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 LACME

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-A14)

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)
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 …A\text{OBNP}…

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 medical education; and

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

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

4 WHEREAS, osteopathic principles and practice are critical to the preservation of the distinctiveness of our profession; and
Committee on Educational Affairs 3 A/2019
Josh Lenchus DO, Chair MB/SM/DM
John Kauffmann, DO, Vice-Chair

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)
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.
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 professionalism, 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 encourage 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
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.
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
Committee on Educational Affairs 8 A/2019

Josh Lenchus DO, Chair MB/SM/DM
John Kauffmann, DO, Vice-Chair

John Kauffmann, DO - Vice chair
Andrew Adair, DO Michigan
Stephanie Aldret, DO Louisiana
Sandra Cook, DO Ohio
William Devine, DO Arizona
Harald Lausen, DO Illinois
Tom Lindsey, DO South Carolina
Jennifer A. Lorine, DO Pennsylvania
Ronald Renuart, DO Florida
John Sealey DO Michigan
Kayse M. Shrum, DO Oklahoma
Gregg Silberg, DO Military
Kenneth Steier, DO New York

STAFF
Maura Biszewski
Sharon McGill
Dan Mendelson
RESOLVED, that the Bureau of Education recommend that the following policy be
REAffirmed:

H200-A/14 HEALTH CARE SHORTAGE IN RURAL AMERICA
The American Osteopathic Association encourages the development of teaching centers in
rural Federally Qualified Health Centers AND OTHER ELIGIBLE ENTITIES, so that
residents can train and stay in these areas and practice osteopathic medicine. 2014

ACTION TAKEN APPROVED as AMENDED

DATE July 27, 2019
RESOLVED, that the Bureau of Education recommend that the following policy be REAFFIRMED:

H201-A/14  GRADUATE MEDICAL EDUCATION – INCREASING OPPORTUNITIES

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

ACTION TAKEN APPROVED

DATE July 27, 2019
RESOLVED, that the Bureau of Education recommend that the following policy be REAFFIRMED:

H203-A/14  OSTEOPATHIC MEDICAL EDUCATION

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

ACTION TAKEN APPROVED

DATE July 27, 2019
RESOLVED, that the Bureau on Federal Health Programs recommend that the following policy be REAFFIRMED:

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

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

ACTION TAKEN APPROVED

DATE July 27, 2019
RESOLVED, that the Bureau of Education recommend that the following policy be reaffirmed:

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

The American Osteopathic Association will continue to monitor, assist and support all osteopathic physicians who receive graduate medical education (GME) through the uniformed services process, removing barriers to osteopathic graduate medical education approval. 1998; 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

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

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

The American Osteopathic Association (AOA) allows each AOA Specialty College and AOA Specialty Board to consider the Liaison Committee on Medical Education (LCME) graduates participation in AOA residency training and become eligible to take that AOA residency’s corresponding certifying AOA board with corresponding AOA membership. The AOA will assure that the revised residency standards allowing LCME graduates to participate in AOA residency training maintain osteopathic culture and osteopathic autonomy. The AOA will develop common program requirements between equivalent AOA and ACGME residency programs and establish limited pilot programs allowing matriculation of a limited number of LCME graduates into AOA residency programs. The AOA will develop basic Osteopathic Manipulative Treatment, OMM, and OPP requirements for LCME graduates to participate in AOA residency training, and that each AOA Specialty College, with input from the American Academy of Osteopathy (AAO), develop any further OMT, OMM, OPP requirements it deems 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
RESOLVED, that the Bureau of State Government Affairs recommend that the following policy be REAFFIRMED as AMENDED:

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

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

ACTION TAKEN APPROVED as AMENDED

DATE July 27, 2019
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

H210-A14 INHALATION OF VOLATILE SUBSTANCES

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

ACTION TAKEN APPROVED

DATE July 27, 2019
RESOLVED, that the Bureau of Osteopathic Education recommend that the following policy be REAFFIRMED:

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

The American Osteopathic Association upholds and supports maintaining the integrity and mission of Colleges of Osteopathic Medicine and University Health Science Centers granting 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
RESOLVED, that the Bureau of Osteopathic Education recommend that the following policy be REAFFIRMED:

H212-A14   PSYCHIATRY CURRICULUM AND STAFFING
The American Osteopathic Association supports the use of members of the American College of Osteopathic Neurology and Psychiatry and their commitment to serve as a resource for developing core competencies and learning objectives for osteopathic psychiatry both in undergraduate and graduate medical education. 2009; reaffirmed 2014

ACTION TAKEN APPROVED

DATE July 27, 2019
RESOLVED, that the Bureau on Scientific Affairs and Public Health recommend that the following policy be REAFFIRMED:

**H213-A14   TEENAGE ALCOHOL ABUSE**

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

ACTION TAKEN **APPROVED**

DATE **July 27, 2019**
RESOLVED, that the Bureau of State Government Affairs recommend that the following policy be REAFFIRMED as AMENDED:

H214-A14 MANDATORY CME COURSE REQUIREMENTS
The American Osteopathic Association opposes any federal attempts to impose any specific continuing medical education (CME) course requirements and will assist any component AFFILIATE societies in opposing additional ATTEMPTS BY STATES TO IMPOSE specific 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

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

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

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

ACTION TAKEN APPROVED

DATE July 27, 2019
RESOLVED, that the Bureau of Education recommend that the following policy be SUNSET:

H219-A14      PROFESSIONAL LIABILITY INSURANCE – TRAINEE

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

1) Required full disclosure of type and amount of PLI to AOA, OPTI, and trainees;
2) Prohibition of claims-made policies for trainees;
3) Development of a superfund or backup insurance to be used in the event of hospital 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.
RESOLVED, that the Bureau of Osteopathic Education recommend that the following policy be REAFFIRMED:

H308-A/14 INFLUENZA VACCINATION PROGRAMS FOR MEDICAL SCHOOLS

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

ACTION TAKEN APPROVED

DATE July 27, 2019
RESOLVED, that the AOA Board of Trustees recommend that the following policy be
REAFFIRMED:

H800-A/14 SINGLE GRADUATE MEDICAL EDUCATION ACCREDITATION SYSTEM
The American Osteopathic Association (AOA) will evaluate and report to the membership and
AOA House of Delegates annually, between 2015 and 2024, concerning the following
issues:

1) The ability of AOA-trained and certified physicians to serve as program directors in the
   single GME accreditation system;
2) The maintenance of smaller, rural and community based training programs;
3) The number of solely AOA certified physicians serving as program directors in each
   specialty;
4) The number of osteopathic identified GME programs and number of osteopathic
   identified GME positions gained and lost;
5) The number of osteopathic residents taking osteopathic board certification examinations;
6) The status of recognition of osteopathic board certification being deemed equivalent by
   the ACGME;
7) The importance of osteopathic board certification as a valid outcome benchmark of the
   quality of osteopathic residency programs, and be it further
   Any proposed single graduate medical education (GME) accreditation system will provide
   for the preservation of the unique distinctiveness of osteopathic medicine, osteopathic
   graduate medical education, osteopathic licensing examinations, osteopathic board
   certification, osteopathic divisional societies, osteopathic specialty societies, osteopathic
   specialty colleges, the AOA, and the osteopathic profession. The AOA will remain
   vigilant in its oversight of the single accreditation process and utilize its ability to cease
   negotiations as delineated in the Memorandum Of Understanding (MOU) should
   osteopathic principles and educational opportunities be materially compromised. The
   AOA will seek to create an exception category to allow the institution/program, on a case
   by case basis, up to a one year extension without prejudice for an institution/program that
   has their budget previously planned so as not to put that institution/program at a
   competitive disadvantage. The AOA will advocate for an extension of the closure date for
   AOA accreditation beyond July 1, 2020, where appropriate for individual programs on a
   case by case basis. The AOA will enter into a single accreditation system that perpetuates
   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

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

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

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

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

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

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

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

RESOLVED, that the members of the American College of Osteopathic Neurologists and Psychiatrists (ACONP) declare their strong support and gratitude to the American 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**
WHEREAS, osteopathic board certification and recertification exams are now conducted at
testing centers; and

