June 1, 2015

Lisa Ann DeStefano, DO
Chair
Osteopathic Neuromusculoskeletal Medicine Review Committee
American Council for Graduate Medical Education
515 N. State St., Suite 200
Chicago, IL 60654

Dear Dr. DeStefano:

The American Academy of Osteopathy (AAO) greatly appreciates the opportunity that the ACGME’s Osteopathic Neuromusculoskeletal Medicine Review Committee (ONMM RC) is providing for stakeholders in ONMM residencies to comment on the ONMM RC’s proposed focused revision to the ACGME’s ONMM program requirements.

The AAO is responding to your invitation with two documents: This cover letter responds to the Summary and Impact Statement on the proposed focused revision and the accompanying Review and Comment Form provides the AAO’s line-by-line recommendations for the ONMM program requirements.

While the ONMM RC’s Summary and Impact Statement indicates that the intent of the proposed focused revision is to provide the mechanisms for transitioning the AOA-approved Plus One residencies in neuromusculoskeletal medicine and osteopathic manipulative medicine (NMM-OMM+1) to ACGME standards, the Academy has concluded that many of the requirements in the proposed focused revision are so burdensome that they will serve to eliminate the NMM-OMM+1 programs.

As outlined in the current ACGME program requirements for ONMM, this discipline’s principle focus is “osteopathic and patient-centered; specifically, it embodies structural and functional interrelation, body unity, self-healing, and self-maintenance. Specialists in this discipline must interpret and demonstrate specialized knowledge of the basic and clinical sciences, clinical evaluation, and management of disorders of the
neuromusculoskeletal system and its related visceral and somatic structures. … Specialists in this discipline must demonstrate knowledge of the indications, risks, and benefits of manipulative medicine in the treatment of [all] patients."

OMM-NMM+1 programs have been in existence since the early 1990s, and the American Academy of Osteopathy (AAO) has found that these programs indeed meet the above purpose outlined by the ONMM RC. The NMM-OMM+1 was developed to allow AOA-residency-trained graduates an additional 12 months to focus on osteopathic principles, palpatory diagnosis and osteopathic manipulative treatment (OMT) to expand their knowledge and hone their skills.

Currently, some 50% of NMM-residency-trained physicians graduate each year from NMM-OMM+1 programs, referred to as ONMM2 level in the ONMM RC’s proposed focused revision. In comparison, slightly more than 20% graduate from the traditional, two-year NMM programs (ONMM1 level in the proposed focused revision) and just over 25% graduate from integrated four-year programs for NMM and family medicine and NMM and general internal medicine. In addition, the NMM-OMM+1 programs graduate a disproportionate share of osteopathic physicians who are board eligible for certification through the American Osteopathic Board of Neuromusculoskeletal Medicine.

While the ONMM RC’s Summary and Impact Statement promises that the proposed focused revision will offer “a pathway for current AOA-accredited neuromusculoskeletal medicine ‘Plus One’ programs to seek ACGME accreditation,” the AAO has concluded that the proposed revision would threaten the existence of these vital NMM-OMM+1 programs. The specific requirements in the proposed revision that create this threat are as follows:

**ONMM2 level entry criteria**

Requirements Nos. III.A.1.a).(2) through III.A.1.a).(3) are too extensive and burdensome to use as entry criteria for the ONMM2 level residents. These eligibility requirements would require ONMM2 candidates to obtain during their first residencies in family medicine or other specialties the bulk of the training that ONMM1 level residents would receive while actually serving their first year in ONMM1 training. For example, candidates for entry into the ONMM2 level would have to squeeze into their first residencies 12 months of prescribed rotations that may not be among the rotations required in their first residencies, and
residency programs would have to be willing to accommodate those rotations. The ONMM RC’s proposed requirements do not account for the fact that residents would be entering the ONMM2 level in their R4 year and would have two more years of postdoctoral training than those entering ONMM1 level, who are in their R2 year.

