Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
Rumeruis	Definition of Graduate Medical Education Graduate medical education is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty		Definition of Graduate Medical Educa Graduate medical education is the cru development between medical schoo is in this vital phase of the continuum learn to provide optimal patient care u
Int.A.	 members who not only instruct, but serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public. Practice patterns established during graduate medical education persist many years later. 	[None]	members who not only instruct, but s compassion, cultural sensitivity, profe Graduate medical education transforr scholars who care for the patient, pat community; create and integrate new educate future generations of physici patterns established during graduate years later.
	Graduate medical education has as a core tenet the graded authority and responsibility for patient care. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, judgment, and empathy required for autonomous practice. Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care; and the health of the populations they serve. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.		Graduate medical education has as a responsibility for patient care. The ca appropriate faculty supervision and c residents to attain the knowledge, ski required for autonomous practice. Gr physicians who focus on excellence i affordable, quality care; and the healt Graduate medical education values th physicians brings to medical care, an psychologically safe learning environ
Int.A. (Continued)	Graduate medical education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery. This transformation is often physically, emotionally, and intellectually demanding and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None] - (Continued)	Graduate medical education occurs in foundation for practice-based and life development of the physician, begun through faculty modeling of the efface environment that emphasizes joy in c rigor, and discovery. This transformat and intellectually demanding and occ environments committed to graduate being of patients, residents, fellows, f members of the health care team.

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crucial step of professional ool and autonomous clinical practice. It im of medical education that residents e under the supervision of faculty t serve as role models of excellence, ofessionalism, and scholarship.

orms medical students into physician atient's family, and a diverse w knowledge into practice; and icians to serve the public. Practice te medical education persist many

a core tenet the graded authority and care of patients is undertaken with I conditional independence, allowing kills, attitudes, judgment, and empathy Graduate medical education develops e in delivery of safe, equitable, alth of the populations they serve. the strength that a diverse group of and the importance of inclusive and conments.

in clinical settings that establish the ifelong learning. The professional in in medical school, continues cement of self-interest in a humanistic curiosity, problem-solving, academic nation is often physically, emotionally, ccurs in a variety of clinical learning te medical education and the wellfaculty members, students, and all

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
Int.B.	Definition of Specialty The osteopathic neuromusculoskeletal medicine residency program is a primary residency disciplined in the neuromusculoskeletal system, its comprehensive relationship to other organ systems, and its dynamic function of locomotion. The principle focus of the discipline is osteopathic and patient-centered; specifically, it embodies structural and functional interrelation, body unity, self-healing, and self-maintenance. Specialists in this discipline must interpret and demonstrate specialized knowledge of the basic and clinical sciences, clinical evaluation, and management of disorders of the neuromusculoskeletal system and its related visceral and somatic structures. Specialists in this discipline demonstrate knowledge of the indications, risks, and benefits of manipulative medicine in treatment of patients with neuromusculoskeletal disorders.		Definition of Specialty The osteopathic neuromusculoskeletal r residency disciplined in the neuromuscul relationship to other organ systems, and principle focus of the discipline is osteop it embodies structural and functional inter- self-maintenance. Specialists in this disc specialized knowledge of the basic and management of disorders of the neurom- visceral and somatic structures. Special knowledge of the indications, risks, and treatment of patients with neuromusculo
Int.C.	Length of Educational Program The educational program in osteopathic neuromusculoskeletal medicine must be 36 months in length. (Core)*	4.1.	Length of Educational Program The educational program in osteopathic be 36 months in length. (Core)*
Int.C.1.	The educational program for a resident entering the program at the ONMM2 level must be 24 months in length. (Core)	4.1.a.	The educational program for a resident e level must be 24 months in length. (Core
Int.C.2	The educational program for a resident entering the program at the ONMM3 level must be 12 months in length. (Core)	4.1.b.	The educational program for a resident elevel must be 12 months in length. (Core
l.	Oversight	Section 1	Section 1: Oversight
I.A.	 Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the primary clinical site. 	[None]	Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education, consistent with th Requirements. When the Sponsoring Institution is no most commonly utilized site of clinical primary clinical site.
I.A.1.	The program must be sponsored by one ACGME-accredited Sponsoring Institution.	1.1.	The program must be sponsored by o Institution.
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for residents.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)		There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve

I medicine residency program is a primary culoskeletal system, its comprehensive nd its dynamic function of locomotion. The opathic and patient-centered; specifically, nterrelation, body unity, self-healing, and iscipline must interpret and demonstrate d clinical sciences, clinical evaluation, and musculoskeletal system and its related alists in this discipline demonstrate d benefits of manipulative medicine in loskeletal disorders.

ic neuromusculoskeletal medicine must

t entering the program at the ONMM2 ore)

t entering the program at the ONMM3 pre)

rganization or entity that assumes the sponsibility for a program of graduate the ACGME Institutional

not a rotation site for the program, the ical activity for the program is the

one ACGME-accredited Sponsoring

on providing educational experiences ns for residents.

ponsoring Institution, must designate a

greement (PLA) between the program erns the relationship between the providing a required assignment. (Core)

every 10 years. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a).	At each participating site there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must I by the program director as the site dir resident education at that site, in colla (Core)
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all residents, of one month full tim the ACGME's Accreditation Data Syst
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusiv present), faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for resident education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	Time and resources for the program director to attend a program director's workshop that provides content specific to osteopathic neuromusculoskeletal medicine and medical education must be provided. (Core)	1.8.a.	Time and resources for the program dire workshop that provides content specific medicine and medical education must be
I.D.1.b)	There must be an ambulatory site that serves as the continuity of care clinic that provides residents with comprehensive and continuous care of a diverse patient population with common diagnoses in neuromusculoskeletal medicine and osteopathic manipulative medicine practice. (Core)		There must be an ambulatory site that so provides residents with comprehensive a population with common diagnoses in ne osteopathic manipulative medicine pract
I.D.1.b).(1)	The continuity of care clinic must contain appropriate equipment, including adequate access to technology to access electronic medical records (EMR) and Internet resources, tables appropriate for osteopathic manipulative treatment, diagnostic equipment necessary for differential diagnosis, patient care rooms with space for the physician to move around the table, access to necessary equipment to review radiographic images and other diagnostic tests that may be ordered by the residents, and space for residents to discuss patients with faculty members and complete the required documentation for each patient. (Core)		The continuity of care clinic must contain adequate access to technology to acces Internet resources, tables appropriate fo diagnostic equipment necessary for diffe with space for the physician to move aro equipment to review radiographic image ordered by the residents, and space for members and complete the required doc
I.D.1.b).(2)	There must be secure and dedicated space for each resident to perform continuity of care clinic administrative duties. (Core)	1.8.b.2.	There must be secure and dedicated spa continuity of care clinic administrative du

ent Language lesignated institutional official (DIO).

cal learning and working environment

t be one faculty member, designated director, who is accountable for blaboration with the program director.

any additions or deletions of ng an educational experience, required me equivalent (FTE) or more through stem (ADS). (Core)

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Sponsoring Institution, must engage driven, ongoing, systematic recruitment sive workforce of residents, fellows (if dministrative GME staff members, and emic community. (Core)

Sponsoring Institution, must ensure es for resident education. (Core)

Sponsoring Institution, must ensure es for resident education. (Core)

rector to attend a program director's c to osteopathic neuromusculoskeletal be provided. (Core)

serves as the continuity of care clinic that e and continuous care of a diverse patient neuromusculoskeletal medicine and octice. (Core)

ain appropriate equipment, including ess electronic medical records (EMR) and for osteopathic manipulative treatment, fferential diagnosis, patient care rooms round the table, access to necessary ges and other diagnostic tests that may be or residents to discuss patients with faculty ocumentation for each patient. (Core)

space for each resident to perform duties. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.1.b).(3)	While the program may utilize more than one continuity of care clinic, an individual resident must not be assigned to more than three continuity of care clinic sites at any one time. (Core)	1.8.b.3.	While the program may utilize more than individual resident must not be assigned clinic sites at any one time. (Core)
I.D.1.b).(4)	The resident-to-precepting faculty member ratio at the continuity of care clinic must not exceed four-to-one. (Core)	1.8.b.4.	The resident-to-precepting faculty membrane must not exceed four-to-one. (Core)
I.D.1.b).(4).(a)	The faculty members must not have other clinical responsibilities while precepting, unless the resident to precepting faculty member ratio is equal to or less than two to one. (Core)	1.8.b.4.a.	The faculty members must not have othe precepting, unless the resident to precepters than two to one. (Core)
I.D.1.c)	Each resident must be provided with time and financial resources to take an annual neuromusculoskeletal medicine in-training examination. (Core)	1.8.c.	Each resident must be provided with tim annual neuromusculoskeletal medicine i
I.D.1.d)	The number of patients available to the program must be sufficient to provide an educational experience for the number of residents in the program, and must represent a broad spectrum of clinical presentations. (Core)	1.8.d.	The number of patients available to the peducational experience for the number of represent a broad spectrum of clinical provide the sectors of the sectors of clinical provides the sectors of the secto
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for residents with proximity appropria
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactatio with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for residents with d Sponsoring Institution's policy. (Core
I.D.3.	Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Residents must have ready access to appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including, but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe advanced practice providers, must no residents' education. (Core) Section 2: Personnel
II.	Personnel	Section 2	
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme

an one continuity of care clinic, an ed to more than three continuity of care

nber ratio at the continuity of care clinic

ther clinical responsibilities while cepting faculty member ratio is equal to or

me and financial resources to take an e in-training examination. (Core)

e program must be sufficient to provide an of residents in the program, and must presentations. (Core)

Sponsoring Institution, must ensure ng environments that promote resident

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rest facilities available and accessible riate for safe patient care; (Core)

ion that have refrigeration capabilities, patient care; (Core)

priate to the participating site; and,

disabilities consistent with the re)

to specialty-specific and other int or electronic format. This must al literature databases with full text

sonnel

other health care personnel, including, her programs, subspecialty fellows, and not negatively impact the appointed

appointed as program director with overall program, including compliance nents. (Core)

appointed as program director with overall program, including compliance nents. (Core)

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	•
II.A.1.a)	The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's GMEC m director and must verify the program appointment. (Core)
II.A.1.a).(1)	Final approval of the program director resides with the Review Committee. (Core)	2.2.a.	Final approval of the program directo (Core)
II.A.1.b)	The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)	2.3.	The program must demonstrate reten length of time adequate to maintain co stability. (Core)
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.4.	The program director and, as applical must be provided with support adequ based upon its size and configuration
II.A.2.a)	At a minimum, the program director must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.4.a.	At a minimum, the program director mus dedicated minimum of 0.2 FTE for admir
II.A.3.	Qualifications of the program director:	2.5.	Qualifications of the Program Director The program director must possess s years of documented educational and qualifications acceptable to the Revie
II.A.3.a)	must include specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee; (Core)	2.5.	Qualifications of the Program Directo The program director must possess s years of documented educational and qualifications acceptable to the Revie
	must include current certification in the specialty for which they are the program director by the American Osteopathic Board of Neuromusculoskeletal Medicine, or specialty qualifications that are acceptable to the Review Committee; (Core)		The program director must possess of for which they are the program direct Board of Neuromusculoskeletal Medicir acceptable to the Review Committee.
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) acceptable, there is no ABMS member board that offers certification in this specialty]	2.5.a.	[Note that while the Common Program R member board of the American Board of acceptable, there is no ABMS member b specialty.]
II.A.3.b).(1)	Current certification through the American Osteopathic Board of Special Proficiency in Osteopathic Manipulative Medicine (AOBSPOMM) is also acceptable. (Core)	2.5.a.1.	Current certification through the America Proficiency in Osteopathic Manipulative acceptable. (Core)
II.A.3.c)	must include ongoing clinical activity. (Core)	2.5.b.	The program director must demonstra
	Program Director Responsibilities		
II.A.4.	The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; resident recruitment and selection, evaluation, and promotion of residents, and disciplinary action; supervision of residents; and resident education in the context of patient care. (Core)	2.6.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; resident recruitment and sele residents, and disciplinary action; su education in the context of patient car
II.A.4.a)	The program director must:	[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.6.a.	The program director must be a role r

must approve a change in program m director's licensure and clinical

tor resides with the Review Committee.

ention of the program director for a continuity of leadership and program

able, the program's leadership team, quate for administration of the program on. (Core)

ust be provided with support equal to a ninistration of the program. (Core)

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s specialty expertise and at least three nd/or administrative experience, or iew Committee. (Core)

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specialty expertise and at least three nd/or administrative experience, or iew Committee. (Core)

current certification in the specialty ctor by the American Osteopathic cine, or specialty qualifications that are e. (Core)

