

Osteopathic Neuromusculoskeletal Medicine Update

Session: SES049

Presentation Date: February 21, 2025

Conflict of Interest Disclosure

Speaker(s):

Jennifer Kingery, DO – Chair, Review Committee for Osteopathic
Neuromusculoskeletal Medicine

Tiffany Moss, MBA – ACGME Executive Director

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



Introductions



Jennifer Kingery, DO
*Chair, Review Committee for Osteopathic
Neuromusculoskeletal Medicine*



Tiffany Moss, MBA
ACGME Executive Director



Objectives

- Discuss updates regarding the Review Committee composition.
- Provide announcements of recent determinations made by the Review Committee.
- Review important reminders about the accreditation process.

Program Statistics



Osteopathic Neuromusculoskeletal Medicine Program Statistics

| | Number of Programs* |
|------------------------------------|---------------------|
| Initial Accreditation | 1 |
| Initial Accreditation w/ Warning | 1 |
| Continued Accreditation | 23 |
| Continued Accreditation w/ Warning | 1 |
| Total Accredited Programs | 26 |
| <i>Pending Applications</i> | 1 |

*As of February 1, 2025

Committee Composition Updates

New Osteopathic Neuromusculoskeletal Medicine Review Committee Staff Member



Kayla Stroner
Senior Accreditation Administrator



Review Committee Leadership



Jennifer Kingery, DO
Chair



Eric Snider, DO
Vice Chair

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Review Committee Members



Jennifer Kingery, DO
Chair



Eric Snider, DO
Vice Chair



Jacob A. Brower, DO
Resident Member



Kathy A. Kelly, MA, MS
Public Member



Danielle Cooley, DO



David C. Mason, DO, MBA, FACOFP



Stacey Pierce-Talsma, DO



Mathew A. Zatzkin, DO



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Departing Members

Thank you to the following Review Committee member with a term ending June 30, 2025:

Stacey Pierce-Talsma, DO



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New Members

The following new Review Committee member will start his term July 1, 2025:

Mark Thai, DO

Most Common Citations/AFIs



Most Common Areas of Non-Compliance

- Significant information in the Accreditation Data System (ADS) is out of date or not reported as requested.
- Lack of required faculty identified on the ADS Faculty Roster.
- Curricular issues typically identified on the block diagram.
- Supervision policy did not contain current supervision definitions (direct, indirect, oversight).





Citation Responses

- Responses must address the concern/issue noted in the citation text and note how the program is addressing it. The program must detail what changes have been made and whether the issue has been resolved. If it is not resolved, then the response should detail the steps taken and when it is anticipated to be resolved.
- Citation responses must be provided annually in ADS.
- Responses will be reviewed by the Review Committee at the program's next review. (Note: Programs on Initial Accreditation will be asked to provide a response to citations during several ADS Annual Updates prior to review by the Committee.)

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Areas for Improvement (AFIs)

- Identified in the Letter of Notification.
- Not currently identified in ADS, like citations, because they do not require a formal response.
- Programs are expected to address the issues noted in the AFIs and may comment on their efforts in the Major Changes and Other Updates section of ADS.
- Letters of Notification must be reviewed as part of the Annual Program Evaluation, which includes citations and AFIs.

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Review Committee Updates



Case Log Updates

(Effective July 1, 2025)

- Residents will no longer record the body region(s), listed in the Segmental and Somatic Dysfunction menu, when logging an osteopathic neuromusculoskeletal medicine patient encounter.





Review Committee Meeting Dates

| Meeting Date | Agenda Closing Date |
|--------------------------|---------------------|
| April 12, 2025 | January 6, 2025 |
| September 5, 2025 | June 1, 2025 |
| January 20, 2026 | October 1, 2025 |
| April 10, 2026 | January 5, 2026 |
| August 14, 2026 | June 1, 2026 |

Requirement Updates



Requirement Reformatting 2025

- All ACGME Requirements (Institutional, Program, and Recognition) are being reformatted.
- Requirement references will no longer include Roman numerals.
- The renumbered and reformatted documents will be posted on the ACGME website in February 2025 and will be effective July 1, 2025.
- No specialty Program Requirement revisions were made during the reformatting.

