ACGME Program Requirements for Graduate Medical Education in Osteopathic Neuromusculoskeletal Medicine
Summary and Impact of Focused Requirement Revisions

Requirement #: Int.C.-Int.C.3.

Requirement Revision (significant change only):

<table>
<thead>
<tr>
<th>Int.C.</th>
<th>Length of Educational Program</th>
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<tbody>
<tr>
<td>Int.C.1</td>
<td>Residents entering the educational program at the ONMM1 level must complete the educational program within 48 months from when they begin. (Core)</td>
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<tr>
<td>Int.C.2</td>
<td>The educational program for a resident entering the educational program at the ONMM2 level must be 42 24 months in length. (Core)</td>
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<tr>
<td>Int.C.2 a)</td>
<td>Residents entering the program at the ONMM2 level must complete the educational program within 24 months from when they begin. (Core) [Formerly Int.C.3]</td>
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<tr>
<td>Int.C.3</td>
<td>The educational program for a resident entering the program at the ONMM3 level must be 12 months in length. (Core)</td>
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1. Describe the Review Committee’s rationale for this revision:
The Review Committee has extended the length of the educational program by 12 months (to a total of 36 months) to allow the option of incorporating the pre-requisite internship year into the residency program. Though the length of the educational program has been extended, the Committee has preserved the current entry points. Programs offering the (current) ONMM1 entry point (24-month program) have expressed concern that internship positions may not be sufficient to maintain the entry point. Several institutions that have historically maintained an AOA internship program, unofficially linked to a neuromusculoskeletal medicine program, can no longer justify the cost of maintaining two programs to graduate a neuromusculoskeletal medicine resident, and will not be seeking ACGME accreditation for the internship program.

The proposed revisions would allow programs to accept:
- a medical student into a 36-month program (ONMM1 level of entry);
- a resident who has completed a broad-based clinical year into a 24-month program (ONMM2 level of entry); or,
- a resident who has completed a primary residency program (along with additional rotation requirements) into a 12-month program (ONMM3 level of entry).

Programs will still have the flexibility to accept residents at one or more of the levels of entry.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   N/A

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   No, programs will be able to maintain their current educational program format(s). Institutions may be able to reduce the necessary resources by eliminating the need for an accredited internship program.

5. How will the proposed revision impact other accredited programs?
   Other accredited programs will not be impacted.

Requirement #: III.A.2.c)-III.A.1.b).(1)

Requirement Revision (significant change only):

III.A 2.c)  **ONMM2 Level of Entry**

To be eligible for entry into the program at the ONMM2 level, residents must have successfully completed, prior to appointment, a broad-based clinical year (PGY-1). **(Core) [Formerly III.A 1.a).(1)]**

III.A 1.b).(1)  **residents must have completed an ACGME-accredited transitional year program with ACGME Osteopathic Recognition, in an osteopathic-focused position of the program; the first year of an ACGME-accredited family medicine residency with ACGME Osteopathic Recognition, in an osteopathic-focused position; or the first year of another ACGME-accredited program ACGME Osteopathic Recognition, in an osteopathic-focused position, including one month each in emergency medicine, general surgery, pediatrics, obstetrics and gynecology, and general internal medicine. **(Core) [Formerly III.A.1.a).(1).(a)]**

1. Describe the Review Committee’s rationale for this revision:
   The Review Committee felt the ONMM2 level of entry requirements were too complex and restrictive for programs, as well as for residents seeking acceptance into an ONMM program. Therefore, the Committee decided to simplify the requirements to allow maximum program flexibility. The Committee intends to provide programs with guidance through a future FAQ on what rotations may be included in a broad-based clinical year.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
3. How will the proposed requirement or revision impact continuity of patient care?  
N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
No additional institutional resources would be necessary.

5. How will the proposed revision impact other accredited programs?  
Other accredited programs will not be impacted.

**Requirement #: IV.C.9.f).(1)**

**Requirement Revision (significant change only):**

<table>
<thead>
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<th>IV.C.9.f)</th>
<th>ONMM2 Level of Entry</th>
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<tr>
<td>Residents entering the 24-month program at the ONMM42 level must complete the following curriculum over the 24-month program (Core) [Formerly IV.A.6.f),(1)]</td>
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| IV.C.9.f).(1) | complete a minimum of eight months of rotations in osteopathic neuromusculoskeletal medicine in the outpatient setting, under the supervision of an osteopathic neuromusculoskeletal medicine faculty member as defined in Requirement II.B.2.a); [Formerly IV.A.6.f),(1).(a)] |

1. Describe the Review Committee’s rationale for this revision:  
The Review Committee has eliminated this requirement because it is redundant. The specialty, even under AOA accreditation, allowed the time a resident spent in the continuity clinic to be counted toward longitudinal neuromusculoskeletal medicine outpatient rotations. The time residents are required to spend in the continuity clinic is a separate requirement. Since the time residents are required to spend in continuity clinic exceeds 800 hours (or eight rotations), it is unnecessary to maintain a duplicative requirement.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
N/A

3. How will the proposed requirement or revision impact continuity of patient care?  
N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
No additional institutional resources would be necessary.
5. How will the proposed revision impact other accredited programs?

Other accredited programs will not be impacted.