

## Frequently Asked Questions: Osteopathic Recognition ACGME

Question	Answer
<b>Osteopathic Program Personnel</b>	
<p>Are there other qualifications the Committee is willing to consider if the Director of Osteopathic Education or core faculty member does not possess American Osteopathic Association (AOA) board certification?</p> <p><i>[Recognition Requirements: I.A.1.a).(2) and I.C.2.a)]</i></p>	<p>Yes, the Osteopathic Principles Committee will consider other qualifications in lieu of AOA board certification. Examples include:</p> <ul style="list-style-type: none"> <li>• A physician holding a Doctor of Osteopathic Medicine degree with active board certification through an American Board of Medical Specialties (ABMS) member board</li> <li>• A physician holding a medical degree other than a Doctor of Osteopathic Medicine degree who has active board certification through an ABMS member board and has completed an ACGME-accredited program with Osteopathic Recognition in a designated osteopathic position</li> </ul> <p>Physicians with the above qualifications must be able to teach and assess Osteopathic Principles and Practice (OPP). They must also demonstrate, through scholarly activity, CME courses, faculty appointments, etc., that they are currently a provider of osteopathic medicine or have been in the recent past.</p>
<p>How can a program demonstrate that it has a sufficient number of osteopathic faculty members?</p> <p><i>[Recognition Requirement: I.B.3.]</i></p>	<p>A program can demonstrate that it has a sufficient number of osteopathic faculty members by describing the faculty members' roles in adequately fulfilling the needs of the osteopathic learning environment for the specialty.</p> <p>At a minimum, the program must have one core osteopathic faculty member, in addition to the Director of Osteopathic Education. Additional osteopathic faculty members may be needed based on the:</p> <ul style="list-style-type: none"> <li>• number of designated osteopathic residents;</li> <li>• number of hours devoted to osteopathic education by the osteopathic faculty members;</li> <li>• complexity of the osteopathic curriculum;</li> <li>• requirements of clinical supervision;</li> <li>• the number of teaching sites providing osteopathic education; and,</li> </ul>

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	<ul style="list-style-type: none"> <li>• the program's specialty.</li> </ul> <p>The number of designated osteopathic residents and the number of designated sites greatly impact the faculty resources needed to create and sustain the osteopathic learning environment. For higher numbers of designated osteopathic residents, additional osteopathic faculty members may be required to ensure an adequate osteopathic learning environment at all sites providing osteopathic education.</p>
<p>What does the Osteopathic Principles Committee consider faculty development?</p> <p><i>[Recognition Requirements: I.B.4.-I.B.4.a).(1)]</i></p>	<p>The Committee views faculty development as a structured program of regularly scheduled development activities designed to enhance the effectiveness of teaching, administration, leadership, scholarship, and the clinical and behavioral components of the osteopathic faculty members' performance. It is important to note that the faculty development program should include an integration of OPP throughout the scheduled activities.</p> <p>A faculty development program may be offered using local resources.</p>
<p>How frequently should faculty development that integrates OPP occur?</p> <p><i>[Recognition Requirements: I.B.4.-I.B.4.a).(1)]</i></p>	<p>It is suggested that faculty development integrating OPP occur at least annually. This should incorporate evaluation and assessment of competence in medical education.</p>
<p>Does attendance at a conference or meeting where AOA CME credit is earned qualify as faculty development?</p> <p><i>[Recognition Requirements: I.B.4.-I.B.4.a).(1)]</i></p>	<p>Conferences and meetings where AOA CME credit or ACCME CME credit are earned do not necessarily qualify as faculty development; the conference or meeting must meet the definition of osteopathic faculty development as specified in the previous FAQs.</p>
<p>Is there a specific minimum number of hours core osteopathic faculty members are required to devote to the program, as expected by the Review Committees?</p> <p><i>[Recognition Requirements: I.C.-I.C.4.]</i></p>	<p>No, core osteopathic faculty members are not required to devote a minimum number of hours to the program. Core osteopathic faculty members will be identified differently than general core faculty members in the Accreditation Data System (ADS).</p>
<p><b>Designated Osteopathic Resident Appointments</b></p>	

