### M/2018 MEETING
### RESOLUTION ROSTER
### as of 3/01/2018

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AOA BOARD OF TRUSTEES
2018 MIDYEAR BUSINESS MEETING

M/2018 MEETING
RESOLUTION ROSTER
as of 3/01/2018

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CONSENT AGENDA – FOR COLLECTIVE ACTION BY THE FULL BOARD OF TRUSTEES

Mr. President, the Committee on Basic Documents & Operations of Affiliated Organizations met on February 20, 2018, to review requests related to various affiliated organizations.

I now present for consideration the following consent agenda and the Committee recommends that it be APPROVED:

B-100 Proposed Amendments to the Bylaws of the American Osteopathic Academy of Orthopedics

B-101 Proposed Amendments to the Bylaws of the American Osteopathic College of Dermatology

B-102 Proposed Amendments to the Bylaws of the Arizona Osteopathic Medical Association

B-103 Proposed Amendments to the Bylaws of the North Carolina Osteopathic Medical Association

B-104 Proposed Amendments to the Constitution & Bylaws of the Mississippi Osteopathic Medical Association

And I so move. APPROVED
Mr. President, I present for consideration Resolution No. B-105 and the Committee recommends that it be REFERRED back to Timeless Medicine for additional information regarding the nature of the organization.

Explanatory Statement: The AOA received a request from an organization called “Timeless Medicine” for affiliate status. Timeless Medicine is a California corporation that was created by Richard Mignosa, DO who is affiliated with the Osteopathic Center of San Diego at the University of California – San Diego and has been involved with osteopathic medical education and continuing medical education. The information provided by Dr. Mignosa did not provide sufficient detail to allow the Committee to understand the nature of the Timeless Medicine organization and evaluate whether it is an appropriate organization to become an affiliated organization under the AOA’s Bylaws. This resolution calls for staff to contact Dr. Mignosa and Timeless Medicine to request additional details.

And I so move. **APPROVED**

Mr. President, as an informational item, I wish to advise the Board of Trustees that the Committee received a report from the AOA’s Vice President for Affiliate and Membership Services concerning the Healthy and Viable Affiliated Organizations Program (HVAOP). There is no HVAOP compliance report submitted by the Committee at this time because staff is working with the Task Force on Affiliate Alignment to revise and refine the HVAOP to address concerns raised by the state and specialty affiliates and become a more useful product for the AOA and the affiliated organizations.

Mr. President, this concludes the Committee’s report. I would like to thank the following members of the Reference Committee for their collaboration and hard work.

<table>
<thead>
<tr>
<th>Committee Members</th>
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<tbody>
<tr>
<td>Richard Thacker, DO, Chair</td>
<td>Josh Prober, JD</td>
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<tr>
<td>John E. Bodell, DO, Vice Chair</td>
<td>Yolanda Doss</td>
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<tr>
<td>Robert Hostoffer, DO</td>
<td>Kristin Belleson</td>
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<td>Teresa A. Hubka, DO</td>
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<td>Lucie E. Mitchell, DO</td>
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<td>Ray L. Morrison, DO</td>
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<tr>
<td>Bruce A. Wolf, DO</td>
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<tr>
<td>Kyle M. Yuquimpo, OMS III</td>
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The Finance Committee met on Sunday, February 25, 2018 and acted on the following resolutions:

1. **CONFIRMATION OF AOA AUDITOR**

Mr. President, I present for consideration FC Resolution No. 1 and the Committee recommends that it be APPROVED:

WHEREAS, the AOA retained the accounting firm of RSM McGladrey to perform the audit of its annual financial statements since Fiscal Year 2005; and,

WHEREAS, the AOA performed an auditor search process in 2012 that resulted in a $12,500 reduction in annual audit fees to the AOA by RSM McGladrey; and

WHEREAS, the Partner in charge of AOA’s audit was rotated to a different Partner at RSM McGladrey for the audit of the AOA financial statements beginning with the fiscal years ending May 31, 2012 and May 31, 2017; and

WHEREAS, the AOA is satisfied with the auditing services provided by RSM McGladrey; now, therefore, be it

RESOLVED, that the Finance Committee has approved that AOA retain the accounting firm of RSM McGladrey to perform the audit of the AOA financial statements for the Fiscal Year ending May 31, 2018.

Explanatory Statement:

RSM McGladrey, LLP, is the fifth largest accounting firm in the city of Chicago. Its proposed audit fee for the AOA is $53,000 for Fiscal Year 2018. Five audit firms submitted five-year proposals to the AOA as a result of the RFP process in 2012.

FISCAL IMPACT:

And I so move. **APPROVED**
2. **ACCME ACCREDITATION**

Mr. President, I present for consideration FC Resolution No. 2 and the Committee recommends that it be APPROVED as amended:

1. WHEREAS, Resolution H-231, A/2017, calls for the AOA to apply for and maintain accreditation as an Accreditation Council on Continuing Medical Education (ACCME) accredited provider; and

2. WHEREAS, the AOA House of Delegates referred Resolution H-231 to the Finance Committee; and

3. WHEREAS, the Finance Committee reviewed the application and ongoing costs to be ACCME accredited and concluded that it is prudent to apply for ACCME accreditation; now, therefore be it

4. RESOLVED, that the AOA Board of Trustees approve the use of up to $30,000 from reserves in FY2018 to apply for ACCME accreditation; and be it further

5. RESOLVED, that the AOA staff be directed to initiate application activities, retain consultants as needed and include appropriate budget allocations for maintaining ACCME accreditation in FY2019 and reviewed every 3 years for financial viability.

**FISCAL IMPACT:**

Year 1: (FY2018)
- $1,500 pre-application fee
- $9,000 initial accreditation fee
- $15,000 for consulting

Total = $25,500 initial costs

Year 2: (FY 2019)
- Annual accreditation cost $5,500
- Misc. expenses $10,000
- Staff cost $100,000 (including benefits)

Total = $115,000 *

- Potential revenue from co-sponsor fees of $500 to $1,000 per event

And I so move, **APPROVED**
3. **FIREARMS INVESTMENT RESTRICTION**

Mr. President, I present for consideration FC Resolution No. 3 and the Committee recommends that it be POSTPONED DEFINITELY until the June 2018 Finance Committee meeting to allow the AOA Investment Advisor to review the current investment exposure to personal firearms manufacturers:

1. RESOLVED, that AOA shall add personal firearms manufacturers to its current list of restricted investments.

And I so move. **APPROVED (to postpone definitely to June 2018)**

Mr. President, this concludes the Committee’s report. I would like to thank the following members of the Reference Committee for their collaboration and hard work.

