Osteopathic Recognition Requirements

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Introduction

Int.A. Osteopathic Recognition is may be conferred by the Osteopathic Principles Committee upon any ACGME-accredited graduate medical education program providing requisite training in the Osteopathic Principles and Practice (OPP). (Formerly I.A.)

Int.B. OPPsteopathic Principles and Practice refers to a philosophical and practical approach to patient management and treatment, including osteopathic manipulative treatment (OMT), based on an understanding of body unity, self-healing, and self-regulatory mechanisms, and the interrelationship of structure and function. (Formerly I.C.)

Int.C. OPPsteopathic Principles and Practice further defines the conceptual understanding and practical application of the distinct behavioral, philosophical, and procedural aspects of clinical practice related to the four tenets of osteopathic medicine: (Formerly I.C.1)

Int.C.1. the body is a unit; the person is a unit of body, mind, and spirit; (Formerly I.C.1.a))

Int.C.2. the body is capable of self-regulation, self-healing, and health maintenance; (Formerly I.C.1.b))

Int.C.3. structure and function are reciprocally interrelated; and, (Formerly I.C.1.c))

Int.C.4. rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function. (Formerly I.C.1.d))

Programs may be deemed to have Osteopathic Recognition after appropriate application, evaluation, and review of the standards outlined below. (Formerly Part of I.B.)

I. Osteopathic Program Personnel

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

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

I.A.1.a) Qualifications of the Director of Osteopathic Education program-director, co-program director (where required), or osteopathic-focused track director must include: (Formerly III.C.1.a)
I.A.1.a).(1) requisite osteopathic specialty expertise and documented educational and administrative experience acceptable to the Recognition Committee; (Formerly III.C.1.a).(1))

I.A.1.a).(2) board certification through an American Osteopathic Association (AOA) specialty certifying boards in the program specialty, or qualifications judged acceptable to the Recognition Committee; and, (Formerly III.C.1.a).(2))

I.A.1.a).(3) current unrestricted medical licensure and maintenance of clinical skills through provision of direct patient care; and, engagement in patient care activities. (Formerly III.C.1.a).(3))

I.A.1.a).(4) ability to teach and assess OPP.

I.A.2. The Director of Osteopathic Education must be the program director or another member of the program faculty.

The Director of Osteopathic Education must:

I.A.2.a) The program director, co-program director, or osteopathic-focused track director must administer and maintain an educational environment conducive to educating residents in Osteopathic Principles and Practice each of the ACGME Competencies and Osteopathic Principles and Practice competency areas; (Formerly III.C.1.b))

I.A.2.b) The program director, co-program directors, or osteopathic-focused track director must engage in osteopathic-focused professional development applicable to his/her responsibilities as an educational leader; (Formerly III.C.1.c))

The program director, co-program director, or osteopathic-focused track director must be trained in the evaluation and assessment of all ACGME competencies, including Osteopathic Principles and Practice competencies. (Formerly III.C.1.c).(1))

The program director, co-program director, or osteopathic-focused track director must participate in a faculty development program that includes Osteopathic Principles and Practice. (Formerly III.C.1.c).(2))

The program director, co-program director, or osteopathic-focused track director must—(Formerly III.C.1.d))

I.A.2.c) oversee and ensure the quality of osteopathic-focused didactic and clinical education at all participating sites; (Formerly III.C.1.d).(1))
I.A.2.d) at each participating site, approve an osteopathic faculty member as the local site director at each participating site who is accountable for designated osteopathic-focused program or track resident education; (Formerly III.C.1.d).(2))

I.A.2.e) monitor designated osteopathic-focused program or track resident supervision at all participating sites; (Formerly III.C.1.d).(6))

I.A.2.f) approve the selection and continued participation of osteopathic-focused program or track faculty members, as appropriate; (Formerly III.C.1.d).(3))

I.A.2.g) evaluate osteopathic-focused program or track faculty members annually; (Formerly III.C.1.d).(4))

I.A.2.h) prepare and submit all information required and requested by the ACGME; (Formerly III.C.1.d).(7))

I.A.2.i) advise residents with respect to osteopathic professional development; and, their career and educational goals. (Formerly III.C.1.d).(9))

I.A.2.j) meet all requirements of an osteopathic faculty member.