Question	Answer
<p>Does a program need to receive approval from the Osteopathic Principles Committee to change its complement of designated osteopathic residents?</p> <p><i>[Recognition Requirement: II.A.]</i></p>	<p>No. The Osteopathic Principles Committee will monitor the number of designated osteopathic residents, but will not need to approve changes in a program's number of designated osteopathic residents. The applicable Review Committee approves changes that affect a program's overall resident (or fellow) complement.</p>
<p>Should there be one designated osteopathic resident per program year or one designated osteopathic resident at each level of education, averaged over a period of three years?</p> <p><i>[Recognition Requirement: II.A.]</i></p>	<p>The Osteopathic Principles Committee expects that there will be at least one designated osteopathic resident per year of the program, averaged over a period of three years, in a program with Osteopathic Recognition. In order to deliver a consistent experience for all learners, it is desirable to have two or more designated osteopathic residents. The presence of multiple learners at each year of the program will facilitate peer and near-peer learning. A fragmented enrollment may negatively impact learning. The Committee will continue to monitor this in order to best support programs.</p>
<p>Can a program request a waiver of the minimum required number of designated osteopathic residents?</p> <p><i>[Recognition Requirement: II.A.]</i></p>	<p>Yes, programs may request a waiver. Programs requesting a waiver must send a formal letter outlining the request and an explanation of why it will be unable to meet the requirement. The letter should be addressed to the Osteopathic Principles Committee and signed by the designated institutional official (DIO), program director, and the Director of Osteopathic Education (if applicable). The letter should be sent via e-mail to the Executive Director of the Osteopathic Principles Committee (<a href="mailto:tmoss@acgme.org">tmoss@acgme.org</a>). The program will be notified in writing of the Committee's decision regarding whether or not a waiver is granted.</p> <p>Programs are encouraged to request a waiver after attempts to recruit residents into designated osteopathic resident positions are unsuccessful and they are in jeopardy of non-compliance with the established average minimum requirement.</p>
<p>Which eligibility requirements must subspecialty (i.e., fellowship) programs follow?</p> <p><i>[Recognition Requirements: II.-II.C.]</i></p>	<p>The requirements pertaining to designated osteopathic resident appointment apply to both specialty and subspecialty programs, as well as to transitional year programs – that is, to both residencies and fellowships.</p>
<p>Must candidates applying for a designated osteopathic position within a residency or fellowship program have completed all prerequisite post-graduate clinical education in a designated osteopathic</p>	<p>No. Residency and fellowship programs with Osteopathic Recognition may accept candidates into designated osteopathic positions who have not completed all prerequisite post-graduate clinical education in an AOA-approved program or an ACGME-accredited program with Osteopathic Recognition in a designated osteopathic position. Programs may also choose to establish more stringent eligibility criteria, such</p>

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<p>position within a program with Osteopathic Recognition?</p> <p><i>[Recognition Requirements: II.B.-II.B.4.]</i></p>	<p>as the completion of all prerequisite post-graduate clinical education required for initial entry in an AOA-approved program or ACGME-accredited program with Osteopathic Recognition in a designated osteopathic position, but again, this is not required.</p>

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<p>What is considered sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine as required for an MD applicant to enter a designated osteopathic resident position in a program with Osteopathic Recognition?</p> <p><i>[Recognition Requirements: II.B.-II.B.4.]</i></p>	<p>The Committee expects all designated osteopathic resident applicants to demonstrate to programs some level of preparation prior to entry into the designated position. Programs should establish eligibility criteria accordingly. Programs may require MD applicants, or any other applicants who are physicians but not DOs, to demonstrate preparation through completion of one of the following prior to entry into a designated osteopathic position:</p> <ul style="list-style-type: none"> <li>• Structured basic OPP training</li> <li>• Prior completion of elective OPP rotations</li> <li>• Prior completion of OPP course(s) at an osteopathic medical school</li> <li>• Other experiences and training to enable the resident to demonstrate entry-level competency for participation in the program</li> </ul>
<p>How much flexibility does a program have in establishing eligibility criteria for non-DOs to enter a designated osteopathic resident position?</p> <p><i>[Recognition Requirements: II.B.-II.C.]</i></p>	<p>A program has the flexibility to establish entry criteria for non-DOs based on the program's resources. A program may establish low entry criteria, because it has the ability to provide designated osteopathic residents with the extra educational resources to "catch up" their OPP knowledge and skills during the program and prior to graduation. Alternatively, programs that do not have extra educational resources may establish higher entry criteria to allow non-DO applicants to be eligible for entry into a designated osteopathic position, but only after attainment of considerable OPP education.</p>

