

American Osteopathic Association

House of Delegates

Committee on Educational Affairs

Josh Lenchus DO, Chair
John Kauffmann, DO, Vice-Chair

July 27, 2019
A/2019

CONSENT AGENDA – FOR COLLECTIVE ACTION BY THE HOUSE OF DELEGATES

Mr. Speaker, I present the following Consent Agenda, and the Committee recommends that it be APPROVED:

H-201 GRADUATE MEDICAL EDUCATION – INCREASING OPPORTUNITIES
(H201-A/14)

H-202 OSTEOPATHIC MEDICAL EDUCATION (H203-A/14)

H-203 ASSURE GME RESIDENCY POSITIONS TO GRADUATES OF U.S.
MEDICAL SCHOOLS (H205-A/14)

Editorial: Line 7 L~~A~~CME

H-204 UNIFORMED SERVICES PHYSICIANS REQUIRING AND ASSIGNED TO
CIVILIAN RESIDENCY PROGRAMS – AOA SUPPORT OF ALL
OSTEOPATHICALLY TRAINED (H208-A/14)

H-205 GRADUATES OF LCME-ACCREDITED COLLEGES OF MEDICINE -
ADMISSION TO OSTEOPATHIC RESIDENCY PROGRAMS (H207-A/14)

H-207 INHALATION OF VOLATILE SUBSTANCES (H210-A/14)

H-208 INTEGRITY AND MISSION OF COMS UHSC GRANTING THE DO –
MAINTAINING THE (H211-A/14)

Explanatory Statement: The Reference Committee heard testimony to amend this resolution to add an emphasis on increasing the number of primary care physicians, but determined this suggestion was too limiting to other specialties.

H-209 PSYCHIATRY CURRICULUM AND STAFFING (H212-A/14)

H-210 TEENAGE ALCOHOL ABUSE (H213-A/14)

H-211 MANDATORY CME COURSE REQUIREMENTS (H214-A/14)

Josh Lenchus DO, Chair
John Kauffmann, DO, Vice-Chair

MB/SM/DM

- H-212 COMMUNITY-BASED TEACHING HEALTH CENTERS RESIDENCY
SUPPORT (H217-A/14)
- H-213 PROFESSIONAL LIABILITY INSURANCE – TRAINEE (H219-A/14)
- H-214 INFLUENZA VACCINATION PROGRAMS FOR MEDICAL SCHOOLS
(H308-A/14)
- H-216 STATEMENT OF SUPPORT FOR THE AMERICAN OSTEOPATHIC BOARD
OF NEUROLOGY AND PSYCHIATRY

Editorial: Page 2, Line 36 ...AOBNP...

- H-222 H204-A/13 UNIFIED GME ACCREDITATION SYSTEM UNDER THE
ACGME – PROPOSED & H209-A/13 OSTEOPATHIC FOCUSED
TRAINING PROGRAMS

Explanatory Statement: Other AOA policies that exist regarding the AOA's support of developing new GME programs and preserving and integrating osteopathic medicine into GME programs include H201-A/14, H800-A/14, H-300 A/16, H-329 A/16, H-212 A/17, and H-611 A/18.

- H-230 CLASSIFICATION OF OSTEOPATHIC MEDICAL GRADUATES AS US
MEDICAL GRADUATES IN ELECTRON RESIDENCY APPLICATION
SERVICE

Editorial: SUBJECT ... ELECTRONIC...

And I so move. **APPROVED**

- H-220 AMERICAN OSTEOPATHIC ASSOCIATION SPECIALTY BOARD
CERTIFICATION

Mr. Speaker, I present for consideration Resolution No. H-220, and the Committee recommends that the SUBSTITUTE RESOLUTION be APPROVED:

SUBJECT: AMERICAN OSTEOPATHIC ASSOCIATION SPECIALTY BOARD
CERTIFICATION

1 WHEREAS, osteopathic principles and practice are a critical component of osteopathic
2 medical education; and

3 WHEREAS, osteopathic principles and practice are critical to the preservation of the
4 distinctiveness of our profession; and

Josh Lenchus DO, Chair
John Kauffmann, DO, Vice-Chair

MB/SM/DM

WHEREAS, osteopathic board certification must include osteopathic principles and practice in order to certify physicians who practice osteopathically; and

WHEREAS, the AOA Board of Trustees (BOT) adopted a resolution at its 2019 mid-year meeting intending to create two pathways, one with osteopathic principles and practice (specialty) and the traditional pathway including osteopathic principles and practice, as well as test items on OMM/OMT; and

WHEREAS, confusion exists regarding the intent of the BOT; now, therefore be it

RESOLVED, that the AOA:

1. Reaffirms its commitment to the inclusion of osteopathic principles and practice in every osteopathic board certification examination, regardless of specialty;
2. Continues the opportunity for osteopathic certifying boards to develop and administer OMM/OMT practical examinations which are specific and appropriate for their specialty;
3. Allows a requirement for specialty-specific content in CME for re-certification/continuing certification ~~beginning with the 2022 CME cycle~~; and
4. Continues to encourage the Accreditation Council for Graduate Medical Education to include an osteopathic educational component in Osteopathic Recognized residencies.

Explanatory Statement: The Committee received extensive testimony in support of the concepts encompassed within the original resolution. In its deliberation, the Committee believed that this substitute resolution most appropriately reflected the principles of those concepts. The Committee believes the substitute resolution responds to the concerns of the osteopathic profession and provides intended direction to the AOA Board of Trustees, Bureau of Osteopathic Specialists and individual certifying boards. Due to the diversity in specialties, the Committee believes that individual certifying boards are best equipped to set the policies for their diplomates regarding the amount and category of CME.

And I so move. **AMENDED SUBSTITUTE RESOLUTION APPROVED**

H-200 HEALTH CARE SHORTAGE IN RURAL AMERICA (H200-A/14)

Mr. Speaker, I present for consideration Resolution No. H-200, and the Committee recommends that it be APPROVED with the following AMENDMENT:

Line 5... rural Federally Qualified Health Centers AND OTHER ELIGIBLE ENTITIES...

And I so move. **APPROVED**

H-206 CLINICAL ROTATIONS FOR INTERNATIONAL MEDICAL STUDENTS
(H209-A/14)

Josh Lenchus DO, Chair
John Kauffmann, DO, Vice-Chair

MB/SM/DM

Mr. Speaker, I present for consideration Resolution No. H-206, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 3...US-**EDUCATED** MEDICAL STUDENTS

Line 8...~~international~~ INTERNATIONALLY-EDUCATED...

And I so move. **APPROVED**

H-215 SINGLE GRADUATE MEDICAL EDUCATION ACCREDITATION SYSTEM
(H800-A/14)

Mr. Speaker, I present for consideration Resolution No. H-215, and the Committee recommends that it be APPROVED with the following AMENDMENT:

Line 6...~~2021~~ 2024...

Explanatory Statement: The Committee heard testimony in support of extending the reporting period to promote continued monitoring of the process to ensure a smooth transition into the single GME accreditation system. Due to the AOA's 5-year sunset policy cycle, this resolution, if passed, would be up for review in 2024.

And I so move. **APPROVED**

H-217 BOARD CERTIFICATION TEST RESULTS

Mr. Speaker, I present for consideration Resolution No. H-217, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Lines 6-7 RESOLVED, that the American Osteopathic Association ~~encourage~~ **REQUIRE**
its certifying boards to notify the physician AND PROGRAM DIRECTOR, IF
APPLICABLE, within eight weeks of taking the test, ~~WHENEVER POSSIBLE,~~
of their ~~score~~ RESULTS.

~~**Explanatory Statement:** The AOBNMM board certification and recertification results under the auspice of the AOA completed in October 2018 took 16 weeks or longer to notify physicians of their results.~~

Explanatory Statement: To assist program directors meet ACGME requirements regarding resident board pass rates, the committee recommends amending the resolution to include the receipt of test results by program directors. In light of the desire to create a more timely and efficient process, it is recommended that the time for reporting results be decreased, to the extent possible. After discussion with AOA staff, it was determined that there may be exceptional or extenuating circumstances that may delay the intended timely release of results.

Josh Lenchus DO, Chair
John Kauffmann, DO, Vice-Chair

MB/SM/DM

And I so move. **APPROVED as AMENDED**

H-223 EDUCATION OF STUDENTS AND FACULTY ON OBTAINING
 PERMISSION BEFORE ALL STUDENT AND PATIENT ENCOUNTERS

Mr. Speaker, I present for consideration Resolution No. H-223, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Page 1, Line 11 ...studentS ~~patients~~ IN EDUCATIONAL ACTIVITIES...

Page 1, Lines 15-16 ~~WHEREAS, obtaining permission is an Entrustable Professional Activity (EPA) as defined by the AAMC as part of several domains of competence including professionalism5; and~~

Page 1, Line 24 ...in all OMT AND/OR PHYSICAL CONTACT interactions – whether it THEY be studentS ~~patients~~ IN EDUCATIONAL ACTIVITIES,...

And I so move. **APPROVED**

H-228 PARENTAL LEAVE POLICIES FOR ACCREDITATION COUNCIL FOR
 GRADUATE MEDICAL EDUCATION RESIDENCY

Mr. Speaker, I present for consideration Resolution No. H-228, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

SUBJECT: PARENTAL LEAVE POLICIES FOR ACCREDITATION COUNCIL FOR
 GRADUATE MEDICAL EDUCATION ~~RESIDENCY~~ **PROGRAMS**

Page 2, Line 35... RESOLVED, that the AOA ~~to~~ encourageS the ACGME to advocate for transparency of parental leave policies. ~~at the time of residency matching.~~

And I so move. **APPROVED**

H-231 RECOGNITION OF COMLEX AND USMLE AS EQUAL LICENSING
 EXAMINATIONS AMONG RESIDENCY PROGRAMS

Mr. Speaker, I present for consideration Resolution No. H-231, and the Committee recommends that it be APPROVED with the following AMENDMENT:

Page 2, Line 14...promote ~~equality~~ PARITY...

