Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
[None]	Introduction	[None]	Introduction
Int.A.	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). (Core)*	[None]	Osteopathic Recognition may be confer Committee upon an ACGME-accredited providing requisite education in Osteopa
Int.B.	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. (Core)	[None]	OPP refers to a philosophical and pract and treatment, including osteopathic ma an understanding of body unity, self-hea and the interrelationship of structure an
Int.C.	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: (Core)	[None]	OPP further defines the conceptual und the distinct behavioral, philosophical, ar related to the four tenets of osteopathic
Int.C.1.	the body is a unit; the person is a unit of body, mind, and spirit; (Core)	[None]	•the body is a unit; the person is a unit of
Int.C.2.	the body is capable of self-regulation, self-healing, and health maintenance; (Core)	[None]	•the body is capable of self-regulation, s
Int.C.3.	structure and function are reciprocally interrelated; and, (Core)	[None]	•structure and function are reciprocally i
Int.C.4.	rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function. (Core)	[None]	•rational treatment is based upon an un body unity, self-regulation, and the inter
Ι.	Osteopathic Program Personnel	Section 1	Section 1: Osteopathic Program Person
I.A.	Director of Osteopathic Education	1.1.	Director of Osteopathic Education The program must have a Director of Os for leading the osteopathic education in
I.A.1.	The program must have a Director of Osteopathic Education who is responsible for leading the osteopathic education in the program. (Core)	1.1.	Director of Osteopathic Education The program must have a Director of Os for leading the osteopathic education in
I.A.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.a.	The Director of Osteopathic Education r to fulfill the responsibilities of the positio configuration. (Core)
I.A.1.b)	Qualifications of the Director of Osteopathic Education must include:	[None]	
I.A.1.b).(1)	requisite osteopathic expertise and documented educational and administrative experience acceptable to the Recognition Committee; (Core)	1.1.b.	The qualifications of the Director of Oster requisite osteopathic expertise and doce experience acceptable to the Recognition
I.A.1.b).(2)	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 Oste certification through an American Osteo certifying board, or qualifications judged Committee. (Core)
I.A.1.b).(3)	current medical licensure and maintenance of clinical skills through provision of direct patient care; and, (Core)	1.1.d.	The Qualifications of the Director of Ost medical licensure and maintenance of c patient care. (Core)
I.A.1.b).(4)	ability to teach and assess OPP. (Core)	1.1.e.	The Qualifications of the Director of Ost to teach and assess OPP. (Core)
I.A.2.	The Director of Osteopathic Education must be the program director or another member of the program faculty. (Core)	1.2.	The Director of Osteopathic Education r member of the program faculty. (Core)
I.A.3.	The Director of Osteopathic Education must be a member of the core osteopathic faculty. (Core)	1.3.	The Director of Osteopathic Education r osteopathic faculty. (Core)

erred by the Osteopathic Recognition ed graduate medical education program pathic Principles and Practice (OPP).

ctical approach to patient management nanipulative treatment (OMT), based on ealing and self-regulatory mechanisms, and function.

nderstanding and practical application of and procedural aspects of clinical practice ic medicine:

of body, mind, and spirit;

self-healing, and health maintenance; interrelated; and,

understanding of the basic principles of errelationship of structure and function. onnel

Osteopathic Education who is responsible in the program. (Core)

Osteopathic Education who is responsible in the program. (Core)

n must have sufficient time and availability ion based on program size and

steopathic Education must include ocumented educational and administrative tion Committee. (Core)

steopathic Education must include eopathic Association (AOA) specialty ad acceptable to the Recognition

Osteopathic Education must include current f clinical skills through provision of direct