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<p>What does a program with Osteopathic Recognition need to include in its eligibility policy?</p> <p><i>[Recognition Requirement: II.C.]</i></p>	<p>The Committee expects that programs with Osteopathic Recognition will specify in an eligibility policy the minimum prerequisite requirements to be completed prior to entry into a designated position. Prerequisite requirements for each of the following types of applicants should be individually delineated:</p> <ul style="list-style-type: none"> <li>• graduate of a Commission on Osteopathic College Accreditation (COCA)-accredited college of osteopathic medicine (COM) who holds a DO degree</li> <li>• graduate of a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME)</li> <li>• graduate from a medical school outside of the United States or Canada</li> </ul> <p>Though it is expected that graduates of a COCA-accredited COM (with a DO degree) have demonstrated sufficient background and/or instruction to enter a designated osteopathic resident position, physicians who have not graduated from a COCA-accredited COM must be expected to demonstrate some level of preparation prior to entry into a designated osteopathic resident position. It is through the program's eligibility policy that a program will demonstrate that it requires an adequate level of preparation from all applicants prior to entry into a designated osteopathic resident position.</p>
<b>Osteopathic Learning Environment</b>	
<p>What are the expected elements of an osteopathic learning environment for a program with Osteopathic Recognition?</p> <p><i>[Recognition Requirements: Section IV.]</i></p>	<p>The Committee expects every program with Osteopathic Recognition to create an osteopathic learning environment that supports the integration of OPP into resident education in didactic and clinical settings. This environment provides resources for scholarly activity, didactic and clinical experiences, and role models for residents to ensure osteopathic recognition milestone development throughout the educational program.</p> <p>The Committee acknowledges that each program will have varying resources and missions based on geographic location, backgrounds of faculty members, variety of educational settings within the program, and the needs of the patient populations served. Not all educational settings within the program are expected to meet all criteria for creating osteopathic learning environment, but the primary educational setting for the residency program should provide an osteopathic learning environment. Because residency programs vary in their curricula, the Committee expects their structure will also vary to allow individual programs to successfully meet the Osteopathic Recognition Requirements.</p>

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	<p>Examples of experiences that may contribute to an osteopathic learning environment are available in the <a href="#">Osteopathic Recognition section</a> of the ACGME website.</p>
<p>How can a program create a learning environment that supports and encourages osteopathic scholarly activity?</p> <p><i>[Recognition Requirement: IV.A.6.]</i></p>	<p>A program can create a learning environment that supports osteopathic scholarly activity, in partnership with the Sponsoring Institution, for both designated residents and osteopathic faculty members by:</p> <ul style="list-style-type: none"> <li>• Establishing osteopathic scholarly expectations. Programs should set the types scholarly activity and the frequency of activities expected for both designated residents and osteopathic faculty members. This should also include the role osteopathic faculty members should play in the achievement of osteopathic scholarly activity by designated osteopathic residents.</li> <li>• Providing formal education or the opportunity to participate in formal education that supports the scholarly process. Examples include conducting a literature search, developing a scholarly project, learning how to write a grant, understanding research methods, understanding human subject safety, conducting data analysis, and presenting/disseminating scholarly work.</li> <li>• Creating mechanisms for completion of osteopathic scholarly activity. This could include hosting a research day, sponsoring poster presentations at conferences, sponsoring scholarly presentations at conferences, and hosting Grand Rounds.</li> <li>• Providing time and resources to support osteopathic scholarly activity (see FAQ for Requirement IV.B.2.b) below).</li> </ul>
<p>Do the Osteopathic Recognition Requirements for scholarly activity replace the specialty requirements for scholarly activity?</p> <p><i>[Recognition Requirement: IV.A.7.]</i></p>	<p>The pursuit of scholarly activity that integrates OPP does not replace the scholarly activity as articulated in the applicable specialty Program Requirements. Designated osteopathic residents and osteopathic faculty members must meet the specialty requirements as outlined by the Review Committee. The Osteopathic Principles Committee encourages the incorporation of OPP into the scholarly activity that is used to meet the specialty-specific requirements. If it is not appropriate to incorporate OPP into the specialty-specific scholarly activity, additional scholarly activity will need to be completed to meet the Osteopathic Recognition Requirements.</p>
<p>What does the Osteopathic Principles Committee expect of osteopathic faculty</p>	<p>The Osteopathic Principles Committee encourages each osteopathic faculty member, including the Director of Osteopathic Education, to participate in osteopathic scholarly activity. Osteopathic faculty members must produce a combined total of at least two</p>