Requirements deem certification by a of Medical Specialties (ABMS) r board that offers certification in this

can Osteopathic Board of Special e Medicine (AOBSPOMM) is also

trate ongoing clinical activity. (Core)

ponsibility, authority, and nd operations; teaching and scholarly election, evaluation, and promotion of upervision of residents; and resident care. (Core)

e model of professionalism. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.6.b.	The program director must design and consistent with the needs of the comr Sponsoring Institution, and the missic
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; (Core)	2.6.c.	The program director must administer environment conducive to educating t Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.6.d.	The program director must have the an physicians and non-physicians as fact sites, including the designation of cor- develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove residents from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.6.e.	The program director must have the a supervising interactions and/or learnin the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.6.f.	The program director must submit acc required and requested by the DIO, GM
II.A.4.a).(7)	provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.6.g.	The program director must provide a l which residents have the opportunity mistreatment, and provide feedback ir appropriate, without fear of intimidation
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, or not to promote or renew the appointment of a resident; (Core)	2.6.h.	The program director must ensure the Sponsoring Institution's policies and due process, including when action is to promote or renew the appointment
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.6.i.	The program director must ensure the Sponsoring Institution's policies and policies
II.A.4.a).(9).(a)	Residents must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Residents must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all residents within 30 days of completion of or departure from the program; and, (Core)	2.6.j.	The program director must document residents within 30 days of completior (Core)
II.A.4.a).(11)	provide verification of an individual resident's education upon the resident's request, within 30 days; and (Core)	2.6.k.	The program director must provide ve education upon the resident's request
II.A.4.a).(12)	provide applicants who are offered an interview with information related to the applicant's eligibility for the relevant specialty board examination(s). (Core)	2.6.1.	The program director must provide ap interview with information related to th relevant specialty board examination(

and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

ter and maintain a learning g the residents in each of the ACGME

authority to approve or remove aculty members at all participating ore faculty members, and must valuate candidates prior to approval.

authority to remove residents from ning environments that do not meet)

CCURATE and COMPLETE INFORMATION GMEC, and ACGME. (Core)

a learning and working environment in ty to raise concerns, report in a confidential manner as tion or retaliation. (Core)

he program's compliance with the d procedures related to grievances and is taken to suspend or dismiss, or not nt of a resident. (Core)

he program's compliance with the discover the discover of the

ign a non-competition guarantee or

nt verification of education for all ion of or departure from the program.

verification of an individual resident's est, within 30 days. (Core)

applicants who are offered an the applicant's eligibility for the n(s). (Core)

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requiremer
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational education – faculty members teach re Faculty members provide an importa and become practice-ready, ensuring quality of care. They are role models by demonstrating compassion, comm patient care, professionalism, and a c Faculty members experience the prior development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, fa- medical education system, improve to population.
II.B.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the residents and themselves.	[None]	Faculty members ensure that patient from a specialist in the field. They re- the patients, residents, community, a provide appropriate levels of supervi Faculty members create an effective professional manner and attending to themselves.
	There must be a sufficient number of faculty members with competence to		There must be a sufficient number of
II.B.1.	instruct and supervise all residents. (Core)	2.7.	instruct and supervise all residents.
II.B.2.	Faculty members must:	[None]	Faculty Responsibilities
II.B.2.a)	be role models of professionalism; (Core)	2.8.	Faculty members must be role model
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.8.a.	Faculty members must demonstrate equitable, high-quality, cost-effective
II.B.2.c)	demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.8.b.	Faculty members must demonstrate residents, including devoting sufficien fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating residents; (Core)	2.8.c.	Faculty members must administer an environment conducive to educating
, II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.8.d.	Faculty members must regularly part discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually: (Core)	2.8.e.	Faculty members must pursue facult their skills at least annually: (Core)
II.B.2.f).(1)	as educators and evaluators; (Detail)	2.8.e.1.	as educators and evaluators; (Detail)
II.B.2.f).(2)	in quality improvement, eliminating health inequities, and patient safety; (Detail)	2.8.e.2.	in quality improvement, eliminating h (Detail)
II.B.2.f).(3)	in fostering their own and their residents' well-being; and, (Detail)	2.8.e.3.	in fostering their own and their reside
II.B.2.f).(4)	in patient care based on their practice-based learning and improvement efforts. (Detail)	2.8.e.4.	in patient care based on their practic efforts. (Detail)

al element of graduate medical residents how to care for patients. tant bridge allowing residents to grow ng that patients receive the highest ls for future generations of physicians nmitment to excellence in teaching and a dedication to lifelong learning. ride and joy of fostering the growth and The care they provide is enhanced by exemplary behavior. By employing a faculty members, through the graduate e the health of the individual and the

nts receive the level of care expected recognize and respond to the needs of , and institution. Faculty members vision to promote patient safety. re learning environment by acting in a to the well-being of the residents and

of faculty members with competence to . (Core)

lels of professionalism. (Core) e commitment to the delivery of safe, ve, patient-centered care. (Core)

e a strong interest in the education of ient time to the educational program to g responsibilities. (Core)

and maintain an educational ig residents. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

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health inequities, and patient safety;

dents' well-being; and, (Detail) ice-based learning and improvement

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.3.	Faculty Qualifications	2.9.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.9.	Faculty Qualifications Faculty members must have appropr hold appropriate institutional appoint
II.B.3.a).(1)	Faculty members who teach osteopathic neuromusculoskeletal medicine residents in the ambulatory continuity of care clinic or in the hospital must be AOBNMM-certified, AOBSPOMM-certified, or AOBNMM board-eligible, or possess qualifications acceptable to the Review Committee. (Core)	2.9.a.	Faculty members who teach osteopathic residents in the ambulatory continuity of AOBNMM-certified, AOBSPOMM-certifie possess qualifications acceptable to the
II.B.3.a).(2)	Faculty members who teach osteopathic neuromusculoskeletal medicine residents in specialties other than osteopathic neuromusculoskeletal medicine must have current certification by an American Osteopathic Association (AOA) certifying board or an American Board of Medical Specialties (ABMS) member board, or possess gualifications acceptable to the Review Committee. (Core)	2.9.b.	Faculty members who teach osteopathic residents in specialties other than osteop must have current certification by an Am certifying board or an American Board of board, or possess qualifications accepta
II.B.3.b)	Physician faculty members must:	[None]	a constant for the second for the second sec
II.B.3.b).(1) II.B.3.b).(1).(a)	 have current certification in the specialty by the American Osteopathic Board of Neuromusculoskeletal Medicine, or possess qualifications judged acceptable to the Review Committee. (Core) [Note that while the Common Program Requirements deem certification by a member board of the American Board of Medical Specialties (ABMS) acceptable, there is no ABMS member board that offers certification in this specialty] Current certification through the AOBSPOMM is also acceptable. (Core) 	2.10. 2.10.a.	Physician faculty members must have by the American Osteopathic Board of possess qualifications judged accept [Note that while the Common Program F member board of the American Board of acceptable, there is no ABMS member to specialty.] Current certification through the AOBSP
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)	2.11.	Core Faculty Core faculty members must have a si- supervision of residents and must de entire effort to resident education and component of their activities, teach, e feedback to residents. (Core)
II.B.4.a)	Core faculty members must complete the annual ACGME Faculty Survey. (Core)	2.11.a.	Core faculty members must complete (Core)
II.B.4.b)	There must be a minimum of one AOBNMM-certified, AOBSPOMM-certified, or AOBNMM board-eligible core faculty member in addition to the program director. (Core)	2.11.b.	There must be a minimum of one AOBN AOBNMM board-eligible core faculty me (Core)
II.B.4.b).(1)	Program directors of accredited osteopathic neuromusculoskeletal medicine programs must not serve as a core faculty member for another accredited osteopathic neuromusculoskeletal medicine program. (Core)	2.11.b.1.	Program directors of accredited osteopa programs must not serve as a core facul osteopathic neuromusculoskeletal medio
II.C.	Program Coordinator	2.12.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.12.	Program Coordinator There must be a program coordinator

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

nic neuromusculoskeletal medicine of care clinic or in the hospital must be fied, or AOBNMM board-eligible, or ne Review Committee. (Core)

nic neuromusculoskeletal medicine eopathic neuromusculoskeletal medicine merican Osteopathic Association (AOA) of Medical Specialties (ABMS) member table to the Review Committee. (Core)

ve current certification in the specialty of Neuromusculoskeletal Medicine, or ptable to the Review Committee. (Core)

Requirements deem certification by a of Medical Specialties (ABMS) r board that offers certification in this

POMM is also acceptable. (Core)

significant role in the education and levote a significant portion of their nd/or administration, and must, as a , evaluate, and provide formative

te the annual ACGME Faculty Survey.

NMM-certified, AOBSPOMM-certified, or nember in addition to the program director.

bathic neuromusculoskeletal medicine culty member for another accredited dicine program. (Core)

or. (Core)

or. (Core)

Pequirement Lenguage	Reformatted	Demission
The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size		Requiremen The program coordinator must be pro support adequate for administration of and configuration. (Core)
The program coordinator must be provided with support equal to a dedicated minimum of 0.5 FTE for administration of the program. (Core)	2.12.b.	The program coordinator must be provid minimum of 0.5 FTE for administration of
Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.13.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
Resident Appointments	Section 3	Section 3: Resident Appointments
Eligibility Requirements	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core)	3.2.	Eligibility Requirements An applicant must meet one of the fol for appointment to an ACGME-accred
graduation from a medical school in the United States, 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)	3.2.a.	graduation from a medical school in t Liaison Committee on Medical Educat college of osteopathic medicine in the American Osteopathic Association Co Accreditation (AOACOCA); or, (Core)
graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)	3.2.b.	 graduation from a medical school out meeting one of the following addition holding a currently valid certificate f Foreign Medical Graduates (ECFMG) holding a full and unrestricted licens States licensing jurisdiction in which located. (Core)
holding a currently valid certificate from the Educational Commission for		 graduation from a medical school out meeting one of the following addition holding a currently valid certificate f Foreign Medical Graduates (ECFMG) holding a full and unrestricted licens States licensing jurisdiction in which located. (Core)
	support adequate for administration of the program based upon its size and configuration. (Core) The program coordinator must be provided with support equal to a dedicated minimum of 0.5 FTE for administration of the program. (Core) Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core) Resident Appointments Eligibility Requirements An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core) graduation from a medical school in the United States, 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) graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core)	Requirement Language Requirement Number The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core) 2.12.a. The program coordinator must be provided with support equal to a dedicated minimum of 0.5 FTE for administration of the program. (Core) 2.12.b. Other Program Personnel 2.12.b. The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core) 2.13. Resident Appointments Section 3 Eligibility Requirements 3.2. An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program: (Core) 3.2. graduation from a medical school in the United States, 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) 3.2.a. graduation from a medical school outside of the United States, and meeting one of the following additional qualifications: (Core) 3.2.b.

rovided with dedicated time and of the program based upon its size

vided with support equal to a dedicated of the program. (Core)

Sponsoring Institution, must jointly personnel for the effective e)

ollowing qualifications to be eligible edited program: (Core)

ollowing qualifications to be eligible edited program: (Core)

n the United States, accredited by the cation (LCME) or graduation from a the United States, accredited by the Commission on Osteopathic College e)