steopathic Education must include ability

must be the program director or another

must be a member of the core

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I.A.4.	The Director of Osteopathic Education's responsibilities must include: (Core)	[None]	
I.A.4.a)	administration and maintenance of the educational environment conducive to educating residents in OPP and the ACGME Competencies; (Core)	1.4.	The Director of Osteopathic Education's administration and maintenance of the e educating residents in OPP and the ACC
I.A.4.b)	development of the OPP curriculum; and, (Core)	1.5.	The Director of Osteopathic Education's development of the OPP curriculum. (Co
I.A.4.c)	development of the OPP evaluation system. (Core)	1.6.	The Director of Osteopathic Education's development of the OPP evaluation system
I.A.5.	The Director of Osteopathic Education must teach designated osteopathic residents the application of OPP. (Core)	1.7.	The Director of Osteopathic Education m residents the application of OPP. (Core)
I.A.6.	The Director of Osteopathic Education must:	[None]	
I.A.6.a)	administer and maintain an educational environment conducive to educating residents in OPP and the ACGME Competencies; (Core)	1.8.	The Director of Osteopathic Education m educational environment conducive to ed ACGME Competencies. (Core)
I.A.6.b)	engage in osteopathic professional development applicable to his/her responsibilities as an educational leader; (Core)	1.9.	The Director of Osteopathic Education m development applicable to his/her respon (Core)
I.A.6.c)	oversee and ensure the quality of osteopathic didactic and clinical education at all participating sites; (Core)	1.10.	The Director of Osteopathic Education mosteopathic didactic and clinical education
I.A.6.d)	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.	The Director of Osteopathic Education m member, at each participating site where clinical learning environment, as the oste for the supervision of designated osteop clinical education provided at the site. (C
I.A.6.d).(1)	An osteopathic site director must provide clinical services at the identified site. (Core)	1.11.a.	An osteopathic site director must provide (Core)
I.A.6.e)	approve the selection and continued participation of osteopathic faculty members, as appropriate; (Core)	1.12.	The Director of Osteopathic Education m continued participation of osteopathic fac
I.A.6.f)	prepare and submit all information required and requested by the ACGME; (Core)	1.13.	The Director of Osteopathic Education m required and requested by the ACGME.
I.A.6.g)	advise residents with respect to osteopathic professional development; and, (Core)	1.14.	The Director of Osteopathic Education mosteopathic professional development. (
I.A.6.h)	meet all requirements of an osteopathic faculty member. (Core)	1.15.	The Director of Osteopathic Education mosteopathic faculty member. (Core)

n's responsibilities must include e educational environment conducive to CGME Competencies. (Core) n's responsibilities must include Core)

's responsibilities must include /stem. (Core)

must teach designated osteopathic e)

must administer and maintain an educating residents in OPP and the

n must engage in osteopathic professional ponsibilities as an educational leader.

must oversee and ensure the quality of ation at all participating sites. (Core)

n must designate one osteopathic faculty ere osteopathic education occurs in the steopathic site director who is accountable opathic residents and the osteopathic (Core)

de clinical services at the identified site.

must approve the selection and faculty members, as appropriate. (Core)

must prepare and submit all information E. (Core)

must advise residents with respect to (Core)

must meet all requirements of an

Roman Numeral Requirement Number	r Requirement Language	Reformatted Requirement Number	Requiremen
	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 Philosophy: Osteopathic faculty member Osteopathic Recognition. They provide to grow and become practice-ready, ens quality of osteopathic care. They are the physicians, demonstrating compassion, and patient care, and a dedication to life members foster the growth and develop they provide is enhanced by the opportu- Practice.
I.B.	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.	[None]	Osteopathic faculty members provide ap promote patient safety. They create a pe through professional actions and attenti themselves.
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. (Core)		Osteopathic faculty members must, thro able to supervise the performance of os in the clinical setting. (Core)
I.B.2.	Osteopathic faculty members must:	[None]	
I.B.2.a)	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; and, (Core)	1.17.	Osteopathic faculty members must be c board and/or a member board of the An (ABMS), or possess qualifications judge Committee. (Core)
(I.B.2.b)	have current medical licensure. (Core)	1.18.	Osteopathic faculty members must have
I.B.3.	The program must maintain a sufficient number of osteopathic faculty members. (Core)	1.19.	The program must maintain a sufficient (Core)
I.B.4.	Osteopathic faculty members must:	[None]	
I.B.4.a)	annually participate in a structured faculty development program that includes OPP; (Core)	1.20.	Osteopathic faculty members must annu development program that includes OPF
I.B.4.a).(1)	This program must include ongoing education addressing evaluation and assessment in competency-based medical education. (Core)	1.20.a.	This program must include ongoing edu assessment in competency-based medi
I.B.4.b)	evaluate designated osteopathic residents' application of OPP through direct observation of patient encounters; and, (Core)	1.21.	Osteopathic faculty members must evaluation of OPP through direct observ
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. (Core)	1.22.	Osteopathic faculty members must activ discussions, rounds, journal clubs, or co residents, with specific integration of OF
I.C.	Core Osteopathic Faculty	1.23.	Core Osteopathic Faculty Core osteopathic faculty member(s) mus curriculum. (Core)
I.C.1.	Core osteopathic faculty member(s) must:	[None]	
I.C.1.a)	assist in the development of the OPP curriculum; (Core)	1.23.	Core Osteopathic Faculty Core osteopathic faculty member(s) muscurriculum. (Core)
I.C.1.b)	assist in the development of the OPP evaluation system; and, (Core)	1.24.	Core osteopathic faculty member(s) muse evaluation system. (Core)

