

Frequently Asked Questions: Osteopathic Neuromusculoskeletal Medicine

Review Committee for Osteopathic Neuromusculoskeletal Medicine

ACGME

Question	Answer
Introduction	
If an institution had an American Osteopathic Association (AOA)-approved two-year neuromusculoskeletal medicine program and an AOA-approved “Plus One” program, do both programs need to separately apply for ACGME accreditation?	No, only one program needs to apply for ACGME accreditation. Individual accredited programs can educate and train residents in multiple formats. A program can accept residents in the traditional 24-month format or choose to accept residents at the ONMM3 level. Residents accepted at the ONMM3 level must have completed a residency program and have met other eligibility criteria prior to entry. The length of the educational program for a resident entering at the ONMM3 level is 12 months.
<i>[Program Requirements: 4.1.- 4.1.b.]</i>	As of July 1, 2019, ACGME-accredited programs can offer a third program format that allows residents to complete a three-year osteopathic neuromusculoskeletal medicine program immediately following medical school. The first year of the program would be a broad-based clinical year.
Oversight	
Is a program letter of agreement (PLA) necessary for the selective rotations outlined in 4.11.f.4.b.2.- 4.11.f.4.b.4., 4.11.f.5.b.- 4.11.f.5.d., and 4.11.f.6.b.?	A PLA is required for rotations outlined in 4.11.f.4.b.2.-4.11.f.4.b.4., 4.11.f.5.b.- 4.11.f.5.d., and 4.11.f.6.b. if the experiences are required by the program or offered as an option for the residents to select, in order to satisfy these requirements.
<i>[Program Requirement: 1.3.]</i>	
What are examples of program director workshops that would provide content specific to osteopathic neuromusculoskeletal medicine and medical education?	The American Academy of Osteopathy holds a program directors’ workshop at its annual Convocation that would provide the required content. Additionally, the ACGME’s Annual Educational Conference has a specialty update session for osteopathic neuromusculoskeletal medicine, as well as other sessions covering a variety of medical education topics.
<i>[Program Requirement: 1.8.a.]</i>	

Question	Answer
Can a program use more than one continuity of care clinic site? <i>[Program Requirements: 1.7.b.3. and 4.11.d.- 4.11.d.1.b.]</i>	Yes, a program can use more than one continuity of care clinic. If an individual resident is assigned to more than one continuity of care clinic site at any one time, the program should have an educational rationale for the assignment.
Can ONMM1 residents take only a written in-training examination? <i>[Program Requirements: 1.7.c., 5.1.b.3.a.]</i>	The Review Committee views an in-training exam as consisting of two parts, which includes a written exam and a practical exam.
Can a program require residents to use their annual continuing medical education (CME) money to pay for travel and accommodations to take the annual neuromusculoskeletal medicine in-training examination? <i>[Program Requirement: 1.7.c.]</i>	The program must directly pay for the travel and hotel arrangements and/or reimburse residents for established out-of-pocket expenses associated with the neuromusculoskeletal medicine in-training examination. Residents must not be asked to use their contractual CME funds to pay for these expenses. The program is expected to directly pay for the in-training examination fee.
Can a program require that a resident use vacation or paid time off (PTO) to take the annual neuromusculoskeletal medicine in-training examination? <i>[Program Requirement: 1.7.c.]</i>	No; the program must provide time for residents to take the annual neuromusculoskeletal medicine in-training examination. A resident must be provided with time to not only take the examination, but also to travel to the examination location. This time is in addition to vacation time and PTO.

