

# **Osteopathic Recognition Requirements**

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## Osteopathic Recognition Requirements

### Introduction

Int.A. Osteopathic Recognition may be conferred by the Osteopathic Recognition Committee upon an ACGME-accredited graduate medical education program providing requisite education in Osteopathic Principles and Practice (OPP). (Core)\*

Int.B. OPP 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. (Core)

Int.C. OPP 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: (Core)

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

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

Int.C.3. structure and function are reciprocally interrelated; and, (Core)

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. (Core)

### I. Osteopathic Program Personnel

#### I.A. Director of Osteopathic Education

I.A.1. The program must have a Director of Osteopathic Education who is responsible for leading the osteopathic education in the program. (Core)

I.A.1.a) The Director of Osteopathic Education must have sufficient time and availability to fulfill the responsibilities of the position based on program size and configuration. (Core)

I.A.1.b) Qualifications of the Director of Osteopathic Education must include:

I.A.1.b).(1) requisite osteopathic expertise and documented educational and administrative experience acceptable to the Recognition Committee; (Core)

I.A.1.b).(2) certification through an American Osteopathic Association (AOA) specialty certifying board, or qualifications judged acceptable to the Recognition Committee; (Core)

- 51 I.A.1.b).(3) ~~current unrestricted~~ medical licensure and maintenance of  
52 clinical skills through provision of direct patient care; and,  
53 (Core)  
54
- 55 I.A.1.b).(4) ability to teach and assess OPP. (Core)  
56
- 57 I.A.2. The Director of Osteopathic Education must be the program director or  
58 another member of the program faculty. (Core)  
59
- 60 I.A.3. The Director of Osteopathic Education must be a member of the core  
61 osteopathic faculty. (Core)  
62
- 63 I.A.4. The Director of Osteopathic Education’s responsibilities must include:  
64 (Core)  
65
- 66 I.A.4.a) administration and maintenance of the educational environment  
67 conducive to educating residents in OPP and the ACGME  
68 Competencies; (Core)  
69
- 70 I.A.4.b) development of the OPP curriculum; and, (Core)  
71
- 72 I.A.4.c) development of the OPP evaluation system. (Core)  
73
- 74 I.A.5. The Director of Osteopathic Education must teach designated osteopathic  
75 residents the application of OPP. (Core)  
76
- 77 I.A.6. The Director of Osteopathic Education must:  
78
- 79 I.A.6.a) administer and maintain an educational environment conducive to  
80 educating residents in OPP and the ACGME Competencies; (Core)  
81
- 82 I.A.6.b) engage in osteopathic professional development applicable to  
83 his/her responsibilities as an educational leader; (Core)  
84
- 85 I.A.6.c) oversee and ensure the quality of osteopathic didactic and clinical  
86 education at all participating sites; (Core)  
87
- 88 I.A.6.d) designate one osteopathic faculty member, at each participating  
89 site where osteopathic education occurs in the clinical learning  
90 environment, approve an osteopathic faculty member as the local  
91 site director as the osteopathic site director who is accountable for  
92 the supervision of designated osteopathic residents and the  
93 osteopathic clinical education provided at the site. is accountable  
94 for designated osteopathic resident education and supervision;  
95 (Core)  
96
- 97 I.A.6.d).(1) An osteopathic site director must provide clinical services  
98 at the identified site. (Core)  
99
- 100 I.A.6.e) approve the selection and continued participation of osteopathic  
101 faculty members, as appropriate; (Core)

- 102  
103 I.A.6.f) ~~evaluate osteopathic faculty members annually;~~  
104  
105 I.A.6.g) prepare and submit all information required and requested by the  
106 ACGME; (Core)  
107  
108 I.A.6.h) advise residents with respect to osteopathic professional  
109 development; and, (Core)  
110  
111 I.A.6.i) meet all requirements of an osteopathic faculty member. (Core)  
112

113 Background and Intent: The decision of a program to pursue Osteopathic Recognition carries  
114 with it a responsibility to provide the leadership necessary for the osteopathic curriculum to  
115 succeed. A physician must be designated to serve as the leader responsible for creating the  
116 osteopathic learning environment, and ensuring the Osteopathic Recognition Requirements are  
117 met. While local titles for this leader may vary, this individual will be recognized in the ACGME's  
118 Accreditation Data System (ADS) as the Director of Osteopathic Education and will serve as the  
119 primary point of communication with the program regarding the osteopathic curriculum. Any  
120 qualified member of the osteopathic faculty may be appointed as the Director of Osteopathic  
121 Education, including the program director. The certification requirement for the Director of  
122 Osteopathic Education does not mandate that board certification must be in the same specialty  
123 as the program.