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<thead>
<tr>
<th>Committee Members</th>
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<tr>
<td>Boyd R. Buser, DO, Chair</td>
<td>Frank Bedford, CPA, CFO</td>
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<tr>
<td>Mark A. Baker, DO, Vice Chair</td>
<td>Adrienne White-Faines, CEO, Advisor</td>
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<td>William S. Mayo, DO</td>
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<td>Joseph A. Giaimo, DO</td>
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<td>Geraldine T. O'Shea, DO</td>
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<td>Teresa A. Hubka, DO</td>
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<td>Ernest R. Gelb, DO</td>
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<td>Joseph M. Yasso, Jr., DO</td>
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<td>Robert G G Piccinini, DO</td>
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<td>Ira P. Monka, DO</td>
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<td>John W. Becher, DO</td>
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American Osteopathic Association
Board of Trustees
Reference Committee 1

Mark S. Cantieri, DO, Chair
Frank M. Tursi, DO, Vice Chair

CONSENT AGENDA – FOR COLLECTIVE ACTION BY THE FULL BOARD OF TRUSTEES

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

B-1 FACULTY REQUIREMENT FOR AOA CATEGORY 1-A PROGRAMS

B-2 REVISIONS TO SECTION X: AOA PROGRAM ACCREDITATION DURING TRANSITION TO SINGLE GME ACCREDITATION SYSTEM

(Editors)
Page 2 Line 26 AT ITS AUGUST SUMMER 2018 MEETING (A PROGRAM…

B-4 REPRESENTATION OF STUDENTS IN THE AOA HOUSE OF DELEGATES AND PROPOSED AMENDMENT TO THE AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION & BYLAWS

(Editors)
Line 17 RESOLVED, that the AOA Board of Trustees approves SUPPORTS the following

B-5 REPRESENTATION OF PHYSICIANS IN POSTDOCTORAL TRAINING IN THE AOA HOUSE OF DELEGATES AND PROPOSED AMENDMENT TO THE AMERICAN OSTEOPATHIC ASSOCIATION CONSTITUTION & BYLAWS

(Editors)
Line 19 RESOLVED, that the AOA Board of Trustees approves SUPPORTS the following

B-13 ACTIONS OF THE EXECUTIVE COMMITTEE OF THE AOA BOARD OF TRUSTEES

And I so move. APPROVED
B-3 PROPOSED REVISIONS TO THE HANDBOOK OF THE BUREAU OF OSTEOPATHIC SPECIALISTS (BOS)

Mr. President, I present for consideration Resolution No. B-3, and the Committee recommends that it be POSTPONED DEFINITELY UNTIL JULY 2018.

And I so move. **APPROVED**

B-17 RESPONSE TO RESOLUTION B-5 “CATEGORIES OF CERTIFICATION”

Mr. President, I present for consideration Resolution No. B-17, and the Committee recommends that it be REFERRED to BUREAU OF OSTEOPATHIC SPECIALISTS (BOS).

And I so move. **APPROVED**

B-18 WAS WITHDRAWN - RESPONSE TO HOD RESOLUTIONS RELATING TO OCC

Mr. President, this concludes the Committee’s report. I would like to thank the following members of the Reference Committee for their collaboration and hard work.

**Committee Members:**
Mark S. Cantieri, DO, Chair
Frank M. Tursi, DO, Vice Chair
John E. Bodell, DO
Thomas L. Ely, DO
Vanessa W. Halvorsen, OMS IV
Teresa A. Hubka, DO
Jennie H. Kwon, DO
James M. Lally, DO
Craig L. Magnatta, DO
Richard R. Thacker, DO
Heather N. Ivy, DO - advisor

**Staff**
Mat Kremke
Julius Rhodes
American Osteopathic Association
Board of Trustees
Reference Committee 2

Barbara E. Walker, DO, Chair
Bruce A. Wolf, DO, Vice Chair

CONSENT AGENDA – FOR COLLECTIVE ACTION BY THE FULL BOARD OF TRUSTEES

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

B-6 AFFILIATE REPRESENTATION

B-7 COMMUNICATION WITH AFFILIATE ORGANIZATIONS

And I so move. APPROVED

B-8 HEALTHY AND VIABLE AFFILIATED ORGANIZATIONS PROGRAM REPORT

Mr. President, I present for consideration Resolution No. B-8, and the Committee recommends that it be AMENDED and APPROVED with the following recommended amendment:

Line 17 RESOLVED THAT HVAOP EVOLVE TO AN AFFILIATE VIABILITY INDEX USING DATA TO IDENTIFY THE NEEDS OF AFFILIATES.

And I so move. APPROVED

B-9 MEMBERSHIP DATA SHARING

Mr. President, I present for consideration Resolution No. B-9 and the Committee recommend that it be AMENDED and APPROVED with the following recommended amendments:

INSERT AFTER LINE 7
RESOLVED, that STUDENT, POSTDOCTORAL TRAINING, AND DOCTORS OF OSTEOPATHIC MEDICINE data distribution and sharing WITH AFFILIATES BE FACILITATED. WHERE LEGALLY
ALLOWABLE AND NO ADDITIONAL MATERIAL EXPENDITURE IS REQUIRED ACCORDING THE TERMS OF PREVAILING DATA LICENSING AGREEMENTS, DATA SHARING AGREEMENTS, STATE AND FEDERAL PRIVACY LAWS AND REGULATIONS AND MEMBER PREFERENCES ON DATA PRIVACY; AND BE IT FURTHER.

Line 8-11 RESOLVED, that TO THE EXTENT AVAILABLE, THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA) WILL WORK TO ESTABLISH METHODS TO SHARE, AT A MINIMUM, be available and should include but is not limited to the following minimum data fields WITH AFFILIATES: AOA ID number, email address, mailing address, ACGME program (OGME/GME), specialty, college of medicine (COM) and graduation year; and, be it further

Line 12-13 RESOLVED, that accurate data pertaining to students and residents is a high priority of affiliate organizations; and, be it further

Line 14-16 RESOLVED, that the American Osteopathic Association (AOA) analyze the results of DATA SHARING, UTILIZING of and feedback from affiliates VIA THE DEPARTMENT OF AFFILIATE AFFAIRS AND THE BUREAU OF MEMBERSHIP, AS OBTAINED IN at the Fall, 2018 Bureau of Membership meeting and SUBSEQUENTLY MAKE A report to the AOA Board of Trustees at the 2018 THE FOLLOWING Annual MIDYEAR Business Meeting; AND BE IT FURTHER

LINE 17 RESOLVED, THAT WHERE DATA SHARING AGREEMENTS DO NOT ALLOW FOR SHARING OF DATA, THE AOA WILL WORK TO NEGOTIATE WITH OUTSIDE ORGANIZATIONS AND LICENSORS OF DATA SUCH AS ACGME TO FACILITATE DATA SHARING AGREEMENTS AS STATED ABOVE, AND BE IT FURTHER

RESOLVED, THE AOA WILL SHARE RELEVANT AOA DATA WITH DIVISIONAL AND SPECIALTY AFFILIATES AS LEGALLY PERMISSIBLE, AND UPON EXECUTION OF APPROPRIATE DATA SHARING AGREEMENTS BETWEEN THE AFFILIATE AND THE AOA.

Explanatory Statement: Utilizing shared data is critical for retention and recruitment of all Osteopathic distinctive organizations. AOA Data sharing program: “The AOA will share relevant AOA data with divisional and specialty affiliates upon request.” This resolution serves to establish, clarify, and confirm policy with regard to priority, minimum data set, and reporting procedure.

