spirit; ^(Core)
- Int.C.2. the body is capable of self-regulation, self-healing, and health maintenance; ^(Core)
- Int.C.3. structure and function are reciprocally interrelated; and, ^(Core)
- Int.C.4. rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function. ^(Core)

I. Osteopathic Program Personnel

I.A. Director of Osteopathic Education

- I.A.1. The program must have a Director of Osteopathic Education who is responsible for leading the osteopathic education in the program. ^(Core)
- I.A.1.a) The Director of Osteopathic Education must have sufficient time and availability to fulfill the responsibilities of the position based on program size and configuration. ^(Core)
- I.A.1.b) Qualifications of the Director of Osteopathic Education must include:
- I.A.1.b).(1) requisite osteopathic expertise and documented educational and administrative experience acceptable to the Recognition Committee; ^(Core)
- I.A.1.b).(2) certification through an American Osteopathic Association (AOA) specialty certifying board, or qualifications judged acceptable to the Recognition Committee; ^(Core)

- I.A.1.b).(3) current medical licensure and maintenance of clinical skills through provision of direct patient care; and, ^(Core)
- I.A.1.b).(4) ability to teach and assess OPP. ^(Core)
- I.A.2. The Director of Osteopathic Education must be the program director or another member of the program faculty. ^(Core)
- I.A.3. The Director of Osteopathic Education must be a member of the core osteopathic faculty. ^(Core)
- I.A.4. The Director of Osteopathic Education’s responsibilities must include: ^(Core)
- I.A.4.a) administration and maintenance of the educational environment conducive to educating residents in OPP and the ACGME Competencies; ^(Core)
- I.A.4.b) development of the OPP curriculum; and, ^(Core)
- I.A.4.c) development of the OPP evaluation system. ^(Core)
- I.A.5. The Director of Osteopathic Education must teach designated osteopathic residents the application of OPP. ^(Core)
- I.A.6. The Director of Osteopathic Education must:
- I.A.6.a) administer and maintain an educational environment conducive to educating residents in OPP and the ACGME Competencies; ^(Core)
- I.A.6.b) engage in osteopathic professional development applicable to his/her responsibilities as an educational leader; ^(Core)
- I.A.6.c) oversee and ensure the quality of osteopathic didactic and clinical education at all participating sites; ^(Core)
- I.A.6.d) designate one osteopathic faculty member, at each participating site where osteopathic education occurs in the clinical learning environment, as the osteopathic site director who is accountable for the supervision of designated osteopathic residents and the osteopathic clinical education provided at the site. ^(Core)
- I.A.6.d).(1) An osteopathic site director must provide clinical services at the identified site. ^(Core)
- I.A.6.e) approve the selection and continued participation of osteopathic faculty members, as appropriate; ^(Core)
- I.A.6.f) prepare and submit all information required and requested by the ACGME; ^(Core)

I.A.6.g) advise residents with respect to osteopathic professional development; and, ^(Core)

I.A.6.h) meet all requirements of an osteopathic faculty member. ^(Core)

Background and Intent: The decision of a program to pursue Osteopathic Recognition carries with it a responsibility to provide the leadership necessary for the osteopathic curriculum to succeed. A physician must be designated to serve as the leader responsible for creating the osteopathic learning environment, and ensuring the Osteopathic Recognition Requirements are met. While local titles for this leader may vary, this individual will be recognized in the ACGME's Accreditation Data System (ADS) as the Director of Osteopathic Education and will serve as the primary point of communication with the program regarding the osteopathic curriculum. Any qualified member of the osteopathic faculty may be appointed as the Director of Osteopathic Education, including the program director. The certification requirement for the Director of Osteopathic Education does not mandate that board certification must be in the same specialty as the program.

I.B. Osteopathic Faculty

Philosophy: Osteopathic faculty members are a foundational element of Osteopathic Recognition. They provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of osteopathic care. They are the role models for the next generation of physicians, demonstrating compassion, commitment to excellence in teaching and patient care, and a dedication to lifelong learning. Osteopathic faculty members foster the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach Osteopathic Principles and Practice.

Osteopathic faculty members provide appropriate levels of supervision to promote patient safety. They create a positive osteopathic learning environment through professional actions and attention to well-being of residents and themselves.