bers are a foundational element of le an important bridge allowing residents ensuring that patients receive the highest the role models for the next generation of on, commitment to excellence in teaching lifelong learning. Osteopathic faculty opment of future colleagues. The care ortunity to teach Osteopathic Principles and

appropriate levels of supervision to positive osteopathic learning environment ntion to well-being of residents and

rough prior education and certification, be osteopathic manipulative medicine (OMM)

e certified by an AOA specialty certifying American Board of Medical Specialties ged as acceptable by the Recognition

ve current medical licensure. (Core) nt number of osteopathic faculty members.

nually participate in a structured faculty PP. (Core)

ducation addressing evaluation and edical education. (Core)

aluate designated osteopathic residents' ervation of patient encounters. (Core)

tively participate in organized clinical conferences, for designated osteopathic DPP, including OMT. (Core)

nust assist in the development of the OPP

nust assist in the development of the OPP

nust assist in the development of the OPP

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I.C.1.c)	teach the application of OPP. (Core)	1.25.	Core osteopathic faculty member(s) mu
I.C.2.	Core osteopathic faculty members must:	[None]	
I.C.2.a)	be board certified through an AOA specialty certifying board; or, (Core)	1.26.	Core osteopathic faculty members must specialty certifying board or possess que Recognition Committee. (Core)
I.C.2.b)	possess qualifications judged as acceptable by the Recognition Committee. (Core)	1.26.	Core osteopathic faculty members must specialty certifying board or possess qu Recognition Committee. (Core)
I.C.3.	In addition to the Director of Osteopathic Education, the program must have at least one additional core osteopathic faculty member. (Core)	1.27.	In addition to the Director of Osteopathi least one additional core osteopathic fa
I.C.4.	Core osteopathic faculty members must meet all osteopathic faculty member requirements. (Core)	1.28.	Core osteopathic faculty members must requirements. (Core)
II.	Designated Osteopathic Resident Appointments	Section 2	Section 2: Designated Osteopathic Res
II.A.	Each program must have at least one designated osteopathic resident per program year, averaged over three years. (Core)	2.1.	Each program must have at least one d program year, averaged over three year
II.A.1.	Programs must designate, in ADS, the residents who will formally receive osteopathic education. (Core)	2.1.a.	Programs must designate, in ADS, the rosteopathic education. (Core)
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: (Core)	2.2.	Prior to entering a designated osteopath sufficient background and/or instruction techniques in manipulative medicine to curriculum of the program, to include: (0
II.B.1.	osteopathic philosophy, history, terminology, and code of ethics; (Core)	2.2.a.	osteopathic philosophy, history, termino
II.B.2.	anatomy and physiology related to osteopathic medicine; (Core)	2.2.b.	anatomy and physiology related to oste
II.B.3.	indications, contraindications, and safety issues associated with the use of OMT; and, (Core)	2.2.c.	indications, contraindications, and safet OMT; and, (Core)
II.B.4.	palpatory diagnosis, osteopathic structural examination, and OMT. (Core)	2.2.d.	palpatory diagnosis, osteopathic structu
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, as outlined in Common Program Requirements (Residency) III.A.1.a)- III.A.1.b).(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 program must have a policy that our appointment, based on the type of medi- graduated, as outlined in Common Prog- policy must clearly identify what is requi- designated osteopathic position in an A Osteopathic Recognition. (Core)
II.C.1.	The policy must include requirements for each medical school type. (Core)	2.3.a.	The policy must include requirements for
111.	Osteopathic Educational Program The curriculum for designated osteopathic residents must integrate OPP into each of the ACGME Competencies. (Core)	3.1.	The curriculum for designated osteopath each of the ACGME Competencies. (Co
III.A.	Patient Care and Procedural Skills Each resident must demonstrate the ability to:	3.2.	Patient Care and Procedural Skills
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; (Core)	3.2.a.	Each resident must demonstrate the ab recognition of the entire clinical context, including the four tenets, and use the re function to promote health. (Core)
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; (Core)	3.2.b.	Each resident must use OPP to perform structural examinations incorporating ar results, diagnostic testing, and physical specialty. (Core)