124  
125 I.B. Osteopathic Faculty  
126

127 *Philosophy: Osteopathic faculty members are a foundational element of*  
128 *Osteopathic Recognition. They provide an important bridge allowing residents to*  
129 *grow and become practice-ready, ensuring that patients receive the highest*  
130 *quality of osteopathic care. They are the role models for the next generation of*  
131 *physicians, demonstrating compassion, commitment to excellence in teaching*  
132 *and patient care, and a dedication to lifelong learning. Osteopathic faculty*  
133 *members foster the growth and development of future colleagues. The care they*  
134 *provide is enhanced by the opportunity to teach Osteopathic Principles and*  
135 *Practice.*

136  
137 *Osteopathic faculty members provide appropriate levels of supervision to*  
138 *promote patient safety. They create a positive osteopathic learning environment*  
139 *through professional actions and attention to well-being of residents and*  
140 *themselves.*  
141

- 142 I.B.1. Osteopathic faculty members must, through prior education and  
143 certification, be able to supervise the performance of osteopathic  
144 manipulative medicine (OMM) in the clinical setting. (Core)  
145  
146 I.B.2. Osteopathic faculty members must:  
147  
148 I.B.2.a) be certified by an AOA specialty certifying board and/or a member  
149 board of the American Board of Medical Specialties (ABMS), or  
150 possess qualifications judged as acceptable by the Recognition  
151 Committee; and, (Core)

- 152
- 153 I.B.2.b) have current medical licensure. (Core)
- 154
- 155 I.B.3. The program must maintain a sufficient number of osteopathic faculty
- 156 members. (Core)
- 157
- 158 I.B.4. Osteopathic faculty members must:
- 159
- 160 I.B.4.a) annually participate in a structured faculty development program
- 161 that includes OPP; (Core)
- 162
- 163 I.B.4.a).(1) This program ~~should~~ must include ongoing education
- 164 addressing evaluation and assessment in competency-
- 165 based medical education. (Core)
- 166
- 167 I.B.4.b) evaluate designated osteopathic residents' application of OPP
- 168 through direct observation of patient encounters; and, (Core)
- 169
- 170 I.B.4.c) actively participate in organized clinical discussions, rounds,
- 171 journal clubs, or conferences, for designated osteopathic
- 172 residents, with specific integration of OPP, including OMT. (Core)
- 173

174 Background and Intent: The decision of a program to be recognized for delivering osteopathic

175 education carries with it a responsibility to select and appoint faculty members committed to the

176 success of the osteopathic curriculum. Faculty members assist the Director of Osteopathic

177 Education in a variety of roles and to varying degrees to ensure the success of the designated

178 osteopathic residents, inclusive of the requisite education in OPP and training necessary to

179 develop and apply OMT. While local titles may vary, faculty members participating in delivery of

180 the osteopathic curriculum will be designated in ADS as "osteopathic faculty," regardless of

181 medical degree (DO, MD, etc.). The certification requirement for osteopathic faculty members

182 does not mandate that the board certification must be in the same specialty as that of the

183 program. "Osteopathic faculty" refers collectively to the physicians responsible for educating

184 residents participating in a program with Osteopathic Recognition. The term "osteopathic

185 faculty" does not imply or require salary support.