**Background and Intent:** The decision to pursue Osteopathic Recognition carries with it a responsibility to provide the leadership necessary for the osteopathic curriculum to succeed. A physician must be designated to serve as the leader responsible for creating the osteopathic learning environment, and ensuring the Osteopathic Recognition Requirements are met. While local titles for this leader may vary, this individual will be recognized in the ACGME’s Accreditation Data System (ADS) as the Director of Osteopathic Education and will serve as the primary point of communication with the program regarding the osteopathic curriculum. Any qualified member of the osteopathic faculty may be appointed as the Director of Osteopathic Education, including the program director.

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

I.B.1. Osteopathic faculty members (MD or DO) who must, through prior training and certifications, be able to supervise the performance of
osteopathic manipulative medicine in the clinical setting as applicable to patient care. (Formerly part of III.B.6.)

I.B.2. Osteopathic faculty members must be certified by the an AOA specialty certifying boards and/or a member board of the American Board of Medical Specialties (ABMS), or possess qualifications judged as acceptable by the Recognition Committee. (Formerly III.C.2.b))

I.B.3. The program must maintain a sufficient number of osteopathic faculty members. (Formerly part of III.B.6.)

Osteopathic faculty members must:

I.B.4. participate in a faculty development program that includes OPPsteopathic Principles and Practice; (Formerly III.C.2.c).(3))

I.B.4.a) This program should include be trained in the evaluation and assessment of the ACGME and osteopathic competencies (see IV.A.-IV.G.2.). (Formerly III.C.2.c).(2))

I.B.5. evaluate designated osteopathic residents through direct observation of patient encounters; and, including direct observation of osteopathic-focused program or track residents with patients; and, (Formerly III.C.2.c).(4) and III.C.1.d).(8).(a))

I.B.6. actively participate in organized clinical discussions, rounds, journal clubs, or conferences with specific integration of OPPsteopathic Principles and Practice, including osteopathic manipulative treatment OMT. (Formerly III.C.2.c).(5))

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

I.C. Core Osteopathic Faculty

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

This faculty member must:
Core osteopathic faculty members must:

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

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

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

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

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

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

II. Designated Osteopathic Resident Appointments Eligibility (Formerly IV.)

II.A. Each Program must have a minimum of at least one designated osteopathic resident per program year in the osteopathic-focused track, averaged over a period of three years. (Formerly III.A)

II.A.1. Programs receiving Osteopathic Recognition may must designate, in ADS, the residents who will formally receive osteopathic education, the entire program as osteopathic-focused or designate a portion of the program as an osteopathic-focused track. (Formerly part of I.B.)

II.B. Residents must meet one of the following prerequisites. To be eligible for appointment into an designated osteopathic-focused program or track position within a program with Osteopathic Recognition, the applicant must: (Formerly IV.A.)

II.B.1. be a graduate of a Commission on Osteopathic College Accreditation (COCA)-accredited college of osteopathic medicine (COM) and hold a DO degree; or, (Formerly IV.A.I.)

II.B.2. be a graduate of a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME), and
II.B.3. be a graduate from a medical school outside of the United States or Canada and meet one of the following additional requirements, complete additional training requirements as outlined in IV.B below, and meet one of the following additional requirements and: (Formerly IV.A.3.)

II.B.3.a) hold a currently-valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or, (Formerly IV.A.3.a))

II.B.3.b) hold a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his/her current ACGME-accredited specialty/subspecialty program; or, (Formerly IV.A.3.b))

II.B.3.c) have graduated from a medical school outside the United States and have completed a Fifth Pathway program provided by an LCME-accredited medical school. (Formerly IV.A.3.c))

II.C. Prior to entering a designated osteopathic position matriculation, applicants residents meeting the requirements for IV.A.2. or IV.A.3. above must have sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine sufficient to prepare them to engage in the curriculum of the program. This must include: (Formerly IV.B.)

II.C.1. osteopathic philosophy, history, terminology, and code of ethics; (Formerly IV.B.1.)

II.C.2. anatomy and physiology related to osteopathic medicine; (Formerly IV.B.2.)