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<p>members in terms of participation in scholarly activity that integrates OPP?</p> <p><i>[Recognition Requirement: IV.A.7.]</i></p>	<p>osteopathic scholarly pieces annually, averaged over a five-year period. If it includes osteopathic content, the following may qualify as osteopathic faculty scholarly activity, if it integrates OPP:</p> <ul style="list-style-type: none"> <li>• Topic presentation at a regional, state, or national meeting</li> <li>• Presentation at grand rounds</li> <li>• Web conference presentation to a regional, state, or national audience</li> <li>• Publication of articles, book chapters, abstracts, or case reports in peer-reviewed journals</li> <li>• Publication of peer-reviewed performance improvement or education research</li> <li>• Peer-reviewed funding</li> <li>• Peer-reviewed abstracts presented at a regional, state, or national specialty meeting</li> <li>• Leadership position in a regional, state, or national osteopathic-related organization</li> </ul>
<p>What does the Osteopathic Principles Committee expect of designated osteopathic residents in terms of participation in scholarly activity that integrates OPP?</p> <p><i>[Recognition Requirement: IV.A.7.]</i></p>	<p>It is the expectation of the Osteopathic Principles Committee that all designated osteopathic residents will integrate OPP into their scholarly activity. Designated osteopathic residents must produce at least one piece of osteopathic scholarly activity prior to graduating from the program. Designated osteopathic resident scholarly activity may include:</p> <ul style="list-style-type: none"> <li>• Items in faculty scholarly activity list above.</li> <li>• Resident-led didactic with integration of OPP</li> <li>• Resident-led workshop with integration of OPP</li> <li>• Resident-led journal club with osteopathic content</li> </ul>
<p>What constitutes osteopathic scholarly activity?</p> <p><i>[Recognition Requirement: IV.A.7.]</i></p>	<p>Osteopathic scholarly activity should demonstrate evidence of creation and dissemination of scholarly work that promotes or integrates one or more of the osteopathic principles: 1) mind-body-spirit interactions; 2) structure-function relationships; 3) self-regulatory and self-healing physiological mechanisms; and 4) osteopathic manipulative medicine into patient care. Although encouraged, osteopathic scholarly activity involving OMT is not required.</p> <p>The following are examples of acceptable scholarly activities and topics:</p> <ul style="list-style-type: none"> <li>• Educational presentation on the effect of mind-body-spirit interactions on health</li> <li>• Educational presentation that includes integration of osteopathic manipulative treatment (OMT) into treatment options</li> </ul>