nust teach the application of OPP. (Core)

ust be board certified through an AOA qualifications judged as acceptable by the

ust be board certified through an AOA qualifications judged as acceptable by the

thic Education, the program must have at faculty member. (Core)

ust meet all osteopathic faculty member

esident Appointments

e designated osteopathic resident per ears. (Core)

e residents who will formally receive

athic position, applicants must have on in osteopathic philosophy and to prepare them to engage in the (Core)

nology, and code of ethics; (Core) teopathic medicine; (Core)

ety issues associated with the use of

ctural examination, and OMT. (Core)

outlines the eligibility requirements for edical school from which the applicant ogram Requirements (Residency) 3.2. The juired of the applicant prior to entering a ACGME-accredited program with

for each medical school type. (Core)

athic residents must integrate OPP into Core)

ability to approach the patient with xt, incorporate osteopathic principles, relationship between structure and

rm competent physical, neurologic, and analysis of laboratory and radiology al examination as appropriate to his/her

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Roman Numeral		Requirement	
Requirement Number	Requirement Language	Number	Requirement Language
	document somatic dysfunction and its treatment as applicable to each patient's		Each resident must document somatic dysfunction and its treatment as
III.A.3.	care; (Core)	3.2.c.	applicable to each patient's care. (Core)
	effectively treat patients and provide medical care that incorporates the		Each resident must effectively treat patients and provide medical care that
III.A.4.	osteopathic philosophy; (Core)	3.2.d.	incorporates the osteopathic philosophy. (Core)
	gather accurate, essential information from all sources, including information		Each resident must gather accurate, essential information from all sources,
III.A.5.	relevant to OPP; (Core)	3.2.e.	including information relevant to OPP. (Core)
			Each resident must demonstrate a caring attitude that is mindful of cultural
	demonstrate a caring attitude that is mindful of cultural sensitivities and patient		sensitivities and patient apprehension concerning touch and palpatory
III.A.6.	apprehension concerning touch and palpatory diagnosis; (Core)	3.2.f.	diagnosis. (Core)
	assume increased responsibility for the incorporation of osteopathic concepts		Each resident must assume increased responsibility for the incorporation of
III.A.7.	into his/her patient management; (Core)	3.2.g.	osteopathic concepts into his/her patient management. (Core)
	demonstrate listening skills in interactions with patients, utilizing caring,		Each resident must demonstrate listening skills in interactions with patients,
III.A.8.	compassionate behavior and touch (where appropriate); (Core)	3.2.h.	utilizing caring, compassionate behavior and touch (where appropriate). (Core)
	competently perform osteopathic evaluation and treatment appropriate to his/her		Each resident must competently perform osteopathic evaluation and treatment
III.A.9.	medical specialty; and, (Core)	3.2.i.	appropriate to his/her medical specialty. (Core)
	provide health care services appropriate for his/her specialty consistent with		Each resident must provide health care services appropriate for his/her specialty
	osteopathic philosophy, including preventative medicine and health promotion		consistent with osteopathic philosophy, including preventative medicine and
III.A.10.	based on current scientific evidence. (Core)	3.2.j.	health promotion based on current scientific evidence. (Core)
	Medical Knowledge		
III.B.	Residents must:	3.3.	Medical Knowledge
	demonstrate the ability to integrate knowledge of accepted standards of OPP in		Residents must demonstrate the ability to integrate knowledge of accepted
III.B.1.		3.3.a.	standards of OPP in their respective specialty areas. (Core)
			Residents must demonstrate understanding and application of OPP to patient
III.B.2.	demonstrate understanding and application of OPP to patient care; (Core)	3.3.b.	care. (Core)
			Residents must demonstrate the treatment of the person rather than symptoms.
III.B.3.	demonstrate the treatment of the person rather than symptoms; (Core)	3.3.c.	(Core)
	demonstrate understanding of somatovisceral relationships and the role of the		Residents must demonstrate understanding of somatovisceral relationships and
	musculoskeletal system in disease as appropriate to their respective specialty;		the role of the musculoskeletal system in disease as appropriate to their
III.B.4.	and, (Core)	3.3.d.	respective specialty. (Core)
	perform critical appraisals of literature related to OPP relative to their specialty.		Residents must perform critical appraisals of literature related to OPP relative to
III.B.5.	(Core)	3.3.e.	their specialty. (Core)
	Practice-based Learning and Improvement		
III.C.	Residents must demonstrate the ability to:	3.4.	Practice-Based Learning and Improvement
	incorporate literature and research that integrate osteopathic tenets into clinical		Residents must demonstrate the ability to incorporate literature and research
III.C.1.		3.4.a.	that integrate osteopathic tenets into clinical decision making. (Core)
	critically evaluate their methods of osteopathic clinical practice, integrate		Residents must demonstrate the ability to critically evaluate their methods of
	evidence-based OPP into patient care, show an understanding of research		osteopathic clinical practice, integrate evidence-based OPP into patient care,
	methods, and improve patient care practices as related to their specialty area;		show an understanding of research methods, and improve patient care practices
III.C.2.		3.4.b.	as related to their specialty area. (Core)
			Residents must demonstrate the ability to treat patients in a manner consistent
l	treat patients in a manner consistent with the most up-to-date information on		with the most up-to-date information on diagnostic and therapeutic effectiveness
III.C.3.	diagnostic and therapeutic effectiveness related to OPP; and, (Core)	3.4.c.	related to OPP. (Core)