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Common Program Requirements Interim Revision (Effective July 1, 2025)

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III. Resident Appointments

III.A. Eligibility Requirements

III.A.1. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: ^(Core)

III.A.1.a) graduation from a medical school in the United States ~~or~~ **Canada**, accredited by the Liaison Committee on Medical Education (LCME) or graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA); or, ^(Core)

III.A.1.b) graduation from a medical school outside of the United States ~~or-Canada~~, and meeting one of the following additional qualifications: ^(Core)





Interim Requirement Revisions

- Process initiated at the September 2024 Review Committee meeting.
- Goal: To make minor revisions to the requirements to enhance clarity and understanding of expectations.
- Next Steps: Finalize proposed revisions and post for a 45-day public review and comment period, which will be announced in the ACGME *e-Communication*.

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ACGME Updates

Combined Programs

- The ACGME will begin accrediting combined programs effective July 1, 2025.
- Combined programs that are currently recognized by the ACGME with an ADS account can opt into accreditation between October 1, 2024 and June 30, 2025. Those programs will receive an Initial Accreditation status effective July 1, 2025.

ACGME Combined Program Accreditation Webpage:

<https://www.acgme.org/programs-and-institutions/programs/combined-programs/>



2025 Survey Administration

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Resident/Fellow and Faculty Surveys

The reporting period for the ACGME's annual Resident/Fellow and Faculty Surveys opens February 10, 2025, and will run for eight weeks, ending April 4, 2025. The ACGME anticipates sending survey reports in early May.

The ACGME will send Sponsoring Institution and program leadership survey alerts at the beginning and throughout the administration period. Program leaders are still charged with alerting their survey takers regarding participation, using the existing mechanisms in ADS, during the survey administration period. Programs should review and, if necessary, update their Resident/Fellow and Faculty Rosters in ADS before the surveys open to ensure accurate scheduling of participants.



ACGME Survey Reminders

Programs must have at least a 70 percent response rate on both the Resident and Faculty Surveys.

All residents identified as “active” on the ADS resident roster will be expected to completed the survey.

Residents that are on a leave of absence or not active for other reasons must have their status changed in their ADS resident profile.



NRMP Data in ADS – Started in 2024

ADS News

NRMP[®] Yearly Resident Data Available in ADS

In an effort to reduce burden, the ACGME reached an agreement with the National Resident Matching Program[®] (NRMP[®]) to receive yearly data regarding residents who have matched into ACGME-accredited programs. The first set of data is available for the Annual Update process. Programs can add new residents/fellows, and an optional NRMP-dropdown will appear to populate data on the form.

Site Visits



Program Accreditation Site Visits

- Conducted by ACGME (employed) Field Representatives.
- May be conducted remotely (Zoom) or in person.
- Site Visit Report written at the conclusion of visit for the Review Committee to determine substantial compliance with the Program Requirements.
- Reports viewable only by the Review Committee during a program review when an accreditation status is being conferred.



ACGME Accreditation Field Representatives





Continued Accreditation Site Visits

- New process launched in January 2024 after 10-year site visit discontinued.
- Programs on Continued Accreditation will go into a pool for random sampling.
- In 2024, the ACGME conducted site visits for 149 programs on Continued Accreditation that had not had a site visit in approximately nine years or more.
- For 2025, the ACGME randomly selected 200 programs for site visits. Notifications were sent in November, with future approximate site visit target dates ranging from April to October 2025.
- None of the osteopathic neuromusculoskeletal medicine programs were randomly selected for a site visit in 2024 or 2025.

Reminders

Common Program Requirements Supervision Requirements

VI.A.2.b).(1)

Direct Supervision:

VI.A.2.b).(1).(a)


**the supervising physician is physically present with the resident during the key portions of the patient interaction; or,
[The Review Committee may further specify]**

VI.A.2.b).(1).(a).(i)

**PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a). ^(Core)
[The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]**

VI.A.2.b).(1).(b)

the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology



[The RC may choose not to permit this requirement. The Review Committee may further specify]

Osteopathic Neuromusculoskeletal Medicine Supervision Requirements

VI.A.2.b)

Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

VI.A.2.b).(1)

Direct Supervision:

VI.A.2.b).(1).(a)

the supervising physician is physically present with the resident during the key portions of the patient interaction.

VI.A.2.b).(1).(a).(i)

PGY-1 residents must initially be supervised directly, only as described in VI.A.2.b).(1).(a). ^(Core)

The Review Committee for Osteopathic Neuromusculoskeletal Medicine did not accept VI.A.2.b).(1).(b). and it must not appear in the program's Supervision Policy.

