AMERICAN OSTEOPATHIC ASSOCIATION

142 E. Ontario St.
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osteopathic.org

AOA BOARD OF TRUSTEES ANNUAL
2020 ANNUAL MEETING
BOT RESOLUTION ROSTER
As of July 20, 2020

Res. No.	Resolution Title	Submitted By	Action
B-1	BUREAU ON INTERNATIONAL OSTEOPATHIC MEDICINE – WHITE PAPER III – PRINCIPLES OF INTERNATIONAL ACTIVITY OF OSTEOPATHIC PHYSICIANS	BIOM	APPROVED
B-2	WHITE PAPER ON GUIDELINES FOR INTERNATIONAL ELECTIVES AND CULTURAL COMPETENCIES FOR OSTEOPATHIC PHYSICIANS-IN-TRAINING	BIOM	APPROVED
B-3	COCA, FEES FOR INSTITUTIONAL ACCREDITATION	COCA	APPROVED
B-4	REVISIONS TO THE HANDBOOK OF THE BUREAU OF OSTEOPATHIC SPECIALISTS	BOS	APPROVED
B-6	AOA CATEGORY 1-A CME CREDIT FOR ITEM WRITING – 2019-2021 CONTINUING MEDICAL EDUCATION GUIDE FOR OSTEOPATHIC PHYSICIANS	BOE/COCME	APPROVED
B-7	REVISION TO BASIC STANDARDS FOR SURGERY AND THE SURGICAL SUBSPECIALTIES	BOE/COPT	APPROVED
B-8	REVISIONS TO OPTI ACCREDITATION HANDBOOK	BOE/COPT/ COPTI	APPROVED
B-9	REQUIREMENTS OF CME SPONSORS - CME SPONSORS CONFERENCE	BOE/COCME	APPROVED
B-10	ACCREDITOR NEEDS ASSESSMENT FOR AOA POLICY-SPECIFIC CONTINUING MEDICAL EDUCATION TOPICS	BOE/COCME	APPROVED

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Res. No.	Resolution Title	Submitted By	Action
B-11	REVISION TO BASIC STANDARDS FOR ORTHOPEDIC SURGERY	BOE/COPT	APPROVED
B-12	REVISIONS TO AOA BASIC DOCUMENTS FOR POSTDOCTORAL TRAINING – OPTI ACCREDITATION STANDARDS	BOE/COPT/ COPTI	APPROVED
B-14	PROPOSED AMENDMENTS TO AOA CONSTITUTION AND BYLAWS TO IMPLEMENT CHANGES TO GOVERNANCE STRUCTURE	CAGOS	APPROVED
B-15	PROPOSED AMENDMENTS TO AOA BYLAWS	CAGOS	APPROVED
B-16	PROPOSED AMENDMENTS TO AOA CONSTITUTION AND BYLAWS TO UPDATE MECHANISM FOR AMENDING THE CONSTITUTION AND BYLAWS	CAGOS	APPROVED
CB-100-CB-107	COMMITTEE ON BASIC DOCUMENTS AND OPERATIONS OF AFFILIATED ORGANIZATIONS	CBDOAO	APPROVED

SUBJECT: BUREAU ON INTERNATIONAL OSTEOPATHIC MEDICINE – WHITE PAPER III – PRINCIPLES OF INTERNATIONAL ACTIVITY OF OSTEOPATHIC PHYSICIANS

SUBMITTED BY: Bureau on International Osteopathic Medicine (BIOM)

REFERRED TO: AOA Board of Trustees

WHEREAS, the American Osteopathic Association Board of Trustees has approved three White Papers (2000, 2005, and 2007) outlining the strategies and planning of the AOA's international efforts and the attached White Paper III is a combination and update of the three previous Papers; now, therefore, be it

RESOLVED, that the AOA Board of Trustees approve the attached White Paper III as the official document of the AOA's Bureau on International Osteopathic Medicine.

ACTION TAKEN ___APPROVED_____

DATE ____JULY 17, 2020_____

Bureau of International Osteopathic Medicine
White Paper III - Principles of International Activity of Osteopathic Physicians.
Approved by the AOA Board of Trustees July 16, 2008; Updated _____ 2020

The American Osteopathic Association (AOA) recognizes that it and many of its members, component societies, and institutions desire or need to interact with various governmental and regulatory bodies, scientists, educational institutions, and health care practitioners within the international community. It also appreciates that different languages, cultures, customs, and health practices make communication more difficult and increase the potential for miscommunication. The AOA therefore desires, in all interactions and communications, that information gathering, education, collaboration, and cooperative ventures be conducted in a professional and ethical manner that accurately represents osteopathic medicine as practiced in the United States.

To this end, the AOA has developed this White Paper and stresses the responsibility of integrating ethics and respect for the known history, authority, and relationships currently governing international health and medical policy when communicating information concerning the AOA and the osteopathic profession in the United States to individuals or organizations unfamiliar with same outside the U.S. border.

HISTORY & PURPOSE

The AOA has sought input and recommendations from its Bureau of International Osteopathic Medicine (BIOM) since its formation as a Council in 1996. Furthermore, the BIOM interacts directly with the AOA Board of Trustees to formulate and issue pertinent "White Papers" as informational pieces to describe the scope, direction, and activity of the AOA in the international arena.

In 2000, BIOM's initial recommendations were approved and an International White Paper was issued. The initial White Paper focused upon ethical interactions between components of the AOA and those international health care practitioners and organizations having significant relevance to the osteopathic profession worldwide. Topics included:

1. AOA Official Interactions
2. Interactions with International Governmental Officials and/or Health/Medical Regulatory Bodies
3. Interactions with International Colleges of Medicine or Osteopathy or Their Graduates
4. American Osteopathic Rights in International Settings
5. International "Osteopathic" Rights in the United States
6. International Membership in the AOA

The second White Paper (2005) reaffirmed conclusions reached in the first White Paper (2000) while providing additional background, insight, and direction for expanding and building upon other international interactions. In particular, the second White Paper focused on the following topics related to international directions by the AOA and its members:

1. Communication
2. Identity
3. Politics & Diplomacy

4. Research & Education
5. Service
6. Resources

The second White Paper also initiated an addendum of *Potentially Significant International Organizations & Groups,* in an attempt to identify organizations and groups within and outside the United States with which the AOA may have contact or correspondence in discussing international osteopathic curricula, accreditation, certification, and/or licensure.

The purpose of this third International White Paper (2007) is to review and update previous White Papers and to describe the current and anticipated scope and activity of the American Osteopathic Association in the international arena. It is also intended as an informational document to provide relevant background and perspective for the AOA and its members for responsible decision-making relative to international education, research, practice and health policy. While not all inclusive, the perspective and principles delineated in this third International White Paper should serve as guidelines for most international interactions.

PREAMBLE

For those in the United States of America, involvement in global health has grown beyond the moral, humanitarian motives made by individual practitioners and institutions wishing to contribute to the health care needs of populations in underserved nations. Now, for a variety of personal and practical reasons, U.S. physicians and physicians-in-training are also looking at educational and practice opportunities outside the United States. Osteopathic (DO) and Allopathic (MD) medical students increasingly seek safe and meaningful international educational opportunities; many desire assurance that their earned degrees will prepare them for the future implications of globalization.

Great challenges and tremendous opportunities in the field of health care have also been created by globalization. We are experiencing an increased permeability of our borders to travel-related illnesses and to diseases thought to have been eradicated in the United States of America and we fear that our public health infrastructure may be ill-prepared for intentional or unintentional introduction of biologic agents capable of creating epidemic illness. Conversely, international colleagues' experiences, approaches, and knowledge have never been more readily accessible.

As borders between countries, information, and economies lose their traditional relevance, the need to understand and interact with international health care colleagues and policy makers grows. In an accelerating fashion, health policy decisions and evidence-based experience in medical, surgical, manual, and other health care fields outside our national borders directly impact our own internal patient populations and the practices of our osteopathic medical graduates. The impact on health care providers, educators, researchers, and policy makers brought about by such globalization necessitates coordinated decisions based upon a clear understanding of the global picture.

The need to think and act globally to assure the quality of health care practitioners – both osteopathic and allopathic – crossing borders (e.g., between Canada and the United States or within the European Union) must embrace responsible health policy considerations as it impacts access, safety, and portability. To this end, the AOA expanded its involvement with international groups and organizations and has encouraged ambassadors from the AOA or its practice affiliates to interact with global health care entities such as the ~~World Health Organization, the World Osteopathic Health Organization,~~ the Fédération Internationale de Médecine Manuelle, ~~the Global~~

~~Health Council~~ and the Osteopathic International Alliance and the WHO through the OIA, AND ANY OTHER INTERNATIONAL ORGANIZATION DEEMED APPROPRIATE. These interactions have resulted in numerous processes to evaluate international curricula and educational standards and prompted efforts to define and develop uniform educational and/or licensure standards relative to osteopathic medicine. Such involvement has greatly expanded the perspective and understanding of numerous health policy makers around the globe and within the AOA membership itself concerning the osteopathic profession. In particular, these efforts have raised awareness of the global role of the AOA in health care policies and principles and its commitment to distinctive contributions to high quality medical care (health systems change, access, reliability, and patient protections).

Globalization is affecting the osteopathic profession, but it is not solely an economic or trade phenomenon; it is a convergence of cultures.[1] It leads inevitably to continuous cultural evolution and an increase in quality standards. The processes of which should be undertaken with humility and an understanding of the national and professional cultures involved.[2]

INTRODUCTION

The osteopathic medical profession originated in rural America in 1892. Almost immediately graduates emigrated to other countries. Historically, national boundaries and practice rights served to create cultural divergence within the osteopathic profession. As a consequence, the osteopathic philosophy, science, and art have evolved differently over time on numerous continents with varying impact on health care delivery in each country. In some countries, the philosophy, science and art of osteopathy needed to operate in a limited spectrum-of-practice setting, linked or not to parallel standards of medical diagnosis and treatment. In some countries, selected elements of the osteopathic culture were transferred in post-graduate or specialty training settings to full spectrum-of-practice physicians simply as "manual medicine" skills. In yet other countries, these full-spectrum manual medicine physicians seek to expand their understanding of the osteopathic philosophy, science and art. As a consequence of divergence, the recognition of what it means to practice "osteopathically" has become blurred and confusion abounds in both public and professional settings. This confusion complicates efforts by the profession to convey the contribution of knowledge and service they are committed to make in promoting health and fighting disease.

Cultural divergence in health care arenas is now being replaced by convergence. This is a direct consequence of increasing transportation, communication, and information exchange and is seen in

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[1] O'Brien Richard L. Globalization: opportunities for international standards. In Osterweis M, Holmes DE (editors): *Global Dimensions of Domestic Health Issues* (2000), Washington DC: Association of Academic Health Centers, pp 133-146.

[2] *"As we strive to enhance the internationalization of the health professions education and the development of high standards of practice, we must take care to do so with humility. We must recognize that other nations expect cooperation and collaboration rather than an imposition of standards and procedures. We must be willing to learn from others, to change our procedures to adapt to their needs, and to adopt what they contribute.*

We must tread lightly. Although we have a long history of excellent higher education, we do not have a monopoly on quality. In fact, for more than a century, acquiring at least part of one's education in Europe was highly sought after. It is considered by many in the United States to be evidence of quality. We must never forget that many contributions to professional practice, education, scientific knowledge, and technology come to us from other countries." -- O'Brien Richard L. Globalization: opportunities for international standards. In Osterweis M, Holmes DE (editors): *Global Dimensions of Domestic Health Issues* (2000), Washington DC: Association of Academic Health Centers, pp 133-146.

the proliferation of national organizations committed to establishing global vision statements and strategic plans that include their international role. Such collaboration is also seen from stakeholders within the osteopathic arena. A number of international organizations, including the Osteopathic International Alliance, AND the European Register of Osteopathic Physicians, and ~~the World Osteopathic Health Organization~~, have recently been constituted to address similar issues.

~~The role that responsible U.S. health care organizations can and should play in this convergence of cultures is no longer speculative. The Institute of Medicine's *America's Vital Interest in Global Health* (IOM, 1997) makes a strong case for the importance of global health and the USA's ability and responsibility to foster it. To this end, the Association of Academic Health Centers established a Division of Global Health in 1998 and, in its published *Global Dimensions of Domestic Health Issues (2000),* makes commitments to seek strategic collaborations with other organizations to improve health and health policy internationally. Likewise in 1996, traditionally national organizations such as the American Osteopathic Association constituted the Bureau of International Osteopathic Medicine (BIOM).~~

BIOM is currently charged with reporting to the AOA Board of Trustees. Its current mission is stated as follows:

The mission of the Bureau on International Osteopathic Medicine (BIOM) is to promote the highest standards of osteopathic medical education and practice throughout the world. The Bureau's vision is acceptance of osteopathic medicine as a complete system of medical care throughout the world.

The Bureau will do this by providing organizational leadership that promotes the highest standards of osteopathic medical education and practice throughout the world and facilitates positive interactions between the AOA, AOA affiliates, and international healthcare organizations. The purpose is to ensure the continued contribution of the American model of osteopathic medicine in the United States (U.S.) and internationally.

The International Bureau seeks to facilitate those public and professional interactions, which increase the understanding and advancement of osteopathic medicine as a complete system of medical care. The BIOM will promote the osteopathic philosophy that combines the needs of the patient with the current practice of medicine, surgery, and obstetrics, emphasizes the interrelationships between structure, function, and provides an appreciation of the body's ability to heal itself.

This third White Paper combines and updates the first two White Papers and represents the dramatic and rapid changes that have occurred as a consequence of globalization, outreach by the AOA and its members, and international events. The structure and function of the third International White Paper focus on the following topics related to international interactions and directions by the AOA and its members:

1. AOA Official Interactions
2. Interactions with International Governmental Officials and/or Health/Medical Regulatory Bodies
3. Communication
4. Identity
5. Politics & Diplomacy
6. Research & Education

7. Interactions with International Colleges of Medicine or Osteopathy or Their Graduates
8. American Osteopathic Rights in International Settings
9. International "Osteopathic" Rights in the United States
10. International Membership in the AOA
11. Service
12. Resources

The periodically updated addendum, *Potentially Significant International Organizations & Groups,* identifies organizations and groups within and outside the United States with which the AOA and its members may have contact or correspondence in discussing international osteopathic curricula, accreditation, certification, and/or licensure.

1. AOA OFFICIAL INTERACTIONS

The AOA itself shall be directly represented only by those it has authorized to do so. No interactions by an unauthorized individual, college, specialty organization, or institution should imply a specific AOA status or endorsement, nor be allowed to be represented as such.

The AOA Bureau of International Osteopathic Medicine (BIOM) is charged with informing and educating AOA leadership and representatives; gathering, investigating, and recommending policy relative to international osteopathic medical education and affairs; maintaining information used in training international ambassadors and representatives; and serving as a repository for information related to the aforementioned activities. AOA members and affiliates are encouraged to contact BIOM and its members and staff with information, recommendations, international contacts, and potential directions for the AOA in meeting its international agenda.

2. INTERACTIONS WITH GOVERNMENTAL OFFICIALS AND/OR HEALTH/ MEDICAL REGULATORY BODIES

Interactions carried on by individuals, colleges, specialty organizations or other U.S. osteopathic institutions to discuss osteopathic medicine should be accomplished in a careful, professional, and ethical manner, accurately representing the American model of osteopathic medicine. Information detailing the international contact name, preferably including telephone, fax, and e-mail information, title and synopsis of discussion, may be sent to the AOA Division of International Affairs, 142 East Ontario, Chicago, Illinois 60611, Phone (312) 202-8000. While it is not always possible to do so, an advanced call to the AOA may be beneficial and is encouraged.

In dealing with international governmental officials, or health and medical regulatory bodies, the following points may be conveyed:

1. The AOA seeks to better understand the status of international medical communities in the areas of education, research, and health care delivery.
2. The AOA seeks to encourage international recognition, understanding, and acceptance of the American DO degree.

3. The AOA seeks to advance international recognition and value for osteopathic philosophy, as well as its practice and educational standards.
4. The AOA will actively offer assistance and guidance, upon request, to nations or official organizations wishing to provide for the licensure/registration and practice rights of osteopathic physicians educated in colleges of osteopathic medicine accredited by the AOA Commission on Osteopathic College Accreditation (COCA).
5. BIOM will, upon request, assist COCA regarding the legitimate authorities or programs from other countries in the development of colleges of osteopathic medicine or osteopathic graduate medical education programs when such entities clearly demonstrate the capacity to be accredited by COCA.

3. COMMUNICATION

The AOA recognizes the need for accurate and ethical communication in relation to international issues, particularly in light of differences in language and culture.

Information into and out of the United States is capable of both supporting a rapidly growing evidence-base for wise health care decisions and of confounding appropriate decisions with misinformation. The AOA is dedicated to providing accurate information related to the contributions of its members and the osteopathic approach. To this end, the following elements have been agreed upon:

1. The AOA will act as a clearinghouse for information concerning international applications of the philosophy, science, and art of osteopathy and osteopathic medicine.
2. The AOA will also contribute information to the Osteopathic International Alliance (OIA) clearinghouse so that it may also serve as a credible, reliable international source of information, and contribute to the *Glossary of Osteopathic Terminology* as well as interested governmental, regulatory, and Non-Governmental Organization (NGO) bodies.
3. The Bureau of International Osteopathic Medicine (BIOM) will identify persons available to translate Bureau materials into various languages, starting with French, German, and Spanish and eventually all official UN languages.
4. The AOA recognizes the efforts of the American Association of Colleges of Osteopathic Medicine (AACOM) and the Educational Council on Osteopathic Principles (ECOP) to maintain a peer-reviewed *Glossary of Osteopathic Terminology* and encourages an accurate translation into other languages that it might serve as a universal language reference for osteopathic and manual medicine education, research, and clinical discussions.
5. Members of the AOA will refrain from representing the AOA or its official position without the express permission of the AOA.
6. Members of the AOA are encouraged to educate the public as well as health care colleagues about the manner in which the philosophy, science, and art of osteopathic medicine are practiced in the United States of America.
7. The AOA charges BIOM to continue to plan and provide an international seminar and forum for the profession at the annual meetings to update AOA members on international issues, the activities of their colleagues, and the AOA's progress abroad on their behalf.

4. IDENTITY

The AOA recognizes the need to identify and educate international organizations, governmental authorities, and leaders concerning the benefits of osteopathic philosophy, science, and art in promoting/maximizing health while limiting disease and dysfunction.

To this end, the following directions are supported:

1. The AOA will actively seek to provide communication and/or representation to key international bodies with the expressed intention of communicating the scope of osteopathic philosophy and practice and the potential for the osteopathic profession to contribute to health and preventive medicine throughout the world.
2. ~~The AOA will work specifically with the Pan-American Health Organization (PAHO) and the World Health Organization (WHO) in demonstrating the ability of the osteopathic profession to contribute to health and wellness in the Americas.~~
3. Wherever possible, the AOA will interact with and educate key international leaders and international bodies about the osteopathic profession with the expressed intention of expanding opportunities whereby graduates of AOA-accredited schools (or the American osteopathic profession as a whole) could make positive contributions.
4. The AOA will specifically interface with the International Association of Medical Regulatory Authorities (IAMRA), International Federation of Manual Medicine (FIMM), the Osteopathic International Alliance (OIA), ~~the Pan-American Health Association (PAHO), the World Osteopathic Health Organization (WOHO)~~ and others who seek to identify and contribute to areas of overlapping missions.
5. The Bureau of International Osteopathic Medicine (BIOM) and its representatives will aspire to collaborate with international colleagues and organizations to obtain unlimited medical and surgical practice rights internationally for osteopathic physicians.
6. BIOM will develop a Network Database (accessible to AOA members) of individual DOs and affiliates around the world, who are willing to assist other DO expatriates.

5. POLITICS & DIPLOMACY

The AOA embraces its unique position as representing American trained osteopathic physicians and surgeons, the largest group of osteopathic practitioners in the world and its historic link to the birthplace of the entire osteopathic profession. However, the AOA also recognizes the sovereignty of health care licensure and delivery systems in other nations as well as the evolutionary differences in osteopathic education and scope of practice that occurred when osteopathy emigrated to other countries. Above all, the AOA acknowledges the need to be geographically and culturally sensitive in interacting within the international health care arena.

To this end:

1. The American Osteopathic Association, AS AN ORGANIZATION, IS DEDICATED ~~'s *"Statement of Health care Policies and Principles"* notes that as an organization it is dedicated~~ to placing patients first and protecting the patient/physician relationship. This position of the AOA extends beyond U.S. borders and will serve as a template for policy relating to political and health policy considerations internationally.

2. The AOA accepts its role and ability to provide organizational leadership unifying osteopathic medical education & practice throughout the world. It maintains the AOA Bureau of International Osteopathic Medicine (BIOM) to recommend liaison and policy to this end.
3. The AOA supports the growth of the Osteopathic International Alliance (OIA) as an umbrella organization of internationally governmentally recognized organizations made up of osteopaths, osteopathic physicians and surgeons, and/or manual medicine physicians who value and promote the osteopathic approach.
4. The AOA will continue to contribute to the development of qualified AOA International Ambassadors to serve as knowledgeable and effective liaisons for the osteopathic medical profession in international affairs and policy.
~~5.~~ The AOA will maintain & enhance contacts with international organizations including, but not limited to the Canadian Osteopathic Association (COA), ~~European Union (EU),~~ Fédération Internationale de Médecine Manuelle (FIMM), ~~Global Health Council (GHC),~~ International Association of Medical Regulatory Authorities (IAMRA), AND ANY OTHER INTERNATIONAL ORGANIZATION DEEMED APPROPRIATE. ~~Pan American Health Organization (PAHO), U.S. Agency for International Development (USAID), World Bank (WB), World Health Organization (WHO), and World Osteopathic Health Organization (WOHO).~~
6. The AOA will work with the Federation of Medical Regulatory Authorities of Canada [FMRAC], Federation of State Medical Boards [FSMB], and International Association of Medical Regulating Authorities [IAMRA] so as to reach as many ministries of health as possible.
7. The AOA will develop and maintain affiliates outside the U.S.A. who qualify for appropriate representation in the AOA House of Delegates.

6. RESEARCH & EDUCATION

The AOA is committed to contributing to the expansion, dissemination, application, and integration of the evidence-base for health care practices generally, including the field of manual/neuromusculoskeletal medicine that constitutes one of the distinctive cornerstones of the osteopathic profession.

To this end, the following directions are supported:

1. Wherever possible, the AOA will encourage collaboration and/or wide international dissemination of the findings of research related to the promotion of health including palpatory diagnosis and manual medicine approaches; the relevance of somatic dysfunction and its reduction in affecting health promotion and disease prevention; and outcomes research documenting patient satisfaction and the clinical safety, cost-effectiveness, and efficacy of osteopathic clinical approaches (or manual-medicine integrative approaches).
2. The AOA will delineate pathways by which members of the AOA and representatives of the AOA Council on Research, ~~Bureau of Osteopathic Clinical Education and Research (BOCER),~~BUREAU OF OSTEOPATHIC RESEARCH AND PUBLIC HEALTH (BORPH) and/or AACOM may effectively interact with international medical and osteopathic institutions and organizations, through the OIA, to plan, foster, and/or participate in collaborative research advancing osteopathic and/or neuromusculoskeletal medicine.
3. The AOA will seek to identify and collaborate with institutions having the potential and desire to develop osteopathic medical education that would, at a minimum, parallel the educational standards adopted by the AOA. Furthermore, it will charge BIOM to encourage, promote &

offer assistance to the AOA Commission on Osteopathic College Accreditation (COCA) in anyway necessary.

4. The AOA will delineate the pathway or pathways by which representatives of the AOA, AOA specialty colleges, BOE, and/or COCA may (upon request) effectively and responsibly consult with/for international medical and osteopathic institutions and organizations to evaluate, improve, and/or coordinate educational standards and evaluation between countries and/or educational bodies.
5. The AOA is a resource to AACOM, Educational Council on Osteopathic Principles (ECOP), and other organizations for information on international research and education.
6. The AOA will delineate the pathway or pathways by which an international educational institution might apply for and attain appropriate accreditation in order to graduate osteopathic physicians completely versed in the osteopathic philosophy, science, and art. Unless otherwise assigned, BIOM might be charged to evaluate applications with respect to the international implications, risks, and benefits of each application relative to the AOA's international strategic plan.
7. The AOA will encourage specialty colleges and colleges of osteopathic medicine to develop member training opportunities outside the U.S.A., including but not limited to undergraduate/post-graduate fellowships, CME programs, and international exchanges.
8. Professional seminars, lectures, workshops and other educational meetings concerning osteopathic medicine or surgery should promote understanding of health care content generally within the scope of practice or education of those attending the course as should osteopathic graduate medical education (OGME).
9. To ensure that the highest quality of osteopathic medical care is made available to all Americans, the AOA acknowledges the value of international contributions made to the field, either individually, by groups, or by organizations and will record these findings in a Network Database. This Database will have available the current international research, activities, and contributions of osteopathic and manual medicine groups to health care. This Network Database will, where possible, maintain a record of cost-efficacy analyses and outcomes of these approaches.
10. Communications and written materials should clearly state that education about the philosophy, science, and/or art of osteopathy or osteopathic medicine does not alone create an osteopathic practitioner or entitle an attendee to claim such.

7. INTERACTIONS WITH INTERNATIONAL COLLEGES OF MEDICINE OR OSTEOPATHY OR THEIR GRADUATES

Interactions by individuals, colleges of osteopathic medicine, osteopathic specialty organizations or other U.S. osteopathic institutions to advance the understanding of the science, art, and practice of osteopathic medicine in the United States, are encouraged at international colleges of medicine or osteopathy, as well as with their students and graduates.

To this end:

1. Such interactions should always be accomplished in a careful, professional, and ethical manner, accurately representing the American model of osteopathic medicine. Lectures, discussions, and/or demonstrations are typically appropriate for international audiences and should be used responsibly to advance understanding. Members of the AOA, its affiliates, and AOA accredited

institutions and programs, should refrain from the hands-on teaching of osteopathic manipulative treatment, injection, diagnostic or therapeutic surgical and/or diagnostic or therapeutic invasive procedures to individuals who do not, or will not upon graduation, have the complete foundation to responsibly master or possess the legitimate scope of practice to apply said skills or procedures.

2. With regard to continuing medical education (CME) at, or organized by, international colleges of medicine or osteopathy, it should be made clear that the AOA recognizes continuing medical education programs in other countries only when such programs meet the continuing medical education requirements of the AOA. Only the AOA shall determine when a CME program qualifies for AOA recognition.
3. Programs, including CME and Continuing Professional Development (CPD) programs, organized by U.S. osteopathic organizations to advance the understanding of the science, art, and/or practice of osteopathic medicine which might include students or graduates of international colleges of medicine or osteopathy, must clearly indicate to these individuals that they may not falsely advertise their participation in said program. International osteopathic ethics limit claims, written or verbal, regarding participation in such programs, to statements of attendance at a specific educational or scientific meeting. U.S. osteopathic physicians who teach in such programs shall make this clear to both the organizers and participants.