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for b) prior to appointment; or, (Core)

ense to practice medicine in the United th the ACGME-accredited program is

utside of the United States, and onal qualifications: (Core)

e from the Educational Commission for b) prior to appointment; or, (Core)

ense to practice medicine in the United th the ACGME-accredited program is

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requiremen
			graduation from a medical school out meeting one of the following addition
			 holding a currently valid certificate f Foreign Medical Graduates (ECFMG)
	holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is		 holding a full and unrestricted licens States licensing jurisdiction in which
III.A.1.b).(2)	located. (Core)	3.2.b.	located. (Core)
III.A.2.	All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)- accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation. (Core)	3.3.	All prerequisite post-graduate clinical or transfer into ACGME-accredited re in ACGME-accredited residency prog programs, Royal College of Physiciar accredited or College of Family Physi residency programs located in Canad ACGME International (ACGME-I) Adva
	Residency programs must receive verification of each resident's level of		Residency programs must receive ve
	competency in the required clinical field using ACGME, CanMEDS, or		competency in the required clinical field ACGME-I Milestones evaluations from
III.A.2.a)	ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)	3.3.a.	matriculation. (Core)
	Prior to matriculation, residents must have sufficient background and/or		Prior to matriculation, residents must ha
	instruction in osteopathic philosophy and techniques in manipulative medicine to		instruction in osteopathic philosophy and
III.A.2.b)	prepare them to engage in the curriculum of the program, including: (Core) osteopathic philosophy, history, terminology, and code of ethics; (Core)	3.3.a.1. 3.3.a.1.a.	prepare them to engage in the curriculur
III.A.2.b).(1) III.A.2.b).(2)	anatomy and physiology related to osteopathic medicine; (Core)	3.3.a.1.b.	osteopathic philosophy, history, terminol anatomy and physiology related to osteo
m./(.2.0).(2)	indications, contraindications, and safety issues associated with the use of	0.0.4.1.5.	indications, contraindications, and safety
III.A.2.b).(3)	osteopathic manipulative treatment; and, (Core)	3.3.a.1.c.	osteopathic manipulative treatment; and
	palpatory diagnosis, osteopathic structural examination, and osteopathic		palpatory diagnosis, osteopathic structur
III.A.2.b).(4)	manipulative treatment. (Core	3.3.a.1.d.	manipulative treatment. (Core
III.A.2.c)	ONMM2 Level of Entry To be eligible for entry into the program at the ONMM2 level, residents must have successfully completed, prior to appointment, a broad-based clinical year (PGY-1). (Core)	3.3.a.2.	ONMM2 Level of Entry To be eligible for entry into the program have successfully completed, prior to ap (PGY-1). (Core)
,	ONMM3 Level of Entry		
III.A.2.d)	To be eligible for entry into the program at the ONMM3 level:	3.3.a.3.	ONMM3 Level of Entry
III.A.2.d).(1)	residents must have completed a residency program that satisfies III.A.2. (Core)	3.3.a.3.a.	To be eligible for entry into the program have completed a residency program the
III.A.2.d).(2)	Residents should have completed a minimum of 12 rotations identified as required or elective in Requirements IV.C.8.e).(2).(a)-IV.C.8.e).(2).(e). (Core)	3.3.a.3.b.	To be eligible for entry into the program have completed a minimum of 12 rotatio Requirements 4.11.f.4.b.1-5. (Core)
III.A.2.d).(2).(a)	At the discretion of the program director, a rotation may be calculated as a four- week block, a calendar month, or 100 hours. (Detail)†	3.3.a.3.b.1.	At the discretion of the program director, week block, a calendar month, or 100 ho

outside of the United States, and onal qualifications: (Core)

e from the Educational Commission for G) prior to appointment; or, (Core)

ense to practice medicine in the United checked by the ACGME-accredited program is

cal education required for initial entry residency programs must be completed ograms, AOA-approved residency ans and Surgeons of Canada (RCPSC)-/sicians of Canada (CFPC)-accredited ada, or in residency programs with Ivanced Specialty Accreditation. (Core)

verification of each resident's level of field using ACGME, CanMEDS, or om the prior training program upon

nave sufficient background and/or and techniques in manipulative medicine to lum of the program, including: (Core) nology, and code of ethics; (Core)

eopathic medicine; (Core)

ety issues associated with the use of nd, (Core)

tural examination, and osteopathic

m at the ONMM2 level, residents must appointment, a broad-based clinical year

m at the ONMM3 level residents must that satisfies 3.3. (Core)

m at the ONMM3 level, residents should tions identified as required or elective in

or, a rotation may be calculated as a fourhours. (Detail)†

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
III.A.2.d).(2).(b)	The program director may grant an exception to Requirement III.A.2.d).(2), however the educational program must be extended beyond the 12-month program by one month for each required rotation not completed prior to entry. (Core)	3.3.a.3.b.2.	The program director may grant an exce however the educational program must b program by one month for each required (Core)
III.A.3.	Resident Eligibility Exception The Review Committee for Osteopathic Neuromusculoskeletal Medicine will allow the following exception to the resident eligibility requirements: (Core)	3.3.b.	Resident Eligibility Exception The Review Committee for Osteopathic allow the following exception to the re (Core)
III.A.3.a)	An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1III.A.2., but who does meet all of the following additional qualifications and conditions: (Core)	3.3.b.1.	An ACGME-accredited residency prog qualified international graduate applic eligibility requirements listed in 3.2. – following additional qualifications and
III.A.3.a).(1)	evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, (Core)	3.3.b.1.a.	evaluation by the program director an the applicant's suitability to enter the review of the summative evaluations of
III.A.3.a).(2)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.3.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.3.a).(3)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.3.b.1.c.	verification of Educational Commissic (ECFMG) certification. (Core)
III.A.3.b)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.3.b.2.	Applicants accepted through this exce their performance by the Clinical Com of matriculation. (Core)
III.B.	Resident Complement The program director must not appoint more residents than approved by the Review Committee. (Core)	3.4.	Resident Complement The program director must not appoin the Review Committee. (Core)
III.C.	Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)	3.5.	Resident Transfers The program must obtain verification and a summative competency-based p acceptance of a transferring resident, matriculation. (Core)

ception to Requirement 3.3.a.3.b., It be extended beyond the 12-month ed rotation not completed prior to entry.

hic Neuromusculoskeletal Medicine will resident eligibility requirements:

ogram may accept an exceptionally licant who does not satisfy the – 3.3., but who does meet all of the and conditions: ^(Core)

and residency selection committee of ne program, based on prior training and s of this training; and, (Core) t's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

bint more residents than approved by

on of previous educational experiences d performance evaluation prior to nt, and Milestones evaluations upon

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	Educational Program		Section 4: Educational Program
	The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		The ACGME accreditation system is a and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wi
IV.	It is recognized programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.	Section 4	It is recognized programs may place leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu community health.
IV.A.	Educational Components The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, residents, and faculty me
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)	4.2.b.	competency-based goals and objectiv designed to promote progress on a tr These must be distributed, reviewed, members; (Core)
IV.A.3.	delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core)	4.2.c.	delineation of resident responsibilitie responsibility for patient managemen
IV.A.4.	a broad range of structured didactic activities; and, (Core)	4.2.d.	a broad range of structured didactic a
IV.A.4.a)	Residents must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Resider Experiences Residents must be provided with pro- didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that prop tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each specialty.
IV.B.1.	The program must integrate the following ACGME Competencies into the curriculum:	[None]	The program must integrate all ACGN

s designed to encourage excellence education regardless of the cation of the program.

port the development of who provide compassionate care.

e different emphasis on research, expected that the program aims will fic goals for it and its graduates; for ram aiming to prepare physicianculum from one focusing on

llowing educational components:

ith the Sponsoring Institution's ty it serves, and the desired distinctive must be made available to program nembers; (Core)

ctives for each educational experience a trajectory to autonomous practice. d, and available to residents and faculty

ies for patient care, progressive ent, and graded supervision; (Core) c activities; and, (Core)

lent Experiences – Didactic and Clinical

rotected time to participate in core

romote patient safety-related goals,

eptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each specialty. The developmental ncies are articulated through the

ME Competencies into the curriculum.

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requiremen
		·····	ACGME Competencies – Professiona
	Professionalism		Residents must demonstrate a comm
			adherence to ethical principles. (Core
	Residents must demonstrate a commitment to professionalism and an		
IV.B.1.a)	adherence to ethical principles. (Core)	4.3.	Residents must demonstrate competer
			ACGME Competencies – Professiona
			Residents must demonstrate a comm
			adherence to ethical principles. (Core
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate compet
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect fo
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autono
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, an
	respect and responsiveness to diverse patient populations, including but		respect and responsiveness to divers
IV = 1 + (1) + (1)	not limited to diversity in gender, age, culture, race, religion, disabilities,	4.3.f.	not limited to diversity in gender, age
IV.B.1.a).(1).(f)	national origin, socioeconomic status, and sexual orientation; (Core) ability to recognize and develop a plan for one's own personal and	4.3.1.	national origin, socioeconomic status ability to recognize and develop a pla
IV.B.1.a).(1).(g)	professional well-being; and, (Core)	4.3.g.	professional well-being; and, (Core)
	appropriately disclosing and addressing conflict or duality of interest.		appropriately disclosing and address
IV.B.1.a).(1).(h)	(Core)	4.3.h.	(Core)
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
			ACGME Competencies – Patient Care
	Residents must be able to provide patient care that is patient- and family-		Residents must be able to provide pa
	centered, compassionate, equitable, appropriate, and effective for the		centered, compassionate, equitable, a
IV.B.1.b).(1)	treatment of health problems and the promotion of health. (Core)	4.4.	treatment of health problems and the
	Residents must demonstrate competency in the management of outpatients and		Residents must demonstrate competend
IV.B.1.b).(1).(a)	inpatients with neuromusculoskeletal disorders across the lifespan, including those who require acute care and care for chronic conditions. (Core)	4.4.a.	inpatients with neuromusculoskeletal dis those who require acute care and care f
11.D.1.D).(1).(u)		1.1.4.	ACGME Competencies – Procedural S
	Residents must be able to perform all medical, diagnostic, and surgical		perform all medical, diagnostic, and s
IV.B.1.b).(2)	procedures considered essential for the area of practice. (Core)	4.5.	essential for the area of practice. (Co
	Residents must demonstrate competence in the appropriate application, as		Residents must demonstrate competend
	documented in the medical record, of a broad variety of both direct and indirect		documented in the medical record, of a
	osteopathic manipulative treatment techniques, including, but not limited to, high		osteopathic manipulative treatment tech
$I \setminus P = 1 + (2) / (-)$	velocity/low amplitude (HV/LA), articulatory, muscle energy, strain-counterstrain,		velocity/low amplitude (HV/LA), articulate
IV.B.1.b).(2).(a)	myofascial release, and osteopathic cranial manipulative medicine; and, (Core)	4. ə.a .	myofascial release, and osteopathic cra
IV.B.1.b).(2).(b)	Residents must demonstrate competence in the application of trigger point/tender point injections and joint aspiration/injection. (Core)	4.5.b.	Residents must demonstrate competence point/tender point injections and joint as
······		T.U.D.	

alism mitment to professionalism and an re)

etence in:

onalism mmitment to professionalism and an Core)

etence in:

for others; (Core) at supersedes self-interest; (Core)

nomy; (Core)

and the profession; (Core)

rse patient populations, including but ge, culture, race, religion, disabilities, us, and sexual orientation; (Core) lan for one's own personal and

ssing conflict or duality of interest.

re

batient care that is patient- and family-, appropriate, and effective for the ne promotion of health. (Core)

ncy in the management of outpatients and lisorders across the lifespan, including for chronic conditions. (Core)

I Skills: Residents must be able to I surgical procedures considered ore)

nce in the appropriate application, as a broad variety of both direct and indirect chniques, including, but not limited to, high atory, muscle energy, strain-counterstrain, ranial manipulative medicine. (Core)

nce in the application of trigger aspiration/injection. (Core)

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requiremen
IV.B.1.b).(2).(c)	ONMM1 Level of Entry Residents entering the program at the ONMM1 level must document the evaluation and osteopathic manipulative treatment of patients, supervised by a neuromusculoskeletal medicine physician, prior to the completion of the 36- month program for: (Core)	4.5.c.	ONMM1 Level of Entry Residents entering the program at the O evaluation and osteopathic manipulative neuromusculoskeletal medicine physicia month program for: (Core)
IV.B.1.b).(2).(c).(i)	a minimum of 50 patient encounters with a variety of surgical diagnoses; (Core)	45c1	a minimum of 50 patient encounters with
17.0.1.0).(2).(0).(1)	a minimum of 50 patient encounters with a variety of pediatrics diagnoses;	4.0.0.1.	a minimum of 50 patient encounters with
IV.B.1.b).(2).(c).(ii)	(Core)	4.5.c.2.	(Core)
IV.B.1.b).(2).(c).(iii)	a minimum of 50 patient encounters with a variety of obstetrics and gynecology diagnoses; and, (Core)	4.5.c.3.	a minimum of 50 patient encounters with diagnoses; and, (Core)
IV.B.1.b).(2).(c).(iv)	a minimum of 50 patient encounters through hospital consultations. (Core)	4.5.c.4.	a minimum of 50 patient encounters thro
IV.B.1.b).(2).(d)	ONMM2 Level of Entry Residents entering the program at the ONMM2 level must document the evaluation and osteopathic manipulative treatment of patients, supervised by a neuromusculoskeletal medicine physician, prior to the completion of the 24- month program for: (Core)	4.5.d.	ONMM2 Level of Entry Residents entering the program at the O evaluation and osteopathic manipulative neuromusculoskeletal medicine physicia month program for: (Core)
IV.B.1.b).(2).(d).(i)	a minimum of 50 patient encounters with a variety of surgical diagnoses, (Core)	4.5.d.1.	a minimum of 50 patient encounters with
IV.B.1.b).(2).(d).(ii)	a minimum of 50 patient encounters with a variety of pediatric diagnoses, (Core)	4.5.d.2.	a minimum of 50 patient encounters with
IV.B.1.b).(2).(d).(iii)	a minimum of 50 patient encounters with a variety of obstetrical and gynecological diagnoses, and, (Core)	4.5.d.3.	a minimum of 50 patient encounters with gynecological diagnoses, and, (Core)
IV.B.1.b).(2).(d).(iv)	a minimum of 50 patient encounters through hospital consultations. (Core)	4.5.d.4.	a minimum of 50 patient encounters thro
IV.B.1.b).(2).(e)	ONMM3 Level of Entry Residents who entered the program at the ONMM3 level must document the evaluation and osteopathic manipulative treatment of patients, supervised by a neuromusculoskeletal medicine physician, prior to the completion of the 12- month program for: (Core)	4.5.e.	ONMM3 Level of Entry Residents who entered the program at the evaluation and osteopathic manipulative neuromusculoskeletal medicine physicia month program for: (Core)
IV.B.1.b).(2).(e).(i)	a minimum of 35 patient encounters with a variety of surgical diagnoses; (Core)	4.5.e.1.	a minimum of 35 patient encounters with
IV.B.1.b).(2).(e).(ii)	a minimum of 35 patient encounters with a variety of pediatric diagnoses; (Core)	4.5.e.2.	a minimum of 35 patient encounters with
IV.B.1.b).(2).(e).(iii)	a minimum of 35 patient encounters with a variety of obstetrical and gynecological diagnoses, and, (Core)	4.5.e.3.	a minimum of 35 patient encounters with gynecological diagnoses, and, (Core)
IV.B.1.b).(2).(e).(iv)	a minimum of 35 patient encounters through hospital consultations. (Core)	4.5.e.4.	a minimum of 35 patient encounters thro
IV.B.1.c)	Medical Knowledge Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Residents must demonstrate knowled biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Residents must demonstrate competence in their knowledge of:	[None]	