Annual Program Evaluation

- The program director must appoint the Program Evaluation Committee to conduct and document.
- Must be distributed to and discussed with the residents and the members of the teaching faculty.
- Recommended that it be presented at a resident and faculty meeting to ensure awareness and understanding.

International Experience FAQs

| Question | Answer |
|---|--|
| <p>Does the Review Committee permit residents to complete rotations outside of the United States and its territories?</p> | <p>A program may submit a request to the Review Committee to offer educational experiences outside of the United States and its territories, also referred to as an international rotation. International experiences may only be offered through elective rotations. The program may not fulfill required rotation requirements, including selective rotation requirements, with international experiences.</p> <p>If a program would like to submit a request to the Review Committee to offer an international educational experience, the following must be provided in or appended to a formal letter sent via email to the Review Committee Executive Director:</p> <ul style="list-style-type: none">• Location of the experience• Duration of the experience• Description of the experience, including competency-based goals and objectives• Description of the supervision provided on experience, including the credentials of the individual(s) providing supervision• Plan for resident safety during the rotation <p>The program may also offer international experiences during vacation or leave from the program.</p> |
| <p>Who can supervise residents while on a Review Committee-approved elective rotation outside of the United States and its territories?</p> | <p>Residents must be supervised on all experiences by a faculty member whose qualifications meet those outlined in the Program Requirements, including current certification by an AOA certifying board or American Board of Medical Specialties (ABMS) member board.</p> |



Osteopathic Neuromusculoskeletal Medicine Graduate Eligibility for Fellowship

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- Addiction Medicine
- Clinical Informatics
- Correctional (Carceral) Medicine (*Sponsoring Institution-Based Fellowship*)
- Health Care Administration, Leadership, and Management (*Sponsoring Institution-Based Fellowship*)
- Pain Medicine
- Sports Medicine

New Program Applications

New Program Application Resources

Program Applications

Overview

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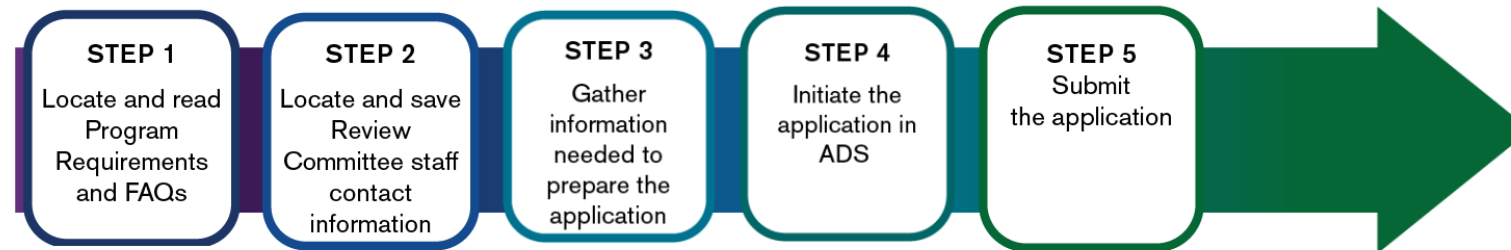


An ACGME-accredited Sponsoring Institution interested in seeking ACGME accreditation for a program must initiate, prepare, and submit a program application. It typically takes six to 12 months to gather the necessary information and complete the program application. After the submission of the application, it may take four to 12 months for the relevant Review Committee to make an accreditation decision regarding the program's application. This page provides additional information about the application submission and review process for program accreditation applications.

For an institution to apply for accreditation of a program, it must be accredited by the ACGME as a Sponsoring Institution. Learn more about Sponsoring Institution accreditation [here](#).

Submission of a New Program Application

Click on a step to jump to that section below.



CONTACT US

accreditation@acgme.org

Review Committee staff member details can be found using the [Guide to Locating Specialty-Specific Accreditation Resources](#).

[Checklist of Specialty Application Attachments](#)

[Specialty and Subspecialty Information Table](#)

[ACGME Specialties](#)

[Site Visit](#)

[Guide to the Common Program Requirements](#)

[Common Program Requirements](#)

[Common Program Requirements FAQs](#)

[Milestones Guidebooks and Other Resources](#)

Other Resources

Learn at ACGME Module

Visit [ACGME.org](https://www.acgme.org)



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Applying for Program Accreditation

Welcome to this three-course series designed to guide you through the key steps of preparing, completing, and submitting an application for program accreditation. Throughout the series, you'll learn what information you need to gather to prepare an application, how to navigate an interactive general application in ADS, and identify the essential steps in the review process post-submission. Resources have been linked within each course to support your journey.