8. AMERICAN OSTEOPATHIC RIGHTS IN INTERNATIONAL SETTINGS

The AOA Commission on Osteopathic College Accreditation (COCA) is recognized in the United States by the Federal government and its Department of Education, Department of Health and Human Services, and related governmental entities, as the official accrediting agency for all U.S. colleges of osteopathic medicine. The AOA is the body that recognizes and approves osteopathic graduate medical education and continuing medical education. The AOA, through its Bureau for Osteopathic Specialists, is the body responsible for the specialty certification of osteopathic physicians.

To this end:

1. The degree, Doctor of Osteopathy (DO), or Doctor of Osteopathic Medicine (DO), when granted by an AOA accredited college of osteopathic medicine, is considered in all 50 states, the District of Columbia, and territories, to be eligible for full medical licensure, equal in all rights, privileges, and responsibilities as those physicians holding the degree Doctor of Medicine (MD).
2. In the United States, physicians with an AOA recognized DO degree may serve as physicians in all capacities and are fully reimbursed at the same level and for the same services as those with the MD degree. They may practice in state, private and governmental hospitals as well as in out-patient settings.
3. American osteopathic physicians, by virtue of their education and AOA certification(s), have valuable skills to offer patients wherever they may be accorded the right and privilege to practice their healing arts.
4. The AOA has no jurisdiction internationally but is willing and anxious to assist members of the AOA in representing their credentials to government agencies, departments of health, or other professional institutions.
5. ~~COCA has the ability to accredit outside of the U.S., but "will only consider the accreditation of complete osteopathic medical education as known and accredited in the U.S. and utilizing similar~~

~~standards" as approved by COCA in the December 14, 2008, Interim Policy Statement on International Accreditation of Colleges of Osteopathic Medicine~~.

6. As officers in the Medical Corps of the U.S. Uniformed Services, osteopathic physicians have for many years served on military bases around the world. Several osteopathic physicians hold, or have held, high-ranking positions, such as the Surgeon General of the United States Army and the Assistant Secretary of Defense for Health Affairs.
7. American osteopathic physicians and colleges are active in international humanitarian and missionary work in numerous countries. DOCARE International is an AOA affiliated osteopathic organization that coordinates and delivers humanitarian work. Osteopathic clinicians are also providing international humanitarian and missionary care through their churches, communities, specialty colleges, service and other organizations.

9. INTERNATIONAL "OSTEOPATHIC" RIGHTS IN THE UNITED STATES

It is the unwavering position of the AOA that the only type of licensure for DOs in the United States is one reflecting a full scope of medical practice. For all licensure as a DO in every state in the United States, the DO must be a graduate of an AOA accredited college of osteopathic medicine. No state issues a "limited license" to any practitioner, either an American citizen or an international citizen, wishing to practice osteopathy or osteopathic medicine in the United States.

To that end:

1. Where state laws permit, internationally-trained manual therapeutic practitioners, or "non-physician osteopaths," may observe or even work in a physician's office. Such individuals may only interact with patients, however, to the extent allowed by the statutes of that state; while under the supervision of an attending physician, or his/her staff. In no case may the international practitioner attempt to represent his or her degree as equal to an American DO degree. Likewise, the interaction with a client may never be represented as, or implied to be, an osteopathic examination or treatment.
2. "Non-physician osteopaths," or those practicing manual therapy may, within specific guidelines, participate in U.S. osteopathic educational or research activities organized by AOA members, colleges, specialty colleges, institution, or other affiliates. AOA guidelines are specific to the situation. For example, the "non-physician osteopath", or manual therapist, may be employed under the supervision of an American DO to assist in teaching osteopathic manipulative treatment (OMT) techniques at an osteopathic college or in a CME program. In such cases, however, it must be clearly stated to students or attendees that said individual is not a physician. Neither may an internationally trained "non-physician osteopath", or manual therapist, be counted amongst those osteopathic medical faculty members required for AOA-approved CME credit.
3. International Doctors of Medicine (MD) who have earned a "diploma or specialty in manual medicine (osteopathic)" or its equivalent in their medical pre-doctoral or post-doctoral training, may not represent themselves in the United States as osteopathic practitioners.
4. Those international MD/DO physicians whose DO was granted by a non-AOA accredited international osteopathic college may not represent themselves as osteopathic practitioners in the United States, nor may they use their internationally obtained DO diploma or degree in the United States in any professional capacity. To advertise to the public that they are DOs is a

violation of the state medical licensing laws, rules and regulations in the United States, as well as a violation of the AOA Code of Ethics.

5. International MD or MD/DO practitioners may or may not be eligible to sit for allopathic licensure in the United States. Such a decision is outside the purview of the AOA. These physicians may not however represent themselves as an osteopathic physician, DO, in the United States as there is no provision for sitting for an American osteopathic test, or obtaining an osteopathic medical license except by graduation with a "DO" degree from an AOA-**COCA** accredited college of osteopathic medicine.[3]
6. International institutions, organizations, or programs seeking AOA-**COCA** accreditation or recognition must meet all AOA guidelines for the appropriate and pertinent osteopathic medical programs.

10. INTERNATIONAL MEMBERSHIP IN THE AOA

American educated and trained DOs living and/or practicing abroad may join the American Osteopathic Association under the same guidelines as those osteopathic physicians living and/or practicing in the United States. Costs of AOA membership are specified in annual publications of the AOA and may reflect an additional cost for processing and mailing internationally. International MD and MD/DO practitioners living and/or practicing abroad or those who have moved to the United States from abroad are eligible for "AOA International Physician Membership" status.

To this end:

1. Membership requires completion and acceptance of the "International Physician Application" of the AOA, along with a letter of recommendation from a member of the AOA who can attest to the ethical character and professional qualifications of the applicant. This category is only open to those international physicians with a license for full-scope medical practice as a physician in their country of citizenship.
2. The membership category "International Physician Membership" is a non-voting category designed to identify individuals wishing to receive educational, research, and similar pertinent information from the AOA. Such members may not hold office in the AOA or any of its affiliate organizations. Membership in this category may not be publicized or claimed to represent any level of professional qualification; nor may such membership be used to imply additional skills, knowledge, or other status beyond that for which they qualify.

[3] **MDS (INCLUDING INTERNATIONAL MEDICAL GRADUATES) WHO SUCCESSFULLY COMPLETE AN ACGME APPROVED RESIDENCY TRAINING PROGRAM WITH OSTEOPATHIC RECOGNITION, SUCCESSFULLY COMPLETE AN ACGME OSTEOPATHIC NEUROMUSCULAR MEDICINE (ONMM) RESIDENCY TRAINING PROGRAM, AND/OR SUCCESSFULLY EARN BOARD CERTIFICATION BY AN AOA APPROVED SPECIALTY BOARD THROUGH PASSAGE THE BOARD'S CERTIFICATION EXAMINATION AND OTHER REQUIREMENTS, ARE NOT AUTHORIZED (IN ACCORDANCE WITH STATE MEDICAL PRACTICE ACTS) TO REPRESENT THEMSELVES AS OSTEOPATHIC PHYSICIANS OR DOS, BUT CAN APPROPRIATELY REPRESENT THE DISTINCTIVE TRAINING IN OSTEOPATHIC PRINCIPLES AND PRACTICE THEY RECEIVED IN THEIR ACGME APPROVED RESIDENCY TRAINING PROGRAM WITH OSTEOPATHIC RECOGNITION OR ONMM, AND/OR REPRESENT THAT THEY HAVE SUCCESSFULLY EARNED BOARD CERTIFICATION BY A SPECIALTY BOARD APPROVED BY THE AOA.**

11. SERVICE

The AOA represents over 100,000 fully licensed[4] osteopathic physicians and osteopathic medical students in the United States who are dedicated to promoting health and treating disease. Osteopathic physicians' contributions in primary care and the distinctive osteopathic philosophy are widely recognized by health policy makers in the United States and by leaders in rural and underserved areas. The AOA believes that these attributes could contribute to the betterment of health and health care internationally.

To this end:

1. The AOA will continue aiding American DOs in humanitarian and mission work by facilitating international governmental permission to bring in medical teams and supplies and to provide osteopathic medical and surgical care.
2. The AOA will encourage international recognition of AOA-accredited DOs by developing a systematic method of contacting the various ministries of health (MOH) to apprise them of the unique education, high standards and full practice rights of physicians of osteopathic medicine thus accredited.
3. The BIOM will continue collaborating with the OIA and other international organizations to facilitate humanitarian and mission work.
4. ~~The AOA will delineate pathways through which members of the AOA and representatives of AACOM, DOCARE International, SOMA, and other international osteopathic outreach groups may effectively collaborate with national and international medical, osteopathic, and humanitarian institutions and organizations to promote health and provide/facilitate access to quality care in underserved international sites.~~

12. RESOURCES

The AOA has committed resources to address the many acute national issues of its members in the United States, Canada and throughout the world. The AOA acknowledges that its members function in a global society and that our next generation of osteopathic physicians demonstrates significant interest in making international commitments on behalf of the profession.

To this end:

1. The AOA will conduct periodic assessments of AOA member needs and desires regarding internationally-oriented member services; and prioritize input from its student and post-graduate representatives.
2. The AOA will prioritize contacts and develop criteria for deciding what countries & organizations should be the focus of AOA activity.
3. The AOA will charge BIOM to recommend policies and procedures on international osteopathic medicine to the Bureau of Osteopathic Education & the AOA Board of Trustees.

[4] The term "fully licensed" represents both the concept of an unlimited license issued by the state to practice all aspects of the healing art and includes the scope of the term "registered" more commonly used outside of the United States.

4. The AOA will enhance and maintain electronic and Internet capabilities to allow for easy access of international network database information.

ADDENDUM: Selected U.S. and International Organizations & Groups

This addendum lists selected organizations and groups which the AOA either maintains active interactions with or are/may be potentially significant partners in conducting the functions and achieving the missions of the AOA, particularly as related to international issues. This list is not complete but will continue to be expanded as other organizations and groups are identified. See also the AOA document: entitled *AOA-Involved International Organizations* located at: http://www.osteopathic.org/files/lcl_intlorglist.pdf

Note that the Chart below is arranged by the abbreviation most commonly used to identify the group or organization. When known, websites as well as the group's scope of influence are listed.

Following the chart are descriptions or mission statements of certain organizations or groups with which the AOA or its members are most likely to come into contact.

Organizational abbreviations & names, location and scope of influence:

ABBREVIATION	OFFICIAL NAME & WEBSITE
AACOM	American Association of Colleges of Osteopathic Medicine www.aacom.org/
AAMC	Association of American Medical Colleges www.aamc.org/
AAO	American Academy of Osteopathy www.academyofosteopathy.org
AAOE	American Association of Osteopathic Examiners http://www.aaoe-net.org/about.html
AAOM	American Association of Orthopaedic Medicine http://www.aaomed.org
ACCME	Accreditation Council for Continuing Medical Education www.accme.org
ACGME	Accreditation Council for Graduate Medical Education www.acgme.org
ACOFP	American College of Osteopathic Family Physicians www.acofp.org/
AFMM	Australian Faculty of Musculoskeletal Medicine http://www.biziworks.com.au/afmm
AFO	Akademie für Osteopathie
AMA	American Medical Association www.ama-assn.org/
AMSA	American Medical Student Association www.amsa.org
~~AëMM~~	~~See DGMM-AMM~~ ~~http://www.aemm-aerzteseminar-berlin.de~~
AOA-US	American Osteopathic Association www.osteopathic.org/
~~AOA (3)~~ AOA-FR	Association des Ostéopathes d'Anjou/Anjou Association of Osteopaths

	http://www.net1901.org/association/ASSOCIATION-DES-OSTEOPATHES-DE-LANJOU-A.O.A.,385783.html?id_local=v49007
APO	Associacao de Portuguese de Osteopatas http://www.aost.pt/
AROP	Associacao e Registo dos Osteopatas de Portugal http://www.arop.pt/pt/arop
~~ASMM~~	~~Australian Society of Musculoskeletal Medicine~~ ~~http://www.musmed.com~~
BAO	Bundes Arbeitsgemeinschaft Osteopathie/Federal Working Group on Osteopathy https://www.bao-osteopathie.de/
BCOA	British Columbia Osteopathic Association of Canada https://www.osteopathic.bc.ca/
BIMM	British Institute of Musculoskeletal Medicine http://www.bimm.org.uk
BIOM	Bureau of International Osteopathic Medicine (AOA) www.osteopathic.org/index.cfm?PageID=ost_intl
CaRMS	Canadian Resident Matching Service www.carms.ca
~~CBSA~~ CBA	Chiropractors Board of ~~Southern~~ Australia ~~(also Board for osteopaths)~~ https://www.chiropracticboard.gov.au/
CEESO-PARIS	Centre Europeen d'Enseignment Superieur de l'Osteopathie – Paris/ Paris/European Center for Higher Education in Osteopathy https://www.ceesoparis.com/
CFPC	College of Family Physicians of Canada www.cfpc.ca
	~~Chiropractors & Osteopaths Board of ACT~~ ~~E-mail: kathleen.taylor@act.gov.au~~
~~CORB~~	~~Chiropractors and Osteopaths Registration Board of Tasmania~~ ~~E-mail: corb@regboardtas.com~~
CPSO	College of Physicians and Surgeons of Ontario http://www.cpso.on.ca/
COA ~~- or -~~ ~~COA-CND~~	Canadian Osteopathic Association www.osteopathic.ca
COCA-AOA	Commission on Osteopathic College Accreditation http://www.aoacoca.org
COCA-AU	Chiropractic & Osteopathic College of Australia www.coca.com.au/
COME	CENTER FOR OSTEOPATHIC MEDICINE COLLABORATION https://www.comecollaboration.org/partner/commission-for-osteopathic-research-practice-and-promotion/
~~COMLEX~~	~~Comprehensive Osteopathic Medical Licensing Examination for the NBOME~~

	~~www.nbome.org/~~
~~CORPP~~	~~Commission For Osteopathic Research, Practice And Promotion~~ ~~http://www.corpp.org/home.jsp~~
DAAO	Deutsch-Amerikanischen Akademie für Osteopathie (German-American Academy of Osteopathy) www.daao.info
DGCO	Deutsche Gesellschaft für Chirotherapie und Osteopathie https://www.dgco.de/
DGMM	Deutsche Gesellschaft für Manuelle Medizin (German Society for Manual Medicine) www.dgmm.de/
DGMM-AMM	Deutsche Gesellschaft für Manuelle Medizin (German Society for Manual Medicine) – (DGMM component society based in Berlin) http://www.aemm-aerzteseminar-berlin.de
~~DGMM-FAC~~	~~Deutsche Gesellschaft für Manuelle Medizin – Forschungsgemeinschaft für Arthrologie und Chirotherapie (DGMM component society based in Hamm-Boppard)~~ ~~http://www.dgmm-fac.de/~~
~~DGMM-MWE~~	~~Deutsche Gesellschaft für Manuelle Medizin (German Society for Manual Medicine) – Manuelle Wirbelsäulen- und Extremitätentherapie (Dr. Karl-Sell-Ärzteseminar based in Isny-Neutrauchburg)~~ ~~www.aerzteseminar-mwe.de~~
DGOM	Deutsche Gesellschaft für Osteopathische Medizin (German Society for Osteopathic Medicicne) www.dgom.info/
DOCARE	DOCare International www.docareintl.org
~~DROM~~	~~Deutsches Register Osteopathischer Medizin~~
DVOM	Deutscher Verband für Osteopathische Medizin http://www.dvom.de/
ECFMG	Educational Commission for Foreign Medical Graduates www.ecfmg.org
ECOP	Educational Council on Osteopathic Principles (a component group of AACOM reporting to U.S. COM deans) https://www.aacom.org/ome/aacom-councils-and-groups/aacom-councils/educational-council-on-osteopathic-principles
EFFO	EUROPEAN FEDERATION & FORUM OF OSTEOPATHS https://www.effo.eu/
~~EOU~~	~~European Osteopathic Union~~ ~~email: europeanosteopathicunion@email.it~~
EROP	European Register of Osteopathic Physicians https://www.osteointernational.uk/networks/european-register-of-osteopathic-physicians/
~~EU~~	~~European Union~~
~~FAC~~	~~See DGMM-FAC~~ ~~http://www.dgmm-fac.de/~~

FAIMER	Foundation for the Advancement of International Medical Education and Research http://www.faimer.org/index.html
FeSIOS	Federazione Sindacala Italiana Osteopati/Italian Federation of Osteopaths http://www.fesios.it/
FEMMO	Fédération Francophone des Enseignements de Médecine Manuelle-Ostéopathie (Federation of the Lesson of Manual Medicine Osteopathy) – Umbrella organization made up of 21 French, Belgian, and Swiss groups http://www.femmo.eu/
FIMM	Fédération Internationale de Médecine Manuelle/International Federation of Manual Medicine www.fimm-online.com
~~FIMM IAMM Or FIMM Academy~~	~~FIMM International Academy of Manual / Musculoskeletal Medicine ("FIMM Academy")~~ ~~http://www.fimm-online.com/pub/en/index.cfm;jsessionid=6430f9272d85$3FU$3Fl?u=4D5F040A03747E720504790709050903090579077F720F08048~~
~~FLEX~~	~~Federal Licensing Exam~~
FMRAC	Federation of Medical Regulatory Authorities of Canada – (Formerly Federation of Medical Licensing Authorities of Canada [FMLAC]) http://www.fmrac.ca/index.cfm
~~FOA~~	~~Finnish Osteopathic Association – or – Suomen Osteopatiayhdistys~~
~~FORE~~	~~Forum for Osteopathic Regulation in Europe~~ ~~http://www.forewards.eu/~~
~~FOS~~	~~Fédération des Ostéopathes Suisses~~ ~~www.foh.ch~~
FSMB	Federation of State Medical Boards www.fsmb.org/
FSO-SVO	Fédération Suisse des Ostéopathes – Schweizer Verband der Osteopathen – or – Swiss federation of osteopaths https://www.fso-svo.ch/
~~GBMM~~	~~Groupement Belge de Médecine Manuelle~~ ~~http://www.gbmm.be~~
GHC	Global Health Council www.globalhealth.org/
GHWN	Global Health Workforce Network https://www.who.int/hrh/network/en/
~~GHEC~~	~~Global Health Education Consortium~~ ~~http://www.globalhealth-ec.org/~~
GMC	General Medical Council of the UK http://www.gmc-uk.org/
~~GNRPO~~	~~Groupement Nationale Représentatif des Professionnels de l'Ostéopathie/Groepering Nationaal en Representatief voor de Professioncle Osteopaten~~ ~~www.gnrpo.be~~

GosC	General Osteopathic Council (U.K.) http://www.osteopathy.org.uk/
HHI	Heart to Heart International http://www.hearttoheart.org/
IAMRA	International Association of Medical Regulating Authorities http://www.iamra.com/
IAO	International Academy of Osteopathy https://www.osteopathie.eu/en
IFMSA	International Federation of Medical Students' Associations ~~(over 1 million medical and osteopathic medical students in 88 countries)~~ http://www.ifmsa.org/
~~IFMSA-USA~~	~~International Federation of Medical Students' Associations – USA~~ ~~http://www.ifmsa.org~~
IMC	International Medical Corps https://internationalmedicalcorps.org/
IO	**INSTITUTE OF OSTEOPATHY** https://www.iosteopathy.org/
~~IMED~~	~~International Medical Education Directory~~ ~~http://imed.ecfmg.org/main.asp~~
~~INHPR~~	~~Institute for National Health Policy and Research~~
~~IOA~~	~~Irish Osteopathic Association~~
JOF	Japan Osteopathic Foundation www.osteopathy.gr.jp
LCME	Liaison Committee on Medical Education http://www.lcme.org/
MCC	Medical Council of Canada http://www.mcc.ca/
MCNZ	Medical Council of New Zealand http://www.mcnz.org.nz/
~~MRSO~~	~~Swiss Register of Osteopaths or Schweizerische Register der Osteopathen or Le Registre Suisse des Ostéopathes or Il Registro Svizzero degli Osteopati~~ ~~www.osteopathy.ch~~
MSF	Medecins San Frontiers/Doctors Without Borders www.doctorswithoutborders.org
~~MWE~~	~~See DGMM-MWE~~ ~~www.aerzteseminar-mwe.de~~
NAO	Norwegian Association of Osteopathy www.osteopati.org
NBME	National Board of Medical Examiners www.nbme.org
NBOME	National Board of Osteopathic Medical Examiners www.nbome.org/
~~NFOM~~	~~Norsk Forbund for Osteopatisk Medisin (Norway) – or – Norwegian Association of Osteopathic Medicine~~
~~NGO~~	~~Non-Governmental Organization~~

NZAMSM	New Zealand Association of Musculoskeletal Medicine http://www.musculoskeletal.co.nz
~~NZOC~~	~~New Zealand Osteopathic Council~~ ~~www.osteopathiccouncil.org.nz/index.html~~
~~AOA (2)~~ ~~or~~ **OA**	~~Australian Osteopathic Association~~ **OSTEOPATHY AUSTRALIA** www.osteopathic.com.au/
OCI	Osteopathic Council of Ireland https://www.osteopathy.ie/
ÖÄMM	Österreichische Ärztegesellschaft für Manuelle Medizin (ÖÄMM)/Austrian Association for Manual Medicine http://www.manuellemedizin.org/
OdF	Ostéos de France/Osteopaths of France http://www.osteos.net/
	~~Osteopaths Board of Queensland~~ ~~www.osteoboard.qld.gov.au~~
OCNZ	Osteopathic Council of New Zealand http://www.osteopathiccouncil.org.nz/
~~OdF~~	~~Ostéos de France~~ ~~http://www.osteos.net/~~
ÖGO	Österreichische Gesellschaft für Osteopathie (Austria) – or – Australian Osteopathic Association www.oego.org
~~OGME~~	~~Osteopathic Graduate Medical Education~~
OHHPF	Osteopathic Heritage Health Policy Fellowship https://www.aacom.org/reports-programs-initiatives/leadership-institute/osteopathic-health-policy-fellowship
OIA	Osteopathic International Alliance www.oialliance.org/
OOA	Ontario Osteopathy Association https://ontarioosteopathy.com/
~~OOMA~~	~~Ontario Osteopathic Medical Association~~
OCNSW	Osteopathic Registry Board of New South Wales www.osteoreg.health.nsw.gov.au
	~~Osteopaths Registration Board of Victoria~~ ~~www.osteoboard.vic.gov.au~~
	~~Osteopaths Registration Board of Western Australia~~ ~~E-mail: egbank@bigpond.com~~
~~OSGHF~~	~~Osteopathic Student Global Health Forum~~ ~~www.osghf.org~~
~~PAHO~~	~~Pan-American Health Organization~~ ~~www.paho.org/~~
PFH	Physicians for Humanity www.physiciansforhumanity.org
RCPSC	Royal College of Physicians and Surgeons of Canada http://rcpsc.medical.org/main_e.php
ROA	Russian Osteopathic Association http://www.osteopathy-official.ru/

~~ROB~~	~~Register of the Osteopaths of Belgium - or - Register voor de Osteopaten van België - or – Registre des Ostéopathes de Belgique www.osteo-rob.be~~
~~ROCH~~	~~Registre des Ostéopathes de la Confédération Helvétique~~
ROD	Register der Traditionellen Osteopathen in Deutschland/Register of Traditional Osteopaths of Germany https://www.r-o-d.info/
ROE	Registro de Osteópatas de Espana/Spanish Registry of Osteopaths www.osteopatas.org
ROF	Registre des Ostéopathes de France/French Registry of Osteopaths www.osteopathie.org
ROI	Registro degli Osteopati dÍtalia/Italian Registry of Osteopaths http://www.roi.it
ROR	Register of Osteopaths of Russia www.osteopathy.ru
~~RSO~~	~~See MRSO (Swiss)~~
SAGOM	Swiss Society of Osteopathic Medicine http://www.sagom.ch
SAMM	Association Suisse de Médecine Manuelle/Swiss Association of Manual Medicine http://www.samm.ch/index.cfm?id=525&l=2
SFDO	Syndicat Français Des Osteopathes/French Syndicate Of Osteopaths www.sfdo.info
SFMOTM	Societe Française De Medecine Orthopedique Et De Therapeutiques Manuelles/French Society Of Orthopedic Medicine And Manual Therapeutics https://www.sofmmoo.org/accueil-grand-public.htm
SFO	Societe Française D'osteopathie/French Society Of Osteopathy http://sf.osteopathie.free.fr/
SMMOF	Syndicat De Medecine Manuelle - Osteopathie De France -- The Site Of The Trade Union Of The Doctors Of Manual Medicine Osteopathy http://www.medecins-osteo.org/
~~SAOM~~	~~Swiss Association of Osteopathic Medicine – Schweizer Verband für Osteopathie www.saom.ch/~~
~~SEMOYM~~	~~Société Espagnole de Médecine Manuelle (Spain) http://www.semoym.org~~
~~SFMM~~	~~Société Française de Médecine Mécanique – (French Company of Mechanical Medicine) http://sfmm.free.fr~~
~~SNO~~	~~Syndicat National Des Ostéopathes http://www.snof.fr/ and see http://www.osteopathie-france.net/Information/asso_charte.htm~~
SNOF	Syndicat National Des Ostéopathes de France http://www.snof.fr/

SOF	Svenska Osteopatförbundet (Sweden) www.osteopatforbundet.se
~~SOFMER~~	~~Société Française de Médecine physique et de Réadaptation~~ ~~http://www.sofmer.com/generalites/presentation_generale.htm~~
~~SOFMMOO~~	~~Société Française de Médecine Manuelle Orthopédique et Ostéopathique (French Society of Orthopaedic and Osteopathic Manual Medicine the FIMM national society representing France)~~ ~~http://www.sofmmoo.com/english_section/7_coccyx/coccyx2000.pdf~~
SOMA	Student Osteopathic Medical Association http://www.studentdo.com/
SPOQ	Syndicat Professionnel Des Ostéopathes de Québec http://www.cpmdq.com/htm/synosteopathe2.htm
~~SRO~~	~~Swiss Register of Osteopaths - see MRSO~~
~~UFOF~~	~~L'Union Fédérale des Ostéopathes de France~~ ~~See http://www.osteopathie-france.net/Information/asso_charte.htm~~
~~UN~~	~~United Nations~~ ~~http://www.unsystem.org/~~ ~~http://www.un.org/english/~~
~~UBO/BUO~~	~~Union Belge Des Osteopathes/Belgian Union Of Osteopaths~~
Unitec	Unitec School of New Zealand www.unitec.ac.nz/
~~USAID~~	~~US Agency for International Development~~ ~~www.usaid.gov/~~
USMLE	United States Medical Licensing Exam www.usmle.org/
VOD	German Osteopathic Association www.osteopathie.de
~~WHO~~	~~World Health Organization~~ ~~www.who.int/en/~~ , ~~www.who.int/medicines/organization/trm/orgtrmstrat.htm~~ ~~www.who.int~~
~~WOHO~~	~~World Osteopathic Health Organization~~ ~~www.woho.org~~
Wonca	World Organization of Family Doctors www.globalfamilydoctor.com
WDMS	World Directory Of Medical Schools https://www.wdoms.org/
~~World Bank~~	~~World Bank~~ ~~www.worldbank.org/~~

1

SUBJECT: WHITE PAPER ON GUIDELINES FOR INTERNATIONAL ELECTIVES AND CULTURAL COMPETENCIES FOR OSTEOPATHIC PHYSICIANS-IN-TRAINING – APPROVAL OF

SUBMITTED BY: Bureau on International Osteopathic Medicine (BIOM)

REFERRED TO: AOA Board of Trustees

WHEREAS, the American Osteopathic Association Board of Trustees approved a White Paper On Guidelines for International Electives and Cultural Competencies For Osteopathic Physicians-in-Training (2011) as a resource for osteopathic physicians-in-training and osteopathic training institutions and to encourage educational standardization of key component elements for international and cultural enrichment programs completed by those institutions, in order to foster safety, maximize educational outcomes and positively impact outcomes for osteopathic physicians-in-training, and the attached White Paper is an update of the previous Paper; now, therefore, be it

RESOLVED, that the AOA Board of Trustees approve the attached White Paper as the official document of the AOA's Bureau on International Osteopathic Medicine.

