Osteopathic Recognition Requirements
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I. Osteopathic Principles and Practice

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

I.B. Programs may be deemed to have Osteopathic Recognition after appropriate application, evaluation, and review of the standards outlined below. Programs receiving Osteopathic Recognition may designate the entire program as osteopathic-focused or designate a portion of the program as an osteopathic-focused track.

I.C. Osteopathic Principles and Practice refers to a philosophical and practical approach to patient management and treatment based on an understanding of body unity, self-healing, and self-regulatory mechanisms, and the interrelationship of structure and function. Osteopathic-focused programs must include integration of Osteopathic Principles and Practice into the six ACGME core competency areas.

I.C.1. Osteopathic Principles and Practice define 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:

I.C.1.a) the body is a unit; the person is a unit of body, mind, and spirit;
I.C.1.b) the body is capable of self-regulation, self-healing, and health maintenance;
I.C.1.c) structure and function are reciprocally interrelated; and,
I.C.1.d) rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

II. Competencies

II.A. Patient Care and Procedural Skills

Each resident must demonstrate the ability to:

II.A.1. approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships, and use the relationship between structure and function to promote health;

II.A.2. use Osteopathic 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;
II.A.3. document somatic dysfunction and its treatment as applicable to patient care;

II.A.4. effectively treat patients and provide medical care that incorporates the osteopathic philosophy;

II.A.5. gather accurate, essential information from all sources, including information relevant to Osteopathic Principles and Practice;

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

II.A.7. assume increased responsibility for the incorporation of osteopathic concepts in his/her patient management;

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

II.A.9. competently perform osteopathic diagnosis and treatment appropriate to his/her medical specialty; and,

II.A.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.

II.B. Medical Knowledge

Residents must demonstrate the ability to:

II.B.1. apply integrative knowledge of accepted standards of osteopathic clinical practice and/or Osteopathic Principles and Practice in their respective specialty areas;

II.B.2. demonstrate competency in the understanding and application of Osteopathic Principles and Practice to patient care;

II.B.3. demonstrate the treatment of the person rather than symptoms;

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

II.B.5. perform critical appraisals of literature related to Osteopathic Principles and Practice relative to the specialty.
II.C. Practice-based Learning and Improvement

Residents must demonstrate the ability to:

II.C.1. incorporate literature and research that integrate osteopathic tenets into clinical decision making;

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

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


II.D. Interpersonal and Communication Skills

Residents must demonstrate:

II.D.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,

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

II.E. Professionalism

Residents must:

II.E.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 Osteopathic Principles and Practice;

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

II.E.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,

II.E.4. utilize caring, compassionate behavior and appropriate touch with patients as related to their specialty areas.
II.F. Systems-based Practice

Residents must:

II.F.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,

II.F.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.

III. Osteopathic-focused Program Curriculum and Required Experiences

III.A. Programs must have a minimum of one resident per year in the osteopathic-focused track, averaged over a period of three years.

III.B. Osteopathic-focused programs, or such tracks within a program, must:

III.B.1. provide residents with instruction and evaluation in the integration of Osteopathic Principles and Practice;

III.B.2. promote the use of Osteopathic Principles and Practice throughout the educational program;

III.B.3. create an environment that supports scholarly activity to advance Osteopathic Principles and Practice;

III.B.4. embed the four tenets of osteopathic medicine into the educational program (see I.C.1);

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

III.B.6. maintain a sufficient number of faculty members (MD or DO) who, through prior training and certifications, are able to supervise the performance of osteopathic manipulative medicine in the clinical setting as applicable to patient care;

III.B.7. ensure access to 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;

III.B.7.a) This must include access to a number of examination tables suitable for osteopathic manipulative treatment and education in order to achieve the goals and objectives for this part of the curriculum.
III.B.7.b) This must include facilities for osteopathic clinical and didactic activities.

III.B.8. provide learning activities to advance the procedural skill acquisition of osteopathic manipulative medicine for both residents and faculty members;

III.B.9. demonstrate participation by faculty members and residents in scholarly activity specific to Osteopathic Principles and Practice;

III.B.10. participate in the continuum of osteopathic medical education;

III.B.10.a) 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 in an osteopathic-focused track, 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).

III.B.11. promote resident teaching of Osteopathic Principles and Practice, such as resident-delivered integrated Osteopathic Principles and Practice didactic lectures, hands-on osteopathic manipulative medicine workshops, and/or resident-led journal clubs; and,

III.B.12. communicate to the interprofessional collaborative team the philosophy of Osteopathic Principles and Practice.

