



ACGME Osteopathic Recognition Requirements including FAQs

Revision Information

Frequently asked questions (FAQs) incorporated into the Requirements July 1, 2026; effective July 1, 2026

ACGME-approved interim revision September 3, 2025; effective September 3, 2025

Definitions

For more information, see the [ACGME Glossary of Terms](#).

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

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

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

Table of Contents

Introduction	3
Section 1: Osteopathic Program Personnel	3
Section 2: Designated Osteopathic Resident Appointments	7
Section 3: Osteopathic Educational Program	8
Section 4: Osteopathic Learning Environment	11
Section 5: Osteopathic Evaluation	13
Frequently Asked Questions: Osteopathic Recognition	16

Osteopathic Recognition Requirements

Introduction

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).

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.

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:

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

Section 1: Osteopathic Program Personnel

1.1. Director of Osteopathic Education

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

1.1.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)

1.1.b. The qualifications of the Director of Osteopathic Education must include requisite osteopathic expertise and documented educational and administrative experience acceptable to the Recognition Committee. ^(Core)
[See FAQ in Appendix]

1.1.c. The qualifications of the Director of Osteopathic Education must include certification through an American Osteopathic Association (AOA) specialty certifying board, or qualifications judged acceptable to the Recognition Committee. ^(Core)
[See FAQ in Appendix]

- 1.1.d. The Qualifications of the Director of Osteopathic Education must include current medical licensure and maintenance of clinical skills through provision of direct patient care. ^(Core)
[See FAQ in Appendix]
- 1.1.e. The Qualifications of the Director of Osteopathic Education must include ability to teach and assess OPP. ^(Core)
[See FAQ in Appendix]
- 1.2. The Director of Osteopathic Education must be the program director or another member of the program faculty. ^(Core)
- 1.3. The Director of Osteopathic Education must be a member of the core osteopathic faculty. ^(Core)
- 1.4. The Director of Osteopathic Education's responsibilities must include administration and maintenance of the educational environment conducive to educating residents in OPP and the ACGME Competencies. ^(Core)
- 1.5. The Director of Osteopathic Education's responsibilities must include development of the OPP curriculum. ^(Core)
- 1.6. The Director of Osteopathic Education's responsibilities must include development of the OPP evaluation system. ^(Core)
- 1.7. The Director of Osteopathic Education must teach designated osteopathic residents the application of OPP. ^(Core)
- 1.8. The Director of Osteopathic Education must administer and maintain an educational environment conducive to educating residents in OPP and the ACGME Competencies. ^(Core)
- 1.9. The Director of Osteopathic Education must engage in osteopathic professional development applicable to his/her responsibilities as an educational leader. ^(Core)
- 1.10. The Director of Osteopathic Education must oversee and ensure the quality of osteopathic didactic and clinical education at all participating sites. ^(Core)
- 1.11. The Director of Osteopathic Education must designate one osteopathic faculty member, at each participating site where osteopathic education occurs in the clinical learning environment, as the osteopathic site director who is accountable for the supervision of designated osteopathic residents and the osteopathic clinical education provided at the site. ^(Core)
- 1.11.a. An osteopathic site director must provide clinical services at the identified site. ^(Core)
- 1.12. The Director of Osteopathic Education must approve the selection and continued participation of osteopathic faculty members, as appropriate. ^(Core)

- 1.13. The Director of Osteopathic Education must prepare and submit all information required and requested by the ACGME. (Core)
- 1.14. The Director of Osteopathic Education must advise residents with respect to osteopathic professional development. (Core)
- 1.15. The Director of Osteopathic Education must meet all requirements of an osteopathic faculty member. (Core)

Background and Intent: The decision of a program 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. The certification requirement for the Director of Osteopathic Education does not mandate that board certification must be in the same specialty as the program.

[See FAQ in Appendix]

Osteopathic Faculty

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

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

- 1.16. Osteopathic faculty members must, through prior education and certification, be able to supervise the performance of osteopathic manipulative medicine (OMM) in the clinical setting. (Core)
- 1.17. Osteopathic faculty members must be certified by an AOA specialty certifying board and/or a member board of the American Board of Medical Specialties (ABMS), or possess qualifications judged as acceptable by the Recognition Committee. (Core)

- 1.18. Osteopathic faculty members must have current medical licensure. (Core)
- 1.19. The program must maintain a sufficient number of osteopathic faculty members. (Core)
[See FAQ in Appendix]
- 1.20. Osteopathic faculty members must annually participate in a structured faculty development program that includes OPP. (Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 1.20.a. This program must include ongoing education addressing evaluation and assessment in competency-based medical education. (Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 1.21. Osteopathic faculty members must evaluate designated osteopathic residents' application of OPP through direct observation of patient encounters. (Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 1.22. Osteopathic faculty members must actively participate in organized clinical discussions, rounds, journal clubs, or conferences, for designated osteopathic residents, with specific integration of OPP, including OMT. (Core)

Background and Intent: The decision of a program to be recognized for delivering osteopathic education 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.). The certification requirement for osteopathic faculty members does not mandate that the board certification must be in the same specialty as that of the program. “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.

- 1.23. Core Osteopathic Faculty
Core osteopathic faculty member(s) must assist in the development of the OPP curriculum. (Core)

[See FAQ in Appendix] [See FAQ in Appendix]
- 1.24. Core osteopathic faculty member(s) must assist in the development of the OPP evaluation system. (Core)
[See FAQ in Appendix] [See FAQ in Appendix]

- 1.25. Core osteopathic faculty member(s) must teach the application of OPP. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 1.26. Core osteopathic faculty members must be board certified through an AOA specialty certifying board or possess qualifications judged as acceptable by the Recognition Committee. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]
- 1.27. In addition to the Director of Osteopathic Education, the program must have at least one additional core osteopathic faculty member. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 1.28. Core osteopathic faculty members must meet all osteopathic faculty member requirements. ^(Core)

Background and Intent: The decision of a program to be recognized for delivering osteopathic education 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 certification requirement for core osteopathic faculty members does not mandate that the board certification must be in the same specialty as that of the program. The term “osteopathic core faculty” does not imply or require an academic appointment or salary support.

[See FAQ in Appendix]

Section 2: Designated Osteopathic Resident Appointments

- 2.1. Each program must have at least one designated osteopathic resident per program year, averaged over three years. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 2.1.a. Programs must designate, in ADS, the residents who will formally receive osteopathic education. ^(Core)
[See FAQ in Appendix]
- 2.2. Prior to entering a designated osteopathic position, applicants must have sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine to prepare them to engage in the curriculum of the program, to include: ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]

- 2.2.a. osteopathic philosophy, history, terminology, and code of ethics; (Core)
- 2.2.b. anatomy and physiology related to osteopathic medicine; (Core)
- 2.2.c. indications, contraindications, and safety issues associated with the use of OMT; and, (Core)
- 2.2.d. palpatory diagnosis, osteopathic structural examination, and OMT. (Core)
- 2.3. The program must have a policy that outlines the eligibility requirements for appointment, based on the type of medical school from which the applicant graduated, as outlined in Common Program Requirements (Residency) 3.2. 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. (Core)
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]
- 2.3.a. The policy must include requirements for each medical school type. (Core)

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

This opportunity requires foundational education in OPP to prepare for success as a resident in a program with Osteopathic Recognition.