ACTION TAKEN APPROVED

DATE JULY 17, 2020

Bureau on International Osteopathic Medical Education and Affairs

WHITE PAPER
On
Guidelines for International Electives and Cultural Competencies For Osteopathic Physicians-in-Training

White Paper Committee:
Reza Nassiri, DSc, Chair
James Cole, DO
Michael L. Kuchera, DO
Nora Burns, OMS
Raul Garcia, DO, Consultant
Peter Adler-Michaelson, DO, Ex-Officio Member
Joshua Kerr, MA, Secretary

The American Osteopathic Association (AOA) recognizes the significant impact of culturally diverse perspectives, values, beliefs, traditions, and customs upon health care choices, health policy, and actual delivery of health care. It also appreciates that osteopathic physicians-in-training often gain valuable insights by participating in required or elective rotations in international or culturally-focused U.S. sites. Therefore, the AOA recommends development and implementation of a core "cultural competency" curriculum which would serve to meet the challenges of cross-cultural issues and osteopathic care for culturally-diverse groups in the United States. Furthermore, it recommends standardization of certain expectations for international clinical and/or research electives involving osteopathic physicians-in-training (students, interns and residents).

To facilitate safe, appropriate and meaningful expectations for such a curriculum and for international rotations, it is important that information gathering, collaboration and cooperative ventures by osteopathic institutions and representative bodies (including the American Association of Colleges of Osteopathic Medicine [AACOM] and individual colleges of osteopathic medicine [COM]) be conducted in a manner compatible with the AOA's educational and ethical standards. Furthermore, partnerships with collaborating institutions, when possible, should be based upon fostering mutual respect and mutual benefit, sharing information and resources, and minimizing the burden on host institutions -- especially while working in Least Developed Countries (LDC).

To these ends, the AOA has developed this White Paper. Its suggestions and guidelines will hopefully enable osteopathic medical students, as well as interns and residents, to experience quality clinical clerkships both outside and across the United States while developing competencies in delivering care for patients of diverse cultural, ethnic and religious backgrounds. Equally important, the AOA desires that osteopathic physicians-in-training engaging in clinical electives in international or culturally-sensitive sites may informally yet appropriately serve as the ambassadors of the "profession" and propagate a better understanding of the American model of osteopathic education and care.

HISTORY & PURPOSE

In dealing with various international issues, the AOA has sought and continues to seek input and recommendations from its Bureau on International Osteopathic Medical Education and Affairs (BIOMEA) since formed as a Council in 1998. Furthermore, BIOMEA interacts directly with the AOA Board of Trustees to formulate and issue pertinent "White Papers" as informational pieces to

describe the scope, direction, and activity of the AOA in the international arena. Topical "White Papers" also serve AOA leadership by providing pertinent background material for focused, informed discussions leading to future decisions or policy.

In 2009, BIOMEA recommended the development of and approval of a White Paper on Guidelines for Standardization of International Clinical Clerkship and Cultural Competency for COM Students. Recognizing the applicability to interns and residents as well, this White Paper focuses on pertinent educational and logistical issues of preparing osteopathic physicians-in-training for the challenges of their clinical electives (in international and culturally-sensitive sites). It also emphasizes the ethical interactions between components of U.S. COMs, international partners, and culturally-diverse communities in delivering such quality clinical clerkships consistent with the AACOM and AOA educational standards. Topics included:

1. Development of effective guidelines for clinical clerkship curricula in international and culturally-diverse sites
2. Student, preceptor, and curricular evaluation of electives in international and culturally diverse sites
3. Pre- and post- international departure orientation concerns and needs
4. Immunizations and prophylaxis
5. Travel documents and insurance
6. Travel advisory alert and risk issues
7. Language issues in international and culturally-diverse sites
8. Ethical issues related to clinical and research electives
9. Representation of the U.S. osteopathic profession
10. Recommended core "cultural competency" curricular components towards understanding culture and customs of host countries and culturally-diverse sites

PREAMBLE

International health experiences (or those obtained in certain enclaves[1] within the United States) can broaden a person's perspective and provide a better understanding of the effect of health and illness on individuals and their culture. Such experiences have been shown to increase interest in global public health and primary care medicine for medical students and residents. For osteopathic physicians-in-training these experiences provide an opportunity not only to choose a career in international health and provide care to the underserved, but also to educate the global health community about the philosophy and practice of U.S. osteopathic medicine. Participation in an international rotation may also help osteopathic physicians-in-training to better understand opportunities and limitations related to the practice of osteopathic medicine generally and of manual treatment specifically in a given country or patient population.

Regardless of such interests, osteopathic physicians-in-training and the institutions in which they train must increasingly seek educational opportunities that are both meaningful and safe. Ideally, such "quality" educational health rotations will add to one or more of the following: knowledge of osteopathic medicine and philosophy, insights into indigenous or tropical medicine, broadening of general clinical skills, opportunity to witness or apply hands-on manual medicine practices, and acquire

[1] *Enclave (noun):* A portion of territory within or surrounded by a larger territory whose inhabitants are culturally or ethnically distinct. *(Merriam-Webster)* This could include certain ethnic communities from New York to San Francisco as well as those located within several native American nations

on-site cultural or language competency in order to prepare for the many challenges of 21st century health care delivery in diverse populations.

The benefits for each COM in the United States in developing international elective and cultural competency programs are becoming increasingly obvious, based particularly upon the growing interest of their students in engaging in international clinical rotations or humanitarian aid activities, interacting with culturally diverse populations, serving U.S. communities with large ethnic populations and witnessing the impact of certain health policies, especially in impoverished regions of the world (including parts of the United States). To this end, the AOA, as an internationally-linked and culturally-sensitive organization for osteopathic medical practice, seeks to broaden its involvement with the issues of international clinical electives for COM students. It also strongly encourages each COM to consider and address the aforementioned issues to facilitate and streamline educational and logistical issues pertaining to students' travel and hands-on clinical experience in a host country or culturally-centered U.S. community.

INTRODUCTION

The elements described in this document will be of value for participating osteopathic physicians and physicians-in-training at all stages of the continuum of osteopathic medical education, from predoctoral education through practice and continuing education. If students are participating in international or culturally-based experiences as part of their education, i.e. "for credit", then these experiences would also need to satisfy any requirements of the respective AOA-recognized accrediting agency or approving committee.[2]

Research indicates that international health experiences have positive educational outcomes, including increasing the likelihood of choosing a primary care career[3] and interest in serving underserved populations in the United States and abroad. The offering of such experiences can be attractive to applicants and can provide a wide range of clinical and cultural experiences for students and residents. In a survey conducted by BIOMEA in February 2011, 16 (76%) out of 21 responding COMs reported providing international health involvement opportunities. 16 COMs reported that osteopathic medical students are allowed to serve clinical rotations, 10 COMs reported that they have established international clinical rotations, and 14 COMs reported having international clubs or interest groups focused on international health issues.

Many believe that osteopathic education will benefit from interactions between educational leaders that foster the development of consensus on global health competencies and that help establish learning objectives linked to corresponding educational approaches.[4] Furthermore, with increased global mobility and the accompanying threats of emerging, re-emerging, and communicable diseases, the AOA and many COMs feel that future osteopathic physicians should be familiar with a wider range of illnesses and considerations for prevention and care. Therefore, despite associated costs and risks, some U.S. COMs are developing and refining educational experiences for medical students and residents in international sites (and culturally-distinctive enclaves in the United States). International

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[2] For predoctoral education, the accrediting agency is the AOA Commission on Osteopathic College Accreditation (COCA); see their website at http://www.aoacoca.org. For postdoctoral education, multiple accrediting bodies are involved; see http://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Pages/default.aspx.

[3] Thompson et al (*Educational effects of international health electives on U.S. and Canadian medical students and residents: A literature review. Acad Med. 2003; 78:332-347*)

[4] Battat et al (Global health competencies and approaches in medical education: a literature review. BMC Medical Education 2010, 10:94, http://www.biomedcentral.com/1472-6920/10/94)

health experience opportunities have been shown to preserve medical students' idealism in developing a professional commitment and appreciation for cultural diversity and in dealing with global health concerns. Increasingly, international opportunities have become powerful recruiting tools for both undergraduate and graduate osteopathic medical school programs.

The AOA therefore encourages educational standardization of key component elements for such international and cultural enrichment programs. In order to foster safety, maximize educational outcomes and positively impact outcomes for osteopathic physicians-in-training, the AOA asked BIOMEA to identify key issues and resources.[5]

The following ten (10) topics and two Appendices were summarized by BIOMEA; they make up the bulk of this White Paper, which also recommends guidelines on safe, effective, respectful and relevant international osteopathic health opportunities, in order to provide a blueprint for development of standards that consider curricular, cultural competency, and other logistical issues. This information should make osteopathic physicians and physicians-in-training more informed and better equipped to care for patients in this increasingly diverse and globalized world.

To meet this charge relative to international electives or planned rotations by an osteopathic physicians-in-training, the AOA recommends:

1. Development of effective guidelines for international clinical clerkship curricula and its implementation

The AOA wishes to convey the benefits of this recommended outline for international/culturally-sensitive curricular components intended for COM students and OPTI residents who wish to have foreign clinical exposure. The following outline (as recommended by BIOMEA) is intended to assist individual COMs and OPTIs to uniformly address the issue of international educational interactions:

1.1. The AOA requires professionalism abroad by its members and representatives. Osteopathic institutions, faculty, and physicians-in-training are therefore expected to demonstrate *respect*, *compassion* and *integrity*; as well as a commitment to ethical principles, and sensitivity to patients' age, gender, religion, culture, disabilities, and impairments.

1.2. The AOA encourages certain logistical steps in advance of undertaking international or culturally-related clerkships. A COM or OPTI, for example, may require a CV from the designated international site clinical preceptors to be available for both the curriculum committee and the physicians-in-training, in order to provide understanding of the

[5] BIOMEA is currently charged with reporting to the AOA Board of Trustees. Its current mission is stated as follows:

The mission of the Bureau on International Osteopathic Medical Education and Affairs (BIOMEA) is to provide organizational leadership that promotes the highest standards of osteopathic medical education and practice throughout the world and facilitates positive interactions between the AOA, AOA affiliates, and international health care organizations. The purpose is to ensure the continued contribution of the American model of osteopathic medicine in the United States (U.S.) and internationally.

BIOMEA seeks to facilitate those public and professional interactions, which increase the understanding and advancement of osteopathic medicine as a complete system of medical care. BIOMEA will promote the osteopathic philosophy that combines the needs of the patient with the current practice of medicine, surgery, and obstetrics, emphasizes the interrelationships between structure, function, and provides an appreciation of the body's ability to heal itself.

preceptor's background, affiliation, clinical teaching interests, cultural orientation or requirements, research interests, and professional affiliations.

1.3. The AOA encourages osteopathic physicians-in-training to be adequately oriented prior to departure. The "Know Triple A" (KAAA) mnemonic for example, would encourage osteopathic physicians-in-training engaging in clinical rotations abroad to **Know** and:

- **Appreciate** types of medical practice and delivery systems differing from U.S. health care delivery, including methods of controlling health care costs and allocating resources;
- **Advocate** for quality patient care, patient safety, and health promotion; and
- **Act** as an informal global ambassador for the AOA, his/her respective COM or OPTI, and, when appropriate, for osteopathic medical care.

Finally, osteopathic students should appreciate cultural diversity being observed in the host country.

1.4. The AOA strives for maximal interpersonal and communication skills. Osteopathic physicians-in-training are encouraged to demonstrate communication skills that result in effective information exchange. They are expected to create and sustain a therapeutic and ethically sound relationship with their patients (both in an international or in a culturally-sensitive community), use effective listening skills while working in the affiliated health care facility, and work effectively with others as a member or leader of a health care team. While being clinically-competent in a site or community, non-English language ability is not a requirement at all sites, this issue should be part of any discussion related to such a rotation.

1.5. The AOA encourages better understanding of the fundamentals of clinical competencies in COM-affiliated international and culturally-sensitive site(s). Physicians-in-training gaining added medical knowledge, expanded physical and history taking skills, interpersonal skills, language and communication skills, professionalism, cultural competency, and alternative health policy implications as well as practice-based learning are all examples of fundamentals meriting inclusion in such curricula.

1.6. The AOA encourages better understanding of the fundamentals of distinctively osteopathic clinical competencies, recognizing that osteopathic educators and researchers have identified a number of overseas clinics and institutions where the study or application of the osteopathic philosophical approach and/or integration of manual medicine or osteopathic techniques would provide new perspectives or opportunities for students to experience these within the context of different and sometimes unique patient populations. Ongoing interactions between members of the Osteopathic International Alliance (OIA) and formal exchanges of information between teachers and researchers representing their countries in the International Federation of Manual / Musculoskeletal Medicine (FIMM) have led to appreciation of such quality educational opportunities internationally.

1.7. The AOA encourages that all approved internationally- and culturally-based educational opportunities continue to also provide practice-based learning. Osteopathic physicians-in-training should be able to investigate and evaluate their patient care practices with the aid of their local preceptors, appraise and assimilate both scientific evidence and evidence-based osteopathic application to patient care whenever possible, understand indigenous

infectious conditions, appreciate cultural definitions of health and illness, be able to demonstrate the ability to conduct a directed, full history and physical given language limitations, and to improve their patient care practices while engaging in such clinical electives.

1.8. With regard to assessment tools related to cultural competencies, a physician-in-training portfolio generated during the clinical electives period is strongly encouraged. Standard preceptor evaluations related to key cultural competencies could be an integral part of the portfolio. A report from the host institution's medical director (or equivalent) to delineate physician-in-training behavior, cultural competencies, knowledge of medicine, degree of clinical skills, and spirit of team work approach (individually or as a group) may also be beneficial.

2. Student, preceptor, and curricular evaluation of international electives

The AOA recommends an official agreement pertaining to the expectations and responsibilities of both the clinical preceptor and osteopathic physician-in-training. Rather than a shadowing experience, the physician-in-training should be encouraged and allowed to provide hands-on clinical activities, based on their experience level and abilities, in order to develop confidence in that specific clinical setting. A template is illustrated in Appendix 1.

3. Pre- and post-departure orientation concerns and needs

Osteopathic training institutions and centers are encouraged to organize pre-departure orientation curricula, developed at each COM or OPTI and directed by at least one faculty member. Students interested in global health may also play a role in implementing the pre-departure orientation.

The following topics may be addressed:

3.1. Basic Health Precautions: Osteopathic physicians-in-training should understand basic precautions including water and food safety, injury prevention (transportation), and vector-borne illness prevention.

3.2. Insurance: Osteopathic physicians-in-training will most likely be required to acquire travel health insurance either through their institution or commercially, and present proof of their insurance to their institution.

3.3. Post-Exposure Prophylaxis (PEP): Osteopathic physicians-in-training should understand appropriate PEP for HIV/AIDS, hepatitis, malaria, and tuberculosis and the steps to take following exposure, as addressed in the immunizations/prophylaxis section.

3.4. Medical Care: Osteopathic physicians-in-training should most likely be advised to prepare a small kit of personal medications before departing, including inhalers, antibiotics (as appropriate), etc., and to identify in-country or regional health clinics and/or hospitals where they can receive care if necessary.

3.5. Regional or Country-Specific Cultural Sensitivity Summary & References: It is highly recommended that osteopathic physicians-in-training have access to a regional or country-specific summary identifying key issues and differences related to health care delivery; local understanding/status of osteopathic practitioners; culturally or medically vulnerable groups; gender or caste biases; and any political/domestic issues of concern. This

summary could be linked to bibliographical and/or internet sites selected to expand upon key issues.

4. Immunizations and prophylaxis

The AOA recognizes the need for travel immunizations in a timely manner. An estimated 15% to 45% of short-term international travelers, including young adults, experience a health problem associated with their trip; albeit the majority being self-limiting viral infections. Virtually any place in the world can be reached within 36 hours, less than the incubation period for most infectious diseases. The ease with which people see the world has dramatically increased the number of international travelers. Respiratory infections, such as influenza and colds, develop in 10% and 25% of travelers. Women traveling to the tropics are at higher risk for urinary tract infections. As problematic, physicians in Western countries are now seeing infectious diseases never before encountered. Travelers are at risk both from infections transmitted from person to person and by insects (vector-borne diseases). Malaria, which is transmitted by mosquitoes, is the most widespread and infects between 300 and 500 million people world wide annually. Between 10,000 and 30,000 of these cases occur in travelers. Anyone traveling to high-risk countries should be advised or required to take precautions.

To this end, the AOA wishes all travelers to comply with CDC recommendation for immunizations and prophylaxis. With CDC requirements changing from time to time and location to location, consult http://wwwnc.cdc.gov/travel/content/vaccinations.aspx for the most up to date information.

5. Travel documents and insurance

Osteopathic training institutions and centers may facilitate sessions on various aspects of international travel for osteopathic physicians-in-training who need to obtain certain documents long before departing for an international clinical elective or other training. In many cases, osteopathic physicians-in-training will be naïve to the amount of time needed for some bureaucratic issues and should make sure of both timeline and processes for obtaining these documents as early as possible prior to a scheduled departure.

Documents that may require a significant amount of advance notice include:

5.1. Appropriately classified entry visa
5.2. Passport
5.3. Institutional Review Board (IRB) approval from COM/OPTI and/or international site if there are plans to participate in any research activity (regardless of who has initiated the protocol)
5.4. International certificate of vaccinations

The main medicine-related documents that should be carried at all times are:

5.5. Copy of undergraduate diploma (if requested or required)
5.6. Certificates of BLS (Basic Life Support/CPR) & ACLS (Advanced Cardiac Life Support Course)
5.7. Additional certificates of education (RN degree, etc.)
5.8. Letter from Dean or residency program director indicating their current medical school or post-graduate training status

Finally, certain optional travel documents may be recommended:

5.9. International Student Identity Card (ISIC)
5.10. International Driving Permit
5.11. Copies of prescriptions for any required medications

Passports
Passports are issued by the U.S. Department of State and are valid for 10 years. It is the most important document a traveler will carry abroad. A student/resident must complete the application, which can be done online; however, if this is the traveler's first passport, the application should be made in person. The U.S. Department of State has a website that will help one to find the nearest location to apply.

When applying for a passport, the traveler must show proof of citizenship and proof of identity. Proof of citizenship can be given in the form of a birth certificate, but if the traveler does not have a birth certificate, a combination of the following documents can be used in its place:

- Letter of no birth record
- Baptismal certificate
- Hospital birth certificate
- Census record
- Early school record
- Family bible record
- Doctor record of postnatal care.

Permanent U.S. residents should contact their representative embassy regarding applying for a valid passport and specific requirements, which vary from country to country. Before departing, it is recommended to verify the validity requirements of the destination country. From the U.S. State Department website, "If possible … renew your passport approximately nine (9) months before it expires. Some countries require that your passport be valid at least six (6) months beyond the dates of your trip. Some airlines will not allow you to board if this requirement is not met."

U.S. passport applicants will need two identical photographs, measuring 2" by 2". Many pharmacies, stores, and travel agencies provide passport photo services. Please visit the U.S. Department of State website: http://travel.state.gov/passport/, for up to date passport fee structures.

Visa
Whether or not the traveler needs a visa (and which type of visa is needed) in order to pursue clinical elective training abroad depends on the country in which s/he plans on completing their rotation or clinical activity and how long s/he will be abroad. A visa can either be in the form of a separate document or a simple stamp on a passport and gives the traveler permission to enter a country and, in essence, live there for a period of time. The State Department website can tell the traveler if a visa is necessary for a specific destination. All U.S. permanent residents must contact the representative embassy of the country they plan to enter. Entry visa requirements vary from country to country depending on diplomatic relations. For more information, see: http://travel.state.gov/visa/.

International Certificate of Vaccinations
Travelers are advised to obtain an international certificate of vaccinations before their departure (see immunization/prophylaxis section). This document can be found at the local Department of Health, a travel agency, doctor's office or passport office. Travelers should make sure they have all necessary vaccinations. For up to date information on vaccinations and other health concerns, check the CDC website: http://wwwnc.cdc.gov/travel/content/vaccinations.aspx.

International Student Identity Card
Although not a requirement, The Council on International Education Exchange provides the International Student Identity Card (ISIC), which offers medical students discounts worldwide on things like travel fares, restaurants, shops, theaters, and hotels. It also carries medical benefits, worldwide assistance, and bankruptcy protection.

The ISIC offers basic medical benefits, covering medical expenses and emergency evacuation fees, up to a certain monetary amount. Students will also get worldwide assistance in the form of a toll-free 24/7 emergency number to call for help with lost passports and legal issues; operators speak 24 languages. The card also offers bankruptcy protection if a student's airline goes bankrupt. As a special bonus, students also receive an ISE Global phone card with free talk time. For specific details on ISIC benefits and costs, visit http://www.isic.org/.

International Driving Permit
Many countries do not accept the U.S. driver's license, but most do accept the International Driving Permit (IDP). There are two organization authorized by the State Department to provide IDPs: the American Automobile Association (AAA – http://www.aaa.com), and the National Auto Club (http://www.thenac.com). To obtain an IDP, the applicant must be 18+ years old and present two passport-size photo, as well as a valid U.S. driver's license. The fee is less than $20.00. Visit http://travel.state.gov/travel/tips/safety/safety_1179.html, for more information.

The traveler will feel more prepared for the international elective experience once these documents are all in order.

6. Travel advisory alert and risk issues
Osteopathic training institutions and centers are encouraged to facilitate sessions discussing international travel advisory alerts and post-9/11 risks associated with certain regions of the world that are unfriendly toward the U.S. Measures should be taken to ensure that osteopathic physicians-in-training are adequately prepared for safe and responsible travel practices. When traveling abroad, the odds favor a safe and incident-free trip, however, travelers are sometimes the victims of crime and violence, or experience unexpected difficulties. No one is better able to explain this than the U.S. consular officers who work in the more than 250 U.S. embassies and consulates around the globe. Every day of the year, U.S. embassies and consulates receive calls from American citizens in distress. Happily, most problems can be solved over the telephone or by a visit to the Consular Section of the nearest U.S. embassy or consulate. There are other occasions, however, when consular officers are called upon to help U.S. citizens who are in foreign hospitals or prisons, or to assist the families of citizens who have passed away overseas. Therefore, the following travel tips will help travelers avoid serious difficulties during overseas travel.

Prior to Departure

What to Take

Safety begins when the traveler packs. To help avoid becoming a target, do not dress so as to appear to be an affluent tourist. Expensive-looking jewelry, for instance, can draw the wrong attention. Travelers are encouraged to travel light, primarily due to mobility issues.

Travelers are advised to carry the minimum number of valuables, and plan places to conceal them. Passports, driver's licenses, cash and credit cards are most secure when locked in a hotel safe. When the traveler has to carry them on person, s/he may wish to put them in various places rather than all in one wallet or pouch. Avoid handbags, fanny packs and outside pockets that are easy targets for thieves. Inside pockets and a sturdy shoulder bag with the strap worn across your chest are somewhat safer. One of the safest places to carry valuables is in a pouch or money belt worn under clothing. Travelers are advised to copy their passport, driver's license, and credit card(s) and leave the copies at home. In case any of these items are lost, copies can be used to help facilitate contact with the proper representative agencies that would re-issue the stolen item(s).

To avoid problems when passing through customs, keep medicines in their original, labeled containers. Bring copies of prescriptions and the generic names for the drugs. If a medication is unusual or contains narcotics, carry a letter from a doctor that attests to the traveler's need to take the drug. If there is any doubt about the legality of carrying a certain drug into a country, consult the embassy or consulate of that country before traveling. Bring travelers checks and one or two major credit cards instead of a huge amount of cash.

Travelers are advised to put their name, address and telephone numbers inside and outside of each piece of luggage. The use of covered luggage tags will help avoid casual observation of a traveler's identity or nationality; if possible, luggage should be locked.

Travelers should consider purchasing a telephone calling card, a convenient way of keeping in touch. However, verify that it can be used in the elective location(s). Access numbers to U.S. operators are published in many international newspapers. Find out the access number before leaving the U.S.

What to Leave Behind

Do not bring anything that would be unacceptable to lose. Leave at home:

- Valuable or expensive-looking jewelry
- Irreplaceable family objects
- All unnecessary credit cards
- Social Security card, library card, and similar items that may routinely be carried in a wallet.

Leave a copy of the travel itinerary with family or friends at home in case contact is necessary, in an emergency or otherwise. Make two photocopies of passport identification pages, airline tickets, driver's licenses and the credit cards that will be carried on the elective. Leave one photocopy of this data with family or friends at home; pack the other in a place separate from the originals. Also, leave a copy of the serial numbers of any traveler's checks with a friend or relative at home. Carry a copy in a separate place and cross them off the list as they are cashed.

What to Learn About Before Departing

Security

The Department of State's Country Specific Information is available for every country in the world. They describe entry requirements, currency regulations, unusual health conditions, the crime and security situation, political disturbances, areas of instability, and special information about driving and road conditions. They also provide addresses and emergency telephone numbers for U.S. embassies and consulates. In general, Country Specific Information does not give advice, but instead describes conditions so travelers can make informed decisions about their trips.

For some countries, however, the Department of State issues a Travel Warning in addition to Country Specific Information. The Travel Warning may recommend that Americans defer travel to that country because of a dangerous situation there.

Travel Alerts

Travel alerts are a means to disseminate information about relatively short-term conditions posing significant risk to the security of American travelers. They are issued when there is a perceived threat, even if it does not involve Americans as a particular target group. In the past, Travel Alerts have been issued to deal with coups, pre-election disturbances, and violence by terrorists and anniversary dates of specific terrorist events. Travelers can access Country Specific Information, Travel Warnings, and Travel Alerts 24-hours a day in several ways:

The Internet

The most convenient source of information about travel and consular services is the Consular Affairs home page. The website address is http://travel.state.gov.