To become eligible for ONMM2 level under the proposed criteria, residents would have to serve their initial residencies in AOA- or ACGME-accredited programs that allow for:

- 12 months of NMM-focused rotations under the supervision of AOBNMM-certified faculty,
- four months of outpatient care under the supervision of AOBNMM-certified faculty, and
- two months of an inpatient NMM consultation service under the supervision of AOBNMM-certified faculty.

ACGME-accredited family medicine residencies only allow three months of electives, while general internal medicine residencies allow four of these rotations as "optional." Other AOA- and ACGME-accredited residencies would be even less accommodating of these eligibility requirements. Pediatric residencies, for example, would not provide the adult patient encounters needed for many of the pre-entry required rotations.

Most important, very few residencies would have the AOBNMM-certified faculty necessary for supervising the rotations. In fact, the ACGME program requirements for residencies in family medicine, internal medicine, pediatrics, and obstetrics and gynecology and for the transitional year residency do not require AOBNMM-certified faculty to supervise rotations.

Contrary to the assurances in the ONMM RC’s Summary and Impact Statement, these requirements would necessitate additional institutional resources and they would impact other ACGME-accredited programs because residencies in all disciplines would have to hire AOBNMM-certified faculty if their residents are to be eligible to go on to ONMM2 level. The requirements would also change continuity of care in that residents who want to enter at the ONMM2 level would be serving rotations different than those required by their initial residency programs.
**Recommendation for entry criteria:** Rather than meet a prescribed set of NMM-related rotations during their three or four years of initial residency training, ONMM2 level candidates could demonstrate that they are prepared for ONMM2 training through patient care logs, rotation evaluations of core competency knowledge of and skill in osteopathic manipulative medicine, and attestation from previous residency directors.

**Recommendations for faculty certification:** While AOBNMM certification is critical for faculty in ONMM1 and ONMM2 level residencies, it is not essential for faculty in other osteopathic-focused residencies.

As indicated by our colleagues at the American College of Osteopathic Family Physicians, most of the OMT provided in this country is not administered by AOBNMM-certified physicians but by osteopathic family physicians and other osteopathic primary care physicians. Many of these DOs are certified by AOA specialty boards, and many of those, in turn, supervise residents in AOA- and ACGME-accredited residencies in their respective specialties. Their understanding of osteopathic philosophy, palpatory diagnosis and OMT skills should not be discounted or underutilized.

Such faculty members are well qualified to prepare residents to go into ONMM2 level residencies. Once in ONMM2 programs, residents would receive training from AOBNMM-certified physicians at the level required to practice as ONMM specialists and to become eligible for certification by the American Osteopathic Board of Neuromusculoskeletal Medicine.

**Clinic numbers required in ONMM2 programs**

While it is reasonable for a 12-month program to require trainees to spend three half-day sessions a week in continuity clinics [Requirement No. IV.A.6.g).(2).(b).(i)], requiring ONMM2 residents to have 70% of the patient encounters that ONMM1 residents have in their 24 months of continuity clinic is unreasonable [Requirement No. IV.A.6.g).(2).(b).(iii)]. For residents to have a minimum of 700 patient care encounters in 12 months, they would have to see no fewer than five clinic patients per half-day three times per week. This leaves no room for vacation, patient cancellations, inclement weather, mandatory meetings, etc.
The AAO recommends that this expectation be reduced, factoring in the three or more years of patient care the ONMM2 residents provided during their initial AOA-approved or osteopathic-focused ACGME residencies.

**Definition of ONMM2 level**
The proposed focused revision is somewhat confusing because it does not explain in its introduction that the document covers two points of entry into ONMM residency training programs: ONMM1 level and ONMM2 level: In fact, not until line 1,011 on Page 21 does the document explain that ONMM2 level is a 12-month program.

Furthermore, the document does not explain that the same ACGME-accredited residency program can offer both ONMM1 and ONMM2 levels of entry. An even bigger omission is that the document does not explain that a residency program could opt to provide ONMM2 level training only—making it comparable to the current AOA-approved Plus One residency in NMM.

