Requirement #: I.A. – I.A.1

Requirement Revision (significant change only):

I.A. Director of Osteopathic Education Program Personnel (Formerly III.C.)

I.A.1. The program must have a Director of Osteopathic Education who is responsible for leading the osteopathic education in the program. Program Director/Co-Program Director/Osteopathic-focused Track Director (Formerly III.C.1)

1. Describe the Recognition Committee’s rationale for this revision:

   In these revisions, the Osteopathic Principles Committee proposes the creation of a title (Director of Osteopathic Education) and a brief description of the individual leading the osteopathic education in a program with Osteopathic Recognition. In the current Requirements, a title was not identified, but rather the individual charged with leading the osteopathic education in the program was referred to as “program director/co-program director/osteopathic-focused track director.” This created much confusion in the community, because it was unclear if all of those individuals had to meet the outlined qualifications and responsibilities. By creating a title for the role of the leader of osteopathic education, it allows the committee to more effectively communicate the qualifications and responsibilities of the role. The creation of this title would eliminate the use of “osteopathic-focused track director.” The Director of Osteopathic Education would be an overarching title referring to whoever is designated as the leader of osteopathic education in the program. That individual may be the program director or another member of the program’s faculty, formally referred to in the Requirements as the osteopathic-focused track director. (See also the Background and Intent section)

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   
   Not applicable.

3. How will the proposed requirement or revision impact continuity of patient care?
   
   The proposed revision will not impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   
   The proposed revision will not necessitate additional resources.

5. How will the proposed revision impact other accredited programs?
   
   The proposed revision will only impact those accredited programs that have achieved Osteopathic Recognition.
### Requirement #: I.B – I.B.2.

#### Requirement Revision (significant change only):

I.B. Osteopathic Faculty (Formerly III.C.2.)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.B.1.</td>
<td>Osteopathic faculty members (MD or DO) who must, through prior training and certifications, be able to supervise the performance of osteopathic manipulative medicine in the clinical setting as applicable to patient care. (Formerly part of III.B.6.)</td>
</tr>
<tr>
<td>I.B.2.</td>
<td>Osteopathic faculty members must be certified by an AOA specialty certifying boards and/or a member board of the American Board of Medical Specialties (ABMS), or possess qualifications judged as acceptable by the Recognition Committee. (Formerly III.C.2.b))</td>
</tr>
</tbody>
</table>

1. Describe the Recognition Committee’s rationale for this revision:
   The Committee proposes revisions to these requirements to provide a more specific reference to the faculty members covered by these Osteopathic Recognition requirements. Programs have frequently misinterpreted the reference to “faculty” as implying all faculty members in a program with Osteopathic Recognition. The Committee intended to refer only to those faculty members designated as participating in the formal osteopathic education within the program, having met the established qualifications. Thus, the Committee is proposing that faculty members formally participating in the osteopathic education within the program be referred to as “osteopathic faculty members.” (See also Background and Intent section)

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Not applicable.

3. How will the proposed requirement or revision impact continuity of patient care?
   The proposed revision will not impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The proposed revision will not necessitate additional resources.

5. How will the proposed revision impact other accredited programs?
   The proposed revision will impact only those accredited programs that have achieved Osteopathic Recognition.
Requirement #: I.C. – I.C.3

Requirement Revision (significant change only):

I.C. Core Osteopathic Faculty

I.C.1. Core One or more program osteopathic faculty member(s) must work closely with the program director to assist in the development of the OPPsteopathic Principles and Practice competency education and evaluation system, and to teach and advise designated osteopathic residents. (Formerly III.C.2.c))

This faculty member must:

Core osteopathic faculty members must:

I.C.1.a) be board certified through an AOA specialty certifying board; or,
(Formerly part of III.C.2.c).(1))

I.C.1.b) possess qualifications judged as acceptable by the Recognition Committee. (Formerly part of III.C.2.c).(1))

I.C.2. The program must have a minimum of two core osteopathic faculty members. (Part of III.C.2.c))

I.C.2.a) The Director of Osteopathic Education is a core osteopathic faculty member.

I.C.3. Core osteopathic faculty members must meet all osteopathic faculty member requirements.