Telephone

Overseas Citizens Services (OCS), at 1-888-407-4747, can answer general inquiries on safety and security overseas. This number is available from 8 a.m. to 8 p.m. Eastern Time, Monday through Friday (except U.S. federal holidays). Callers who are unable to use toll-free numbers, such as those calling from overseas, can obtain information and assistance from the OCS during these hours by calling +1-202-501-4444.

Local Laws and Customs

When leaving the U.S. travelers are subject to the laws of the country that is being visited. Therefore, before leaving, a traveler should learn as much as possible about the local laws and customs of the destination country. Good resources are libraries, travel agents, and embassies, consulates, or tourist bureaus of the countries to be visited. In addition, keep track of what is being reported in the media about recent developments in those countries.

7. Language issues

Osteopathic training institutions and centers are highly encouraged to either establish informal courses in languages such as Spanish and French (or any other international common languages), or establish an elective foreign language course with emphasis on medical terminology and basic aspects of patient history taking and patient communication. As verbal communication is the basis of any clinical interaction, it may be expected or even required that an osteopathic physician-in-training may have basic language proficiency when pursuing an international clinical elective in a language other than English. The following recommendations may help ensure abilities to elective

supervisors and build specific medical communication skills to facilitate their learning and effectiveness.

7.1. Language Basics: Osteopathic physicians-in-training should identify languages and language dialects spoken by patients in the area they will be working in advance of their elective. They should be aware that the local language used may be different from the official language of the host country or the language spoken by other health professionals. Osteopathic physicians-in-training should attempt to have a basic ability to communicate in the local language when feasible – especially at a site where a translator/interpreter is not available. This may include, for example, language training programs for weeks to months prior to departure or a similar program on-site.

7.2. Host Language Expectations: Osteopathic physicians-in-training should understand and comply with host expectations of language competency.

7.3. Interpreters: Osteopathic physicians-in-training should know whether they will be practicing with the assistance of an interpreter while on their elective. They should understand the role of interpreters in the medical interview and the constraints associated with use of family members and other health professionals as interpreters.

8. Ethical issues related to clinical and research electives

Osteopathic training institutions and centers are encouraged to conduct, sponsor or facilitate sessions to discuss possible ethical issues that travelers may encounter in the host country. Osteopathic physicians-in-training should be aware of the clinical and research ethical dimensions of studying and working abroad (especially in low-resource environments) and follow recognized standards of professional and ethical behavior.

8.1. Expectations of the Elective: It is recommended that osteopathic physicians-in-training should develop clear and appropriate goals and expectations – especially for electives in low-resource countries.

8.2. Understanding of Ethical Framework: Osteopathic physicians-in-training would benefit from being exposed to an array of potential ethical dilemmas prior to their departure that they may face while on international electives, and be provided with a framework to approach such problems.

8.3. Code of Conduct: The AOA strongly recommends that osteopathic training institutions and centers offer clear guidelines on professional behavior expectations for osteopathic physicians-in-training (especially on electives in low-resource settings), and should ensure that they are aware of these guidelines prior to departure. Ethical guidelines for international representatives are also covered in BIOMEA's 2010 White Paper III. Furthermore, osteopathic physicians-in-training should be reminded of the imperative to "do no harm" while on electives.

8.4. International Research Activities: Osteopathic physicians-in-training and institutions must comply with ethical guidelines and all government regulations (here and abroad) pertaining to participation in any proposed research. To this end, they should therefore communicate closely with their own Institutional Review Board (IRB) prior to

committing to any form of international research activity. Furthermore, researchers need to appreciate the impact of relevant cultural issues[6] in modifying the interpretation of certain core bioethical precepts governing research in the U.S. or by U.S. citizens abroad. Key international research guidelines, consensus documents dealing with international research ethics, and country-specific research ethical standard informational sources can be found in Appendix 2.

8.5. Appropriate Licensing: The AOA recommends that a clear chain of responsibility (COM/OPTI/student) be detailed to make sure that osteopathic physicians-in-training have the appropriate licenses/privileges and malpractice insurance required by the hosting institution. Furthermore, it is advised that both the COM and the osteopathic physicians-in-training ensure that their on-site supervisor has a clear understanding of the level of clinical skills/abilities/privileges in the United States.

8.6. Identified Contact Person: COMs and OPTIs with intermittent programs should consider ensuring that there is a faculty member or other specific contact identified with whom they may consult concerning ethical issues or other questions that arise while on site at an international placement. (Ideally this would be an individual specifically linked to the physician-in-training's home institution.)

8.7. Supervision: COMs and OPTIs typically retain the responsibility for understanding the type and amount of supervision that will be available for their osteopathic physicians-in-training who are participating in an off-site elective. This supervision should be appropriate for the level of training the osteopathic physicians-in-training are undertaking

9. Representation of the U.S. osteopathic profession

BIOMEA has previously held ambassador training sessions and developed some basic guidelines for physicians-in-training to remember when traveling internationally.

9.1. Dos and don'ts of international work

a. Do:

- Conduct yourself in a professional manner at all times
- Research the country and culture to be aware of differences that may be of importance
- Be aware of personal cultural biases
- Remember that because the U.S. osteopathic profession is not that well known outside our borders, the physician-in-training is a de facto representative of the entire profession
- Make sure every team includes someone familiar with the country and culture
- Slow down, be patient
- Listen carefully – utilize both eyes and ears to this end
- Words are secondary – 10% verbal – 90% non-verbal: body language can be incredibly powerful
- "Break bread together;" meet, greet and eat; there are different ways of doing things

[6] For example, in many societies, health care decisions are the shared responsibility of family members and/or community leaders meaning that an individual cannot make a decision about medical care (actual or research) without full involvement of these others.

- Be flexible
- Recognize that public criticism can be a "big no-no" in certain cultures; likewise, public praise can also be objectionable in certain cultures
- Know/learn the culture of that country to try not to offend
- Know your strengths and use them

b. Don't…

- Be a browbeater
- Be coercive
- Be the "Ugly American" who sometimes doesn't even know when he or she is being overbearing
- Act manipulative
- Be arrogant
- Make assumptions
- Push too hard or too much

9.2. Policy Statements: If an osteopathic physician-in-training or a representative of a COM or OPTI seeking to set up an international rotation attends a meeting where an issue comes up for which they do not know what the AOA policy is, refrain from making any statements that could be attributed as AOA policy. When requested, the AOA and BIOMEA will provide osteopathic physicians-in-training with materials needed to provide a unified and consistent message regarding the U.S. osteopathic profession.

9.3. Clearinghouse: When possible, COMs or OPTIs will interview DOs or health officials from other countries to gather information about those countries and should report back to the AOA or BIOMEA representatives for use in the AOA's international clearinghouse.

10. Recommended core "cultural competency" curricular components

BIOMEA encourages COMs and OPTIs to develop "cultural and linguistic" curricular components that reflect a set of congruent behaviors, knowledge, attitude, and policies that together strengthen osteopathic physicians'-in-training readiness to experience an international clinical elective in regions or communities where understanding of culture and basic linguistic background would be significant help to that individual. In doing so, the COMs/OPTIs may emphasize that:

10.1. Cultural competence in health care combines the tenets of patient/family-centered care with an understanding of the social and cultural influences that affect the quality of medical services and treatment.

10.2. With the ever-increasing diversity of the U.S. population and evidence of racial and ethnic disparities in health care, it is important that future health care professionals are educated specifically to address issues of culture in an effective manner.

10.3. Both faculty members and osteopathic physicians-in-training may demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illnesses and respond to various symptoms, disease, and treatments.

10.4. Osteopathic medical students and residents are encouraged to learn to recognize and appropriately address gender and cultural biases in health care delivery, while first considering the health needs of the patients.

10.5. Cultural Competence Curriculum
- a. The aim of a cultural competence curriculum is to enhance the patient-health care provider interaction and to assure that osteopathic physicians-in-training have the knowledge, skills, and attitude that allow them to work effectively with patients and their families, as well as with other members of the health care community.
- b. Health care professionals are encouraged to be educated to avoid stereotyping, but to also be aware of normative cultural values that can affect informed consent and can have serious consequences.
- c. For a cultural competence curriculum to be effective, certain institutional requirements should be considered:
  - i. Successful curricula have the support of the academic dean, faculty, director of medical education and physicians-in-training.
  - ii. Institutional, community, and international resources (with special consideration to non-monetary resources) are typically combined into successful curricula.
  - iii. Community/religious leaders may participate in the design of the curriculum and provide the necessary feedback, as may international medical and/or osteopathic collaborators.
  - iv. Where possible, institutional commitment from faculty to design such a curriculum is best.
  - v. In the most successful programs, the evaluation process is clearly defined.

10.6. Assessment of Osteopathic Physicians-in-Training in Cross-Cultural Education. Such an evaluation may include both qualitative and quantitative strategies required to appropriately assess the "impact" of cross-cultural curricula. The education approach may focus on:
- a. ATTITUDES
  - i. Examples
    1. Has the osteopathic physician-in-training learned the particular importance of curiosity, empathy, and respect in cross-cultural encounters?
    2. Does the osteopathic physician-in-training demonstrate these attitudes, as corroborated by evaluation?
  - ii. Evaluation Strategy
    1. Standard surveying
    2. Structural interviewing
    3. Self-awareness assessment
    4. Presentation of clinical cases
    5. Objective structural clinical exam
    6. Videotaped/audio-taped clinical encounter
- b. KNOWLEDGE
  - i. Examples
    1. Has the osteopathic physician-in-training learned the key core cross-cultural issues, such as the styles of communication, mistrust,

prejudice, autonomy vs. family decision-making, customs relevant to health care and sexual/gender issues?

2. Does the osteopathic physician-in-training make an assessment of the key core cross-cultural issues, as corroborated by evaluation?

ii. Evaluation Strategy

1. Tests (multiple choice, true-false, oral examination)
2. Unknown clinical cases
3. Presentation of clinical cases
4. Objective structural clinical exam

c. SKILLS

i. Examples

1. Has the osteopathic physician-in-training learned how to explore core cross-cultural issues and the explanatory model?
2. Has the osteopathic physician-in-training learned how to effectively negotiate with a patient?
3. Does the osteopathic physician-in-training explore the explanatory model and negotiate with a patient, as corroborated by evaluation?

ii. Evaluation Strategy

1. Presentation of clinical cases
2. Objective structural exam
3. Videotaped/audio-taped clinical encounter

APPENDIX 1 EXEMPLAR: Template for osteopathic physician-in-training evaluation of the international or culturally-relevant site program and clinical preceptor of the osteopathic medical physician-in-training.

1. Clinical experience
    i. Complete a thorough SOAP process or note
    ii. Complete examination of common chronic disorders (e.g., diabetic)
    iii. Practice history and physical exam skills
    iv. Develop communication skills with patients, nurses, and the attending
    v. Develop documentation skills
    vi. Develop professionalism in dress and behavior
    vii. Gain exposure to developing differential and treatment options
    viii. To fully understand and appreciate endemic diseases and their evidence-based clinical management
    ix. To be able to explain the concept of American model of osteopathic practice to the hospital staff including director of medical education
2. Hints for a positive experience for both the preceptor and student:
    i. Be aware of the osteopathic physician-in-training's stage of professional knowledge and experience
    ii. International clinical preceptors should not assume the osteopathic physician-in-training has all of the facts, but rather expect them to be able to find the correct information with the best reliable and clinically-relevant answers
3. Osteopathic physician-in-training performance evaluation: the evaluation form should include the osteopathic physician-in-training's name, international preceptor's name and his/her specialty, and the elective date. The evaluation form could be categorized as following:
    i. Can't judge/Never observed
    ii. Poor – unacceptable performance for this level of training
    iii. Needs improvement – for this level of training
    iv. Good – performance as expected with this level of training
    v. Very good – above average performance for this level of training
    vi. Outstanding
4. Consistently, osteopathic physician-in-training performance evaluation forms could include competencies such as:
    i. Medical and/or osteopathic medical knowledge
    ii. History taking
    iii. Physical exam
    iv. Problem solving/clinical judgment
    v. Progress notes
    vi. Informal patient presentation to the international clinical preceptor
    vii. Learning habits
    viii. Interpersonal relationships with patients
    ix. Reliability, initiative, and dependency
    x. Relationship with preceptor and staff
    xi. Language (and other communication) with patients
    xii. Cultural understanding and sensitivity
    xiii. General comments by international clinical preceptor

APPENDIX 2: Internet links to key guidelines and consensus documents dealing with international research ethics, plus a link to country-specific research ethical standard informational sources.

In planning international research or interfacing with global research partners, the following resources are either specifically designed to enhance an ethical approach to research or to assist in understanding cultural or regional issues (e.g., Islamic or Confucian ethics) that are currently being interpreted, discussed, or debated.

A training module resource entitled "International Study" created by the Collaborative Institutional Training Initiative (CITI):
https://www.citiprogram.org/irbpage.asp?language=english

Council for International Organizations of Medical Sciences (CIOMS) International Ethical Guidelines for Biomedical Research Involving Human Subjects:
http://cioms.ch/publications/layout_guide2002.pdf

Nuffield Council on Bioethics:
http://www.nuffieldbioethics.org/research-developing-countries

International Guidelines for Ethical Review of Epidemiological Studies:
http://www.ufrgs.br/bioetica/cioms2008.pdf
Or order the latest version of the document from CIOMS:
http://www.cioms.ch/frame_ethical_guidelines_2009.htm

World Health Organization's Good Clinical Practice Guideline (WHO GCP):
http://apps.who.int/medicinedocs/pdf/whozip13e/whozip13e.pdf

Operational Guidelines for Ethics Committees that Review Biomedical Research:
http://www.who.int/tdr/publications/publications/pdf/ethics.pdf

Report and Recommendations of the U.S. National Bioethics Advisory Commission, April 2001:
http://bioethics.georgetown.edu/nbac/pubs.html

Global Health Competencies and Approaches in Medical Education: a literature review (existing curricular examples of what is currently in the literature):
http://www.biomedcentral.com/content/pdf/1472-6920-10-94.pdf

Follow this link for a table of country-specific internet addresses (ministries of health and other websites) with information to start researching a given country's ethical review requirements:
https://www.citiprogram.org/members/learnersII/References.asp?intReferenceID=25856

AOA Bureau of International Osteopathic Medicine

WHITE PAPER
On
Guidelines for International Electives and Cultural Competencies For Osteopathic Physicians-in-Training

Approved by the AOA Board of Trustees July 14, 2011

UPDATED: May 18, 2020

The American Osteopathic Association (AOA) recognizes the significant impact of culturally diverse perspectives, values, beliefs, traditions, and customs upon health care choices, health policy, and actual delivery of health care. It also appreciates that osteopathic physicians-in-training often gain valuable insights by participating in required or elective rotations at international sites. Furthermore, it recommends standardization of certain expectations for international clinical and/or research electives involving osteopathic physicians-in-training (students, interns and residents).

To facilitate safe, appropriate and meaningful expectations for such a curriculum and for international rotations, it is important that information gathering, collaboration and cooperative ventures by osteopathic institutions and representative bodies (including the American Association of Colleges of Osteopathic Medicine [AACOM] and individual colleges of osteopathic medicine [COM]) be conducted in a manner compatible with the AOA's educational and ethical standards. Furthermore, partnerships with collaborating institutions, when possible, should be based upon fostering mutual respect and mutual benefit, sharing information and resources, and minimizing the burden on host institutions -- especially while working in Least Developed Countries (LDC).

To these ends, the AOA has developed this White Paper. Its suggestions and guidelines will hopefully enable osteopathic medical students, as well as interns and residents, to experience quality clinical clerkships outside the United States while developing competencies in delivering care for patients of diverse cultural, ethnic and religious backgrounds. Equally important, the AOA desires that osteopathic physicians-in-training engaging in international clinical electives may informally yet appropriately serve as the ambassadors of the "profession" and propagate a better understanding of the American model of osteopathic education and care.

HISTORY & PURPOSE

In dealing with various international issues, the AOA has sought and continues to seek input and recommendations from its Bureau of International Osteopathic Medicine (BIOM) since formed as a Council in 1998. Furthermore, BIOM interacts directly with the AOA Board of Trustees to formulate and issue pertinent "White Papers" as informational pieces to describe the scope, direction, and activity of the AOA in the international arena. Topical "White Papers" also serve AOA leadership by providing pertinent background material for focused, informed discussions leading to future decisions or policy.

In 2009, BIOM recommended the development of and approval of a White Paper on Guidelines for Standardization of International Clinical Clerkship and Cultural Competency for COM Students.

Recognizing the applicability to interns and residents as well, this White Paper focuses on pertinent educational and logistical issues of preparing osteopathic physicians-in-training for the challenges of their clinical electives (at international sites). It also emphasizes the ethical interactions between components of U.S. COMs, international partners, and culturally-diverse communities in delivering such quality clinical clerkships consistent with the AACOM and AOA educational standards. Topics included:

1. **Development of effective guidelines for clinical clerkship curricula in international sites**
2. **Student, preceptor, and curricular evaluation of electives in international sites**
3. **Pre- and post- international departure orientation concerns and needs**
4. **Immunizations and prophylaxis**
5. **Travel documents and insurance**
6. **Travel advisory alert and risk issues**
7. **Language issues in international sites**
8. **Ethical issues related to clinical and research electives**
9. **Representation of the U.S. osteopathic profession**
10. **Recommended core "cultural competency" curricular components towards understanding culture and customs of host countries sites**

PREAMBLE

International health experiences can broaden a person's perspective and provide a better understanding of the effect of health and illness on individuals and their culture. Such experiences have been shown to increase interest in global public health and primary care medicine for medical students and residents. For osteopathic physicians-in-training these experiences provide an opportunity not only to choose a career in international health but also to educate the global health community about the philosophy and practice of U.S. osteopathic medicine. Participation in an international rotation may also help osteopathic physicians-in-training to better understand opportunities and limitations related to the practice of osteopathic medicine generally and of manual treatment specifically in a given country or patient population.

Regardless of such interests, osteopathic physicians-in-training and the institutions in which they train must increasingly seek educational opportunities that are both meaningful and safe. Ideally, such "quality" educational health rotations will add to one or more of the following: knowledge of osteopathic medicine and philosophy, insights into indigenous or tropical medicine, broadening of general clinical skills, opportunity to witness or apply hands-on manual medicine practices, and acquire on-site cultural or language competency in order to prepare for the many challenges of 21st century health care delivery in diverse populations.

The benefits for each COM in the United States in developing international elective and cultural competency programs are becoming increasingly obvious, based particularly upon the growing interest of their students in engaging in international clinical rotations or humanitarian aid activities, interacting with culturally diverse populations, serving U.S. communities with large ethnic populations and witnessing the impact of certain health policies, especially in impoverished regions of the world (including parts of the United States). To this end, the AOA, as an internationally-linked and culturally-sensitive organization for osteopathic medical practice, seeks to broaden its involvement with the issues of international clinical electives for COM students. It also strongly

encourages each COM to consider and address the aforementioned issues to facilitate and streamline educational and logistical issues pertaining to students' travel and hands-on clinical experience in a host country.

INTRODUCTION

The elements described in this document will be of value for participating osteopathic physicians and physicians-in-training at all stages of the continuum of osteopathic medical education, from predoctoral education through practice and continuing education. If students are participating in international experiences as part of their education, i.e. "for credit", then these experiences would also need to satisfy any requirements of the respective AOA-recognized accrediting agency or approving committee.[1]

Research indicates that international health experiences have positive educational outcomes, including increasing the likelihood of choosing a primary care career[2] and interest in serving underserved populations in the United States and abroad. The offering of such experiences can be attractive to applicants and can provide a wide range of clinical and cultural experiences for students and residents. Currently, 25 COMs report providing international health involvement opportunities for students, including short term trips and approval of international clinical rotations.

Many believe that osteopathic education will benefit from interactions between educational leaders that foster the development of consensus on global health competencies and that help establish learning objectives linked to corresponding educational approaches.[3] Furthermore, with increased global mobility and the accompanying threats of emerging, re-emerging, and communicable diseases, the AOA and many COMs feel that future osteopathic physicians should be familiar with a wider range of illnesses and considerations for prevention and care. Therefore, despite associated costs and risks, some U.S. COMs are developing and refining educational experiences for medical students and residents in international sites. International health experience opportunities have been shown to preserve medical students' idealism in developing a professional commitment and appreciation for cultural diversity and in dealing with global health concerns. Increasingly, international opportunities have become powerful recruiting tools for both undergraduate and graduate osteopathic medical school programs.

The AOA therefore encourages educational standardization of key component elements for such international and cultural enrichment programs. In order to foster safety, maximize educational outcomes and positively impact outcomes for osteopathic physicians-in-training, the AOA asked BIOM to identify key issues and resources.[4]

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[1] For predoctoral education, the accrediting agency is the AOA Commission on Osteopathic College Accreditation (COCA); see their website at http://www.aoacoca.org. For postdoctoral education, multiple accrediting bodies are involved; see https://osteopathic.org/graduate-medical-educators/postdoctoral-training-standards/.

[2] Thompson et al (*Educational effects of international health electives on U.S. and Canadian medical students and residents: A literature review. Acad Med. 2003; 78:332-347*)

[3] Battat et al (Global health competencies and approaches in medical education: a literature review. BMC Medical Education 2010, 10:94, http://www.biomedcentral.com/1472-6920/10/94)

[4] BIOM is currently charged with reporting to the AOA Board of Trustees. Its current mission is stated as follows:

The mission of the Bureau on International Osteopathic Medicine (BIOM) is to promote the highest standards of osteopathic medical education and practice throughout the world. The Bureau's vision is acceptance of osteopathic medicine as a complete system of medical care

The following ten (10) topics and two Appendices were summarized by BIOM; they make up the bulk of this White Paper, which also recommends guidelines on safe, effective, respectful and relevant international osteopathic health opportunities, in order to provide a blueprint for development of standards that consider curricular, cultural competency, and other logistical issues. This information should make osteopathic physicians and physicians-in-training more informed and better equipped to care for patients in this increasingly diverse and globalized world.

To meet this charge relative to international electives or planned rotations by an osteopathic physicians-in-training, the AOA recommends:

1. Development of effective guidelines for international clinical clerkship curricula and its implementation

The AOA wishes to convey the benefits of this recommended outline for international/culturally-sensitive curricular components intended for COM students and residencies with osteopathic recognition who wish to have foreign clinical exposure. The following outline (as recommended by BIOM) is intended to assist individual COMs and residencies with osteopathic recognition to uniformly address the issue of international educational interactions:

1.1. The AOA requires professionalism abroad by its members and representatives. Osteopathic institutions, faculty, and physicians-in-training are therefore expected to demonstrate *respect*, *compassion* and *integrity*; as well as a commitment to ethical principles, and sensitivity to patients' age, gender, religion, culture, disabilities, and impairments.

1.2. The AOA encourages certain logistical steps in advance of undertaking international clerkships. A COM or residency with osteopathic recognition, for example, may require a CV from the designated international site clinical preceptors to be available for both the curriculum committee and the physicians-in-training, in order to provide understanding of the preceptor's background, affiliation, clinical teaching interests, cultural orientation or requirements, research interests, and professional affiliations.

1.3. The AOA encourages osteopathic physicians-in-training to be adequately oriented prior to departure. The "Know Triple A" (KAAA) mnemonic for example, would encourage osteopathic physicians-in-training engaging in clinical rotations abroad to **Know** and:

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throughout the world.

The Bureau will do this by providing organizational leadership that promotes the highest standards of osteopathic medical education and practice throughout the world and facilitates positive interactions between the AOA, AOA affiliates, and international healthcare organizations. The purpose is to ensure the continued contribution of the American model of osteopathic medicine in the United States (U.S.) and internationally.

The International Bureau seeks to facilitate those public and professional interactions, which increase the understanding and advancement of osteopathic medicine as a complete system of medical care. The BIOM will promote the osteopathic philosophy that combines the needs of the patient with the current practice of medicine, surgery, and obstetrics, emphasizes the interrelationships between structure, function, and provides an appreciation of the body's ability to heal itself.

- **Appreciate** types of medical practice and delivery systems differing from U.S. health care delivery, including methods of controlling health care costs and allocating resources; **Appreciate** the cultural diversity being observed in the host country
- **Advocate** for quality patient care, patient safety, and health promotion; and
- **Act** as an informal global ambassador for the AOA, his/her respective COM or residency with osteopathic recognition, and, when appropriate, for osteopathic medical care.

1.4. The AOA strives for maximal interpersonal and communication skills. Osteopathic physicians-in-training are encouraged to demonstrate communication skills that result in effective information exchange. They are expected to create and sustain a therapeutic and ethically sound relationship with their patients (in an international community), use effective listening skills while working in the affiliated health care facility, and work effectively with others as a member or leader of a health care team. While being clinically-competent in a site or community, non-English language ability is not a requirement at all sites, this issue should be part of any discussion related to such a rotation.

1.5. The AOA encourages better understanding of the fundamentals of clinical competencies in COM-affiliated international site(s). Physicians-in-training gaining added medical knowledge, expanded physical and history taking skills, interpersonal skills, language and communication skills, professionalism, cultural competency, and alternative health policy implications as well as practice-based learning are all examples of fundamentals meriting inclusion in such curricula.

1.6. The AOA encourages better understanding of the fundamentals of distinctively osteopathic clinical competencies, recognizing that osteopathic educators and researchers have identified a number of overseas clinics and institutions where the study or application of the osteopathic philosophical approach and/or integration of manual medicine or osteopathic techniques would provide new perspectives or opportunities for students to experience these within the context of different and sometimes unique patient populations. Ongoing interactions between members of the Osteopathic International Alliance (OIA) and formal exchanges of information between teachers and researchers representing their countries in the International Federation of Manual / Musculoskeletal Medicine (FIMM) have led to appreciation of such quality educational opportunities internationally.

1.7. The AOA encourages that all approved internationally based educational opportunities continue to also provide practice-based learning. Osteopathic physicians-in-training should be able to investigate and evaluate their patient care practices with the aid of their local preceptors, appraise and assimilate both scientific evidence and evidence-based osteopathic application to patient care whenever possible, understand indigenous infectious conditions, appreciate cultural definitions of health and illness, be able to demonstrate the ability to conduct a directed, full history and physical given language limitations, and to improve their patient care practices while engaging in such clinical electives.

1.8. With regard to assessment tools related to cultural competencies, a physician-in-training portfolio generated during the clinical electives period is strongly encouraged. Standard preceptor evaluations related to key cultural competencies could be an integral part of the portfolio. A report from the host institution's medical director (or equivalent) to delineate physician-in-training behavior, cultural competencies, knowledge of medicine, degree of clinical skills, and spirit of team work approach (individually or as a group) may also be beneficial.

2. Student, preceptor, and curricular evaluation of international electives

The AOA recommends an official agreement pertaining to the expectations and responsibilities of both the clinical preceptor and osteopathic physician-in-training. Rather than a shadowing experience, the physician-in-training should be encouraged and allowed to provide hands-on clinical activities, based on their experience level and abilities, in order to develop confidence in that specific clinical setting. A template is illustrated in Appendix 1.