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III.C.4.	perform self-evaluations of osteopathic practice patterns and practice- based improvement activities using a systematic methodology. (Core)	3.4.d.	Residents must demonstrate the ability osteopathic practice patterns and practi systematic methodology. (Core)
	Interpersonal and Communication Skills		
III.D.	Residents must demonstrate:	3.5.	Interpersonal and Communication Skills
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, (Core)	3.5.a.	Residents must demonstrate interperson them to effectively discuss osteopathic of with patients, families, and other member for their specialty area. (Core)
III.D.2.	appropriate verbal and non-verbal skills (including touch) when communicating with patients, families, and interprofessional collaborative team members. (Core)	3.5.b.	Residents must demonstrate appropriat touch) when communicating with patien collaborative team members. (Core)
	Professionalism		
III.E.	Residents must:	3.6.	Professionalism
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; (Core)	3.6.a.	Residents must demonstrate awareness culture, religion, age, gender, sexual ori- disabilities as they may influence a patie context of OPP. (Core)
	treat the terminally ill with compassion in management of pain, palliative care,		Residents must treat the terminally ill wi
III.E.2.	appropriate touch, and preparation for death; (Core)	3.6.b.	palliative care, appropriate touch, and 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, (Core)	3.6.c.	Residents must demonstrate an increas inherent to osteopathic clinical practice a societal, community, and health care inc
III.E.4.	utilize caring, compassionate behavior and appropriate touch with patients as related to their specialty area. (Core)	3.6.d.	Residents must utilize caring, compassi with patients as related to their specialty
	Systems-based Practice		
III.F.	Residents must:	3.7.	Systems-Based Practice
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, (Core)	3.7.a.	Residents must demonstrate an underst practice in health care delivery systems osteopathic patient care within the syste (Core)
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. (Core)	3.7.b.	Residents must advocate for quality osto patients, and assist them in their interac medical system. (Core)
	Osteopathic Learning Environment		
IV.	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.	Programs with Osteopathic Recognition integrates and promotes the application educational program. (Core)
	Experiences		
IV.A.	Programs must:	4.2.	Experiences

y to perform self-evaluations of stice- based improvement activities using a

ls

onal and communication skills that enable c concepts and their role in patient care bers of health care teams as appropriate

ate verbal and non-verbal skills (including ents, families, and interprofessional

ess of and proper attention to issues of prientation, and mental and physical tient's perception of touch within the

with compassion in management of pain, preparation for death. (Core)

ased understanding of conflicts of interest e and the appropriate responses to ndustry pressures. (Core)

sionate behavior and appropriate touch Ity area. (Core)

rstanding of the role of osteopathic clinical as, provide effective and qualitative stem, and practice cost-effective medicine.

steopathic health care on behalf of their actions with the complexities of the

on must create a learning environment that on of OPP throughout the duration of the