- 186
- 187 I.C. Core Osteopathic Faculty
- 188
- 189 I.C.1. Core osteopathic faculty member(s) must:
- 190
- 191 I.C.1.a) assist in the development of the OPP curriculum; (Core)
- 192
- 193 I.C.1.b) assist in the development of the OPP evaluation system; and, (Core)
- 194
- 195 I.C.1.c) teach the application of OPP. (Core)
- 196
- 197 I.C.2. Core osteopathic faculty members must:
- 198
- 199 I.C.2.a) be board certified through an AOA specialty certifying board; or,
- 200 (Core)
- 201

- 202 I.C.2.b) possess qualifications judged as acceptable by the Recognition  
 203 Committee. (Core)  
 204  
 205 I.C.3. In addition to the Director of Osteopathic Education, the program must  
 206 have at least one additional core osteopathic faculty member. (Core)  
 207  
 208 I.C.4. Core osteopathic faculty members must meet all osteopathic faculty  
 209 member requirements. (Core)  
 210

211 Background and Intent: The decision of a program to be recognized for delivering osteopathic  
 212 education carries with it a responsibility to select and appoint faculty members committed to the  
 213 success of the osteopathic curriculum. Such responsibilities include resident formative  
 214 assessment and involvement with requisite education in OPP and training necessary to develop  
 215 and apply OMT. Osteopathic core faculty members assume a heightened level of OPP  
 216 knowledge and skill. In most cases, core osteopathic faculty members will hold a Degree of  
 217 Osteopathic Medicine, but it is recognized that physicians with other medical degrees are likely  
 218 to possess the necessary knowledge and skills in the future. The certification requirement for  
 219 core osteopathic faculty members does not mandate that the board certification must be in the  
 220 same specialty as that of the program. The term “osteopathic core faculty” does not imply or  
 221 require an academic appointment or salary support.

- 222  
 223 II. Designated Osteopathic Resident Appointments  
 224  
 225 II.A. Each program must have at least one designated osteopathic resident per  
 226 program year, averaged over three years. (Core)  
 227  
 228 II.A.1. Programs must designate, in ADS, the residents who will formally receive  
 229 osteopathic education. (Core)  
 230  
 231 II.B. Prior to entering a designated osteopathic position, applicants must have  
 232 sufficient background and/or instruction in osteopathic philosophy and techniques  
 233 in manipulative medicine to prepare them to engage in the curriculum of the  
 234 program, to include: (Core)  
 235  
 236 II.B.1. osteopathic philosophy, history, terminology, and code of ethics; (Core)  
 237  
 238 II.B.2. anatomy and physiology related to osteopathic medicine; (Core)  
 239  
 240 II.B.3. indications, contraindications, and safety issues associated with the use  
 241 of OMT; and, (Core)  
 242  
 243 II.B.4. palpatory diagnosis, osteopathic structural examination, and OMT. (Core)  
 244  
 245 II.C. The program must have a policy that outlines the eligibility requirements for  
 246 appointment, based on the type of medical school from which the applicant  
 247 graduated, as outlined in Common Program Requirements (Residency) III.A.1.a)-  
 248 III.A.1.b).(2). The policy must clearly identify what is required of the applicant  
 249 prior to entering a designated osteopathic position in an ACGME-accredited  
 250 program with Osteopathic Recognition. (Core)  
 251

252 II.C.1. The policy must include requirements for each medical school type. (Core)  
253

254 Background and Intent: Osteopathic Recognition provides opportunity to physicians, including  
255 those who did not graduate from an accredited college of osteopathic medicine, to obtain  
256 education in OPP they can subsequently apply to patient care.  
257

258 This opportunity requires ~~physicians, including those who did not graduate from an accredited~~  
259 ~~college of osteopathic medicine, to obtain~~ foundational education in OPP to prepare them for  
260 success as a resident in a program with Osteopathic Recognition.  
261

262 Programs with Osteopathic Recognition are asked to describe their expectations for  
263 foundational education in order to increase the chance of resident success. The breadth and  
264 depth of such foundational education will reflect the resources, expertise, and culture of the  
265 program.  
266

267 Establishing resident eligibility requirements does not imply a program must accept an  
268 applicant. Programs will follow their usual policies and procedures when undertaking a review of  
269 applicants and accept those they deem most qualified.  
270

271 The hope is that by establishing appropriate foundational requirements, ~~exceptional~~ candidates  
272 will be more easily recognized as qualified for participation in a program with Osteopathic  
273 Recognition.  
274

275 III. Osteopathic Educational Program  
276

277 The curriculum for designated osteopathic residents must integrate OPP into each of the  
278 ACGME Competencies. (Core)  
279