3. Pre- and post-departure orientation concerns and needs

Osteopathic training institutions and centers are encouraged to organize pre-departure orientation curricula, developed at each COM or residencies with osteopathic recognition and directed by at least one faculty member. Students interested in global health may also play a role in implementing the pre-departure orientation.

The following topics may be addressed:

3.1. Basic Health Precautions: Osteopathic physicians-in-training should understand basic precautions including water and food safety, injury prevention (transportation), and vector-borne illness prevention.

3.2. Insurance: Osteopathic physicians-in-training will most likely be required to acquire travel health insurance either through their institution or commercially, and present proof of their insurance to their institution.

3.3. Post-Exposure Prophylaxis (PEP): Osteopathic physicians-in-training should understand appropriate PEP for HIV/AIDS, hepatitis, malaria, and tuberculosis and the steps to take following exposure, as addressed in the immunizations/prophylaxis section.

3.4. Medical Care: Osteopathic physicians-in-training should most likely be advised to prepare a small kit of personal medications before departing, including inhalers, antibiotics (as appropriate), etc., and to identify in-country or regional health clinics and/or hospitals where they can receive care if necessary.

3.5. Regional or Country-Specific Cultural Sensitivity Summary & References: It is highly recommended that osteopathic physicians-in-training have access to a regional or country-specific summary identifying key issues and differences related to health care

delivery; local understanding/status of osteopathic practitioners; culturally or medically vulnerable groups; gender or caste biases; and any political/domestic issues of concern. This summary could be linked to bibliographical and/or internet sites selected to expand upon key issues.

4. Immunizations and prophylaxis

The AOA recognizes the need for travel immunizations in a timely manner. An estimated 15% to 45% of short-term international travelers, including young adults, experience a health problem associated with their trip; albeit the majority being self-limiting viral infections. Virtually any place in the world can be reached within 36 hours, less than the incubation period for most infectious diseases. The ease with which people see the world has dramatically increased the number of international travelers. Respiratory infections, such as influenza and colds, develop in 10% and 25% of travelers. Women traveling to the tropics are at higher risk for urinary tract infections. As problematic, physicians in Western countries are now seeing infectious diseases never before encountered. Travelers are at risk both from infections transmitted from person to person and by insects (vector-borne diseases). Malaria, which is transmitted by mosquitoes, is the most widespread and infects between 300 and 500 million people world wide annually. Between 10,000 and 30,000 of these cases occur in travelers. Anyone traveling to high-risk countries should be advised or required to take precautions.

To this end, the AOA wishes all travelers to comply with CDC recommendation for immunizations and prophylaxis. With CDC requirements changing from time to time and location to location, consult http://wwwnc.cdc.gov/travel/content/vaccinations.aspx for the most up to date information.

5. Travel documents and insurance

Osteopathic training institutions and centers may facilitate sessions on various aspects of international travel for osteopathic physicians-in-training who need to obtain certain documents long before departing for an international clinical elective or other training. In many cases, osteopathic physicians-in-training will be naïve to the amount of time needed for some bureaucratic issues and should make sure of both timeline and processes for obtaining these documents as early as possible prior to a scheduled departure.

Documents that may require a significant amount of advance notice include:

5.1. Appropriately classified entry visa
5.2. Passport
5.3. Institutional Review Board (IRB) approval from COM/residency with osteopathic recognition and/or international site if there are plans to participate in any research activity (regardless of who has initiated the protocol)
5.4. International certificate of vaccinations

The main medicine-related documents that should be carried at all times are:

5.5. Copy of undergraduate diploma (if requested or required)
5.6. Certificates of BLS (Basic Life Support/CPR) & ACLS (Advanced Cardiac Life Support Course)
5.7. Additional certificates of education (RN degree, etc.)
5.8. Letter from Dean or residency program director indicating their current medical school or post-graduate training status

Finally, certain optional travel documents may be recommended:

5.9. International Student Identity Card (ISIC)
5.10. International Driving Permit
5.11. Copies of prescriptions for any required medications

Passports

Passports are issued by the U.S. Department of State and are valid for 10 years. It is the most important document a traveler will carry abroad. A student/resident must complete the application, which can be done online; however, if this is the traveler's first passport, the application should be made in person. The U.S. Department of State has a website that will help one to find the nearest location to apply.

When applying for a passport, the traveler must show proof of citizenship and proof of identity. Proof of citizenship can be given in the form of a birth certificate, but if the traveler does not have a birth certificate, a combination of the following documents can be used in its place:

- Letter of no birth record
- Baptismal certificate
- Hospital birth certificate
- Census record
- Early school record
- Family bible record
- Doctor record of postnatal care.

Permanent U.S. residents should contact their representative embassy regarding applying for a valid passport and specific requirements, which vary from country to country. Before departing, it is recommended to verify the validity requirements of the destination country. From the U.S. State Department website, "If possible … renew your passport approximately nine (9) months before it expires. Some countries require that your passport be valid at least six (6) months beyond the dates of your trip. Some airlines will not allow you to board if this requirement is not met."

U.S. passport applicants will need two identical photographs, measuring 2" by 2". Many pharmacies, stores, and travel agencies provide passport photo services. Please visit the U.S. Department of State website: http://travel.state.gov/passport/, for up to date passport fee structures.

Visa

Whether or not the traveler needs a visa (and which type of visa is needed) in order to pursue clinical elective training abroad depends on the country in which s/he plans on completing their

rotation or clinical activity and how long s/he will be abroad. A visa can either be in the form of a separate document or a simple stamp on a passport and gives the traveler permission to enter a country and, in essence, live there for a period of time. The State Department website can tell the traveler if a visa is necessary for a specific destination. All U.S. permanent residents must contact the representative embassy of the country they plan to enter. Entry visa requirements vary from country to country depending on diplomatic relations. For more information, see: http://travel.state.gov/visa/.

International Certificate of Vaccinations

Travelers are advised to obtain an international certificate of vaccinations before their departure (see immunization/prophylaxis section). This document can be found at the local Department of Health, a travel agency, doctor's office or passport office. Travelers should make sure they have all necessary vaccinations. For up to date information on vaccinations and other health concerns, check the CDC website: http://wwwnc.cdc.gov/travel/content/vaccinations.aspx.

International Student Identity Card

The International Student Identity Card (ISIC), offers students discounts worldwide on things like travel fares, restaurants, shops, theaters, and hotels.

International Driving Permit

Many countries do not accept the U.S. driver's license, but most do accept the International Driving Permit (IDP). There are two organization authorized by the State Department to provide IDPs: the American Automobile Association (AAA – http://www.aaa.com), and the National Auto Club (http://www.thenac.com). To obtain an IDP, the applicant must be 18+ years old and present two passport-size photo, as well as a valid U.S. driver's license. The fee is less than $20.00. Visit http://travel.state.gov/travel/tips/safety/safety_1179.html, for more information.

The traveler will feel more prepared for the international elective experience once these documents are all in order.

6. Travel advisory alert and risk issues

Osteopathic training institutions and centers are encouraged to facilitate sessions discussing international travel advisory alerts and post-9/11 risks associated with certain regions of the world that are unfriendly toward the U.S. Measures should be taken to ensure that osteopathic physicians-in-training are adequately prepared for safe and responsible travel practices. When traveling abroad, the odds favor a safe and incident-free trip, however, travelers are sometimes the victims of crime and violence, or experience unexpected difficulties. No one is better able to explain this than the U.S. consular officers who work in the more than 250 U.S. embassies and consulates around the globe. Every day of the year, U.S. embassies and consulates receive calls from American citizens in distress. Happily, most problems can be solved over the telephone or by a visit to the Consular Section of the nearest U.S. embassy or consulate. There are other occasions, however, when consular officers are called upon to help U.S. citizens who are in foreign hospitals or prisons, or to assist the families of citizens who have passed away overseas. Therefore, the following travel tips will help travelers avoid serious difficulties during overseas travel.

Prior to Departure

What to Take

Safety begins when the traveler packs. To help avoid becoming a target, do not dress so as to appear to be an affluent tourist. Expensive-looking jewelry, for instance, can draw the wrong attention. Travelers are encouraged to travel light, primarily due to mobility issues.

Travelers are advised to carry the minimum number of valuables, and plan places to conceal them. Passports, driver's licenses, cash and credit cards are most secure when locked in a hotel safe. When the traveler has to carry them on person, s/he may wish to put them in various places rather than all in one wallet or pouch. Avoid handbags, fanny packs and outside pockets that are easy targets for thieves. Inside pockets and a sturdy shoulder bag with the strap worn across your chest are somewhat safer. One of the safest places to carry valuables is in a pouch or money belt worn under clothing. Travelers are advised to copy their passport, driver's license, and credit card(s) and leave the copies at home. In case any of these items are lost, copies can be used to help facilitate contact with the proper representative agencies that would re-issue the stolen item(s).

To avoid problems when passing through customs, keep medicines in their original, labeled containers. Bring copies of prescriptions and the generic names for the drugs. If a medication is unusual or contains narcotics, carry a letter from a doctor that attests to the traveler's need to take the drug. If there is any doubt about the legality of carrying a certain drug into a country, consult the embassy or consulate of that country before traveling. Bring travelers checks and one or two major credit cards instead of a huge amount of cash.

Travelers are advised to put their name, address and telephone numbers inside and outside of each piece of luggage. The use of covered luggage tags will help avoid casual observation of a traveler's identity or nationality; if possible, luggage should be locked.

Travelers should consider activating international roaming feature with their cellphone provider in order to be able to keep in touch.

What to Leave Behind

Do not bring anything that would be unacceptable to lose. Leave at home:

- Valuable or expensive-looking jewelry
- Irreplaceable family objects
- All unnecessary credit cards
- Social Security card, library card, and similar items that may routinely be carried in a wallet.

Leave a copy of the travel itinerary with family or friends at home in case contact is necessary, in an emergency or otherwise. Make two photocopies of passport identification pages, airline tickets, driver's licenses and the credit cards that will be carried on the elective. Leave one photocopy of this data with family or friends at home; pack the other in a place separate from the originals.

What to Learn About Before Departing

Security

The Department of State's Country Specific Information is available for every country in the world. They describe entry requirements, currency regulations, unusual health conditions, the crime and security situation, political disturbances, areas of instability, and special information about driving and road conditions. They also provide addresses and emergency telephone numbers for U.S. embassies and consulates. In general, Country Specific Information does not give advice, but instead describes conditions so travelers can make informed decisions about their trips.

For some countries, however, the Department of State issues a Travel Warning in addition to Country Specific Information. The Travel Warning may recommend that Americans defer travel to that country because of a dangerous situation there.

Travelers are recommended to enroll in the State Department's Smart Traveler Enrollment Program (STEP). This program alerts provides travel alerts and also allows the relevant US consular office to keep track of Americans in-country in the event of a natural disaster, political upheaval, etc.

Travel Alerts

Travel alerts are a means to disseminate information about relatively short-term conditions posing significant risk to the security of American travelers. They are issued when there is a perceived threat, even if it does not involve Americans as a particular target group. In the past, Travel Alerts have been issued to deal with coups, pre-election disturbances, and violence by terrorists and anniversary dates of specific terrorist events. Travelers can access Country Specific Information, Travel Warnings, and Travel Alerts 24-hours a day in several ways:

- The most convenient source of information about travel and consular services is the Consular Affairs home page. The website address is http://travel.state.gov.
- Overseas Citizens Services (OCS), at 1-888-407-4747, can answer general inquiries on safety and security overseas. This number is available from 8 a.m. to 8 p.m. Eastern Time, Monday through Friday (except U.S. federal holidays). Callers who are unable to use toll-free numbers, such as those calling from overseas, can obtain information and assistance from the OCS during these hours by calling +1-202-501-4444.
- When leaving the U.S. travelers are subject to the laws of the country that is being visited. Therefore, before leaving, a traveler should learn as much as possible about the local laws and customs of the destination country. Good resources are libraries, travel agents, and embassies, consulates, or tourist bureaus of the countries to be visited. In addition, keep track of what is being reported in the media about recent developments in those countries.

7. Language issues

Osteopathic training institutions and centers are highly encouraged to either establish informal courses in languages such as Spanish and French (or any other international common languages), or establish an elective foreign language course with emphasis on medical terminology and basic aspects of patient history taking and patient communication. As verbal communication is the

basis of any clinical interaction, it may be expected or even required that an osteopathic physician-in-training may have basic language proficiency when pursuing an international clinical elective in a language other than English. The following recommendations may help ensure abilities to elective supervisors and build specific medical communication skills to facilitate their learning and effectiveness.

7.1. Language Basics: Osteopathic physicians-in-training should identify languages and language dialects spoken by patients in the area they will be working in advance of their elective. They should be aware that the local language used may be different from the official language of the host country or the language spoken by other health professionals. Osteopathic physicians-in-training should attempt to have a basic ability to communicate in the local language when feasible – especially at a site where a translator/interpreter is not available. This may include, for example, language training programs for weeks to months prior to departure or a similar program on-site.

7.2. Host Language Expectations: Osteopathic physicians-in-training should understand and comply with host expectations of language competency.

7.3. Interpreters: Osteopathic physicians-in-training should know whether they will be practicing with the assistance of an interpreter while on their elective. They should understand the role of interpreters in the medical interview and the constraints associated with use of family members and other health professionals as interpreters.

8. Ethical issues related to clinical and research electives

Osteopathic training institutions and centers are encouraged to conduct, sponsor or facilitate sessions to discuss possible ethical issues that travelers may encounter in the host country. Osteopathic physicians-in-training should be aware of the clinical and research ethical dimensions of studying and working abroad (especially in low-resource environments) and follow recognized standards of professional and ethical behavior.

8.1. Expectations of the Elective: It is recommended that osteopathic physicians-in-training should develop clear and appropriate goals and expectations – especially for electives in low-resource countries.

8.2. Understanding of Ethical Framework: Osteopathic physicians-in-training would benefit from being exposed to an array of potential ethical dilemmas prior to their departure that they may face while on international electives, and be provided with a framework to approach such problems.

8.3. Code of Conduct: The AOA strongly recommends that osteopathic training institutions and centers offer clear guidelines on professional behavior expectations for osteopathic physicians-in-training (especially on electives in low-resource settings), and should ensure that they are aware of these guidelines prior to departure. Furthermore, osteopathic physicians-in-training should be reminded of the imperative to "do no harm" while on electives.

8.4. International Research Activities: Osteopathic physicians-in-training and institutions must comply with ethical guidelines and all government regulations (here and abroad) pertaining to participation in any proposed research. To this end, they should therefore communicate closely with their own Institutional Review Board (IRB) prior to committing to any form of international research activity. Furthermore, researchers need to appreciate the impact of relevant cultural issues[5] in modifying the interpretation of certain core bioethical precepts governing research in the U.S. or by U.S. citizens abroad. Key international research guidelines, consensus documents dealing with international research ethics, and country-specific research ethical standard informational sources can be found in Appendix 2.

8.5. Appropriate Licensing: The AOA recommends that a clear chain of responsibility (COM/ residencies with osteopathic recognition/student) be detailed to make sure that osteopathic physicians-in-training have the appropriate licenses/privileges and malpractice insurance required by the hosting institution. Furthermore, it is advised that the proper authorities in the country where international activities are conducted have been informed and approve of the purpose of international activities of osteopathic physicians, residents and students in their nation.

8.6. Identified Contact Person: COMs and residencies with osteopathic recognition with intermittent programs should consider ensuring that there is a faculty member or other specific contact identified with whom they may consult concerning ethical issues or other questions that arise while on site at an international placement. (Ideally this would be an individual specifically linked to the physician-in-training's home institution.)

8.7. Supervision: COMs and residencies with osteopathic recognition typically retain the responsibility for understanding the type and amount of supervision that will be available for their osteopathic physicians-in-training who are participating in an off-site elective. This supervision should be appropriate for the level of training the osteopathic physicians-in-training are undertaking

8.8. Under the ethical tenets of the profession, osteopathic physicians and learners routinely care for others despite personal risk. Appropriate safeguards such as proper personal protective equipment (PPE) are important for protecting the health of their patients, as well as their own health and that of their families. Health care workers are professionally bound to identify inadequate resources that impact their ability to safely treat patients or keep themselves safe. Individuals must not suffer retribution or retaliation for calling attention to unsafe systemic conditions for patients or caregivers.

9. Representation of the U.S. osteopathic profession

BIOM has previously held ambassador training sessions and developed some basic guidelines for physicians-in-training to remember when traveling internationally.

[5] For example, in many societies, health care decisions are the shared responsibility of family members and/or community leaders meaning that an individual cannot make a decision about medical care (actual or research) without full involvement of these others.

9.1. Dos and don'ts of international work

a. Do:

- Conduct yourself in a professional manner at all times
- Remember that because the U.S. osteopathic profession is not that well known outside our borders, the physician-in-training is a de facto representative of the entire profession
- Research the country and culture to be aware of differences that may be of importance
- Know/learn the culture of that country to try not to offend
-
- Be aware of personal cultural biases
-
- Make sure every team includes someone familiar with the country and culture
- Slow down, be patient
- Listen carefully – utilize both eyes and ears to this end
- Words are secondary – 10% verbal – 90% non-verbal: body language can be incredibly powerful
- "Break bread together;" meet, greet and eat; there are different ways of doing things
- Be flexible
- Recognize that public criticism can be a "big no-no" in certain cultures; likewise, public praise can also be objectionable in certain cultures
- Know your strengths and use them

b. Don't…

- Make assumptions
- Be a browbeater
- Be coercive
- Be the "Ugly American" who sometimes doesn't even know when he or she is being overbearing (e.g. speak loudly to handle a language difficulty)
- Act manipulative
- Be arrogant
- Push too hard or too much

9.2. Policy Statements: If an osteopathic physician-in-training or a representative of a COM or residencies with osteopathic recognition seeking to set up an international rotation attends a meeting where an issue comes up for which they do not know what the AOA policy is, refrain from making any statements that could be attributed as AOA policy. When requested, the AOA and BIOM will provide osteopathic physicians-in-training with materials needed to provide a unified and consistent message regarding the U.S. osteopathic profession.

9.3. Clearinghouse: When possible, COMs or residencies with osteopathic recognition will interview DOs or health officials from other countries to gather information about

those countries and should report back to the AOA or BIOM representatives for use in the AOA's international clearinghouse.

10. Recommended core "cultural competency" curricular components

BIOM encourages COMs and residencies with osteopathic recognition to develop "cultural and linguistic" curricular components that reflect a set of congruent behaviors, knowledge, attitude, and policies that together strengthen osteopathic physicians'-in-training readiness to experience an international clinical elective in regions or communities where understanding of culture and basic linguistic background would be significant help to that individual. In doing so, the COMs/ residencies with osteopathic recognition may emphasize that:

10.1. Cultural competence in health care combines the tenets of patient/family-centered care with an understanding of the social and cultural influences that affect the quality of medical services and treatment.

10.2. With the ever-increasing diversity of the U.S. population and evidence of racial and ethnic disparities in health care, it is important that future health care professionals are educated specifically to address issues of culture in an effective manner.

10.3. Both faculty members and osteopathic physicians-in-training may demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illnesses and respond to various symptoms, disease, and treatments.

10.4. Osteopathic medical students and residents are encouraged to learn to recognize and appropriately address gender and cultural biases in health care delivery, while first considering the health needs of the patients.

10.5. Cultural Competence Curriculum

a. The aim of a cultural competence curriculum is to enhance the patient and health care provider interaction, and to assure that osteopathic physicians-in-training have the knowledge, skills, and attitude that allow them to work effectively with patients and their families, as well as with other members of the health care community.
b. Health care professionals are encouraged to be educated to avoid stereotyping, but to also be aware of normative cultural values that can affect informed consent and can have serious consequences.
c. For a cultural competence curriculum to be effective, certain institutional requirements should be considered:
    i. Successful curricula have the support of the academic dean, faculty, director of medical education and physicians-in-training.
    ii. Institutional, community, and international resources (with special consideration to non-monetary resources) are typically combined into successful curricula.

iii. Community/religious leaders may participate in the design of the curriculum and provide the necessary feedback, as may international medical and/or osteopathic collaborators.
iv. Where possible, institutional commitment from faculty to design such a curriculum is best.
v. In the most successful programs, the evaluation process is clearly defined.

10.6. Assessment of Osteopathic Physicians-in-Training in Cross-Cultural Education. Such an evaluation may include both qualitative and quantitative strategies required to appropriately assess the "impact" of cross-cultural curricula. The education approach may focus on:

a. ATTITUDES
    i. Examples
        1. Has the osteopathic physician-in-training learned the particular importance of curiosity, empathy, and respect in cross-cultural encounters?
        2. Does the osteopathic physician-in-training demonstrate these attitudes, as corroborated by evaluation?
    ii. Evaluation Strategy
        1. Standard surveying
        2. Structural interviewing
        3. Self-awareness assessment
        4. Presentation of clinical cases
        5. Objective structural clinical exam
        6. Videotaped/audio-taped clinical encounter
b. KNOWLEDGE
    i. Examples
        1. Has the osteopathic physician-in-training learned the key core cross-cultural issues, such as the styles of communication, mistrust, prejudice, autonomy vs. family decision-making, customs relevant to health care, and sexual/gender issues?
        2. Does the osteopathic physician-in-training make an assessment of the key core cross-cultural issues, as corroborated by evaluation?
    ii. Evaluation Strategy
        1. Tests (multiple choice, true-false, oral examination)
        2. Unknown clinical cases
        3. Presentation of clinical cases
        4. Objective structural clinical exam
c. SKILLS
    i. Examples
        1. Has the osteopathic physician-in-training learned how to explore core cross-cultural issues?
        2. Has the osteopathic physician-in-training learned how to effectively negotiate with a patient?
        3.
    ii. Evaluation Strategy
        1. Presentation of clinical cases

2. Objective structural exam
3. Videotaped/audio-taped clinical encounter

APPENDIX 1 EXEMPLAR: Template for osteopathic physician-in-training evaluation of the international site program and clinical preceptor of the osteopathic medical physician-in-training.

1. Clinical experience
    i. To be able to explain the concept of American model of osteopathic practice to the hospital staff including director of medical education
    ii. Complete a thorough SOAP process or note
    iii. Complete examination of common chronic disorders (e.g., diabetic)
    iv. Practice history and physical exam skills
    v. Develop communication skills with patients, nurses, and the attending
    vi. Develop documentation skills
    vii. Develop professionalism in dress and behavior
    viii. Gain exposure to developing differential and treatment options
    ix. To fully understand and appreciate endemic diseases and their evidence-based clinical management
    x.
2. Hints for a positive experience for both the preceptor and student:
    i. Be aware of the osteopathic physician-in-training's stage of professional knowledge and experience
    ii. International clinical preceptors should not assume the osteopathic physician-in-training has all of the facts, but rather expect them to be able to find the correct information with the best reliable and clinically-relevant answers
3. Osteopathic physician-in-training performance evaluation: the evaluation form should include the osteopathic physician-in-training's name, international preceptor's name and his/her specialty, and the elective date. The evaluation form could be categorized as following:
    i. Can't judge/Never observed
    ii. Poor – unacceptable performance for this level of training
    iii. Needs improvement – for this level of training
    iv. Good – performance as expected with this level of training
    v. Very good – above average performance for this level of training
    vi. Outstanding
4. Consistently, osteopathic physician-in-training performance evaluation forms could include competencies such as:
    i. Medical and/or osteopathic medical knowledge
    ii. History taking
    iii. Physical exam
    iv. Problem solving/clinical judgment
    v. Progress notes
    vi. Informal patient presentation to the international clinical preceptor
    vii. Learning habits
    viii. Interpersonal relationships with patients
    ix. Reliability, initiative, and dependency
    x. Relationship with preceptor and staff
    xi. Language (and other communication) with patients
    xii. Cultural understanding and sensitivity

xiii. General comments by international clinical preceptor

APPENDIX 2: Internet links to key guidelines and consensus documents dealing with international research ethics, plus a link to country-specific research ethical standard informational sources.

In planning international research or interfacing with global research partners, the following resources are either specifically designed to enhance an ethical approach to research or to assist in understanding cultural or regional issues (e.g., Islamic or Confucian ethics) that are currently being interpreted, discussed, or debated.

Council for International Organizations of Medical Sciences (CIOMS) International Ethical Guidelines for Biomedical Research Involving Human Subjects:
https://cioms.ch/shop/product/international-ethical-guidelines-for-biomedical-research-involving-human-subjects-2/

Nuffield Council on Bioethics:
http://www.nuffieldbioethics.org/research-developing-countries

International Guidelines for Ethical Review of Epidemiological Studies:
http://www.ufrgs.br/bioetica/cioms2008.pdf
Or order the latest version of the document from CIOMS:
http://www.cioms.ch/frame_ethical_guidelines_2009.htm

World Health Organization's Good Clinical Practice Guideline (WHO GCP):
http://apps.who.int/medicinedocs/pdf/whozip13e/whozip13e.pdf

Operational Guidelines for Ethics Committees that Review Biomedical Research:
https://www.who.int/tdr/publications/documents/ethics.pdf

Report and Recommendations of the U.S. National Bioethics Advisory Commission, April 2001:
http://bioethics.georgetown.edu/nbac/pubs.html

Global Health Competencies and Approaches in Medical Education: a literature review (existing curricular examples of what is currently in the literature):
http://www.biomedcentral.com/content/pdf/1472-6920-10-94.pdf

SUBJECT: COCA, FEES FOR INSTITUTIONAL ACCREDITATION

SUBMITTED BY: Commission on Osteopathic College Accreditation

REFERRED TO: AOA Board of Trustees

WHEREAS, the American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA) is responsible for the institutional and programmatic accreditation of colleges of osteopathic medicine and setting standards to be used in accreditation decisions; and

WHEREAS, the new COCA standards are labor-intensive, requiring considerable hands-on consultation with established and developing COMs; and

WHEREAS, many COMs have institutional accreditation through the regional accreditor for their parent university and only utilize COCA for programmatic accreditation; and

WHEREAS, COMs where the COCA is the institutional accreditor require additional monitoring and reporting to the U.S. Department of Education; now, therefore be it

RESOLVED, that the American Osteopathic Association (AOA) approve assessment of a separate accreditation fees for COMs where the COCA is the institutional accreditor by $15,000 per year.

Explanatory Statement:
At present four COMs utilize the COCA for both institutional and programmatic accreditation. This resolution approves a separate charge for institutional accreditation services to offset the costs incurred to provide institutional accreditation.