And I so move. APPROVED
B-10 NON-DUES REVENUE

Mr. President, I present for consideration Resolution No. B-10 and the Committee recommend that it be AMENDED and APPROVED with the following recommended amendment to the explanatory statement:

**Explanatory Statement:** Effective co-promotion of non-dues activities can effectively market products, services, and CME allowing for a revenue sharing formula. Fiscal impact to AOA is offset by marketing co-promotion from Affiliate Organization. AFFINITY PROGRAMS ARE BUSINESS PARTNERSHIPS IN WHICH AN ORGANIZATION OFFERS SPECIAL RATES OR SERVICES TO MEMBERS IN AN EFFORT TO INCREASE REVENUE FOR BOTH ORGANIZATIONS.

And I so move. APPROVED

B-11 OSTEOPATHIC DISTINCTIVE CULTURE

Mr. President, I present for consideration Resolution No. B-11 and the Committee recommend that it be AMENDED and APPROVED with the following recommended amendment to the explanatory statement:

**Explanatory Statement:** The educational content of the Osteopathic domain should be reasonably standardized to successfully participate in Osteopathic Recognized programs. The EDUCATIONAL content can be created by Affiliate organizations working with the AOA and would prove useful to program directors as a voluntary resource for candidates and in training milestones.

And I so move. APPROVED

B-12 SCHOLARLY ACTIVITY FOR OSTEOPATHIC PROGRAM DIRECTORS AND RESIDENCY FACULTY

Mr. President, I present for consideration Resolution No. B-12 and the Committee recommend that it be AMENDED and APPROVED with the following recommended amendment:

Line 11 program directors and residency faculty in OSTEOPATHIC Continuing Medical Education programs as

And I so move. APPROVED
Mr. President, I present for consideration Resolution No. B-14 and the Committee recommend that it be AMENDED and APPROVED with the following recommended amendment:

Line 6-7  RESOLVED, that BEGINNING AT OMED 2018, the American Osteopathic Association (AOA) present proposed keynote speakers AND THE ASSOCIATED FINANCIAL IMPACT to the Bureau of OMED for review, input AND RANKING OF CHOICES.

And I so move. APPROVED

Mr. President, I present for consideration Resolution No. B-16 and the Committee recommend that it be AMENDED and APPROVED with the following recommended amendments:

Line 5  members and chairs of these groups; AND NOW THEREFORE BE IT

Line 6  RESOLVED, that the AOA OMED conference should be profitable; now, AND therefore be it further

Line 8  OMED revenue distribution models in which the AOA receives BUDGETS a minimum of $500,000

Line 10  RESOLVED, that specialty colleges participating in OMED receive revenue share for their verified attendees WITH NO REDUCTION OF THE CURRENT MODEL.

Explanatory Statement:
SPECIALTY COLLEGES USE CME AS A NON-DUES REVENUE SOURCE. THE AOA HAS STAFF COSTS AS WELL AS OTHER COSTS ASSOCIATED WITH OMED. THIS WOULD ALLOW THE AOA TO RECOUP SOME OF THOSE COSTS. A SUCCESSFUL OMED WILL RESULT IN MORE SUCCESS FOR THE AFFILIATES.

And I so move. APPROVED
Mr. President, I present for consideration Resolution No. B-15 and the Committee recommend that it be REFERRED to the BUREAU OF OMED.

And I so move. **APPROVED (referred to Bureau of OMED)**

Mr. President, this concludes the Committee’s report. I would like to thank the following members of the Reference Committee for their collaboration and hard work.

**Committee Members:**
Barbara E. Walker, DO, Chair  
Bruce A. Wolf, DO, Vice Chair  
Ronald R. Burns, DO, Chair  
Joseph A. Giaimo, DO  
Ira P. Monka, DO  
Michael K. Murphy, DO  
C. Michael Ogle, DO  
Geraldine T. O’Shea, DO  
Robert G.G. Piccinini, DO  
Sarah J. Wolff, DO  
Joseh M. Yasso, DO  
Caleb B. Hentges, OMS IV - advisor  
Seger S. Morris, DO - advisor

**Staff**
Kristin Belleson  
Kenya McRae
SUBJECT: FACULTY REQUIREMENT FOR AOA CATEGORY 1-A PROGRAMS

SUBMITTED BY: Bureau of Osteopathic Education / Council on Osteopathic Continuing Medical Education

REFERRED TO: Board of Trustees

WHEREAS, the requests by CME Category 1-A Sponsors for waivers to Standard 3.2 (the 50% faculty rule) are increasing; and

WHEREAS, the Council on Osteopathic CME supports a reduction in the 50% faculty rule; now, therefore, be it

RESOLVED, that Standard 3.2 of the AOA Accreditation Requirements for AOA Category 1 CME Sponsors be reduced from 50% to 30% for awarding AOA Category 1-A credit:

Standard 3.2 At least 30% of the total educational credits must be presented by osteopathic physicians…

Explanatory Statement: At its November 4, 2017 meeting, the Council on Osteopathic Continuing Medical Education (COCME) discussed “what makes an AOA CME program osteopathic.” During this discussion, the Administrative Committee of the COCME indicated that they are receiving more requests for waivers to Standard 3.2:

Standard 3.2 At least 50% of the total educational credits must be presented by osteopathic physicians, MDs, PhDs, other professionals with graduate degrees who hold a full-time paid faculty appointment at a college of osteopathic medicine, AOA staff or AOA component society staff who hold a graduate degree, or clinical COM faculty. Moderators will not be considered faculty if they simply introduce speakers and their topics. To fulfill the definition of faculty, they must actively participate in the educational program.

The AOA Council on Osteopathic CME has been authorized by the AOA Board of Trustees to review and grant exemption from this requirement for any CME program sponsored by a CME Sponsor for whom the audience will consist largely of non-family practice physicians. Such review will occur only on a program-by-program basis. Exemption is solely at the discretion of the AOA Council on Osteopathic CME. A copy of the procedures for requesting this exemption may be obtained from the AOA Department of Education (Resolution. 43 (A/94). Following its discussion, the COCME voting in favor of changing the faculty requirement from 50% to 30%.

This is not a new issue. In February 2011, the AOA Board of Trustees approved a pilot to reduce the rule from 50% to 30% for the 2010-2012 CME cycle. This pilot received favorable reviews and, in April 2013, the COCME proposed making the reduction permanent. The Bureau of Osteopathic Education (BOE) did not approve the resolution and expressed concerns that the COCME was changing the policy to accommodate a small number of CME Sponsors. At its October 26, 2013, meeting the COCME agreed to end the pilot study and return to the original rule for 50% faculty or 50% time presentation.