And I so move. **APPROVED**

Josh Lenchus DO, Chair
John Kauffmann, DO, Vice-Chair

MB/SM/DM

H-232 ADDICTION MEDICINE CAQ

Mr. Speaker, I present for consideration Resolution No. H-232, and the Committee recommends that it be APPROVED with the following AMENDMENT:

Page 2, Line 4 RESOLVED, that A clinical practice pathway ~~previously~~ BE DEVELOPED AND approved by the AOA CONJOINT EXAMINATION COMMITTEE in Addiction Medicine AND be reopened for three (3) years AFTER THE INITIAL EXAM ADMINISTRATION for all QUALIFIED DOs who wish to become certified in the subspecialty of Addiction Medicine...

Explanatory Statement: Due to the national opioid epidemic, it is the intent of the AOA that any DO with an active primary AOA board certification in any specialty would be able to seek certification through this pathway.

And I so move. **APPROVED**

H-218 CERTIFICATION COMPONENT DEVELOPMENT

Mr. Speaker, I present for consideration Resolution No. H-218, and the Committee recommends that it be REFERRED to the American College of Osteopathic Family Physicians (ACOFP) for review and comment.

Explanatory Statement: The Committee recommends the resolution be referred to the ACOFP to clarify its intent. As written, the clear distinction between specialty college and specialty certifying board is blurred and sets up a potential conflict of interest.

And I so move. **APPROVED** *(for referral to the American College of Osteopathic Family Physicians)*

H-219 OSTEOPATHIC MANIPULATIVE TREATMENT BOOT CAMP

Mr. Speaker, I present for consideration Resolution No. H-219, and the Committee recommends that it be REFERRED to the Bureau of Osteopathic Specialists (BOS) for review and comment.

Explanatory Statement: The BOS has jurisdiction over the components for OCC.

And I so move. **APPROVED** *(for referral to the Bureau of Osteopathic Specialists)*

H-224 AOA BOARD CERTIFICATION TERMINOLOGY

Mr. Speaker, I present for consideration Resolution No. H-224, and the Committee recommends that it be REFERRED to the Bureau of Osteopathic Specialists (BOS) for review and comment.

Josh Lenchus DO, Chair
John Kauffmann, DO, Vice-Chair

MB/SM/DM

Explanatory Statement: Specific terminology on certificates is determined by the BOS and the individual certifying boards. The Committee requests the BOS report back to the 2020 House of Delegates on this issue.

And I so move. **APPROVED** *(for referral to the Bureau of Osteopathic Specialists)*

CONSENT AGENDA – FOR COLLECTIVE ACTION BY THE HOUSE OF DELEGATES

Mr. Speaker, I present the following Consent Agenda, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved:

H-221 AMERICAN OSTEOPATHIC ASSOCIATION SPECIALTY BOARD
 CERTIFICATION TERMINOLOGY

Explanatory Statement: The Committee believes this resolution is too limited in its scope and is better addressed in H-224.

H-225 OSTEOPATHIC CERTIFICATION

Explanatory Statement: The Committee believes the intent of this resolution is addressed in Substitute H-220.

H-226 OSTEOPATHIC CONTENT AND CERTIFICATION STANDARDS

Explanatory Statement: The Committee believes the intent of this resolution is addressed in Substitute H-220.

H-227 OSTEOPATHIC SPECIALTY COLLEGES AND CERTIFICATION

Explanatory Statement: Exams must be developed and administered by the certifying boards, not the specialty colleges.

H-229 COMMENDATION OF AMA POLICY (AMA 955) ON EQUAL
 ACCEPTANCE OF COMLEX-USA FOR DO STUDENTS IN ALL US
 RESIDENCY PROGRAMS

Explanatory Statement: The Committee believes this resolution is better addressed in H-231.

And I so move. **DISAPPROVED**

Mr. Speaker, this concludes the Committee's report. I would like to thank the members of the Committee.

Committee Members:

Josh Lenchus DO - **Chair**

Florida

Josh Lenchus DO, Chair
John Kauffmann, DO, Vice-Chair

MB/SM/DM

John Kauffmann, DO - **Vice chair**
Andrew Adair, DO
Stephanie Aldret, DO
Sandra Cook, DO
William Devine, DO
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Tom Lindsey, DO
Jennifer A. Lorine, DO
Ronald Renuart, DO
John Sealey DO
Kayse M. Shrum, DO
Gregg Silberg, DO
Kenneth Steier, DO

North Carolina
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Illinois
South Carolina
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Oklahoma
Military
New York

STAFF

Maura Biszewski
Sharon McGill
Dan Mendelson

SUBJECT: H200-A/14 HEALTH CARE SHORTAGE IN RURAL AMERICA

SUBMITTED BY: Bureau of Education

REFERRED TO: Committee on Educational Affairs

1 RESOLVED, that the Bureau of Education recommend that the following policy be
2 REAFFIRMED:

3 **H200-A/14 HEALTH CARE SHORTAGE IN RURAL AMERICA**

4 The American Osteopathic Association encourages the development of teaching centers in
5 rural Federally Qualified Health Centers **AND OTHER ELIGIBLE ENTITIES**, so that
6 residents can train and stay in these areas and practice osteopathic medicine. 2014

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 27, 2019**

SUBJECT: H201-A/14 GRADUATE MEDICAL EDUCATION – INCREASING
OPPORTUNITIES

SUBMITTED BY: Bureau of Education

REFERRED TO: Committee on Educational Affairs

1 RESOLVED, that the Bureau of Education recommend that the following policy be
2 REAFFIRMED:

3 **H201-A/14 GRADUATE MEDICAL EDUCATION – INCREASING**
4 **OPPORTUNITIES**

5 The American Osteopathic Association supports the efforts to increase the number of graduate
6 medical education training positions available to United States medical graduates. 2014

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H203-A/14 OSTEOPATHIC MEDICAL EDUCATION

SUBMITTED BY: Bureau of Education

REFERRED TO: Committee on Educational Affairs

1 RESOLVED, that the Bureau of Education recommend that the following policy be
2 REAFFIRMED:

3 **H203-A/14 OSTEOPATHIC MEDICAL EDUCATION**

4 The American Osteopathic Association will establish a mechanism by which input can be
5 contributed from interested stakeholders if a plan is formulated to pilot or implement concepts
6 identified within the blue ribbon commission report. 2014

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H205-A/14 ASSURE GME RESIDENCY POSITIONS TO
GRADUATES OF U.S. MEDICAL SCHOOLS

SUBMITTED BY: Bureau on Federal Health Programs

REFERRED TO: Committee on Educational Affairs

1 RESOLVED, that the Bureau on Federal Health Programs recommend that the following
2 policy be REAFFIRMED:

3 **H205-A/14 ASSURE GME RESIDENCY POSITIONS TO GRADUATES OF U.S.**
4 **MEDICAL SCHOOLS**

5 The American Osteopathic Association will work with COCA, AACOM, AMA, ACGME,
6 AAMC and LCME to advocate for Federal Legislation that will offer GME positions first to
7 DO or MD graduates of U.S. COCA OR LCME accredited medical schools. 2014

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H208-A/14 UNIFORMED SERVICES PHYSICIANS REQUIRING
AND ASSIGNED TO CIVILIAN RESIDENCY PROGRAMS – AOA
SUPPORT OF ALL OSTEOPATHICALLY TRAINED

SUBMITTED BY: Bureau of Education

REFERRED TO: Committee on Educational Affairs

1 RESOLVED, that the Bureau of Education recommend that the following policy be
2 REAFFIRMED:

3 **H208-A/14 UNIFORMED SERVICES PHYSICIANS REQUIRING AND**
4 **ASSIGNED TO CIVILIAN RESIDENCY PROGRAMS – AOA**
5 **SUPPORT OF ALL OSTEOPATHICALLY TRAINED**

6 The American Osteopathic Association will continue to monitor, assist and support all
7 osteopathic physicians who receive graduate medical education (GME) through the uniformed
8 services process, removing barriers to osteopathic graduate medical education approval. 1998;
9 revised 2004; reaffirmed 2009; 2014

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H207-A14 GRADUATES OF LCME-ACCREDITED COLLEGES OF
MEDICINE - ADMISSION TO OSTEOPATHIC RESIDENCY
PROGRAMS

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Education

1 RESOLVED, that the Bureau of Education recommend that the following policy be SUNSET:

2 **H207-A14 GRADUATES OF LCME-ACCREDITED COLLEGES OF MEDICINE**
3 **- ADMISSION TO OSTEOPATHIC RESIDENCY PROGRAMS**

4 The American Osteopathic Association (AOA) allows each AOA Specialty College and AOA
5 Specialty Board to consider the Liaison Committee on Medical Education (LCME) graduates
6 participation in AOA residency training and become eligible to take that AOA residency's
7 corresponding certifying AOA board with corresponding AOA membership. The AOA will
8 assure that the revised residency standards allowing LCME graduates to participate in AOA
9 residency training maintain osteopathic culture and osteopathic autonomy. The AOA will
10 develop common program requirements between equivalent AOA and ACGME residency
11 programs and establish limited pilot programs allowing matriculation of a limited number of
12 LCME graduates into AOA residency programs. The AOA will develop basic Osteopathic
13 Manipulative Treatment, OMM, and OPP requirements for LCME graduates to participate in
14 AOA residency training, and that each AOA Specialty College, with input from the American
15 Academy of Osteopathy (AAO), develop any further OMT, OMM, OPP requirements it deems
16 necessary for the LCME graduates to participate in AOA residency training. 2014.

Explanatory Statement:

As of the 2020 match, no trainees will be entering AOA accredited GME programs.