280 III.A. Patient Care and Procedural Skills  
281

282 Each resident must demonstrate the ability to:  
283

284 III.A.1. approach the patient with recognition of the entire clinical context,  
285 incorporate osteopathic principles, including the four tenets, and use the  
286 relationship between structure and function to promote health; (Core)  
287

288 III.A.2. use OPP to perform competent physical, neurologic, and structural  
289 examinations incorporating analysis of laboratory and radiology results,  
290 diagnostic testing, and physical examination as appropriate to his/her  
291 specialty; (Core)  
292

293 III.A.3. document somatic dysfunction and its treatment as applicable to each  
294 patient's care; (Core)  
295

296 III.A.4. effectively treat patients and provide medical care that incorporates the  
297 osteopathic philosophy; (Core)  
298

299 III.A.5. gather accurate, essential information from all sources, including  
300 information relevant to OPP; (Core)  
301



- 302 III.A.6. demonstrate a caring attitude that is mindful of cultural sensitivities and  
 303 patient apprehension concerning touch and palpatory diagnosis; (Core)  
 304
- 305 III.A.7. assume increased responsibility for the incorporation of osteopathic  
 306 concepts into his/her patient management; (Core)  
 307
- 308 III.A.8. demonstrate listening skills in interactions with patients, utilizing caring,  
 309 compassionate behavior and touch (where appropriate); (Core)  
 310
- 311 III.A.9. competently perform osteopathic evaluation and treatment appropriate to  
 312 his/her medical specialty; and, (Core)  
 313
- 314 III.A.10. provide health care services appropriate for his/her specialty consistent  
 315 with osteopathic philosophy, including preventative medicine and health  
 316 promotion based on current scientific evidence. (Core)  
 317
- 318 III.B. Medical Knowledge  
 319
- 320 Residents must:  
 321
- 322 III.B.1. demonstrate the ability to integrate knowledge of accepted standards of  
 323 OPP in their respective specialty areas; (Core)  
 324
- 325 III.B.2. demonstrate understanding and application of OPP to patient care; (Core)  
 326
- 327 III.B.3. demonstrate the treatment of the person rather than symptoms; (Core)  
 328
- 329 III.B.4. demonstrate understanding of somatovisceral relationships and the role  
 330 of the musculoskeletal system in disease as appropriate to their  
 331 respective specialty; and, (Core)  
 332
- 333 III.B.5. perform critical appraisals of literature related to OPP relative to their  
 334 specialty. (Core)  
 335
- 336 III.C. Practice-based Learning and Improvement  
 337
- 338 Residents must demonstrate the ability to:  
 339
- 340 III.C.1. incorporate literature and research that integrate osteopathic tenets into  
 341 clinical decision making; (Core)  
 342
- 343 III.C.2. critically evaluate their methods of osteopathic clinical practice, integrate  
 344 evidence-based OPP into patient care, show an understanding of  
 345 research methods, and improve patient care practices as related to their  
 346 specialty area; (Core)  
 347
- 348 III.C.3. treat patients in a manner consistent with the most up-to-date information  
 349 on diagnostic and therapeutic effectiveness related to OPP; and, (Core)  
 350
- 351 III.C.4. perform self-evaluations of osteopathic practice patterns and practice-  
 352 based improvement activities using a systematic methodology. (Core)