ACTION TAKEN APPROVED

DATE March 1, 2018
SUBJECT: REVISIONS TO SECTION X: AOA PROGRAM ACCREDITATION DURING TRANSITION TO SINGLE GME ACCREDITATION SYSTEM FACULTY REQUIREMENT FOR AOA CATEGORY 1-A PROGRAMS

SUBMITTED BY: Bureau of Osteopathic Education (BOE) / Program and Trainee Review Council (PTRC) / Council on Postdoctoral Training (COPT)

REFERRED TO: Board of Trustees

RESOLVED, that the following Revisions to Section X: AOA Program Accreditation during Transition to Single GME Accreditation System of the AOA Basic Documents for Postdoctoral Training be APPROVED; and, be it further

RESOLVED, that these policies be effective immediately following AOA Board of Trustees approval.


i. PROGRAMS THAT CAN PARTICIPATE IN THE 2019 AOA MATCH / ACCEPT TRAINEES THAT WOULD COMPLETE TRAINING AFTER JUNE 30, 2020:
   • PROGRAMS WITH BOTH AOA AND ACGME ACCREDITATION;
   • COMBINED/INTEGRATED PROGRAMS ACKNOWLEDGED BY ACGME;
   • INTERNSHIP PROGRAMS THAT HAVE APPLIED FOR ACGME ACCREDITATION BY 1/1/19 OR RECEIVE A WAIVER FROM PTRC;
   • NMM+1 PROGRAMS THAT HAVE APPLIED FOR ACGME ACCREDITATION BY 1/1/19 OR RECEIVE A WAIVER FROM PTRC; AND
   • FELLOWSHIP PROGRAMS 1-YEAR-IN-LENGTH THAT HAVE APPLIED FOR ACGME ACCREDITATION BY 1/1/19 OR RECEIVE A WAIVER FROM PTRC.

   • PROGRAMS WITH A STATUS OF CONTINUED PRE-ACCREDITATION; AND
   • PROGRAMS WITH A STATUS OF INITIAL ACCREDITATION CONTINGENT UPON SPONSORING INSTITUTION INITIAL ACCREDITATION.

iii. PROGRAMS THAT CANNOT PARTICIPATE IN THE 2019 AOA MATCH / ACCEPT TRAINEES THAT WOULD COMPLETE TRAINING AFTER JUNE 30, 2020:
• PROGRAMS WITH PRE-ACCREDITATION (EXCEPT INTERNSHIPS, ONE-YEAR FELLOWSHIPS, AND NMM+1 PROGRAMS);
• COMBINED/INTEGRATED PROGRAMS NOT ACKNOWLEDGED BY ACGME; AND
• PROGRAMS APPROVED BY PTRC AFTER JULY 1, 2015 NOT ACCREDITED BY ACGME.

STANDARD 10.6. CONTINUED PRE-ACCREDITATION

a. PROGRAM CONTINUED PRE-ACCREDITATION STATUS: AOA PROGRAMS THAT DO NOT HAVE ACGME INITIAL OR CONTINUED ACCREDITATION AS OF MAY 1, 2018 MUST WORK WITH THEIR OPTI AND SPONSORING INSTITUTION TO DEVELOP AND SUBMIT A PLAN BY JUNE 1, 2018 IN ORDER TO PARTICIPATE IN THE 2019 AOA MATCH / ACCEPT TRAINEES THAT WOULD COMPLETE TRAINING AFTER JUNE 30, 2020. THE PLAN MUST INCLUDE:

• THE NUMBER OF INSTANCES THE PROGRAM HAS BEEN REVIEWED BY THE ACGME REVIEW COMMITTEE;
• AREAS NOT IN COMPLIANCE (CITATIONS) AS WELL AS ANY CITATIONS THAT HAVE BEEN RESOLVED;
• HOW THE PROGRAM PLANS TO ADDRESS ALL CITATIONS AND ACHIEVE INITIAL ACCREDITATION;
• AN ESTIMATE OF WHEN THE PROGRAM WILL BE REVIEWED AGAIN BY THE ACGME REVIEW COMMITTEE; AND
• WHETHER THE PROGRAM HAS UTILIZED THE AOA’S APPLICATION ASSISTANCE PROGRAM.

THE PLAN WILL BE REVIEWED BY THE SPECIALTY COLLEGE EVALUATING COMMITTEE (SPEC) AND PTRC FOR APPROVAL OF RECRUITMENT ELIGIBILITY AT ITS AUGUST 2018 MEETING (A PROGRAM TEMPLATE AND SPEC RUBRIC ARE BEING DEVELOPED). THIS DOES NOT NEGATE CONTINUED APPLICATION FOR ACGME INITIAL ACCREDITATION.

b. INSTITUTION CONTINUED PRE-ACCREDITATION STATUS: AOA INSTITUTIONS THAT DO NOT HAVE ACGME INITIAL OR CONTINUED ACCREDITATION AS OF MAY 1, 2018 MUST WORK WITH THEIR OPTI AND SPONSORING INSTITUTION TO DEVELOP AND SUBMIT A PLAN BY JUNE 1, 2018 IN ORDER TO PARTICIPATE IN THE 2019 AOA MATCH / ACCEPT TRAINEES THAT WOULD COMPLETE TRAINING AFTER JUNE 30, 2020. THE PLAN MUST INCLUDE:

• THE NUMBER OF INSTANCES THE INSTITUTION HAS BEEN REVIEWED BY THE ACGME REVIEW COMMITTEE;
• THE NUMBER OF PROGRAMS AFFECTED BY THE INSTITUTION’S CONTINUED PRE-ACCREDITATION STATUS;
• AREAS NOT IN COMPLIANCE (CITATIONS) AS WELL AS ANY CITATIONS THAT HAVE BEEN RESOLVED;
• HOW THE INSTITUTION PLANS TO ADDRESS ALL CITATIONS AND ACHIEVE INITIAL ACCREDITATION;
• AN ESTIMATE OF WHEN THE INSTITUTION WILL BE REVIEWED AGAIN BY
  THE ACGME REVIEW COMMITTEE; AND
• WHETHER THE INSTITUTION HAS UTILIZED THE AOA’S APPLICATION
  ASSISTANCE PROGRAM.

THE PLAN WILL BE REVIEWED BY THE INTERNSHIP AND INSTITUTION
EVALUATING COMMITTEE (IIEC) AND PTRC FOR APPROVAL OF THE
INSTITUTION’S PROGRAM RECRUITMENT ELIGIBILITY AT ITS AUGUST 2018
PTRC MEETING (AN INSTITUTION TEMPLATE AND IIEC RUBRIC ARE BEING
DEVELOPED). THIS DOES NOT NEGATE CONTINUED APPLICATION FOR
ACGME INITIAL ACCREDITATION.

c. INSTITUTIONS AND PROGRAMS THAT RECEIVE CONTINUED PRE-
ACCREDITATION FROM THE ACGME REVIEW COMMITTEE TWICE MUST
UTILIZE THE AOA’S APPLICATION ASSISTANCE PROGRAM.

d. AOA programs that do not have ACGME initial or continued accreditation as of July 1, 2019
must work with their OPTI and sponsoring institution to develop and submit a plan by
September 1, 2019 for the potential transfer of all trainees to an ACGME accredited program
OR TO TEACH OUT THE REMAINING TRAINEES UNDER THE AOA’S
RESTRICTED ACCREDITATION AUTHORITY. The plan will be reviewed by the Specialty
College Evaluating Committee (SPEC) and PTRC for approval AT ITS NOVEMBER 2019
PTRC MEETING. This does not negate continued application for ACGME initial
accreditation.