1. Describe the Recognition Committee’s rationale for this revision:
The Committee proposes the creation of a category of faculty members called “core osteopathic faculty.” The current requirements include two categories of faculty members that are not easily distinguishable, and are therefore more challenging to understand and communicate. Core osteopathic faculty members will be those faculty members, as specified in the original requirements, who must be board certified through an AOA specialty board or possess qualifications judged to be acceptable by the Recognition Committee. Core osteopathic faculty members, unlike members of the general osteopathic faculty, have a higher set of qualifications and a larger set of responsibilities. Unlike general osteopathic faculty members who may have qualifications that allow them to carry out some faculty duties, but not all, core osteopathic faculty members must meet all qualifications and be able to carry out all duties. (See also the Background and Intent section)

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Not applicable.

3. How will the proposed requirement or revision impact continuity of patient care?
The proposed revision will not impact continuity of patient care.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The proposed revision will not necessitate additional resources.

5. How will the proposed revision impact other accredited programs?
   The proposed revision will impact only those accredited programs that have achieved Osteopathic Recognition.

<table>
<thead>
<tr>
<th>Requirement #: II. - III.A.1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
</tr>
<tr>
<td>II. Designated Osteopathic Resident Appointments Eligibility (Formerly IV.)</td>
</tr>
<tr>
<td>II.A. Each Programs must have a minimum of at least one designated osteopathic resident per program year in the osteopathic-focused track, averaged over a period of three years. (Formerly III.A)</td>
</tr>
<tr>
<td>II.A.1. Programs receiving Osteopathic Recognition must designate, in ADS, the residents who will formally receive osteopathic education, the entire program as osteopathic-focused or designate a portion of the program as an osteopathic-focused track. (Formerly part of I.B.)</td>
</tr>
</tbody>
</table>

1. Describe the Recognition Committee’s rationale for this revision:
   The Committee proposes these revisions to provide a more specific reference to the residents covered by the Osteopathic Recognition Requirements. Programs frequently misinterpreted the reference to “residents” as implying all residents in a program with Osteopathic Recognition. The Committee intended to refer only to those residents designated as participating in the program’s formal osteopathic education, having met the established eligibility requirements. The program may designate all residents as receiving formal osteopathic education, or only a subset of residents. Thus, the Committee is proposing that residents identified by the program as receiving osteopathic education be referred to as “designated osteopathic residents.”

   The Committee felt that referring to these residents as “osteopathic residents” was insufficient, as there may be residents in the program who have chosen not to participate in the formal osteopathic education, but who may still be referred to as “osteopathic” by way of their medical school degree (DO). Referring to the designated osteopathic residents makes it very clear to which residents the Osteopathic Recognition Requirements apply.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Not applicable.

3. How will the proposed requirement or revision impact continuity of patient care?
   The proposed revision will not impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Not applicable.
5. How will the proposed revision impact other accredited programs?
The proposed revision will impact only those accredited programs that have achieved Osteopathic Recognition.

**Requirement #: Removed**

**Requirement Revision (significant change only):**

DO or MD candidates applying to fellowship programs with Osteopathic Recognition must have completed an osteopathic-focused residency program or track in the required field of study. (Formerly IV.C.)

1. Describe the Recognition Committee’s rationale for this revision:
The Committee determined that this requirement should be eliminated because it did not express the Committee’s true intent with regard to eligibility requirements for fellowship programs with Osteopathic Recognition. The Committee has published two FAQs that address the issues with the current requirement.

First, this requirement implies that only DO or MD candidates are eligible for fellowship programs with Osteopathic Recognition. This does not allow international medical school graduates to be considered eligible, and it was not the intent of the Committee to exclude this group of candidates.

Secondly, this requirement implies that all positions within a program with Osteopathic Recognition must be osteopathic-focused. This was not the intent of the Committee and has been addressed through a published FAQ.