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

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

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

[See FAQ in Appendix] [See FAQ in Appendix]

Section 3: Osteopathic Educational Program

- 3.1. The curriculum for designated osteopathic residents must integrate OPP into each of the ACGME Competencies. (Core)

3.2. Patient Care and Procedural Skills

- 3.2.a. Each resident must demonstrate the ability to approach the patient with recognition of the entire clinical context, incorporate osteopathic principles, including the four tenets, and use the relationship between structure and function to promote health. (Core)
- 3.2.b. Each resident must use OPP 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. (Core)
- 3.2.c. Each resident must document somatic dysfunction and its treatment as applicable to each patient's care. (Core)
- 3.2.d. Each resident must effectively treat patients and provide medical care that incorporates the osteopathic philosophy. (Core)
- 3.2.e. Each resident must gather accurate, essential information from all sources, including information relevant to OPP. (Core)
- 3.2.f. Each resident must demonstrate a caring attitude that is mindful of cultural sensitivities and patient apprehension concerning touch and palpatory diagnosis. (Core)
- 3.2.g. Each resident must assume increased responsibility for the incorporation of osteopathic concepts into his/her patient management. (Core)
- 3.2.h. Each resident must demonstrate listening skills in interactions with patients, utilizing caring, compassionate behavior and touch (where appropriate). (Core)
- 3.2.i. Each resident must competently perform osteopathic evaluation and treatment appropriate to his/her medical specialty. (Core)
- 3.2.j. Each resident must provide health care services appropriate for his/her specialty consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence. (Core)

3.3. Medical Knowledge

- 3.3.a. Residents must demonstrate the ability to integrate knowledge of accepted standards of OPP in their respective specialty areas. (Core)
- 3.3.b. Residents must demonstrate understanding and application of OPP to patient care. (Core)
- 3.3.c. Residents must demonstrate the treatment of the person rather than symptoms. (Core)

- 3.3.d. Residents must demonstrate understanding of somatovisceral relationships and the role of the musculoskeletal system in disease as appropriate to their respective specialty. (Core)
- 3.3.e. Residents must perform critical appraisals of literature related to OPP relative to their specialty. (Core)
- 3.4. Practice-Based Learning and Improvement
 - 3.4.a. Residents must demonstrate the ability to incorporate literature and research that integrate osteopathic tenets into clinical decision making. (Core)
 - 3.4.b. Residents must demonstrate the ability to critically evaluate their methods of osteopathic clinical practice, integrate evidence-based OPP into patient care, show an understanding of research methods, and improve patient care practices as related to their specialty area. (Core)
 - 3.4.c. Residents must demonstrate the ability to treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness related to OPP. (Core)
 - 3.4.d. Residents must demonstrate the ability to perform self-evaluations of osteopathic practice patterns and practice-based improvement activities using a systematic methodology. (Core)
- 3.5. Interpersonal and Communication Skills
 - 3.5.a. Residents must demonstrate 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 area. (Core)
 - 3.5.b. Residents must demonstrate appropriate verbal and non-verbal skills (including touch) when communicating with patients, families, and interprofessional collaborative team members. (Core)
- 3.6. Professionalism
 - 3.6.a. Residents must demonstrate awareness of and proper attention to issues of culture, religion, age, sex, sexual orientation, and mental and physical disabilities as they may influence a patient's perception of touch within the context of OPP. (Core)
 - 3.6.b. Residents must treat the terminally ill with compassion in management of pain, palliative care, appropriate touch, and preparation for death. (Core)
 - 3.6.c. Residents must 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. (Core)

- 3.6.d. Residents must utilize caring, compassionate behavior and appropriate touch with patients as related to their specialty area. ^(Core)
- 3.7. Systems-Based Practice
 - 3.7.a. Residents must 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. ^(Core)
 - 3.7.b. Residents must advocate for quality osteopathic health care on behalf of their patients, and assist them in their interactions with the complexities of the medical system. ^(Core)

Section 4: Osteopathic Learning Environment

- 4.1. Programs with Osteopathic Recognition must create a learning environment that integrates and promotes the application of OPP throughout the duration of the educational program. ^(Core)
[See FAQ in Appendix]
- 4.2. Experiences
 - 4.2.a. Programs must provide residents with instruction in the application of OPP. ^(Core)
 - 4.2.b. Programs must embed the four tenets of osteopathic medicine into the educational program (see Introduction). ^(Core)
 - 4.2.c. Programs must provide structured didactic activities that integrate OPP. ^(Core)
 - 4.2.c.1. Designated osteopathic residents must be provided with protected time to participate in these didactic activities. ^(Core)
 - 4.2.d. Programs must provide learning activities to advance the procedural skills acquisition in OMM for both designated osteopathic residents and osteopathic faculty members. ^(Core)
 - 4.2.e. Programs must ensure designated osteopathic residents provide osteopathic patient care in a variety of clinical settings, to ensure a broad education experience. ^(Core)
 - 4.2.f. Programs must ensure designated osteopathic residents teach OPP. ^(Core)
 - 4.2.f.1. Such opportunities could occur through resident-delivered OPP didactic lectures, hands-on OMM workshops, and/or resident-led journal clubs. ^(Detail)
 - 4.2.g. Programs must create a learning environment that supports and encourages osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members to advance OPP. ^(Core)
[See FAQ in Appendix]

- 4.2.h. Programs must ensure that osteopathic faculty members collectively produce at least two osteopathic scholarly activities annually, averaged over a five-year period. (Core)
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]
- 4.2.i. Programs must ensure that each designated osteopathic resident produces at least one osteopathic scholarly activity prior to graduating from the program. (Core)
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]
- 4.2.j. Programs must provide learning activities and communication that promote understanding of OPP among the interprofessional team. (Core)
[See FAQ in Appendix]
- 4.3. Resources
- 4.3.a. Osteopathic faculty members, including the Director of Osteopathic Education and core osteopathic faculty members, may be shared between programs with Osteopathic Recognition. (Core)
- 4.3.a.1. 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. (Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 4.3.b. The program must provide a variety of learning resources to support osteopathic medical education, including reference material pertaining to OMM and OPP integration into patient care. (Core)
[See FAQ in Appendix]
- 4.3.b.1. This must include access to examination tables suitable for OMT. (Core)
- 4.3.b.2. This must include facilities for osteopathic clinical and didactic activities. (Core)
[See FAQ in Appendix]
- 4.3.c. The program must provide resources to support osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members. (Core)
[See FAQ in Appendix]
- 4.3.d. The program must ensure the annual availability of structured faculty development for osteopathic faculty members that includes OPP and ongoing education addressing evaluation and assessment in competency-based medical education. (Core)
[See FAQ in Appendix]
- 4.3.e. Programs should participate in a community of learning that promotes the continuum of osteopathic medical education. (Core)
[See FAQ in Appendix]