I.B.1. Osteopathic faculty members must, through prior education and certification, be able to supervise the performance of osteopathic manipulative medicine (OMM) in the clinical setting. ^(Core)

I.B.2. Osteopathic faculty members must:

I.B.2.a) be certified by an AOA specialty certifying board and/or a member board of the American Board of Medical Specialties (ABMS), or possess qualifications judged as acceptable by the Recognition Committee; and, ^(Core)

I.B.2.b) have current medical licensure. ^(Core)

I.B.3. The program must maintain a sufficient number of osteopathic faculty members. ^(Core)

- I.B.4. Osteopathic faculty members must:
- I.B.4.a) annually participate in a structured faculty development program that includes OPP; ^(Core)
 - I.B.4.a).(1) This program must include ongoing education addressing evaluation and assessment in competency-based medical education. ^(Core)
 - I.B.4.b) evaluate designated osteopathic residents' application of OPP through direct observation of patient encounters; and, ^(Core)
 - I.B.4.c) actively participate in organized clinical discussions, rounds, journal clubs, or conferences, for designated osteopathic residents, with specific integration of OPP, including OMT. ^(Core)

Background and Intent: The decision of a program to be recognized for delivering osteopathic education carries with it a responsibility to select and appoint faculty members committed to the success of the osteopathic curriculum. Faculty members assist the Director of Osteopathic Education in a variety of roles and to varying degrees to ensure the success of the designated osteopathic residents, inclusive of the requisite education in OPP and training necessary to develop and apply OMT. While local titles may vary, faculty members participating in delivery of the osteopathic curriculum will be designated in ADS as "osteopathic faculty," regardless of medical degree (DO, MD, etc.). The certification requirement for osteopathic faculty members does not mandate that the board certification must be in the same specialty as that of the program. "Osteopathic faculty" refers collectively to the physicians responsible for educating residents participating in a program with Osteopathic Recognition. The term "osteopathic faculty" does not imply or require salary support.

I.C. Core Osteopathic Faculty

- I.C.1. Core osteopathic faculty member(s) must:
- I.C.1.a) assist in the development of the OPP curriculum; ^(Core)
 - I.C.1.b) assist in the development of the OPP evaluation system; and, ^(Core)
 - I.C.1.c) teach the application of OPP. ^(Core)
- I.C.2. Core osteopathic faculty members must:
- I.C.2.a) be board certified through an AOA specialty certifying board; or, ^(Core)
 - I.C.2.b) possess qualifications judged as acceptable by the Recognition Committee. ^(Core)
- I.C.3. In addition to the Director of Osteopathic Education, the program must have at least one additional core osteopathic faculty member. ^(Core)

- I.C.4. Core osteopathic faculty members must meet all osteopathic faculty member requirements. ^(Core)

Background and Intent: The decision of a program to be recognized for delivering osteopathic education carries with it a responsibility to select and appoint faculty members committed to the success of the osteopathic curriculum. Such responsibilities include resident formative assessment and involvement with requisite education in OPP and training necessary to develop and apply OMT. Osteopathic core faculty members assume a heightened level of OPP knowledge and skill. In most cases, core osteopathic faculty members will hold a Degree of Osteopathic Medicine, but it is recognized that physicians with other medical degrees are likely to possess the necessary knowledge and skills in the future. The certification requirement for core osteopathic faculty members does not mandate that the board certification must be in the same specialty as that of the program. The term “osteopathic core faculty” does not imply or require an academic appointment or salary support.

II. Designated Osteopathic Resident Appointments

- II.A. Each program must have at least one designated osteopathic resident per program year, averaged over three years. ^(Core)
- II.A.1. Programs must designate, in ADS, the residents who will formally receive osteopathic education. ^(Core)
- II.B. Prior to entering a designated osteopathic position, applicants must have sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine to prepare them to engage in the curriculum of the program, to include: ^(Core)
- II.B.1. osteopathic philosophy, history, terminology, and code of ethics; ^(Core)
- II.B.2. anatomy and physiology related to osteopathic medicine; ^(Core)
- II.B.3. indications, contraindications, and safety issues associated with the use of OMT; and, ^(Core)
- II.B.4. palpatory diagnosis, osteopathic structural examination, and OMT. ^(Core)
- II.C. The program must have a policy that outlines the eligibility requirements for appointment, based on the type of medical school from which the applicant graduated, as outlined in Common Program Requirements (Residency) III.A.1.a)-III.A.1.b).(2). The policy must clearly identify what is required of the applicant prior to entering a designated osteopathic position in an ACGME-accredited program with Osteopathic Recognition. ^(Core)
- II.C.1. The policy must include requirements for each medical school type. ^(Core)

Background and Intent: Osteopathic Recognition provides opportunity to physicians, including those who did not graduate from an accredited college of osteopathic medicine, to obtain education in OPP they can subsequently apply to patient care.