Having provisions for stand-alone ONMM2 level training is essential for converting AOA-approved Plus One NMM residencies to ACGME accreditation. Currently, 20 Plus One programs exist in institutions that do not have two-year NMM residencies. These 20 programs, which represent 77% of Plus One programs, would be in danger of being eliminated if stand-alone ONMM2 level training were not possible through the ACGME.

**Recommendations for defining ONMM2:** The American Academy of Osteopathy recommends that the ONMM RC update Int C. to define the ONMM residency as a single residency with two points of entry and differing entry criteria, explaining that the first is a 24-month program that commences after one year of postdoctoral training and the second is a 12-month program that commences in or after the fourth postdoctoral training year. Int. C should also make clear that an ACGME-accredited ONMM program can offer both ONMM1 and ONMM2 programs under a single accreditation or that it can offer just ONMM1 or ONMM2 level training.

Likewise, Requirement No. III.A.1.a).(1) and Requirement No. III.A.1.a).(2) should be updated to reflect the definitions of ONMM1 and ONMM2, respectively.
In defining *ONMM1* and *ONMM2*, the ONMM RC might want to refer to the ACGME program requirements document for nuclear medicine, which clearly defines the eligibility for entrance into each level of the 36-month training program and designates the training years as *NM1*, *NM2* and *NM3*. Based on this precedent, the Academy recommends that ONMM1 residents be designated as beginning at year ONMM-R2 and ONMM2 residents as beginning at year ONMM-R4 to account for the number of years of postdoctoral training they received before starting their ONMM residency.

**Thank you**
The Academy is grateful for this opportunity to provide feedback on the proposed focused revision to the ACGME’s ONMM program requirements.

The Academy’s leaders believe that the ONMM Review Committee will find this cover letter on the Summary and Impact Statement and the accompanying Review and Comment Form to be useful in finalizing the proposed focused revision.

Fraternally yours,

Doris B. Newman, DO, FAAO
2015-16 president
American Academy of Osteopathy

CC:  AAO Board of Trustees
     AAO Postdoctoral Standards and Evaluation Committee
     AOA Trustee Boyd R. Buser, DO, FACOFP
Review and Comment Form

The ACGME invites comments from the community of interest regarding the proposed requirements. Comments must be submitted electronically and must reference the requirements by line number and requirement number. For focused revisions, only the section(s) of the requirements that is being revised is open for review and comment.

Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

<table>
<thead>
<tr>
<th>Title of Program Requirements</th>
<th>ACGME Program Requirements for Osteopathic Neuromusculoskeletal Medicine</th>
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</thead>
</table>

Select [X] only one

| Organization (consensus opinion of membership) | X |
| Organization (compilation of individual comments) |   |
| Review Committee |   |
| Designated Institutional Official |   |
| Program Director in the Specialty |   |
| Resident/Fellow |   |
| Other (specify): |   |

Name: Doris B. Newman, DO, FAAO
Title: President
Organization: American Academy of Osteopathy

Add rows as necessary.

<table>
<thead>
<tr>
<th>Program Requirement Reference</th>
<th>Comment(s)</th>
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<tbody>
<tr>
<td><strong>1</strong> Line numbers: 39-42</td>
<td>The American Academy of Osteopathy recommends that the following description be modified as follows:</td>
</tr>
<tr>
<td>Requirement number: <strong>Int. B.</strong></td>
<td>“Specialists in this discipline must interpret and demonstrate specialized knowledge of the basic and clinical sciences, clinical evaluation, and management of disorders of the neuromusculoskeletal system including all related visceral and somatic reflex patterns.”</td>
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<td>Requirement number</td>
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<tr>
<td>Int. C.</td>
<td>48-49</td>
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<td>Int. C.1.</td>
<td>3</td>
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<td>II.B.2</td>
<td>283-284</td>
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<tr>
<td>II.B.2. b)</td>
<td>293-294</td>
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<td>396-405</td>
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</table>
| Program requirement: **III.A.1.a)** | physicians training in AOA-approved residency programs from entering ACGME-accredited ONMM residencies. The conversion of AOA-approved residencies to ACGME-accredited residencies is not expected to be completed until 2020, so this provision should be rewritten as:

> “All prerequisite postdoctoral clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in AOA-approved residency programs or ACGME-accredited residency programs in the United States or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada. Residency programs must receive verification of each applicant's level of competency in the required clinical field using AOA, ACGME or CanMEDS Milestones assessments from the prior training program.” (Core) |
| 7 | **Line number(s): 407**  
**Requirement number:** **III.A.1.a).(1)** | As noted in the American Academy of Osteopathy’s comment on Int. C., the differences between ONMM1 level and ONMM2 level need to be explained earlier in the document. Currently, line 407 is where ONMM1 Level is introduced. It is not well defined here as to what ONMM1 level is. Since there are two entry points into these training programs being managed in one document, it should be clarified earlier in the document the differences in the two, including the minimum expectation of length of training of each program. |
| 8 | **Line number(s): 410-425**  
**Requirement number:** **III.A.1.a).(1). (a)** | July 1, 2020, is premature for this provision. It would exclude DO graduates who complete one year of training in AOA-approved residencies in their last year before the transition to the unified GME accreditation program is finalized. The effective date in this requirement should be changed to July 1, 2021.

In addition, the ONMM Review Committee should be aware that this provision prohibits residents with one year of ACGME training that does not have osteopathic recognition from... |
entering ONMM1 level training. That limits the pool of eligible candidates for ONMM1 level training. The ONMM Review Committee might want to consider options that would allow DOs and MDs in such ACGME-accredited programs to obtain the prerequisites for entering ONMM1 level training, perhaps with case-by-case approval by the ONMM Review Committee.

### Requirement number: III.A.1.a).(1). (b)

As with III.A.1.a).(1). (a), this provision is premature by one academic year. The American Academy of Osteopathy recommends that this be reworded as follows: “residents entering the program during 2015-2016 through 2020-21 must have completed…”

In addition, this provision excludes from the program residents who met the requirements in III.A.1.a).(1).(a). The American Academy of Osteopathy recommends that this be reworded as follows: “must have completed, prior to appointment, an AOA-approved osteopathic internship; the first year of an AOA-approved residency in family medicine; one year in another AOA-approved residency that includes one month each in emergency medicine, general surgery, pediatrics, and obstetrics and gynecology or ambulatory gynecology and family medicine, two months of general internal medicine, three months of electives, and two months of rotations determined by the program director; or one of the programs described under III.A.1.a).(1).(a).”

### Requirement number: III.A.1.a).(2)

As noted in the American Academy of Osteopathy’s comment on Int. C. and III.A.1.a).(1), the differences between ONMM1 level and ONMM2 level need to be explained early in the program requirements document. Currently, line 441 is where ONMM2 Level is introduced. Like ONMM1 level under III.A.1.a).(1), ONMM2 level program is not well defined. If ONMM2 level is intended to replace the AOA-approved NMM/OMM Plus One programs in which a resident undergoes one year of training after completing another residency, that needs to be clearly defined, preferably early in this set of program requirements.
In addition, this document might benefit from the distinguishing language found in the ACGME’s program requirement document for Nuclear Medicine, Page 8, Section III.A.: Eligibility Criteria. The nuclear medicine document clearly differentiates entry criteria at years 1, 2 and 3 in a 36-month program.

Using the ACGME’s nuclear medicine requirements as a guide, those entering ONMM1 level programs should be classified as at level ONMM-R2, while those entering ONMM2 level should be classified as at level ONMM-R4.

Because the residents in ONMM2 level programs will have two years more of general and specialized training than those entering ONMM1 level programs, the entry criteria should necessarily be different and distinct.