ACTION TAKEN **APPROVED** *(for sunset)*

DATE **July 27, 2019**

SUBJECT: H209-A14 CLINICAL ROTATIONS FOR INTERNATIONAL
MEDICAL STUDENTS

SUBMITTED BY: Bureau of State Government Affairs

REFERRED TO: Committee on Education

1 RESOLVED, that the Bureau of State Government Affairs recommend that the following
2 policy be REAFFIRMED as AMENDED:

3 **H207-A14 ASSURE CLINICAL ROTATIONS FOR INTERNATIONAL US-**
4 **EDUCATED MEDICAL STUDENTS**

5 Policy of the American Osteopathic Association supports adequate quality rotations for
6 medical students as they pursue clinical education; and, in concert with other healthcare
7 organizations, the federal, state and local governments, will OPPOSE ~~continue to monitor,~~
8 ~~correct and work to prevent any future~~ policies that provide an unfair advantage to
9 ~~international~~ **INTERNATIONALLY-EDUCATED** medical students. 2009; reaffirmed
10 2014.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 27, 2019**

SUBJECT: H210-A14 INHALATION OF VOLATILE SUBSTANCES

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Education

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the
2 following policy be REAFFIRMED:

3 **H210-A14 INHALATION OF VOLATILE SUBSTANCES**

4 The American Osteopathic Association endorses continuing medical education and medical
5 literature to enhance physician awareness of inhalation of volatile substances (huffing) and
6 endorses campaigns to enhance public awareness of this crisis. 2009; reaffirmed 2014.

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H211-A14 INTEGRITY AND MISSION OF COMs UHSC GRANTING
THE DO -- MAINTAINING THE

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Education

1 RESOLVED, that the Bureau of Osteopathic Education recommend that the following policy
2 be REAFFIRMED:
3 **H211-A14 INTEGRITY AND MISSION OF COMs UHSC GRANTING THE DO**
4 **-- MAINTAINING THE**
5 The American Osteopathic Association upholds and supports maintaining the integrity and
6 mission of Colleges of Osteopathic Medicine and University Health Science Centers granting
7 the Doctor of Osteopathic Medicine degree. 2009; reaffirmed 2014

Reference Committee Explanatory Statement:

The Reference Committee heard testimony to amend this resolution to add an emphasis on increasing the number of primary care physicians, but determined this suggestion was too limiting to other specialties.

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H212-A14 PSYCHIATRY CURRICULUM AND STAFFING

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Education

1 RESOLVED, that the Bureau of Osteopathic Education recommend that the following policy
2 be REAFFIRMED:

3 **H212-A14 PSYCHIATRY CURRICULUM AND STAFFING**

4 The American Osteopathic Association supports the use of members of the American College
5 of Osteopathic Neurology and Psychiatry and their commitment to serve as a resource for
6 developing core competencies and learning objectives for osteopathic psychiatry both in
7 undergraduate and graduate medical education. 2009; reaffirmed 2014

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H213-A14 TEENAGE ALCOHOL ABUSE

SUBMITTED BY: Bureau on Scientific Affairs and Public Health

REFERRED TO: Committee on Education

1 RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the
2 following policy be REAFFIRMED:

3 **H213-A14 TEENAGE ALCOHOL ABUSE**

4 The American Osteopathic Association endorses continuing medical education for health care
5 professionals to aid them in educating lower and middle school students of the dangers of
6 alcohol and endorses outreach programs to elementary “lower” and middle schools to create
7 awareness of the dangers of alcohol. 2009; reaffirmed 2014

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H214-A14 MANDATORY CME COURSE REQUIREMENTS

SUBMITTED BY: Bureau of State Government Affairs

REFERRED TO: Committee on Education

1 RESOLVED, that the Bureau of State Government Affairs recommend that the following
2 policy be REAFFIRMED as AMENDED:

3 **H214-A14 MANDATORY CME COURSE REQUIREMENTS**

4 The American Osteopathic Association opposes any federal attempts to impose any specific
5 continuing medical education (CME) course requirements and will assist any ~~component~~
6 AFFILIATE societies in opposing additional ATTEMPTS BY STATES TO IMPOSE specific
7 CME course requirements. 2004; reaffirmed 2009; 2014

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H217-A/14 COMMUNITY-BASED TEACHING HEALTH CENTERS
RESIDENCY SUPPORT

SUBMITTED BY: Bureau of Education

REFERRED TO: Committee on Educational Affairs

1 RESOLVED, that the Bureau of Education recommend that the following policy be
2 REAFFIRMED:

3 **H217-A/14 COMMUNITY-BASED TEACHING HEALTH CENTERS**
4 **RESIDENCY SUPPORT**

5 The American Osteopathic Association supports community-based programs as a model of
6 training for osteopathic primary care residents throughout the United States. 2014

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H219-A14 PROFESSIONAL LIABILITY INSURANCE – TRAINEE

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Education

1 RESOLVED, that the Bureau of Education recommend that the following policy be SUNSET:

2 **H219-A14 PROFESSIONAL LIABILITY INSURANCE – TRAINEE**

3 The AOA Department of Education and the appropriate councils within the AOA will work
4 with the AMA and ACGME in exploring possible mechanisms to ensure that trainees are
5 provided with sufficient professional liability insurance at all times and that potential
6 mechanisms to consider will include (2014):

- 7 1) Required full disclosure of type and amount of PLI to AOA, OPTI, and trainees;
8 2) Prohibition of claims-made policies for trainees;
9 3) Development of a superfund or backup insurance to be used in the event of hospital
10 closure or bankruptcy.

Explanatory Statement:

AOA postdoctoral training standards require that the training institution must ensure that trainees are provided with professional liability coverage for the duration of their training, and such coverage shall include protection against awards from claims reported or filed after completion of training and only applicable to actions occurring within the assigned scope of responsibilities for the approved program.

ACTION TAKEN **APPROVED** *(for sunset)*

DATE **July 27, 2019**

SUBJECT: H308-A/14 INFLUENZA VACCINATION PROGRAMS FOR
MEDICAL SCHOOLS

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Education

1 RESOLVED, that the Bureau of Osteopathic Education recommend that the following policy
2 be REAFFIRMED:

3 **H308-A/14 INFLUENZA VACCINATION PROGRAMS FOR MEDICAL**
4 **SCHOOLS**

5 The American Osteopathic Association recommends and supports that all osteopathic medical
6 schools have an ongoing influenza vaccination program for students. 2009; reaffirmed 2014

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: H800-A/14 SINGLE GRADUATE MEDICAL EDUCATION
ACCREDITATION SYSTEM

SUBMITTED BY: AOA Board of Trustees

REFERRED TO: Committee on Education

1 RESOLVED, that the AOA Board of Trustees recommend that the following policy be
2 REAFFIRMED:

3 **H800-A/14 SINGLE GRADUATE MEDICAL EDUCATION ACCREDITATION**
4 **SYSTEM**

5 The American Osteopathic Association (AOA) will evaluate and report to the membership and
6 AOA House of Delegates annually, between 2015 and ~~2021~~ 2024, concerning the following
7 issues:

- 8 1) The ability of AOA-trained and certified physicians to serve as program directors in the
9 single GME accreditation system;
- 10 2) The maintenance of smaller, rural and community based training programs;
- 11 3) The number of solely AOA certified physicians serving as program directors in each
12 specialty;
- 13 4) The number of osteopathic identified GME programs and number of osteopathic
14 identified GME positions gained and lost;
- 15 5) The number of osteopathic residents taking osteopathic board certification examinations;
- 16 6) The status of recognition of osteopathic board certification being deemed equivalent by
17 the ACGME;
- 18 7) The importance of osteopathic board certification as a valid outcome benchmark of the
19 quality of osteopathic residency programs, and be it further

20 Any proposed single graduate medical education (GME) accreditation system will provide
21 for the preservation of the unique distinctiveness of osteopathic medicine, osteopathic
22 graduate medical education, osteopathic licensing examinations, osteopathic board
23 certification, osteopathic divisional societies, osteopathic specialty societies, osteopathic
24 specialty colleges, the AOA, and the osteopathic profession. The AOA will remain
25 vigilant in its oversight of the single accreditation process and utilize its ability to cease
26 negotiations as delineated in the Memorandum Of Understanding (MOU) should
27 osteopathic principles and educational opportunities be materially compromised. The
28 AOA will seek to create an exception category to allow the institution/program, on a case
29 by case basis, up to a one year extension without prejudice for an institution/program that
30 has their budget previously planned so as not to put that institution/program at a
31 competitive disadvantage. The AOA will advocate for an extension of the closure date for
32 AOA accreditation beyond July 1, 2020, where appropriate for individual programs on a
33 case by case basis. The AOA will enter into a single accreditation system that perpetuates
34 unique osteopathic graduate medical education programs. 2014

Reference Committee Explanatory Statement:

The Committee heard testimony in support of extending the reporting period to promote continued monitoring of the process to ensure a smooth transition into the single GME accreditation system. Due to the AOA's 5-year sunset policy cycle, this resolution, if passed, would be up for review in 2024.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 27, 2019**_____

SUBJECT: STATEMENT OF SUPPORT FOR THE AMERICAN OSTEOPATHIC
BOARD OF NEUROLOGY AND PSYCHIATRY

SUBMITTED BY: American College of Osteopathic Neurologists and Psychiatrists

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the Board of Trustees (BOT) of the American Osteopathic Association (AOA) is
2 the sole approving body conferring board certification to qualified physician candidates
3 who have completed the requirements under the jurisdiction of their respective specialty
4 certifying board⁽¹⁾; and

5 WHEREAS, the American Osteopathic Board of Neurology and Psychiatry (AOBNP) is the
6 designated specialty certifying board, empowered by the AOA Bureau of Osteopathic
7 Specialists (BOS), overseeing the evaluation of qualified physician candidates who have
8 completed the requirements of board certification of residency trained neurologists and
9 psychiatrists⁽²⁾; and

10 WHEREAS, the successful completion and designation of AOA board certification through the
11 AOBNP, a subsidiary of the BOS is recognized in all 50 states and US territories and
12 many countries around the world⁽¹⁾; and

