



**AOA BOARD OF TRUSTEES
2019 MIDYEAR BUSINESS MEETING**

**M/2019 MEETING
RESOLUTION ROSTER WITH ACTION
as of 02/28/2019**

Res. No.	Resolution Title	Submitted By	Action
B-1	Revision to the Basic Standards for Residency Training in Family Medicine/Emergency Medicine	BOE	APPROVED
B-2	Requirements of CME Sponsors - CME Sponsors Conference	BOE	APPROVED
B-3	AOA and Specialty College Membership Requirements for AOA-Approved Training Programs	BOE	APPROVED
B-4	Revisions to AOA Recognition of ACGME Training Policy	BOE	APPROVED
B-5	Online CME Requirements – 15-Credit Maximum For Online Credit	BOE	REFERRED
B-6	Nominations to Membership on Specialty Boards	BOS	APPROVED
B-7	Commission on Osteopathic College Accreditation (COCA), Composition of	COCA	APPROVED
B-8	Actions of the Executive Committee of the AOA Board of Trustees	AOA President	APPROVED
B-9	H800-A/14 Single Graduate Medical Education Accreditation System	2014 Policy Review	APPROVED <i>(for reaffirmation)</i>

SUBJECT: REVISION TO THE BASIC STANDARDS FOR RESIDENCY TRAINING
IN FAMILY MEDICINE/EMERGENCY MEDICINE

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Board of Trustees

1 RESOLVED, that the following revision to the Basic Standards Training in Family
2 Medicine/Emergency Medicine be APPROVED.

3 3.6 The five year continuity of care site experience must include at least ~~2,000~~ **1,650** patient
4 visits, with a minimum of 150 occurring in the OGME-1 year.

Explanatory Statement:

Currently, the Osteopathic family medicine basic standards state that the total continuity family medicine office site(s) patient encounter requirement for the family medicine residents prior to graduation is 1,650. This is in alignment with the ACGME program requirements of 1,650. However, the combined Osteopathic Family Medicine/Emergency Medicine total continuity family medicine office site(s) patient encounter requirement prior to graduation is 2,000 encounters prior to each FMEM. With single accreditation, we need to standardize the patient requirement for the combined FMEM program with our Osteopathic Family Medicine requirements. ACGME recognizes the combined programs as two separate ones, and both program requirements need to be fulfilled. Since the program requirement for family medicine is 1650 patient encounters in the family medicine, the request is to amend FMEM requirements to reflect that same number.

ACTION TAKEN APPROVED

DATE February 28, 2019

SUBJECT: REQUIREMENTS OF CME SPONSORS - CME SPONSORS
 CONFERENCE

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Board of Trustees

- 1 WHEREAS, American Osteopathic Association (AOA) policy requires AOA-accredited
2 Continuing Medical Education (CME) Sponsors to attend an AOA CME Sponsors
3 Conference as least once during every three (3) year CME cycle; and
- 4 WHEREAS, in November 2014, the Council on Osteopathic Continuing Medical Education
5 (COCME) was informed that the CME Sponsors Conferences was being eliminated and
6 that the AOA would develop online webinars as the primary method of educating CME
7 sponsors about CME policy; and
- 8 WHEREAS, the last CME Sponsors Conference was held in January 2016, in joint sponsorship
9 with the OME/AAOE Leadership Conference in San Antonio, Texas; and
- 10 WHEREAS, the COCME reviewed and approved the first module on “Outcomes
11 Measurement” in November 2017 which was released in April 2018; and
- 12 WHEREAS, the COCME reviewed a second module on “Needs Assessment” at its November
13 2018 meeting and suggested that the modules effort be discontinued; now, therefore, be
14 it
- 15 RESOLVED, that the Continuing Medical Education (CME) Sponsors Conference be
16 reinstated to educate American Osteopathic Association (AOA) Category 1 CME
17 Sponsors regarding the latest changes in CME, information technology, collaboration
18 and management; and, be it further
- 19 RESOLVED, the CME Sponsors Conference is held jointly with the AOA Lead Conference to
20 minimize the financial impact and that for those CME Sponsors not able to attend the
21 conference be given access to view it online.