11 Line number(s): 445-447
Requirement number: III.A.1.a).(2).(a)
The ONMM Review Committee should be aware that limiting participation in ONMM2 level training to residents who served AOA-accredited residencies and ACGME-accredited residencies with osteopathic recognition does place limitations on the pool of candidates. The ONMM Review Committee might want to consider options that would allow DOs and MDs who completed other ACGME-accredited programs to obtain the prerequisites for entering ONMM2 level training, perhaps with case-by-case approval by the ONMM Review Committee.

12 Line number(s): 445-537
Requirement number: III.A.1.a).(2).(a) to (2).(i).
The American Academy of Osteopathy’s major concern with this entire document is that the expectations outlined under requirements III.A.1.a).(2).(a) to III.A.1. (2).(i).would be impossible for most, if not all, residents to meet during their initial three- to four-year AOA- or ACGME-accredited residencies. If these requirements remain unaltered, the Academy believes they would result in the elimination of all ONMM2 level training because no residents would qualify to enter at ONMM2 level and the applicant pool that previously existed for the
NMM Plus One programs would dry up.

In essence, the ACGME is asking ONMM2 level residents to squeeze in all of the training received in the first year of ONMM1 level training while serving their initial residencies in family medicine or other specialties.

In addition to being excessive, these requirements call for all ONMM-related training during the initial residencies to be supervised by AOBNMM-certified physicians. While that is an appropriate requirement within the ONMM residencies themselves, it is unrealistic to expect that all AOA- and ACGME-accredited residencies in all other specialties can provide AOBNMM-certified physicians to meet this requirement.

In reviewing the ONMM2 level requirements in this document, the American Academy of Osteopathy senses that those requirements are more appropriate for integrated residencies (what the ACGME calls *combined programs*), such as ONMM-family medicine residencies more so than for Plus One style programs.

The next several cells will outline specific concerns with this section.

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<th>Line number(s): 450-456</th>
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<td><strong>Requirement number:</strong></td>
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<td><strong>III.A.1.a).(2).(b)</strong>*</td>
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</table>

This provision requires that 12 months of rotations in specific disciplines (including sports medicine, orthopedic surgery, neurological surgery, rheumatology, neurology, physical medicine and rehabilitation, pain management, musculoskeletal radiology, plus electives) be conducted. These requirements reflect what is required in the full two-year ONMM1 level program.

The AOA’s most recent program requirements for Plus One residencies, which are dated December 2013, require program directors to meet with each resident individually “to outline past rotations, identify strengths and weaknesses and choose future rotations and
experiences that would best improve each resident’s training.” Those requirements call for the Plus One residents to serve only four of the 12 rotations required of the two-year ONMM residents, and those four rotations are served during the Plus One residencies, not as prerequisites to enter these residencies.

| Line number(s): | Requirement number: | This requirement states that for any graduate from any other discipline to be eligible for the NMM Plus One residency, they must have completed four months of rotations in NMM under the supervision of a physician board certified by the AOBNMM. This provision is among those that would make sense to be met during combined-style residency programs but not as a prerequisite for Plus One programs.
For example, an osteopathic-focused ACGME family medicine resident in a state with no AOBNMM-certified physicians would have absolutely no way to meet this requirement. Although it is a great dream that every osteopathic-focused ACGME residency program would seek to hire an AOBNMM-certified physician, it is unlikely this will happen. This requirement so “hamstrings” entry into ONMM2 level training that it threatens to eliminate what are currently called Plus One residencies by preventing their conversion to ONMM2 level training. |
| 458-462 | III.A.1.a).(2).(c) | 469-474 |
| Requirement number: | | Requiring a maximum of two months of rotations in inpatient osteopathic NMM consultation services would limit eligible applicants for entry at ONMM2 level to those who served residencies in programs that already have AOBNMM-certified physicians to precept residents and conduct consultation services. This eliminates qualified and interested applicants from most parts of the country. Again, this requirement would be more appropriate for combined-style residency training rather than ONMM2 level. |
| 480-483 | | The requirement of completing 300 clinic patient |
| Requirement number: III.A.1.a).(2).(e) | encounters documented and supervised by an AOBNMM-certified physicians is burdensome and will eliminate most interested applicants for the ONMM2 level due to the lack of AOBNMM-certified physicians and lack of time in residents’ initial residencies. 

