

## Gap Analysis for ACGME Osteopathic Recognition Requirements

Requirement	Compliance? Y/N	If not in compliance, describe GAP	Action Steps to close the GAP
<b>I. Osteopathic Program Personnel</b>			
<b>I.A. Director of Osteopathic Education</b>			
<p>I.A.1. The program must have a Director of Osteopathic Education who is responsible for leading the osteopathic education in the program.</p> <p style="padding-left: 40px;">I.A.1.a) Qualifications of the Director of Osteopathic Education must include:</p> <p style="padding-left: 80px;">I.A.1.a).(1) requisite osteopathic expertise and documented educational and administrative experience acceptable to the Recognition Committee;</p> <p style="padding-left: 80px;">I.A.1.a).(2) certification through an American Osteopathic Association (AOA) specialty certifying board, or qualifications judged acceptable to the Recognition Committee;</p> <p style="padding-left: 80px;">I.A.1.a).(3) current unrestricted medical licensure and maintenance of clinical skills through provision of direct patient care; and,</p> <p style="padding-left: 80px;">I.A.1.a).(4) ability to teach and assess OPP.</p>			
I.A.2. The Director of Osteopathic Education must be the program director or another member of the program faculty			
I.A.3. The Director of Osteopathic Education must be a member of the core osteopathic faculty.			
<p>I.A.4. The Director of Osteopathic Education must:</p> <p style="padding-left: 40px;">I.A.4.a) administer and maintain an educational environment conducive to educating residents in OPP and the ACGME Competencies;</p>			

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<p>I.A.4.b) engage in osteopathic professional development applicable to his/her responsibilities as an educational leader;</p> <p>I.A.4.c) oversee and ensure the quality of osteopathic didactic and clinical education at all participating sites;</p> <p>I.A.4.d) at each participating site, approve an osteopathic faculty member as the local site director who is accountable for designated osteopathic resident education and supervision;</p> <p>I.A.4.e) approve the selection and continued participation of osteopathic faculty members, as appropriate;</p> <p>I.A.4.f) evaluate osteopathic faculty members annually;</p> <p>I.A.4.g) prepare and submit all information required and requested by the ACGME;</p> <p>I.A.4.h) advise residents with respect to osteopathic professional development; and,</p> <p>I.A.4.i) meet all requirements of an osteopathic faculty member.</p>			
<p><b>I.B. Osteopathic Faculty</b></p> <p>I.B.1. Osteopathic faculty members must, through prior education and certification, be able to supervise the performance of osteopathic manipulative medicine (OMM) in the clinical setting.</p> <p>I.B.2. 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.</p>			

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<p>I.B.3. The program must maintain a sufficient number of osteopathic faculty members.</p> <p>I.B.4. Osteopathic faculty members must:</p> <p>I.B.4.a) participate in a faculty development program that includes OPP;</p> <p>I.B.4.a).(1) This program should include ongoing education addressing evaluation and assessment in competency-based medical education.</p> <p>I.B.4.b) evaluate designated osteopathic residents' application of OPP through direct observation of patient encounters; and,</p> <p>I.B.4.c) actively participate in organized clinical discussions, rounds, journal clubs, or conferences, for designated osteopathic residents, with specific integration of OPP, including OMT</p>			
<p><b>I.C. Core Osteopathic Faculty</b></p> <p>I.C.1. Core osteopathic faculty member(s) must:</p> <p>I.C.1.a) assist in the development of the OPP curriculum;</p> <p>I.C.1.b) assist in the development of the OPP evaluation system; and,</p> <p>I.C.1.c) teach the application of OPP.</p> <p>I.C.2. Core osteopathic faculty members must:</p> <p>I.C.2.a) be board certified through an AOA specialty certifying board; or,</p> <p>I.C.2.b) possess qualifications judged as acceptable by the Recognition Committee.</p> <p>I.C.3. In addition to the Director of Osteopathic Education, the program must have at least one additional core osteopathic faculty member.</p> <p>I.C.4. Core osteopathic faculty members must meet all osteopathic faculty member requirements</p>			

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<b>II. Designated Osteopathic Resident Appointments</b>			
<p><b>II.A. Each program must have at least one designated osteopathic resident per program year, averaged over three years.</b></p> <p>II.A.1. Programs must designate, in ADS, the residents who will formally receive osteopathic education</p>			
<p><b>II.B. 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</b></p> <p>II.B.1. osteopathic philosophy, history, terminology, and code of ethics:</p> <p>II.B.2. anatomy and physiology related to osteopathic medicine;</p> <p>II.B.3. indications, contraindications, and safety issues associated with the use of OMT; and,</p> <p>II.B.4. palpatory diagnosis, osteopathic structural examination, and OMT</p>			
<p><b>II.C. 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. 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.</b></p>			
<b>III. Osteopathic Educational Program</b>			
The curriculum for designated osteopathic residents must integrate OPP into each of the ACGME Competencies			
<p><b>III.A. Patient Care and Procedural Skills</b></p> <p>Each resident must demonstrate the ability to:</p>			