Explanatory Statement:

The COCME believes that attendance of the CME Sponsors Conference at least one every three year is necessary to keep sponsors up-to-date of the latest changes in the CME arena, AOA CME programs and policy, and regulatory requirements from external agencies and the pharmaceutical industry. The COCME felt that a 15 slide PowerPoint with 3 True/False questions did not serve to educate new sponsors on the topic being presented, and did not permit interactivity with other CME sponsors. For those sponsors who are not able to participate will have the option to review the conference online. It was also noted that the same speaker(s) may be used for providing information to the CME Sponsors on specific topics of interest.

FISCAL IMPACT:

Up to \$5,000 for LEAD workshop speaker.

ACTION TAKEN **APPROVED**

DATE **February 28, 2019**

SUBJECT: AOA AND SPECIALTY COLLEGE MEMBERSHIP REQUIREMENTS
FOR AOA-APPROVED TRAINING PROGRAMS

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Board of Trustees

1 WHEREAS, the American Osteopathic Association (AOA) Basic Documents for Postdoctoral
2 Training and many of the AOA Basic Standards for specialty training require AOA
3 and/or osteopathic specialty college membership for program directors, faculty, and
4 trainees; and

5 WHEREAS, the recommendation from AOA legal counsel is to strike AOA membership
6 requirements; now, therefore be it

7 RESOLVED, that any standard in the American Osteopathic Association (AOA) Basic
8 Documents for Postdoctoral Training or AOA Basic Standards for specialty training
9 requiring AOA, specialty college, or other association membership be removed.

Explanatory Statement:

ACTION TAKEN APPROVED

DATE February 28, 2019

SUBJECT: REVISIONS TO AOA RECOGNITION OF ACGME TRAINING POLICY

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Board of Trustees

1 RESOLVED, that the following Revisions to ACGME or Military Training Eligibility
2 Requirements and Application Procedure of the AOA Basic Documents for
3 Postdoctoral Training be APPROVED:

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

5 **E. ACGME, CANADIAN, or Military Training Eligibility Requirements and Application**
6 **Procedure**

7 The following standards have been established to enable osteopathic physicians who are completing, or
8 have completed, ACGME, **ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF**
9 **CANADA (RCPSC), COLLEGE OF FAMILY PHYSICIANS OF CANADA (CFPC)** or military
10 residency training, or will be entering such residency training to apply for AOA recognition of that
11 training. In the event of hospital closure, the PTRC will review and determine approvals on a case-by-
12 case basis. If while training in an ACGME program, the program becomes dually accredited, the
13 trainee will be given AOA credit for time spent in the ACGME program.

14 5.1 Graduates of COMs who participate in ACGME-accredited required military programs will be
15 reviewed by the Association of Military Osteopathic Physicians and Surgeons (AMOPS).
16 Recommendation is made to the PTRC for final approval or denial.

17 ~~5.2 Candidates must be a member in good standing of the AOA.~~

18 5.2 The residency and/or fellowship program in which the candidate trained, or is training, must be
19 accredited by the ACGME, **RCPSC, OR CFPC** at the time training occurred.

20 5.3 Candidates must submit a completed application, with all required documentation, to the AOA
21 Division of Postdoctoral Training. Applications are available on the AOA website located on
22 the Education home page and student/resident clearinghouse. Applications will be initially
23 reviewed by the trainee services staff in the Division of Postdoctoral Training. If additional
24 review is needed, PTRC will grant final approval or denial. Denial actions can be appealed.

25 5.4 **AOA Recognition of ACGME, RCPSC, OR CFPC PGY1 and Military Training**

26 a. The candidate must have completed an AOA-approved postgraduate year (PGY1)
27 training year or qualify through the AOA pathway.

28 b. The ACGME, **RCPSC, OR CFPC** program must submit documentation to the AOA
29 for evaluation of core rotations for the first year of training Rotations will be compared
30 to the traditional rotating internship or the OGME-1 specialty. Training that does not
31 match existing AOA rotational requirements, will be submitted to the PTRC for review.