Additionally, this requirement is inconsistent with the ACGME Osteopathic Recognition Requirements by placing an undue burden on residency programs. For example, in the ACGME ORC requirements, Page 5, III. C.1.c).(2). the “Program Personnel Section” places realistic requirements on the programs into which most eligible ONMM2 level candidates will be matriculating. These requirements are for AOA board certification in the specialty of the residency program, requisite expertise in that specialty, unrestricted medical licensure and engagement in osteopathic-focused professional development. In addition, program directors and co-directors must be trained in the evaluation and assessment of all ACGME competencies, including osteopathic principles and practice (OPP). 

On page 7, Section III.C.2., the OPC document requires faculty members in the osteopathic-focused tracks to be AOA board certified or ABMS certified or possess qualifications judged acceptable by the review committee in that specialty. Faculty must be trained in ACGME assessment, including competencies in osteopathic practice, and participate in OPP faculty development. 

The OPC document does not require any osteopathic-focused residency programs but the ONMM residencies to have AOBNMM-certified faculty. This is a significant point. Requiring that family medicine and other residency programs enlist AOBNMM-certified physicians so that their residents qualify to enter at ONMM2 level is akin to insisting that ophthalmology residencies have board-certified radiologists in case some of their residents want to serve a second residency in |
The American Academy of Osteopathy strongly encourages the ONMM Review Committee to modify this requirement to allow ONMM residency training to grow in this time of transition.

### Requirement number: III.A.1.a).(2).(f)

The requirement that eligible candidates must document 75 continuity-of-care clinic panel patient encounters under the supervision of AOBNMM-certified faculty members is again burdensome and inconsistent with the Osteopathic Recognition Requirements. This requirement limits the eligible candidate pool for ONMM2 level training.

### Requirement numbers: III.A.1.a).(2).g to III.A.1.a).(2).i

Requires no less than 15 documented patient contacts with a variety of diagnoses in surgery, 15 in pediatrics and 15 in obstetrics, all under the supervision of an AOBNMM-certified physician.

Besides being burdensome and inconsistent with the Osteopathic Recognition Requirements document, these requirements limit the potential applicants for ONMM2 level training to family medicine residents. For example, internal medicine residents and obstetrics and gynecology residents may have limited pediatric exposure, and pediatric residents may have limited adult and obstetrical and gynecological exposure.

The American Academy of Osteopathy recommends that these requirements be modified to indicate that eligible candidates will have had some experience in assessing and treating patients osteopathically with the integration of who are appropriate for their initial residency programs.