- 353  
354 III.D. Interpersonal and Communication Skills  
355  
356 Residents must demonstrate:  
357  
358 III.D.1. interpersonal and communication skills that enable them to effectively  
359 discuss osteopathic concepts and their role in patient care with patients,  
360 families, and other members of health care teams as appropriate for their  
361 specialty area; and, (Core)  
362  
363 III.D.2. appropriate verbal and non-verbal skills (including touch) when  
364 communicating with patients, families, and interprofessional collaborative  
365 team members. (Core)  
366  
367 III.E. Professionalism  
368  
369 Residents must:  
370  
371 III.E.1. demonstrate awareness of and proper attention to issues of culture,  
372 religion, age, gender, sexual orientation, and mental and physical  
373 disabilities as they may influence a patient's perception of touch within the  
374 context of OPP; (Core)  
375  
376 III.E.2. treat the terminally ill with compassion in management of pain, palliative  
377 care, appropriate touch, and preparation for death; (Core)  
378  
379 III.E.3. demonstrate an increased understanding of conflicts of interest inherent  
380 to osteopathic clinical practice and the appropriate responses to societal,  
381 community, and health care industry pressures; and, (Core)  
382  
383 III.E.4. utilize caring, compassionate behavior and appropriate touch with  
384 patients as related to their specialty area. (Core)  
385  
386 III.F. Systems-based Practice  
387  
388 Residents must:  
389  
390 III.F.1. demonstrate an understanding of the role of osteopathic clinical practice  
391 in health care delivery systems, provide effective and qualitative  
392 osteopathic patient care within the system, and practice cost-effective  
393 medicine; and, (Core)  
394  
395 III.F.2. advocate for quality osteopathic health care on behalf of their patients,  
396 and assist them in their interactions with the complexities of the medical  
397 system. (Core)  
398  
399 IV. Osteopathic Learning Environment  
400  
401 Programs with Osteopathic Recognition must create a learning environment that  
402 integrates and promotes the application of OPP throughout the duration of the  
403 educational program. (Core)

- 404  
405 IV.A. Experiences  
406  
407 Programs must:  
408  
409 IV.A.1. provide residents with instruction in the application of OPP; (Core)  
410  
411 IV.A.2. embed the four tenets of osteopathic medicine into the educational  
412 program (see Int.C.); (Core)  
413  
414 IV.A.3. provide structured didactic activities that integrate OPP; (Core)  
415  
416 IV.A.3.a) Designated osteopathic residents must be provided with protected  
417 time to participate in these didactic activities. (Core)  
418  
419 IV.A.4. provide learning activities to advance the procedural skills acquisition in  
420 OMM for both designated osteopathic residents and osteopathic faculty  
421 members; (Core)  
422  
423 IV.A.5. ensure designated osteopathic residents provide osteopathic patient care  
424 in a variety of clinical settings, to ensure a broad education experience;  
425 (Core)  
426  
427 IV.A.6. ensure designated osteopathic residents teach OPP; (Core)  
428  
429 IV.A.6.a) Such opportunities could occur through resident-delivered OPP  
430 didactic lectures, hands-on OMM workshops, and/or resident-led  
431 journal clubs; (Detail)†  
432  
433 IV.A.7. create a learning environment that supports and encourages osteopathic  
434 scholarly activity by designated osteopathic residents and osteopathic  
435 faculty members to advance OPP; (Core)  
436  
437 IV.A.8. ~~require participation by osteopathic faculty members and designated~~  
438 ~~osteopathic residents in scholarly activity that integrates OPP; and,~~  
439  
440 IV.A.9. ensure that osteopathic faculty members collectively produce at least two  
441 osteopathic scholarly activities annually, averaged over a five-year period;  
442 (Core)  
443  
444 IV.A.10. ensure that each designated osteopathic resident produces at least one  
445 osteopathic scholarly activity prior to graduating from the program; and,  
446 (Core)  
447  
448 IV.A.11. provide learning activities and communication that promote understanding  
449 of OPP among the interprofessional team. (Core)  
450  
451 IV.B. Resources  
452