13 WHEREAS, the members of AOBNP are active practicing physicians serving beyond their
14 standard career and personal responsibilities to research and create relevant clinical and
15 evidenced based testing formats for board candidates⁽³⁾; and

16 WHEREAS, the AOBNP continue to evaluate and review updates and create innovative and
17 verifiable testing modalities that meet the strict standards of board certification and
18 requirements of potential board applicants^(3, 4); and

19 WHEREAS, the AOBNP works diligently with AOA and the BOS to maintain the highest
20 standards to obtain and maintain board certification through innovative techniques and
21 approaches that encourage continuous professional development, enhance knowledge
22 of clinical guidelines, minimize risk in clinical practice, improve coordination of patient
23 care and evolves with the needs and expectations of the changing demographics of the
24 physician group^(4, 5); and

25 WHEREAS, the membership of the American College of Osteopathic Neurologists and
26 Psychiatrists voted to formally recognize through a resolution to be presented at the
27 AOA House of Delegates, the selfless ongoing commitment by the AOBNP to support
28 our profession through board certification; now, therefore be it^(6,7); now, therefore be it

29 RESOLVED, that the members of the American College of Osteopathic Neurologists and
30 Psychiatrists (ACONP) declare their strong support and gratitude to the American
31 Osteopathic Board of Neurology and Psychiatry (AOBNP) for their commitment

toward our profession and neurologists and psychiatrists eligible for board certification through this board; and, be it further

RESOLVED, that the members of the ACONP fully support the American Osteopathic Association (AOA) Board of Trustees, the AOA Bureau of Osteopathic Specialists and the AOBNP for the efforts in strengthening Osteopathic Certification for the future; and, be it further

RESOLVED, that the AOA acknowledges this statement in support of the AOBNP by the members of the ACONP.

References:

1. “About AOA Certification”, certification.osteopathic.org
2. “FAQS”, certification.osteopathic.org
3. “Welcome to the Osteopathic Board of Neurology and Psychiatry”, certification.osteopathic.org
4. “Put the Power of AOA Board Certification Behind Your Practice”, certification.osteopathic.org
5. “AOA Approves Creation of Two Pathways for AOA Board Certification”, letter from AOA President William S. Mayo, D.O., February 28, 2019
6. Membership of American College of Osteopathic Neurologists and Psychiatrists
7. General membership meeting vote February 27, 2019.

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: BOARD CERTIFICATION TEST RESULTS

SUBMITTED BY: American College of Osteopathic Family Physicians

REFERRED TO: Committee on Educational Affairs

- 1 WHEREAS, osteopathic board certification and recertification exams are now conducted at
2 testing centers; and
- 3 WHEREAS, results are submitted to the certifying board immediately after the test; and
- 4 WHEREAS, the American Osteopathic Association currently takes four months or longer to
5 notify the physician of his or her test results; now, therefore be it
- 6 RESOLVED, that the American Osteopathic Association ~~encourage~~ **REQUIRE** its certifying
7 boards to notify the physician AND PROGRAM DIRECTOR, IF APPLICABLE,
8 within eight weeks of taking the test of their ~~score~~ **RESULTS**.

Explanatory Statement:

~~The ABONMM board certification and recertification results under the auspice of the AOA completed in October 2018 took 16 weeks or longer to notify physicians of their results.~~

Reference Committee Explanatory Statement:

To assist program directors meet ACGME requirements regarding resident board pass rates, the committee recommends amending the resolution to include the receipt of test results by program directors. In light of the desire to create a more timely and efficient process, it is recommended that the time for reporting results be decreased, to the extent possible. After discussion with AOA staff, it was determined that there may be exceptional or extenuating circumstances that may delay the intended timely release of results.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 27, 2019**

SUBJECT: CERTIFICATION COMPONENT DEVELOPMENT

SUBMITTED BY: American College of Osteopathic Family Physicians

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, family physicians comprise a large number of American Osteopathic Association
2 (AOA) membership; and

3 WHEREAS, family physicians comprise more than one half of all AOA certified physicians;
4 and

5 WHEREAS, decoupling from membership by the AOA has made certification the primary
6 income source for the AOA; and

7 WHEREAS, family physician certification has consistently provided considerable positive
8 income; and

9 WHEREAS, American Osteopathic Board of Family Physicians (AOBFP) certification
10 enhances and promotes membership in American College of Osteopathic Family
11 Physicians (ACOFP) and the AOA; and

12 WHEREAS, survival of ACOFP and survival of the AOA is likely to be heavily dependent on
13 maintaining and enhancing valid osteopathic family physician certification; and

14 WHEREAS, without the income provided by family physicians, most of the other specialty
15 certifying boards, as well as the AOA, would not be able to function; and

16 WHEREAS, a significant number of family physicians are expressing confusion, anger, and
17 disbelief that their role is being taken for granted and their interests in osteopathic
18 medicine are being shunned by the AOA and its current certifying board realignment
19 process; and

20 WHEREAS, many AOBFP certified physicians and many future certified family physicians
21 question the integrity of the proposed “simplified” certification which demonstrates
22 little concern for osteopathic content; now, therefore be it

23 RESOLVED, that the American Osteopathic Association (AOA) allows and encourages
24 interaction between the American College of Osteopathic Family Physicians (ACOFP)
25 and American Osteopathic Board of Family Physicians (AOBFP) to develop
26 components for initial and ongoing osteopathic family medicine certification.; and, be it
27 further

28 RESOLVED, that the resulting recommendations be submitted to the Bureau of Osteopathic
29 Specialists for consideration and discussion, without outside influence from AOA staff
30 and Board of Trustees.

Reference Committee Explanatory Statement:

The Committee recommends the resolution be referred to the ACOFP to clarify its intent. As written, the clear distinction between specialty college and specialty certifying board is blurred and sets up a potential conflict of interest.

ACTION TAKEN **REFERRED** *(to American College of Osteopathic Family Physicians)*

DATE **July 27, 2019**_____

SUBJECT: OSTEOPATHIC MANIPULATIVE TREATMENT BOOT CAMP

SUBMITTED BY: American College of Osteopathic Family Physicians

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, Osteopathic Manipulative Treatment (OMT) is an essential modality of
2 osteopathic family medicine; and

3 WHEREAS, the use of OMT can reduce the need for opioid medications; and

4 WHEREAS, the use of OMT in family medicine may reduce the need for other costly
5 procedures; and

6 WHEREAS, the use of OMT can improve a patient's health outcome; and

7 WHEREAS, osteopathic family physicians are certified in OMT by the American Osteopathic
8 Board of Family Physicians (AOBFP); and

9 WHEREAS, continuing hands-on education and review is necessary to maintain and improve
10 skills in OMT; and

11 WHEREAS, the American College of Osteopathic Family Physicians (ACOFP) has developed,
12 evaluated and implemented an Osteopathic Manipulative Medicine program (OMT
13 Boot Camp) that is practical and valuable to the practicing osteopathic family physician;
14 and

15 WHEREAS, the ACOFP believes the ACOFP OMT Boot Camp meets the requirements of
16 the current Osteopathic Continuing Certification (OCC) Component 4; now, therefore
17 be it

18 RESOLVED, that the American Osteopathic Association approve the American College of
19 Osteopathic Family Physicians' OMT Boot Camp as partial fulfillment of the
20 requirements of the American Board of Osteopathic Family Physicians Osteopathic
21 Continuous Certification process, Component 4.

Reference Committee Explanatory Statement:

The BOS has jurisdiction over the components for OCC.

ACTION TAKEN **REFERRED** *(to Bureau of Specialists)*

DATE **July 27, 2019**

SUBJECT: AMERICAN OSTEOPATHIC ASSOCIATION SPECIALTY BOARD
CERTIFICATION

SUBMITTED BY: American College of Osteopathic Family Physicians / American College of
Osteopathic Internists / American College of Osteopathic Surgeons /
American Osteopathic College of Dermatology / American Academy of
Osteopathy / American Osteopathic Colleges of Ophthalmology and
Otolaryngology – Head and Neck Surgery / American College of
Osteopathic Pediatricians

REFERRED TO: Committee on Educational Affairs

- 1 WHEREAS, osteopathic principles and practice are a critical component of osteopathic medical
2 education; and
- 3 WHEREAS, osteopathic principles and practice are critical to the preservation of the
4 distinctiveness of our profession; and
- 5 WHEREAS, osteopathic board certification must include osteopathic principles and practice in
6 order to certify physicians who practice osteopathically; and
- 7 WHEREAS, the AOA Board of Trustees (BOT) adopted a resolution at its 2019 mid-year
8 meeting intending to create two pathways, one with osteopathic principles and practice
9 (specialty) and the traditional pathway including osteopathic principles and practice, as
10 well as test items on OMM/OMT; and
- 11 WHEREAS, confusion exists regarding the intent of the BOT; now, therefore be it
- 12 RESOLVED, that the AOA:
- 13 1. Reaffirms its commitment to the inclusion of osteopathic principles and practice in every
14 osteopathic board certification examination, regardless of specialty;
- 15 2. Continues the opportunity for osteopathic certifying boards to develop and administer
16 OMM/OMT practical examinations which are specific and appropriate for their specialty;
- 17 3. Allows a requirement for specialty-specific content in CME for re-certification/continuing
18 certification ~~beginning with the 2022 CME cycle~~; and
- 19 4. Continues to encourage the Accreditation Council for Graduate Medical Education to
20 include an osteopathic educational component in Osteopathic Recognized residencies.

Reference Committee Explanatory Statement:

The Committee received extensive testimony in support of the concepts encompassed within the original resolution. In its deliberation, the Committee believed that this substitute resolution most appropriately reflected the principles of those concepts. The Committee believes the substitute resolution responds to the concerns of the osteopathic profession and provides intended direction to the AOA Board of Trustees, Bureau of Osteopathic Specialists and individual certifying boards. Due to

the diversity in specialties, the Committee believes that individual certifying boards are best equipped to set the policies for their diplomates regarding the amount and category of CME.