### Requirement number: III.A.1.a).(3)

This provision requires that documentation of a residents’ eligibility to enter ONMM2 level must be maintained in the resident’s file. Although this appears to be a reasonable requirement, it may be inconsistent with ACGME programs that do not require patient care logs and would eliminate eligible applicants’ entry at ONMM2 level.
<table>
<thead>
<tr>
<th>Line number</th>
<th>Requirement number</th>
<th>Text</th>
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<tbody>
<tr>
<td>20</td>
<td>III.A.1.b)</td>
<td>Additionally, this would eliminate graduates from previous residency programs who have been practicing physicians and no longer have access to their old residency case logs.</td>
</tr>
<tr>
<td>20</td>
<td>539-547</td>
<td>This requirement excludes AOA-accredited residency programs. The American Academy of Osteopathy recommends that it be modified to read, “A physician who has completed a residency program that was accredited by the AOA, ACGME, RCPSC, or CFPC …”</td>
</tr>
<tr>
<td>21</td>
<td>III.A.2. and III.A.2.a)</td>
<td>These requirements for fellowship programs exclude residents who served AOA-accredited residencies. The American Academy of Osteopathy recommends that “AOA-accredited residencies” be added to line 561 that “AOA milestones” be added to line 567, and that “non-AOA-accredited residency program” be added to line 620.</td>
</tr>
<tr>
<td>22</td>
<td>III.A.2.b).(3)</td>
<td>This requirement discriminates against osteopathic graduates because it only mentions the USMLE. The National Board of Osteopathic Medical Examiners' Comprehensive Osteopathic Medical Licensing Examination-USA should also be listed this provision, preferably as the first option with USMLE listed as an acceptable alternative.</td>
</tr>
<tr>
<td>23</td>
<td>IV.A.5.a).(1).a</td>
<td>The term “neuromusculoskeletal disorders” is too limiting for ONMM residencies. The American Academy of Osteopathy recommends changing this to “… neuromusculoskeletal disorders, including all related visceral and somatic reflex patterns, …”</td>
</tr>
<tr>
<td>24</td>
<td>IV.A.6.e)</td>
<td>“AOA board certification” should be included in this list before “osteopathic continuous certification.”</td>
</tr>
<tr>
<td>25</td>
<td>IV.A.6.f).(1).(a).(ii)</td>
<td>The American Academy of Osteopathy recommends that this requirement be changed to “nonsurgical or surgical orthopedics.”</td>
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<tr>
<td>Line number(s)</td>
<td>Requirement number(s)</td>
<td>Description</td>
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<tr>
<td>26</td>
<td>Line number: 967&lt;br&gt;Requirement number: IV.A.6.f).(1).(c).(ii)</td>
<td>This requirement is too specific. The American Academy of Osteopathy recommends that it be changed to “radiology or musculoskeletal radiology.”</td>
</tr>
<tr>
<td>27</td>
<td>Line numbers: 987-1,001 and 1,019-1,038&lt;br&gt;Requirement numbers: IV.A.6f).(1).(f) IV.A.6f).(1).(b) IV.A.6.f).(2).(b) IV.A.6.f).(2).(c)</td>
<td>Unlike the eligibility requirements in Section III, it is appropriate for these actual residency training requirements be completed under the supervision of AOBNMM- or AOBSPOM-certified physicians. Hence, no changes are needed to that requirement in Section IV.</td>
</tr>
</tbody>
</table>
| 28 | Line number(s): 1,014-1,017<br>Requirement number: IV.A.6.f).(2).(a) | Requires that residents entering the ONMM2 level (or Plus One style) must complete six months of rotations in the following: surgery, orthopedic surgery, neurological surgery, rheumatology, neurology, physical medicine and rehabilitation, pain management, musculoskeletal radiology, electives, or selectives. This requirement is unclear: Can a resident meet this requirement by serving six months of electives? This requirement should be broken up and be made more specific to reflect the ONMM RC’s intent. The American Academy of Osteopathy recommends that this requirement repeat that residents must serve one-month of rotations in six of the following disciplines as determined by their program directors:  
- sports medicine  
- nonsurgical or surgical orthopedics  
- neurological surgery  
- rheumatology  
- neurology  
- physical medicine and rehabilitation  
- pain management  
- radiology or musculoskeletal radiology  
- electives (the ONMM RC should specify the maximum number of electives) |
| 29 | Line number(s): 1,019-1,048 | In requiring residents to complete at least four |
Requirement number: **IV.A.6.f).(2).(b-c)**

months of ambulatory NMM training and at least two months of NMM inpatient continuity of care, is it the ONMM RC’s intention to omit resident vacation time and sick time? The current wording is unclear on this point.

The American Academy of Osteopathy recommends that the ONMM RC clearly state whether vacation time is permitted during this program and, if so, during which rotations vacation time would be allowed, such as during elective rotations only. In addition, the Academy recommends that the ONMM RC specify the allowable duration of allowable vacation time during ONMM2 level training.

**Line numbers: 1,105-1,106**

Requirement number: **IV.A.6.g).(2).(b)**

The language "residents entering the program" is confusing. Is this section discussing residents who are "in" the program, or is this section discussing "applicants" who wish to enter the program?