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.A.1.	provide residents with instruction in the application of OPP; (Core)	4.2.a.	Programs must provide residents with ir (Core)
IV.A.2.	embed the four tenets of osteopathic medicine into the educational program (see Int.C.); (Core)	4.2.b.	Programs must embed the four tenets o educational program (see Introduction).
IV.A.3.	provide structured didactic activities that integrate OPP; (Core)	4.2.c.	Programs must provide structured didad
IV.A.3.a)	Designated osteopathic residents must be provided with protected time to participate in these didactic activities. (Core)	4.2.c.1.	Designated osteopathic residents must participate in these didactic activities. (C
IV.A.4.	provide learning activities to advance the procedural skills acquisition in OMM for both designated osteopathic residents and osteopathic faculty members; (Core)	4.2.d.	Programs must provide learning activitie acquisition in OMM for both designated faculty members. (Core)
IV.A.5.	ensure designated osteopathic residents provide osteopathic patient care in a variety of clinical settings, to ensure a broad education experience; (Core)	4.2.e.	Programs must ensure designated oster patient care in a variety of clinical setting experience. (Core)
IV.A.6.	ensure designated osteopathic residents teach OPP; (Core)	4.2.f.	Programs must ensure designated oster
IV.A.6.a)	Such opportunities could occur through resident-delivered OPP didactic lectures, hands-on OMM workshops, and/or resident-led journal clubs; (Detail)†	4.2.f.1.	Such opportunities could occur through lectures, hands-on OMM workshops, an
IV.A.7.	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.	Programs must create a learning environ osteopathic scholarly activity by designation osteopathic faculty members to advance
IV.A.8.	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 osteopathic least two osteopathic scholarly activities period. (Core)
IV.A.9.	ensure that each designated osteopathic resident produces at least one osteopathic scholarly activity prior to graduating from the program; and, (Core)	4.2.i.	Programs must ensure that each design least one osteopathic scholarly activity p (Core)
IV.A.10.	provide learning activities and communication that promote understanding of OPP among the interprofessional team. (Core)	4.2.j.	Programs must provide learning activitie understanding of OPP among the interp
IV.B.	Resources	4.3.	Resources
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. (Core)	4.3.a.	Osteopathic faculty members, including and core osteopathic faculty members, i Osteopathic Recognition. (Core)
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. (Core)		A written plan must be provided detailing each program and participating site will so as not to compromise the osteopathic residents in any involved program. (Core
IV.B.2.	The program must:	[None]	
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; (Core)	4.3.b.	The program must provide a variety of le medical education, including reference r integration into patient care. (Core)
IV.B.2.a) IV.B.2.a).(1)	This must include access to examination tables suitable for OMT; and, (Core)	4.3.b.1.	This must include access to examination
IV.B.2.a).(2)		4.3.b.2.	This must include facilities for osteopath
IV.B.2.b)	provide resources to support osteopathic scholarly activity by designated osteopathic residents and osteopathic faculty members; and, (Core)	4.3.c.	The program must provide resources to designated osteopathic residents and os

instruction in the application of OPP.

of osteopathic medicine into the n. (Core)

actic activities that integrate OPP. (Core)

st be provided with protected time to (Core)

ities to advance the procedural skills ed osteopathic residents and osteopathic

teopathic residents provide osteopathic ings, to ensure a broad education

teopathic residents teach OPP. (Core)

h resident-delivered OPP didactic and/or resident-led journal clubs. (Detail)

ronment that supports and encourages nated osteopathic residents and nce OPP. (Core)

nic faculty members collectively produce at les annually, averaged over a five-year

gnated osteopathic resident produces at y prior to graduating from the program.

ties and communication that promote rprofessional team. (Core)

ng the Director of Osteopathic Education s, may be shared between programs with

ling how shared faculty members' time with ill be divided, and oversight be maintained, thic education of designated osteopathic ore)

learning resources to support osteopathic material pertaining to OMM and OPP

ion tables suitable for OMT. (Core)