ACTION TAKEN **AMENDED SUBSTITUTE RESOLUTION APPROVED**

DATE **July 27, 2019**

SUBJECT: AMERICAN OSTEOPATHIC ASSOCIATION SPECIALTY BOARD
CERTIFICATION TERMINOLOGY

SUBMITTED BY: American College of Osteopathic Pediatricians

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the mission statement of the American Osteopathic Association (AOA) is to
2 “advance the distinctive philosophy and practice of osteopathic medicine”; and

3 WHEREAS, the mission statement of the Bureau of Osteopathic Specialties (BOS) states that
4 “the BOS is the certifying body for the approved specialty boards of the AOA and is
5 dedicated to establishing the high standards for certification of osteopathic physicians”;
6 and

7 WHEREAS, the AOA advertises the DO difference on www.doctorsthatdo.org, by stating that
8 “There are more than 100,000 DOs in the US, practicing their distinct philosophy in
9 every medical specialty. We have additional training in Osteopathic Manipulative
10 Treatment (OMT) and use this tool to help diagnose, treat and prevent illness and
11 injury”; and

12 WHEREAS, www.doctorsthatdo.org also claims that “by combining the latest advances in
13 medical technology with OMT, Doctors of Osteopathic Medicine offer their patients
14 the most comprehensive care available in medicine today”; and

15 WHEREAS, osteopathic medical schools provide 4 years of distinct training in Osteopathic
16 Principles and Practice (OPP) and OMT via minimal standards established by ECOP,
17 including over 200 hours of training in OMT, with practical exams, OSCE, and
18 COMLEX exams; and

19 WHEREAS, the results of a survey of 214 people, 96% of whom were practicing DOs across
20 the USA, show that 88% agree that osteopathic certification terminology should clearly
21 state a holder is certified in OPP; and

22 WHEREAS, Appendix A of the July 2018 BOS Handbook has approved terminology for
23 certification already approved that states “General certification represents a distinct and
24 well-defined field of osteopathic medical practice”; now, therefore be it

25 RESOLVED, that the terminology for American Osteopathic Association issued board
26 certifications should state that a certificate holder is “Board Certified in Osteopathic
27 Principles and Practice of Pediatrics”.

Explanatory Statement:

If a person is a graduate of an osteopathic medical school including passing OSCEs, and passed all 3 COMLEX, and took the osteopathic certification exam, then their certificate should say certified in osteopathic pediatrics and OMT.

FISCAL IMPACT:

The fiscal impact will be less on osteopathic medical students and also build greater interest in our exams from osteopathic medical students because they will get credit for their years and tests taken in medical school. Also, there will be no negative fiscal impact on the AOA with our resolution, because they won't have to bear the cost of an added practical exam development and administration, when NBOME/COMLEX/OSCE already test the students.

Reference Committee Explanatory Statement:

The Committee believes this resolution is too limited in its scope and is better addressed in H-224.

ACTION TAKEN **DISAPPROVED**_____

DATE **July 27, 2019**_____

SUBJECT: H204-A/13 UNIFIED GRADUATE MEDICAL EDUCATION (GME)
ACCREDITATION SYSTEM UNDER THE ACCREDITATION
COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)
– PROPOSED / H209-A/13 OSTEOPATHIC-FOCUSED
TRAINING PROGRAMS

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, at its 2018 meeting, the AOA House of Delegates REFERRED the policies noted
2 in resolutions H201-A/18 and H205-A/18 to the Bureau of Osteopathic Education
3 (BOE) to update the language in light of the single GME accreditation system; now,
4 therefore be it

5 RESOLVED, that the Bureau of Osteopathic Education recommends that the following
6 polices be SUNSET:

7 **H204 A/13 UNIFIED GRADUATE MEDICAL EDUCATION (GME)**
8 **ACCREDITATION SYSTEM UNDER THE ACCREDITATION**
9 **COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) –**
10 **PROPOSED**

11 The American Osteopathic Association will work toward the development of fellowships in
12 osteopathic programs to create positions and/or graduate medical education (GME) slots in the
13 event of unsuccessful negotiations with the Accreditation Council for Graduate Medical
14 Education (ACGME); and any proposed unified GME accreditation system will protect and
15 preserve the unique distinctiveness of osteopathic medicine, osteopathic graduate medical
16 education, COMLEX-USA, osteopathic board certification, osteopathic divisional societies,
17 osteopathic specialty affiliates, the AOA and the osteopathic profession.

18 and

19 **H209 A/13 OSTEOPATHIC-FOCUSED TRAINING PROGRAMS**

20 The American Osteopathic Association maintains that osteopathic-focused value and programs,
21 which are defined as those programs using osteopathic principles and practice (OPP) and
22 osteopathic manipulative medicine (OMM), always remain the foundation of osteopathic
23 medical schools, COMLEX-USA, American Osteopathic Association (AOA) residency
24 programs, osteopathic board certification, osteopathic licensure, osteopathic continuing medical
25 education, and the osteopathic profession; and that all AOA residency programs, AOA
26 program directors, Directors of Medical Education, AOA training institutions, and OPTT's shall
27 maintain, measure, and enhance osteopathic-focused programs and shall continue to integrate
28 OPP, OMM, and osteopathic culture into all core competencies of all osteopathic medical
29 training programs. 2013

Explanatory Statement:

The BOE believes these policies have outlived their purpose due to the approval of the single GME accreditation system. Other AOA policies exist regarding the AOA's support of developing new graduate medical education programs and preserving and integrating osteopathic medicine into graduate medical education programs.

Reference Committee Explanatory Statement:

Other AOA policies that exist regarding the AOA's support of developing new GME programs and preserving and integrating osteopathic medicine into GME programs include H201-A/14, H800-A/14, H-300 A/16, H-329 A/16, H-212 A/17, and H-611 A/18.

ACTION TAKEN **APPROVED** *(for sunset)* _____

DATE **July 27, 2019** _____

SUBJECT: EDUCATION OF STUDENTS AND FACULTY ON OBTAINING
PERMISSION BEFORE ALL STUDENT AND PATIENT
ENCOUNTERS

SUBMITTED BY: Maine Osteopathic Association

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, patient permission is the foundation for all medical practice, and gender
2 discrimination is prohibited and addressed in the American Osteopathic Association's
3 (AOA) Code of Ethics;¹ and

4 WHEREAS, permission is defined as “the act of permitting; formal consent: authorization”²
5 which allows comfort and safety in treating patients;

6 WHEREAS, students of osteopathic medicine receive extensive training in osteopathic
7 manipulative treatment (OMT),³

8 WHEREAS, OMT is a critical procedure to treating patients and is inherently defined by the
9 AOA as a procedure,⁴

10 WHEREAS, when reflecting on curricula at various colleges of osteopathic medicine (COMs)
11 interactions requiring permission would include those with studentS ~~patients~~ IN
12 EDUCATIONAL ACTIVITIES, standardized patients, patients in practice, and others;

13 WHEREAS, we believe every graduate of a college of osteopathic medicine should demonstrate
14 proficiency in obtaining permission; and

15 ~~WHEREAS, obtaining permission is an Entrustable Professional Activity (EPA) as defined by~~
16 ~~the AAMC as part of several domains of competence including professionalism⁵; and~~

17 WHEREAS, time in the curricula is essential to student learning about and practicing the
18 nuances of obtaining permission and its pitfalls; now, therefore be it

19 RESOLVED, that the American Osteopathic Association (AOA) encourage all colleges of
20 osteopathic medicine to prepare their educators and graduates to learn and demonstrate
21 aptitude concerning the knowledge and practice of obtaining permission; and, be it
22 further

23 RESOLVED, that the AOA promote and encourage both educators and students in the use of
24 obtaining permission in all OMT AND/OR PHYSICAL CONTACT patient
25 interactions – whether ~~it~~ THEY be studentS ~~patients~~ IN EDUCATIONAL
26 ACTIVITIES, standardized patients, or others.

27

References

1. "Code of Ethics." American Osteopathic Association, Section 15 and 16, AOA, 24 July 2016, osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/. Accessed 11 Sept. 2018.
2. "permission." Merriam-Webster.com. 2018. <https://www.merriam-webster.com> (11 February 2019).
3. COCA. Accreditation of Colleges of Osteopathic Medicine: COM Continuing Accreditation Standards. Element 6.4 and 6.6. 11 July 2017. < <https://osteopathic.org/wp-content/uploads/2018/02/com-continuing-accreditation-standards.pdf> >.
4. "American Osteopathic Association Policy Compendium." American Osteopathic Association, H647-A/15, p135-9. AOA, 8 August 2018, < <https://osteopathic.org/wp-content/uploads/policy-compendium.pdf> >. Accessed 03 October 2018.
5. ~~Association of American Medical Colleges. Core Entrustable Professional Activities for Entering Residency: Curriculum Developers' Guide. EPA 11, 2014. <~~
~~[https://members.aame.org/cweb/upload/Core%20EPA%20Curriculum%20Dev%20Guid](https://members.aame.org/cweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf)~~
~~[e.pdf](https://members.aame.org/cweb/upload/Core%20EPA%20Curriculum%20Dev%20Guide.pdf) >.~~

ACTION TAKEN **APPROVED** as **AMENDED**

DATE **July 27, 2019** _____

SUBJECT: AOA BOARD CERTIFICATION TERMINOLOGY

SUBMITTED BY: Massachusetts Osteopathic Society

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the mission statement of the American Osteopathic Association (AOA) is to
2 “advance the distinctive philosophy and practice of osteopathic medicine”; and

3 WHEREAS, the mission statement of the Bureau of Osteopathic Specialties (BOS) states that
4 “the BOS is the certifying body for the approved specialty boards of the AOA and is
5 dedicated to establishing the high standards for certification of osteopathic physicians”;
6 and

7 WHEREAS, the AOA advertises the DO difference on www.doctorsthatdo.org, by stating that
8 “There are more than 100,000 DOs in the US, practicing their distinct philosophy in
9 every medical specialty. We have additional training in OMT and use this tool to help
10 diagnose, treat and prevent illness and injury”; and

11 WHEREAS, www.doctorsthatdo.org also claims that “by combining the latest advances in
12 medical technology with OMT, Doctors of Osteopathic Medicine offer their patients
13 the most comprehensive care available in medicine today”; and

14 WHEREAS, osteopathic medical schools provide 4 years of distinct training in Osteopathic
15 Principles and Practice (OPP) and OMT via minimal standards established by ECOP,
16 including over 200 hours of training in OMT, with practical exams, OSCE, and
17 COMLEX exams”; and

18 WHEREAS, the results of a survey of 214 people, 96% of whom were practicing DOs across
19 the USA, shows that 88% of respondents agree that osteopathic certification
20 terminology should clearly state a holder is certified in osteopathic principles and
21 practice; and

22 WHEREAS, Appendix A of the July 2018 BOS Handbook has approved terminology for
23 certification already approved that states, “General certification represents a distinct and
24 well defined field of osteopathic medical practice; now, therefore be it

25 RESOLVED, that the terminology for American Osteopathic Association issued board
26 certifications should state that a certificate holder is “Board certified in the Principles
27 and Practice of Osteopathic “Specialty”.