Resident Appointments	
What do “ONMM1 level,” “ONMM2 level,” and “ONMM3 level” mean? <i>[Program Requirements: 3.3.a.2.- 3.3.a.3.]</i>	ONMM1 denotes the first year, ONMM2 the second year, and ONMM3 the third year of residency in a 36-month osteopathic neuromusculoskeletal medicine program.
Is an allopathic physician (MD) eligible to enter an osteopathic neuromusculoskeletal medicine program? <i>[Program Requirements: 3.2.- 3.3.a.1.d.]</i>	Yes; all ACGME-accredited programs, including osteopathic neuromusculoskeletal medicine programs, can accept both allopathic and osteopathic medical school graduates. Programs must ensure that residents have sufficient background or instruction in osteopathic philosophy and techniques in manipulative medicine to prepare them to engage in the curriculum of the program, as outlined in the Program Requirements. An allopathic medical school graduate would need additional education related to Osteopathic Principles and Practice prior to matriculation into the program. The program would determine how much education is required and can define how and/or where the education be obtained. For ONMM2 and ONMM3 levels of entry, programs can require that graduates complete an ACGME-accredited program with Osteopathic Recognition in a designated osteopathic position.
What are the Review Committee’s expectations for a broad-based clinical year? <i>[Program Requirement: 3.3.a.2.]</i>	The Review Committee expects a resident entering at the ONMM2 level to complete a broad-based clinical year in an accredited program, as outlined in 3.3. This clinical year should consist of 12 months of direct patient care rotations in a broad variety of specialties, focused mainly on primary care specialties, and including a mix of ambulatory and inpatient rotations. A program director could consider the completion of 12 months of rotations in a residency program in any of the following specialties as satisfying the requirement: emergency medicine; family medicine; internal medicine; neurology; obstetrics and gynecology; pediatrics; physical medicine and rehabilitation; or surgery; or in a transitional year program; or in any combination of these.
Can a program accept a resident transfer at the ONMM3 level of the program? <i>[Program Requirement: 3.3.a.3.a.]</i>	A program may only accept transfer residents into the ONMM3 year of the program if they are transferring from another osteopathic neuromusculoskeletal medicine program and have completed the ONMM2 year. Resident transfers from a program of another specialty must meet the eligibility requirements for the level of entry into the osteopathic neuromusculoskeletal medicine program.

Can the required rotations needed for entry into the ONMM3 level have a pediatric focus for residents who completed a pediatric residency? <i>[Program Requirement: 3.3.a.3.b.]</i>	Yes; the Review Committee allows rotations completed in a pediatric residency with a pediatric focus to count toward the required rotations for eligibility for entry into the ONMM3 level.
Does the Review Committee recommend that residents have exposure to an osteopathic neuromusculoskeletal medicine ambulatory clinic during their primary residency to prepare them for entry into the ONMM3 level? <i>[Program Requirement: 3.3.a.3.b.]</i>	The Review Committee recommends, but does not require, that residents have exposure to an osteopathic neuromusculoskeletal medicine ambulatory clinic, supervised by a neuromusculoskeletal specialist, in their primary residency.
Educational Program	
Can a single patient encounter count as a patient encounter for multiple diagnoses (e.g., can a patient encounter in the continuity clinic also count as a surgical, pediatric, or obstetric and gynecological patient encounter), and is the same true for patient encounters during hospital consultations? <i>[Program Requirements: 4.5.c.- 4.5.e.4.]</i>	Yes; at the discretion of the program director, a patient encounter can count toward the minimum patient encounters for multiple diagnoses (e.g., surgical, pediatric, and obstetric and gynecological). At the discretion of the program director, a clinic patient encounter could count toward the minimum continuity of care patient encounters <i>and</i> toward the minimum patient encounters for a patient with a surgical, pediatric, or obstetric and gynecological diagnosis. The same is true for patient encounters through hospital consultation. Those patient encounters can count toward the minimum hospital consultations and toward the minimum patient encounters for patients with a surgical, pediatric, or obstetric and gynecological diagnosis.

Should a program notify the Review Committee if its graduates failed to meet the minimum number of patient encounters due to COVID-19-related impacts on the program? <i>[Program Requirements: 4.5.c.- 4.5.e.4.]</i>	The program should communicate how it has been impacted by COVID-19 (if applicable) through the Major Changes and Other Updates section of the ACGME's Accreditation Data System (ADS) during the ADS Annual Update window. This should include temporary or permanent changes to rotation experiences, didactics, continuity clinic, and participating sites. If a program chooses to graduate a resident that has not logged the minimum number of patient encounters in the ACGME Case Log System, the program should communicate the following in the Major Changes and Other Updates section of ADS: • Acknowledge that residents did not log the minimum number of patient encounters in one or more category as defined in the Program Requirements. • Explain the COVID-19-related impact to the program that resulted in the missed minimums. • Explain how achievement of competence was determined for the resident, including the process followed by the program in determining competence.
Can a patient encounter supervised by an American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM)-eligible physician count toward patient encounter minimums? <i>[Program Requirements: 4.5.c.-4.5.e.4. and 4.11.d.2.c.- 4.11.d.4.b.2.]</i>	Yes, neuromusculoskeletal medicine patient encounters supervised by a physician who is AOBNMM-eligible can count toward the required patient encounter minimums. These patient encounters can be logged in the Case Log System under the appropriate supervising physician. They should not be logged using the generic "Attending, Not NMM Board Certified" option in the supervising physician drop-down menu.
Can resident neuromusculoskeletal medicine encounters occurring in a skilled or assisted living facility be counted toward patient encounter minimums and logged in the ACGME Case Log System? <i>[Program Requirements: 4.5.c.-4.5.e.4.]</i>	Yes, neuromusculoskeletal medicine patient encounters occurring at skilled or assisted living facilities or a similar facility may count toward neuromusculoskeletal medicine patient encounter minimums. The encounter may be logged in the ACGME Case Log System as an outpatient encounter. If a neuromusculoskeletal medicine encounter occurs at a rehabilitation hospital, then the encounter should be logged as an inpatient encounter.

