American Osteopathic Association

House of Delegates

Committee on Educational Affairs

Joshua Lenchus DO, Chair
Craig Glines, DO, Vice Chair

October 13, 2020
2020 Special Session

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:

H200 GRADUATE MEDICAL EDUCATION – TRAINING OF US MEDICAL SCHOOL GRADUATES (H213-A/15)

H201 RURAL SITES – OSTEOPATHIC EDUCATION IN (H214-A/15)

H203 AUTOPSIES (H217-A/15)

H204 CLARITY REGARDING MATCHING SERVICE LISTING OF AOA RESIDENCIES WITH ACGME PRE-ACCREDITATION STATUS (H219-A/15)

H205 BLUE RIBBON COMMISSION REPORT (H223-A/15)

Explanatory Statement: The Committee heard singular testimony advocating sunset due to perceived lack of action, while others felt there remains ongoing value in the collaboration embodied in the resolution. The resolution directs the AOA to monitor the Blue Ribbon Commission pilot studies and the Committee respectfully recommends a summary report be provided by the AOA as an informational item for the 2021 House of Delegates.

And I so move, APPROVED

H202 DIRECTORS OF MEDICAL EDUCATION OVERSEEING OSTEOPATHIC POSTDOCTORAL TRAINING PROGRAMS (H216-A/15)

Mr. Speaker, I present for consideration Resolution No. H202, and the Committee recommends that it be APPROVED:

Explanatory Statement: The Committee heard testimony from one delegation recommending reaffirmation with amendment, however the language submitted materially and substantially changed the subject of the original resolution being considered, H216-A/15. The focus of the resolution was on the
qualifications of the Director of Medical Education for AOA-accredited postdoctoral training programs. The proposed language addressed the more global issue of incorporating osteopathic principles and practices into graduate medical education programs. The committee felt that this was a worthy objective for which the interested delegation could consider submitting a new resolution at a future HOD.

And I so move. ADOPTED as AMENDED

H208 INCORPORATING CONTINUING MEDICAL EDUCATION OPPORTUNITIES ON HUMAN TRAFFICKING

Mr. Speaker, I present for consideration Resolution No. H208, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Title: INCORPORATING ENCOURAGING CONTINUING MEDICAL EDUCATION OPPORTUNITIES ON HUMAN TRAFFICKING

Page 1, Line 1 ...defined as the use of force, fraud, or coercion to obtain some type of labor or commercial sex act; A COMPLEX CRIME INVOLVING THE EXPLOITATION OF SOMEONE FOR THE PURPOSES OF COMPELLED LABOR OR A COMMERCIAL SEX ACT, THROUGH THE USE OF FORCE, FRAUD, OR COERCION. WHEN A CHILD PERSON UNDER 18 IS USED TO PERFORM A COMMERCIAL SEX ACT, IT IS HUMAN TRAFFICKING WHETHER OR NOT THERE IS ANY FORCE, FRAUD, OR COERCION; and

Page 1, Line 7 WHEREAS, 14,500 to 17,500 people are trafficked into the United States each year; and

Page 2, Line 8 ...(AOA) incorporate ENCOURAGE continuing medical education opportunities

Explanatory Statement: The Committee recommends amendments to correct terminology and statistics and to reduce the perceived fiscal impact on the AOA as well as encourage all CME sponsors to consider providing educational offerings on this topic. Further, the Committee was informed that a number of State licensing boards already include this topic among those required.

And I so move. REFERRED (to Bureau of Osteopathic Education)

H214 AUDITION ROTATIONS FOR OSTEOPATHIC MEDICAL STUDENTS

Mr. Speaker, I present for consideration Resolution No. H214, and the Committee recommends that it be APPROVED with the following AMENDMENTS:

Line 1 WHEREAS, the Single Accreditation System (SAS) was fully implemented on July 1, 2020; and

Line 2 WHEREAS, most FOURTH-YEAR medical students must CHOOSE TO schedule VISITING STUDENT OR “audition” rotations at hospitals INSTITUTIONS,
OTHER THAN THOSE AFFILIATED WITH THEIR OWN MEDICAL SCHOOL which THAT sponsor residencies into which the student desires to match; and

WHEREAS, some hospitals INSTITUTIONS charge FOURTH-YEAR medical students a fee for participating in audition VISITING STUDENT rotations; and