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<p>III.A.1. 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;</p> <p>III.A.2. 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;</p> <p>III.A.3. document somatic dysfunction and its treatment as applicable to each patient’s care;</p> <p>III.A.4. effectively treat patients and provide medical care that incorporates the osteopathic philosophy;</p> <p>III.A.5. gather accurate, essential information from all sources, including information relevant to OPP;</p> <p>III.A.6. demonstrate a caring attitude that is mindful of cultural sensitivities and patient apprehension concerning touch and palpatory diagnosis;</p> <p>III.A.7. assume increased responsibility for the incorporation of osteopathic concepts into his/her patient management;</p> <p>III.A.8. demonstrate listening skills in interactions with patients, utilizing caring, compassionate behavior and touch (where appropriate);</p> <p>III.A.9. competently perform osteopathic evaluation and treatment appropriate to his/her medical specialty; and,</p> <p>III.A.10. provide health care services appropriate for his/her specialty consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence.</p>			

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<p><b>III.B. Medical Knowledge</b> Residents must:</p> <p>III.B.1. demonstrate the ability to integrate knowledge of accepted standards of OPP in their respective specialty areas;</p> <p>III.B.2. demonstrate understanding and application of OPP to patient care;</p> <p>III.B.3. demonstrate the treatment of the person rather than symptoms;</p> <p>III.B.4. demonstrate understanding of somatovisceral relationships and the role of the musculoskeletal system in disease as appropriate to their respective specialty; and,</p> <p>III.B.5. perform critical appraisals of literature related to OPP relative to their specialty</p>			
<p><b>III.C. Practice-based Learning and Improvement</b> Residents must demonstrate the ability to:</p> <p>III.C.1. incorporate literature and research that integrate osteopathic tenets into clinical decision making;</p> <p>III.C.2. 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;</p> <p>III.C.3. treat patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness related to OPP; and</p> <p>III.C.4. perform self-evaluations of osteopathic practice patterns and practice-based improvement activities using a systematic methodology.</p>			
<p><b>III.D. Interpersonal and Communication Skills</b> Residents must demonstrate:</p>			

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<p>III.D.1. interpersonal and communication skills that enable them to effectively discuss osteopathic concepts and their role in patient care with patients, families, and other members of health care teams as appropriate for their specialty area; and,</p> <p>III.D.2. appropriate verbal and non-verbal skills (including touch) when communicating with patients, families, and interprofessional collaborative team members</p>			
<p><b>III.E. Professionalism</b> Residents must:</p> <p>III.E.1. demonstrate awareness of and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities as they may influence a patient’s perception of touch within the context of OPP;</p> <p>III.E.2. treat the terminally ill with compassion in management of pain, palliative care, appropriate touch, and preparation for death</p> <p>III.E.3. demonstrate an increased understanding of conflicts of interest inherent to osteopathic clinical practice and the appropriate responses to societal, community, and health care industry pressures; and</p> <p>III.E.4. utilize caring, compassionate behavior and appropriate touch with patients as related to their specialty area</p>			
<p><b>III.F. Systems-based Practice</b> Residents must:</p> <p>III.F.1. demonstrate an understanding of the role of osteopathic clinical practice in health care delivery systems, provide effective and qualitative osteopathic patient care within the system, and practice cost-effective medicine; and,</p>			

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III.F.2. advocate for quality osteopathic health care on behalf of their patients, and assist them in their interactions with the complexities of the medical system			
<b>IV. Osteopathic Learning Environment</b> Programs with Osteopathic Recognition must create a learning environment that integrates and promotes the application of OPP throughout the duration of the educational program			
<b>IV.A. Experiences</b> Programs must: IV.A.1. provide residents with instruction in the application of OPP;  IV.A.2. embed the four tenets of osteopathic medicine into the educational program (see Int.C.);  IV.A.3. provide learning activities to advance the procedural skills acquisition in OMM for both designated osteopathic residents and osteopathic faculty members;  IV.A.4. ensure designated osteopathic residents provide osteopathic patient care in a variety of clinical settings, to ensure a broad education experience;  IV.A.5. ensure designated osteopathic residents teach OPP. IV.A.5.a) Such opportunities could occur through resident-delivered OPP didactic lectures, hands-on OMM workshops, and/or resident-led journal clubs;  IV.A.6. create a learning environment that supports osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members to advance OPP;  IV.A.7. require participation by osteopathic faculty members and designated osteopathic residents in scholarly activity that integrates OPP; and,			