FISCAL IMPACT: $60,000
FY 2021 Revenue Increase: $60,000

ACTION TAKEN ___APPROVED_____

DATE _____JULY 17, 2020_____

SUBJECT: REVISIONS TO THE HANDBOOK OF THE BUREAU OF OSTEOPATHIC SPECIALISTS

SUBMITTED BY: Bureau of Osteopathic Specialists

REFERRED TO: AOA Board of Trustees

RESOLVED, that the following revisions to the Handbook Bureau of Osteopathic Specialist - be APPROVED; and, be it further

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

Strikethrough (~~abcd~~) used on old material | New material in all CAPS and **bolded**

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Article ~~I~~**V**. Specialty Certifying Board Operating Procedures

~~As subcommittees of the Bureau of Osteopathic Specialists (BOS), all AOA specialty certifying boards are governed by this handbook as well as BOS policy & procedures.~~

Section 1. Duties

The duties of an American Osteopathic Association (AOA) specialty certifying board (hereinafter referred to as "board") are to:

A. Serve as an advisory body for all applicants for certification in a specialty(ies) and subspecialty and/or certification of added qualifications which may be assigned to its jurisdiction.
B. Recommend to the BOS and AOA Board of Trustees (AOA-BOT) the standards of education and formal training **AND/OR EXPERIENCE** required for certification in a specialty(ies) and any other subspecialty and/or certification of added qualifications which may be assigned to its jurisdiction.
C. Make recommendations to the BOS concerning each applicant's eligibility for initial certification as well as compliance with Osteopathic Continuous Certification (OCC).
D. Issue certificates in all specialties, ~~and~~ subspecialties **AND/OR CERTIFICATION OF ADDED QUALIFICATIONS** assigned to the board.
E. In conjunction with the Certification Compliance Review Committee (CCRC), recommend revocation of a ~~certificate~~ **CERTIFICATION**.
F. ~~Recommend~~ **APPOINT** a **QUALIFIED** member of the board to ~~act~~ **SERVE** as a **BOS** representative ~~on the BOS as well as identification of~~ **AND APPOINT** an alternate **REPRESENTATIVE**.
G. In collaboration with the **SENIOR** Vice President of Certifying Board Services (**S**VP-CBS), establish processes whereby diplomates may maintain certification (OCC) in accordance with AOA policy.
H. In collaboration with the **S**VP-CBS, develop and maintain best practices for physician credentialing~~,~~ **AND** certification~~, and OCC~~.

I. Ensure the delivery of relevant and osteopathically distinct examination processes and methodologies.
J. Serve as ambassadors ~~for osteopathic~~ **MARKETING AOA** board certification with program directors**, RESIDENTS, DIPLOMATES** and other **STAKEHOLDERS** ~~officials identifying, marketing, and preparing candidates for AOA certification~~.
K. Develop and maintain items to produce psychometrically defensible and osteopathically distinct examinations in the practice areas assigned to the board.
L. Collaborate with the **S**VP-CBS, and other AOA team members to ensure the examination process of the board is fiscally viable and appeals to the target demographic.
M. Maintain strict confidentiality of all applicant information, test content and scoring methods.
N. Ensure all physicians participating in examination development and delivery ~~are engaged~~ **MUST BE** ~~in the practice of medicine or~~ **ACTIVELY ENGAGED IN CLINICAL PRACTICE, TEACHING PHYSICIANS, OR SERVING IN AN ADMINISTRATIVE ROLE** ~~serving in an administrative role~~.

Section 2. ~~Committee~~ **CERTIFYING BOARD** Membership

A. Membership
1. Membership on a board should have a minimum of five (5) members and **NO MORE THAN** ~~will be limited to a maximum of~~ eight (8) members~~; with the chair only voting in cases where there is a tie vote~~. **AN EXCEPTION TO THE MAXIMUM NUMBER OF BOARD MEMBERS MAY BE MADE FOR BOARDS THAT HAVE MORE THAN EIGHT SUBSPECIALTIES OR THOSE BOARDS WITH EXPANDED/COMPLEX OPERATIONAL NEEDS REQUIRING ADDITIONAL PHYSICIAN LEADERSHIP. BOARDS REQUESTING MORE THAN EIGHT BOARD MEMBERS MUST SUBMIT A PROPOSAL TO THE BOS EXECUTIVE COMMITTEE, WHICH EXPLAINS THE RATIONALE AS TO WHY THEY REQUIRE ADDITIONAL BOARD MEMBERS.**
2. The board will seek AOA-board certified nominees and ~~should~~ **MUST** submit ~~a minimum of 2 nominations~~ **FOR APPROVAL ONE (1) NOMINATION, INCLUDING CV,** to the BOS **FOR EACH OPEN POSITION ON THE BOARD IN THE CASE OF NEW APPOINTMENTS OR RE-ELECTIONS**. **IF APPROVED, ~~T~~The** BOS will make **A** recommendation~~s~~ to the AOA-BOT, who will make the final decision regarding appointments to the board. **IF NOT APPROVED, A NEW NOMINATION, INCLUDING CV, MUST BE SUBMITTED.**
3. Members of boards must be AOA board-certified and participating in the OCC process in their specialty **OR SUBSPECIALTY**.
4. ~~A minimum of three-fourths (¾) of the~~ **ALL** members ~~of~~ **WHO SERVE ON A SPECIALTY** certifying board~~s~~ must be ~~in active~~ **ACTIVELY ENGAGED IN** clinical practice**, TEACHING PHYSICIANS,** or ~~an administrator~~ **SERVING IN AN ADMINISTRATIVE ROLE**.

B. Term of Office
1. Members will be elected for terms of three (3) years. Where possible, terms will be staggered so that new members elected in any year will not constitute a majority of the board.

2. Boards will institute a maximum term limit of four (4) consecutive three (3) year terms or a total of twelve (12) years lifetime. A waiver may be granted by the AOA-BOT in extraordinary circumstances.
3. Whenever an unexpected vacancy occurs on the board, a nominee will be submitted to the BOS to fill the remaining term **IN ACCORDANCE WITH THE PROCEDURE FOR CERTIFYING BOARD MEMBERSHIP (SECTION 2, A, 2)**. ~~The BOS will submit a recommendation to the AOA-BOT who will make the final decision regarding the appointment.~~
4. All board members' terms will commence on August 1 following approval by the AOA-BOT and end on July 31 of the year their term is scheduled to end.
5. Members of the board who have faithfully served three or more terms on the board may be given emeritus status in recognition of their service. Emeritus members may attend board meetings and events at their own expense unless they are examining candidates.

Section 3. Officers

A. Chair and Vice Chair
1. The Chair will make appointments to all board committees and will preside at all meetings of the board.
   A. THE CHAIR OF THE BOARD ONLY CASTS A VOTE IN CASES WHERE THERE IS A TIE.
2. The Vice Chair will preside at all meetings of the board in the absence of the Chair and assist the Chair in the discharge of the duties of that office, which are outlined below:
   a. Develop and maintain best practices for physician credentialing~~,~~ **AND** certification~~, and OCC~~.
   b. Ensure the delivery of relevant and osteopathically distinct examination processes and methodologies.
   c. Facilitate board involvement in the achievement of key quality indicators for board performance and communicate progress against goals with AOA leadership, the BOS, and board members.
   d. ~~Develop and cultivate relationships with program directors and other officials in identifying,~~ **SERVE AS AMBASSADORS** marketing~~, and preparing candidates for~~ AOA **BOARD** certification **WITH PROGRAM DIRECTORS, RESIDENTS, DIPLOMATES, AND OTHER STAKEHOLDERS**.
   e. Collaborate with the board director ~~to oversee and monitor the~~ **AND PROVIDE FEEDBACK AND INPUT ON** board specific marketing plan**S AND IDENTIFY OPPORTUNITIES FOR THE COMMUNICATION AND MARKETING OF SERVICES**.
   f. Collaborate with the board director to track diplomate performance and track compliance in meeting OCC requirements.
   g. Serve as a subject matter expert for board level exam and item bank content.
   h. ~~Work with the VP-CBS to make sure budget targets are met and recommend adjustments as needed.~~
   i. ~~Collaborate with the board director to identify opportunities for the communication and marketing of services.~~
   j. Recruit and develop new board members, subject matter experts, item writers, and other examiners as appropriate.

k. Collaborate with the **S**VP-CBS and other AOA team members to ensure the examination process advocated by the board is fiscally viable, appeals to the target demographic, and maintains high standards of defensibility.

B. Secretary

The secretary of the board will perform the duties as follows:

1. ~~In cooperation~~ **COORDINATE** with the board director~~,~~ **IN ISSUING** ~~issue~~ certificates and notify**ING** the AOA and BOS of any changes in a physician's certification status.
2. **COORDINATE WITH THE BOARD DIRECTOR IN** Report**ING** any change in board membership to the Secretary of the BOS.
3. ~~Participate~~ **COORDINATE** with the board director in ~~arranging~~ **RECOMMENDING** the dates ~~and locations~~ of all examinations. Examinations will be scheduled early enough so that the dates may be published no later than nine (9) months prior to the examination date, except in the case of individually arranged clinical examinations.
4. Coordinate with the board director to produce required reports to the BOS, including but not limited to the board's candidate pass rate report.
5. Coordinate with the board director to prepare the required documentation for candidates who have completed requirements for certification.

Section 4. Subcommittees

Each board level subcommittee ~~should~~ **MUST** have a prescribed set of duties and functions **AS DETERMINED BY THE BOARD**.

Section 5. Meetings

A. Boards should conduct business via **VIDEO OR TELEPHONE** conference ~~call~~ as much as possible.

~~1. In-person meetings will be held in conjunction with the BOS symposia meetings.~~

B. Special Meetings

1. Special meetings of the board that are deemed necessary for the transaction of business may be called by the Chair.

C. Quorum

1. For the transaction of business at any meeting of the board, a majority of the members of the board shall constitute a quorum.

D. Governing Rules

1. Meetings of the board shall be governed by **THE LATEST EDITION OF** *Robert's Rules of Order, Newly Revised*, unless otherwise specified in these procedures.

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Article ~~VIII~~ **VII**. Certification

Section 1. ~~Certification~~ **PATHWAYS FOR INITIAL CERTIFICATION (NOT PREVIOUSLY CERTIFIED BY AOA OR ABMS)**

To be eligible to receive certification from the AOA through member specialty certifying boards, the applicant must meet the following minimum requirements:

~~A. Osteopathic physicians~~

~~1. Be a graduate of a COCA-accredited College of Osteopathic Medicine. (B-07/15)~~

~~2. Obtain training complete status from an ACGME/AOA accredited/approved residency training program.~~

~~B. Allopathic physicians – US and Canada Programs~~

~~1. Be a graduate of a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME).~~

~~2. Obtain training complete status from an ACGME residency program.~~

~~C. Allopathic physicians – Non US and Canada Programs~~

~~1. Be a graduate of a medical school outside the United States and meet one of the following additional requirements:~~

~~a. Hold a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or~~

~~b. Have graduated from a medical school outside the United States and have completed a fifth pathway program provided by an LCME accredited medical school.~~

~~2. Obtain training complete status from an ACGME residency program.~~

A. PATHWAY 1: AOA BOARD CERTIFICATION IN (SPECIALTY NAME)

B. PATHWAY 2: AOA BOARD CERTIFIED IN (SPECIALTY NAME) WITH OSTEOPATHIC MANIPULATIVE MEDICINE (OMM)

ELIGIBILITY CRITERIA:

A. PHYSICIANS WHO GRADUATED FROM A COCA ACCREDITED COLLEGE OF OSTEOPATHIC MEDICINE AND AN ACGME ACCREDITED PROGRAM ARE ELIGIBLE FOR BOTH PATHWAY 1 AND PATHWAY 2

B. PHYSICIANS WHO GRADUATED FROM A COCA ACCREDITED COLLEGE OF OSTEOPATHIC MEDICINE AND AN AOA ACCREDITED PROGRAM ARE ELIGIBLE FOR BOTH PATHWAY 1 AND PATHWAY 2

C. PHYSICIANS WHO GRADUATED FROM A MEDICAL SCHOOL IN THE U.S. OR CANADA ACCREDITED BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME) OR HAVE GRADUATED FROM A MEDICAL SCHOOL OUTSIDE OF THE U.S. OR CANADA AND HOLD A VALID CERTIFICATE, WITHOUT EXPIRED EXAMINATION DATES, FROM THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG), AND HAVE COMPLETED AN ACGME ACCREDITED PROGRAM <u>WITH</u> OSTEOPATHIC RECOGNITION ARE ELIGIBLE FOR BOTH PATHWAY 1 AND PATHWAY 2

D. PHYSICIANS WHO GRADUATED FROM A MEDICAL SCHOOL IN THE U.S. OR CANADA ACCREDITED BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME) OR HAVE GRADUATED FROM A MEDICAL SCHOOL OUTSIDE OF THE U.S. OR CANADA AND HOLD A VALID CERTIFICATE, WITHOUT EXPIRED EXAMINATION DATES,

FROM THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG), AND HAVE COMPLETED AN ACGME ACCREDITED PROGRAM WITHOUT OSTEOPATHIC RECOGNITION ARE ELIGIBLE FOR PATHWAY 1 ONLY.

E. PHYSICIANS WHO GRADUATED FROM A MEDICAL SCHOOL IN THE U.S. OR CANADA ACCREDITED BY THE LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME) OR HAVE GRADUATED FROM A MEDICAL SCHOOL OUTSIDE OF THE U.S. OR CANADA AND HOLD A VALID CERTIFICATE, WITHOUT EXPIRED EXAMINATION DATES, FROM THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG), AND HAVE COMPLETED AN ACGME ACCREDITED PROGRAM WITHOUT OSTEOPATHIC RECOGNITION, BUT WHO HAVE OBTAINED AOA SPECIALTY BOARD AND BOS APPROVED TRAINING IN OMM MAY APPLY TO THE CERTIFYING BOARD FOR APPROVAL TO ENTER PATHWAY 1 OR PATHWAY 2.

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Article ~~XIX~~**X**. Osteopathic Continuous Certification

SECTION 6. ENTRY INTO OSTEOPATHIC CONTINUOUS CERTIFICATION (OCC) BY PHYSICIANS WITH CERTIFICATION FROM AN ABMS BOARD

PHYSICIANS HOLDING A CURRENT, VALID CERTIFICATION FROM AN AMERICAN BOARD OF MEDICAL SPECIALTIES (ABMS) MEMBER BOARD ARE ELIGIBLE FOR AOA BOARD CERTIFICATION AND TO ENTER THE AOA OSTEOPATHIC CONTINUOUS CERTIFICATION (OCC) PROCESS IN THE SPECIALTY FOR WHICH THEY HAVE ABMS CERTIFICATION. FOR ALL APPLICABLE PRIMARY AND SUBSPECIALTY CERTIFICATIONS FOR WHICH THE AOA OFFERS CERTIFICATION, ELIGIBILITY CRITERIA ARE AS FOLLOWS:

ELIGIBILITY CRITERIA FOR ENTERING TRADITIONAL, HIGH-STAKES OCC

PRIMARY CERTIFICATION

PHYSICIANS HOLDING A CURRENT ABMS BOARD CERTIFICATION ARE ELIGIBLE FOR AOA BOARD CERTIFICATION AND WILL BE GRANTED RECIPROCITY OF THEIR CERTIFICATION UPON FULFILLING THE FOLLOWING CRITERIA:

- **BE A GRADUATE OF A COCA ACCREDITED COLLEGE OF OSTEOPATHIC MEDICINE, AN LCME ACCREDITED MEDICAL SCHOOL IN THE U.S. OR CANADA, OR A MEDICAL SCHOOL OUTSIDE OF THE U.S. OR CANADA AND HOLD A VALID CERTIFICATE, WITHOUT EXPIRED EXAMINATION DATES, FROM THE ECFMG.**
- **CURRENT, VALID LICENSURE WITHIN THE UNITED STATES, OR THE U.S. TERRITORIES, OR THE DISTRICT OF COLUMBIA, OR CANADA.**

- **COMPLETION OF AN ACGME ACCREDITED RESIDENCY, FELLOWSHIP IN THE SPECIALTY OR SUBSPECIALTY OF CERTIFICATION, OR COMPLETION OF AN APPROVED CLINICAL PATHWAY TO CERTIFICATION.**
- **CURRENT, VALID (INCLUDING ACTIVE PARTICIPATION IN MAINTENANCE OF CERTIFICATION (MOC), IF APPLICABLE), VERIFIABLE BOARD CERTIFICATION THROUGH AN ABMS MEMBER BOARD IN A SPECIALTY OR SUBSPECIALTY FOR WHICH THERE IS AN EQUIVALENT AOA CERTIFICATION WITH AN ACTIVE OCC PROCESS.**
- **SUBMITTING A COMPLETED APPLICATION WITH ALL RELEVANT MATERIALS AND THE REQUIRED PROCESSING FEE.**

SUBSPECIALTY CERTIFICATION

PHYSICIANS HOLDING A CURRENT ABMS SUBSPECIALTY CERTIFICATION ARE ELIGIBLE FOR AOA SUBSPECIALTY BOARD CERTIFICATION UPON FULFILLING THE FOLLOWING CRITERIA:

- **SUBSPECIALTIES THAT CURRENTLY REQUIRE ACTIVE AOA PRIMARY CERTIFICATION (SEE APPENDIX L FOR A FULL LIST):**
  - **PHYSICIANS WHO DO NOT ALREADY HOLD AN ACTIVE AOA PRIMARY CERTIFICATION IN THE REQUIRED PRIMARY SPECIALTY MUST OBTAIN AN ACTIVE AOA CERTIFICATION IN THE PRIMARY SPECIALTY AS NOTED ABOVE, BEFORE APPLYING FOR ENTRY INTO THE OCC PROCESS.**
    - **EXAMPLE: A PHYSICIAN MUST HOLD ACTIVE AOA PSYCHIATRY CERTIFICATION TO APPLY TO AOA SUBSPECIALTY CERTIFICATION FOR GERIATRIC PSYCHIATRY.**
  - **IF THE ABMS BOARD DOES NOT REQUIRE PRIMARY CERTIFICATION TO MAINTAIN CERTIFICATION IN THE SUBSPECIALTY, BUT THE AOA DOES REQUIRE PRIMARY CERTIFICATION IN ORDER TO MAINTAIN SUBSPECIALTY CERTIFICATION, THE PHYSICIAN WILL STILL BE REQUIRED TO HOLD ACTIVE AOA CERTIFICATION IN THE PRIMARY SPECIALTY. THE SAME PROCESS AS PREVIOUSLY DESCRIBED WILL APPLY.**
    - **EXAMPLE: A PHYSICIAN WITH CURRENT SUBSPECIALTY CERTIFICATION IN SPORTS MEDICINE THROUGH THE AMERICAN BOARD OF INTERNAL MEDICINE (ABIM) MUST STILL OBTAIN A PRIMARY CERTIFICATION THROUGH THE AMERICAN OSTEOPATHIC BOARD OF INTERNAL MEDICINE (AOBIM) PRIOR TO ENTRY INTO AOBIM'S OCC PROCESS.**
- **SUBSPECIALTIES THAT DO NOT REQUIRE ACTIVE AOA PRIMARY CERTIFICATION (SEE APPENDIX M FOR A FULL LIST):**
  - **PHYSICIANS MAY APPLY FOR AOA SUBSPECIALTY CERTIFICATION WITHOUT HOLDING ACTIVE AOA PRIMARY CERTIFICATION.**
    - **EXAMPLE: A PHYSICIAN MAY BECOME AOA BOARD CERTIFIED IN GASTROENTEROLOGY WITHOUT HOLDING ACTIVE AOA PRIMARY CERTIFICATION.**

- **BE A GRADUATE OF A COCA ACCREDITED COLLEGE OF OSTEOPATHIC MEDICINE, AN LCME ACCREDITED MEDICAL SCHOOL IN THE U.S. OR CANADA, OR A MEDICAL SCHOOL OUTSIDE OF THE U.S. OR CANADA AND HOLD A VALID CERTIFICATE, WITHOUT EXPIRED EXAMINATION DATES, FROM THE ECFMG.**
- **CURRENT, VALID LICENSURE WITHIN THE UNITED STATES, OR THE U.S. TERRITORIES, OR THE DISTRICT OF COLUMBIA, OR CANADA.**
- **COMPLETION OF AN ACGME ACCREDITED RESIDENCY, FELLOWSHIP IN THE SPECIALTY OR SUBSPECIALTY OF CERTIFICATION, OR COMPLETION OF AN APPROVED CLINICAL PATHWAY TO CERTIFICATION.**
- **CURRENT, VALID (INCLUDING ACTIVE PARTICIPATION IN MAINTENANCE OF CERTIFICATION (MOC), IF APPLICABLE), VERIFIABLE BOARD CERTIFICATION THROUGH AN ABMS MEMBER BOARD IN A SPECIALTY OR SUBSPECIALTY FOR WHICH THERE IS AN EQUIVALENT AOA CERTIFICATION WITH AN ACTIVE OCC PROCESS.**
- **SUBMITTING A COMPLETED APPLICATION WITH ALL RELEVANT MATERIALS AND THE REQUIRED PROCESSING FEE.**

Explanatory Statement:

ACTION TAKEN APPROVED

DATE JULY 17, 2020

SUBJECT: AOA CATEGORY 1-A CME CREDIT FOR ITEM WRITING – 2019-2021 CONTINUING MEDICAL EDUCATION GUIDE FOR OSTEOPATHIC PHYSICIANS

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

REFERRED TO: AOA Board of Trustees

WHEREAS, the current policy is to award AOA Category 1-B credit for exam construction item writing; and

WHEREAS, the COCME strongly believes that item writers should be awarded AOA Category 1-A CME credit; now, therefore be it

RESOLVED, that item writing be approved for AOA Category 1-A credit with a cap of 20% of the required CME per 3 year AOA CME cycle; and, be it further

RESOLVED, that physicians earn 1 credit for developing 6 exam questions accepted by an AOA certifying board or conjoint committee, and/or the National Board of Osteopathic Medical Examiners.

Explanatory Statement:
The COCME recommends AOA Category 1-A CME credit for item writing for licensure purposes. The resolution will be forwarded to the AOA Bureau of Osteopathic Specialists to see if they wish to have exam writing be considered Category 1-A or 1-B for the purpose of board certification CME.

FISCAL IMPACT: 0

ACTION TAKEN ____APPROVED_____

DATE _____JULY 17, 2020_____

SUBJECT: REVISION TO BASIC STANDARDS FOR SURGERY AND THE SURGICAL SUBSPECIALTIES

SUBMITTED BY: Bureau of Osteopathic Education / Council on Postdoctoral Training

REFERRED TO: AOA Board of Trustees

RESOLVED that the following Revisions to Basic Standards for Residency Training in Surgery and the Surgical Subspecialties be APPROVED.

(old material crossed out; new material in capital letters)

SECTION IV: INSTITUTIONAL REQUIREMENTS

B. Resources

…

4.3 Resources must include:

…

e. There must be a ~~full-time~~ program coordinator designated specifically for resident education support and programs with more than 20 residents must also have an assistant or associate program coordinator. (See Appendix II, B.2.1 for further clarification.)

f. Each resident ~~must~~ SHOULD attend the Annual Clinical Assembly of Osteopathic Surgeons (ACA) at least once during their residency training program;

…

4.5 Each resident must ~~be registered to~~ utilize ~~the ACOS~~ approved ~~electronic~~ data collection/log system.

…

D. Discipline Specific Requirements

General Surgery

…

~~4.9 There must be a minimum of five funded positions~~

Cardiothoracic

4.10 The primary training institution must provide funding for ~~at least one (1)~~ EACH cardiothoracic trainee per training year.

…

Neurological Surgery

4.13 The institution must provide institutional resources to train ~~at least one~~ EACH resident per year of training.

Plastic and Reconstructive Surgery

4.14 The primary training institution and affiliated sites must provide funding for ~~at least two (2)~~ EACH plastic surgery resident positions.

…

SECTION VI: PROGRAM PERSONNEL AND RESOURCES

Program Director

…

Duties of the program director must include:

…

6.11 ENCOURAGED TO Attend the ACOS Osteopathic Surgical Educators' Seminar at least once every two years;

~~6.12 Not accept/appoint more residents than approved by the AOA; and~~

…

Specialty Specific Requirements of the Program and Program Director

General Surgery

~~6.16 The program director's initial appointment will be for 72 months for the continuity of the program.~~

6.17 Qualifications of the general surgery program director and the faculty:

…

c. At least one of the faculty must be ~~AOA~~ board certified or board eligible in general surgery

…

Urological Surgery

~~6.30 The program director's initial appointment will be for no less than 72 months for continuity of the program.~~

…

SECTION VII: RESIDENT APPOINTMENT REQUIREMENTS

…

7.7 Each resident ~~must~~ SHOULD attend at least one ACOS annual clinical assembly during their residency training.

…

APPENDIX TWO: Policy and Procedures

~~**A. APPLICATIONS FOR NEW RESIDENCY PROGRAMS**~~

~~Completed applications for new osteopathic residency training programs are delivered to the AOA division of postdoctoral training with the following required information:~~

- ~~Current Segregated Totals.~~
- ~~Curriculum Vitae OF Program Director.~~
- ~~Written Program Description.~~
- ~~A list of faculty, with certification status of each faculty member, where appropriate.~~
- ~~Current affiliation agreements for all outside rotations.~~
- ~~The Curriculum Vitae of the Director of Osteopathic Medical Education.~~

~~The AOA forwards the completed application to the ACOS. Upon receipt of a new program application, ACOS staff will provide notification to the program of the expectation of when the application might be considered by the RESC and forwarded to the AOA PTRC for action.~~

~~If timely, the RESC or an RESC Administrative committee will review the application and indicate whether a site visit of the proposed program should be scheduled prior to consideration of the new program application by the RESC. At this point any questions or clarification of materials will be~~

~~requested from the program. All new program applications require a pre-inspection site visit by an AOA approved site visitor prior to final approval by the RESC.~~

~~Following RESC review of the application and/or pre-inspection site visit report, one of the following recommendations will be submitted to the AOA PTRC for final action in accordance with AOA policy:~~

- ~~APPROVAL An osteopathic institution requesting permission to begin a new residency training program may only be recommended for approval with reinspection within one year of the commencement date of residents in training. This recommendation is only used for new program requests found to have no major deficiencies in the written program, adequate faculty, and adequate scope, volume and variety to support a training program with a minimum of three resident slots. (Fellowships are exempted from this requirement.)~~

- ~~DENIAL Denial of approval indicates that the request for a new program has been reviewed and major deficiencies or violations of AOA Standards have been identified in either the pre-inspection site visit, or in the material submitted by the institution. Recommendations of denial of approval must be stated clearly and cross-referenced with the basic training standards of the specialty and/or the residency standards of the AOA.~~

- ~~DEFERRAL Deferral of action may be taken on the request for new training programs if the reviewer(s) finds that the proposed program requires an on-site evaluation and/or if the file lacks any of the following: an acceptable program description; suitable statistical material; proper affiliation agreements, and/or the required pre-inspection site visit. The institution will be given 30 days from the date of action by the RESC to submit the information needed to make a recommendation. failure to respond to the request for information by the RESC will allow the specialty college to evaluate the inspection report at its next scheduled meeting and base a recommendation on the information present at the time of review. Specialty colleges do not have the authority to defer programs longer than the time allowed for specialty colleges to make their response to the AOA PTRC for action.~~

…

~~C. **PROCEDURES FOR RESIDENT INCREASES IN ESTABLISHED PROGRAMS**~~

~~1. The RESC shall review the application materials for increases and make a recommendation to the AOA PTRC. The RESC shall recommend approval or denial. It may also defer pending the receipt of additional materials.~~

~~a. Applications for increases in established residency programs that do not comply with AOA/ACOS Standards, shall be recommended for denial. Recommendations for denial shall be accompanied by a description of areas of non-compliance which are cross-referenced to the basic standard documents for that specialty.~~

~~b. Applications for increases in established residency programs that do not contain correct information or are deemed incomplete, shall have action deferred for a period of thirty days to allow the program to correct the application. Failure to do so will result in a recommendation for denial at the next meeting.~~

~~2. The PTRC shall take final action on all applications for increases in established residency programs. Such action shall be based on the recommendation of the ACOS/RESC.~~

~~D. **Advanced standing:** Residents may petition the ACOS for advanced standing based on training in previous years, to include, but not limited to, training in another specialty training program, military training, or a traditional rotating internship, differing from required surgical first year for that specific residency program. Such requests are granted only for 12-month periods, and are approved by the ACOS/RESC and reported to the AOA and the OPTI. Furthermore, residents who were required to repeat a training year cannot utilize the repeated year towards the fulfillment of their~~

primary or secondary programs. The training program and resident position must be AOA-approved or ACGME-accredited prior to commencement of the resident's training. No more than one month advanced standing will be awarded for one month of alternative training. Documentation, which must be submitted for consideration of advanced standing, must include the following:

1. Evaluations and verification by the director of the previous program that the training was successfully completed;
2. A resident report, on the appropriate report form, documenting procedures performed;
3. A written description of the program, and a schedule of rotations completed; and
4. A scientific paper that is either an original contribution or a case report. Original contributions will document original clinical or applied research. Case reports will document unusual clinical presentations with newly recognized or rarely reported features. The length of the paper shall be at least 1500 words, double spaced, paginated, with references required for all material derived from the work of others; or (for training completed after July 2007) documentation of a scholarly activity as a result of the resident's progressive acquisition of critical appraisal and personal research skills. The scholarly project for the training year must be evaluated by the program director using the program director's annual resident evaluation report for surgery.
5. A written letter evaluating the level of training of the resident by the program director accepting the resident into the new program, if applicable. (It is the prerogative of the program director to develop a teaching/remediation plan for the resident, not to exceed one year.