WHEREAS, in some hospitals INSTITUTIONS, FOURTH-YEAR osteopathic medical students are required to pay substantially higher fees than allopathic students are required to pay or are being refused the opportunity to participate in audition VISITING STUDENT rotations solely because they are enrolled in an osteopathic medical college; and

WHEREAS, this places osteopathic medical students at a significant disadvantage in matching into their desired residency program and causes them to incur significantly higher expenses compared to allopathic medical students; now therefore be it,

RESOLVED, that the American Osteopathic Association (AOA), through its representatives to the Accreditation Council in Graduate Medical Education (ACGME) PARTNER WITH INTERESTED STAKEHOLDERS INCLUDING, BUT NOT LIMITED TO, THE AAMC AND AACOM TO ADDRESS seek changes to the institutional accreditation standards to prohibit the discriminatory practice of PROHIBITING MEDICAL STUDENTS FROM VISITING STUDENT ROTATIONS OR CHARGING DIFFERENT FEES TO MEDICAL STUDENTS BASED SOLEY ON THEIR OSTEOPATHIC TRAINING charging osteopathic medical students a fee different than FROM THAT is charged to allopathic students for audition VISITING STUDENT rotations (E.G. AUDITION ROTATIONS); and, be it further

RESOLVED, that the AOA WORK WITH ANY AND ALL RELEVANT ORGANIZATIONS TO also seek any other necessary changes in institutional or residency standards POLICIES AND/OR PRACTICES THAT PROHIBIT VISITING STUDENT ROTATIONS OR CHARGE INEQUITABLE FEES TO MEDICAL STUDENTS BASED SOLELY ON THEIR OSTEOPATHIC TRAINING to prevent any ACGME accredited institution or program from discriminating THAT MAY ALLOW FOR BIAS against osteopathic medical students or residents. in any way; and, be it further

RESOLVED, that the AOA WILL CONTINUE TO ADVOCATE FOR OSTEOPATHIC MEDICAL STUDENTS AND RESIDENTS WITH INSTITUTIONS, PROGRAMS, AND OTHER RELEVANT STAKEHOLDERS WHEN THE AOA becomes aware of any instance of discrimination against osteopathic medical students, it shall advocate on behalf of the students with the institution.

Explanatory Statement: The committee heard mixed testimony but general support for the premise of the initial resolution. It was noted that the ACGME does not have purview over medical students...
or any fees charged to them for visiting, or "audition", rotations. The committee believes that the proposed amended resolution captures the spirit of the initial resolution and addresses the responsible stakeholder organizations.

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

**H207** ADOPTION OF SPECIFIC INFORMED CONSENT GUIDELINE FOR SENSITIVE EXAMS UNDER ANESTHESIA FOR EDUCATION PURPOSES

Mr. Speaker, I present for consideration Resolution No. H207, and the Committee recommends that it be REFERRED to the Student Osteopathic Medical Association for review and comment.

**Explanatory Statement:** The Committee respectfully recommends this resolution be referred back to its authors, the Student Osteopathic Medical Association (SOMA). The Committee was supportive of the resolution’s intent but felt that current policy, H223-A/19, is broad enough to include the encounters such as that referred to in the resolution. The Committee recommends that the SOMA study current AOA policy H223-A/19 and consider resubmitting a resolution for a future HOD that amends H223-A/19, should the SOMA believe there is a need to include specific informed consent for sensitive exams under anesthesia in the current AOA policy. In addition, the Committee also recommends the authors consider defining sensitive exams in a Resolved statement so that its definition will be included in the AOA policy compendium.

And I so move. **REFERRED** *(to Student Osteopathic Medical Association)*

**H206** AOA TO SUPPORT EDUCATION AND ADVOCATE FOR POLICIES RELATING TO CLIMATE CHANGE

Mr. Speaker, I present for consideration Resolution No. H206, and the Committee recommends that it be **DISAPPROVED**. To begin discussion, I move that it be approved.

**Explanatory Statement:** The Committee heard testimony mostly against the resolution. Advocates commented that environmental health is a public health issue. The Committee believes that the current policy, H402-A/18 demonstrates the AOA’s commitment to Environmental Health. In H402-A/18, the AOA strongly encourages the federal government to increase its efforts to promote standards which will prevent human suffering and death from environmental threats and hazards; and reaffirms its commitment to support governmental agencies’ efforts in eradicating environmentally related health risks. Regarding this resolution’s call for incorporating health implications of climate change into osteopathic medical school curricula, the Committee believes that osteopathic medical schools should have the autonomy to choose their curricula based on the COCA requirements, their curriculum committee, and their mission statement, and that this was beyond the scope and authority of the AOA.

