

Osteopathic Recognition Requirements

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Osteopathic Recognition Requirements

1 2 3 Introduction

4
5 Int.A. Osteopathic Recognition may be conferred by the Osteopathic Principles
6 Committee upon an ACGME-accredited graduate medical education program
7 providing requisite education in Osteopathic Principles and Practice (OPP). (Core)*
8

9 Int.B. OPP refers to a philosophical and practical approach to patient management and
10 treatment, including osteopathic manipulative treatment (OMT), based on an
11 understanding of body unity, self-healing and self-regulatory mechanisms, and
12 the interrelationship of structure and function. (Core)
13

14 Int.C. OPP further defines the conceptual understanding and practical application of the
15 distinct behavioral, philosophical, and procedural aspects of clinical practice
16 related to the four tenets of osteopathic medicine: (Core)
17

18 Int.C.1. the body is a unit; the person is a unit of body, mind, and spirit; (Core)
19

20 Int.C.2. the body is capable of self-regulation, self-healing, and health
21 maintenance; (Core)
22

23 Int.C.3. structure and function are reciprocally interrelated; and, (Core)
24

25 Int.C.4. rational treatment is based upon an understanding of the basic principles
26 of body unity, self-regulation, and the interrelationship of structure and
27 function. (Core)
28

29 I. Osteopathic Program Personnel

30 31 I.A. Director of Osteopathic Education

32
33 I.A.1. The program must have a Director of Osteopathic Education who is
34 responsible for leading the osteopathic education in the program. (Core)
35

36 I.A.1.a) The Director of Osteopathic Education must have sufficient time
37 and availability to fulfill the responsibilities of the position based on
38 program size and configuration. (Core)
39

40 I.A.1.b) Qualifications of the Director of Osteopathic Education must
41 include:
42

43 I.A.1.b).(1) requisite osteopathic expertise and documented
44 educational and administrative experience acceptable to
45 the Recognition Committee; (Core)
46

47 I.A.1.b).(2) certification through an American Osteopathic Association
48 (AOA) specialty certifying board, or qualifications judged
49 acceptable to the Recognition Committee; (Core)
50

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

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

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

124
125 I.B. Osteopathic Faculty
126

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

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

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

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

174 Background and Intent: The decision of a program to be recognized for delivering osteopathic
 175 education carries with it a responsibility to select and appoint faculty members committed to the
 176 success of the osteopathic curriculum. Faculty members assist the Director of Osteopathic
 177 Education in a variety of roles and to varying degrees to ensure the success of the designated
 178 osteopathic residents, inclusive of the requisite education in OPP and training necessary to
 179 develop and apply OMT. While local titles may vary, faculty members participating in delivery of
 180 the osteopathic curriculum will be designated in ADS as "osteopathic faculty," regardless of
 181 medical degree (DO, MD, etc.). The certification requirement for osteopathic faculty members
 182 does not mandate that the board certification must be in the same specialty as that of the
 183 program. "Osteopathic faculty" refers collectively to the physicians responsible for educating
 184 residents participating in a program with Osteopathic Recognition. The term "osteopathic
 185 faculty" does not imply or require salary support.

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

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

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

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

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

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

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

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

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

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

275 III. Osteopathic Educational Program
276

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

280 III.A. Patient Care and Procedural Skills
281

282 Each resident must demonstrate the ability to:
283

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

611
612 V.B. Osteopathic Faculty Evaluation

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

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

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

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

627
628 V.C. Program Evaluation

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

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

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

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

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

649
650 ***

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

653

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

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