…

G . Research Sabbatical: General surgery residents may participate in 12 months of research at the approval of the program director. The sabbatical year may be taken following an OGME 2 or OGME 3 general surgery training year. The research training year may not count towards the minimum number of years that must be AOA-approved for program completion nor may it conflict with the continuity of training policy that requires the last two years at the same training institution.

…

APPENDIX THREE: OGME-1R (First Year Residency) Requirements – General Surgery, Neurological Surgery and Urological Surgery

The first year of the residency program (OGME-1R) for general surgery, urological surgery, and neurological surgery must include the following rotations. These rotations may be scheduled as 12 one-month rotations or 13 four-week rotations or any combination thereof:

1. Rotations for ½ day per week, for 46 weeks, in an out-patient clinic or office.
2. Two months of general internal medicine
3. One month of ICU
4. One month of emergency medicine
7. Four months of general surgery
8. Four months of selectives to include any of the following areas:
   a. Urology
   b. Orthopedics
   c. Anesthesia
   d. ENT

~~e. General Surgery~~
~~f. Vascular Surgery~~
~~g. Neurosurgery~~
~~h. Cardiovascular Thoracic Surgery~~
~~i. Plastic and Reconstructive Surgery~~
~~j. Radiology~~
~~k. One month of female reproductive medicine~~
~~l. One month of pediatrics, if available, or other primary care specialty, at the discretion of the training institutions.~~

~~These requirements may be altered at the discretion of the Program Director, with the approval of the sponsoring institution's GME committee, Director of Medical Education, and the Residency Education Standards Committee (RESC), which will best serve the experience of the resident. Programs not complying with these OGME-1R requirements must provide their actual rotation schedule to the RESC and a rationale for any variance.~~

~~The OGME-1R year of fundamental skills must be organized so that residents participate in clinical and didactic activities to:~~

- ~~develop the knowledge, attitudes and skills needed to formulate principles and assess, plan, and initiate treatment of patients with surgical and medical problems;~~
- ~~be involved in the care of patients with surgical and medical emergencies, multiple organ system trauma, and nervous system injuries and diseases;~~
- ~~gain experience in the care of critically ill surgical and medical patients;~~
- ~~participate in the pre-, intra-, and post-operative care of surgical patients; and~~
- ~~develop basic surgical skills and an understanding of surgical anesthesia, including anesthetic risks and the management of intra-operative anesthetic complications.~~

~~OGME-1R residents will log case exposure during the first training year in the approved case log system. These procedures will be counted toward the total procedures required by completion of the program.~~

FISCAL IMPACT: 0

ACTION TAKEN APPROVED

DATE JULY 17, 2020

SUBJECT: REVISIONS TO OPTI ACCREDITATION HANDBOOK

SUBMITTED BY: Bureau of Osteopathic Education / Council on Postdoctoral Training / Council on Osteopathic Postdoctoral Training Institutions

REFERRED TO: AOA Board of Trustees

WHEREAS, the Council on Postdoctoral Training requested the Council on Osteopathic Postdoctoral Training Institutions revise its standards and eliminate requirements not focused upon meeting immediate needs and those unlikely to change the outcome of resident training for programs under the AOA's restricted accreditation after 6/30/20; and

WHEREAS, a survey was developed to get feedback from OPTI leaders on each OPTI standard and whether the standard should remain, be eliminated, be revised; and

WHEREAS, COPTI reviewed the results of the survey and the OPTI accreditation handbook; now, therefore be it

RESOLVED, that the following Revisions to the OPTI Accreditation Handbook be APPROVED.

(old material crossed out; new material in capital letters)

Part One: COPTI Policies and Procedures

…

B. Responsibilities and Functions

3. The COPTI has the responsibility for interpreting the standards of accreditation~~, but has no authority to waive compliance with any standards by any OPTI~~.
5. The COPTI shall serve as the advisory body on OPTI policy to the ~~COPT~~ PTRC AND BOE.
6. Review on-site evaluation reports as part of the ~~evaluation of applications for new OPTIs, or~~ evaluations for continuing recognition of accredited OPTIs.
7. The COPTI shall conduct periodic review of OPTI standards ~~on three-year basis, starting January 2010~~.

…

G. Procedures for COPTI Meetings

2. OPTI Accreditation and Effectiveness Activities
   a. The COPTI must review ~~applications for new OPTIs~~, on-site evaluation/accreditation reports and other supporting documentation and make final accreditation action during Executive Session.

   …

   ~~c. The COPTI must conduct training workshops for on-site reviewers every other year.~~

   ~~d. The COPTI must conduct annual workshops for the benefit of the entire OPTI community on topics that are identified by needs analysis.~~

   ~~c.~~ The COPTI must make recommendations on policy issues pertaining to OPTIs and transmit them to the ~~COPT~~ BOE for their review.

…

Part Two: OPTI Administrative Policies and Procedures

A. OPTI Responsibilities

1. ~~OPTIs must pay an annual accreditation fee set by the AOA. Failure of payment may result in withdrawal of accreditation~~.
   a. ~~If a new OPTI is formed in the calendar year, the OPTI must pay the annual accreditation fee.~~

…

2. a. When a change in an OPTI membership occurs, the new partner OPTI must send a ~~copy of the affiliation agreement~~ NOTIFICATION to the AOA Department of Education within 30 working days.

…

~~B. New OPTI Application Process~~

~~1. Proposed new OPTI shall submit a signed application form (See Appendix A) by the administrative officer of the proposed OPTI to the AOA Division of Postdoctoral Training.~~
~~2. The non-refundable fee for examining credentials submitted in application for accreditation status is $500 U.S. dollars.~~
~~3. A self-study must be prepared and submitted as part of the application and address the following;~~
   ~~a. Sections A and B of the OPTI standards with proposed mechanisms to address all remaining OPTI standards~~
   ~~b. Demonstrate the clear commitment of each member institution to the OPTI's mission, operation, development, and financial support~~
   ~~c. The self-study report must demonstrate that the new OPTI has obtained appropriate support for approval to grant postdoctoral certificates to DOs.~~
   ~~d. A statement attested to by all governing boards of the members of the proposed OPTI demonstrating a commitment to a shared mission and an organization chart, which illustrates the structure and administration.~~
~~4. A statement of the OPTI's governance, which includes a copy of bylaws or equivalent documents.~~
~~5. A three-year projection of financial resources available to support the OPTI's operations.~~
~~6. Demonstrate and document the availability of inpatient and ambulatory clinical training sites, including patient volumes, scope and variety for the internship program(s) and the applied-for residency programs.~~

~~C. Evaluation of Application~~

~~1. After receipt of a completed application and review by AOA staff, the COPTI must evaluate the application at its next regular meeting and either request further information or authorize staff to schedule a site visit.~~
~~2. All costs of the AOA site visit shall be the responsibility of the OPTI.~~
~~3. After reviewing the site visit report and other pertinent materials, the COPTI must take action and recommend a term of provisional approval until the next site visit is required, or recommend denial of provisional accreditation.~~

~~D. Definition of Accreditation Status~~

~~1. Applicant Status~~
   ~~a. Applicant status is the initial step in seeking accreditation. This is offered without rights or privileges of accreditation, and does not establish or imply recognition by the AOA.~~
   ~~b. Applicant status is granted upon formal request for evaluation submitted to the COPTI by the official representative of the applicant OPTI.~~

~~2. Provisional Accreditation~~
~~a. To be considered for provisional accreditation, proposed new OPTIs must demonstrate evidence of the capacity to comply with the requirements for accreditation.~~
~~b. Provisional Accreditation is conferred for one year to a new OPTI that, at the time of the site visit demonstrates its preparedness to initiate requirements for an OPTI in accordance with the Basic Standards. Provisional Accreditation starts as dated by the approval letter from the COPTI.~~
~~c. COPTI may approve a one-year renewable extension if there is reasonable rationale for the decision. A Provisional Accreditation status cannot exceed a total of two years.~~
~~d. A Provisional Accreditation visit is conducted after all requirements for applicant status have been met. The accreditation application, the site visit report, and the evaluation by the COPTI must determine whether to award Provisional Accreditation. Provisional Accreditation does not ensure any subsequent accreditation status.~~
~~3. Full Accreditation~~
~~a. Accreditation status confers all rights and privileges of accreditation~~
~~b. Accreditation status is reviewed within a maximum five year survey cycle or sooner if warranted. Once accreditation status is attained, the OPTI shall retain that status until the COPTI may withdraw it.~~
~~c. Accreditation actions and renewal of accreditation are based upon an on-site evaluation.~~

E. OPTI Annual Report

…

2. The annual report shall be submitted to the AOA no later than the published ~~October~~ deadline. If annual reports are not received by the published ~~October~~ deadline, COPTI may review the accreditation status of the OPTI for reconsideration or request a focused site visit.

…

~~G. OPTI Feasibility Study~~

~~1. An applicant OPTI must file a letter of intent. An introductory packet of information will be mailed to assist the organization in filing necessary documentation.~~
~~2. An OPTI applying for provisional accreditation status must submit a feasibility study with the application. The feasibility study must address the following:~~
~~a. Section 1 – Overview and History of the OPTI Formation Concept and Process~~
~~b. Section 2 –Self-Study Organized by the Following OPTI Standards:~~
~~i. Section A: Prerequisites for Accreditation (all standards)~~
~~ii. Section B: Organization and Governance.~~

H. OPTI On-Site Evaluations

1. There are three types of on-site evaluations: full surveys, AND focused visits~~, and provisional accreditation visits~~.
2. COPTI HAS THE AUTHORITY TO EXTEND THE ACCREDITATION OF AN OPTI WITHOUT CONDUCTING AN ON-SITE EVALUATION.

…

~~4.c If an applicant OPTI refuses to permit the on-site evaluation, the applicant OPTI is automatically denied accreditation status.~~

…

I. Full On-Site Evaluation

…

~~2. The AOA Department of Education must notify OPTIs in writing 12 months before a full-on site evaluation.~~

3. The duration of the OPTI on-site visit must be agreed upon ~~in advance (no later than 45 days)~~ by the CAO, OPTI and AOA team leader allowing sufficient time for completion of the draft report by the on-site team prior to the exit conference.

…

~~5. Loss or denial of approval of a residency program at an OPTI does not affect the OPTI's accreditation status unless the action causes the OPTI to be no longer in compliance with the standards (i.e. leaving the OPTI with only one residency program).~~

…

~~**K. Provisional Accreditation Site Visits**~~

~~1. Provisional accreditation site visits must be conducted for OPTIs seeking accreditation.~~
~~2. Dates of the visit must only be set after the applicant OPTI has submitted all paperwork to the COPTI.~~
~~3. The provisional accreditation site visits ordinarily must require one day and must focus on the particular area(s) identified by the COPTI.~~
~~4. OPTI reviews must examine Sections A and B of the OPTI standards only.~~
~~5. The COPTI shall designate a chair for each visit. The chair is responsible for the organization of the visit and the preparation of the final report and recommendations.~~
~~6. At the conclusion of the site visit, there shall be an exit conference between the team and representatives of the OPTI designated by the official representative or CAO, as appropriate. The exit conference shall include an oral report by the team. This report must provide the OPTI with an accurate preview of the final report.~~
~~7. A copy of the draft report, including the final recommendations, shall be sent to each team member for review, correction, and/or editing, and to the OPTI's official representative, or CAO as appropriate, for review and correction of factual errors only. Additional material may be submitted by the OPTI to document factual errors in the draft report. This must not be confused with the OPTI's formal response to the report.~~
~~8. The visiting team's final report shall be forwarded to the OPTI for review and comment.~~
~~9. The visiting team's final report shall reflect consideration of the OPTI's comments, as appropriate, and shall be forwarded to the COPTI.~~
~~10. The official representative of an OPTI shall receive notification of an on-site evaluation and a copy of the visiting team report as approved by the COPTI. If the OPTI is organized within a university, the above referenced officers of that university shall also receive the materials specified above.~~
~~11. The AOA shall be reimbursed by an OPTI for the direct costs of an on-site evaluation prior to the meeting at which the COPTI is scheduled to take action on that survey evaluation.~~

…

M. Accreditation Actions

…

4. Accreditation with Probation

…

c. "Accreditation with Probation" status is public and notice shall be provided to all interested parties. A COPTI action of "accreditation with probation" shall be reported to the PTRC AND ~~,COPT,~~ BOE~~, and the commission on osteopathic college accreditation~~ for information and record. The AOA and OPTI shall publicly describe the OPTIs status as Accreditation with Probation.

…

5. Withdrawal of Accreditation

…

d. ~~COPTI actions of 'withdrawal of accreditation' shall be reported to the commission on osteopathic college accreditation with advice that another OPTI membership should be obtained (consistent with COCA Standards requiring each COM to hold an OPTI membership).~~

…

~~Appendix A- Application for a New OPTI~~

~~APPLICATION FOR NEW OSTEOPATHIC POSTDOCTORAL TRAINING INSTITUTE (OPTI)~~

…

~~Appendix C – Document List~~

~~The following required documents must be available for site reviewers to review:~~

- ~~Statement of governance and organizational chart~~
- ~~OPTI/institutional catalog~~
- ~~Current affiliation agreements~~
- ~~Budget for current year~~
- ~~Most recent OPTI financial report~~
- ~~Minutes of all standing OPTI committees (at least one prior year)~~
- ~~OPTI sponsored education schedules~~
- ~~OPTI faculty development schedule~~
- ~~OPTI internal evaluation program~~
- ~~Curriculum structure and development~~

…

~~APPENDIX F~~

~~COPTI ACCREDITATION AWARD SYSTEM FOR~~

~~OPTI ACCREDITATION SITE VISITS~~

~~(Based on AOA Basic Documents and OPTI Standards effective July 2012)~~

~~Introduction~~

~~OPTI accreditation has evolved over the past three years as a result of revised standards and a scoring 'rubric' established in 2008 in a manner that has prompted improved performance of individual OPTIs and an upward trend in the total number of 'accreditation years'. While this change is admirable and generally acknowledged as 'progress', there is significant feedback that further enhancements in the accreditation processes are needed (M Hamm and Associates, 2011).~~

~~The current methodology assigns one 'point' for each element within each of eight standards. The cumulative points accrued are additive and the percentage of points 'scored' are compared to the total available for an overall ratio. A 'scoring rubric' assigns variable 'accreditation years' based on ranges of points scored against the total available. As Standards have been removed in the past three years the scoring tool has been modified to accommodate the changed total points available. Using this methodology, a significant number of OPTIs have achieved a full 'five year accreditation' and some have been awarded a 'blue ribbon' status for commendations above a 'perfect five year score'.~~

~~One significant issue (among several) with the above method has been identified by OPTI executives and chief academic officers over the past months and reported either through OPTI workshops, OPTI forums, or through the Michael Hamm study on OPTI effectiveness completed in early 2011. The issue of 'chasing' points rather than focusing on quality improvement has caused several to suggest an alternate method of accreditation award.~~

~~Under the AOA uniform standards review work group guidelines adopted by the AOA Board of Trustees, The OPTI Standards and Processes are to be reviewed on a periodic basis. The current revision cycle for the OPTI Standards, the recent authorization of the AOA BOT for OPTIs to sponsor OGME programs, and the insights gained from the Hamm study provides the opportunity to apply a new concept for accreditation awards for OPTIs.~~

~~The following accreditation award concept has been widely adopted by other accrediting units, both in the osteopathic profession (commission on osteopathic college accreditation) and in other higher education accrediting entities.~~

~~General Policies (Also See Table Of Explanation Which Follows):~~

~~1) Each OPTI will receive a 5 year accreditation award if it meets at least 70% of all Standards as written and all 'must meet' Standards are met.~~

~~2) Any OPTI which fails to demonstrate compliance with two 'must meet' Standards shall receive a 5 year "accreditation with notice (private)" and a required focused re-inspection in 12 months.~~

~~a. If any 'must meet' Standards remain unmet at the focused 12 month visit, the OPTI will receive the designation of 'accredited with probation (public)' and have an additional required focused re-inspection in 1 year.~~

~~3) Each OPTI must file a Corrective Action Plan within 75 days of notice of accreditation award outlining plans for correction of deficiencies.~~

~~4) Each OPTI must file progress reports with COPTI at 180 days (6 months) following notice of accreditation and every 6 months thereafter for a maximum of 24 months until all deficiencies are corrected. Any OPTI not demonstrating full correction of all deficiencies at 24 months post notice of accreditation award must undergo a focused site review to demonstrate why continued accreditation should exist.~~

~~5) On the basis of results of such focused site reviews for regular standards remaining unmet, COPTI must declare one of the following:~~

~~a. Continued 5 year accreditation with noted correction of all current deficiencies~~

~~b. Continued 5 year "accreditation with notice (private)" — required focused re-inspection in 12 months.~~

~~c. If, on the basis of required focused re-inspection as required in 5)b., continued deficiencies exist, COPTI must declare:~~

~~i. 'Accreditation with probation (public)' followed by re-inspection in 12 months.~~

~~d. If, on the basis of required focused re-inspection as required in 5)c.1, continued deficiencies exist, COPTI must declare:~~

~~i. 'Withdrawal of Accreditation'~~

~~6) A COPTI action of "withdrawal of accreditation" shall require an OPTI to make full reapplication for accreditation status and meet 70% of all accreditation Standards including all 'must meet' Standards.~~

~~7) A COPTI action of "accreditation with notice", "accreditation with probation" and "withdrawal of accreditation" shall be reported to the PTRC, COPT, BOE and the commission on osteopathic college accreditation for information and record.~~

a. COPTI actions of "accreditation with probation" shall be reported to PTRC.

b. COPTI actions of "withdrawal of accreditation" shall be reported to PTRC with advice that programs academically sponsored by the OPTI must obtain another academic sponsor or close.

c. COPTI actions of 'accreditation with probation' or 'withdrawal of accreditation' shall be reported to the COCA with advice that another OPTI membership should be obtained (consistent with COCA Standards requiring each COM to hold an OPTI membership).

8) The COPTI has the authority to call for an on-site inspection outside of the 5 year accreditation cycle when it is necessary to preserve the quality of training for an individual OPTI and may also consider requests for off-cycle site visits by a member institution or other stakeholder.

9) COPTI has the authority to call for on-site inspection or other monitoring for an OPTI which undergoes substantive change(s) such as:

a. Any change in the legal status or control of the OPTI.

b. Mergers between OPTIS or dissolution of OPTI relationships resulting in multiple OPTIS.

c. Program change in academic sponsorship from one OPTI to another without notification of the AOA Department of Education PTRC and COPTI.

Initial Provisional Accreditation	**'Must Meet' Standards (6)**	**'Regular Standards' Found in Sections A and B**	**Action/Process**
1 Year	All 'MM' Met	All Standards In sections A and B must be met	Re-inspection in 1 year. All 'MM' must be met and conditions for full 5 year accreditation described below must be met (70% of all Standards). One additional year of provisional accreditation can be awarded by COPTI if necessary to facilitate/accommodate new OPTI formation issues.
Accreditation action (5 year term)	**'Must Meet' Standards (6/56)**	**'Regular Standards' (50/56)**	**Action/Process**
5 Year Accreditation 70% of all Standards met	All 'MM' met	<11/ 50 unmet (at least 39 met= 70% of 56 total Standards)	Cap with PR every 6 mos. All Standards must be corrected within 24 months.
Continuing 5 year	1 'MM' unmet	< 11/50 unmet	Cap with PR every 6 mos. All Standards must be corrected within 24 months – 'MM' Standard must be corrected in 12 months.

~~5 year Accreditation with notice (private)~~	~~2 'MM' unmet on initial Inspection~~	~~<11/50 unmet~~	~~Cap with PR every 6 mos. Focused re-inspection in 12 months. If any 'mm' Standards remain unmet at 12 months, COPTI will assign the designation of 'accreditation with probation (public)'~~
	~~All met~~	~~Any unmet at 24 months~~	~~Required focused site visit with revisit in 12 months. if any standards remain unmet at 36 months, COPTI will assign the designation of 'accreditation with probation (public)'~~
~~5 year Accreditation with probation (public)~~	~~Any unmet at 12 month focused visit~~	~~Any unmet AT 36 month focused visit.~~	~~Required focused site visit in 12 months. If there are any remaining deficiencies, COPTI will take the action to 'withdraw accreditation'.~~

~~Summary:~~

~~The goal of OPTI accreditation is to assure the OGME trainee and the concerned public that osteopathic graduate medical education meets accepted standards of OGME quality. Likewise, such accreditation assures that programs sponsored by an accredited OPTI are producing OGME graduates that meet the AOA core competencies.~~

~~The above describes a method envisioned to streamline OPTI accreditation awards and to allow OPTIs to focus on quality measures rather than individual 'points' in a scoring rubric. The concept of 'term accreditation' allows freedom to focus on a OPTIs strategic plan, quality initiatives and matters of pedagogy in service to its members.~~

~~The concept of 'term accreditation' however must be accompanied by realization that certain standards are 'must meet' in character and as such form the basis of concern when deficiencies are identified. The above set of policies attempt to address this concern in a way that allows correction in a timely way and serious consequences for an OPTI that does not come into compliance.~~

~~Under a 'term accreditation' concept there is the parallel concern with an OPTI that meets 70% of all Standards and also all 'must meet' Standards. Such an OPTI needs an appropriate time and plan to correct all deficiencies, but must do so in a reasonable timeframe. The proposed maximum 24 month timeframe assures the public that quality is both monitored and expected.~~

FISCAL IMPACT: $0

ACTION TAKEN _____APPROVED_____

DATE _____JULY 17, 2020_____

SUBJECT: REQUIREMENTS OF CME SPONSORS - CME SPONSORS CONFERENCE

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

REFERRED TO: AOA Board of Trustees

WHEREAS, the AOA Board of Trustees approved RES. NO B2-M/2019 titled "Requirements of CME Sponsors – CME Sponsors Conference" on February 28, 2019 to reinstate the CME Sponsors Conference; and

WHEREAS, the Resolution states that the CME Sponsors Conference be held jointly with the AOA Lead Conference to minimize the financial impact and that for those CME Sponsors not able to attend the conference be given access to view it online; and

WHEREAS, the affiliates are concerned about the timing and expense of the CME Sponsors Conference since some affiliates have their own CME events in late January and others are concerned about the cost of hotel and airfare in late January; and

WHEREAS, the Council on Osteopathic Continuing Medical Education (COCME) believes the Conference should not be tied to the AOA Lead Conference but rather the Council be given the flexibility to hold the conference with another AOA or osteopathic event; now, therefore be it

RESOLVED, that the that the Council on Osteopathic CME be given the flexibility to hold the Conference at other osteopathic events (e.g., AOA Annual/Mid-year Board of Trustees meetings, OMED, AOA osteopathic states conventions, and osteopathic specialty colleges events) that are less expensive and less costly than the current LEAD conferences..

Explanatory Statement:
The COCME believes that by allowing the CME Sponsors Conference to be held in conjunction will other osteopathic venues will allow more flexibility for providing information to the CME Sponsors on specific topics of interest.

FISCAL IMPACT: $0

ACTION TAKEN APPROVED

DATE JULY 17, 2020

SUBJECT: ACCREDITOR NEEDS ASSESSMENT FOR AOA POLICY-SPECIFIC CONTINUING MEDICAL EDUCATION TOPICS

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

REFERRED TO: AOA Board of Trustees

WHEREAS, the 2019 House of Delegates of the American Osteopathic Association (AOA) reaffirmed policy either "endorsing" or "encouraging" continuing medical education on the topics of Inhalation of Volatile Substances; Teenage Alcohol Abuse; and Training on Extended Release-Long Acting (ER/LA) Opioid Risk Evaluation and Mitigation Strategy (REMS); and

WHEREAS, accredited sponsors of AOA Category 1-A continuing medical education programs are required to conduct a needs assessment for all topics in a program in order to meet Category 1-A requirements; now, therefore be it

RESOLVED, that for topics for which the American Osteopathic Association has specific policy endorsing or encouraging continuing medical education, the required needs assessment conducted by accreditors need only refer to the specific AOA policy; and, be it further

RESOLVED, that the AOA Council on Osteopathic Continuing Medical Education (COCME) publish for all AOA accreditors a list of topics for which the AOA has specific policy encouraging or endorsing continuing medical education, and that the list be updated annually following the adjournment of the House of Delegates meeting; and, be it further

RESOLVED, that that the AOA COCME incorporate this policy into the *Accreditation Requirements for AOA Category 1 CME Sponsors*; and, be it further

RESOLVED, that the AOA COCME annually review and add topics as needed from the House of Delegates meeting.

FISCAL IMPACT: $0

ACTION TAKEN APPROVED

DATE JULY 17, 2020

SUBJECT: REVISION TO BASIC STANDARDS FOR ORTHOPEDIC SURGERY

SUBMITTED BY: Bureau of Osteopathic Education / Council on Postdoctoral Training

REFERRED TO: AOA Board of Trustees

RESOLVED that the following Revisions to Basic Standards for Residency Training in Orthopedic Surgery be APPROVED.