II.C.3. indications, contraindications, and safety issues associated with the use of osteopathic manipulative treatment (OMT); and, (Formerly IV.B.3.)

II.C.4. palpatory diagnosis, osteopathic structural examination, and osteopathic manipulative treatment (OMT). (Formerly IV.B.4.)

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

II.D. The program must have a policy that outlines the eligibility requirements for appointment, based on the type of medical school as listed in III.C.1.-III.C.3. The policy must clearly identify what is required of the applicant prior to entering a designated osteopathic position in an ACGME-accredited program with Osteopathic Recognition.

III. Osteopathic Educational Program

Osteopathic Principles and Practice (Formerly I.)
III.A. Osteopathic-focused The curriculum for designated osteopathic residents must include integration of OPPsteopathic Principles and Practice into the six ACGME Core Competencies areas. (Formerly part of I.C.)

Competencies (Formerly II.)

III.B. Patient Care and Procedural Skills (Formerly II.A.)

Each resident must demonstrate the ability to:

III.B.1. approach the patient with recognition of the entire clinical context, incorporate osteopathic principles, including the four tenets, including mind-body and psychosocial interrelationships, and use the relationship between structure and function to promote health; (Formerly II.A.1.)

III.B.2. use OPPsteopathic Principles and Practice to perform competent physical, neurologic, and structural examinations incorporating analysis of laboratory and radiology results, diagnostic testing, and physical examination as appropriate to his/her specialty; (Formerly II.A.2.)

III.B.3. document somatic dysfunction and its treatment as applicable to each patient’s care; (Formerly II.A.3.)

III.B.4. effectively treat patients and provide medical care that incorporates the osteopathic philosophy; (Formerly II.A.4.)

III.B.5. gather accurate, essential information from all sources, including information relevant to OPPsteopathic Principles and Practice; (Formerly II.A.5.)

III.B.6. demonstrate a caring attitude that is mindful of cultural sensitivities and patient apprehension concerning touch and palpatory diagnosis; (Formerly II.A.6.)

III.B.7. assume increased responsibility for the incorporation of osteopathic concepts into his/her patient management (Formerly II.A.7.)

III.B.8. demonstrate listening skills in interactions with patients, utilizing caring, compassionate behavior and touch (where appropriate); (Formerly II.A.8.)

III.B.9. competently perform osteopathic evaluation diagnosis and treatment appropriate to his/her medical specialty; and, (Formerly II.A.9.)

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

III.C. Medical Knowledge (Formerly II.B.)

Residents must demonstrate the ability to:
III.C.1. apply demonstrate the ability to integrative knowledge of accepted standards of osteopathic clinical practice and/or OPPsteopathic Principles and Practice in their respective specialty areas; (Formerly II.B.1.)

III.C.2. demonstrate understanding and application of OPPsteopathic Principles and Practice to patient care; (Formerly II.B.2.)

III.C.3. demonstrate the treatment of the person rather than symptoms; (Formerly II.B.3.)

III.C.4. demonstrate understanding of somatovisceral relationships and the role of the musculoskeletal system in disease as appropriate for to their respective specialties; and, (Formerly II.B.4.)

III.C.5. perform critical appraisals of literature related to OPPsteopathic Principles and Practice relative to their specialty. (Formerly II.B.5.)

III.D. Practice-based Learning and Improvement (Formerly II.C.)

Residents must demonstrate the ability to:

III.D.1. incorporate literature and research that integrate osteopathic tenets into clinical decision making; (Formerly II.C.1.)

III.D.2. critically evaluate their methods of osteopathic clinical practice, integrate evidence-based OPPsteopathic Principles and Practice into patient care, show an understanding of research methods, and improve patient care practices as related to their specialty areas; (Formerly II.C.2.)

III.D.3. treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness related to OPPsteopathic Principles and Practice; and, (Formerly II.C.3.)

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

III.E. Interpersonal and Communication Skills (Formerly II.D.)

Residents must demonstrate:

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

III.E.2. appropriate verbal and non-verbal skills (including touch) when communicating with patients, families, and interprofessional collaborative team members. (Formerly II.D.2.)
III.F. Professionalism (Formerly II.E.)