ONMM1 level must document the ve treatment of patients, supervised by a sian, prior to the completion of the 36-

ith a variety of surgical diagnoses; (Core) ith a variety of pediatrics diagnoses;

ith a variety of obstetrics and gynecology

rough hospital consultations. (Core)

ONMM2 level must document the ve treatment of patients, supervised by a cian, prior to the completion of the 24-

ith a variety of surgical diagnoses, (Core)

ith a variety of pediatric diagnoses, (Core) ith a variety of obstetrical and

rough hospital consultations. (Core)

the ONMM3 level must document the ve treatment of patients, supervised by a sian, prior to the completion of the 12-

ith a variety of surgical diagnoses; (Core)

ith a variety of pediatric diagnoses; (Core) ith a variety of obstetrical and

rough hospital consultations. (Core)

nowledge

edge of established and evolving I, and social-behavioral sciences, as the application of this knowledge to

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
	indications and contraindications for osteopathic manipulative treatment		Residents must demonstrate competen
IV.B.1.c).(1).(a)	techniques; (Core)	4.6.a.	contraindications for osteopathic manip
IV.B.1.c).(1).(b)	integrative knowledge of accepted standards of clinical medicine and osteopathic principles and practice (OPP) in neuromusculoskeletal medicine; (Core)	4.6.b.	Residents must demonstrate competend knowledge of accepted standards of clir and practice (OPP) in neuromusculoske
IV.B.1.c).(1).(c)	the foundations of clinical and behavioral medicine appropriate to neuromusculoskeletal medicine, and an understanding about major developments in the clinical sciences relating to neuromusculoskeletal medicine; (Core)	4.6.c.	Residents must demonstrate competend of clinical and behavioral medicine appr medicine, and an understanding about r sciences relating to neuromusculoskelet
IV.B.1.c).(1).(d)	study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness in settings such as journal clubs, didactic sessions, or patient care; (Core)	4.6.d.	Residents must demonstrate competend and statistical methods to the appraisal on diagnostic and therapeutic effectiven didactic sessions, or patient care. (Core
IV.B.1.c).(1).(e)	injection techniques, such as peripheral nerve blocks, regenerative injection techniques, and ultrasound guided injections; (Core)	4.6.e.	Residents must demonstrate competend techniques, such as peripheral nerve blo and ultrasound guided injections. (Core)
IV.B.1.c).(1).(f)	gross musculoskeletal anatomy and neuroanatomy, biomechanics, gait analysis, the interrelationship of body function and structure, interpretation of appropriate diagnostic studies, and common physical rehabilitation modalities; (Core)	4.6.f.	Residents must demonstrate competend musculoskeletal anatomy and neuroana interrelationship of body function and str diagnostic studies, and common physica
IV.B.1.c).(1).(g)	the etiology of common overuse syndromes and their somatic referral patterns; and, (Core)	4.6.g.	Residents must demonstrate competence common overuse syndromes and their s
IV.B.1.c).(1).(h)	human development. (Core)	4.6.h.	Residents must demonstrate competend development. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning; (Core)	4.7.	ACGME Competencies – Practice-Bas Residents must demonstrate the abili care of patients, to appraise and assis continuously improve patient care ba lifelong learning. (Core)
IV.B.1.d).(1)	Residents must demonstrate competence in:	[None]	
IV.B.1.d).(1).(a)	identifying strengths, deficiencies, and limits in one's knowledge and expertise; (Core)	4.7.a.	Residents must demonstrate competed deficiencies, and limits in one's know
IV.B.1.d).(1).(b)	setting learning and improvement goals; (Core)	4.7.b.	Residents must demonstrate compete improvement goals. (Core)
IV.B.1.d).(1).(c)	identifying and performing appropriate learning activities; (Core)	4.7.c.	Residents must demonstrate competer appropriate learning activities. (Core)
IV.B.1.d).(1).(d)		4.7.d.	Residents must demonstrate competer practice using quality improvement m reducing health care disparities, and of practice improvement. (Core)
IV.B.1.d).(1).(e)	incorporating feedback and formative evaluation into daily practice; and, (Core)	4.7.e.	Residents must demonstrate competer formative evaluation into daily practic
IV.B.1.d).(1).(f)	locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems. (Core)	4.7.f.	Residents must demonstrate compete assimilating evidence from scientific health problems. (Core)

nce in their knowledge of indications and pulative treatment techniques. (Core)

nce in their knowledge of integrative linical medicine and osteopathic principles celetal medicine. (Core)

nce in their knowledge of the foundations propriate to neuromusculoskeletal major developments in the clinical etal medicine. (Core)

nce in their knowledge of study designs al of clinical studies and other information eness in settings such as journal clubs, re)

nce in their knowledge of injection blocks, regenerative injection techniques, e)

nce in their knowledge of gross natomy, biomechanics, gait analysis, the structure, interpretation of appropriate cal rehabilitation modalities. (Core)

nce in their knowledge of the etiology of somatic referral patterns. (Core)

nce in their knowledge of human

ased Learning and Improvement ility to investigate and evaluate their similate scientific evidence, and to based on constant self-evaluation and

etence in identifying strengths, wledge and expertise. (Core) etence in setting learning and

etence in identifying and performing

etence in systematically analyzing methods, including activities aimed at d implementing changes with the goal

etence in incorporating feedback and tice. (Core)

etence in locating, appraising, and c studies related to their patients'

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requiremen
	Interpersonal and Communication Skills		•
			ACGME Competencies – Interpersona
	Residents must demonstrate interpersonal and communication skills that		Residents must demonstrate interper
IV.B.1.e)	result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	result in the effective exchange of info patients, their families, and health pro
IV.B.1.e).(1)	Residents must demonstrate competence in	[None]	patients, then rannies, and nearth pro
-/ (/	communicating effectively with patients and patients' families, as		Residents must demonstrate compete
	appropriate, across a broad range of socioeconomic circumstances,		with patients and patients' families, a
	cultural backgrounds, and language capabilities, learning to engage		of socioeconomic circumstances, cul
I	interpretive services as required to provide appropriate care to each		capabilities, learning to engage interp
IV.B.1.e).(1).(a)	patient; (Core)	4.8.a.	provide appropriate care to each patie
	communicating effectively with physicians, other health professionals,		Residents must demonstrate competer with physicians, other health professions
IV.B.1.e).(1).(b)	and health-related agencies; (Core)	4.8.b.	(Core)
,,,,,,,	working effectively as a member or leader of a health care team or other		Residents must demonstrate compete
IV.B.1.e).(1).(c)	professional group; (Core)	4.8.c.	member or leader of a health care tea
	educating patients, patients' families, students, other residents, and other		Residents must demonstrate compete
IV.B.1.e).(1).(d)	health professionals; (Core)	4.8.d.	families, students, other residents, an
IV.B.1.e).(1).(e)	acting in a consultative role to other physicians and health professionals; (Core)	4.8.e.	Residents must demonstrate competer to other physicians and health profes
	maintaining comprehensive, timely, and legible health care records, if		Residents must demonstrate compete
IV.B.1.e).(1).(f)	applicable. (Core)	4.8.f.	timely, and legible health care records
	Residents must learn to communicate with patients and patients' families		Residents must learn to communicate
	to partner with them to assess their care goals, including, when		to partner with them to assess their c
IV.B.1.e).(2)		4.8.g.	appropriate, end-of-life goals. (Core)
	Systems-based Practice		ACCME Competencies Systems Bar
	Residents must demonstrate an awareness of and responsiveness to the		ACGME Competencies - Systems-Bas Residents must demonstrate an awar
	larger context and system of health care, including the structural and		larger context and system of health c
	social determinants of health, as well as the ability to call effectively on		social determinants of health, as well
IV.B.1.f).	other resources to provide optimal health care. (Core)	4.9.	other resources to provide optimal he
IV.B.1.f).(1)	Residents must demonstrate competence in:	[None]	
l			Residents must demonstrate compete
N/R(1 f) (1) (2)	working effectively in various health care delivery settings and systems relevant to their clinical specialty; (Core)	4.9.a.	health care delivery settings and syst
IV.B.1.f).(1).(a)		ד.ט.מ.	specialty. ^(Core) Residents must demonstrate compete
	coordinating patient care across the health care continuum and beyond as		across the health care continuum and
IV.B.1.f).(1).(b)	relevant to their clinical specialty; (Core)	4.9.b.	specialty. ^(Core)
	advocating for quality patient care and optimal patient care systems;		Residents must demonstrate compete
IV.B.1.f).(1).(c)	(Core)	4.9.c.	care and optimal patient care systems
	participating in identifying system errors and implementing potential		Residents must demonstrate compete
IV.B.1.f).(1).(d)	systems solutions; (Core)	4.9.d.	system errors and implementing pote

nal and Communication Skills ersonal and communication skills that nformation and collaboration with rofessionals. (Core)

etence in communicating effectively as appropriate, across a broad range ultural backgrounds, and language rpretive services as required to tient. ^(Core)

etence in communicating effectively sionals, and health-related agencies.

etence in working effectively as a eam or other professional group. (Core) etence in educating patients, patients' and other health professionals. (Core) etence in acting in a consultative role essionals. (Core)

etence in maintaining comprehensive, ds, if applicable. (Core)

ate with patients and patients' families care goals, including, when

ased Practice

areness of and responsiveness to the care, including the structural and ell as the ability to call effectively on health care. (Core)

etence in working effectively in various stems relevant to their clinical

etence in coordinating patient care nd beyond as relevant to their clinical

etence in advocating for quality patient ms. (Core)

etence in participating in identifying tential systems solutions. (Core)