(old material crossed out; new material in capital letters)

SECTION IV – INSTITUTIONAL REQUIREMENTS

~~4.1 The institution shall be required to have a minimum of four residents, within four (4) years of initial orthopedic surgery residency program approval.~~

…

SECTION V – PROGRAM REQUIREMENTS AND CONTENT

5.1 General Program Requirements:

…

~~5.1.2 The minimum size of the program shall be four (4) residents.~~

…

~~5.3 **Specific requirements for training year OGME-R1:** The first year (1) of the residency program's general educational content shall include the listed rotation schedule. These shall be scheduled as 12 one-month rotations or 13 four-week rotations or any combination thereof.~~

~~5.3.1 Two months or rotations of internal medicine~~

~~5.3.2 One month or rotation of emergency medicine~~

~~5.3.3 Three months or rotations of general orthopedic surgery~~

~~5.3.4 One month or rotation of family practice~~

~~5.3.5 Two months or rotations of non-orthopedic surgery such as vascular, general trauma, basic wound/burn/plastics, urology~~

~~5.3.6 Three months or rotations of electives upon approval of the program director selected from any of the following areas:~~
~~general orthopedic surgery~~
~~foot and ankle~~
~~hand~~
~~hip and knee~~
~~shoulder and elbow~~
~~spine~~
~~sports medicine~~
~~pediatrics or pediatric orthopedics~~
~~anesthesiology~~
~~radiology~~

~~pain management~~
~~neurology~~
~~neurosurgery~~
~~physical medicine and rehabilitation~~
~~rheumatology~~

~~5.3.7 Supervision of the resident must be shared between the DME and the Orthopedic Program Director.~~

~~5.3.8 The resident must be introduced to and be made knowledgeable in the AOAO case log system for the logging of all orthopedic patient encounters.~~

…

SECTION VI – PROGRAM DIRECTOR / FACULTY QUALIFICATIONS AND RESPONSIBILITIES

Program Director Eligibility, Requirements, and Responsibilities:

…

6.3 Responsibilities

…

~~6.3.3 The Program Director shall provide a list of all new residents to the office of the AOAO within 30 days of each new program year.~~

…

SECTION VII – RESIDENT REQUIREMENTS

~~7.1 Candidates shall apply to the AOAO Evaluating Committee for advanced standing if the applicant has completed an AOA approved first year of training.~~

…

SECTION VIII – EVALUATION

...

8.12 Site Evaluation:

…

~~8.12.2 All newly approved programs, following the initial first year inspection, will have a focused site visit by an AOAO-accredited orthopedic surgeon, to comprehensively evaluate and assist the program at the end of the third academic year. This will be provided and funded by the AOAO Evaluating Committee. This process is described in Appendix 1. The purpose of the focused site visit is to have the AOAO serve as a resource to the program to ensure the clinical and educational value of the program. This review is not intended to alter or change the terms of the accreditation status afforded to the program.~~

FISCAL IMPACT: 0

ACTION TAKEN APPROVED

DATE JULY 17, 2020

SUBJECT: REVISIONS TO AOA BASIC DOCUMENTS FOR POSTDOCTORAL TRAINING – OPTI ACCREDITATION STANDARDS

SUBMITTED BY: Bureau of Osteopathic Education / Council on Postdoctoral Training / Council on Osteopathic Postdoctoral Training Institutions

REFERRED TO: AOA Board of Trustees

WHEREAS, the Council on Postdoctoral Training requested the Council on Osteopathic Postdoctoral Training Institutions revise its standards and eliminate requirements not focused upon meeting immediate needs and those unlikely to change the outcome of resident training for programs under the AOA's restricted accreditation after 6/30/20; and

WHEREAS, a survey was developed to get feedback from OPTI leaders on each OPTI standard and whether the standard should remain, be eliminated, be revised; and

WHEREAS, COPTI reviewed the results of the survey and the AOA Basic Documents for Postdoctoral Training – OPTI Accreditation Standards; now, therefore be it

RESOLVED, that the following Revisions to the AOA Basic Documents for Postdoctoral Training – OPTI Accreditation Standards be APPROVED.

(old material crossed out; new material in capital letters)

Section IV: Institutional Requirements for Osteopathic Graduate Medical Education

A. Institutional Requirements: Sponsoring OPTIs and Training Institutions

~~4.1.a. An OPTI seeking to academically sponsor an AOA-approved OGME program at a training institution must have been provisionally accredited at least 6 months or longer, preceding the date of approval of the training program(s).~~

…

4.3.b. The academic sponsor must declare accountability for compliance of training institutions with AOA policies including affiliation agreements, quality performance, trainee evaluations, and participation in on-site program reviews, corrective action plans, ~~internal reviews~~ and core competency compliance.

…

Section VI: Postdoctoral Leadership Requirements

E. Medical Education Committee (MEC)

…

6.2.b. The education committee shall include the DME, all program directors at the institution, patient quality assurance representative, administrative representation, OPTI REPRESENTATIVE, and peer-nominated trainee representatives;

…

Section IX. Standards for Accreditation of OPTIs

ALL AOA-APPROVED PROGRAMS UNDER THE RESTRICTED ACCREDITATION AUTHORITY OF THE AOA AFTER JULY 1, 2020 MUST BE UNDER THE ACADEMIC SPONSORSHIP OF AN OPTI. This section defines the ~~accreditation~~ standards ~~against which~~ OPTIs MUST MEET TO ACADEMICALLY SPONSOR AOA APPROVED PROGRAMS. ~~are evaluated for accreditation by the AOA Council on Osteopathic Postdoctoral Training Institutions.~~ The *OPTI Accreditation Handbook* documents the context and process used by the COPTI in accrediting OPTIs and provides supplementary statements of operations.

The AOA, COPTI and each accredited postdoctoral training facility are required to adhere to the policies, procedures and standards contained in these official AOA documents: *Basic Documents for Postdoctoral Training* and the *OPTI Accreditation Handbook*. These standards shall be used in conjunction with the Sections I-VIII of the *AOA Basic Document for Postdoctoral Training*.

~~Standards marked with a double asterisk (**) shall be considered a "must meet" standard. (See Appendix F of the *OPTI Accreditation Handbook* for additional information).~~

A. ~~Prerequisites for Accreditation~~ ORGANIZATION, GOVERNANCE AND FINANCE

9.1 ~~**~~ OPTI shall be a formally organized entity.

~~9.2 ** OPTIs shall have at least one member hospital; all hospitals must be accredited or licensed~~.

9.2 ~~**~~ OPTI shall include membership of at least one COM accredited by the Commission on Osteopathic College Accreditation (COCA) AND THE TRAINING INSTITUTION FOR EACH PROGRAM THAT IS UNDER THE ACADEMIC SPONSORSHIP OF THE OPTI.

~~9.4 OPTI by-laws shall require each training institution supporting OGME to meet AOA institutional training standards for membership. See Section IV.A. and Glossary.~~

9.3 ~~**~~ All member institutions of the OPTI must have an affiliation agreement with the OPTI.

9.4 The OPTIs bylaws shall state that its members have the right to free association with other AOA-approved educational consortia, institutions or OPTIs.

~~9.7 ** Each established OPTI shall academically sponsor a minimum of two AOA approved residency programs, at least one of which is in the following specialties: family medicine, general internal medicine, obstetrics and gynecology, general surgery or general pediatrics.~~

~~9.8 Each OPTI shall include opportunities for osteopathic student clerkship experiences.~~

9.5 An institution that participates in an OPTI shall provide that OPTI with documentation it recognizes and accepts the certifying boards of the AOA as specialty board certification on an equal basis with those certifying boards recognized by the American Board of Medical Specialties (ABMS) for the purposes of obtaining hospital privileges.

~~**B. Organization, Governance and Finance**~~

9.1 The OPTI shall HAVE defineD~~, through strategic planning,~~ ~~its~~ mission, goals, objectives, and outcomes.

9.2 The governing body of the OPTI shall define the organizational structure of the OPTI.

~~9.3 An OPTI shall collaborate with its member COM(S) to ensure a continuum of education for medical students and trainees.~~

9.3 The OPTI must declare in the by-laws or equivalent documents whether governance is through a direct or delegate representation for each OPTI member.

9.4 The OPTIs' bylaws or equivalent documents shall require any member institution to notify the OPTI central site office of any substantive change that member has made.

9.5 The OPTI shall develop a reporting and communication process with all of its member institutions.

9.6 The OPTI must document ~~site visits to~~ MEANINGFUL INTERACTION WITH each training institution member no less than SEMI-annually by the OPTI CAO, Executive Director or administrative designee. See Section IV.A.

~~9.8 Each OPTI shall develop guidelines, policies and procedures that ensure the completion of an internal review at the midpoint between accreditation reviews for every OGME program in all training institutions. See section IV.A. and Glossary~~**.**

9.7 The governing body shall ensure that its members and officers reveal and report conflicts of interest with respect to the affairs of the OPTI.

9.8 Each OPTI shall maintain a permanent and safe system for keeping governance, program accreditation, and resident program verification (including program complete certificates).

9.9 Each OPTI shall ensure that its educational program is under the direction and supervision of an OPTI Chief Academic Officer (CAO). The CAO shall be a DO who is ~~AOA~~ board certified.

~~9.12 Each OPTI shall publish a list of academically sponsored programs at least annually and assist each program to review and update the AOA Opportunities webpage.~~

9.10 ~~**~~ Each OPTI shall complete and forward to the AOA an annual report on a schedule set by COPTI but no later than October 1.

9.11 Each OPTI shall jointly confer, with its training institution(s), certificates of completion on those trainees who have satisfactorily completed the requirements for program complete status.

~~9.15 Each OPTI shall commit financial resources and define a financial plan and budget that is linked to its strategic plan.~~

C. Academic Sponsorship and Oversight

9.1 Each OPTI as the academic sponsor shall assist Specialty Colleges and training programs to comply with AOA policies, Basic Standards, and requirements for training program approval.

9.2 ~~Each~~ THE OPTI CAO OR DESIGNEE shall ~~have an Osteopathic Graduate Medical Education (OGME) Committee to oversee the postdoctoral training program that meets at~~

~~least four times per academic year~~ ATTEND AND PARTICIPATE IN EACH OF ITS POSTDOCTORAL TRAINING PROGRAM'S MEC MEETINGS TO PROVIDE OVERSIGHT TO THE PROGRAMS.

~~9.3 The OPTI OGME committee shall include the OPTI CAO, and representation from institutional DMEs, residency program directors, faculty, trainees, and COMs.~~

9.3 A designated representative of the OPTI which academically sponsors a program shall participate in the program and institution inspection review.

9.4 THE OPTI SHALL HAVE A REVIEW PROCESS FOR PROGRAM CORRECTIVE ACTION PLANS, PROGRAM CHANGES IN LEADERSHIP (DME, PD), TRAINEE COMPLAINTS, AND PROGRAM CLOSURES.

~~9.5 The OPTI OGME committee shall have a review process for program Corrective Action Plans submitted by training institutions. The OPTI will have 30 days to review and approve the Corrective Action Plan and forward the approved plan to the AOA.~~

~~9.6 The OPTI shall have a process to verify implementation of Corrective Action Plans within nine months after the plan is acknowledged by the AOA and SPEC or IIEC. The OPTI will notify the AOA of evidence verification and a record of the evidence of implementation of Corrective Action Plans shall be kept on file with the OPTI.~~

~~9.7 The OPTI OGME committee shall review and approve each training institution's core competency plan.~~

~~9.8 Each OPTI OGME committee shall have an OPTI-wide uniform system of continuous improvement in place that includes trainee submission of evaluation of their training programs.~~

D. Research and Scholarly Activity

~~9.1 Each OPTI shall require each member institution to establish policies and guidelines that govern scientific research activities in accordance with local, state and federal guidelines.~~

9.1 Each OPTI shall facilitate and provide research education, assistance and resources directly to trainees and institutions to encourage research and to meet the Specialty College requirements.

~~9.3 Each OPTI shall provide in collaboration with its member COM(S), hospitals and other teaching institutions access to basic science and/or clinical research mentorship.~~

~~9.4 The OPTI shall support and provide a mechanism to recognize trainees who conduct research activities.~~

~~9.5 The OPTI shall provide budgeted funding for OPTI-wide or program-specific research for its trainees.~~

~~9.6 The OPTI shall demonstrate its support of trainee scholarly activity.~~

E. Faculty and Instruction

9.1 The OPTI shall have a documented process that demonstrates that faculty members are credentialed or appointed at one or more COCA or LCME accredited colleges.

9.2 Operational documents must include faculty and administrative personnel non-discrimination policies in accordance with Section IV, F.4.6 of the *AOA Basic Documents for Postdoctoral Training*.

~~9.3 The OPTI shall delineate, in collaboration with its member COM(S), hospitals and other teaching institutions, a faculty development plan for core faculty and evaluate its effectiveness.~~

~~9.4 The OPTI shall ensure that a system exists to assess individual core faculty.~~

~~9.5 Each OPTI and its training institutions shall designate faculty to provide OPP teaching into its learning activities and patient care.~~

F. Trainee Status and Services

~~9.1 Each OPTI shall ensure the adoption of selection policies and criteria for trainees in accordance with the specific policies and procedures in the *AOA Basic Documents for Postdoctoral Training*.~~

~~9.2 Each OPTI shall ensure that transfer credit and waiver policies and procedures are applied in accordance with AOA polices.~~

9.1 Each OPTI shall have a system of trainee evaluation that measures and documents progress towards completion of the program including assessment of the AOA competencies.

9.2 Trainees shall be provided with a forum for free and open communication to discuss their training or welfare concerns. This forum should have voice through trainee representation on the ~~OGME~~ MEC committee.

9.3 The OPTI shall have a system to monitor individual member institution's work hour policies and activities and ensure they follow AOA guidelines.

9.4 The OPTI shall provide a means for trainees to report without reprisal, inconsistencies, violations, or disregard for published work hour policies to the OPTI ~~through their designated representative on the OGME Committee.~~

G. Curriculum

9.1 The OPTI shall ensure that each program implements a curriculum specified by the specialty college ~~or internship evaluating committee (IEC)~~ that includes all seven AOA core competencies.

~~9.2 Each OPTI shall make curricular improvements based upon annual trainee evaluations of the program. Where specialty college evaluations are not available, the OPTI shall develop a method of internal evaluations.~~

~~9.3 The OPTI in collaboration with its member COM(S) shall facilitate the integration of OPP throughout all its AOA postdoctoral programs.~~

~~9.4 The OPTI monitor outcomes for each training Institution's Core Competency Plan (ICCP) through annual reports to the OPTI OGME Committee.~~

~~9.5 The OPTI shall participate in the internal review process at each of its sponsored training programs.~~

~~9.6 The OPTI shall actively assist any sponsored program receiving less than a 71% site review compliance score.~~

~~9.7 The OPTI shall have a process in place to assist in the development of new osteopathic programs in member institutions including but not limited to completion of program description, development of goal and objective-based curricula, and completion of required AOA accreditation documentation.~~

H. Facilities

9.1 The OPTI shall coordinate with its member institutions to provide access to learning resources necessary for the delivery of the postdoctoral curricula.

9.2 The OPTI shall coordinate with its member institutions to ensure library resources which are available 24/7. Support by-professionally trained librarians shall be provided during normal business hours.

FISCAL IMPACT: $0

ACTION TAKEN ___APPROVED_____

DATE _____JULY 17, 2020_____

SUBJECT: PROPOSED AMENDMENTS TO AOA CONSTITUTION AND BYLAWS TO IMPLEMENT CHANGES TO GOVERNANCE STRUCTURE

SUBMITTED BY: Committee on AOA Governance and Organizational Structure

REFERRED TO: AOA Board of Trustees

WHEREAS, the AOA Board of Trustees approved certain changes to the governance structure at its midyear meeting; and

WHEREAS, in order to implement some of the changes approved by the Board of Trustees, it is necessary to amend the Constitution and Bylaws of the American Osteopathic Association; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) Board of Trustees (BOT) approve the proposed changes to the AOA Constitution and Bylaws; and, be it further

RESOLVED, that upon approval by the BOT the proposed changes to the AOA Constitution and Bylaws be submitted to the AOA House of Delegates for consideration.

Old information ~~strikethrough~~ | New information CAPS

1. AOA Constitution, Article VIII (Board of Trustees and Executive Committee),
Section 2 - Executive Committee. The Executive Committee of this Association shall consist of the President, President-elect, Past Presidents for the preceding two years, the chairs of the Departments of Affiliate Relations, FINANCE ~~Business Affairs~~, EDUCATION ~~Educational Affairs~~, Governmental Affairs, MEMBERSHIP ~~Professional Affairs~~, and Research~~, Quality~~ and Public Health.

2. AOA Bylaws, Article IX - Departments, Bureaus, and Committees
The Board of Trustees and House of Delegates, consistent with the powers given to it by these Bylaws, shall establish and determine the duties of departments, bureaus, councils, commissions, committees, and task forces necessary to further the policies of the Association. The Association's departments shall include the Departments of Affiliate~~d~~ RELATIONS ~~Affairs~~, FINANCE ~~Business Affairs~~, EDUCATION ~~Educational Affairs~~, Governmental Affairs, MEMBERSHIP ~~Professional Affairs~~, and Research~~, Quality &~~ AND Public Health. The activities of all departments, bureaus and committees shall, so far as possible, be executed in close cooperation with the Chief Executive Officer. Upon the expiration of the terms of office of chairs and members of the departments, bureaus, or committees, all records of the same shall be delivered by the chairs to the Chief Executive Officer. All employed staff of departments, bureaus, and committees in the offices shall be under the jurisdiction of the Chief Executive Officer.

~~3. AOA Bylaws, Article II (Membership), Section 2-Membership Requirements~~

~~a. Applicants for Regular Membership . . . Such information and application shall be carefully reviewed by the BUREAU OF Committee on Membership, which shall make an appropriate recommendation for reinstatement to the Board of Trustees. An applicant whose license to practice is revoked or suspended, or who is currently serving a sentence for conviction of a felony offense, shall not be considered eligible for membership in this Association.~~

~~b. Honorary Life Member . . . . Honorary life membership may also be conferred by the Board of Trustees on a regular member who has been in good standing for 25 consecutive years immediately preceding, and who has rendered outstanding service to the profession at either the state or national level, or who is recommended for such a membership by official action of his divisional society and the BUREAU OF Committee on Membership. Such honorary life members shall have the privileges and duties of regular members including the payment of assessments levied by the Association, but shall not be required to pay dues.~~

~~c. Life Member . . . . The BUREAU OF Committee on Membership may waive this requirement on individual consideration. Such members shall have the privileges and duties of regular members, but shall not be required to pay dues or assessments beginning the year~~ AOA Constitution & Bylaws 6 ~~in which the age of 70 is attained.~~

~~4. AOA Constitution, Article IX - Amendments)~~

~~This Constitution may be amended by the House of Delegates at any annual meeting by a two-thirds vote of the total number of delegates accredited for voting, provided that such amendments shall have been presented to the House and filed with the Chief Executive Officer at a previous annual meeting, who shall cause them to be distributed by US MAIL OR ELECTRONIC first class mail, postage prepaid, to each divisional and specialty society entitled to and voting representatives to the house of delegates, posted on the AOA's website, and published in the ON-LINE EDITION OF THE Journal of the American Osteopathic Association not less than two months Nor more than four months prior to the meeting at which they are to be acted upon.~~

~~5. AOA Bylaws, Article XI - Amendments Section 1- Bylaws~~

~~These Bylaws may be amended at any annual or special meeting of the House of Delegates by a two-thirds vote of the total number of delegates accredited for voting, provided that the amendment shall have been filed with the Chief Executive Officer at least two months before the meeting at which the amendment is to be voted upon. Upon receiving a copy of the amendment, it shall be the duty of the Chief Executive Officer to cause it to be distributed by US MAIL OR ELECTRONIC first class mail, postage paid, to each divisional and specialty society entitled to send voting representatives to the House of Delegates, posted on the AOA's website, and published in THE ON-LINE EDITION OF The Journal of the American Osteopathic Association at least one month before the meeting. The Board of Trustees may revise the proposed amendment if necessary to secure conformity to this Constitution and Bylaws and shall then refer it to the House for final action not later than the day prior to the end of the meeting.~~

Explanatory Statement:

FISCAL IMPACT: $0

ACTION TAKEN ____APPROVED_____

DATE _____JULY 17, 2020_____

SUBJECT: PROPOSED AMENDMENTS TO AOA BYLAWS

SUBMITTED BY: Committee on AOA Governance and Organizational Structure

REFERRED TO: AOA Board of Trustees

WHEREAS, the American Osteopathic Association (AOA) Committee on AOA Governance and Organizational Structure (CAGOS) has reviewed the Board of Trustees (BOT) AOA Constitution and Bylaws to determine if it accurately describes the AOA's governance; and

WHEREAS, the CAGOS notes that the Bylaws identify the Bureau of Membership by its former name – the Committee on Membership; now, therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) Board of Trustees (BOT) approve the proposed changes to the AOA Constitution and Bylaws; and, be it further

RESOLVED, that upon approval by the BOT the proposed changes to the AOA Constitution and Bylaws be submitted to the AOA House of Delegates for consideration.

Old information ~~strikethrough~~ | New information CAPS

1. AOA Bylaws, Article II (Membership), Section 2-Membership Requirements

a. Applicants for Regular Membership . . . Such information and application shall be carefully reviewed by the BUREAU OF ~~Committee on~~ Membership, which shall make an appropriate recommendation for reinstatement to the Board of Trustees. An applicant whose license to practice is revoked or suspended, or who is currently serving a sentence for conviction of a felony offense, shall not be considered eligible for membership in this Association.

b. Honorary Life Member . . . . Honorary life membership may also be conferred by the Board of Trustees on a regular member who has been in good standing for 25 consecutive years immediately preceding, and who has rendered outstanding service to the profession at either the state or national level, or who is recommended for such a membership by official action of his divisional society and the BUREAU OF ~~Committee on~~ Membership. Such honorary life members shall have the privileges and duties of regular members including the payment of assessments levied by the Association, but shall not be required to pay dues.

c. Life Member . . . . The BUREAU OF ~~Committee on~~ Membership may waive this requirement on individual consideration. Such members shall have the privileges and duties of regular members, but shall not be required to pay dues or assessments beginning the year in which the age of 70 is attained.

Explanatory Statement:

FISCAL IMPACT: $0

ACTION TAKEN ____APPROVED_____

DATE _____JULY 17, 2020_____

SUBJECT: PROPOSED AMENDMENTS TO AOA CONSTITUTION AND BYLAWS TO UPDATE MECHANISM FOR AMENDING THE CONSTITUTION AND BYLAWS

SUBMITTED BY: Committee on AOA Governance and Organizational Structure

REFERRED TO: AOA Board of Trustees

WHEREAS, the American Osteopathic Association (AOA) Committee on AOA Governance and Organizational Structure has reviewed and discussed the AOA's Constitution and Bylaws; and

WHEREAS, it is noted that the current mechanism for notifying members and affiliated organizations of proposed amendments to the AOA's Constitution and Bylaws does not permit use of electronic communication and references the published version of the JAOA- Journal of the American Osteopathic Association; and

WHEREAS, the CAGOS believes that these mechanisms for providing notice to members and affiliated organizations should be updated to allow for use of electronic communication and on-line publication; now therefore, be it

RESOLVED, that the American Osteopathic Association (AOA) Board of Trustees (BOT) approves the proposed changes to the AOA Constitution and Bylaws; and, be it further

RESOLVED, that upon approval by the BOT the proposed changes to the AOA Constitution and Bylaws be submitted to the AOA House of Delegates for consideration.

Old information ~~strikethrough~~ | New information CAPS

1. AOA Constitution, Article IX - Amendments

This Constitution may be amended by the House of Delegates at any annual meeting by a two-thirds vote of the total number of delegates accredited for voting, provided that such amendments shall have been presented to the House and filed with the Chief Executive Officer at a previous annual meeting, who shall cause them to be distributed by US MAIL OR ELECTRONIC ~~first class~~ mail, ~~postage prepaid,~~ to each divisional and specialty society entitled to and voting representatives to the house of delegates, posted on the AOA's website, and published in the ON-LINE EDITION OF THE Journal of the American Osteopathic Association not less than two months Nor more than four months prior to the meeting at which they are to be acted upon.

2. AOA Bylaws, Article XI - Amendments Section 1--Bylaws

These Bylaws may be amended at any annual or special meeting of the House of Delegates by a two-thirds vote of the total number of delegates accredited for voting, provided that the amendment shall have been filed with the Chief Executive Officer at least two months

before the meeting at which the amendment is to be voted upon. Upon receiving a copy of the amendment, it shall be the duty of the Chief Executive Officer to cause it to be distributed by US MAIL OR ELECTRONIC ~~first class~~ mail, ~~postage paid,~~ to each divisional and specialty society entitled to send voting representatives to the House of Delegates, posted on the AOA's website, and published in THE ON-LINE EDITION OF The Journal of the American Osteopathic Association at least one month before the meeting. The Board of Trustees may revise the proposed amendment if necessary to secure conformity to this Constitution and Bylaws and shall then refer it to the House for final action not later than the day prior to the end of the meeting.

Explanatory Statement:

FISCAL IMPACT: $0

ACTION TAKEN ___APPROVED_____

DATE _____JULY 17, 2020_____

American Osteopathic Association

Board of Trustees

Reference Committee Report – Committee on Basic Documents & Operations of Affiliated Organizations

Ray L. Morrison, DO, Chair
Robert W. Hostoffer, Jr, DO, Vice chair

July 17, 2020
A/2020

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

Mr. President, the Committee on Basic Documents & Operations of Affiliated Organizations met on June 24, 2020, 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:

100 AMERICAN ASSOCIATION OF OSTEOPATHIC EXAMINERS (AMENDED BYLAWS)

101 AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS (AMENDED BYLAWS)

102 AMERICAN OSTEOPATHIC COLLEGES OF OPHTHALMOLOGY & OTOLARYNGOLOGY – HEAD & NECK SURGERY (AMENDED BYLAWS)

103 IDAHO OSTEOPATHIC PHYSICIAN ASSOCIATION (AMENDED BYLAWS)

104 KENTUCKY OSTEOPATHIC MEDICAL ASSOCIATION (AMENDED BYLAWS)

105 MAINE OSTEOPATHIC ASSOCIATION (AMENDED BYLAWS)

106 OKLAHOMA OSTEOPATHIC ASSOCIATION (AMENDED BYLAWS)

Ray L. Morrison, DO, Chair JP
Robert W. Hostoffer, Jr., DO, Vice chair

107 TENNESSEE ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, INC (AMENDED CONSTITUTION AND BYLAWS)

And I so move.

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

Committee Members
Ray L. Morrison, DO, Chair
Robert W. Hostoffer, DO, Jr., Vice Chair
Robert S. Dolansky, DO
Jennifer Hauler, DO
Sonia Rivera-Martinez, DO
Joseph M. Yasso, Jr. DO
Frank Goodman, DO
Willie M. Jones, DO

Staff
Yolanda Doss, MJ
Josh Prober, JD