**Line number(s): 1,105-1,127**

Requirement number: **IV.A.6.g).(2).(b).**

This requirement calls for ONMM2 level residents to devote three half-days per week in the continuity-of-care clinic throughout the 12 month program.

First, this is the first indication in this document that the ONMM2 level training lasts 12 months. Second, the number of days required is too burdensome for only 12 months of training.

In addition, for residents to have a minimum of 700 patient care encounters in 12 months, they would have to see no fewer than 5 clinic patients per half-day at a continuity clinic no fewer than three times per week. This leaves no room for vacation, patient cancellations, inclement weather, mandatory meetings, etc. It is a reasonable number for four half-days at continuity clinics, but that may interfere with other number requirements such as acute care consult service, block rotations, and teaching requirements.

**Line number(s): 1,172-1,204**

The number requirements for different disciplines while enrolled in the ONMM2 level appear to be
Requirement number: IV.A.6.g).(4).(a-c). reasonable since the ONMM RC elected to adhere to the present AOA Plus One standards and allow the requirements to be met via the block rotation or the longitudinal style of programming. This allows program directors to maximize their strengths and seek outside resources for residency training for their weaknesses.

33 Line number(s): 1,310-1,317 Requirement number: V.A.2.d-e) The American Academy of Osteopathy (AAO) would emphasize that the ONMM Review Committee document clearly state that this requirement is specific to the in-service training exam presently developed and delivered by the AAO, which consists of a written examination and a hands-on skills test.

General Comments:

In its comments above, the American Academy of Osteopathy has expressed the following major concerns:

- Int C. should define the ONMM residency as a single residency with two points of entry and differing entry criteria, explaining that the first is a 24-month program that commences after one year of postdoctoral training and the second is a 12-month program that commences in or after the fourth postdoctoral training year. Int. C should also make clear that an ACGME-accredited ONMM program can offer both ONMM1 and ONMM2 programs under a single accreditation or that it can offer just ONMM1 or ONMM2 level training. Having provisions for stand-alone ONMM2 level training is essential for converting AOA-approved Plus One NMM residencies to ACGME accreditation. Currently, 20 Plus One programs exist in institutions that do not have two-year NMM residencies. These 20 programs, which represent 77% of Plus One programs, would be in danger of being eliminated if stand-alone ONMM2 level training were not possible through the ACGME.

- Many of the eligibility requirements for entry into ONMM2 level may be too burdensome for residents to meet while serving their initial residencies in family medicine and other specialties. This is a major threat to the continuation of 12-month training comparable to the AOA-approved Plus One NMM residency because these requirements would eliminate the applicant pool.

- Residents entering at ONMM2 level already have three to four years of residency training in other specialties, unlike ONMM1 level residents, who have only one year of residency training before they begin their ONMM training. As a consequence, the eligibility requirements of the ONMM2 residents should be different than those for ONMM1 residents. Because they are more experienced, the ONMM2 residents should not be expected to obtain before they enter at ONMM2 level all of the training ONMM1 residents get in their first 12 months that is specific to osteopathic neuromusculoskeletal medicine. Many of the skills
the second-year resident learns about osteopathic intervention and medical treatment of patients will have been learned by the fourth year of residency in the residents' initial graduate medical education program.

- The expectations placed on the initial residency programs of those planning to enter at ONMM level 2 are too burdensome. Specifically, these residency programs should not be expected to provide AOBNMM-certified physicians to supervise future ONMM residents in ambulatory and hospital settings. AOBNMM-certified physicians become essential once residents enter ONMM residencies, not before.

- Many of the eligibility requirements in this document would be more appropriate for integrated programs—what the ACGME calls combined programs—than for the ONMM2 level training, which is intended to replace the existing AOA-approved Plus One NMM residency.

- This revised document should clearly state the differences between the ONMM1 and ONMM2 residency entry points, and those differences should be explained in the beginning of the document, as well as in the sections that distinguish ONMM1 from ONMM2.