Reference Committee Explanatory Statement:

Specific terminology on certificates is determined by the BOS and the individual certifying boards. The Committee requests the BOS report back to the 2020 House of Delegates on this issue.

ACTION TAKEN **REFERRED** *(to Bureau of Specialists)*

DATE **July 27, 2019**_____

SUBJECT: OSTEOPATHIC CERTIFICATION

SUBMITTED BY: Massachusetts Osteopathic Society

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the mission statement of the American Osteopathic Association (AOA) is to
2 “advance the distinctive philosophy and practice of osteopathic medicine”; and

3 WHEREAS, the mission statement of the Bureau of Osteopathic Specialties (BOS) states that
4 “the BOS is the certifying body for the approved specialty boards of the AOA and is
5 dedicated to establishing the high standards for certification of osteopathic physicians”;
6 and

7 WHEREAS, offering a board certification exam without osteopathic content is in direct
8 conflict with the stated mission of the AOA and BOS; and

9 WHEREAS, according to www.osteopathic.org, “AOA board certification is an important
10 quality marker for patients, employers, insurers and regulators”; and

11 WHEREAS, the AOA addresses the DO difference on www.doctorsthatdo.org, by stating that
12 “There are more than 100,000 DOs in the US, practicing their distinct philosophy in
13 every medical specialty. We have additional training in OMT and use this tool to help
14 diagnose, treat and prevent illness and injury”; and

15 WHEREAS, www.doctorsthatdo.org also states that “by combining the latest advances in
16 medical technology with OMT, Doctors of Osteopathic Medicine offer their patients
17 the most comprehensive care available in medicine today”; and

18 WHEREAS, the July 2018 BOS handbook states that “the AOA, through the BOS, will
19 provide a mechanism to evaluate the validity and reliability of all certification
20 examinations conducted by AOA specialty certifying boards”; and

21 WHEREAS, the BOS has not established appropriate standards to osteopathically certify non-
22 osteopathic physicians; and

23 WHEREAS, the AOA House of Delegates (HOD) already maintains approved terminology
24 that AOA board certification is a marker of terminal academic achievement in
25 osteopathic medicine; and

26 WHEREAS, the July 2018 bylaws of the BOS include provisions for the equal application of
27 regulations and requirements or standards while conducting all or any part of an
28 examination by any specialty certifying boards; and

29 WHEREAS, the survey results supplied by The Boston Consulting Group were limited to DO
30 and MD students, residents and those newly out in practice; and

31 WHEREAS, the results of a survey of 408 people, 96% of whom were practicing DOs across
32 the USA, were presented to the AOA Board of Trustees in February 2019 showing that
33 91.8% of respondents wanted to maintain osteopathic distinctiveness in osteopathic
34 certification; and

35 WHEREAS, the results of a survey of 214 people, 97% of whom were practicing DOs across
36 the USA, shows that 85% of respondents prefer equal eligibility requirements for
37 applicants who are osteopathic and non-osteopathic; now, therefore be it

38 RESOLVED, that the American Osteopathic Association (AOA) is qualified to certify a
39 licensed physician in Osteopathic principles and practice; and

40 RESOLVED, that the Bureau of Osteopathic Specialties (BOS) should include samples of all
41 practicing osteopathic physicians in a specialty when determining its psychometric
42 parameters for osteopathic certification; and

43 RESOLVED, that the eligibility criteria for taking AOA board certification should be
44 equivalent for osteopathic and non-osteopathic licensed physicians, and should include
45 a minimum amount of learning in OPP and OMT, which would be sanctioned by the
46 AOA, AAO, or OCA, at least equivalent to the minimum amount required by ECOP
47 for osteopathic medical school graduation; and, be it further

48 RESOLVED, that the AOA should not offer an osteopathic certification option that eliminates
49 osteopathic content.

Reference Committee Explanatory Statement:

The Committee believes the intent of this resolution is addressed in Substitute H-220.

ACTION TAKEN **DISAPPROVED**

DATE **July 27, 2019**

SUBJECT: OSTEOPATHIC CONTENT AND CERTIFICATION STANDARDS

SUBMITTED BY: Massachusetts Osteopathic Society

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the July 2018 Bureau of Osteopathic Specialties (BOS) handbook lists in Article 1.
2 Protocol for establishing specialty certifying boards, section 1, D that, “Notification of
3 the submission of a petition for establishing a new specialty certifying board and/or
4 requesting an assignment or change of jurisdiction will be sent to each AOA specialty
5 college and certifying board by the secretary of the BOS prior to consideration and
6 recommendation”; and

7 WHEREAS, the American Osteopathic Association (AOA) Board of Trustees (BOT) voted to
8 approve a resolution on February 26, 2019, which stated “to have the AOA endorse the
9 creation of two pathways to AOA board certification” one without any osteopathic
10 content; and

11 WHEREAS, the resolution voted on by the AOA BOT on February 26, 2019 that established 2
12 new osteopathic board exams, was not sent to each specialty college and certifying
13 board prior to the BOT vote; and

14 WHEREAS, no specialty board or specialty board chair was involved in the survey completed
15 by Boston Consulting Group which led to the proposed board certification changes;
16 and

17 WHEREAS, Article VIII, Section 1, G and H state that “each specialty board will establish its
18 individual requirements for years of AOA training for each primary and subspecialty
19 certification... and each specialty certifying board and CCEC will establish its individual
20 eligibility requirements for examination for certification. Practice within each field
21 under each board will be defined in the policies and procedures of each specialty
22 certifying board”; and

23 WHEREAS, the resolution approved on February 26, 2019, by the AOA BOT does not allow
24 for specialty boards to establish individual eligibility criteria for certification; and

25 WHEREAS, Article XII General Procedures of AOA Specialty Certifying Boards Section 1
26 Bureau Reviews Prior to AOA Board of Trustees states that “All recommendations
27 concerning specialty certifying boards must be presented to the Bureau before being
28 presented to the AOA Board of Trustees for approval”; and

29 WHEREAS, the AOA is a member organization of osteopathic physicians; and

30 WHEREAS, the results of a survey of 214 people, 96% of whom were practicing DOs across
31 the USA, shows that 96% of respondents feel that the decisions that shift the
32 framework of the osteopathic profession should require a public comment period

before implementation and 95% of respondents feel that decisions the shift the framework of the osteopathic profession should require a vote by the AOA House of Delegates; and

WHEREAS, the AOA BOT and BOS did not follow the established and published bylaws, policies and procedures when it voted to change osteopathic board certification, including the elimination of osteopathic content from such certification; and

WHEREAS, the July 2018 BOS Handbook lists in Article 1. Protocol for establishing specialty certifying boards, section 1, E that, “The BOS may not waive any of the following protocols”; and

WHEREAS, practicing osteopathic physicians who are board certified by the AOA rely on that certification for hospital privileges, insurance contracts and credentialing; now, therefore be it

RESOLVED, that the resolution voted on by the American Osteopathic Association (AOA) Board of Trustees (BOT) on February 26, 2019, titled, “AOA Board Certification Pathway” is VOID; and, be it further

RESOLVED, that any future attempts to force specialty boards to remove osteopathic content from osteopathic certification exams be halted; and, be it further

RESOLVED, that any future attempts by the AOA to alter the standards of osteopathic teaching, practice, certification or evaluation be given a sufficient comment period to the AOA membership as a whole, and approved by the AOA House of Delegates via 2/3 majority; and, be it further

RESOLVED, that the AOA establish guidelines to set the general direction for minimum standards for osteopathic content in osteopathic certification, but that osteopathic specialty boards can maintain the ability to establish individual criteria, above and beyond that, for their specific specialty exam as they are charged with writing exams and evaluating candidates.

Reference Committee Explanatory Statement:

The Committee believes the intent of this resolution is addressed in Substitute H-220.

ACTION TAKEN **DISAPPROVED**

DATE **July 27, 2019**

SUBJECT: OSTEOPATHIC SPECIALTY COLLEGES AND CERTIFICATION

SUBMITTED BY: Massachusetts Osteopathic Society

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the mission statement of the American Osteopathic Association (AOA) is to
2 “advance the distinctive philosophy and practice of osteopathic medicine”; and

3 WHEREAS, the mission statement of the Bureau of Osteopathic Specialties (BOS) states that
4 “the BOS is the certifying body for the approved specialty boards of the AOA and is
5 dedicated to establishing the high standards for certification of osteopathic physicians”;
6 and

7 WHEREAS, the July 2018 BOS handbook states that “the AOA, through the BOS, will
8 provide a mechanism to evaluate the validity and reliability of all certification
9 examinations conducted by AOA specialty certifying boards”; and

10 WHEREAS, specialty colleges are affiliated organizations with the AOA; and

11 WHEREAS, the AOA states on www.osteopathic.org, that “The AOA works with osteopathic
12 specialty colleges to advance osteopathic medicine; and

13 WHEREAS, all Osteopathic certification will lead to Osteopathic Continuous Certification; and

14 WHEREAS, the results of a survey of 214 people, 96% of whom were practicing DOs across
15 the USA, shows that 82% of respondents feel that osteopathic specialty colleges can be
16 an option to administer practical board exams; now, therefore be it

17 RESOLVED, that under the guidance of osteopathic specialty boards, and overseen by the
18 Bureau of Osteopathic Specialties, that all American Osteopathic Association affiliated
19 osteopathic specialty colleges can administer practical exams in OMT for osteopathic
20 certification, as well as provide necessary Osteopathic Continuous Certification in OMT
21 for osteopathic continuous certification.