Residents must:

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

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

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

III.F.4. utilize caring, compassionate behavior and appropriate touch with patients as related to their specialty areas. (Formerly II.E.4.)

III.G. Systems-based Practice (Formerly II.F.)

Residents must:

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

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

IV. Osteopathic Learning Environment -focused Program Curriculum and Required Experiences (Formerly III.)

Programs with Osteopathic Recognition must create a learning environment that integrates and promotes the use of OPPsteopathic Principles and Practice throughout the duration of the educational program; (Formerly III.B.2.)

IV.A. Experiences

Osteopathic-focused programs, or such tracks within a Programs must:

(Formerly III.B.)

IV.A.1. provide residents with instruction and an evaluation in the integration of competency in OPPsteopathic Principles and Practice; (Formerly III.B.1.)

IV.A.2. embed the four tenets of osteopathic medicine into the educational program (see Int.C.); (Formerly III.B.4.)
IV.A.3. provide learning activities to advance the procedural skill acquisition of osteopathic manipulative medicine for both designated osteopathic residents and osteopathic faculty members; (Formerly III.B.8.)

IV.A.4. The faculty should ensure designated osteopathic residents have exposure to osteopathic-focused programs patient care should practice in a variety of clinical settings, to ensure a broad training experience for residents; (Formerly III.C.2.a))

IV.A.5. promote designated osteopathic residents teaching of OPPsteopathic Principles and Practice. (Formerly part of III.B.11.)

IV.A.5.a) Such opportunities could occur through as resident-delivered integrated OPPsteopathic Principles and Practice didactic lectures, hands-on osteopathic manipulative medicine workshops, and/or resident-led journal clubs; (Formerly part of III.B.11.)

IV.A.6. create an learning environment that supports osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members to advance OPPsteopathic Principles and Practice; (Formerly III.B.3.)

IV.A.7. demonstrate commitment from educators and leaders (e.g., DO, MD, PhD, EdD) to create and maintain the required learning environment for all residents; (Formerly III.B.5)

IV.A.8. provide learning activities and communications that promote understanding of the philosophy of OPPsteopathic Principles and Practice among the interprofessional collaborative team. (Formerly III.B.12.)

IV.B. Resources

IV.B.1. Osteopathic faculty members, including the Director of Osteopathic Education and core osteopathic faculty members, may be shared between programs with Osteopathic Recognition.

IV.B.1.a) A written plan must be provided detailing how shared faculty members' time with each program and participating site will be divided, and oversight be maintained, so as not to compromise the osteopathic education of designated osteopathic residents in any involved program.

IV.B.2. The program must:

IV.B.2.a) ensure access to a provide a variety of learning resources to support osteopathic medical education, including reference
material pertaining to osteopathic manipulative medicine and osteopathic principles and practice integration into patient care. This must include: (Formerly III.B.7.)

IV.B.2.a).(1) This must include access to a number of examination tables suitable for osteopathic manipulative treatment OMT; and, and education in order to achieve the goals and objectives for this part of the curriculum (Formerly III.B.7.a))

IV.B.2.a).(2) This must include facilities for osteopathic clinical and didactic activities. (Formerly III.B.7.b))

IV.B.2.b) provide resources to support osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members.

participate in the continuum of osteopathic medical education;

(Formerly III.B.10)

IV.B.3. Programs seeking Osteopathic Recognition should participate in a community of learning that promotes the continuum of osteopathic medical education. This community should include a college of osteopathic medicine, osteopathic medical students, residents, and teaching physicians from a variety of settings committed to maintaining these requirements for Osteopathic Recognition. Such a community can be provided through affiliation with an osteopathic post-doctoral training institution (OPTI). (Formerly III.B.10.a); portion of the requirement removed and moved to an FAQ.)

V. Osteopathic Evaluation (Formerly V.)

V.A. Designated Osteopathic Resident Evaluation (Formerly V.B.)

The program must provide formative and summative assessment of resident competence in integration of OPP, including in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, performance based on the Osteopathic Principles and Practice Milestones and other forms of evaluation, as applicable to the specialty. (Formerly V.B.1.)

V.A.1. Clinical Competency Committee

V.A.1.a) The Director of Osteopathic Education or a designee should be a member of the program’s Clinical Competency Committee (CCC).