MILESTONES

Applying for Program Accreditation - Part 1

Applying for Program Accreditation - Part 1

ELECTIVE



Interactive Course

This module is designed to provide programs with an overview of the key steps in the application process and a thorough review of an application timeline.

[View Details ↗](#)

| Question | Answer |
|---|---|
| Other | |
| <p>What elements must already be in place for a new osteopathic neuromusculoskeletal medicine program to achieve ACGME accreditation?</p> | <p>The Review Committee for Osteopathic Neuromusculoskeletal Medicine will expect new program applications to have the following elements already in place in order to demonstrate substantial compliance with Program Requirements and become accredited:</p> <ul style="list-style-type: none"> • A qualified program director must be hired and have appropriate licensure and clinical appointments. • All program letters of agreement needed for required and elective rotation experiences must be fully executed. • At least one board-certified or board-eligible neuromusculoskeletal medicine physician faculty member must have clinical privileges at the site where the neuromusculoskeletal medicine inpatient consultation service and rotation will take place. • A neuromusculoskeletal medicine or osteopathic manipulative medicine consultation service must be in place at the site where the required resident neuromusculoskeletal medicine inpatient consultation service and rotations will take place. • The program director or a faculty member that is board certified or board eligible in neuromusculoskeletal medicine must have an active neuromusculoskeletal medicine practice in the location of the program's continuity of care clinic or geographically close to the continuity of care clinic location. • The program must have a continuity of care clinic location that is a functioning ambulatory clinic. • The program must be able to demonstrate outpatient neuromusculoskeletal medicine patient volume to support the resident complement requested in the application. If the outpatient neuromusculoskeletal medicine patient volume is not available for the 12-month period of time requested in the specialty-specific application, then the program may provide patient data for at least six months showing sustained increase in clinic patient volume through new patient visits, follow-up visits, and total patient volume. |

Resources

New! Program Coordinator Handbook

Program Coordinator Handbook

The Program Coordinator Handbook is a comprehensive guide for residency and fellowship coordinators of ACGME-accredited programs, developed by the 2019-2023 ACGME Coordinator Advisory Group. This handbook serves as a guide for both new and experienced program coordinators seeking to expand their knowledge of specific topics, tasks, and responsibilities associated with their role.

- [Program Coordinator Handbook](#)
- 

This handbook aligns with the free online Learning Path in [Learn at ACGME](#), called [Program Coordinator Handbook Companion: Paving Your Path to Success](#).