Explanatory Statement: In order to reduce the number of trainees whose training will be completed
after June 30, 2020, Standards 10.5 and 10.6 should be revised. Standard 10.5 proposed revisions
codifies the programs eligible to participate in the 2019 AOA Match/accept trainees that would
complete training after June 30, 2020. Standard 10.6 proposed revisions includes a mechanism for the
specialty college and PTRC to determine whether a program on continued pre-accreditation, or initial
contingent upon sponsoring institution accreditation can participate in the 2019 AOA Match / accept
trainees that would complete training after June 30, 2020.

ACTION TAKEN  **APPROVED (with editorial)**

DATE  **March 1, 2018**
RESOLVED, that the proposed revisions to the Handbook of The Bureau of Osteopathic Specialists (BOS) be approved:

(Old language is crossed out and new languages is in CAPS)

Page 5 – line 20 through Page 82 – line 12
“Shall” has been changed to “will” throughout the document.

Page 5 – line 45
Correction made to reflect the proper name of the Education and Evaluating Committee.

Page 6 – lines 14-46
This section has been rearranged to present a more logical order.

Page 7 – lines 1-3
Paragraph K has been added to reflect current practice.

Page 8 – line 31 through Page 9 – line 5
This section has been rearranged and updated to reflect the duties of the BOS Secretary.

Pages 9 – lines 6-11
Subparagraph 10 has been added. This was a responsibility of the Committee on Administrative and Boards’ Financial Matters, which is being disestablished. It has become a CBS staff function under the auspices of the BOS Secretary.

Page 9 – line 14 through Page 17 – line 7
The format for presenting the BOS’s committees has been standardized for clarity.

Page 9 – line 45 through Page 10 – line 20
These are new responsibilities for the BOS Executive Committee that were formerly duties of the Committee on Administrative and Boards’ Financial Matters, which is being disestablished.

Page 11 – lines 26-31
This paragraph was relocated from Article V. Section 3.D.

Page 12 – line 36 through Page 14 – line 22
The Committee on Administrative and Boards’ Financial Matters is being disestablished. All necessary functions are being assigned to other areas.
There is a name change of this committee from Conjoint Certification Examination Oversight Committee to Conjoint Certification Oversight Committee. The sections on Membership, Terms and Duties of this Committee have been updated. The section on Certificates has been added.

To align this language with current practice, language is added on lines 16 & 17, and former paragraphs B. and C. are indented and relabeled as 1. and 2.

This section has been updated to reflect current procedure.

This has been updated to include subspecialty.

CBS is to assume this responsibility since the Committee on Administrative and Boards’ Financial Matters is being disestablished.

This has been deleted as redundant to the content in the Bylaws Article IV. Section 2. Appeal Committee.

The Committee on Administrative and Boards’ Financial Matters is being disestablished.

New language has been added for clarity.

This paragraph aligns the terms for all specialty certifying boards with the term the AOA uses for its volunteers.

This section has been deleted as it is covered in Article XIIIIV. Subspecialty/CAQ Conjoint Certification Procedures, SECTION 4. Conjoint Certification Examination Committee (CCEC) Membership.

This section has been updated to reflect current functions with all boards now under CBS.

Page 39 – line 9 through Page 44 – line 18
This is the proposed new policy for the certification of MDs.

These sections were deleted due to decoupling of AOA membership and AOA board certification.

This was added to include the conjoint certification examination committees in this process.

This was deleted due to the elimination of AOA Continuing Medical Education requirements.

These sections were updated to include the newly designated CAQ in occupational medicine under AOBPM.

This was changed because specific fee amounts should not be listed in the BOS Handbook because every time a fee changes, the BOS Handbook will need to be edited.
Page 51 – line 3 through Page 54 – line 41
This section on the Osteopathic Continuous Certification (OCC) Components 1-5 was updated.

Page 53 – lines 33-36
This was added to establish a process for the CCEC for Component 4: Practice Performance Assessment & Improvement.

Page 56 – line 35 through Page 58 – line 19
This section was deleted because it is redundant.

Page 60– lines 14-18
The services referred to are functions of Certifying Board Services and the specialty certifying boards should not be sanctioned for CBS’s failure to comply.

Page 62 – line 1 through Page 70 – line 31
These sections explaining the procedures for conjoint certification in a subspecialty/CAQ have been updated. Sections on CCEC membership, meetings, committees, candidate eligibility requirements, rules of conduct for examination and process for submitting applications have all been updated.

Page 62 – line 30 through Page 63 – line 27
These sections have been deleted because they are repetitive.

Page 70 – line 34 through Page 71 – line 24
This section regarding basic documents has been deleted because it is identical to wording in the BOS Bylaws.

Explanatory Statement:
Refer to above comments regarding each change. Amended copy of the BOS Handbook is attached

ACTION TAKEN POSTPONED DEFINITELY to July 2018

DATE March 1, 2018
WHEREAS, the Committee on AOA Governance & Organizational Structure (CAGOS) was tasked with review of the AOA’s governance structures (i.e., Bureaus / Councils / Committees, Board of Trustees, Executive Committee of the AOA Board of Trustees, and the House of Delegates) as part of the Governance Alignment component of the AOA’s Strategic Plan; and

WHEREAS, the CAGOS has commenced review of the AOA’s House of Delegates; and

WHEREAS, the CAGOS noted that there currently is confusion in the AOA’s governing documents regarding the representation of students who are enrolled in Additional Locations of AOA COCA-accredited Colleges of Osteopathic Medicine; and

WHEREAS, the CAGOS Constitution & Bylaws Subcommittee met and considered what changes are needed to the AOA’s governing documents to clarify the representation; now, therefore, be it

RESOLVED, that students enrolled in Additional Locations of AOA COCA-accredited Colleges of Osteopathic Medicine should be represented by a delegate and alternate delegate in the AOA House of Delegates in the same manner as students who are enrolled on the main campus or any branch campus of that COM; and, be it further

RESOLVED, that the AOA Board of Trustees approves SUPPORTS the following proposed amendments to the AOA’s governing documents and requests that the AOA Chief Executive Officer take the necessary steps to arrange for publication of this proposed amendment and submission of a resolution to the July 2018 House of Delegates meeting that, if approved, would amend the AOA’s Bylaws as follows:

AOA Bylaws

Article V - House of Delegates
Section 10-Representation of Student Councils

The student council of each accredited college of osteopathic medicine, and each branch campus AND EACH ADDITIONAL LOCATION may be represented in the House of Delegates by its president (and such president’s alternate elected by such student council) as a member of the delegation of the divisional society representing the state in which such college
of osteopathic medicine and branch campus is located. Each such student delegate shall be accredited in the same manner and have the same privileges as the other members of the divisional society delegation; however, the chief administrative officer of each accredited college of osteopathic medicine and each branch campus shall certify the student council president and alternate to the Chief Executive Officer of this Association in writing or by electronic communication at least 30 days prior to the first day of the annual meeting of the House of Delegates and such Chief Executive Officer shall forthwith similarly certify each student council president and alternate to the secretary of the appropriate divisional society.