This opportunity requires foundational education in OPP to prepare for success as a resident in a program with Osteopathic Recognition.

Programs with Osteopathic Recognition are asked to describe their expectations for foundational education in order to increase the chance of resident success. The breadth and depth of such foundational education will reflect the resources, expertise, and culture of the program.

Establishing resident eligibility requirements does not imply a program must accept an applicant. Programs will follow their usual policies and procedures when undertaking a review of applicants and accept those they deem most qualified.

The hope is that by establishing appropriate foundational requirements, candidates will be more easily recognized as qualified for participation in a program with Osteopathic Recognition.

III. Osteopathic Educational Program

The curriculum for designated osteopathic residents must integrate OPP into each of the ACGME Competencies. ^(Core)

III.A. Patient Care and Procedural Skills

Each resident must demonstrate the ability to:

- III.A.1. approach the patient with recognition of the entire clinical context, incorporate osteopathic principles, including the four tenets, and use the relationship between structure and function to promote health; ^(Core)
- III.A.2. use OPP to perform competent physical, neurologic, and structural examinations incorporating analysis of laboratory and radiology results, diagnostic testing, and physical examination as appropriate to his/her specialty; ^(Core)
- III.A.3. document somatic dysfunction and its treatment as applicable to each patient's care; ^(Core)
- III.A.4. effectively treat patients and provide medical care that incorporates the osteopathic philosophy; ^(Core)
- III.A.5. gather accurate, essential information from all sources, including information relevant to OPP; ^(Core)
- III.A.6. demonstrate a caring attitude that is mindful of cultural sensitivities and patient apprehension concerning touch and palpatory diagnosis; ^(Core)
- III.A.7. assume increased responsibility for the incorporation of osteopathic concepts into his/her patient management; ^(Core)
- III.A.8. demonstrate listening skills in interactions with patients, utilizing caring, compassionate behavior and touch (where appropriate); ^(Core)

III.A.9. competently perform osteopathic evaluation and treatment appropriate to his/her medical specialty; and, ^(Core)

III.A.10. provide health care services appropriate for his/her specialty consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence. ^(Core)

III.B. Medical Knowledge

Residents must:

III.B.1. demonstrate the ability to integrate knowledge of accepted standards of OPP in their respective specialty areas; ^(Core)

III.B.2. demonstrate understanding and application of OPP to patient care; ^(Core)

III.B.3. demonstrate the treatment of the person rather than symptoms; ^(Core)

III.B.4. demonstrate understanding of somatovisceral relationships and the role of the musculoskeletal system in disease as appropriate to their respective specialty; and, ^(Core)

III.B.5. perform critical appraisals of literature related to OPP relative to their specialty. ^(Core)

III.C. Practice-based Learning and Improvement

Residents must demonstrate the ability to:

III.C.1. incorporate literature and research that integrate osteopathic tenets into clinical decision making; ^(Core)

III.C.2. critically evaluate their methods of osteopathic clinical practice, integrate evidence-based OPP into patient care, show an understanding of research methods, and improve patient care practices as related to their specialty area; ^(Core)

III.C.3. treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness related to OPP; and, ^(Core)

III.C.4. perform self-evaluations of osteopathic practice patterns and practice-based improvement activities using a systematic methodology. ^(Core)

III.D. Interpersonal and Communication Skills

Residents must demonstrate:

III.D.1. interpersonal and communication skills that enable them to effectively discuss osteopathic concepts and their role in patient care with patients, families, and other members of health care teams as appropriate for their specialty area; and, ^(Core)

III.D.2. appropriate verbal and non-verbal skills (including touch) when communicating with patients, families, and interprofessional collaborative team members. ^(Core)

III.E. Professionalism

Residents must:

III.E.1. demonstrate awareness of and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities as they may influence a patient's perception of touch within the context of OPP; ^(Core)

III.E.2. treat the terminally ill with compassion in management of pain, palliative care, appropriate touch, and preparation for death; ^(Core)

III.E.3. demonstrate an increased understanding of conflicts of interest inherent to osteopathic clinical practice and the appropriate responses to societal, community, and health care industry pressures; and, ^(Core)

III.E.4. utilize caring, compassionate behavior and appropriate touch with patients as related to their specialty area. ^(Core)