Reference Committee Explanatory Statement:

Exams must be developed and administered by the certifying boards, not the specialty colleges.

ACTION TAKEN **DISAPPROVED**

DATE **July 27, 2019**

SUBJECT: PARENTAL LEAVE POLICIES FOR ACCREDITATION COUNCIL
FOR GRADUATE MEDICAL EDUCATION (ACGME)
RESIDENCY PROGRAMS

SUBMITTED BY: Ohio Osteopathic Association

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) requires
2 that graduate medical education institutions give written statements regarding parental
3 leave policy availability, without requiring implementation or standardization of leave
4 policies across programs¹; and

5 WHEREAS, length and availability of parental leave policies in place for resident physicians are
6 determined by respective specialty boards (e.g. American Board of Family Medicine,
7 etc.)¹; and

8 WHEREAS, there is discrepancy across specialties regarding establishment and encouragement
9 to utilize parental leave policies^{1,2,3,4}; and

10 WHEREAS, some specialty boards encourage minimum 8 weeks maternal leave, while female
11 surgical residents report that the American Board of Surgery leave policies are a barrier
12 to taking more than 6 weeks of leave^{1,2,3,4}; and

13 WHEREAS, 90% of pediatric residency programs have established maternal leave policies, as
14 compared to only 36.54% of plastic surgery residency programs^{5,6,7}; and

15 WHEREAS, many residency programs do not have paternal leave policies⁸; and

16 WHEREAS, in a survey conducted by the Association of Women Surgeons of 347 female
17 surgical residents with one or more pregnancies during residency, 72% reported that the
18 six or less weeks of leave they could obtain was inadequate and 39% seriously
19 considered leaving surgical residency due to the challenges faced regarding childbearing
20 and leave³; and

21 WHEREAS, residents in some specialties often face discouragement when taking parental
22 leave, and feel perceived stigma regarding pregnancy^{1,2,3}; and

23 WHEREAS, the Family and Medical Leave Act, covering 60% of American workers including
24 medical residents, states eligible employees are entitled to: “unpaid, job-protected leave
25 for specified family and medical reasons,” including up to twelve work weeks within a
26 12 month period for birth of a child and care for the newborn⁹; and

27 WHEREAS, a substantial decrease in infant mortality was found when women were given 12
28 weeks of maternity leave following the Family and Medical Leave Act¹⁰; now, therefore
29 be it

RESOLVED, that the American Osteopathic Association (AOA) encourages the Accreditation Council for Graduate Medical Education (ACGME) to promote the standardization, within the common program requirements; availability; and accessibility of requesting adequate parental leave in adherence with the Family and Medical Leave Act; and, be it further

RESOLVED, that the AOA ~~to encourage~~^S the ACGME to advocate for transparency of parental leave policies ~~at the time of residency matching.~~

References

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9. Family and Medical Leave Act of 1993. Public Law 103-3, 107 Stat. 6. 1993.
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ACTION TAKEN **APPROVED as AMENDED**

DATE **July 27, 2019**

SUBJECT: COMMENDATION OF AMA POLICY (AMA 955) ON EQUAL
 ACCEPTANCE OF COMLEX-USA FOR DO STUDENTS IN ALL
 US RESIDENCY PROGRAMS

SUBMITTED BY: Osteopathic Physicians and Surgeons of California

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the National Board of Osteopathic Medical Examiners (NBOME) COMLEX-
2 USA licensure examination series is an evidenced-based assessment that reflects the
3 distinctive osteopathic medical school curriculum, qualifications, competencies and
4 practice patterns of osteopathic physicians; and

5 WHEREAS, successful passage of COMLEX-USA Level 1, Level 2, Level 2 Performance
6 Evaluation are required by the AOA-Commission on Osteopathic College Accreditation
7 and all United States colleges of osteopathic medicine for graduation with the DO
8 degree; and

9 WHEREAS, many stakeholders including medical students and deans and the American
10 Medical Association have cited the unintended consequences of the USMLE (United
11 States Medical Licensing Examination) Step 1 impacting not only student well-being but
12 also detracting from students' full engagement with their educational/curricular
13 program un undergraduate medical education; and

14 WHEREAS, in this era of Single Graduate Medical Education (GME) accreditation and the
15 resulting uncertainties and anxieties, many osteopathic medical students are concerned
16 about being an effective, competitive candidate for their preferred residency specialty
17 and program; and

18 WHEREAS, some residency Accreditation Council for Graduate Medical Education (ACGME)
19 program directors require USMLE for all GME program applicants, including DOs, in
20 order to evaluate which candidates to interview and rank in the National Residency
21 Matching Program (NRMP); and

22 WHEREAS, in November 2018, the American Medical Association House of Delegates
23 adopted a new policy calling for promotion of equal acceptance of COMLEX-USA and
24 USMLE at all US residency programs; now, therefore be it

25 RESOLVED, that the American Osteopathic Association (AOA) commend the American
26 Medical Association (AMA) for its adoption of promoting equal acceptance of
27 COMLEX-USA by all US Residency Programs; and, be it further

28 RESOLVED, that the AOA dedicate resources to support initiatives to reach ACGME
29 residency and fellowship program leaders, including Program Directors and Program
30 Coordinators, about the equivalent use of COMLEX-USA and USMLE in GME
31 programs.

Reference Committee Explanatory Statement:

The Committee believes this resolution is better addressed in H-231.

ACTION TAKEN **DISAPPROVED**

DATE **July 27, 2019**

SUBJECT: CLASSIFICATION OF OSTEOPATHIC MEDICAL GRADUATES AS
UNITED STATES MEDICAL GRADUATES IN ELECTRONIC
RESIDENCY APPLICATION SERVICE (ERAS)

SUBMITTED BY: The Student Osteopathic Medical Association

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the single accreditation system between American Osteopathic Association (AOA)
2 and the American Council of Graduate Medical Education (ACGME) for graduate
3 medical education (GME) is heading to completion in 2020; and

4 WHEREAS, the final AOA match has concluded, and from this point forward both
5 osteopathic and allopathic medical school graduates will be applying to the same set of
6 GME programs; and

7 WHEREAS, osteopathic and allopathic medical students are both equally physicians under the
8 law once medical licensure is obtained; and

9 WHEREAS, program directors for GME programs utilize filters built into the Electronic
10 Residency Application Service (ERAS) to stratify applicants¹; and

11 WHEREAS, the above-mentioned ERAS filters include filtering students by medical school
12 type under the field: “Most Recent Medical School Type.” For example, there are U.S.
13 Public and U.S. Private school filters that apply only to M.D. students but there exists a
14 separate third filter category for osteopathic medical schools. As such, osteopathic
15 graduates are not considered as US medical graduates. There are also separate filters for
16 foreign medical graduates and Canadian applicants¹; and

17 WHEREAS, osteopathic medical students applying for residency programs in the new unified
18 match may have their application filtered out, without being viewed by residency
19 program directors, due students being placed in a separate “Osteopathic” category of
20 filtered applicants, in a similar manner to how foreign medical and Canadian graduates
21 are filtered out¹ ; and

22 WHEREAS, medical students applying for GME should be judged by programs based on
23 factors that indicate medical school performance, including class ranking, grades,
24 licensing exam scores, letters of recommendation, medical school performance
25 evaluation (MSPE), extracurricular involvement, interview performance, and research
26 conducted; and

27 WHEREAS, medical students spending money to apply to GME programs should have their
28 application given fair consideration; and

WHEREAS, osteopathic medical graduates are US medical graduates and should not be classified as a separate subtype of medical graduate comparable to a foreign medical graduate; now, therefore be it

RESOLVED, that the American Osteopathic Association advocates to the American Association of Medical Colleges to adjust Electronic Residency Application Service filters based on medical school type such that Osteopathic applicants are included and recognized within the US Public or Private Medical Graduates category.

References

1. How Filters Work. Retrieved February 18, 2018, from <https://www.aamc.org/download/446202/data/howfilterswork.pdf>

Explanatory Statement:

Each year, osteopathic medical students' applications for GME training may be discarded without being looked at in the ACGME match at various programs and in various specialties. There currently exists methods to disregard all applications by applicants who are not U.S. M.D. graduates, including U.S. D.O. applicants, without examining the applicants file. These methods consist of filters that limit applications seen by program directors based on the type of medical school from which the applicant is graduating or has graduated. Now that the GME of the ACGME will be the only programs to which applicants may apply, and in keeping the good spirit of single accreditation, there should be no filters that eliminate U.S. M.D. or U.S. D.O. students' applications from consideration based on degree type. The narrowing down of applicants should instead be based on medical school performance. This is the most fair way to ensure that all U.S. medical school graduates have an equal opportunity for their application to be seen at each program to which they apply and submit an application fee.