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IV.A.8. provide learning activities and communication that promotes understanding of OPP among the interprofessional team.			
<p><b>IV.B. Resources</b></p> <p>IV.B.1. Osteopathic faculty members, including the Director of Osteopathic Education and core osteopathic faculty members, may be shared between programs with Osteopathic Recognition.</p> <p style="padding-left: 20px;">IV.B.1.a) 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.</p> <p>IV.B.2. The program must:</p> <p style="padding-left: 20px;">IV.B.2.a) provide a variety of learning resources to support osteopathic medical education, including reference material pertaining to OMM and OPP integration into patient care. This must include:</p> <p style="padding-left: 40px;">IV.B.2.a).(1) access to examination tables suitable for OMT; and,</p> <p style="padding-left: 40px;">IV.B.2.a).(2) facilities for osteopathic clinical and didactic activities.</p> <p style="padding-left: 20px;">IV.B.2.b) provide resources to support osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members.</p> <p>IV.B.3. Programs should participate in a community of learning that promotes the continuum of osteopathic medical education</p>			
<b>V. Osteopathic Evaluation</b>			
<p><b>V.A. Designated Osteopathic Resident Evaluation</b></p> <p>The program must provide assessment of the resident in application of OPP in each of the ACGME Competencies</p>			

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<p><b>V.A.1. Clinical Competency Committee</b></p> <p>V.A.1.a) The Director of Osteopathic Education or a designee should be a member of the program’s Clinical Competency Committee (CCC).</p> <p>V.A.1.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.</p> <p>V.A.1.c) The CCC or a sub-committee of the CCC must:</p> <ul style="list-style-type: none"> <li>V.A.1.c).(1) include at least two osteopathic faculty members, which may include the Director of Osteopathic Education;</li> <li>V.A.1.c).(2) review all designated osteopathic residents’ evaluations semi-annually as these relate to the Osteopathic Recognition Milestones;</li> </ul>			
<p><b>V.A.2. Formative Evaluation</b></p> <p>V.A.2.a) Osteopathic faculty members must evaluate and document designated osteopathic residents’ competence in OPP in each of the ACGME Competencies.</p> <p>V.A.2.b) Timing of the evaluation must be consistent with the type of assignment, which must include:</p> <ul style="list-style-type: none"> <li>V.A.2.b).(1) clinical rotations;</li> <li>V.A.2.b).(2) clinical experiences; and,</li> <li>V.A.2.b).(3) educational activities.</li> </ul> <p>V.A.2.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.</p>			

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<p>V.A.2.d) Designated osteopathic residents must receive an evaluation regarding their integration of OPP into scholarly activity.</p> <p>V.A.2.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.</p> <p>V.A.2.f) There must be objective formative assessment of osteopathic medical knowledge and procedural skills. This should include:</p> <p>V.A.2.f).(1) a standardized assessment of OPP knowledge; and,</p> <p>V.A.2.f).(2) an assessment of skill proficiency in OMT, as applicable to the specialty</p> <p>V.A.2.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</p>			
<p><b>V.A.3. Summative Evaluation</b></p> <p>V.A.3.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.</p> <p>V.A.3.b) The Director of Osteopathic Education must provide a summative evaluation for each designated osteopathic resident upon completion of the osteopathic education program.</p> <p>V.A.3.c) The summative evaluation must:</p>			

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<p>V.A.3.c).(1) 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;</p> <p>V.A.3.c).(2) document the resident’s performance related to the application of OPP in each of the ACGME Competencies during the final period of education; and,</p> <p>V.A.3.c).(3) verify that the designated osteopathic resident has demonstrated sufficient competence to apply OPP to patient care, upon entering practice, without direct supervision.</p>			
<p><b>V.B. Osteopathic Faculty Evaluation</b></p> <p>V.B.1. 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.</p> <p>V.B.2. Evaluation of osteopathic faculty members must include:</p> <p style="padding-left: 40px;">V.B.2.a) 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; and,</p> <p style="padding-left: 40px;">V.B.2.b) assessment of the knowledge, application, and promotion of OPP</p>			
<p><b>V.C. Program Evaluation</b></p> <p>V.C.1. 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.</p>			

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<p>V.C.2. 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.</p> <p>V.C.3. The pass rate for designated osteopathic residents taking the applicable AOA certifying board examination for the first time during the preceding five years must meet or exceed the minimum pass rate specified in the corresponding specialty Program Requirements.</p> <p>V.C.4. Residents who enter a designated osteopathic position should complete the program in a designated osteopathic position.</p>			