Section 5: Osteopathic Evaluation

- 5.1. Designated Osteopathic Resident Evaluation
The program must provide assessment of the resident in application of OPP in each of the ACGME Competencies. ^(Core)
- 5.2. Clinical Competency Committee
[See FAQ in Appendix] [See FAQ in Appendix]
- 5.2.a. The Director of Osteopathic Education or an osteopathic faculty member designee should be a member of the program's Clinical Competency Committee (CCC). ^(Core)
- 5.2.b. The program's CCC or a sub-committee of the CCC must review the progress of all designated osteopathic residents in the program as it relates to OPP. ^(Core)
- 5.2.c. The CCC or a sub-committee of the CCC must include at least two osteopathic faculty members, which may include the Director of Osteopathic Education. ^(Core)
- 5.2.d. The CCC or a sub-committee of the CCC must review all designated osteopathic residents' evaluations semi-annually as these relate to the Osteopathic Recognition Milestones. ^(Core)
- 5.2.e. The CCC or a sub-committee of the CCC must prepare and ensure the reporting of Osteopathic Recognition Milestones evaluations for each designated osteopathic resident semi-annually to the ACGME. ^(Core)
- 5.2.f. The CCC or a sub-committee of the CCC must advise the program director and Director of Osteopathic Education regarding resident progress, including promotion, remediation, and dismissal from a designated osteopathic position. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 5.3. Formative Evaluation
Osteopathic faculty members must evaluate and document designated osteopathic residents' competence in OPP in each of the ACGME Competencies. ^(Core)
- 5.3.a. Timing and frequency of the evaluation must be consistent with the type of assignment, which must include clinical rotations, clinical experiences, and educational activities. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 5.3.a.1. Evaluations of these assignments must assess resident performance longitudinally. This may not exclusively occur through single patient encounter assessments. ^(Core)
- 5.3.b. The period of evaluation should not exceed three months. ^(Core)

- 5.3.c. During clinical rotations and clinical experiences, the application of OPP, as appropriate to the specialty, must include direct observation of patient encounters and a review of the documented assessment and plan. ^(Core)
- 5.3.d. Designated osteopathic residents must receive an evaluation regarding their integration of OPP into scholarly activity. ^(Core)
- 5.3.e. There must be an evaluation system overseen by the Director of Osteopathic Education, to determine when a resident has obtained the necessary skills to perform OMT under supervision, as a component of patient care. ^(Core)
[See FAQ in Appendix]
- 5.3.f. There must be objective formative assessment of osteopathic medical knowledge and procedural skills. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 5.3.f.1. This should include a standardized assessment of OPP knowledge. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix] [See FAQ in Appendix]
- 5.3.f.2. This should include an assessment of skill proficiency in OMT, as applicable to the specialty. ^(Core)

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

[See FAQ in Appendix] [See FAQ in Appendix]

- 5.3.g. The Director of Osteopathic Education must provide designated osteopathic residents with documented semi-annual evaluation of performance and progression in the application of OPP in each of the ACGME Competencies, with feedback. ^(Core)
- 5.4. Final Evaluation
 - 5.4.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. ^(Core)
 - 5.4.b. The Director of Osteopathic Education must conduct a final evaluation related to completion of the osteopathic education program for each designated osteopathic resident. ^(Core)
[See FAQ in Appendix]

- 5.4.c. The final evaluation must become part of the designated osteopathic resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. ^(Core)
- 5.4.d. The final evaluation must document the resident's performance related to the application of OPP in each of the ACGME Competencies during the final period of education. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 5.4.e. The final evaluation must verify that the designated osteopathic resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice and to apply OPP to patient care. ^(Core)
[See FAQ in Appendix]
- 5.4.e.1. Transitional and preliminary year programs are not required to include verification that designated osteopathic residents have demonstrated sufficient competence to apply OPP to patient care, upon entering practice, without direct supervision. ^(Detail)
- 5.5. **Osteopathic Faculty Evaluation**
At least annually, the Director of Osteopathic Education must evaluate osteopathic faculty member performance as related to the integration of OPP into the educational program. ^(Core)
- 5.5.a. Evaluation of osteopathic faculty members must include annual written confidential evaluations of the faculty members by the designated osteopathic residents or evaluations following completion of rotations or similar educational experiences as related to the integration of OPP. ^(Core)
[See FAQ in Appendix] [See FAQ in Appendix]
- 5.5.b. Evaluation of osteopathic faculty members must include assessment of the knowledge, application, and promotion of OPP. ^(Core)
[See FAQ in Appendix]
- 5.6. **Program Evaluation**
Designated osteopathic residents and osteopathic faculty members must have the opportunity to evaluate the osteopathic components of the program confidentially and in writing at least annually. ^(Core)

[See FAQ in Appendix]
- 5.6.a. The program must use the results of residents' and faculty members' evaluations of the osteopathic components of the program together with other program evaluation results to improve the program. ^(Core)
- 5.6.b. The program's pass rate for designated osteopathic residents taking the applicable AOA certifying board examination, containing osteopathic content, for the first time during the preceding three years must be 80 percent or higher. ^(Outcome)
[See FAQ in Appendix]

- 5.6.b.1. Transitional and preliminary year residents are excluded from this requirement. (Detail)
- 5.6.c. Residents who enter a designated osteopathic position should complete the program in a designated osteopathic position. (Core)

6. Frequently Asked Questions: Osteopathic Recognition

FAQs related to Osteopathic Recognition Requirements

Last updated July 2026

Recognition Committee

Section 1: Osteopathic Program Personnel

Questions concerning *"The qualifications of the Director of Osteopathic Education must include requisite osteopathic expertise and documented educational and administrative experience acceptable to the Recognition Committee. (Core)"* (1.1.b)

- Q:** Could a physician gain the requisite “expertise and documented educational and administrative experience” needed to be qualified to be a Director of Osteopathic Education during medical school and residency?
- A:** No, the expertise required to be a Director of Osteopathic Education is not gained during medical school, residency, or fellowship. The focus of a medical student is to gain the knowledge, skills, and behaviors necessary to become a physician. The focus of a resident or fellow is to gain the knowledge, skills, and behaviors necessary to enter autonomous practice in the given specialty or subspecialty. It is not possible for a medical student or resident/fellow to gain the expertise necessary to oversee an osteopathic learning environment, an OPP curriculum and evaluation system, the osteopathic faculty members, and designated osteopathic residents, while focusing on becoming competent to practice medicine .

Questions concerning *"The qualifications of the Director of Osteopathic Education must include certification through an American Osteopathic Association (AOA) specialty certifying board, or qualifications judged acceptable to the Recognition Committee. (Core)"* (1.1.c) , *"The Qualifications of the Director of Osteopathic Education must include current medical licensure and maintenance of clinical skills through provision of direct patient care. (Core)"* (1.1.d) , *"The Qualifications of the Director of Osteopathic Education must include ability to teach and assess OPP. (Core)"* (1.1.e) , *"Core osteopathic faculty members must be board certified through an AOA specialty certifying board or possess qualifications judged as acceptable by the Recognition Committee. (Core)"* (1.26)

- Q:** Are there other qualifications the Recognition Committee is willing to consider if the Director of Osteopathic Education or a core osteopathic faculty member does not have American Osteopathic Association (AOA) board certification?
- A:** The Committee will consider other qualifications in lieu of AOA board certification, including (but not limited to):

- A physician holding a Doctor of Osteopathic Medicine (DO) degree with active board certification through an American Board of Medical Specialties (ABMS) member board
- A physician holding a medical degree other than a DO 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

Physicians with the above qualifications must be able to teach and assess Osteopathic Principles and Practice (OPP) and must demonstrate, through scholarly activity, continuing medical education (CME) courses, other formal education, faculty appointments, etc., that they are currently providing osteopathic medicine or have done so in the recent past.

Questions concerning *"The Director of Osteopathic Education must meet all requirements of an osteopathic faculty member. (Core)" (1.15)* , *"Osteopathic faculty members must evaluate designated osteopathic residents' application of OPP through direct observation of patient encounters. (Core)" (1.21)*

Q: How frequently is the Director of Osteopathic Education expected to evaluate designated osteopathic residents?