athic clinical and didactic activities. (Core) to support osteopathic scholarly activity by osteopathic faculty members. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.2.c)	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.	The program must ensure the annual av development for osteopathic faculty mer education addressing evaluation and as medical education. (Core)
IV.B.3.	Programs should participate in a community of learning that promotes the continuum of osteopathic medical education. (Core)	4.3.e.	Programs should participate in a commu continuum of osteopathic medical education
V.	Osteopathic Evaluation	Section 5	Section 5: Osteopathic Evaluation
V.A.	Designated Osteopathic Resident Evaluation The program must provide assessment of the resident in application of OPP in each of the ACGME Competencies. (Core)	5.1.	Designated Osteopathic Resident Evalu The program must provide assessment each of the ACGME Competencies. (Co
V.A.1.	Clinical Competency Committee	5.2.	Clinical Competency Committee
V.A.1.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.a.	The Director of Osteopathic Education of designee should be a member of the pro (CCC). (Core)
V.A.1.b)		5.2.b.	The program's CCC or a sub-committee all designated osteopathic residents in t
V.A.1.c)	The CCC or a sub-committee of the CCC must:	[None]	
V.A.1.c).(1)	include at least two osteopathic faculty members, which may include the Director of Osteopathic Education; (Core)	5.2.c.	The CCC or a sub-committee of the CCC faculty members, which may include the (Core)
V.A.1.c).(2)	review all designated osteopathic residents' evaluations semi-annually as these relate to the Osteopathic Recognition Milestones; (Core)	5.2.d.	The CCC or a sub-committee of the CC osteopathic residents' evaluations semi- Osteopathic Recognition Milestones. (C
V.A.1.c).(3)	prepare and ensure the reporting of Osteopathic Recognition Milestones evaluations for each designated osteopathic resident semi-annually to the ACGME; and, (Core)	5.2.e.	The CCC or a sub-committee of the CC of Osteopathic Recognition Milestones e osteopathic resident semi-annually to th
V.A.1.c).(4)	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.	The CCC or a sub-committee of the CCC Director of Osteopathic Education regard promotion, remediation, and dismissal fr (Core)
V.A.2.	Formative Evaluation	5.3.	Formative Evaluation Osteopathic faculty members must evalue osteopathic residents' competence in Ol Competencies. (Core)
V.A.2.a)	Osteopathic faculty members must evaluate and document designated osteopathic residents' competence in OPP in each of the ACGME Competencies. (Core)	5.3.	Formative Evaluation Osteopathic faculty members must evalues osteopathic residents' competence in O Competencies. (Core)
V.A.2.b)	Timing and frequency of the evaluation must be consistent with the type of assignment, which must include: (Core)	5.3.a.	Timing and frequency of the evaluation assignment, which must include clinical educational activities. (Core)

availability of structured faculty embers that includes OPP and ongoing assessment in competency- based

nunity of learning that promotes the cation. (Core)

luation It of the resident in application of OPP in Core)

n or an osteopathic faculty member program's Clinical Competency Committee

ee of the CCC must review the progress of the program as it relates to OPP. (Core)

CC must include at least two osteopathic he Director of Osteopathic Education.

CC must review all designated ni-annually as these relate to the (Core)

CC must prepare and ensure the reporting s evaluations for each designated the ACGME. (Core)

CC must advise the program director and arding resident progress, including I from a designated osteopathic position.

aluate and document designated OPP in each of the ACGME

aluate and document designated OPP in each of the ACGME

n must be consistent with the type of al rotations, clinical experiences, and

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V.A.2.b).(1)	clinical rotations; (Core)	5.3.a.	Timing and frequency of the evaluation assignment, which must include clinical educational activities. (Core)
V.A.2.b).(2)	clinical experiences; and, (Core)	5.3.a.	Timing and frequency of the evaluation assignment, which must include clinical educational activities. (Core)
V.A.2.b).(3)	educational activities. (Core)	5.3.a.	Timing and frequency of the evaluation assignment, which must include clinical educational activities. (Core)
V.A.2.c)	Evaluations of these assignments must assess resident performance longitudinally. This may not exclusively occur through single patient encounter assessments. (Core)	5.3.a.1.	Evaluations of these assignments must longitudinally. This may not exclusively assessments. (Core)
V.A.2.d)	The period of evaluation should not exceed three months. (Core)	5.3.b.	The period of evaluation should not exc
V.A.2.e)	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.c.	During clinical rotations and clinical expo appropriate to the specialty, must includ encounters and a review of the docume
V.A.2.f)	Designated osteopathic residents must receive an evaluation regarding their integration of OPP into scholarly activity. (Core)	5.3.d.	Designated osteopathic residents must integration of OPP into scholarly activity
V.A.2.g)	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.	There must be an evaluation system over Education, to determine when a residen perform OMT under supervision, as a co
V.A.2.h)	There must be objective formative assessment of osteopathic medical knowledge and procedural skills. This should include: (Core)	5.3.f.	There must be objective formative assest knowledge and procedural skills. (Core)
V.A.2.h).(1)	a standardized assessment of OPP knowledge; and, (Core)	5.3.f.1.	This should include a standardized asse
V.A.2.h).(2)	an assessment of skill proficiency in OMT, as applicable to the specialty. (Core)	5.3.f.2.	This should include an assessment of sl the specialty. (Core
V.A.2.i)	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)	5.3.g.	The Director of Osteopathic Education r residents with documented semi-annual progression in the application of OPP in with feedback. (Core)
V.A.3.	Final Evaluation	5.4.	Final Evaluation
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. (Core)	5.4.a.	The Osteopathic Recognition Milestones ensure designated osteopathic residents upon completion of the program. (Core)
V.A.3.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)	5.4.b.	The Director of Osteopathic Education r completion of the osteopathic education osteopathic resident. (Core)
V.A.3.c)	The final evaluation must:	[None]	
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; (Core)	5.4.c.	The final evaluation must become part of permanent record maintained by the ins review by the resident in accordance with
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, (Core)	5.4.d.	The final evaluation must document the application of OPP in each of the ACGN of education. (Core)