Explanatory Statement:
The added representation for additional locations of an accredited College of Osteopathic Medicine does not impact the formula for allocation of delegates among the state (divisional) affiliates and specialty colleges. The Student Council representatives are seated with the divisional society in which their campuses are located and do not constitute a separate delegation.

Fiscal Impact:
$0 for the 2018 fiscal year. If the amendment is approved by the House of Delegates, there may be additional cost for the House of Delegates meeting in July 2019 associated with the additional delegates and alternates.

ACTION TAKEN  APPROVED (with editorial)  
DATE  March 1, 2018
WHEREAS, the Committee on AOA Governance & Organizational Structure (CAGOS) was tasked with review of the AOA’s governance structures (i.e., Bureaus/ Councils/ Committees, Board of Trustees, Executive Committee of the AOA Board of Trustees, and the House of Delegates) as part of the Governance Alignment component of the AOA’s Strategic Plan; and

WHEREAS, the CAGOS has commenced review of the AOA’s House of Delegates; and

WHEREAS, the CAGOS, in its deliberations, agreed that there should be a dedicated spot in the House of Delegates for a delegate to represent the interests of physicians who are in a postdoctoral training fellowship and that the number of delegates and alternates for physicians in postdoctoral training should be increased to three delegates, with one spot reserved for physicians who are in a residency postdoctoral training program and one spot reserved for physicians who are in a fellowship postdoctoral training program; and

WHEREAS, the CAGOS Constitution & Bylaws Subcommittee met and considered what changes are needed to the AOA’s governing documents to clarify the representation of physicians in postdoctoral training to implement these changes; now, therefore, be it

RESOLVED, that the AOA Board of Trustees supports the addition of one designated seat in the House of Delegates for representation of physicians who are currently in a fellowship postdoctoral training program; and be it further

RESOLVED, that the AOA Board of Trustees approves SUPPORTS the following proposed amendments to the AOA’s governing documents and requests that the AOA Chief Executive Officer take the necessary steps to arrange for publication of this proposed amendment and submission of a resolution to the July 2018 House of Delegates meeting that, if approved, would amend the AOA’s Bylaws as follows:

AOA Bylaws

Article V - House of Delegates
Section 11-Representation of Osteopathic Physicians In Postdoctoral Training

Osteopathic physicians in postdoctoral training may be represented in the House of Delegates by THREE individuals who, at the time of the annual meeting, shall be enrolled in
postdoctoral training programs. **AT LEAST ONE OF THE THREE INDIVIDUALS SHALL BE ENROLLED IN AN ACCREDITED FELLOWSHIP TRAINING PROGRAM AND AT LEAST ONE OF THE THREE INDIVIDUAL SHALL BE ENROLLED IN AN ACCREDITED RESIDENCY PROGRAM.** The **THREE** individuals and their alternates shall be selected by vote of the AOA’s **BUREAU OF EMERGING LEADERS** Council of Interns and Residents. The delegates (and alternate delegates) selected by the **BUREAU OF EMERGING LEADERS** Council of Interns and Residents shall serve as the representatives of osteopathic physicians in postdoctoral training and shall not also be members of a divisional society or specialty college delegation to the AOA’s House of Delegates. The chair of the **BUREAU OF EMERGING LEADERS** Council of Interns and Residents shall certify the name of its delegates and alternate delegates to the Chief Executive Officer of the AOA in writing or by electronic communication at least 30 days prior to the first day of the annual meeting of the AOA House of Delegates. Each delegate and alternate must be a member in good standing of this Association.

**Explanatory Statement:**
This resolution calls for a change to the composition of the House of Delegates and proposes language to amend the AOA Bylaws to accomplish that change. If approved, the addition of one additional delegate for physicians in postdoctoral training would not impact the formula for allocation of delegates among the state (divisional) affiliates and specialty colleges.

**Fiscal Impact:**
$0 for the 2018 fiscal year. If the amendment is approved by the House of Delegates, there may be additional cost for the House of Delegates meeting in July 2019 associated with the addition of one delegate and one alternate to represent physicians in postdoctoral training.

**ACTION TAKEN** **APPROVED (with editorial)**

**DATE** **March 1, 2018**
SUBJECT: AFFILIATE REPRESENTATION

SUBMITTED BY: Affiliate Alignment Task Force

REFERRED TO: Board of Trustees

WHEREAS, the American Osteopathic Association (AOA) Board of Trustees typically decides issues based on the advice and recommendations of a network of committees, bureaus, councils, commissions and task forces; and

WHEREAS, The AOA President, subject to approval by the Board of Trustees, appoints members and chairs of these groups; and

WHEREAS, affiliated organizations may be organized in conformity with the Bylaws of the Association; now, therefore be it

RESOLVED, that affiliate representation provides a unique perspective that need to be heard; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) appoint Association of Osteopathic State Executive Directors (AOSED) and Society of Osteopathic Specialty Executives (SOSE) representatives to the appropriate committees, bureaus, councils, commissions and task forces; and, be it further

RESOLVED, that the AOA collaborate with affiliates during the development of the AOA strategic plan, which shall include but is not limited to in person meetings and conference calls, to ensure affiliate involvement in the planning process and understanding of the AOA’s goals and objectives.

Explanatory Statement:
In person meetings would be scheduled to coincide with existing meetings. Affiliate engagement provides opportunity to promote shared goals and objectives.

ACTION TAKEN  APPROVED

DATE  MARCH 1, 2018
RES. NO. B7 - M/2018 – Page 1

SUBJECT: COMMUNICATION WITH AFFILIATE ORGANIZATIONS

SUBMITTED BY: Affiliate Alignment Task Force

REFERRED TO: Board of Trustees

WHEREAS, affiliate organizations share the desire to promote the public health, to encourage scientific research, and to maintain and improve high standards of Osteopathic medical education; and

WHEREAS, common goals and objectives of affiliate organizations support effective transfer of information; and

WHEREAS, the entire Osteopathic profession benefits from efficient sharing of best practice, strategy, research and unified brand messaging to all stakeholders; now, therefore be it

RESOLVED, that Affiliate Friday Folder evolves as an enhanced tool for engagement; and, be it further

RESOLVED, that at a minimum two in-person meetings and three to four calls and/or live video conferences per year is required to engage affiliates; and be it further

RESOLVED, that the American Osteopathic Association (AOA) develop online resources and an online platform to engage and facilitate multidirectional communication for divisional societies and affiliated organizations; and, be it further

RESOLVED, that the AOA establish a web portal for affiliate organizations to share resources, materials, and templates to communicate on issues of internal and external importance.

Explanatory Statement:
Currently the Vice President of Membership and Affiliate Services is developing these actions and this resolution from the Affiliate Task Force serves to confirm, clarify and establish policy.