How do residents access the ACGME Case Log System? <i>[Program Requirement: 4.11.c.]</i>	Residents will receive login information for the ACGME Case Log System, which is a web-based data collection system accessible through the ACGME website, when they are added to the program's ADS resident roster.
What must residents log in the Case Log System? <i>[Program Requirement: 4.11.c.]</i>	Information about the Case Log System, including what must be logged and how to use the system, can be found on the Documents and Resources page of the Osteopathic Neuromusculoskeletal Medicine section of the ACGME website.
Is there a fee to use the Case Log System? <i>[Program Requirement: 4.11.c.]</i>	There is no fee charged to programs or residents for using the Case Log System.
Can injection procedures supervised by a physician who is not board certified in neuromusculoskeletal medicine be logged by residents in the Case Log System? <i>[Program Requirements: 2.9.b. and 4.11.c.-4.11.c.1.]</i>	Yes, the Review Committee allows residents to log injection procedures supervised by a physician who is not AOBNMM certified or board-eligible. However, the supervising physician must have current board certification as outlined in 2.9.b. In such a case, the resident will need to enter the entire patient encounter in the Case Log System, and select "Attending, Not NMM Board Certified" from the Attending drop-down menu. The injection procedure will count toward the injection totals; however, the patient encounter will not count toward meeting patient encounter minimums.
What qualifies as an in-depth study of osteopathic philosophy? <i>[Program Requirement: 4.11.b.]</i>	This should reinforce the importance of the original philosophy, as expressed by Dr. A.T. Still in his writings, and other philosophy related to Osteopathic Principles and Practice. The Review Committee strongly recommends that residents read at least one book by Dr. Still prior to completion of the program. This is considered a minimum and should promote a lifelong pursuit and commitment to understanding and implementing the Osteopathic Principles and Practices.

Does a resident's time spent teaching medical students while under the supervision of a faculty member count toward the required minimum of four hours per week of structured educational activities? <i>[Program Requirement: 4.11.a.]</i>	No, the time a resident spends teaching medical students, residents from another program, or junior residents does not count toward the required structured educational activities, regardless of whether there is faculty member participation. Examples of activities that do not count toward the required structured educational activities would include the time residents spend as assistants in an osteopathic manipulative medicine (OMM) lab and as table trainers.
What activities are considered by the Review Committee to be educational activities focused on relevant neuromusculoskeletal medicine topics? <i>[Program Requirement: 4.11.a.]</i>	The Review Committee would view relevant neuromusculoskeletal medicine topics as topics appropriate for the preparation of a resident for practice as a neuromusculoskeletal medicine specialist. The topics should be wide-ranging and challenging. The Review Committee recognizes that residents may participate in other residency programs' didactic sessions, which may offer educational activities in relevant topics. However, an osteopathic neuromusculoskeletal medicine program must develop and provide educational activities specifically for osteopathic neuromusculoskeletal medicine residents. The Review Committee does not consider participation in educational activities provided to medical students to be relevant neuromusculoskeletal medicine topics, as these activities would be considered remedial and not at an appropriate educational level to be beneficial to an osteopathic neuromusculoskeletal medicine resident. The Review Committee recommends that faculty members and other physicians from the community who are neuromusculoskeletal medicine specialists participate in a minimum of 50 percent of the educational activities.
How does the Review Committee define a continuity of care clinic? <i>[Program Requirements: 4.11.d.2.-4.11.d.4.b.2.]</i>	The continuity of care clinic is the site at which residents are primarily responsible for a panel of continuity patients, denoted in the Program Requirements as "designated patients." These patients should perceive the assigned resident as "their physician" and schedule appointments to see this resident. It is the intent that patients will return to this clinic site for follow-up care with their designated resident. A continuity of care clinic should provide residents with experience in comprehensive and continuous care of patients with common diagnoses found in a neuromusculoskeletal medicine practice.