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IV.B.1.f).(1).(e)	incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate;(Core)	4.9.e.	Residents must demonstrate compete of value, equity, cost awareness, deliv analysis in patient and/or population-
IV.B.1.f).(1).(f)	understanding health care finances and its impact on individual patients' health decisions; and, (Core)	4.9.f.	Residents must demonstrate competer finances and its impact on individual
IV.B.1.f).(1).(g)	using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated). (Detail)	4.9.g.	Residents must demonstrate compete that promote patient safety and disclo simulated). ^(Detail)
IV.B.1.f).(2)	Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end-of-life goals. (Core)	4.9.h.	Residents must learn to advocate for system to achieve the patient's and pawhen appropriate, end-of-life goals. (C
IV.B.1.f).(3)	Residents must demonstrate knowledge of local resources and community systems of care, and assist patients and their families in accessing care. (Core)	4.9.i.	Residents must demonstrate knowledge systems of care, and assist patients and
IV.B.1.f).(4)	Residents must demonstrate competence in health maintenance and preventive care. (Core)	4.9.j.	Residents must demonstrate competenc care. (Core)
IV.B.1.f).(5)	Residents must demonstrate an understanding of practice management, including documentation requirements, coding, and billing for services regularly provided within this specialty. (Core)	4.9.k.	Residents must demonstrate an understa including documentation requirements, or provided within this specialty. (Core)
			4.10. Curriculum Organization and Re Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
			4.11. Curriculum Organization and Re Clinical Experiences Residents must be provided with prot didactic activities. (Core)
			4.12. Curriculum Organization and Re Management The program must provide instructior if applicable for the specialty, includir
IV.C.	Curriculum Organization and Resident Experiences	4.10 4.12.	substance use disorder. (Core)

etence in incorporating considerations livery and payment, and risk-benefit n-based care as appropriate. (Core)

etence in understanding health care al patients' health decisions. (Core) etence in using tools and techniques closure of patient safety events (real or

or patients within the health care patient's family's care goals, including, (Core)

ge of local resources and community nd their families in accessing care. (Core)

nce in health maintenance and preventive

standing of practice management, , coding, and billing for services regularly

Resident Experiences – Curriculum

to optimize resident educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

Resident Experiences – Didactic and

otected time to participate in core

Resident Experiences – Pain

on and experience in pain management ling recognition of the signs of

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.1.	The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Resider The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be structur rotational transitions, and rotations must quality educational experience, defined supervision, longitudinal relationships w assessment and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structure allows residents to function as part of ar works together longitudinally with shared improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Resider The program must provide instructio management if applicable for the spe- signs of substance use disorder. (Con
IV.C.2.a)	This must include the use of osteopathic manipulative treatment as a treatment modality. (Core)	4.12.a.	This must include the use of osteopathic modality. (Core)
IV.C.3.	Case Logs The program must ensure that residents regularly and accurately log patient encounters and procedures in the ACGME's Resident Case Log System. (Core)		Case Logs The program must ensure that residents encounters and procedures in the ACGM
IV.C.3.a)	Resident logs must be reviewed by the program director at least semi-annually to ensure accuracy and timely entry of patient encounters and procedures. (Core)	4.11.c.1.	Resident logs must be reviewed by the p to ensure accuracy and timely entry of p (Core)
IV.C.4.	Educational and Didactic Experiences	4.11.a.	Educational and Didactic Experiences There must be a minimum of four hours activities focused on relevant neuromuse hours of which must include faculty mem discussion of assigned readings, averag
IV.C.4.a)	Residents must study osteopathic philosophy in depth during the program. (Core)	4.11.b.	Residents must study osteopathic philos (Core)
IV.C.4.b)	There must be a minimum of four hours weekly of structured educational activities focused on relevant neuromusculoskeletal medicine topics, at least two hours of which must include faculty member didactic participation and discussion of assigned readings, averaged over a four-week period. (Core)	4.11.b. 4.11.a.	Educational and Didactic Experiences There must be a minimum of four hours activities focused on relevant neuromuso hours of which must include faculty mem discussion of assigned readings, averag
IV.C.4.c)	Residents must participate in a monthly journal club. (Core)	4.11.a. 4.11.a.1.	Residents must participate in a monthly

ent Experiences – Curriculum Structure to optimize resident educational riences, and the supervisory continuity. ude an appropriate blend of supervised I teaching, and didactic educational

tured to minimize the frequency of st be of sufficient length to provide a d by continuity of patient care, ongoing with faculty members, and meaningful

red to facilitate learning in a manner that an effective interprofessional team that ed goals of patient safety and quality

ent Experiences – Pain Management ion and experience in pain pecialty, including recognition of the ore)

ic manipulative treatment as a treatment

ts regularly and accurately log patient GME's Resident Case Log System. (Core)

e program director at least semi-annually patient encounters and procedures.

s weekly of structured educational sculoskeletal medicine topics, at least two ember didactic participation and aged over a four-week period. (Core)

psophy in depth during the program.

s weekly of structured educational sculoskeletal medicine topics, at least two ember didactic participation and aged over a four-week period. (Core) y journal club. (Core)

Requirement Language	Reformatted Requirement Number	Requiremen
Resident attendance at required educational sessions must be documented. (Core)	4.11.a.2.	Resident attendance at required educat (Core)
Continuity of Care Clinic Experience	4.11.d.	Continuity of Care Clinic Experience Residents must be identified as respons neuromusculoskeletal medicine physicia continuity of care clinic patients. (Core)
Residents must be identified as responsible, under supervision of a neuromusculoskeletal medicine physician, for the care of a designated panel of continuity of care clinic patients. (Core)	4.11.d.	Continuity of Care Clinic Experience Residents must be identified as respons neuromusculoskeletal medicine physicia continuity of care clinic patients. (Core)
Each resident must have at least two documented encounters with a patient for the patient to count as a designated panel patient. These encounters must include one of the following: (Core)	4.11.d.1.	Each resident must have at least two do the patient to count as a designated par include one of the following: (Core)
At least two encounters in the continuity of care clinics. (Core)	4.11.d.1.a.	At least two encounters in the continuity
At least one encounter in the continuity of care clinic and one encounter in the inpatient setting, seen while on the neuromusculoskeletal medicine hospital consultation service. (Core)	4.11.d.1.b.	At least one encounter in the continuity inpatient setting, seen while on the neur consultation service. (Core)
ONMM1 Level of Entry Residents who entered the program at the ONMM1 level must:	4.11.d.2.	ONMM1 Level of Entry Residents who entered the program at t
devote at least an average of one half-day per week in the continuity of care clinic where they provided osteopathic evaluation and treatment in the first 12 months of the program; and, (Core)	4.11.d.2.a.	devote at least an average of one half-d clinic where they provided osteopathic e months of the program; and, (Core)
during the last 24 months of the program, devote an average of three half-days per week in the continuity of care clinic where they provide osteopathic evaluation and treatment. (Core)	4.11.d.2.b.	during the last 24 months of the program per week in the continuity of care clinic v evaluation and treatment. (Core)
ONMM2 and ONMM3 Levels of Entry Residents entering the program at the ONMM2 or ONMM3 level of the program		
		ONMM2 Level of Entry Residents entering the program at the C
ONMM2 and ONMM3 Levels of Entry		
		devote an average of three half-days pe where they provide osteopathic evaluation
ONMM2 and ONMM3 Levels of Entry		
Residents entering the program at the ONMM2 or ONMM3 level of the program must devote an average of three half-days per week in a continuity of care clinic where they provide osteopathic evaluation and treatment; (Core)	4.11.d.4.	ONMM3 Level of Entry Residents entering the program at the O
ONMM2 and ONMM3 Levels of Entry		
Residents entering the program at the ONMM2 or ONMM3 level of the program must devote an average of three half-days per week in a continuity of care clinic where they provide osteopathic evaluation and treatment; (Core)		devote an average of three half-days pe where they provide osteopathic evaluation
· · · · ·	Resident attendance at required educational sessions must be documented. (Core) Continuity of Care Clinic Experience Residents must be identified as responsible, under supervision of a neuromusculoskeletal medicine physician, for the care of a designated panel of continuity of care clinic patients. (Core) Each resident must have at least two documented encounters with a patient for the patient to count as a designated panel patient. These encounters must include one of the following: (Core) At least two encounters in the continuity of care clinics. (Core) At least two encounters in the continuity of care clinics and one encounter in the inpatient setting, seen while on the neuromusculoskeletal medicine hospital consultation service. (Core) ONMM1 Level of Entry Residents who entered the program at the ONMM1 level must: devote at least an average of one half-day per week in the continuity of care clinic where they provided osteopathic evaluation and treatment in the first 12 months of the program, and, (Core) ONMM2 and ONMM3 Levels of Entry Residents entering the program at the ONMM2 or ONMM3 level of the program must devote an average of three half-days per week in a continuity of care clinic where they provide osteopathic evaluation and treatment; (Core) ONMM2 and ONMM3 Levels of Entry Residents entering the program at the ONMM2 or ONMM3 level of the program must devote an average of three half-days per week in a continuity of care clinic where they provide osteopathic evaluation and treatment; (Core) ONMM2 and ONMM3 Levels of Entry Residents entering the program at	Requirement Language Requirement Number Resident attendance at required educational sessions must be documented. (Core) 4.11.a.2. Continuity of Care Clinic Experience 4.11.a.2. Continuity of Care Clinic Experience 4.11.d. Residents must be identified as responsible, under supervision of a neuromusculoskeletal medicine physician, for the care of a designated panel of continuity of care clinic patients. (Core) 4.11.d. Each resident must have at least two documented encounters must include one of the following: (Core) 4.11.d.1. At least two encounters in the continuity of care clinics. (Core) 4.11.d.1.a. At least one encounter in the continuity of care clinic and one encounter in the inpatient setting, seen while on the neuromusculoskeletal medicine hospital consultation service. (Core) 4.11.d.2. ONMM1 Level of Entry 4.11.d.2. 4.11.d.2. Residents who entered the program at the ONMM1 level must: 4.11.d.2. during the last 24 months of the program, devote an average of three half-days per week in the continuity of care clinic where they provide osteopathic evaluation and treatment. (Core) 4.11.d.2. ONMM2 and ONMM3 Levels of Entry 4.11.d.3. 4.11.d.3. Residents entering the program at the ONMM2 or ONMM3 level of the program must devote an average of three half-days per week in a continuity of care clinic where they provide osteopathic eval

ational sessions must be documented.

nsible, under supervision of a sian, for the care of a designated panel of)

nsible, under supervision of a sian, for the care of a designated panel of)

documented encounters with a patient for anel patient. These encounters must

ty of care clinics. (Core)

y of care clinic and one encounter in the uromusculoskeletal medicine hospital

the ONMM1 level must:

-day per week in the continuity of care evaluation and treatment in the first 12

am, devote an average of three half-days c where they provide osteopathic

ONMM2 level of the program must:

ber week in a continuity of care clinic ation and treatment; (Core)

ONMM3 level of the program must:

ber week in a continuity of care clinic ation and treatment; (Core)

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Numerals	Requirement Language	Requirement Number	Requiremen
	ONMM1 Level of Entry		document in the continuity of care clinic,
	Residents who entered the program at the ONMM1 level must document in the		program:
IV.C.5.e)	continuity of care clinic, prior to completion of the 36-month program:	4.11.d.2.c.	
IV.C.5.e).(1)	a minimum of 250 unique designated panel patients; and, (Core)	4.11.d.2.c.1.	a minimum of 250 unique designated pa
IV.C.5.e).(2)	a minimum of 1,000 osteopathic neuromusculoskeletal medicine patient care encounters supervised by a neuromusculoskeletal medicine physician. (Core)	4.11.d.2.c.2.	a minimum of 1,000 osteopathic neurom encounters supervised by a neuromuscu
	ONMM2 Level of Entry		
IV.C.5.f)	Residents who entered the program at the ONMM2 level must document in the continuity of care clinic, prior to completion of the 24-month program:	4.11.d.3.b.	document in the continuity of care clinic, program:
IV.C.5.f).(1)	a minimum of 250 unique designated panel patients; and, (Core)	4.11.d.3.b.1.	a minimum of 250 unique designated pa
, , ,	a minimum of 1,000 osteopathic neuromusculoskeletal medicine patient care		a minimum of 1,000 osteopathic neurom
IV.C.5.f).(2)	encounters supervised by a neuromusculoskeletal medicine physician. (Core)	4.11.d.3.b.2.	encounters supervised by a neuromuscu
	ONMM3 Level of Entry		
IV.C.5.g)	Residents who entered the program at the ONMM3 level must document in the continuity of care clinic, prior to completion of the 12-month program:	4.11.d.4.b.	document in the continuity of care clinic, program:
IV.C.5.g).(1)	a minimum of 175 designated panel patients; and, (Core)	4.11.d.4.b.1.	a minimum of 175 designated panel pation
IV.C.5.g).(2)	a minimum of 700 osteopathic neuromusculoskeletal medicine patient care encounters supervised by a neuromusculoskeletal medicine physician. (Core)	4.11.d.4.b.2.	a minimum of 700 osteopathic neuromus encounters supervised by a neuromuscu
	In-Patient Care Experience		
IV.C.6.	The program must provide residents with experience in providing inpatient care, which must be supervised by a neuromusculoskeletal medicine physician, and must include: (Core)	4.11.e.	In-Patient Care Experience The program must provide residents with which must be supervised by a neuromu (Core)
10.0.0.	participating at the level of an osteopathic neuromusculoskeletal medicine	4.11.6.	Residents must participate at the level of
IV.C.6.a)	specialist consultant; (Core)	4.11.e.1.	medicine specialist consultant. (Core)
, IV.C.6.b)	providing follow-up care to patients on whom consultations are performed; (Core)	4.11.e.2.	Residents must provide follow-up care to performed. (Core)
,	providing osteopathic manipulative treatment designed to produce a		Residents must provide osteopathic mar
IV.C.6.c)	physiological change in the patient; and, (Core)	4.11.e.3.	a physiological change in the patient. (C
IV.C.6.d)	participating in all phases of consultation, including patient evaluation, management (to include the delivery of osteopathic manipulative treatment), and writing the consultation and follow-up notes. (Core)	4.11.e.4.	Residents must provide participate in all patient evaluation, management (to inclu manipulative treatment), and writing the
	If an inpatient osteopathic neuromusculoskeletal medicine consultation service does not exist at the primary clinical site, the program must make arrangements for this experience to be provided at a participating site (Care)	4 11 0 5	If an inpatient osteopathic neuromusculo does not exist at the primary clinical site,
IV.C.7.	for this experience to be provided at a participating site. (Core)	4.11.e.5.	for this experience to be provided at a pa
IV.C.8.	Rotations	4.11.f.	Rotations Rotations must be at least 100 hours. (C
IV.C.8.a)	Rotations must be at least 100 hours. (Core)	4.11.f.	Rotations Rotations must be at least 100 hours. (C
IV.C.8.b)	Rotations must be completed in blocks or longitudinally, at the discretion of the program director. (Core)	4.11.f.1.	Rotations must be completed in blocks of program director. (Core)
IV.C.8.c)	A majority of the rotation time must take place in the ambulatory setting. (Core)	4.11.f.2.	A majority of the rotation time must take

c, prior to completion of the 36-month

oanel patients; and, (Core) musculoskeletal medicine patient care culoskeletal medicine physician. (Core)

c, prior to completion of the 24-month

banel patients; and, (Core) musculoskeletal medicine patient care culoskeletal medicine physician. (Core)

c, prior to completion of the 12-month

atients; and, (Core)

usculoskeletal medicine patient care culoskeletal medicine physician. (Core)

vith experience in providing inpatient care, nusculoskeletal medicine physician.