III.C. Program Personnel

III.C.1. Program Director/Co-Program Director/Osteopathic-focused Track Director

III.C.1.a) Qualifications of the program director, co-program director (where required), or osteopathic-focused track director must include:

III.C.1.a).(1) requisite specialty expertise and documented educational and administrative experience acceptable to the Recognition Committee;

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

III.C.1.a).(3) current unrestricted medical licensure and engagement in patient care activities.
III.C.1.b) The program director, co-program director, or osteopathic-focused track director must administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas and in Osteopathic Principles and Practice competency areas.

III.C.1.c) 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.

III.C.1.c).(1) 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.

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

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

III.C.1.d).(1) oversee and ensure the quality of osteopathic-focused didactic and clinical education at all participating sites;

III.C.1.d).(2) approve a local director at each participating site who is accountable for osteopathic-focused program or track resident education;

III.C.1.d).(3) approve the selection of osteopathic-focused program or track faculty members, as appropriate;

III.C.1.d).(4) evaluate osteopathic-focused program or track faculty members;

III.C.1.d).(5) approve the continued participation of osteopathic-focused program or track faculty members based on evaluation;

III.C.1.d).(6) monitor osteopathic-focused program or track resident supervision at all participating sites;

III.C.1.d).(7) prepare and submit all information required and requested by the ACGME;

III.C.1.d).(8) evaluate residents; and,

III.C.1.d).(8).(a) Evaluation must include direct observation of osteopathic-focused program or track residents with patients by the program director, co-program
director, osteopathic-focused track director, and/or the local site director.

III.C.1.d).(9) advise residents with respect to their career and educational goals.

III.C.2. Faculty

III.C.2.a) The faculty of osteopathic-focused programs should practice in a variety of clinical settings to ensure a broad training experience for residents.

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

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

This faculty member must:

III.C.2.c).(1) be board certified through an AOA specialty certifying board or possess qualifications judged acceptable by the Recognition Committee;

III.C.2.c).(2) be trained in the evaluation and assessment of the ACGME and osteopathic competencies;

III.C.2.c).(3) participate in a faculty development program that includes Osteopathic Principles and Practice;

III.C.2.c).(4) evaluate residents, including direct observation of osteopathic-focused program or track residents with patients; and,

III.C.2.c).(5) participate in organized clinical discussions, rounds, journal clubs, or conferences with specific integration of Osteopathic Principles and Practice or osteopathic manipulative treatment.

IV. Resident Eligibility

IV.A. Residents must meet one of the following prerequisites to be eligible for appointment to an osteopathic-focused program or track:

IV.A.1. be a graduate of a Commission on Osteopathic College Accreditation (COCA)-accredited college of osteopathic medicine (COM) and hold a DO degree; or,
IV.A.2. be a graduate of a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME), and complete additional requirements as outlined in IV.B. below; or,

IV.A.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:

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

IV.A.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,

IV.A.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.

IV.B. Prior to matriculation, 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, to include:

IV.B.1. osteopathic philosophy, history, terminology, and code of ethics;

IV.B.2. anatomy and physiology related to osteopathic medicine;

IV.B.3. indications, contraindications, and safety issues associated with the use of osteopathic manipulative treatment; and,


IV.C. 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.

V. Evaluation

V.A. Program Evaluation

V.A.1. Residents and faculty members must have the opportunity to evaluate the osteopathic-focused components of the program confidentially and in writing at least annually.

V.A.2. The program must use the results of residents' and faculty members' assessments of the osteopathic-focused components of the program together with other program evaluation results to improve the program.
V.A.2.a) 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.

V.A.2.b) 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.

V.A.2.c) A significant number of residents who enter the osteopathic-focused track must complete it.

V.B. Resident Evaluation

V.B.1. The program must provide formative and summative assessment of resident performance based on the Osteopathic Principles and Practice Milestones and other forms of evaluation, as applicable to the specialty.

V.B.1.a) Assessment of knowledge of Osteopathic Principles and Practice in the specialty should occur through a specialty-specific osteopathic in-service examination or other equivalent formal exam.

V.B.2. Formative Evaluation

V.B.2.a) The members of the faculty must evaluate resident competence in Osteopathic Principles and Practice in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

This must include:

V.B.2.a).(1) ongoing assessment of the integration of Osteopathic Principles and Practice throughout the competency domains, which should occur during patient care activities;

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

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

V.B.2.a).(4) assessment of Osteopathic Principles and Practice integration into scholarly activity.
V.B.2.b) Resident feedback [see Common Program Requirements, V.A.2.b),(4)] must include osteopathic elements, as defined by each specialty.

V.B.3. Summative Evaluation

The program director, co-program directors, or osteopathic-focused track director must provide a summative evaluation for each resident upon completion of the program.

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

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

V.C. Faculty Evaluation

V.C.1. At least annually, the program must evaluate faculty member performance as it relates to the integration of Osteopathic Principles and Practice in the educational program.

V.C.2. Evaluation must include at least annual written confidential evaluations of the osteopathic-focused program or track faculty members by the osteopathic-focused program or track residents.

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