A: The Committee expects the Director of Osteopathic Education to be an active member of the osteopathic faculty and teach the application of OPP to designated osteopathic residents, not just serve as an osteopathic administrator. The Committee also expects the Director of Osteopathic Education to evaluate the application of OPP through direct observation of patient encounters. The Committee feels it is important for the Director of Osteopathic Education to be physically present and directly observe the application of OPP at a minimum twice annually in order to contribute to the Clinical Competency Committee (CCC) and Milestones assessment, as well as to provide designated osteopathic residents with semi-annual and final evaluations. It is only through direct observation of patient encounters that the Director of Osteopathic Education would be able to determine a designated osteopathic resident's competence in integrating OPP into each of the ACGME Competencies, and specifically within patient care and procedural skills.

Questions concerning *"The program must maintain a sufficient number of osteopathic faculty members. (Core)" (1.19)* , *"In addition to the Director of Osteopathic Education, the program must have at least one additional core osteopathic faculty member. (Core)" (1.27)*

Q: How can a program demonstrate that it has a sufficient number of osteopathic faculty members?

A: A program can demonstrate 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.

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:

- number of designated osteopathic residents

- number of hours devoted to osteopathic education by the osteopathic faculty members
- complexity of the osteopathic curriculum
- requirements of clinical supervision
- number of teaching sites providing osteopathic education
- program's specialty

The number of both designated osteopathic residents and designated sites greatly impacts 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.

Questions concerning "*Osteopathic faculty members must annually participate in a structured faculty development program that includes OPP. (Core)*" (1.20) , "*This program must include on-going education addressing evaluation and assessment in competency-based medical education. (Core)*" (1.20.a)

Q: What does the Committee consider to be "faculty development" that includes OPP?

A: 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.

A faculty development program may be offered using local resources.

Questions concerning "*Osteopathic faculty members must annually participate in a structured faculty development program that includes OPP. (Core)*" (1.20) , "*This program must include on-going education addressing evaluation and assessment in competency-based medical education. (Core)*" (1.20.a)

Q: Does attendance at a conference or meeting where AOA CME credit is earned qualify as faculty development?

A: Conferences and meetings where AOA CME credits or Accreditation Council for Continuing Medical Education (ACCME) CME credits are earned do not necessarily qualify as faculty development; the conference or meeting must meet the definition of osteopathic faculty development as previously specified to qualify.

Questions concerning "*Osteopathic faculty members must evaluate designated osteopathic residents' application of OPP through direct observation of patient encounters. (Core)*" (1.21)

Q: Is it acceptable for osteopathic faculty members to directly observe designated osteopathic residents' application of OPP through simulated patient encounters?

A: Programs may utilize simulated patient encounters to evaluate designated osteopathic residents' application of OPP, with limitations. In the founding principles of osteopathic medicine, the patient-physician interaction is integral; as such, OPP can only be evaluated when directly observed (in person) through patient care, objective structured clinical examinations

(OSCEs), and/or resident-to-resident type encounters. In-person evaluation is required, so that osteopathic faculty members may ensure hands-on palpatory verification of somatic findings. While the Committee acknowledges continued technological advances, at this time it is not acceptable to use high- or low-fidelity mannequins for this type of evaluation because they lack the biopsychosocial aspects of care .

Questions concerning *"Core Osteopathic Faculty" (1.23)* , *"Core osteopathic faculty member(s) must assist in the development of the OPP evaluation system. (Core)" (1.24)* , *"Core osteopathic faculty member(s) must teach the application of OPP. (Core)" (1.25)* , *"Core osteopathic faculty members must be board certified through an AOA specialty certifying board or possess qualifications judged as acceptable by the Recognition Committee. (Core)" (1.26)*

- Q:** Where does a program identify which osteopathic faculty members are core osteopathic faculty members?
- A:** Core osteopathic faculty members must be designated as an osteopathic faculty member on the ADS Faculty Roster and identified in the Recognition-Specific Question Document as a core osteopathic faculty member. The core faculty member designation on the ADS Faculty Roster is only for accreditation purposes and not for Osteopathic Recognition.

Questions concerning *"Core Osteopathic Faculty" (1.23)* , *"Core osteopathic faculty member(s) must assist in the development of the OPP evaluation system. (Core)" (1.24)* , *"Core osteopathic faculty member(s) must teach the application of OPP. (Core)" (1.25)* , *"Core osteopathic faculty members must be board certified through an AOA specialty certifying board or possess qualifications judged as acceptable by the Recognition Committee. (Core)" (1.26)* , *"In addition to the Director of Osteopathic Education, the program must have at least one additional core osteopathic faculty member. (Core)" (1.27)* , *"Core osteopathic faculty members must meet all osteopathic faculty member requirements. (Core)" (1.28)*

- Q:** Is there a specific minimum number of hours core osteopathic faculty members are required to devote to the program?
- A:** No, core osteopathic faculty members are not required to devote a specific minimum number of hours to the program. Core osteopathic faculty members will be identified differently than general core faculty members in the ACGME's Accreditation Data System (ADS).

Section 2: Designated Osteopathic Resident Appointments

Questions concerning *"Each program must have at least one designated osteopathic resident per program year, averaged over three years. (Core)" (2.1)*

- Q:** 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?
- A:** The 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 monitor this in order to best support programs.

Questions concerning *"Each program must have at least one designated osteopathic resident per program year, averaged over three years. (Core)" (2.1)* , *"Programs must designate, in ADS, the residents who will formally receive osteopathic education. (Core)" (2.1.a)*

- Q:** Does a program need the committee's approval to change its complement of designated osteopathic residents?
- A:** No. The Committee will monitor the number of designated osteopathic residents but does 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.

Questions concerning *"Prior to entering a designated osteopathic position, applicants must have sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine to prepare them to engage in the curriculum of the program, to include: (Core)" (2.2)*

- Q:** 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 position in a program with Osteopathic Recognition?
- A:** No. Residency and fellowship programs with Osteopathic Recognition may accept into designated osteopathic positions candidates 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 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.

Questions concerning *"Prior to entering a designated osteopathic position, applicants must have sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine to prepare them to engage in the curriculum of the program, to include: (Core)" (2.2)*

- Q:** What is considered sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative medicine for an MD applicant to enter a designated osteopathic resident position in a program with Osteopathic Recognition?
- A:** 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 applicants who graduated from an allopathic medical school and are physicians but not DOs to demonstrate preparation through completion of one of the following prior to entry into a designated osteopathic position:
- Structured basic OPP training
 - Prior completion of elective OPP rotations
 - Prior completion of OPP course(s) at an osteopathic medical school
 - Other experiences and training to enable the resident to demonstrate entry-level competence for participation in the program

Questions concerning *"Prior to entering a designated osteopathic position, applicants must have sufficient background and/or instruction in osteopathic philosophy and techniques in manipulative*

medicine to prepare them to engage in the curriculum of the program, to include: (Core)" (2.2) , "The program must have a policy that outlines the eligibility requirements for appointment, based on the type of medical school from which the applicant graduated, as outlined in Common Program Requirements (Residency) 3.2. 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. (Core)" (2.3)

Q: How much flexibility does a program have in establishing eligibility criteria for non- DOs to enter a designated osteopathic resident position?

A: A program has the flexibility to establish entry criteria for allopathic medical school graduates (i.e., non-DOs) based on its resources. A program may establish low entry criteria because it can 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 applicants who are allopathic

medical school graduates to be eligible for entry into a designated osteopathic position, but only after attainment of considerable OPP education.