Coordinator Resources Page: <https://www.acgme.org/additional-resources/>



Program Coordinator Handbook



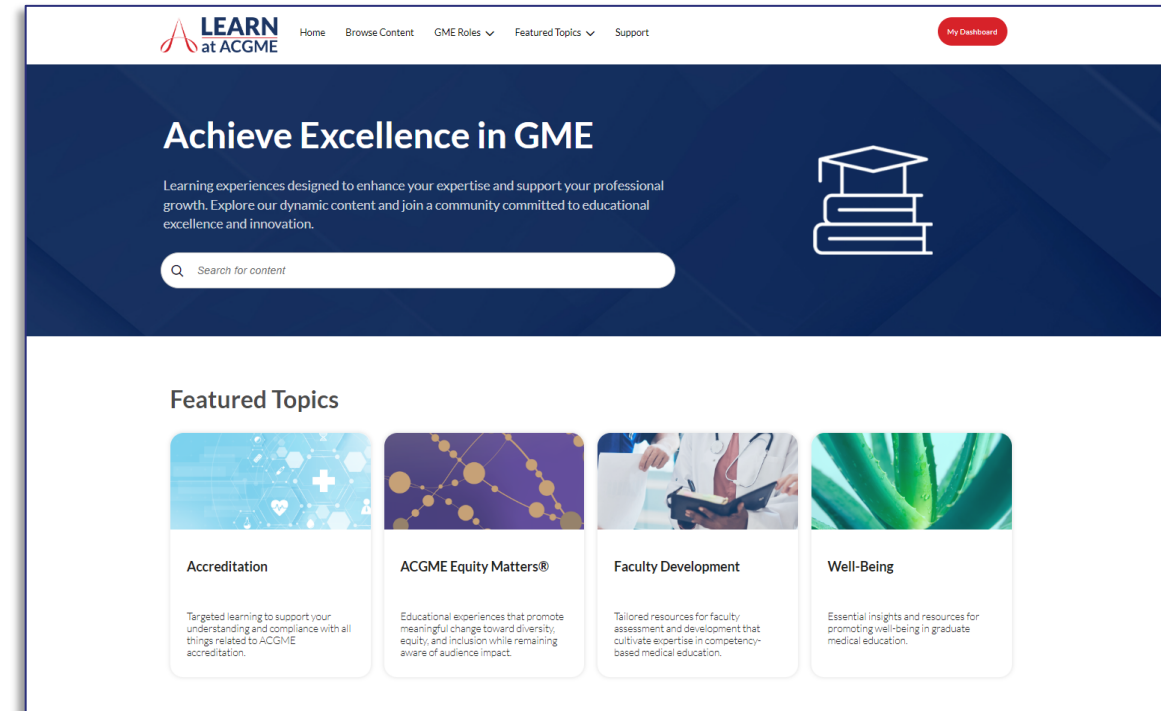
Program Coordinator Handbook

A comprehensive guide for residency and fellowship coordinators of ACGME-accredited programs, developed by the 2019-2023 ACGME Coordinator Advisory Group (Terry Bennett, Timothy Burns, Coranita Burt, Michelle Cichon, Anne Hardie, Laurie Hein, Megan Kinane Hosmer, Krista Lombardo-Klefos, Kandice McLeod, Vicky Norton, Thea Stranger-Najjar, and Joseph Stuckelman).

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Learn at ACGME – New Look

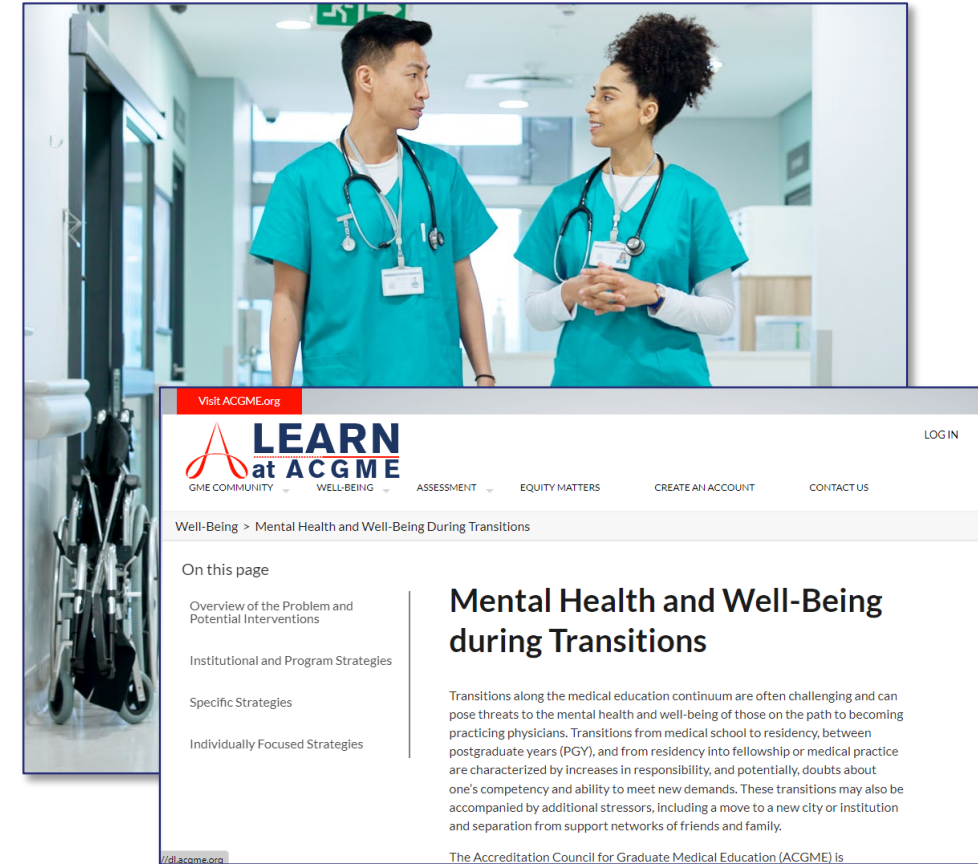
- Improved features include:
 - streamlined navigation and a clear menu on every page.
 - a more user-friendly dashboard for tracking started and completed courses.
 - the ability to identify relevant content by role in GME.
- Improvements will continue through the end of the year, including accessibility, new content, and more!
- Existing accounts: Username and password will remain the same!
- Note: A free account is required to access most content in the Learn at ACGME platform.