Finally, this requirement implies that an applicant may only be eligible for an osteopathic-focused position in a program with Osteopathic Recognition if the individual completed a residency program with Osteopathic Recognition in an osteopathic-focused position. The Committee recently determined that this could negatively impact subspecialty programs that seek Osteopathic Recognition if core specialty programs in the discipline decide not to pursue Osteopathic Recognition at the same rate as the subspecialty programs. Thus, the Committee has allowed subspecialty programs to utilize the existing eligibility requirements established for residency programs, acknowledging that subspecialty programs could choose locally to establish eligibility standards that require candidates to complete a residency program with Osteopathic Recognition, in an osteopathic-focused position.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The removal of this requirement may allow more physicians seeking entry into fellowship programs with Osteopathic Recognition to be deemed eligible.

3. How will the proposed requirement or revision impact continuity of patient care?
The proposed revision will not impact continuity of patient care.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The proposed revision will not necessitate additional resources.

5. How will the proposed revision impact other accredited programs?
   The proposed revision will impact only those accredited programs that have achieved Osteopathic Recognition.

### Requirement #: II.D.

Requirement Revision (significant change only):

**II.D.** The program must have a policy that outlines the eligibility requirements for appointment, based on the type of medical school as listed in III.C.1.-III.C.3. 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.

1. Describe the Recognition Committee’s rationale for this revision:
   The Committee has proposed the addition of this requirement to ensure that programs establish formal eligibility standards for applicants seeking designated osteopathic resident positions. Since the Requirements only provide a framework for eligibility, the Committee wants to ensure that a program’s eligibility standards are appropriate and substantially comply with the Osteopathic Recognition Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Not applicable.

3. How will the proposed requirement or revision impact continuity of patient care?
   The proposed revision will not impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The proposed revision will not necessitate additional resources.

5. How will the proposed revision impact other accredited programs?
   The proposed revision will impact only those accredited programs that have achieved Osteopathic Recognition.

### Requirement #: V.A.1.-V.A.1.c).(4)

Requirement Revision (significant change only):

**V.A.1.** Clinical Competency Committee

**V.A.1.a)** The Director of Osteopathic Education or a designee should be a member of the program’s Clinical Competency Committee (CCC).
V.A.1.b) The program’s CCC or a sub-committee must review the progress of all designated osteopathic residents in the program as it relates to OPP.

V.A.1.c) The CCC or a sub-committee must:

V.A.1.c).(1) include at least two osteopathic faculty members, which may include the Director of Osteopathic Education;

V.A.1.c).(2) review all designated osteopathic residents’ evaluations semi-annually as these relate to the Osteopathic Recognition Milestones;

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,

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.

1. Describe the Recognition Committee’s rationale for this revision:

The Committee proposes the addition of these requirements to codify the existing expectation of programs regarding the reporting of Osteopathic Recognition Milestones and the use of the Clinical Competency Committee (CCC), and to further clarify those expectations. When the Osteopathic Recognition Requirements were first drafted and approved, the Osteopathic Recognition Milestones Working Group had not yet formed, nor had the process by which programs with Osteopathic Recognition evaluate residents using the Osteopathic Recognition Milestones been established. After the Milestones were developed and published, significant educational efforts by the Department of Milestones and the Osteopathic Principles Committee were undertaken, which, along with FAQs, established how the Osteopathic Recognition Milestones were to be evaluated and the CCC included in the process.

These new requirements expand on the education and FAQs to date by requiring that the Director of Osteopathic Education or a designee be a member of the CCC and formally inserted into the Milestones evaluation process. The Committee feels that regardless of whether the Milestones are evaluated by the CCC or a subcommittee, it is essential that the Director of Osteopathic Education or a designee be a member of the CCC to be a representative of the osteopathic education within that committee.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Not applicable.

3. How will the proposed requirement or revision impact continuity of patient care?

The proposed revision will not necessitate additional resources.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The proposed revision will not necessitate additional resources.

5. How will the proposed revision impact other accredited programs?
   The proposed revision will impact only those accredited programs that have achieved Osteopathic Recognition.

Requirement #: V.A.2.b)

Requirement Revision (significant change only):

V.A.1.b) The program must have an evaluation system to determine when a resident has obtained the necessary skills to perform OMT under supervision, as a component of patient care.