V.A.1.b) The program’s CCC or a sub-committee must review the progress of all designated osteopathic residents in the program as it relates to OPP.

V.A.1.c) The CCC or a sub-committee must:
V.A.1.c).(1) include at least two osteopathic faculty members, which may include the Director of Osteopathic Education;

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

V.A.1.c).(3) prepare and ensure the reporting of Osteopathic Recognition Milestones evaluations for each designated osteopathic resident semi-annually to the ACGME; and,

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

V.A.2. Formative Evaluation (Formerly V.B.2.)

V.A.2.a) The members of the Osteopathic faculty members must evaluate designated osteopathic residents' competence in OPPsteopathic Principles and Practice in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment. (Formerly V.B.2.a)

Formative evaluation of designated osteopathic residents This must include:

V.A.2.a).(1) ongoing assessment evaluation of the integration of OPPsteopathic Principles and Practice throughout the ACGME Competency domains, which should occur during in patient care activities, including assessment and plans, as determined by direct observation of resident-patient encounters; (Formerly V.B.2.a).(1))

V.A.2.a).(2) assessment evaluation of appropriate documentation of osteopathic manipulative medicine as applicable to the specialty program; and, (Formerly V.B.2.a).(2))

V.A.2.a).(3) assessment of Osteopathic Principles and Practice integration into patient care as applicable to the specialty; and, (Formerly V.B.2.a).(3))

V.A.2.a).(3) assessment of OPPsteopathic Principles and Practice integration into scholarly activity. (Formerly V.B.2.a).(4))

V.A.2.b) The program must have an evaluation system to determine when a resident has obtained the necessary skills to perform OMT under supervision, as a component of patient care.
V.A.2.c) The program must provide objective formative assessment of osteopathic medical knowledge and procedural skills that must include:

V.A.2.c).(1) an assessment of knowledge of OPPsteopathic Principles and Practice in the specialty should occur through a specialty-specific osteopathic in-service examination or other equivalent formal exam.; and, (Formerly V.B.1.a))

V.A.2.c).(2) an assessment of skill proficiency in OMT.

V.A.2.d) The program must provide designated osteopathic residents with semi-annual feedback regarding performance and progression in integration of OPP the ACGME Competencies. [see Common Program Requirements, V.A.2.b).(4)] must include osteopathic elements, as defined by each specialty. (Formerly V.B.2.b))

V.A.3. Summative Evaluation (Formerly V.B.3.)

V.A.3.a) The Osteopathic Recognition Milestones must be one of the tools used to ensure designated osteopathic residents are able to practice without supervision upon completion of the program.

V.A.3.b) The Director of Osteopathic Education program director, co-program directors, or osteopathic-focused track director must provide a summative evaluation for each designated osteopathic resident upon completion of the osteopathic education program. (Formerly V.B.3.)

Assessment of skill proficiency in osteopathic manipulative medicine should be measured through practical skill assessments. (Formerly V.B.3.a))

The program must include Milestone assessment in Osteopathic Principles and Practice as applicable to the specialty. (Formerly V.B.3.b))

V.B. Osteopathic Faculty Evaluation (Formerly V.C.)

V.B.1. At least annually, the Director of Osteopathic Education program must evaluate osteopathic faculty member performance as it relates to the integration of OPPsteopathic Principles and Practice into the educational program. (Formerly V.C.1.)

V.B.2. Evaluation of osteopathic faculty members must include:

V.B.2.a) at least annual written confidential evaluations of the osteopathic-focused program or track faculty members by the designated osteopathic-focused program or track residents or evaluations following completion of rotations or similar educational.
experiences as related to the integration of OPP; and, (Formerly V.C.2.)

V.B.2.b) assessment of the knowledge, application, and promotion of OPP.

V.C. Program Evaluation (Formerly V.A.)

V.C.1. Designated osteopathic residents and osteopathic faculty members must have the opportunity to evaluate the osteopathic-focused components of the program confidentially and in writing at least annually. (Formerly V.A.1.)

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

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

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

V.C.4. A significant number of Residents who enter a designated osteopathic position should complete the program in a designated osteopathic position, the osteopathic-focused track must complete it. (Formerly V.A.2.c)

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