III.F. Systems-based Practice

Residents must:

III.F.1. demonstrate an understanding of the role of osteopathic clinical practice in health care delivery systems, provide effective and qualitative osteopathic patient care within the system, and practice cost-effective medicine; and, ^(Core)

III.F.2. advocate for quality osteopathic health care on behalf of their patients, and assist them in their interactions with the complexities of the medical system. ^(Core)

IV. Osteopathic Learning Environment

Programs with Osteopathic Recognition must create a learning environment that integrates and promotes the application of OPP throughout the duration of the educational program. ^(Core)

IV.A. Experiences

Programs must:

IV.A.1. provide residents with instruction in the application of OPP; ^(Core)

IV.A.2. embed the four tenets of osteopathic medicine into the educational program (see Int.C.); ^(Core)

- IV.A.3. provide structured didactic activities that integrate OPP; ^(Core)
- IV.A.3.a) Designated osteopathic residents must be provided with protected time to participate in these didactic activities. ^(Core)
- IV.A.4. provide learning activities to advance the procedural skills acquisition in OMM for both designated osteopathic residents and osteopathic faculty members; ^(Core)
- IV.A.5. ensure designated osteopathic residents provide osteopathic patient care in a variety of clinical settings, to ensure a broad education experience; ^(Core)
- IV.A.6. ensure designated osteopathic residents teach OPP; ^(Core)
- IV.A.6.a) Such opportunities could occur through resident-delivered OPP didactic lectures, hands-on OMM workshops, and/or resident-led journal clubs; ^{(Detail)†}
- IV.A.7. create a learning environment that supports and encourages osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members to advance OPP; ^(Core)
- IV.A.8. ensure that osteopathic faculty members collectively produce at least two osteopathic scholarly activities annually, averaged over a five-year period; ^(Core)
- IV.A.9. ensure that each designated osteopathic resident produces at least one osteopathic scholarly activity prior to graduating from the program; and, ^(Core)
- IV.A.10. provide learning activities and communication that promote understanding of OPP among the interprofessional team. ^(Core)
- IV.B. Resources
- IV.B.1. Osteopathic faculty members, including the Director of Osteopathic Education and core osteopathic faculty members, may be shared between programs with Osteopathic Recognition. ^(Core)
- IV.B.1.a) A written plan must be provided detailing how shared faculty members' time with each program and participating site will be divided, and oversight be maintained, so as not to compromise the osteopathic education of designated osteopathic residents in any involved program. ^(Core)
- IV.B.2. The program must:

- IV.B.2.a) provide a variety of learning resources to support osteopathic medical education, including reference material pertaining to OMM and OPP integration into patient care; ^(Core)
- IV.B.2.a).(1) This must include access to examination tables suitable for OMT; and, ^(Core)
- IV.B.2.a).(2) This must include facilities for osteopathic clinical and didactic activities. ^(Core)
- IV.B.2.b) provide resources to support osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members; and, ^(Core)
- IV.B.2.c) ensure the annual availability of structured faculty development for osteopathic faculty members that includes OPP and ongoing education addressing evaluation and assessment in competency-based medical education. ^(Core)
- IV.B.3. Programs should participate in a community of learning that promotes the continuum of osteopathic medical education. ^(Core)

V. Osteopathic Evaluation

V.A. Designated Osteopathic Resident Evaluation

The program must provide assessment of the resident in application of OPP in each of the ACGME Competencies. ^(Core)

V.A.1. Clinical Competency Committee

- V.A.1.a) The Director of Osteopathic Education or an osteopathic faculty member designee should be a member of the program's Clinical Competency Committee (CCC). ^(Core)
- V.A.1.b) The program's CCC or a sub-committee of the CCC must review the progress of all designated osteopathic residents in the program as it relates to OPP. ^(Core)
- V.A.1.c) The CCC or a sub-committee of the CCC must:
 - V.A.1.c).(1) include at least two osteopathic faculty members, which may include the Director of Osteopathic Education; ^(Core)
 - V.A.1.c).(2) review all designated osteopathic residents' evaluations semi-annually as these relate to the Osteopathic Recognition Milestones; ^(Core)
 - V.A.1.c).(3) prepare and ensure the reporting of Osteopathic Recognition Milestones evaluations for each designated

osteopathic resident semi-annually to the ACGME; and,
(Core)

V.A.1.c).(4) advise the program director and Director of Osteopathic Education regarding resident progress, including promotion, remediation, and dismissal from a designated osteopathic position. (Core)