of an osteopathic neuromusculoskeletal

to patients on whom consultations are

anipulative treatment designed to produce Core)

all phases of consultation, including clude the delivery of osteopathic e consultation and follow-up notes. (Core)

Iloskeletal medicine consultation service te, the program must make arrangements participating site. (Core)

(Core)

(Core)

s or longitudinally, at the discretion of the

e place in the ambulatory setting. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.8.d)	Elective rotations, excluding elective research rotations, must be limited to one rotation per program year that is non-clinical and not based in a patient care setting. (Core)	4.11.f.3.	Elective rotations, excluding elective res rotation per program year that is non-clin setting. (Core)
IV.C.8.e)	ONMM1 Level of Entry Residents entering at the ONMM1 level must complete the following curriculum over the 36-month program: (Core)	4.11.f.4.	ONMM1 Level of Entry Residents entering at the ONMM1 level over the 36-month program: (Core)
IV.C.8.e).(1)	The first 12-months of the educational program must consist of rotations in fundamental clinical skills, with no more than two rotations in osteopathic neuromusculoskeletal medicine. (Core)	4.11.f.4.a.	The first 12-months of the educational p fundamental clinical skills, with no more neuromusculoskeletal medicine. (Core)
IV.C.8.e).(2)	The remaining 24-month curriculum must include:	4.11.f.4.b.	The remaining 24-month curriculum mus
IV.C.8.e).(2).(a)	a minimum of four rotations on an inpatient osteopathic neuromusculoskeletal medicine consultation service under the supervision of an neuromusculoskeletal medicine physician; (Core)	4.11.f.4.b.1.	a minimum of four rotations on an inpation medicine consultation service under the medicine physician; (Core)
IV.C.8.e).(2).(b)	one rotation each in at least two of the following: neurological surgery; occupational medicine; orthopaedic surgery; podiatric medicine; and sports medicine; (Core)	4.11.f.4.b.2.	one rotation each in at least two of the for occupational medicine; orthopaedic surg medicine; (Core)
IV.C.8.e).(2).(c)	one rotation each, in at least two of the following: neurology; physical medicine and rehabilitation; and rheumatology; (Core)	4.11.f.4.b.3.	one rotation each, in at least two of the f and rehabilitation; and rheumatology; (C
IV.C.8.e).(2).(d)	one rotation in at least one of the following: radiology; musculoskeletal radiology; or pain management; and, (Core)	4.11.f.4.b.4.	one rotation in at least one of the followi radiology; or pain management; and, (C
IV.C.8.e).(2).(e)	elective rotations. (Core)	4.11.f.4.b.5.	elective rotations. (Core)
IV.C.8.e).(2).(e).(i)	Remaining rotations in the final 24-months of the curriculum must be elective rotations. (Core)	4.11.f.4.b.5.a.	Remaining rotations in the final 24-mont rotations. (Core)
IV.C.8.f)	ONMM2 Level of Entry Residents who entered the program at the ONMM2 level must complete the following curriculum over the 24-month program: (Core)	4.11.f.5.	ONMM2 Level of Entry Residents who entered the program at the following curriculum over the 24-month p
IV.C.8.f).(1)	a minimum of four rotations on an inpatient osteopathic neuromusculoskeletal medicine consultation service under the supervision of an neuromusculoskeletal medicine physician; (Core)	4.11.f.5.a.	a minimum of four rotations on an inpation medicine consultation service under the medicine physician; (Core)
IV.C.8.f).(2)	one rotation each in at least two of the following: neurological surgery; occupational medicine; orthopaedic surgery; podiatric medicine; and sports medicine; (Core)	4.11.f.5.b.	one rotation each in at least two of the for occupational medicine; orthopaedic surg medicine; (Core)
IV.C.8.f).(3)	one rotation each in at least two of the following: neurology; physical medicine and rehabilitation; and rheumatology; (Core)	4.11.f.5.c.	one rotation each in at least two of the for and rehabilitation; and rheumatology; (C
IV.C.8.f).(4)	at least one rotation in at least one of the following: radiology; musculoskeletal radiology; or pain management; and, (Core)	4.11.f.5.d.	at least one rotation in at least one of the radiology; or pain management; and, (C
IV.C.8.f).(5)	elective rotations. (Core)	4.11.f.5.e.	elective rotations. (Core)
IV.C.8.f).(5).(a)	Remaining rotations in the curriculum must be elective rotations. (Core)	4.11.f.5.e.1.	Remaining rotations in the curriculum m
IV.C.8.g)	ONMM3 Level of Entry Residents who entered the program at the ONMM3 level must complete 12 months of rotations, based on prior residency experience. (Core)	4.11.f.6.	ONMM3 Level of Entry Residents who entered the program at t months of rotations, based on prior resid

esearch rotations, must be limited to one clinical and not based in a patient care

el must complete the following curriculum

l program must consist of rotations in re than two rotations in osteopathic e)

ust include:

atient osteopathic neuromusculoskeletal ne supervision of an neuromusculoskeletal

e following: neurological surgery; urgery; podiatric medicine; and sports

e following: neurology; physical medicine (Core)

wing: radiology; musculoskeletal Core)

nths of the curriculum must be elective

the ONMM2 level must complete the program: (Core)

atient osteopathic neuromusculoskeletal ne supervision of an neuromusculoskeletal

e following: neurological surgery; urgery; podiatric medicine; and sports

following: neurology; physical medicine (Core)

the following: radiology; musculoskeletal (Core)

must be elective rotations. (Core)

the ONMM3 level must complete 12 sidency experience. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
IV.C.8.g).(1)	Residents must have a minimum of two rotations on an inpatient osteopathic neuromusculoskeletal medicine consultation service under the supervision of a neuromusculoskeletal medicine physician. (Core)	4.11.f.6.a.	Residents must have a minimum of two neuromusculoskeletal medicine consulta neuromusculoskeletal medicine physicia
IV.C.8.g).(2)	Residents must complete remaining rotations as outlined in Requirements IV.C.8.f).(2) - IV.C.8.f).(5).(a), based on the rotations completed in the primary residency. (Core)	4.11.f.6.b.	Residents must complete remaining rota 4.11.f.5.b-e. based on the rotations comp
IV.D.	ScholarshipMedicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through resident participation in scholarly activities. Scholarly activities may include discovery, integration, application, and teaching.The ACGME recognizes the diversity of residencies and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical 	[None]	Scholarship Medicine is both an art and a science. scientist who cares for patients. This is evaluate the literature, appropriately a practice lifelong learning. The program environment that fosters the acquisitie participation in scholarly activities. So discovery, integration, application, an The ACGME recognizes the diversity of programs prepare physicians for a val scientists, and educators. It is expected will reflect its mission(s) and aims, an serves. For example, some programs activity on quality improvement, popul other programs might choose to utiliz research as the focus for scholarship.
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.a)	The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide with its mission(s) and aims. (Core)
IV.D.1.b)	The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities. (Core)	4.13.a.	The program, in partnership with its S adequate resources to facilitate reside scholarly activities. (Core)
IV.D.1.b).(1)	The program must provide education in the interpretation of basic science and clinical research and literature, and the application of the information gathered from these sources. (Core)	4.13.a.1.	The program must provide education in t clinical research and literature, and the a from these sources. (Core)
IV.D.1.b).(2)	The program must provide education in research design specific to an osteopathic manipulative medicine setting. (Core)	4.13.a.2.	The program must provide education in r osteopathic manipulative medicine settin
IV.D.1.c)	The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)	4.13.b.	The program must advance residents? scholarly approach to evidence-based

o rotations on an inpatient osteopathic Itation service under the supervision of a sian. (Core)

tations as outlined in Requirements mpleted in the primary residency. (Core)

e. The physician is a humanistic is requires the ability to think critically, assimilate new knowledge, and ram and faculty must create an ition of such skills through resident Scholarly activities may include and teaching.

y of residencies and anticipates that variety of roles, including clinicians, cted that the program's scholarship and the needs of the community it as may concentrate their scholarly pulation health, and/or teaching, while lize more classic forms of biomedical ip.

dence of scholarly activities consistent

dence of scholarly activities consistent

Sponsoring Institution, must allocate ident and faculty involvement in

n the interpretation of basic science and application of the information gathered

n research design specific to an ting. (Core)

ts' knowledge and practice of the ed patient care. (Core)

			Requirement
			Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of t
			 Research in basic science, education or population health Peer-reviewed grants Quality improvement and/or patient s Systematic reviews, meta-analyses, in textbooks, or case reports Creation of curricula, evaluation tool electronic educational materials Contribution to professional committe editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	 Innovations in education
	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core)		Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of the
IV.D.2.a)	 Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14.	 Research in basic science, education or population health Peer-reviewed grants Quality improvement and/or patient s Systematic reviews, meta-analyses, new textbooks, or case reports Creation of curricula, evaluation tool electronic educational materials Contribution to professional committee ditorial boards Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	 The program must demonstrate dissert and external to the program by the fol faculty participation in grand rounds improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, service serving as a journal reviewer, journal of (Outcome)

rams must demonstrate f the following domains: (Core)
ion, translational science, patient care,
it safety initiatives s, review articles, chapters in medical
ools, didactic educational activities, or

nittees, educational organizations, or

rams must demonstrate f the following domains: (Core)

ion, translational science, patient care,

t safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

nds, posters, workshops, quality n presentations, grant leadership, nonurces, articles or publications, book ice on professional committees, or al editorial board member, or editor;

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requirement
			The program must demonstrate disser and external to the program by the fol
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.	 faculty participation in grand rounds improvement presentations, podium p peer-reviewed print/electronic resource chapters, textbooks, webinars, service serving as a journal reviewer, journal of (Outcome)
IV.D.3.	Resident Scholarly Activity	4.15.	Resident Scholarly Activity Residents must participate in scholars
IV.D.3.a)	Residents must participate in scholarship. (Core)	4.15.	Resident Scholarly Activity Residents must participate in scholars
			Residents must demonstrate one of the fe academic productivity prior to completion • an original paper on a neuromusculoske publication; (Core) • a presented scholarly project, within the medicine, such as a quality assurance or
IV.D.3.a).(1)	Residents must demonstrate one of the following forms of scholarship and/or academic productivity prior to completion of the program: (Core)	4.15.a.	(Core) • preparation and presentation of a neuro at a state, regional, or national meeting. (
			Residents must demonstrate one of the fa academic productivity prior to completion • an original paper on a neuromusculoske publication; (Core)
			• a presented scholarly project, within the medicine, such as a quality assurance or (Core)
IV.D.3.a).(1).(a)	an original paper on a neuromusculoskeletal medicine topic suitable for publication; (Core)	4.15.a.	• preparation and presentation of a neuro at a state, regional, or national meeting. (

semination of scholarly activity within ollowing methods:

ds, posters, workshops, quality n presentations, grant leadership, nonnrces, articles or publications, book ice on professional committees, or al editorial board member, or editor;

arship. (Core)

arship. (Core)

e following forms of scholarship and/or on of the program: (Core)

skeletal medicine topic suitable for

the scope of neuromusculoskeletal or practice improvement project; or,

uromusculoskeletal medicine-related topic g. (Core)

e following forms of scholarship and/or on of the program: (Core)