Questions concerning *"The program must have a policy that outlines the eligibility requirements for appointment, based on the type of medical school from which the applicant graduated, as outlined in Common Program Requirements (Residency) 3.2. 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. (Core)" (2.3) , "The policy must include requirements for each medical school type. (Core)" (2.3.a)*

Q: Which eligibility requirements must subspecialty (i.e., fellowship) programs follow?

A: 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.

Questions concerning *"The program must have a policy that outlines the eligibility requirements for appointment, based on the type of medical school from which the applicant graduated, as outlined in Common Program Requirements (Residency) 3.2. 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. (Core)" (2.3) , "The policy must include requirements for each medical school type. (Core)" (2.3.a)*

Q: What does a program with Osteopathic Recognition need to include in its eligibility policy?

A: 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 must be individually delineated within the policy, including:

- graduate of a Commission on Osteopathic College Accreditation (COCA)- accredited college of osteopathic medicine (COM) who holds a DO degree
- graduate of a medical school in the United States, accredited by the Liaison Committee on Medical Education (LCME)

- graduate from a medical school outside of the United States

Though it is expected that graduates of a COCA-accredited COM (with a DO degree) demonstrate 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 it requires an adequate level of preparation of all applicants prior to entry into a designated osteopathic resident position.

Additionally, the policy should:

- use terminology consistent with the Osteopathic Recognition Requirements (e.g., designated osteopathic resident)
- clearly state the earliest and latest point in the program that a resident may be designated (e.g., upon matriculation into the program, six months after matriculation into the program)
- identify what is required prior to designation (i.e., prerequisite requirements)
- include all medical school types, including graduates of COCA-accredited COMs

Section 4: Osteopathic Learning Environment

Questions concerning *"Programs with Osteopathic Recognition must create a learning environment that integrates and promotes the application of OPP throughout the duration of the educational program. (Core)"* (4.1)

Q: What are the expected elements of an osteopathic learning environment for a program with Osteopathic Recognition?

A: The Committee expects every program with Osteopathic Recognition to create an osteopathic learning environment that supports the integration of OPP into resident/fellow education in didactic and clinical settings. This environment needs to provide resources for scholarly activity, didactic and clinical experiences, and role models for residents/fellows to ensure Osteopathic Recognition Milestones development throughout the educational program.

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 an 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.

Examples of experiences that may contribute to an osteopathic learning environment are available in the [Promoting the Osteopathic Learning Environment document](#) found in the Osteopathic Recognition section of the ACGME website.

Questions concerning *"Programs must create a learning environment that supports and encourages osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members to advance OPP. (Core)" (4.2.g)*

Q: How can a program create a learning environment that supports and encourages osteopathic scholarly activity?

A: 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:

- Establishing osteopathic scholarly expectations. Programs should set the types of 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.
- 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.
- 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.
- Providing time and resources to support osteopathic scholarly activity (see FAQ for Requirement 4.3.c. below).

Questions concerning *"Programs must ensure that osteopathic faculty members collectively produce at least two osteopathic scholarly activities annually, averaged over a five-year period. (Core)" (4.2.h)*

Q: What are acceptable forms of osteopathic scholarly activity for osteopathic faculty members?

A: The following activities would be considered osteopathic scholarly activity for osteopathic faculty members, if they integrate OPP:

- Topic presentation at a regional, state, or national meeting
- Presentation at grand rounds
- Web conference presentation to a regional, state, or national audience
- Publication of articles, book chapters, abstracts, or case reports in peer-reviewed journals
- Publication of peer-reviewed performance improvement or education research
- Peer-reviewed funding
- Peer-reviewed abstracts presented at a regional, state, or national specialty meeting
- Leadership position in a regional, state, or national osteopathic-related organization

Questions concerning *"Programs must ensure that osteopathic faculty members collectively produce at least two osteopathic scholarly activities annually, averaged over a five-year period. (Core)" (4.2.h)* , *"Programs must ensure that each designated osteopathic resident produces at least one osteopathic scholarly activity prior to graduating from the program. (Core)" (4.2.i)*

Q: Do the Osteopathic Recognition Requirements for scholarly activity replace the specialty requirements for scholarly activity?

A: The pursuit of scholarly activity that integrates OPP does not replace the scholarly activity requirements as articulated in the applicable specialty- or subspecialty-specific Program Requirements. Designated osteopathic residents and osteopathic faculty members must meet the specialty-/subspecialty-specific requirements as outlined by the Review Committee. The Osteopathic Recognition Committee encourages the incorporation of OPP into the scholarly activity that is used to meet the specialty-

/subspecialty-specific requirements. Specialty-/subspecialty-specific scholarly activity that incorporates OPP would count toward meeting the specialty-/subspecialty-specific requirements, as well as the Osteopathic Recognition scholarship requirements. If it is not appropriate to incorporate OPP into the specialty-/subspecialty-specific scholarly

activity, additional scholarly activity will need to be completed to meet the Osteopathic Recognition Requirements.

Questions concerning *"Programs must ensure that osteopathic faculty members collectively produce at least two osteopathic scholarly activities annually, averaged over a five-year period. (Core)" (4.2.h)* , *"Programs must ensure that each designated osteopathic resident produces at least one osteopathic scholarly activity prior to graduating from the program. (Core)" (4.2.i)*

Q: What constitutes osteopathic scholarly activity?

A: 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 osteopathic manipulative treatment (OMT) is not required.

The following are examples of acceptable scholarly activities and topics:

- Educational presentation on the effect of mind-body-spirit interactions on health
- Educational presentation that includes integration of OMT into treatment options
- Presentation of a case report that includes the documentation of osteopathic structural examination findings at local, regional, or national conferences
- Submission of manuscripts to peer-reviewed journals or book chapters that discuss the integration of OPP into patient care activities
- Participation in clinical or basic science research focusing on structure-function relationships
- Participation in OPP/OMT quality improvement and/or patient safety initiative

- 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
- Educational presentation on OPP to interprofessional groups
- Participation in a leadership position in a regional, state, or national osteopathic-related organization

Questions concerning *"Programs must ensure that osteopathic faculty members collectively produce at least two osteopathic scholarly activities annually, averaged over a five-year period. (Core)" (4.2.h)* , *"Programs must ensure that each designated osteopathic resident produces at least one osteopathic scholarly activity prior to graduating from the program. (Core)" (4.2.i)*

Q: How does the Committee view collaboration between residents and faculty members with regard to authorship of osteopathic scholarly work?

A: The 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:

- Substantial contributions to the conception or design of the work, or the acquisition, analysis, or interpretation of data for the work
- Drafting the work or revising it critically for important intellectual content
- Final approval of the version to be published
- 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

Questions concerning *"Programs must ensure that each designated osteopathic resident produces at least one osteopathic scholarly activity prior to graduating from the program. (Core)" (4.2.i)*

Q: What are acceptable forms of osteopathic scholarly activity for designated osteopathic residents?

A: The following are examples of osteopathic scholarly activity that may be completed by designated osteopathic residents:

- Items in the faculty scholarly activity list above
- Resident-led didactic with integration of OPP
- Resident-led workshop with integration of OPP
- Resident-led journal club with osteopathic content

Questions concerning *"Programs must provide learning activities and communication that promote understanding of OPP among the interprofessional team. (Core)" (4.2.j)*

Q: What does the Committee consider an interprofessional team?