- 1 c. The ACGME, **RCPSC, OR CFPC** program director must submit signed verification to
2 the AOA indicating that the applicant has successfully completed the PGY1 year.
- 3 d. The applicant must participate in one osteopathic educational activity selected from the
4 following options:
- 5 i. If the applicant is currently in residency training, prepare and present an original
6 osteopathic clinical presentation to their peer residents and faculty at the
7 ACGME, **RCPSC, OR CFPC** program where they are training which is
8 verified by the program director and submitted to the AOA.
- 9 ii. If the applicant has completed ACGME, **RCPSC, OR CFPC** residency
10 training, prepare and present a presentation at a Category 1-A CME sponsored
11 program in a specialty area that includes an osteopathic component.
- 12 iii. Provide a certificate for attending an educational program from a recognized
13 AOA Category 1-A CME sponsor for a minimum of 8 CME credits.
- 14 iv. Develop a research paper on a clinical or educational topic in osteopathic
15 medicine that is suitable for publication in the JAOA or other osteopathic
16 publication.
- 17 e. For military PGY1 training recognition, a copy of duty orders must be submitted.
- 18 f. Applicants must gain approval of their ACGME PGY1 year before recognition of the
19 entire ACGME training can be recognized by the AOA.

20 **5.5 AOA Recognition of ACGME PGY2 and Beyond Training**

- 21 a. AOA recognition of the subsequent years of ACGME training require that the applicant
22 must have successfully completed an osteopathic internship but selected an ACGME-
23 accredited residency or successfully completed an ACGME-accredited PGY1/military
24 training and received recognition from the AOA. Successful completion of the entire
25 ACGME residency is required.
- 26 b. AOA recognition of ACGME-accredited fellowship training require that both PGY1
27 and residency training be successfully completed and/or recognized by the AOA, as
28 well as successful completion of the fellowship program.
- 29 c. The ACGME program director must submit signed verification to the AOA indicating
30 that the applicant has successfully completed the entire ACGME residency and/or
31 fellowship program.

ACTION TAKEN APPROVED

DATE February 28, 2019

SUBJECT: ONLINE CME REQUIREMENTS - 15 CREDIT MAXIMUM FOR
ONLINE CREDIT-BOE

SUBMITTED BY: Bureau of Osteopathic Education

REFERRED TO: Board of Trustees

- 1 WHEREAS, at their March 2017 Midyear Business meeting, the Board of Trustees of the
2 American Osteopathic Association (AOA) passed resolution B-9 – M/2017 Minimum
3 of Specialty Specific CME for Osteopathic Continuous Certification that allows a
4 minimum of 60 hours of specialty continuing medical education (CME) credits per 3-
5 year cycle for Osteopathic Continuous Certification and for these credits to be fulfilled
6 by “acceptance of CME activities produced by American Osteopathic Association and
7 Accreditation Council for Continuing Medical Education (ACCME) accredited
8 sponsors and providers; and
- 9 WHEREAS, it is important for the preservation of osteopathic principles and philosophy that
10 physicians be incentivized rather than dis-incentivized to choose osteopathic CME; and
- 11 WHEREAS, acceptance of ACCME credits as equivalent to AOA credits has created
12 unintended consequences that place AOA accredited sponsors’ online CME programs
13 at a disadvantage to ACCME accredited programs, and
- 14 WHEREAS, the ACCME makes no distinction between enduring and live CME in regard to
15 the type completed by the physician, making it virtually impossible for the AOA CME
16 staff to determine if ACCME credits submitted by an osteopathic physician were
17 completed via attendance at a live or enduring CME event; and
- 18 WHEREAS, the AOA limits the amount of online CME that a physician can obtain per cycle
19 to 15 credits, while the ACCME has no such limit; and, now therefore be it
- 20 RESOLVED, that the American Osteopathic Association (AOA) remove the 15-credit limit
21 per continuing medical education (CME) cycle for Category 1-A CME earned via online
22 live or enduring programs; and, be it further
- 23 RESOLVED, that an in-person CME event be required per CME cycle.

Explanatory Statement:

The Committee requests that the Bureau of Osteopathic Education (BOE) update the CME Sponsors Accreditation Manual to be consistent with the “online” requirements as presented in the 2019-2021 CME Guide.

ACTION TAKEN REFERRED (to Bureau of Osteopathic Education)

DATE February 28, 2019

SUBJECT: NOMINATIONS TO MEMBERSHIP ON SPECIALTY BOARDS

SUBMITTED BY: Bureau of Osteopathic Specialists

REFERRED TO: AOA Board of Trustees

1 WHEREAS, per Article II., Section 2. Committee Membership of the BOS handbook states,
2 “The board will seek AOA-board certified nominees and should submit a minimum of
3 2 nominations to the BOS. The BOS will make recommendations to the AOA BOT,
4 who will make the final decision regarding appointments to the board.”