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**

SUBJECT: RECOGNITION OF COMLEX AND USMLE AS EQUAL LICENSING
EXAMINATIONS AMONG RESIDENCY PROGRAMS

SUBMITTED BY: Maryland Association of Osteopathic Physicians

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, on February 26, 2014, the Accreditation Council for Graduate Medical Education
2 (ACGME), American Osteopathic Association (AOA), and American Association of
3 Colleges of Osteopathic Medicine (AACOM) announced their agreement to a
4 Memorandum of Understanding (MOU) outlining a single graduate medical education
5 accreditation system in the United States¹; and

6 WHEREAS, the intentional benefits of the single accreditation system for osteopathic medical
7 students include preserving access to primary and subspecialty programs for osteopathic
8 medical graduates, maintaining DO students' access to opportunities in the full
9 spectrum of graduate medical education (GME), and promoting consistency across all
10 GME programs in terms of training and evaluation of residents, ensuring the
11 continuation and enhancement of world class GME²; and

12 WHEREAS, the ACGME acknowledges the Comprehensive Osteopathic Medical Licensing
13 Examination of the United States (COMLEX-USA) and United States Medical
14 Licensing Examination (USMLE) as equivalent licensing board examinations by stating
15 that the ACGME does not specify which licensing board exam(s) (i.e., COMLEX-USA,
16 USMLE) applicants must take to be eligible for appointment in ACGME-accredited
17 residency programs³; and

18 WHEREAS, according to the 2018 National Resident Matching Program (NRMP) Program
19 Director Survey, 64% of programs for all specialties utilized the USMLE with a target
20 score in mind, with 34% utilized the USMLE as a pass; while only 34% of programs
21 utilized the COMLEX-USA with a target score in mind and 27% of programs utilized
22 the COMLEX-USA as a pass⁴; and

23 WHEREAS, in 2006 Slocum and Louder published a guide on converting COMLEX-USA to
24 USMLE scores, but the information has since been outdated with further research
25 arguing against the accuracy of such conversion – illustrating a need to communicate
26 the value of the two licensing exams for program directors^{5,6}; and

27 WHEREAS, Dr. Jon Gimpel, National Board of Osteopathic Medical Education (NBOME)
28 President, commented on a potential conversion between the two exams stating,
29 “because of the different natures of the examinations, it is not possible—or even
30 desirable—to make a direct numerical comparison between the scores of the
31 COMLEX-USA examination series and those of the USMLE”⁷; and

32 WHEREAS, as stated by AACOM, “The single GME accreditation system is not expected to
33 reduce acceptance of the COMLEX-USA for residency admissions, but rather to

continue to grow acceptance with the goal of one day achieving universal acceptance. However, it is likely – at least for a while – that some ACGME programs will continue to prefer to receive a USMLE score. If a student has aspirations for such programs, then that student will have to make the decision about whether to take the USMLE in addition to the COMLEX-USA”⁸; and

WHEREAS, the American Medical Association (AMA) House of Delegates in November 2018 approved a resolution that advocates equality between the COMLEX-USA and USMLE exams; with the policy further promoting the education and use of COMLEX-USA by residency program directors for evaluation of medical students⁹; and

WHEREAS, in reference to the AMA 2018 House of Delegate Resolution (H-295.866), Dr. Boyd Buser, Past AOA President, commented, “This important recognition indicates that osteopathic medical graduates should not be compelled to take the USMLE series as a condition to apply for a residency program¹⁰”; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) promote ~~equality~~ PARITY between osteopathic and allopathic medical students, residents, and physicians among residency program directors; and, be it further

RESOLVED, that the AOA collaborate with the American Association of Colleges of Osteopathic Medicine, the National Board of Osteopathic Medical Education, the American Medical Association, the Accreditation Council for Graduate Medical Education, and all other appropriate parties to educate residency program directors on the interpretation of a Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) score with the understanding that the COMLEX-USA is the most appropriate standardized exam to evaluate the competency of an osteopathic medical student.

References

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2. American Association of College of Osteopathic Medicine. "Student Primer: New Single Accreditation System for GME." AACOM, 2019, www.aacom.org/news-and-events/single-gme/student-primer. Accessed 5 June 2019.
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10. Buser BR, Swartwout J, Lischka T, Biszewski M. Single Accreditation System for Graduate Medical Education: Transition Update. J Am Osteopath Assoc 2019;119(4):257–262. doi: 10.7556/jaoa.2019.043.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 27, 2019**

SUBJECT: ADDICTION MEDICINE CAQ

SUBMITTED BY: AOA Finance Committee

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the American Osteopathic Association (AOA) approved the Addiction Medicine
2 conjoint CAQ in 1995; and

3 WHEREAS, on April 12, 2016, the AOA passed a resolution that will provide DOs who are
4 ABAM diplomats with a process to attain an AOA subspecialty certification in
5 Addiction Medicine; and

6 WHEREAS, there are many DOs who will not benefit from the 2016 AOA resolution and still
7 seek subspecialty certification in Addiction Medicine, including those who have
8 completed an AOA approved Addiction Medicine fellowship program; and

9 WHEREAS, the Centers for Disease Control and Prevention anticipates that the number of
10 death for all drug overdoses will be 74,000 in 2017. Around 66% of the more than
11 63,600 drug overdose deaths in 2016 involved an opioid. On average, 115 Americans
12 die every day from an opioid overdose; and

13 WHEREAS, the Department of Health & Human Services, The White House Office of
14 National Drug Control Policy, and the Department of Substance Abuse and Mental
15 Health Services have acknowledged a severe shortage of Addiction Medicine specialists
16 to treat the epidemic of opioid and alcohol addictions and the AOA has committed to
17 assisting in training more physicians in substance use disorder (SUD). In October 2017
18 President Donald Trump formally declared the opioid crisis a public health emergency;
19 and

20 WHEREAS, more hospitals and insurance companies are requiring certification for the
21 treatment of addiction; those who are certified are also able to command more income
22 and opportunities; and

23 WHEREAS, there is a lack of parity among DOs and MDs now that allopathically boarded
24 physicians can become qualified to certify in addiction medicine as a subspecialty under
25 the American Board of Medical Specialties (ABMS) Preventive Medicine Certifying
26 Board, thereby making DOs who are not allopathically boarded ineligible; and

27 WHEREAS, as per policy, resolutions with a financial implication must be submitted to the
28 AOA Finance Committee for review, consideration and recommendation prior to
29 consideration by the AOA House of Delegates, therefore resolution H215 – A/2018
30 titled Addiction Medicine CAQ was referred to the AOA Finance Committee for a
31 fiscal impact analysis; now, therefore be it

1 RESOLVED, that Osteopathic physicians who have completed an American Osteopathic
2 Association (AOA) approved fellowships in Addiction Medicine be allowed to take the
3 primary CAQ examination in Addiction Medicine; and, be it further

4 RESOLVED, that A clinical practice pathway ~~previously~~ **BE DEVELOPED AND** approved
5 by the AOA **CONJOINT EXAMINATION COMMITTEE** in Addiction Medicine
6 **AND** be ~~re~~opened for three (3) years **AFTER THE INITIAL EXAM**
7 **ADMINISTRATION** for ~~all~~ **QUALIFIED** DOs who wish to become certified in
8 the subspecialty of Addiction Medicine; and, be it further

9 RESOLVED, that the AOA Finance Committee submits a fiscal impact of H215 – A/2018
10 titled “Addiction Medicine CAQ” to be \$151,000 while noting that the net financial
11 impact will be \$0 in year 1.

Reference Committee Explanatory Statement:

Due to the national opioid epidemic, it is the intent of the AOA that any DO with an active primary AOA board certification in any specialty would be able to seek certification through this pathway.

ACTION TAKEN **APPROVED as AMENDED**

DATE **July 27, 2019**

SUBJECT: ADDICTION MEDICINE CAQ

SUBMITTED BY: American Osteopathic Academy of Addiction Medicine

REFERRED TO: Committee on Educational Affairs

1 WHEREAS, the American Osteopathic Association (AOA) approved the Addiction Medicine
2 conjoint CAQ in 1995; and

3 WHEREAS, on April 12, 2016, the AOA passed a resolution that will provide DOs who are
4 ABAM diplomats with a process to attain an AOA subspecialty certification in
5 Addiction Medicine; and

6 WHEREAS, there are many DOs who will not benefit from the 2016 AOA resolution and still
7 seek subspecialty certification in Addiction Medicine, including those who have
8 completed an AOA approved Addiction Medicine fellowship program; and

9 WHEREAS, the Centers for Disease Control and Prevention (CDC) anticipates that the
10 number of death for all drug overdoses will be 74,000 in 2017. Around 66% of the
11 more than 63,600 drug overdose deaths in 2016 involved an opioid. On average, 115
12 Americans die every day from an opioid overdose; and

13 WHEREAS, the Department of Health & Human Services, The White House Office of
14 National Drug Control Policy, and the Department of Substance Abuse and Mental
15 Health Services have acknowledged a severe shortage of Addiction Medicine specialists
16 to treat the epidemic of opioid and alcohol addictions and the AOA has committed to
17 assisting in training more physicians in substance use disorder (SUD). In October 2017
18 President Donald Trump formally declared the opioid crisis a public health emergency;
19 and

20 WHEREAS, more hospitals and insurance companies are requiring certification for the
21 treatment of addiction; those who are certified are also able to command more income
22 and opportunities; and

23 WHEREAS, there is a lack of parity among DOs and MDs now that allopathically boarded
24 physicians can become qualified to certify in addiction medicine as a subspecialty under
25 the American Board of Medical Specialties (ABMS) Preventive Medicine Certifying
26 Board, thereby making DOs who are not allopathically boarded ineligible; now,
27 therefore be it

28 RESOLVED, that Osteopathic physicians who have completed an American Osteopathic
29 Association (AOA) approved fellowships in Addiction Medicine be allowed to take the
30 primary CAQ examination in Addiction Medicine; and, be it further

1 RESOLVED, that clinical practice pathway previously approved by the AOA in Addiction
2 Medicine be reopened for six (6) years for all DOs who wish to become certified in the
3 subspecialty of Addiction Medicine.

Explanatory Statement:

As per policy, resolutions with financial implication must be submitted to the AOA Finance Committee for review, consideration and recommendation prior to consideration by the AOA House of Delegates.

ACTION TAKEN **REFERRED (to AOA Finance Committee)**

DATE **July 21, 2018**