ACTION TAKEN _APPROVED_

DATE _MARCH 1, 2018_
SUBJECT: HEALTHY AND VIABLE AFFILIATED ORGANIZATIONS PROGRAM REPORT

SUBMITTED BY: Affiliate Alignment Task Force

REFERRED TO: Board of Trustees

WHEREAS, the osteopathic family includes a variety of divisional (state), specialty, nonpractice and philanthropic affiliates; and

WHEREAS, the divisional and specialty affiliates are separately incorporated, freestanding organizations; and

WHEREAS, as part of the process of becoming an affiliated organization, the organizations agree to provide their basic documents (i.e., constitution and bylaws) and certain other organizational information for the AOA’s review and approval; and

WHEREAS, affiliates are also expected to submit various financial and regulatory compliance documents to the AOA’s Committee on Basic Documents & Operations of Affiliated Organizations as part of the Healthy and Viable Affiliated Organizations Program; now, therefore be it

RESOLVED, that aggregated as well as voluntarily disclosed affiliate data is beneficial for feedback and can aid in support; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) provide an annual information and analysis report of the Healthy and Viable Affiliated Organizations Program (HVAOP) as an educational and support tool for review by all affiliates; AND

BE IT FURTHER

RESOLVED, THAT HVAOP EVOLVE TO AN AFFILIATE VIABILITY INDEX USING DATA TO IDENTIFY THE NEEDS OF AFFILIATES.

Explanatory Statement:
Currently there is no process for annual reporting to affiliates to identify trends or challenges within Osteopathic focused organizations.

ACTION TAKEN _APPROVED as AMENDED
DATE _March 1, 2018
WHEREAS, the American Osteopathic Association (AOA) Department of Affiliate Affairs has a variety of resources to support the development of divisional and specialty affiliates; and

WHEREAS, the AOA has historically offered affiliated organizations the opportunity to participate in a membership recruitment initiative with bidirectional sharing of data; and

WHEREAS, accurate sharing of data is critical to both the AOA and AOA Affiliate Organizations for membership recruitment and retention; now, therefore be it

RESOLVED, THAT STUDENT, POSTDOCTORAL TRAINING, AND DOCTORS OF OSTEOPATHIC MEDICINE DATA DISTRIBUTION AND SHARING WITH AFFILIATES BE FACILITATED, WHERE LEGALLY ALLOWABLE AND NO ADDITIONAL MATERIAL EXPENDITURE IS REQUIRED ACCORDING TO THE TERMS OF PREVAILING DATA LICENSING AGREEMENTS, DATA SHARING AGREEMENTS, STATE AND FEDERAL PRIVACY LAWS AND REGULATIONS AND MEMBER PREFERENCES ON DATA PRIVACY; AND

BE IT FURTHER RESOLVED, that TO THE EXTENT AVAILABLE, THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA) WILL WORK TO ESTABLISH METHODS TO SHARE, AT A MINIMUM data distribution and sharing be available and should include but is not limited to the following minimum data fields WITH AFFILIATES: AOA ID number, email address, mailing address, ACGME program (OGME/GME), specialty, college of medicine (COM) and graduation year; and, be it further

RESOLVED, that accurate data pertaining to students and residents is a high priority of affiliate organizations; and, be it further

RESOLVED, that the AOA analyze the results of DATA SHARING, UTILIZING and feedback from affiliates VIA THE DEPARTMENT OF AFFILIATE AFFAIRS AND THE BUREAU OF MEMBERSHIP, AS OBTAINED IN at the Fall 2018 Bureau of Membership meeting and SUBSEQUENTLY MAKE A report to the AOA Board of Trustees at the 2018 THE FOLLOWING Annual MIDYEAR Business Meeting; AND, BE IT FURTHER

RESOLVED, THAT WHERE DATA SHARING AGREEMENTS DO NOT ALLOW FOR SHARING OF DATA, THE AOA WILL WORK TO NEGOTIATE WITH OUTSIDE ORGANIZATIONS AND LICENSORS OF DATA SUCH AS ACGME
TO FACILITATE DATA SHARING AGREEMENTS AS STATED ABOVE, AND
BE IT FURTHER

RESOLVED, THE AOA WILL SHARE RELEVANT AOA DATA WITH DIVISIONAL
AND SPECIALTY AFFILIATES AS LEGALLY PERMISSIBLE, AND UPON
EXECUTION OF APPROPRIATE DATA SHARING AGREEMENTS BETWEEN
THE AFFILIATE AND THE AOA.

Explanatory Statement:
Utilizing shared data is critical for retention and recruitment of all Osteopathic distinctive organizations. AOA Data sharing program: “The AOA will share relevant AOA data with divisional and specialty affiliates upon request.” This resolution serves to establish, clarify, and confirm policy with regard to priority, minimum data set, and reporting procedure.

ACTION TAKEN  APPROVED as AMENDED

DATE  March 1, 2018
WHEREAS, the American Osteopathic Association (AOA) utilizes the American Osteopathic Information Association (AOIA) for deployment of AOA directed member value products and services as well as recognized online Continuing Medical Education (CME); and

WHEREAS, the AOIA was established in 1999 to benefit the public and the osteopathic medical profession by creating, maintaining and operating an information gathering, organizing and disseminating system to further educational, research, scientific and professional activities within osteopathic medicine and to aid other nonprofit osteopathic organizations in such activities; and

WHEREAS, many affiliate organizations have separately developed CME online platforms that attract grants and each wish to remain independent in collection of non-dues revenue; and

WHEREAS, affiliate organizations are ready, willing, and able to co-promote new member value products and services to strengthen the profession by enhancement of non-dues revenue for each respective organization; now, therefore be it

RESOLVED, that grants and partner opportunities between the American Osteopathic Association (AOA), American Osteopathic Information Association (AOIA), and affiliates evolve to Affinity Programs for member relevance that are co-promoted with sharing formulas that benefit the Osteopathic Profession collectively; and, be it further

RESOLVED, that the AOA facilitate as possible the strategic partnership with AOIA in collaboration with affiliate organizations opportunities in grants, education, (including discussion of collaboration and promotion of online CME) and member value services to assist affiliate organizations in non-dues revenue; and be it further

RESOLVED, that the AOA provide a report outlining collaboration and non-dues program performance among affiliates to the AOA Board of Trustees and Affiliate Organizations at its 2019 Mid Year Meeting.
Explanatory Statement:
Effective co-promotion of non-dues activities can effectively market products, services, and CME allowing for a revenue sharing formula. Fiscal impact to AOA is offset by marketing co-promotion from Affiliate Organization. AFFINITY PROGRAMS ARE BUSINESS PARTNERSHIPS IN WHICH AN ORGANIZATION OFFERS SPECIAL RATES OR SERVICES TO MEMBERS IN AN EFFORT TO INCREASE REVENUE FOR BOTH ORGANIZATIONS.