skeletal medicine topic suitable for

the scope of neuromusculoskeletal or practice improvement project; or,

uromusculoskeletal medicine-related topic g. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremer
			Residents must demonstrate one of the academic productivity prior to completic
			 an original paper on a neuromusculos publication; (Core)
			 a presented scholarly project, within the medicine, such as a quality assurance of (Core)
IV.D.3.a).(1).(b)	a presented scholarly project, within the scope of neuromusculoskeletal medicine, such as a quality assurance or practice improvement project; or, (Core)	4.15.a.	 preparation and presentation of a neur at a state, regional, or national meeting.
			Residents must demonstrate one of the academic productivity prior to completio
			 an original paper on a neuromusculosl publication; (Core)
			• a presented scholarly project, within the medicine, such as a quality assurance of (Core)
IV.D.3.a).(1).(c)	preparation and presentation of a neuromusculoskeletal medicine-related topic at a state, regional, or national meeting. (Core)	4.15.a.	 preparation and presentation of a neur at a state, regional, or national meeting.
IV.D.3.a).(2)	Residents must participate in local, state, and/or national professional organizations. (Core)	4.15.b.	Residents must participate in local, state organizations. (Core)
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Resident Evaluation	5.1.	Resident Evaluation: Feedback and E Faculty members must directly obser feedback on resident performance du educational assignment. (Core)
			Resident Evaluation: Feedback and E Faculty members must directly obse feedback on resident performance du
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar	5.1.	Resident Evaluation: Feedback and E Faculty members must directly observed feedback on resident performance du
V.A.1.a)	educational assignment. (Core)	5.1.	educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at the (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than th must be documented at least every th

he following forms of scholarship and/or tion of the program: (Core)

oskeletal medicine topic suitable for

the scope of neuromusculoskeletal or practice improvement project; or,

euromusculoskeletal medicine-related topic lg. (Core)

ne following forms of scholarship and/or tion of the program: (Core)

oskeletal medicine topic suitable for

the scope of neuromusculoskeletal or practice improvement project; or,

euromusculoskeletal medicine-related topic ng. (Core)

ate, and/or national professional

I Evaluation

serve, evaluate, and frequently provide during each rotation or similar

I Evaluation

serve, evaluate, and frequently provide during each rotation or similar

I Evaluation

serve, evaluate, and frequently provide during each rotation or similar

the completion of the assignment.

three months in duration, evaluation three months. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
V.A.1.b).(2)	Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences, such as co clinical responsibilities, must be eval at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objecti the Competencies and the specialty-s
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	The program must use multiple evalu patients, self, and other professional
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	The program must provide that inform Committee for its synthesis of progre improvement toward unsupervised pr
V.A.1.c).(3)	include a national objective, secure, and proctored neuromusculoskeletal medicine examination that is annually administered as a component in assessing the resident's medical knowledge in neuromusculoskeletal medicine. (Core)	5.1.b.3.	The program must include a national ob neuromusculoskeletal medicine examina component in assessing the resident's n neuromusculoskeletal medicine. (Core)
V.A.1.c).(3).(a)	The program director must review the results of the annual in-training examination with each resident by the end of the program year. (Core)	5.1.b.3.a.	The program director must review the re examination with each resident by the e
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet v their documented semi-annual evalua progress along the specialty-specific
V.A.1.d).(2)	assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist individualized learning plans to capita areas for growth. (Core)
V.A.1.d).(3)	develop plans for residents failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sur that includes their readiness to progr applicable. (Core)
V.A.1.f).	The evaluations of a resident's performance must be accessible for review by the resident. (Core)	5.1.g.	The evaluations of a resident's perfor by the resident. (Core)
			Resident Evaluation: Final Evaluation
V.A.2.	Final Evaluation	5.2.	The program director must provide a upon completion of the program. (Co
V.A.2.a)	The program director must provide a final evaluation for each resident upon completion of the program. (Core)	5.2.	Resident Evaluation: Final Evaluation The program director must provide a upon completion of the program. (Co

ent Language continuity clinic in the context of other aluated at least every three months and
ctive performance evaluation based on /-specific Milestones. ^(Core) luators (e.g., faculty members, peers,
al staff members). (Core)
ormation to the Clinical Competency ressive resident performance and practice. (Core)
bbjective, secure, and proctored ination that is annually administered as a s medical knowledge in e)
results of the annual in-training end of the program year. (Core)
nee, with input from the Clinical
t with and review with each resident uation of performance, including ic Milestones. (Core) nee, with input from the Clinical st residents in developing bitalize on their strengths and identify
t with and review with each resident uation of performance, including fic Milestones. (Core) nee, with input from the Clinical st residents in developing bitalize on their strengths and identify nee, with input from the Clinical elop plans for residents failing to licies and procedures. (Core) ummative evaluation of each resident
t with and review with each resident uation of performance, including ic Milestones. (Core) nee, with input from the Clinical st residents in developing bitalize on their strengths and identify nee, with input from the Clinical elop plans for residents failing to licies and procedures. (Core)
t with and review with each resident uation of performance, including fic Milestones. (Core) nee, with input from the Clinical st residents in developing bitalize on their strengths and identify nee, with input from the Clinical elop plans for residents failing to licies and procedures. (Core) ummative evaluation of each resident gress to the next year of the program, if
t with and review with each resident uation of performance, including ic Milestones. (Core) nee, with input from the Clinical st residents in developing bitalize on their strengths and identify nee, with input from the Clinical elop plans for residents failing to licies and procedures. (Core) ummative evaluation of each resident gress to the next year of the program, if
t with and review with each resident uation of performance, including ic Milestones. (Core) nee, with input from the Clinical st residents in developing bitalize on their strengths and identify nee, with input from the Clinical elop plans for residents failing to licies and procedures. (Core) ummative evaluation of each resident gress to the next year of the program, if formance must be accessible for review on a final evaluation for each resident
t with and review with each resident uation of performance, including ic Milestones. (Core) nee, with input from the Clinical st residents in developing bitalize on their strengths and identify nee, with input from the Clinical elop plans for residents failing to licies and procedures. (Core) ummative evaluation of each resident gress to the next year of the program, if formance must be accessible for review on a final evaluation for each resident Core)

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	
	The specialty-specific Milestones, and when applicable the specialty-		The specialty-specific Milestones, and
V.A.2.a).(1)	specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	specific Case Logs, must be used as engage in autonomous practice upon
V.A.2.a).(2)	The final evaluation must:	[None]	
•	become part of the resident's permanent record maintained by the		The final evaluation must become par
V.A.2.a).(2).(a)	institution, and must be accessible for review by the resident in accordance with institutional policy; (Core)	5.2.b.	maintained by the institution, and mu resident in accordance with institutio
			The final evaluation must verify that t
	verify that the resident has demonstrated the knowledge, skills, and		knowledge, skills, and behaviors nec
V.A.2.a).(2).(b)	behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	(Core)
			The final evaluation must be shared w
V.A.2.a).(2).(c)	be shared with the resident upon completion of the program. (Core)	5.2.d.	the program. (Core)
			Clinical Competency Committee
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	A Clinical Competency Committee mu director. (Core)
ч.д.у.	At a minimum, the Clinical Competency Committee must include three	0.0.	At a minimum, the Clinical Competen
	members of the program faculty, at least one of whom is a core faculty		members of the program faculty, at le
V.A.3.a)		5.3.a.	member. (Core)
	Additional members must be faculty members from the same program or		Additional members must be faculty r
l	other programs, or other health professionals who have extensive contact		other programs, or other health profe
V.A.3.a).(1)	and experience with the program's residents. (Core)	5.3.b.	and experience with the program's re
V.A.3.b)	The Clinical Competency Committee must:	[None]	
			The Clinical Competency Committee
V.A.3.b).(1)	• • • •	5.3.c.	at least semi-annually. (Core)
	determine each resident's progress on achievement of the specialty-		The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core)	5.3.d.	progress on achievement of the spec
l	most prior to the residents' sami appual evaluations and advice the		The Clinical Competency Committee I semi-annual evaluations and advise t
V.A.3.b).(3)	meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress. (Core)	5.3.e.	resident's progress. (Core)
			Faculty Evaluation
			The program must have a process to
			performance as it relates to the educa
V.B.	Faculty Evaluation	5.4.	(Core)
			Faculty Evaluation
l	The program must have a process to evaluate each faculty member's		The program must have a process to
	performance as it relates to the educational program at least annually.		performance as it relates to the educa
V.B.1.		5.4.	(Core)
	This evaluation must include a review of the faculty member's clinical		This evaluation must include a review
	teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical		teaching abilities, engagement with the in faculty development related to their
V.B.1.a)	performance, professionalism, and scholarly activities. (Core)	5.4.a.	performance, professionalism, and so
	This evaluation must include written, anonymous, and confidential		This evaluation must include written,
V.B.1.b)		5.4.b.	evaluations by the residents. (Core)
,	Faculty members must receive feedback on their evaluations at least		Faculty members must receive feedba
V.B.2.	annually. (Core)	5.4.c.	annually. (Core)

nd when applicable the specialtys tools to ensure residents are able to on completion of the program. (Core)

art of the resident's permanent record nust be accessible for review by the ional policy. (Core)

t the resident has demonstrated the cessary to enter autonomous practice.

with the resident upon completion of

nust be appointed by the program

ency Committee must include three least one of whom is a core faculty

/ members from the same program or fessionals who have extensive contact residents. (Core)

e must review all resident evaluations

e must determine each resident's ecialty-specific Milestones. (Core)

e must meet prior to the residents' the program director regarding each

to evaluate each faculty member's icational program at least annually.

to evaluate each faculty member's icational program at least annually.

ew of the faculty member's clinical the educational program, participation eir skills as an educator, clinical scholarly activities. (Core) n, anonymous, and confidential

back on their evaluations at least

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement Language
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational evaluations show program-wide faculty development plans. (Core)
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint the Program Ev conduct and document the Annual Program Evalua program's continuous improvement process. (Core
V.C.1.	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint the Program Ev conduct and document the Annual Program Evalua program's continuous improvement process. (Core
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)	5.5.a.	The Program Evaluation Committee must be comp program faculty members, at least one of whom is and at least one resident. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee responsibilities mu program's self-determined goals and progress tow
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee responsibilities mu ongoing program improvement, including develops based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee responsibilities mu current operating environment to identify strengths opportunities, and threats as related to the program (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee should consid prior Annual Program Evaluation(s), aggregate res evaluations of the program, and other relevant data the program. (Core)
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee must evaluate and aims, strengths, areas for improvement, and the
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, including the action distributed to and discussed with the residents and teaching faculty, and be submitted to the DIO. (Cor
V.C.2.	The program must complete a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must complete a Self-Study and subn
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited education is to edu seek and achieve board certification. One measure the educational program is the ultimate pass rate.
N O O	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic	[blanc]	The program director should encourage all eligible take the certifying examination offered by the appl of Medical Specialties (ABMS) member board or An
V.C.3.	Association (AOA) certifying board.	[None]	Association (AOA) certifying board.

ould be incorporated into

Evaluation Committee to luation as part of the ore)

Evaluation Committee to uation as part of the ore)

nposed of at least two is a core faculty member,

nust include review of the oward meeting them. ^(Core)

must include guiding opment of new goals,

nust include review of the ths, challenges, am's mission and aims.

ider the outcomes from esident and faculty written ata in its assessment of

te the program's mission threats. (Core)

ction plan, must be and the members of the ore)

bmit it to the DIO. (Core)

ducate physicians who re of the effectiveness of).

ble program graduates to plicable American Board . American Osteopathic

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
V.C.3.a)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.	Board Certification For specialties in which the ABMS me board offer(s) an annual written exam program's aggregate pass rate of thos time must be higher than the bottom to specialty. (Outcome)
V.C.3.b)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.a.	For specialties in which the ABMS me board offer(s) a biennial written exam program's aggregate pass rate of thos time must be higher than the bottom to specialty. ^(Outcome)
V.C.3.c)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.b.	For specialties in which the ABMS me board offer(s) an annual oral exam, in program's aggregate pass rate of thos time must be higher than the bottom to specialty. ^(Outcome)
V.C.3.d)	For specialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)	5.6.c.	For specialties in which the ABMS me board offer(s) a biennial oral exam, in program's aggregate pass rate of thos time must be higher than the bottom f specialty. ^(Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible residents that

nember board and/or AOA certifying m, in the preceding three years, the lose taking the examination for the first n fifth percentile of programs in that

nember board and/or AOA certifying m, in the preceding six years, the lose taking the examination for the first n fifth percentile of programs in that

nember board and/or AOA certifying in the preceding three years, the lose taking the examination for the first n fifth percentile of programs in that

nember board and/or AOA certifying in the preceding six years, the lose taking the examination for the first n fifth percentile of programs in that

n 5.6.a.-c., any program whose cified in the requirement have achieved et this requirement, no matter the pass rate in that specialty. ^(Outcome)

rd certification status annually for the nat graduated seven years earlier. ^(Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
		-	·
			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environm
	Residency education must occur in the context of a learning and working environment that emphasizes the following principles:		Residency education must occur in the environment that emphasizes the following the fo
	 Excellence in the safety and quality of care rendered to patients by residents today 		 Excellence in the safety and quality residents today
	 Excellence in the safety and quality of care rendered to patients by today's residents in their future practice 		• Excellence in the safety and quality today's residents in their future pract
	• Excellence in professionalism		• Excellence in professionalism
	Appreciation for the privilege of caring for patients		• Appreciation for the privilege of car
VI	• Commitment to the well-being of the students, residents, faculty members, and all members of the health care team	Section 6	• Commitment to the well-being of the members, and all members of the heat
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
	Culture of Safety		
VI.A.1.a).(1)	A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuous a willingness to transparently deal with has formal mechanisms to assess the its personnel toward safety in order t
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)	6.1.	The program, its faculty, residents, an patient safety systems and contribute
	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechar and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
VI.A.1.a).(2)	Residents, fellows, faculty members, and other clinical staff members		

ng Environment

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n the context of a learning and working ollowing principles:

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ty of care rendered to patients by actice

aring for patients

the students, residents, faculty realth care team

ous identification of vulnerabilities and with them. An effective organization the knowledge, skills, and attitudes of r to identify areas for improvement.

and fellows must actively participate in ute to a culture of safety. (Core)

v-up of safety events, near misses, and panisms for improving patient safety, f any patient safety program. Feedback patient to developing true competence in stitute sustainable systems-based ty vulnerabilities.