And I so move. **Resolution H206 NOT ADOPTED**

**H209** INCORPORATING CONTINUED MEDICAL EDUCATION REGARDING INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
Joshua Lenchus DO, Chair
Craig Glines, DO, Vice-Chair

Mr. Speaker, I present for consideration Resolution No. H209, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Title INCORPORATING ENCOURAGING CONTINUOUS MEDICAL EDUCATION REGARDING INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Line 6 RESOLVED, that the American Osteopathic Association (AOA) incorporates ENCOURAGES CONTINUING MEDICAL EDUCATION OPPORTUNITIES content regarding intellectual and developmental disability care for adults during AOA-sponsored conferences.

Explanatory Statement: The Committee heard mixed testimony on this resolution. Advocates wished to highlight the topic of disability through inclusion during AOA conferences. Those in opposition cited the potential fiscal note. The Committee believes the AOA House of Delegates should not mandate specific CME content at AOA-sponsored conferences. Decisions on CME content should be based on the CME sponsor’s practice gap analysis of its intended audience, which may include sessions regarding the care of disabled patients.

And I so move. ADOPTED as AMENDED

H210 RECOMMENDATION OF BUPRENORPHINE WAIVER TRAINING IN OSTEOPATHIC MEDICAL SCHOOLS

Mr. Speaker, I present for consideration Resolution No. H210, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement: The Committee believes the policy as written is inappropriate because the AOA lacks sufficient authority over educational curricula, as that rests with the COCA. Curricular initiatives addressing the treatment of pain and opioid use disorder already currently exist at many osteopathic medical schools. In addition, the Committee believes that waiver training in osteopathic medical school may be too early since osteopathic medical students do not have DEA certificates and would be more appropriate training during residency, temporally closer to the time when they would prescribe medications for opioid use disorder.

And I so move. Resolution H210 NOT ADOPTED

H211 REFERRED RES. NO H-224 – A/2019 AOA BOARD CERTIFICATION TERMINOLOGY

Mr. Speaker, I present for consideration Substitute Resolution H211, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Line 21 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”.


Explanatory Statement: At the 2019 House of Delegates, the House referred Resolution H224-A/19 to the Bureau of Osteopathic Specialists (BOS) for review and recommendation. Resolution H211, submitted by BOS, does not respond to the 2019 House of Delegates request, and therefore, Resolution H224-A/19 still requires final action by the House of Delegates. The Committee presents Substitution Resolution H211, which is the resolved statement from H224-A/19. The testimony heard by the Committee was in opposition to this language, and generally supportive of the current terminology included on AOA board certificates. The Committee supports the BOS and its member certifying boards, believing that the BOS and its member certifying boards must have the authority to determine the terminology used on AOA board certificates. Current AOA board certificates state the word, “Osteopathic” a minimum of five (5) times and the Committee believes this to be sufficient.

And I so move. Resolution H211 NOT ADOPTED

H212 RESIDENCY REDISTRIBUTION OF CENTER FOR MEDICARE/MEDICAID SERVICES FUNDING FOLLOWING SINGLE ACCREDITATION SYSTEMS (SAS)

Mr. Speaker, I present for consideration Resolution No. H212, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement: The Committee received testimony that was mostly against the adoption of this resolution, including a desire by the authors to withdraw the resolution. The Committee believes that the current policies, H213-A/15, H329-A/16, and H201-A/19 satisfactorily address the concepts proposed within this resolution.

And I so move. Resolution H212 NOT ADOPTED

H213 TRAINING HIGH QUALITY PHYSICIANS IN A HEALTHY AND SAFE ENVIRONMENT

Mr. Speaker, I present for consideration Resolution No. H213, and the Committee recommends that it be DISAPPROVED. To begin discussion, I move that it be approved.

Explanatory Statement: The Committee heard mixed testimony, but mostly against the adoption of this resolution. The Committee believes that the resolution is not within the AOA’s authority. The AOA does not mandate the work of AACOM, NBOME, or Colleges of Osteopathic Medicine. The intent of the resolution is wholly supported, and the Committee is hopeful that the clinical skills testing will be given in a standardized, safe and effective format.

And I so move. Resolution H213 NOT ADOPTED

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

Committee Members:
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