5 WHEREAS, the American Osteopathic Board of Pediatrics (AOBP) has a vacancy on their
6 board for one individual, which would bring total board members to eight. The AOBP
7 has submitted two nominations for the Bureau of Osteopathic Specialists (BOS) for
8 consideration. The two nominees are: 1) Amanda Foster, DO; 2) David Mueller, DO.
9 Refer to attachments for CV.

10 WHEREAS, the BOS Executive Committee recommends to the Board of Trustees, Amanda
11 Foster, DO, serve on the AOBP as a board member.

12 RESOLVED, that the American Osteopathic Association Board of Trustees approve the
13 recommendation of the Bureau of Osteopathic Specialists such that the following
14 nominee serve as a board member on the American Osteopathic Board of Pediatrics:

15 American Osteopathic Board of Pediatrics
16 Amanda Foster, DO

04/2019 to 03/2022

ACTION TAKEN APPROVED

DATE February 28, 2019

SUBJECT: COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION
(COCA), COMPOSITION OF

SUBMITTED BY: Commission on Osteopathic College Accreditation and

REFERRED TO: AOA Board of Trustees

1 WHEREAS, pursuant to the Commission on Osteopathic College Accreditation (COCA)
2 Handbook, the composition of the COCA currently consists of seventeen (17)
3 members: one public college dean, one private college dean, two educators from
4 colleges of osteopathic medicine, but who are not the dean, one director of medical
5 education, one hospital administrator, three public members, and eight members at
6 large; and

7 WHEREAS, while the numerical composition of the COCA remained the same at seventeen
8 (17) members, the AOA Board of Trustees (BOT), at its July 2018, meeting, amended
9 the composition to reflect a different membership to reflect the changing nature of
10 undergraduate medical education and the evolving direction of U.S. Department of
11 Education policies, such as including a broader spectrum of representative interests on
12 accrediting agencies such as the COCA;

13 WHEREAS, the volume of the COCA's work has continued to increase and has placed
14 increased burdens on the volunteer commissioners of the COCA; now, therefore, be it

15 RESOLVED, that the composition of the Commission on Osteopathic College Accreditation
16 (COCA) be increased to nineteen (19) members; and be it further

17 RESOLVED, that the composition of the COCA be modified be as follows: Four (4) deans of
18 colleges of osteopathic medicine (COM); two (2) faculty members from COMs - one
19 biomedical science faculty member and one clinical science faculty member - who are
20 not deans, one (1) student services representative from a COM; two (2) graduate
21 medical education leaders; one (1) hospital or medical clinic administrator; one (1)
22 physician member of a state medical licensing board; one (1) DO resident or fellow
23 physician or, alternatively, a physician in practice for fewer than five years; three (3)
24 representatives of the public; and four (4) osteopathic physicians at large who are not
25 COM deans; and be it further

26 RESOLVED, that the term of each current commissioner of the COCA remain unaffected by
27 this resolution, and that upon this resolution's taking effect, the then current AOA
28 President shall appoint commissioners to implement the aforementioned modification
29 in composition of the COCA membership as each of the current commissioner's term
30 expires; and be it further

31 RESOLVED, that the appointments made by the AOA President for the 2019-2020 term of
32 the COCA shall be unaffected by this resolution; and be it further

1 RESOLVED, that all other aspects of membership on the COCA shall remain unchanged; and
2 be it further

3 RESOLVED, that the staggered change in composition as intended by this resolution shall
4 begin to take effect upon the inauguration of the AOA President in 2019 with final
5 appointments made in each successive year by succeeding AOA Presidents to realize the
6 full effect of this resolution; and be it further

7 RESOLVED, that the COCA Handbook be revised to reflect the foregoing modifications to
8 the COCA's composition; and be it further

9 RESOLVED, that upon the expiration of a COCA commissioner's term, any current
10 commissioner shall not be reappointed to serve an eligible subsequent term unless that
11 commissioner is eligible to be appointed to serve in a capacity reflected in the change in
12 the COCA's composition stated herein.