on must be consistent with the type of al rotations, clinical experiences, and

on must be consistent with the type of al rotations, clinical experiences, and

on must be consistent with the type of al rotations, clinical experiences, and

st assess resident performance y occur through single patient encounter

ceed three months. (Core)

xperiences, the application of OPP, as ude direct observation of patient nented assessment and plan. (Core)

st receive an evaluation regarding their ity. (Core)

overseen by the Director of Osteopathic ent has obtained the necessary skills to component of patient care. (Core)

essment of osteopathic medical e)

sessment of OPP knowledge. (Core) skill proficiency in OMT, as applicable to

n must provide designated osteopathic ual evaluation of performance and in each of the ACGME Competencies,

nes must be one of the tools used to ints are able to practice without supervision re)

n must conduct a final evaluation related to on program for each designated

t of the designated osteopathic resident's nstitution, and must be accessible for with institutional policy. (Core)

ne resident's performance related to the GME Competencies during the final period

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V.A.3.c).(3)	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.	The final evaluation must verify that the demonstrated the knowledge, skills, and autonomous practice and to apply OPP
V.A.3.c).(3).(a)	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)	5.4.e.1.	Transitional and preliminary year progra verification that designated osteopathic competence to apply OPP to patient car supervision. (Detail)
V.B.	Osteopathic Faculty Evaluation	5.5.	Osteopathic Faculty Evaluation At least annually, the Director of Osteop osteopathic faculty member performance into the educational program. (Core)
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. (Core)	5.5.	Osteopathic Faculty Evaluation At least annually, the Director of Osteop osteopathic faculty member performance into the educational program. (Core)
V.B.2.	Evaluation of osteopathic faculty members must include:	[None]	
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, (Core)	5.5.a.	Evaluation of osteopathic faculty member confidential evaluations of the faculty me residents or evaluations following compl experiences as related to the integration
V.B.2.b)	assessment of the knowledge, application, and promotion of OPP. (Core)	5.5.b.	Evaluation of osteopathic faculty member knowledge, application, and promotion c
V.C.	Program Evaluation	5.6.	Program Evaluation Designated osteopathic residents and os the opportunity to evaluate the osteopat confidentially and in writing at least annu
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. (Core)	5.6.	Program Evaluation Designated osteopathic residents and os the opportunity to evaluate the osteopath confidentially and in writing at least annu
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. (Core)	5.6.a.	The program must use the results of res evaluations of the osteopathic component program evaluation results to improve the
V.C.3.	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.	The program's pass rate for designated applicable AOA certifying board examina the first time during the preceding three (Outcome)
V.C.3.a)	Transitional and preliminary year residents are excluded from this requirement. (Detail)	5.6.b.1.	Transitional and preliminary year resider (Detail)
V.C.4.	Residents who enter a designated osteopathic position should complete the program in a designated osteopathic position. (Core)	5.6.c.	Residents who enter a designated osteo program in a designated osteopathic pos

e designated osteopathic resident has nd behaviors necessary to enter P to patient care. (Core)

rams are not required to include c residents have demonstrated sufficient are, upon entering practice, without direct

opathic Education must evaluate nce as related to the integration of OPP

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bers must include annual written members by the designated osteopathic pletion of rotations or similar educational on of OPP. (Core)

bers must include assessment of the n of OPP. (Core)

osteopathic faculty members must have athic components of the program nually. (Core)

osteopathic faculty members must have athic components of the program nually. (Core)

esidents' and faculty members' nents of the program together with other the program. (Core)

d osteopathic residents taking the ination, containing osteopathic content, for e years must be 80 percent or higher.

lents are excluded from this requirement.

eopathic position should complete the position. (Core)