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requirement
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, a must know their responsibilities in rep unsafe conditions at the clinical site, i (Core)
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, a must be provided with summary infor safety reports. ^(Core)
VI.A.1.a).(2).(b)	Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Residents must participate as team m interprofessional clinical patient safet such as root cause analyses or other well as formulation and implementation
- / (/ (- /	Quality Metrics		
VI.A.1.a).(3)	Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
	Residents and faculty members must receive data on quality metrics and		Residents and faculty members must
VI.A.1.a).(3).(a)	benchmarks related to their patient populations. (Core)	6.4.	benchmarks related to their patient po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is un the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, def monitor a structured chain of response relates to the supervision of all patien Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes require practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued		Supervision and Accountability Although the attending physician is u the patient, every physician shares in for their efforts in the provision of car with their Sponsoring Institutions, det monitor a structured chain of respons relates to the supervision of all patien Supervision in the setting of graduate and effective care to patients; ensures skills, knowledge, and attitudes requil practice of medicine; and establishes
VI.A.2.a)	professional growth.	[None]	professional growth.

s, and other clinical staff members reporting patient safety events and e, including how to report such events.

s, and other clinical staff members ormation of their institution's patient

members in real and/or simulated fety and quality improvement activities, er activities that include analysis, as tion of actions. (Core)

tizing activities for care improvement nent efforts.

st receive data on quality metrics and populations. (Core)

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it ent care.

te medical education provides safe res each resident's development of the uired to enter the unsupervised es a foundation for continued

ultimately responsible for the care of in the responsibility and accountability are. Effective programs, in partnership lefine, widely communicate, and nsibility and accountability as it ent care.

te medical education provides safe res each resident's development of the uired to enter the unsupervised es a foundation for continued

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.a).(1)	Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(1).(a)	This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)	6.5.	Residents and faculty members must respective roles in that patient's care This information must be available to members of the health care team, and
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the place for all residents is based on each ability, as well as patient complexity a exercised through a variety of method (Core)
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:	[None]	Levels of Supervision To promote appropriate resident supe authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac
VI.A.2.b).(1).(a)	the supervising physician is physically present with the resident during the key portions of the patient interaction.	6.7.	Direct Supervision The supervising physician is physica the key portions of the patient interac
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)	6.7.a.	PGY-1 residents must initially be sup the above definition. (Core)
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is availabl procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role resident must be assigned by the pro (Core)
VI.A.2.d).(1)	The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Mileste
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core)	6.9.b.	Faculty members functioning as super portions of care to residents based of skills of each resident. (Core)

ist inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

ist inform each patient of their re when providing direct patient care. to residents, faculty members, other nd patients. (Core)

It the appropriate level of supervision in each resident's level of training and y and acuity. Supervision may be nods, as appropriate to the situation.

upervision while providing for graded ogram must use the following

cally present with the resident during action.

cally present with the resident during action.

pervised directly, only as described in

roviding physical or concurrent visual ately available to the resident for e appropriate direct supervision.

ble to provide review of ack provided after care is delivered.

sical presence of a supervising

ity and responsibility, conditional ole in patient care delegated to each rogram director and faculty members.

e each resident's abilities based on stones. (Core)

pervising physicians must delegate on the needs of the patient and the

Requirement			
Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.d).(3)	Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.		Senior residents or fellows should se residents in recognition of their progr the needs of each patient and the skil (Detail)
VI.A.2.e)	Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ residents must communicate with the (Core)
VI.A.2.e).(1)	Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)	6.10.a.	Each resident must know the limits or circumstances under which the reside conditional independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each resi the appropriate level of patient care a
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their Spresidents and faculty members conceresponsibilities of physicians, includi to be appropriately rested and fit to ppatients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their Spresidents and faculty members conceresponsibilities of physicians, includito be appropriately rested and fit to ppatients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	
VI.B.2.a)	be accomplished without excessive reliance on residents to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the programe excessive reliance on residents to ful
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program meaning that each resident finds in the including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism t personal responsibility. (Core)
VI.B.4.	Residents and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Residents and faculty members must their personal role in the safety and w care, including the ability to report un (Core)

serve in a supervisory role to junior gress toward independence, based on kills of the individual resident or fellow.

ircumstances and events in which he supervising faculty member(s).

of their scope of authority, and the ident is permitted to act with ie)

ust be of sufficient duration to assess sident and to delegate to the resident authority and responsibility. (Core)

Sponsoring Institutions, must educate cerning the professional and ethical ding but not limited to their obligation provide the care required by their

Sponsoring Institutions, must educate cerning the professional and ethical ding but not limited to their obligation provide the care required by their

ram must be accomplished without ulfill non-physician obligations. ^(Core)

am must ensure manageable patient

am must include efforts to enhance the the experience of being a physician, nts, providing administrative support, ce and flexibility, and enhancing

o with the Sponsoring Institution, must In that supports patient safety and

st demonstrate an understanding of welfare of patients entrusted to their unsafe conditions and safety events.

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requiremen
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a residents, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of residents an behavior and a confidential process f addressing such concerns. (Core)
	Well-Being		
	Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of residency training.		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect
	Residents and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and		Residents and faculty members are a Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models
VI.C.	prepares residents with the skills and attitudes needed to thrive throughout their careers.	[None]	prepares residents with the skills and throughout their careers.
VI.C.1.	The responsibility of the program, in partnership with the Sponsoring Institution, must include:	6.13.	The responsibility of the program, in Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts resident well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of residents and faculty members; (Core)	6.13.b.	evaluating workplace safety data and and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal resident and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage member well-being; and, (Core)
VI.C.1.c).(1)	Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Residents must be given the opportu and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of residents and faculty members in:	6.13.d.	education of residents and faculty me
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of burn disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)	6.13.d.2.	recognition of these symptoms in the care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-so

Sponsoring Institutions, must provide II, and civil environment that is e from discrimination, sexual and other a abuse, or coercion of students,

Sponsoring Institutions, should have a and faculty regarding unprofessional s for reporting, investigating, and

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being joy in medicine while managing their d responsibility to support other re important components of s that must be modeled, learned, and bects of residency training.

e at risk for burnout and depression. Sponsoring Institutions, have the I-being as other aspects of resident embers of the health care team share each other. A positive culture in a els constructive behaviors, and nd attitudes needed to thrive

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of residents

age optimal resident and faculty

tunity to attend medical, mental health, uding those scheduled during their

nembers in:

urnout, depression, and substance use ential for violence, including means to conditions; (Core)

nemselves and how to seek appropriate

-screening. (Core)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.C.1.e)	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)	6.13.e.	providing access to confidential, affo counseling, and treatment, including 24 hours a day, seven days a week. (0
VI.C.2.	There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which res including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for res care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of the second s
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the resident who is work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all residents of the signs of fatigue and sleep depr fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all residents and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all residents of the signs of fatigue and sleep depr fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe trar may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each resident must be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each r patient safety, resident ability, severit illness/condition, and available suppo
VI.E.2.	Teamwork Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core)	6.18.	Teamwork Residents must care for patients in ar communication and promotes safe, ir the specialty and larger health system
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that residents with team members in the hand-off pr

fordable mental health assessment, g access to urgent and emergent care (Core)

esidents may be unable to attend work, illness, family emergencies, and e. Each program must allow an esidents unable to perform their patient

d procedures in place to ensure continuity of patient care. (Core)

d without fear of negative is or was unable to provide the clinical

ts and faculty members in recognition privation, alertness management, and il)

ts and faculty members in recognition privation, alertness management, and il)

Sponsoring Institution, must ensure ansportation options for residents who home. (Core)

n resident must be based on PGY level, rity and complexity of patient port services. (Core)

an environment that maximizes interprofessional, team-based care in em. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

Sponsoring Institutions, must ensure and-off processes to facilitate both v. (Core)

ts are competent in communicating process. (Outcome)

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their Sp an effective program structure that is educational and clinical experience of opportunities for rest and personal ac
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.a)	Residents should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Residents should have eight hours of and education periods. (Detail)
VI.F.2.b)	Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Residents must have at least 14 hours after 24 hours of in-house call. (Core)
VI.F.2.c)	Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Residents must be scheduled for a mi clinical work and required education (home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
VI.F.3.a)	Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinica
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time. (Core)	6.22.a.	Up to four hours of additional time ma patient safety, such as providing effect resident education. Additional patient assigned to a resident during this time
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing or resident, on their own initiative, may e clinical site in the following circumsta a single severely ill or unstable patien needs of a patient or patient's family; events. (Detail)

Sponsoring Institutions, must design is configured to provide residents with opportunities, as well as reasonable activities.

icational Work per Week must be limited to no more than 80 ur-week period, inclusive of all invities, clinical work done from home,

rk and Education off between scheduled clinical work

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minimum of one day in seven free of n (when averaged over four weeks). Atese free days. (Core)

ion Period Length

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ion Period Length

ds for residents must not exceed 24 ical assignments. (Core)

may be used for activities related to fective transitions of care, and/or nt care responsibilities must not be me. (Core)

Exceptions

y off all other responsibilities, a y elect to remain or return to the stances: to continue to provide care to ent; to give humanistic attention to the y; or to attend unique educational

Requirement Number - Roman		Reformatted	
Numerals	Requirement Language	Requirement Number	Requiremen
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing or resident, on their own initiative, may or clinical site in the following circumsta a single severely ill or unstable patier needs of a patient or patient's family; events. (Detail)
	These additional hours of care or education must be counted toward the		These additional hours of care or edu
VI.F.4.b)	80-hour weekly limit. (Detail)	6.23.a.	80-hour weekly limit. (Detail)
VI.F.4.c)	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Osteopathic Neuromusculoskeletal Medicine will not consider requests for exceptions to the 80-hour limit to the residents' work week.	6.24.	A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Osteopathic consider requests for exceptions to the 8
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
VI.F.5.a)	Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with the goals and objectives of the educa interfere with the resident's fitness fo safety. (Core)
	Time spent by residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour	6.25.0	Time spent by residents in internal an in the ACGME Glossary of Terms) mu
VI.F.5.b) VI.F.5.c)	maximum weekly limit. (Core) PGY-1 residents are not permitted to moonlight. (Core)	6.25.a. 6.25.b.	maximum weekly limit. (Core) PGY-1 residents are not permitted to a
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)		In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Residents must be scheduled for in-h every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w call is not subject to the every-third-n requirement for one day in seven free averaged over four weeks. (Core)

Exceptions g off all other responsibilities, a y elect to remain or return to the stances: to continue to provide care to ent; to give humanistic attention to the y; or to attend unique educational

ducation must be counted toward the

ation-specific exceptions for up to 10 and educational work hours to und educational rationale.

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-house call no more frequently than ver a four-week period). (Core)

s by residents on at-home call must weekly limit. The frequency of at-home -night limitation, but must satisfy the ee of clinical work and education, when

Requirement Number - Roman Numerals	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.8.a)	Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)		At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w call is not subject to the every-third-ni requirement for one day in seven free averaged over four weeks. (Core)
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each res

s by residents on at-home call must weekly limit. The frequency of at-home -night limitation, but must satisfy the ee of clinical work and education, when

nt or taxing as to preclude rest or esident. (Core)