A: The interprofessional team includes all physicians, nurses, pharmacists, physical therapists, social workers, and any other health/social care practitioners participating in the care of patients. These teams meet regularly to coordinate patient care plans.

Questions concerning *"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. (Core)"* (4.3.a.1)

Q: When must a program create and maintain a written plan for its shared faculty members?

A: A written shared faculty plan is required when a program with Osteopathic Recognition has listed a faculty member on its ADS Faculty Roster as an osteopathic faculty member, and that same faculty member is listed on at least one other program's ADS Faculty Roster as an osteopathic faculty member. All programs that share an osteopathic faculty member, including the Director of Osteopathic Education, must maintain a shared faculty plan.

Responses to the questions related to the sharing of faculty members in the Recognition-Specific Question Document do not replace a shared faculty plan. The Recognition-Specific Question Document is only maintained by programs through the Initial Recognition period.

Questions concerning *"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. (Core)"* (4.3.a.1)

Q: What information should be provided in a shared faculty plan?

A: A shared faculty plan should detail the following: name of shared faculty member; list of programs that share the faculty member (including name and ACGME program number); the faculty member's role in each program (Director of Osteopathic Education, core osteopathic faculty member, osteopathic faculty member); and a role description for each program. The role description should briefly describe the experiences or activities the faculty member provides to each program, including the frequency of experiences that occur in the clinical setting.

EXAMPLE:

Shared Faculty Plan for 120390XXX1 Osteopathic Excellence Hospital Program (Family Medicine)

The following faculty members are shared by other programs with Osteopathic Recognition: Drs. William Sutherland and Andrew Still.

William Sutherland, DO

Core Osteopathic Faculty Member

Sharing Plan:

Osteopathic Excellence Hospital Program (Emergency Medicine) – 110390XXX1

Role: Osteopathic Faculty Member

Role Description: Supervises two designated osteopathic residents in the institutional OMT clinic per session at the Osteopathic Excellence Hospital and provides two institutional OMT didactic sessions per month at the Osteopathic Excellence Hospital.

Osteopathic Excellence Hospital Program (Internal Medicine) – 110390XXX1

Role: Osteopathic Faculty Member

Role Description: Supervises two designated osteopathic residents in the institutional OMT clinic per session at the Osteopathic Excellence Hospital and provides two institutional OMT didactic sessions per month at the Osteopathic Excellence Hospital.

Osteopathic Excellence Hospital Program (Obstetrics and Gynecology) – 220390XXX1

Role: Osteopathic Faculty Member

Role Description: Supervises two designated osteopathic residents in the institutional OMT clinic per session at the Osteopathic Excellence Hospital and provides two institutional OMT didactic sessions per month at the Osteopathic Excellence Hospital.

Andrew Still, DO

Director of Osteopathic Education

Sharing Plan:

Osteopathic Excellence Hospital Program (Emergency Medicine) – 110390XXX1

Role: Director of Osteopathic Education

Role Description: Dr. Still oversees osteopathic specialty-specific didactic curriculum and organizes/oversees two institutional journal clubs and two institutional OMT hands-on workshops annually at Osteopathic Excellence Hospital. He developed and oversees the evaluation system at Osteopathic Excellence Hospital. He evaluates designated osteopathic residents through supervision of residents in the institutional OMT clinic. All designated osteopathic residents are assigned to the institutional OMT clinic annually. He also meets with osteopathic faculty members annually to provide osteopathic faculty development and evaluate them based on resident feedback.

Osteopathic Excellence Hospital Program (Internal Medicine) – 110390XXX1

Role: Director of Osteopathic Education

Role Description: Dr. Still oversees osteopathic specialty-specific didactic curriculum and organizes/oversees two institutional journal clubs and two institutional OMT hands-on workshops annually at Osteopathic Excellence Hospital. He developed and oversees the evaluation system at Osteopathic Excellence Hospital. He evaluates designated osteopathic residents through supervision of residents in the institutional OMT clinic. All designated osteopathic residents are assigned to the institutional OMT clinic annually. He also meets with osteopathic faculty members annually to provide osteopathic faculty development and evaluate them based on resident feedback.

Osteopathic Excellence Hospital Program (Obstetrics and Gynecology) – 220390XXX1

Role: Director of Osteopathic Education

Role Description: Dr. Still oversees osteopathic specialty-specific didactic curriculum and organizes/oversees two institutional journal clubs and two institutional OMT hands-on workshops annually at Osteopathic Excellence Hospital. He developed and oversees the evaluation system at Osteopathic Excellence Hospital. He evaluates designated osteopathic residents through supervision of residents in the institutional OMT clinic. All designated osteopathic residents are assigned to the institutional OMT clinic annually. He also meets with osteopathic faculty members annually to provide osteopathic faculty development and evaluate them based on resident feedback.

Questions concerning *"The program must provide a variety of learning resources to support osteopathic medical education, including reference material pertaining to OMM and OPP integration into patient care. (Core)"* (4.3.b)

Q: What are some examples of learning resources the Committee recommends to support osteopathic medical education?

A: The following are some suggested learning resources that may be utilized to support osteopathic medical education:

- Live or video conferencing of the presentation of OPP that may include the application of OMT in clinical situations relevant to each specialty group
- Access to references that enhance the understanding of OPP
- Role modeling of OMT in the patient care setting
- Online training modules to enhance learners' understanding of OPP and/or the application of OMT in a clinical setting

Questions concerning *"This must include facilities for osteopathic clinical and didactic activities. (Core)"* (4.3.b.2)

Q: What are the Committee's expectations regarding facilities for osteopathic clinical and didactic activities?

A: 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 used.

Questions concerning *"The program must provide resources to support osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members. (Core)"* (4.3.c)

Q: What resources can a program provide to support osteopathic scholarly activity?

A: Examples of how the program, in partnership with the Sponsoring Institution, can support the pursuit of osteopathic scholarly activity by both designated osteopathic residents and osteopathic faculty members include:

- Dedicated/blocked time to work on osteopathic scholarly projects
- Financial support for osteopathic scholarly projects (including dissemination)
- Access to an Institutional Review Board
- Sponsorship of formal education on the scholarly process (including financial support)
- Access to statisticians
- Access to mentors for osteopathic scholarly activity

Questions concerning *"The program must ensure the annual availability of structured faculty development for osteopathic faculty members that includes OPP and ongoing education addressing evaluation and assessment in competency-based medical education. (Core)"* (4.3.d)

Q: Does attendance at a conference or meeting where AOA CME credit is earned qualify as faculty development?

A: Conferences and meetings where AOA CME credits or Accreditation Council for Continuing Medical Education (ACCME) CME credits are earned do not necessarily qualify as faculty development; the conference or meeting must meet the definition of osteopathic faculty development as previously specified to qualify.

Questions concerning *"Programs should participate in a community of learning that promotes the continuum of osteopathic medical education. (Core)"* (4.3.e)

Q: What constitutes a community of learning that promotes the continuum of osteopathic medical education?

A: 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.

Section 5: Osteopathic Evaluation

Questions concerning *"Clinical Competency Committee" (5.2)* , *"The CCC or a sub-committee of the CCC must advise the program director and Director of Osteopathic Education regarding resident progress, including promotion, remediation, and dismissal from a designated osteopathic position. (Core)"* (5.2.f)

Q: Is the Director of Osteopathic Education required to be a member of the Clinical Competency Committee (CCC)?

A: The Director of Osteopathic Education should be a member of the CCC unless the Director of Osteopathic Education is also the program director and is not permitted by the Review Committee to be a member of the CCC.