Explanatory Statement: The change in composition is required to spread the work load of the COCA. With increasing interest in establishing new COMs, as well as with the work load generated by the existing 35 COMs (with 56 campuses), the COCA commissioners commit substantial time and effort to review voluminous materials in preparation for the 3-4 day meetings three times during the calendar year, as well as on a monthly basis related to committee work. The increased numbers of commissioners will help alleviate the work load and to re-distribute the work load to more individuals.

This resolution does not violate the Memorandum of Understanding as between AOA and the COCA. While the AOA cannot intervene with the COCA's accreditation decisions or standard-setting functions, the AOA President – based on nominees from an education nomination committee and with approval of the AOA Board of Trustees– appoints members of the COCA. This resolution sets out criteria to be used in the appointment process and, therefore, is an appropriate issue for AOA to decide.

FISCAL IMPACT: The fiscal impact to the AOA is nominal. The addition of two more commissioners will result in added expenses for attending meetings (e.g., travel, accommodations, meals, etc.).

ACTION TAKEN APPROVED

DATE February 28, 2019

SUBJECT: ACTIONS OF THE EXECUTIVE COMMITTEE OF THE AOA BOARD
OF TRUSTEES

SUBMITTED BY: AOA President

REFERRED TO: Board of Trustees

1 RESOLVED, that actions of the Executive Committee meetings on August 14, 2018; August 30, 2018;
2 September 11, 2018; October 4, 2018; November 1, 2018; November 13, 2018; December 11,
3 2018; and January 8, 2019; be APPROVED.

Explanatory Statement:

The Committee believes that resolution B-8 should be handled in executive session.

ACTION TAKEN REFERRED (to AOA Board of Trustees)

DATE February 28, 2019

SUBJECT: H800-A/14 SINGLE GRADUATE MEDICAL EDUCATION
ACCREDITATION SYSTEM

SUBMITTED BY: 2014 AOA Policy Review

REFERRED TO: AOA Board of Trustees

1 RESOLVED, that the AOA Board of Trustees recommend that the following policy be

2 **REAFFIRMED:**

3 **H800-A/14 SINGLE GRADUATE MEDICAL EDUCATION ACCREDITATION**
4 **SYSTEM**

5 The American Osteopathic Association (AOA) will evaluate and report to the membership and
6 AOA House of Delegates annually, between 2015 and 2021, concerning the following issues:

- 7 1) The ability of AOA-trained and certified physicians to serve as program directors in the
8 single GME accreditation system;
- 9 2) The maintenance of smaller, rural and community based training programs;
- 10 3) The number of solely AOA certified physicians serving as program directors in each
11 specialty;
- 12 4) The number of osteopathic identified GME programs and number of osteopathic
13 identified GME positions gained and lost;
- 14 5) The number of osteopathic residents taking osteopathic board certification
15 examinations;
- 16 6) The status of recognition of osteopathic board certification being deemed equivalent by
17 the ACGME;
- 18 7) The importance of osteopathic board certification as a valid outcome benchmark of the
19 quality of osteopathic residency programs, and be it further

20 Any proposed single graduate medical education (GME) accreditation system will provide for
21 the preservation of the unique distinctiveness of osteopathic medicine, osteopathic graduate
22 medical education, osteopathic licensing examinations, osteopathic board certification,
23 osteopathic divisional societies, osteopathic specialty societies, osteopathic specialty colleges,
24 the AOA, and the osteopathic profession. The AOA will remain vigilant in its oversight of the
25 single accreditation process and utilize its ability to cease negotiations as delineated in the
26 Memorandum Of Understanding (MOU) should osteopathic principles and educational
27 opportunities be materially compromised. The AOA will seek to create an exception category to
28 allow the institution/program, on a case by case basis, up to a one year extension without
29 prejudice for an institution/program that has their budget previously planned so as not to put
30 that institution/program at a competitive disadvantage. The AOA will advocate for an
31 extension of the closure date for AOA accreditation beyond July 1, 2020, where appropriate for
32 individual programs on a case by case basis. The AOA will enter into a single accreditation
33 system that perpetuates unique osteopathic graduate medical education programs. 2014

Explanatory Statement:

This policy was originally introduced by the AOA Board of Trustees and approved by the 2014 House of Delegates.

Reference Committee Explanatory Statement:

This policy will be submitted to the 2019 House of Delegates with a recommendation of reaffirmation.

ACTION TAKEN **APPROVED**

DATE **February 28, 2019**