V.A.2. Formative Evaluation

V.A.2.a) Osteopathic faculty members must evaluate and document designated osteopathic residents' competence in OPP in each of the ACGME Competencies. (Core)

V.A.2.b) Timing and frequency of the evaluation must be consistent with the type of assignment, which must include: (Core)

V.A.2.b).(1) clinical rotations; (Core)

V.A.2.b).(2) clinical experiences; and, (Core)

V.A.2.b).(3) educational activities. (Core)

V.A.2.c) Evaluations of these assignments must assess resident performance longitudinally. This may not exclusively occur through single patient encounter assessments. (Core)

V.A.2.d) The period of evaluation should not exceed three months. (Core)

V.A.2.e) During clinical rotations and clinical experiences, the application of OPP, as appropriate to the specialty, must include direct observation of patient encounters and a review of the documented assessment and plan. (Core)

V.A.2.f) Designated osteopathic residents must receive an evaluation regarding their integration of OPP into scholarly activity. (Core)

V.A.2.g) There must be an evaluation system overseen by the Director of Osteopathic Education, to determine when a resident has obtained the necessary skills to perform OMT under supervision, as a component of patient care. (Core)

V.A.2.h) There must be objective formative assessment of osteopathic medical knowledge and procedural skills. This should include: (Core)

V.A.2.h).(1) a standardized assessment of OPP knowledge; and, (Core)

V.A.2.h).(2) an assessment of skill proficiency in OMT, as applicable to the specialty. (Core)

Background and Intent: The requirement for objective formative assessment, including standardized assessment of OPP knowledge, is intended to provide osteopathic faculty members and designated osteopathic residents with information that will allow for comparisons within and external to the program about resident progress toward program completion and practice readiness. Standardized assessment of OPP knowledge across all specialties and provision of assessment-derived information that may serve as an indicator of future performance on AOA board certification examinations is aspirational.

- V.A.2.i) The Director of Osteopathic Education must provide designated osteopathic residents with documented semi-annual evaluation of performance and progression in the application of OPP in each of the ACGME Competencies, with feedback. ^(Core)
- V.A.3. Final Evaluation
- V.A.3.a) The Osteopathic Recognition Milestones must be one of the tools used to ensure designated osteopathic residents are able to practice without supervision upon completion of the program. ^(Core)
- V.A.3.b) The Director of Osteopathic Education must conduct a final evaluation related to completion of the osteopathic education program for each designated osteopathic resident. ^(Core)
- V.A.3.c) The final evaluation must:
- V.A.3.c).(1) become part of the designated osteopathic resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; ^(Core)
- V.A.3.c).(2) document the resident's performance related to the application of OPP in each of the ACGME Competencies during the final period of education; and, ^(Core)
- V.A.3.c).(3) verify that the designated osteopathic resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice and to apply OPP to patient care. ^(Core)
- V.A.3.c).(3).(a) Transitional and preliminary year programs are not required to include verification that designated osteopathic residents have demonstrated sufficient competence to apply OPP to patient care, upon entering practice, without direct supervision. ^(Detail)
- V.B. Osteopathic Faculty Evaluation
- V.B.1. At least annually, the Director of Osteopathic Education must evaluate osteopathic faculty member performance as related to the integration of OPP into the educational program. ^(Core)

- V.B.2. Evaluation of osteopathic faculty members must include:
- V.B.2.a) annual written confidential evaluations of the faculty members by the designated osteopathic residents or evaluations following completion of rotations or similar educational experiences as related to the integration of OPP; and, ^(Core)
 - V.B.2.b) ^(Core) assessment of the knowledge, application, and promotion of OPP.
- V.C. Program Evaluation
- V.C.1. Designated osteopathic residents and osteopathic faculty members must have the opportunity to evaluate the osteopathic components of the program confidentially and in writing at least annually. ^(Core)
 - V.C.2. The program must use the results of residents' and faculty members' evaluations of the osteopathic components of the program together with other program evaluation results to improve the program. ^(Core)
 - V.C.3. The program's pass rate for designated osteopathic residents taking the applicable AOA certifying board examination, containing osteopathic content, for the first time during the preceding three years must be 80 percent or higher. ^{(Outcome)‡}
 - V.C.3.a) Transitional and preliminary year residents are excluded from this requirement. ^(Detail)
 - V.C.4. Residents who enter a designated osteopathic position should complete the program in a designated osteopathic position. ^(Core)

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

†Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

‡Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.