WHEREAS, results are submitted to the certifying board immediately after the test; and

WHEREAS, the American Osteopathic Association currently takes four months or longer to
notify the physician of his or her test results; now, therefore be it

RESOLVED, that the American Osteopathic Association require its certifying
boards to notify the physician AND PROGRAM DIRECTOR, IF APPLICABLE,
within eight weeks of taking the test of their 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
 WHEREAS, family physicians comprise a large number of American Osteopathic Association (AOA) membership; and

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

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

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

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

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

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

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

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

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

 RESOLVED, that the resulting recommendations be submitted to the Bureau of Osteopathic Specialists for consideration and discussion, without outside influence from AOA staff 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
WHEREAS, Osteopathic Manipulative Treatment (OMT) is an essential modality of osteopathic family medicine; and

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

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

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

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

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

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

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

RESOLVED, that the American Osteopathic Association approve the American College of Osteopathic Family Physicians’ OMT Boot Camp as partial fulfillment of the requirements of the American Board of Osteopathic Family Physicians Osteopathic 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
WHEREAS, osteopathic principles and practice are a critical component of osteopathic medical education; and
WHEREAS, osteopathic principles and practice are critical to the preservation of the distinctiveness of our profession; and
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.

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

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

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

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

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

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

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

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

RESOLVED, that the terminology for American Osteopathic Association issued board certifications should state that a certificate holder is “Board Certified in Osteopathic 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**
WHEREAS, at its 2018 meeting, the AOA House of Delegates REFERRED the policies noted in resolutions H201-A/18 and H205-A/18 to the Bureau of Osteopathic Education (BOE) to update the language in light of the single GME accreditation system; now, therefore be it

RESOLVED, that the Bureau of Osteopathic Education recommends that the following policies be SUNSET:

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

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

and

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

The American Osteopathic Association maintains that osteopathic-focused value and programs, which are defined as those programs using osteopathic principles and practice (OPP) and osteopathic manipulative medicine (OMM), always remain the foundation of osteopathic medical schools, COMLEX-USA, American Osteopathic Association (AOA) residency programs, osteopathic board certification, osteopathic licensure, osteopathic continuing medical education, and the osteopathic profession; and that all AOA residency programs, AOA program directors, Directors of Medical Education, AOA training institutions, and OPTI's shall maintain, measure, and enhance osteopathic-focused programs and shall continue to integrate OPP, OMM, and osteopathic culture into all core competencies of all osteopathic medical 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
WHEREAS, patient permission is the foundation for all medical practice, and gender
discrimination is prohibited and addressed in the American Osteopathic Association’s
(AOA) Code of Ethics; and

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

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

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

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

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

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

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

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

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


ACTION TAKEN **APPROVED as AMENDED**

DATE **July 27, 2019**
WHEREAS, the mission statement of the American Osteopathic Association (AOA) is to “advance the distinctive philosophy and practice of osteopathic medicine”; and

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

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

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

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

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

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

RESOLVED, that the terminology for American Osteopathic Association issued board certifications should state that a certificate holder is “Board certified in the Principles 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**
WHEREAS, the mission statement of the American Osteopathic Association (AOA) is to “advance the distinctive philosophy and practice of osteopathic medicine”; and

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

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

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

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

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

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

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

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

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

WHEREAS, the survey results supplied by The Boston Consulting Group were limited to DO and MD students, residents and those newly out in practice; and
WHEREAS, the results of a survey of 408 people, 96% of whom were practicing DOs across the USA, were presented to the AOA Board of Trustees in February 2019 showing that 91.8% of respondents wanted to maintain osteopathic distinctiveness in osteopathic certification; and

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

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

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

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

RESOLVED, that the AOA should not offer an osteopathic certification option that eliminates 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**
WHEREAS, the July 2018 Bureau of Osteopathic Specialties (BOS) handbook lists in Article 1. Protocol for establishing specialty certifying boards, section 1, D that, “Notification of the submission of a petition for establishing a new specialty certifying board and/or requesting an assignment or change of jurisdiction will be sent to each AOA specialty college and certifying board by the secretary of the BOS prior to consideration and recommendation”; and