1. Describe the Recognition Committee’s rationale for this revision:
   The Committee proposes the addition of this requirement to ensure designated osteopathic residents have sufficient education and practice prior to performing osteopathic manipulative treatment (OMT) as a part of patient care. The Committee acknowledged that a designated osteopathic resident may have had limited exposure to OMT prior to residency, based on his/her medical school curriculum. Therefore, the Committee wanted to ensure that programs had a mechanism to confirm a designated osteopathic resident’s readiness to perform OMT on a patient, under supervision.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This proposed requirement offers greater assurance that designated osteopathic residents will safely apply OMT to patient care.

3. How will the proposed requirement or revision impact continuity of patient care?
   The proposed revision will not impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The proposed revision will not necessitate additional resources.

5. How will the proposed revision impact other accredited programs?
   The proposed revision will impact only those accredited programs that have achieved Osteopathic Recognition.

Requirement #: V.A.2.c) – V.A.2.c).(1)

Requirement Revision (significant change only):

V.A.1.d) The program must provide objective formative assessment of osteopathic medical knowledge and procedural skills that must include:

©2017 Accreditation Council for Graduate Medical Education (ACGME)
V.A.1.d.(1) an assessment of knowledge of OPP and Practice in the specialty should occur through a specialty-specific osteopathic in-service examination or other equivalent formal exam.; and, (Formerly V.B.1.a)

1. Describe the Recognition Committee’s rationale for this revision:
The Committee proposes these revisions due to a lack of specialty-specific osteopathic in-training exams and the variation in the assessment of knowledge of Osteopathic Principles and Practice (OPP) in the osteopathic in-training exams that are available. The proposed revisions allow the Director of Osteopathic Education to determine the best assessment to provide designated osteopathic residents with formative feedback regarding their knowledge of OPP, which may be assessed through an osteopathic in-training exam or an alternative formal assessment.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This proposed requirement should allow for improved formative feedback supporting designated osteopathic resident education.

3. How will the proposed requirement or revision impact continuity of patient care?
The proposed revision will not impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
The proposed revision will not necessitate additional resources, although osteopathic faculty members’ time may be required to internally construct a tool to assess knowledge of OPP.

5. How will the proposed revision impact other accredited programs?
The proposed revision will impact only those accredited programs that have achieved Osteopathic Recognition.

Requirement #: V.C.2. – V.C.3

Requirement Revision (significant change only):

V.C.2. The program must use the results of residents’ and faculty members’ evaluations of the osteopathic-focused components of the program together with other program evaluation results to improve the program. (Formerly V.A.2.)

At least 80 percent of eligible graduating residents participating in the osteopathic-focused designated positions from the preceding five years must have taken the applicable AOA board certification examination that evaluates both the theoretical and practical application of Osteopathic Principles and Practice. (Formerly V.A.2.a)

V.C.3. The pass rate for designated osteopathic residents taking the applicable AOA certifying board examination for the first time during the preceding five years must meet or exceed the minimum pass rate specified in the
corresponding specialty Program Requirements. Unless otherwise specified by the Review Committee, at least 80 percent of the osteopathic-focused program’s or track’s graduates who took the AOA board certification examination that evaluates both the theoretical and practical application of Osteopathic Principles and Practice for the first time during the preceding five years must have passed. (Formerly V.A.2.b))

1. Describe the Recognition Committee’s rationale for this revision:
   The Committee determined that Requirement V.A.2.a) should be eliminated out of concern from the osteopathic community that it would negatively impact programs and residents. Programs expressed concern that residents may be apprehensive to enter an osteopathic-focused position in a program with Osteopathic Recognition if they knew they no longer had a choice about which board certification exams they could take. Thus, the Committee created an FAQ stating it would not enforce the take rate, and that the requirement would be formally removed at the time of the next revision.

   The Committee revised VI.A.2.a) and added VI.A.2.a).(1) to align the board pass rate with the rate established by the specialty Review Committee. The Committee’s intent was to eliminate the confusion of two different pass rates imposed on a program. Further, the Review Committee is now in a better position to study pass rate data and establish a pass rate based on analysis and experience.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Not applicable.

3. How will the proposed requirement or revision impact continuity of patient care?
   The proposed revision will not impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The proposed revision will not necessitate additional resources.

5. How will the proposed revision impact other accredited programs?
   The proposed revision will impact only those accredited programs that have achieved Osteopathic Recognition.