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	<ul style="list-style-type: none"> <li>• Presentation of a case report that includes the documentation of osteopathic structural examination findings at local, regional, or national conferences</li> <li>• Submission of manuscripts to peer-reviewed journals or book chapters that discuss the integration of OPP into patient care activities</li> <li>• Participation in clinical or basic science research focusing on structure-function relationships</li> <li>• Participation in OPP/OMT quality improvement and/or patient safety initiative</li> <li>• Participation in educational research focusing the training of the integration of mind-body-spirit interactions, structure-function relationships, self-regulatory and self-healing physiological mechanisms, or osteopathic manipulative medicine into patient care</li> <li>• Educational presentation on OPP to interprofessional groups</li> <li>• Participation in a leadership position in a regional, state, or national osteopathic-related organization</li> </ul>
<p>How does the Osteopathic Principles Committee view collaboration between residents and faculty members with regard to authorship of osteopathic scholarly work?</p> <p><i>[Recognition Requirement: IV.A.7.]</i></p>	<p>The Osteopathic Principles Committee applies the International Committee of Medical Journal Editors (ICMJE) criteria to authorship of scholarly work. The ICMJE recommends that authorship be based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; and</li> <li>• Drafting the work or revising it critically for important intellectual content; and</li> <li>• Final approval of the version to be published; and</li> <li>• Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.</li> </ul>
<p>What does the Osteopathic Principles Committee consider an interprofessional team?</p> <p><i>[Recognition Requirement: IV.A.8.]</i></p>	<p>The interprofessional team includes all physicians, nurses, pharmacists, physical therapists, social workers, and any other health/social care providers participating in the care of patients. These teams meet regularly to coordinate patient care plans.</p>
<p>What are some examples of learning resources the Osteopathic Principles Committee recommends to support osteopathic medical education?</p>	<p>The following are some suggested learning resources that may be utilized to support osteopathic medical education:</p> <ul style="list-style-type: none"> <li>• Live or video conferencing of the presentation of OPP that may include the application of osteopathic manipulative treatment in clinical situations relevant to each specialty group</li> </ul>

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[Recognition Requirement: IV.B.2.a)]	<ul style="list-style-type: none"> <li>• Access to references that enhance the understanding of OPP</li> <li>• Role modeling of osteopathic manipulative treatment in the patient care setting</li> <li>• Online training modules to enhance learners' understanding of OPP and/or the application of OMT in a clinical setting</li> </ul>
<p>What are the Osteopathic Principles Committee's expectations regarding facilities for osteopathic clinical and didactic activities?</p> <p>[Recognition Requirement: IV.B.2.a).(2)]</p>	<p>The Committee expects programs to have facilities suitable for providing osteopathic clinical and didactic teaching activities. This includes appropriate space in the clinical and didactic setting for examination tables suitable for osteopathic manipulative treatment and education, and appropriate conference room space and equipment necessary for the didactic modalities utilized.</p>
<p>What resources can a program provide to support osteopathic scholarly activity?</p> <p>[Recognition Requirement: IV.B.2.b)]</p>	<p>Examples of how the program, in partnership with the Sponsoring Institution, can support the pursuit of osteopathic scholarly by both designated osteopathic residents and osteopathic faculty members are:</p> <ul style="list-style-type: none"> <li>• Dedicated/blocked time to work on osteopathic scholarly projects</li> <li>• Financial support for osteopathic scholarly projects (including dissemination)</li> <li>• Access to an IRB</li> <li>• Sponsorship of formal education on the scholarly process (including financial support)</li> <li>• Access to statisticians</li> <li>• Access to mentors for osteopathic scholarly activity</li> </ul> <p>(Also see the FAQ for Requirement IV.A.6. above)</p>
<p>What constitutes a community of learning that promotes the continuum of osteopathic medical education?</p> <p>[Recognition Requirement: IV.B.3.]</p>	<p>A community of learning may include a college of osteopathic medicine, osteopathic medical students, osteopathic residents, and teaching physicians from a variety of settings committed to OPP.</p>
<b>Osteopathic Evaluation</b>	