- 453 IV.B.1. Osteopathic faculty members, including the Director of Osteopathic  
454 Education and core osteopathic faculty members, may be shared  
455 between programs with Osteopathic Recognition. (Core)  
456
- 457 IV.B.1.a) A written plan must be provided detailing how shared faculty  
458 members' time with each program and participating site will be  
459 divided, and oversight be maintained, so as not to compromise the  
460 osteopathic education of designated osteopathic residents in any  
461 involved program. (Core)  
462
- 463 IV.B.2. The program must:
- 464
- 465 IV.B.2.a) provide a variety of learning resources to support osteopathic  
466 medical education, including reference material pertaining to OMM  
467 and OPP integration into patient care; (Core)  
468
- 469 IV.B.2.a).(1) This must include access to examination tables suitable for  
470 OMT; and, (Core)  
471
- 472 IV.B.2.a).(2) This must include facilities for osteopathic clinical and  
473 didactic activities. (Core)  
474
- 475 IV.B.2.b) provide resources to support osteopathic scholarly activity by  
476 designated osteopathic residents and osteopathic faculty  
477 members; and, (Core)  
478
- 479 IV.B.2.c) ensure the annual availability of structured faculty development for  
480 osteopathic faculty members that includes OPP and ongoing  
481 education addressing evaluation and assessment in competency-  
482 based medical education. (Core)  
483
- 484 IV.B.3. Programs should participate in a community of learning that promotes the  
485 continuum of osteopathic medical education. (Core)  
486
- 487 V. Osteopathic Evaluation  
488
- 489 V.A. Designated Osteopathic Resident Evaluation  
490
- 491 The program must provide assessment of the resident in application of OPP in  
492 each of the ACGME Competencies. (Core)  
493
- 494 V.A.1. Clinical Competency Committee  
495
- 496 V.A.1.a) The Director of Osteopathic Education or an osteopathic faculty  
497 member designee should be a member of the program's Clinical  
498 Competency Committee (CCC). (Core)  
499
- 500 V.A.1.b) The program's CCC or a sub-committee of the CCC must review  
501 the progress of all designated osteopathic residents in the  
502 program as it relates to OPP. (Core)  
503

- 504 V.A.1.c) The CCC or a sub-committee of the CCC must:  
505  
506 V.A.1.c).(1) include at least two osteopathic faculty members, which  
507 may include the Director of Osteopathic Education; (Core)  
508  
509 V.A.1.c).(2) review all designated osteopathic residents' evaluations  
510 semi-annually as these relate to the Osteopathic  
511 Recognition Milestones; (Core)  
512  
513 V.A.1.c).(3) prepare and ensure the reporting of Osteopathic  
514 Recognition Milestones evaluations for each designated  
515 osteopathic resident semi-annually to the ACGME; and,  
516 (Core)  
517  
518 V.A.1.c).(4) advise the program director and Director of Osteopathic  
519 Education regarding resident progress, including  
520 promotion, remediation, and dismissal from a designated  
521 osteopathic position. (Core)  
522  
523 V.A.2. Formative Evaluation  
524  
525 V.A.2.a) Osteopathic faculty members must evaluate and document  
526 designated osteopathic residents' competence in OPP in each of  
527 the ACGME Competencies. (Core)  
528  
529 V.A.2.b) Timing and frequency of the evaluation must be consistent with  
530 the type of assignment, which must include: (Core)  
531  
532 V.A.2.b).(1) clinical rotations; (Core)  
533  
534 V.A.2.b).(2) clinical experiences; and, (Core)  
535  
536 V.A.2.b).(3) educational activities. (Core)  
537  
538 V.A.2.c) Evaluations of these assignments must assess resident  
539 performance longitudinally. This may not exclusively occur  
540 through single patient encounter assessments. (Core)  
541  
542 V.A.2.d) The period of evaluation should not exceed three months. (Core)  
543  
544 V.A.2.e) During clinical rotations and clinical experiences, the application of  
545 OPP, as appropriate to the specialty, must include direct  
546 observation of patient encounters and a review of the documented  
547 assessment and plan. (Core)  
548  
549 V.A.2.f) Designated osteopathic residents must receive an evaluation  
550 regarding their integration of OPP into scholarly activity. (Core)  
551  
552 V.A.2.g) There must be an evaluation system overseen by the Director of  
553 Osteopathic Education, to determine when a resident has

554 obtained the necessary skills to perform OMT under supervision,  
 555 as a component of patient care. (Core)  
 556  
 557 V.A.2.h) There must be objective formative assessment of osteopathic  
 558 medical knowledge and procedural skills. This should include: (Core)  
 559  
 560 V.A.2.h).(1) a standardized assessment of OPP knowledge; and, (Core)  
 561  
 562 V.A.2.h).(2) an assessment of skill proficiency in OMT, as applicable to  
 563 the specialty. (Core)  
 564

565 Background and Intent: The requirement for objective formative assessment, including  
 566 standardized assessment of OPP knowledge, is intended to provide osteopathic faculty  
 567 members and designated osteopathic residents with information that will allow for comparisons  
 568 within and external to the program about resident progress toward program completion and  
 569 practice readiness. Standardized assessment of OPP knowledge across all specialties and  
 570 provision of assessment-derived information that may serve as an indicator of future  
 571 performance on AOA board certification examinations is aspirational.