Questions concerning *"Clinical Competency Committee" (5.2)* , *"The CCC or a sub-committee of the CCC must advise the program director and Director of Osteopathic Education regarding resident progress, including promotion, remediation, and dismissal from a designated osteopathic position. (Core)"* (5.2.f)

Q: Does a program need to have a separate Clinical Competency Committee (CCC) for Osteopathic Recognition?

A: No. The program can utilize its CCC or a subcommittee of its CCC to review the progress of its designated osteopathic residents as relates to OPP.

If the program utilizes its CCC for this purpose, it must have at least two osteopathic faculty members as members.

Questions concerning *"Timing and frequency of the evaluation must be consistent with the type of assignment, which must include clinical rotations, clinical experiences, and educational activities. (Core)"* (5.3.a)

Q: Can programs utilize patient encounter evaluations when assessing designated osteopathic residents' application of OPP?

A: The Committee regards single patient encounter evaluations as a good assessment tool to incorporate into the program's system of evaluation. However, single patient encounter assessments should not be the only formative evaluation tool utilized to evaluate the application of OPP. It is the expectation of the Committee that if the program utilizes single patient encounter evaluations, they must be collectively reviewed at the end of the clinical assignment and incorporated into the evaluations

that occur at the end of an assignment (i.e., clinical rotation), or at three-month intervals during an assignment that exceeds three months in length.

Questions concerning *"Timing and frequency of the evaluation must be consistent with the type of assignment, which must include clinical rotations, clinical experiences, and educational activities. (Core)"* (5.3.a)

Q: Can the Osteopathic Recognition Milestones tables be used as resident rotation evaluations?

A: No, the Milestones tables were not designed to be used as evaluation forms for specific rotations or experiences. The Milestones are designed to guide a synthetic judgment of progress roughly twice a year. Utilizing language from the Milestones may be helpful as part of a mapping exercise to determine which competencies are best covered in specific rotations and curricular experiences. The Milestones can also be used for self-assessment by a resident/fellow in preparation for feedback sessions and in creating individual learning plans. The Milestones do not include the broader Curriculum, and limiting assessments to the Milestones leaves topics without proper and essential assessment and evaluation.

Questions concerning *"There must be an evaluation system overseen by the Director of Osteopathic Education, to determine when a resident has obtained the necessary skills to perform OMT under supervision, as a component of patient care. (Core)"* (5.3.e)

Q: When should designated osteopathic residents receive an evaluation of their integration of OPP into scholarly activity?

A: Designated osteopathic residents must receive an evaluation of their integration of OPP into scholarly activity. The Committee recommends that this occur at least annually, if not more frequently. Programs may choose to incorporate this assessment into an existing evaluation, such as the semi-annual evaluation that must be completed by the Director of Osteopathic Education. Programs may also create a stand-alone evaluation to satisfy

this requirement. The purpose of this evaluation is to ensure the designated osteopathic residents integrate OPP into their scholarly pursuits, receive feedback on their integration, and are encouraged to do so beyond what is required in the Osteopathic Recognition Requirements.

Questions concerning *"There must be objective formative assessment of osteopathic medical knowledge and procedural skills. (Core)" (5.3.f)* , *"This should include an assessment of skill proficiency in OMT, as applicable to the specialty. (Core)" (5.3.f.2)*

- Q:** How frequently does the Committee expect programs to administer an assessment of skill proficiency in OMT?
- A:** The frequency of administration of an assessment of skill proficiency in OMT will be dependent on the assessment process defined by the program. If the program utilizes a single comprehensive assessment of skill proficiency in OMT, such as a mock practical board examination, it would be acceptable for the assessment to occur once during the program. If the program utilizes an assessment that is composed of a series of longitudinal assessments (e.g., standardized OMT skill observation and evaluation) that equate to a comprehensive assessment of skill proficiency, then the assessment will need to occur multiple times during the program as defined by the program's established assessment process.

Questions concerning *"There must be objective formative assessment of osteopathic medical knowledge and procedural skills. (Core)" (5.3.f)* , *"This should include an assessment of skill proficiency in OMT, as applicable to the specialty. (Core)" (5.3.f.2)*

- Q:** What are examples of acceptable formats for the assessment of skill proficiency in OMT?
- A:** An acceptable assessment of skill proficiency in OMT would consist of an assessment process that includes direct observation of patient encounters with feedback through a standardized evaluation form. The following assessment formats are examples that are acceptable to the Committee, so long as they are accompanied by feedback through a standardized evaluation form:

- Mock practical board examination
- Objective structured clinical evaluation (OSCE)
- Standardized OMT skill observation and evaluation
- Mini-clinical evaluation exercise (Mini-CEX)

The assessment of skill proficiency in OMT should cover a range of OMT techniques, as applicable to the specialty/subspecialty.

Questions concerning *"This should include a standardized assessment of OPP knowledge. (Core)" (5.3.f.1)*

- Q:** What are examples of acceptable standardized assessments of OPP knowledge?
- A:** The following are examples of assessments the Committee would accept, provided they are standardized and benchmarked internally within the program and externally with other programs:

- A formal, specialty-specific in-training examination that includes the assessment of OPP knowledge
- A multi-specialty examination that assesses the application of OPP, including common clinical scenarios seen by the specialty

Questions concerning *"This should include a standardized assessment of OPP knowledge. (Core)"* (5.3.f.1)

- Q:** How frequently does the Committee expect programs to administer a standardized assessment of knowledge of OPP?
- A:** The Committee recommends such an assessment be administered at least once during the program, preferably once during each year of the program.

Questions concerning *"This should include a standardized assessment of OPP knowledge. (Core)"* (5.3.f.1)

- Q:** Does the COMLEX-USA Level 3 examination satisfy the requirement for a standardized assessment of OPP knowledge?
- A:** Transitional and preliminary year programs with Osteopathic Recognition may utilize the COMLEX-USA Level 3 examination to satisfy the requirement for a standardized assessment of OPP knowledge. It should be noted that only DOs are eligible to take the COMLEX-USA exams. If programs accept allopathic medical school graduates, then the program should provide an alternative exam for these designated osteopathic residents.

Residency and fellowship programs that are not transitional or preliminary year programs may not utilize the COMLEX-USA exams to satisfy the assessment of OPP knowledge.

Questions concerning *"This should include a standardized assessment of OPP knowledge. (Core)"* (5.3.f.1)

- Q:** Does an AOA certifying board examination satisfy the requirement for a standardized assessment of OPP knowledge?
- A:** No, certifying board examinations may not be utilized as a standardized assessment of OPP knowledge. This includes certifying board examinations that are taken during a residency or fellowship program. The purpose of this assessment, like an in-training exam, is to provide an assessment of a resident's progress in acquiring the required OPP knowledge. This is also intended to provide the program with comparative data about how the program as a whole is meeting its educational goals.

Questions concerning *"The Director of Osteopathic Education must conduct a final evaluation related to completion of the osteopathic education program for each designated osteopathic resident. (Core)"* (5.4.b) , *"The final evaluation must verify that the designated osteopathic resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice and to apply OPP to patient care. (Core)"* (5.4.e)

- Q:** Does the program need a separate final evaluation specifically for Osteopathic Recognition, or can the program's overall final evaluations incorporate an assessment of OPP for its designated osteopathic residents?