Question	Answer
<p>Does a residency program need to have a separate Clinical Competency Committee (CCC) for Osteopathic Recognition?</p> <p><i>[Recognition Requirements: V.A.1.-V.A.1.c).(4)]</i></p>	<p>No, the program may utilize its CCC or a sub-committee of its CCC to review the progress of the designated osteopathic residents in the program as it relates to OPP.</p> <p>If the program utilizes its CCC for this purpose, it must have at least two osteopathic faculty members as members.</p> <p>If a sub-committee of the program's CCC is formed to review the progress of the designated osteopathic residents, it must include at least two osteopathic faculty members, and must report to the CCC through either the Director of Osteopathic Education or a designee, who must be a member of the CCC.</p>
<p>What are examples of acceptable assessments of OPP knowledge?</p> <p><i>[Recognition Requirement: V.A.2.f).(1)]</i></p>	<p>The following are examples of assessments the Committee would accept:</p> <ul style="list-style-type: none"> <li>• A formal, specialty-specific in-training examination that includes the assessment of OPP knowledge</li> <li>• A multi-specialty examination that assesses the application of OPP inclusive of common clinical scenarios seen by the specialty</li> <li>• Any other examination that includes assessment of the application of OPP within specialty-specific clinical scenarios</li> </ul> <p>For transitional year programs with Osteopathic Recognition, the COMLEX-USA Level 3 examination is an acceptable assessment for eligible residents. Residents who are not eligible for the exam would need an alternative assessment.</p>
<p>How frequently does the Recognition Committee expect programs to administer a standardized assessment of knowledge of OPP?</p> <p><i>[Recognition Requirement: V.A.2.f).(1)]</i></p>	<p>The Committee recommends such an assessment should be administered at least once during the program, preferably once during each training year.</p>
<p>Does the program need a separate summative evaluation specifically for Osteopathic Recognition, or can the program's overall summative evaluations incorporate an assessment of OPP for its designated osteopathic residents?</p>	<p>The program may choose either to incorporate the performance of the designated osteopathic resident related to Osteopathic Recognition into the program's existing summative evaluation, or to include an addendum to the program's overall summative evaluation. Programs should ensure that the elements outlined in Requirements V.A.3.c).(2) and V.A.3.c).(3) are clearly identifiable.</p>

<b>Question</b>	<b>Answer</b>
<i>[Recognition Requirement: V.A.3.b)]</i>	
Do osteopathic faculty members need to be evaluated individually by the designated osteopathic residents?  <i>[Recognition Requirement: V.B.2.a)]</i>	Yes, designated osteopathic residents must have the opportunity to individually evaluate osteopathic faculty members at least annually. This does not preclude an overall evaluation of the osteopathic faculty, but an overall evaluation should not take the place of individual evaluations completed at least annually.
<b>Other</b>	
Why did the Committee eliminate the references to “track” in the requirements and replace them with references to “designated osteopathic residents?”	The use of the term “designated” more accurately reflects the Osteopathic Recognition application process and the completion of annual updates.
Can subspecialty programs (i.e., fellowships) apply for Osteopathic Recognition?	Yes, subspecialty programs may apply for Osteopathic Recognition. The Osteopathic Recognition Requirements were developed to apply to all accredited specialty and subspecialty programs, as well as to transitional year programs.
Can a subspecialty program (i.e., a fellowship) apply for Osteopathic Recognition if its core program does not have Osteopathic Recognition?	Yes, subspecialty programs may apply for Osteopathic Recognition without being linked to a core specialty program with Osteopathic Recognition. For example, a pulmonary disease program may apply for Osteopathic Recognition, even if its core internal medicine program does not plan to apply for Osteopathic Recognition.
Must the Director of Osteopathic Education, core osteopathic faculty members, osteopathic faculty members, and designated osteopathic residents hold a Doctor of Osteopathic Medicine degree (DO)?	No, the use of the term “osteopathic” is not meant to imply that these physicians must hold a Doctor of Osteopathic Medicine degree (DO). The use of “osteopathic” in these references is meant to symbolize participation in osteopathic education at the graduate medical education level, as outlined in the Osteopathic Recognition Requirements.
Do the references to “residents” also include fellows?	Yes. The term “resident” refers to any intern, resident, or fellow in a designated osteopathic position within a program with Osteopathic Recognition.
What types of learning environments are suitable for providing osteopathic education?	Historically, graduates of osteopathic programs produced physicians who were comfortable practicing in multiple settings by providing educational experiences in tertiary care centers and small, rural hospitals. When possible, it is recommended that experiences be provided in rural and/or underserved settings; however, the Osteopathic Principles Committee recognizes that osteopathic education may be offered in a variety of settings, including federally qualified health centers, health departments, critical access hospitals, and more.

<b>Question</b>	<b>Answer</b>
Do osteopathic neuromusculoskeletal medicine programs need to apply for Osteopathic Recognition?	Osteopathic neuromusculoskeletal medicine programs (like any ACGME-accredited program) can apply for Osteopathic Recognition, but there is no requirement that they must.