572  
 573 V.A.2.i) The Director of Osteopathic Education must provide designated  
 574 osteopathic residents with documented semi-annual evaluation of  
 575 performance and progression in the application of OPP in each of  
 576 the ACGME Competencies, with feedback. (Core)  
 577  
 578 V.A.3. ~~Summative-Final~~ Evaluation  
 579  
 580 V.A.3.a) The Osteopathic Recognition Milestones must be one of the tools  
 581 used to ensure designated osteopathic residents are able to  
 582 practice without supervision upon completion of the program. (Core)  
 583  
 584 V.A.3.b) The Director of Osteopathic Education must ~~provide~~ conduct a  
 585 summative final evaluation related to completion of the  
 586 osteopathic education program for each designated osteopathic  
 587 resident ~~upon completion of the osteopathic education program.~~  
 588 (Core)  
 589  
 590 V.A.3.c) The ~~summative-final~~ evaluation must:  
 591  
 592 V.A.3.c).(1) become part of the designated osteopathic resident's  
 593 permanent record maintained by the institution, and must  
 594 be accessible for review by the resident in accordance with  
 595 institutional policy; (Core)  
 596  
 597 V.A.3.c).(2) document the resident's performance related to the  
 598 application of OPP in each of the ACGME Competencies  
 599 during the final period of education; and, (Core)  
 600  
 601 V.A.3.c).(3) verify that the designated osteopathic resident has  
 602 demonstrated the knowledge, skills, and behaviors

603 necessary to enter autonomous practice and to apply OPP  
604 to patient care. (Core)

605  
606 V.A.3.c).(3).(a) Transitional and preliminary year programs are not  
607 required to include verification that designated  
608 osteopathic residents have demonstrated sufficient  
609 competence to apply OPP to patient care, upon  
610 entering practice, without direct supervision. (Detail)

611  
612 V.B. Osteopathic Faculty Evaluation

613  
614 V.B.1. At least annually, the Director of Osteopathic Education must evaluate  
615 osteopathic faculty member performance as related to the integration of  
616 OPP into the educational program. (Core)

617  
618 V.B.2. Evaluation of osteopathic faculty members must include:

619  
620 V.B.2.a) annual written confidential evaluations of the faculty members by  
621 the designated osteopathic residents or evaluations following  
622 completion of rotations or similar educational experiences as  
623 related to the integration of OPP; and, (Core)

624  
625 V.B.2.b) assessment of the knowledge, application, and promotion of OPP.  
626 (Core)

627  
628 V.C. Program Evaluation

629  
630 V.C.1. Designated osteopathic residents and osteopathic faculty members must  
631 have the opportunity to evaluate the osteopathic components of the  
632 program confidentially and in writing at least annually. (Core)

633  
634 V.C.2. The program must use the results of residents' and faculty members'  
635 evaluations of the osteopathic components of the program together with  
636 other program evaluation results to improve the program. (Core)

637  
638 V.C.3. The program's pass rate for designated osteopathic residents taking the  
639 applicable AOA certifying board examination, containing osteopathic  
640 content, for the first time during the preceding five three years must meet  
641 or exceed the minimum pass rate specified in the corresponding specialty  
642 Program Requirements. be 80 percent or higher. (Outcome)†

643  
644 V.C.3.a) Transitional and preliminary year residents are excluded from this  
645 requirement. (Detail)

646  
647 V.C.4. Residents who enter a designated osteopathic position should complete  
648 the program in a designated osteopathic position. (Core)

649  
650 \*\*\*

651 **\*Core Requirements:** Statements that define structure, resource, or process elements  
652 essential to every graduate medical educational program.

653

654 †**Detail Requirements:** Statements that describe a specific structure, resource, or process, for  
655 achieving compliance with a Core Requirement. Programs and sponsoring institutions in  
656 substantial compliance with the Outcome Requirements may utilize alternative or innovative  
657 approaches to meet Core Requirements.

658  
659 ‡**Outcome Requirements:** Statements that specify expected measurable or observable  
660 attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their  
661 graduate medical education.