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

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

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

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

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

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

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

WHEREAS, the results of a survey of 214 people, 96% of whom were practicing DOs across the USA, shows that 96% of respondents feel that the decisions that shift the framework of the osteopathic profession should require a public comment period
before implementation and 95% of respondents feel that decisions 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
WHEREAS, the mission statement of the American Osteopathic Association (AOA) is to “advance the distinctive philosophy and practice of osteopathic medicine”; and

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

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

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

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

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

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

RESOLVED, that under the guidance of osteopathic specialty boards, and overseen by the Bureau of Osteopathic Specialties, that all American Osteopathic Association affiliated osteopathic specialty colleges can administer practical exams in OMT for osteopathic certification, as well as provide necessary Osteopathic Continuous Certification in OMT 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**
WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) requires that graduate medical education institutions give written statements regarding parental leave policy availability, without requiring implementation or standardization of leave policies across programs; and

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

WHEREAS, there is discrepancy across specialties regarding establishment and encouragement to utilize parental leave policies; and

WHEREAS, some specialty boards encourage minimum 8 weeks maternal leave, while female surgical residents report that the American Board of Surgery leave policies are a barrier to taking more than 6 weeks of leave; and

WHEREAS, 90% of pediatric residency programs have established maternal leave policies, as compared to only 36.54% of plastic surgery residency programs; and

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

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

WHEREAS, residents in some specialties often face discouragement when taking parental leave, and feel perceived stigma regarding pregnancy; and

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

WHEREAS, a substantial decrease in infant mortality was found when women were given 12 weeks of maternity leave following the Family and Medical Leave Act; now, therefore 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 the ACGME to advocate for transparency of parental leave policies at the time of residency matching.

References

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

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

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

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

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

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

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

RESOLVED, that the AOA dedicate resources to support initiatives to reach ACGME residency and fellowship program leaders, including Program Directors and Program Coordinators, about the equivalent use of COMLEX-USA and USMLE in GME programs.
Reference Committee Explanatory Statement:
The Committee believes this resolution is better addressed in H-231.

ACTION TAKEN **DISAPPROVED**

DATE July 27, 2019
WHEREAS, the single accreditation system between American Osteopathic Association (AOA) and the American Council of Graduate Medical Education (ACGME) for graduate medical education (GME) is heading to completion in 2020; and

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

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

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

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

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

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

WHEREAS, medical students spending money to apply to GME programs should have their 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

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

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

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

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

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

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

WHEREAS, as stated by AACOM, “The single GME accreditation system is not expected to 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; 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 students; 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 program”; 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


**ACTION TAKEN** APPROVED as AMENDED

**DATE** July 27, 2019
WHEREAS, the American Osteopathic Association (AOA) approved the Addiction Medicine conjoint CAQ in 1995; and

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

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

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

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

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

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

WHEREAS, as per policy, resolutions with a financial implication must be submitted to the AOA Finance Committee for review, consideration and recommendation prior to consideration by the AOA House of Delegates, therefore resolution H215 – A/2018 titled Addiction Medicine CAQ was referred to the AOA Finance Committee for a fiscal impact analysis; now, therefore be it
RESOLVED, that Osteopathic physicians who have completed an American Osteopathic
Association (AOA) approved fellowships in Addiction Medicine be allowed to take the
primary CAQ examination in Addiction Medicine; and, be it further

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; and, be it further

RESOLVED, that the AOA Finance Committee submits a fiscal impact of H215 – A/2018
titled “Addiction Medicine CAQ” to be $151,000 while noting that the net financial
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
WHEREAS, the American Osteopathic Association (AOA) approved the Addiction Medicine conjoint CAQ in 1995; and

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

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

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

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

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

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

RESOLVED, that Osteopathic physicians who have completed an American Osteopathic Association (AOA) approved fellowships in Addiction Medicine be allowed to take the primary CAQ examination in Addiction Medicine; and, be it further
RESOLVED, that clinical practice pathway previously approved by the AOA in Addiction Medicine be reopened for six (6) years for all DOs who wish to become certified in the 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