Mental Health and Well-Being During Transitions

Studies indicate the transition from medical school to residency is particularly difficult

- This new resource aims to help ease that transition
- Easy-to-implement systems- and individual-oriented strategies
- Designed to help Sponsoring Institutions and programs support first-year residents
- Access the resource from “Well-Being” on the home page of Learn at ACGME



Remediation Toolkit

If You Build It, They Will Come:

Designing a Centralized Remediation Program

Karen M. Warburton, MD, FACP, FASN
Associate Professor of Medicine
Director, Clinician Wellness Program
Director, GME Advancement
University of Virginia School of Medicine



- 11 modules authored by renowned experts in the field
- Equips participants with tools for addressing needs of struggling learners
- CME offered after completion

The ACGME designates this enduring material for a maximum of
5.25 AMA PRA Category 1 Credits™

Faculty Development

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Clinician Educator Milestones

Developing Faculty Competencies in Assessment

Improving Assessment Using Direct Observation Toolkit

Resources for Assessment in the Learn at ACGME Online Learning Portal

Clinician Educator Journal Club

The ACGME Clinician Educator Journal Club offers a monthly opportunity for experienced, new, and aspiring clinician educators to engage in discussions of the latest journal articles and relevant topics in medical education with members of the GME community. Each month will feature authors of the selected article, with moderation provided by ACGME staff members, followed by a brief Q and A session. The Clinician Educator Journal Club meets on the **third Thursday of each month from 12:00-1:00 p.m. Central.**

Each month's session will be recorded and available in the ACGME's online learning portal, [Learn at ACGME](#).

Please join and participate in lively, informative discussions of the latest journal articles and timely topics in medical education. Learn more and register for the Clinician Educator Journal Club [here](#).

Clinical Educator Journal Club

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The Clinician Educator Milestone Project

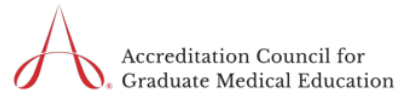
A Joint Initiative of

The Accreditation Council for Graduate Medical Education

The Accreditation Council for Continuing Medical Education

The Association of American Medical Colleges

The American Association of Colleges of Osteopathic Medicine



August 2022

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Clinical Educator Milestones

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- Designed to aid clinician educators in their professional development as educators.
- Designed for educators across the continuum of medical education.
- Can be used as a self-assessment tool to improve in specific subcompetencies or to develop skills in areas you are hoping to work.
- The ACGME does not require and will not require these Milestones. They are offered only as a tool.



Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around direct observation and feedback
- Evidence-based video prompts
- Answer keys and facilitator guides
- Microlearning lessons with associated slides and guides



Counseling Videos

| Hyperlipidemia | Back Pain | Constipation |
|--|--|---|
| | | |
| <p>Resident counsels a 54-year-old woman with hypertension, hyperlipidemia, obesity, and tobacco use who meets criteria to start lipid-lowering therapy.</p> <p>Video A (4:37) Answer Key Video B (7:10) Answer Key Video C (13:48) Answer Key</p> | <p>Resident counsels a 42-year-old male with severe acute low back pain and sciatica with a normal neurologic exam. The patient has not tried any conservative measures. In the video there is an opportunity to discuss diagnosis and management and address patient request for MRI and narcotics.</p> <p>Video A (3:15) Answer Key Video B (7:53) Answer Key Video C (11:37) Answer Key</p> | <p>Resident counsels a 49-year-old healthy woman with worsening constipation for three months. The patient has episodic hematochezia and a hemorrhoid was found during a rectal exam. The patient's paternal grandfather had late-onset colon cancer.</p> <p>Video A (5:30) Answer Key Video B (9:02) Answer Key Video C (11:31) Answer Key</p> |

Thank you!

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