A: The program can choose to incorporate the performance of the designated osteopathic residents related to Osteopathic Recognition into the program’s existing final evaluation, or in an addendum to the program’s overall final evaluation. Programs should ensure the elements outlined in Recognition Requirements 5.4.d. and 5.4.e. are clearly identifiable. The evaluation should be signed by the Director of Osteopathic Education.

Questions concerning *"The final evaluation must document the resident’s performance related to the application of OPP in each of the ACGME Competencies during the final period of education. (Core)"* (5.4.d)

Q: Would a final report of the Osteopathic Recognition Milestones within a designated osteopathic resident’s final evaluation be acceptable documentation of a resident’s performance related to the application of OPP in each of the ACGME Core Competencies?

A: The Milestones do not include the broader curriculum and limiting assessments to the Milestones leaves topics without proper and essential assessment and evaluation. The final evaluation must broadly assess a resident’s ability to apply OPP in each competency domain. The Milestones in each competency were not intended to broadly assess a resident’s ability to apply OPP in that competency and should not be used as a surrogate for a final evaluation. The final evaluation should be the culmination of all assessments completed in the final period of the program, including the Milestones.

Questions concerning *"The final evaluation must document the resident’s performance related to the application of OPP in each of the ACGME Competencies during the final period of education. (Core)"* (5.4.d)

Q: How can a program’s final evaluation be updated to include documentation of a resident’s performance related to the application of OPP in each of the ACGME Competencies?

A: A section may be added to the program’s existing final evaluation that includes an assessment of the application of OPP in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The application of OPP must be assessed for each competency area individually. The format of this

evaluation section may vary.

Example:

Competency	Description	At expected level for graduation	Below expected level for graduation
Patient Care and Procedural Skills	Resident integrates OPP into patient care and applies OMT as indicated.		
Medical Knowledge	Resident demonstrates application of OPP in the domain of medical knowledge.		
Practice-Based Learning and Improvement	Resident integrates OPP into practice-based learning and improvement.		

Competency	Description	At expected level for graduation	Below expected level for graduation
Interpersonal and Communication Skills	Resident demonstrates appropriate interpersonal and communication skills in the application of OPP.		
Professionalism	Resident demonstrates professionalism in their application of OPP.		
Systems-Based Practice	Resident integrates OPP into their systems-based practice.		

Questions concerning *"Evaluation of osteopathic faculty members must include annual written confidential evaluations of the faculty members by the designated osteopathic residents or evaluations following completion of rotations or similar educational experiences as related to the integration of OPP. (Core)"* (5.5.a)

Q: Do osteopathic faculty members need to be evaluated individually by the designated osteopathic residents?

A: 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.

Questions concerning *"Evaluation of osteopathic faculty members must include annual written confidential evaluations of the faculty members by the designated osteopathic residents or evaluations following completion of rotations or similar educational experiences as related to the integration of OPP. (Core)"* (5.5.a) , *"Evaluation of osteopathic faculty members must include assessment of the knowledge, application, and promotion of OPP. (Core)"* (5.5.b)

Q: What should an evaluation of osteopathic faculty members assess?

A: An evaluation of an osteopathic faculty member must include an assessment of that faculty member's knowledge, application, and promotion of OPP. Successful learning environments require the continuous improvement of their members. Faculty member evaluation from the learners are a critical component of the continuous professional development of each faculty member. Complete and meaningful feedback is critical in this process. The following are examples of assessment questions that may be incorporated into a program's existing faculty member evaluation, with a Likert scale rating:

- Osteopathic faculty member is knowledgeable about OPP.
- Osteopathic faculty member applies OPP to patient care.
- Osteopathic faculty member promotes the use of OPP.

Questions concerning *"Program Evaluation"* (5.6)

Q: What should be included in the program evaluation completed by designated osteopathic residents/fellows and osteopathic faculty members?

A: Programs should construct a program evaluation that will capture feedback and contribute to future program improvement efforts. The program evaluation must include questions assessing the osteopathic components of the program such as the quality of OMT education.

Questions concerning *"The program's pass rate for designated osteopathic residents taking the applicable AOA certifying board examination, containing osteopathic content, for the first time during the preceding three years must be 80 percent or higher. (Outcome)"* (5.6.b)

Q: Are designated osteopathic residents required to take the AOA certifying board examination in their specialty or subspecialty?

A: No, designated osteopathic residents have the option to take either the applicable ABMS or AOA certifying board examination. If designated osteopathic residents choose to take the applicable AOA certifying board examination, the program's residents' examination pass rate will be reported to the Osteopathic Recognition Committee.

Other

Q: Will a program's recognition status or associated recognition citations impact the same program's accreditation status or result in accreditation actions?

A: No, a program's recognition status or associated recognition citations will not impact the program's accreditation status or initiate accreditation actions.

The ACGME Policies and Procedures lay out the process for accreditation and recognition of programs. The policies explain that the Review Committees have been given designated authority by the ACGME Board of Directors to accredit programs and the Recognition Committees have been given designated authority to recognize programs. The Review and Recognition Committees are only provided information and data relevant to their respective processes and their sets of requirements. For example, Review Committees are only given information and data relevant to the Program Requirements for the specialty and subspecialties they oversee. Since the Osteopathic Recognition Requirements are outside the Review Committees' purview, they do not receive information and data relevant to Osteopathic Recognition. The exception is the program's Block Diagram, uploaded in ADS, which is provided to both the Review and Recognition Committee. The Osteopathic Recognition citations are also not provided to the Review Committees because they are not relevant to the Program Requirements they oversee.

Further, a program's recognition status does not impact its accreditation status. The only connection between program accreditation and recognition statuses occurs when a program's accreditation is withdrawn, at which time the program's recognition is simultaneously administratively withdrawn.

Q: Why did the Committee eliminate the references to "track" in the requirements and replace them with references to "designated osteopathic residents?"

A: The use of the term "designated" more accurately reflects the Osteopathic Recognition application process and the completion of ADS Annual Updates.

Q: Can subspecialty programs (i.e., fellowships) apply for Osteopathic Recognition?

- A:** Yes, subspecialty programs can apply for Osteopathic Recognition. The Osteopathic Recognition Requirements were developed to apply to all accredited specialty and subspecialty programs, as well as to accredited transitional year programs.
- Q:** Can a subspecialty program (i.e., a fellowship) apply for Osteopathic Recognition if its core program does not have Osteopathic Recognition?
- A:** Yes, subspecialty programs can apply for Osteopathic Recognition without being linked to a core specialty program with Osteopathic Recognition. For example, a pulmonary disease program can apply for Osteopathic Recognition, even if its core internal medicine program does not plan to apply for Osteopathic Recognition.
- Q:** Must the Director of Osteopathic Education, core osteopathic faculty members, osteopathic faculty members, and designated osteopathic residents be DOs?
- A:** No, the use of the term “osteopathic” is not meant to imply that these physicians must be DOs. 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.
- Q:** Do the references to “residents” also include fellows?
- A:** Yes. The term “resident” refers to any resident or fellow in a designated osteopathic position within a program with Osteopathic Recognition.
- Q:** What types of learning environments are suitable for providing osteopathic education?
- A:** 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 Committee recognizes that osteopathic education can be offered in a variety of settings, including federally qualified health centers, health departments, critical access hospitals, and more.
- Q:** Do osteopathic neuromusculoskeletal medicine programs need to apply for Osteopathic Recognition?
- A:** Osteopathic neuromusculoskeletal medicine programs (like any ACGME-accredited program) can apply for Osteopathic Recognition, but there is no requirement that they do.