ACTION TAKEN **APPROVED** *(explanatory statement amended)*

DATE  **March 1, 2018**
WHEREAS, growth and changing demographics of the Osteopathic Profession creates member segments requiring a focus with a priority on students, Osteopathic Graduate Medical Trainees and new physicians in practice; and

WHEREAS, relevance and value can be addressed by utilizing data and member segments to share information and preferences of the Osteopathic physician; and

WHEREAS, it is beneficial for the health care of the public for Allopathic physicians to learn and understand Osteopathic medicine principles; and

WHEREAS, the Single Accreditation System creates engagement opportunities for more Osteopathic education and practice; now, therefore be it

RESOLVED, that it is desired to include all physicians that practice with an Osteopathic focus; and, be it further

RESOLVED, that the American Osteopathic Association (AOA) in collaboration with Affiliate Organizations establish a blueprint of educational content useful to successfully participate in Osteopathic Recognized Programs; and, be it further

RESOLVED, that the AOA and Affiliate Organizations develop educational modules and resources that codify the Osteopathic domain for successful training of physicians that chose to practice with Osteopathic principles.

Explanatory Statement:
The educational content of the Osteopathic domain should be reasonably standardized to successfully participate in Osteopathic Recognized programs. The EDUCATIONAL content can be created by Affiliate organizations working with the AOA and would prove useful to program directors as a voluntary resource for candidates and in training milestones.

ACTION TAKEN **APPROVED (explanatory statement amended)**

DATE  **March 1, 2018**
SUBJECT: SCHOLARLY ACTIVITY FOR OSTEOPATHIC PROGRAM DIRECTORS AND RESIDENCY FACULTY

SUBMITTED BY: Affiliate Alignment Task Force

REFERRED TO: Board of Trustees

WHEREAS, the American Osteopathic Association (AOA) continually strives to accredit continuing medical education (CME) opportunities that explore the latest clinical advances and developments in medicine; and

WHEREAS, affiliate organizations sponsor CME content and seek to attract presenters with current clinical relevance and research; and

WHEREAS, qualifications of the program directors and residency faculty may require a record of ongoing involvement in scholarly activities, including academic achievements with appropriate dissemination, publications in peer-reviewed journals, the development of educational programs, or the conduct of research; now, therefore be it

RESOLVED, that the American Osteopathic Association assist affiliate organizations to engage program directors and residency faculty in OSTEOPATHIC Continuing Medical Education programs as presenters and moderators to obtain scholarly activity.

Explanatory Statement:
Currently no process is in place to identify presenters interested in scholarly activity for AOA accredited continuing medical education programs.

ACTION TAKEN APPROVED as AMENDED

DATE March 1, 2018
RESOLVED, that actions and minutes of the Executive Committee meetings on November 2, 2017; December 12, 2017; January 9, 2018; and January 25, 2018; be APPROVED.
SUBJECT: OMED KEYNOTE SPEAKERS

SUBMITTED BY: OMED Task Force

REFERRED TO: Board of Trustees

WHEREAS, the American Osteopathic Association (AOA) Board of Trustees typically decides issues based on the advice and recommendation of a network of committees, bureaus, councils, commissions and task forces; and

WHEREAS, the AOA President, subject to approval by the Board of Trustees, appoints members and chairs of these groups; now, therefore be it

RESOLVED, that AT THE BEGINNING OF OMED 2018, the American Osteopathic Association (AOA) present proposed keynote speakers AND THE ASSOCIATED FINANCIAL IMPACT to the Bureau of OMED for review, and input AND RANKING OF CHOICES.

Explanatory Statement:

ACTION TAKEN APPROVED as AMENDED

DATE March 1, 2018
WHEREAS, the American Osteopathic Association (AOA) Board of Trustees typically decides issues based on the advice and recommendation of a network of committees, bureaus, councils, commissions and task forces; and

WHEREAS, the AOA President, subject to approval by the Board of Trustees, appoints members and chairs of these groups; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) develop a process to verify membership in a specialty college of OMED registrants who have selected a specialty college that participates in OMED and, be it further

RESOLVED, that each specialty college participating in OMED provide their current membership list to the AOA for verification of active AOA and specialty college membership and, be it further

RESOLVED, that specialty college revenue share is based upon those OMED registrants that pay the full registration fee and are active AOA and specialty college members.

Explanatory Statement:

ACTION TAKEN  REFERRED (to Bureau of OMED)

DATE  March 1, 2018
RES. NO. B16 - M/2018 – Page 1

SUBJECT: OMED CONFERENCE PROFITABILITY AND FINANCIAL MODEL

SUBMITTED BY: OMED Task Force

REFERRED TO: Board of Trustees

WHEREAS, the American Osteopathic Association (AOA) Board of Trustees typically decides issues based on the advice and recommendation of a network of committees, bureaus, councils, commissions and task forces; and

WHEREAS, the AOA President, subject to approval by the Board of Trustees, appoints members and chairs of these groups; and

NOW, THEREFORE BE IT

WHEREAS RESOLVED, that the AOA OMED conference should be profitable; now, therefore AND be it FURTHER

RESOLVED, that the American Osteopathic Association (AOA) pilot internally a new 2018 OMED revenue distribution model in which the AOA receives BUDGETS a minimum of $500,000 in net revenue; and be it further

RESOLVED, that specialty colleges participating in OMED receive revenue share for their verified attendees WITH NO REDUCTION OF THE CURRENT MODEL.

Explanatory Statement:
SPECIALTY COLLEGES USE CME AS A NON-DUES REVENUE SOURCE. THE AOA HAS STAFF COSTS AS WELL AS OTHER COSTS ASSOCIATED WITH OMED. THIS WOULD ALLOW THE AOA TO RECOUP SOME OF THOSE COSTS. A SUCCESSFUL OMED WILL RESULT IN MORE SUCCESS FOR THE AFFILIATES.

ACTION TAKEN APPROVED as AMENDED

DATE March 1, 2018
WHEREAS, the AOA Board of Trustees (BOT) approved Resolution B-5 “Categories of Certification” at the A/2017 meeting; and

WHEREAS, the BOT asked the Bureau of Osteopathic Specialists (BOS) to propose a mechanism for an osteopathic specialty certification and a separate general specialty certification; and

WHEREAS, the BOS Handbook already contains approved verbiage on how both DOs and MDs may qualify to sit for AOA certification exams; and

WHEREAS, establishing a separate general certification in each specialty and subspecialty would place additional monetary and time burdens on the boards, including, but not limited to additional meetings, volunteer and staff hours, psychometrics (job task analyses, standard settings, technical reports, etc.); now, therefore be it

RESOLVED, that AOA specialty certifying boards will continue to provide AOA certification in their respective specialties and subspecialties; and, be it further

RESOLVED, a pathway was proposed to the Board of Trustees for MDs to take osteopathic certification exams, if approved a second certification is unnecessary and burdensome.

Explanatory Statement:
The BOS opposes the creation of a two-tiered system, when boards already can and will continue to provide AOA certification to both DOs and MDs in the specialty(ies) under their purview.

ACTION TAKEN REFERRED (to Bureau of Osteopathic Specialists)

DATE March 1, 2018