Can a program director require a resident to complete more than an average of three half-days in the continuity of care clinic per week? <i>[Program Requirements: 4.11.d.2.b.-4.11.d.3.]</i>	Yes, it is within the purview of the program director to require residents to complete more than three half-days, on average, per week in the continuity of care clinic. The Review Committee recognizes that it may be necessary for residents, on a case-by-case basis, to require more time in the continuity of care clinic to meet the necessary patient encounter minimums. However, programs must ensure that additional time in the continuity of care clinic does not compromise other required curricular experiences, such as rotations and structured didactics. Though more than three half-days in the continuity of care clinic may be scheduled, programs must only do so for the educational benefit of the residents and not because the patient volume in the clinic(s) does not permit residents to complete the required patient encounters in three half-days per week.
If a resident has not met the minimum number of unique designated panel patients prior to completion of the residency program, must the resident's time in the program be extended so that the resident may meet the minimum prior to being permitted to graduate? <i>[Program Requirements: 4.11.d.2.c.-4.11.d.4.b.2.]</i>	The program director is responsible for determining when a resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice, and is ready to graduate from the program. A resident's time in the program may need to be extended if the program director determines that a resident has failed to meet all graduation requirements established by the program. If a program director graduated a resident that had not logged the minimum number of unique designated panel patients in the ACGME Case Log System, then the program must explain in the "Major Changes and Other Updates" section of ADS, during the next ADS Annual Update, how competence was determined in the management of a panel of patients, to include follow-up care of patients. Programs are encouraged to provide additional continuity of care statistics that may not be calculated in the ACGME Case Log System, such as the total number of follow-up patient encounters the resident completed prior to graduation. The Review Committee will review and consider the additional information provided in determining substantial compliance with the Program Requirements. Programs should not move clinic patients between resident panels for the sole purpose of bolstering a resident's panel patient numbers.

Can a patient treated with osteopathic manipulative treatment in a physician's private neuromusculoskeletal medicine clinic, under the supervision of a neuromusculoskeletal medicine specialist, be counted toward the required minimum number of continuity care clinic patient encounters? <i>[Program Requirements: 4.11.d.2.c.-4.11.d.4.b.2.]</i>	No; only patient encounters completed in the resident's designated continuity of care clinic(s) may count toward the minimum number of continuity of care patient encounters (700 or 1,000).
Can a patient encounter with a continuity of care clinic patient that occurred in the inpatient setting count toward the minimum number of continuity of care patient encounters? <i>[Program Requirements: 4.11.d.2.c.-4.11.d.4.b.2.]</i>	No; only patient encounters completed in the resident's designated continuity of care clinic(s) may count toward the minimum number of continuity of care patient encounters (700 or 1,000).
Must a resident be supervised by an AOBNMM-certified physician in order to include a continuity patient encounter toward the minimum 250 designated patients in the continuity of care clinic or the 1,000 patient care encounters in the continuity clinic? <i>[Program Requirements: 4.11.d.3.b.1.-4.11.d.3.b.2.]</i>	An osteopathic neuromusculoskeletal medicine resident seeing patients for specialty evaluation in the continuity clinic must be supervised by an AOBNMM-certified, American Osteopathic Board of Special Proficiency in Osteopathic Manipulative Medicine (AOBSPOMM)-certified, or board-eligible attending physician. A supervising physician without such certification or eligibility would not be able to direct a resident to the depth and breadth of knowledge expected of a board-certified physician.

How can a rotation be structured or formatted? <i>[Program Requirements: 4.11.f.- 4.11.f.1.]</i>	Rotations can be structured as four-week or one-month blocks, or as longitudinal experiences, so long as they are 100 hours in length. The time scheduled on a rotation does not include completing scholarly activity and osteopathic neuromusculoskeletal medicine didactics. The time residents spend in the osteopathic neuromusculoskeletal medicine continuity of care clinic to meet their required continuity of care clinic time also does not count toward required rotation time. Further, academic medicine experiences that occur outside of the clinical setting (e.g., a resident serving as an assistant in a medical school's OMM lab or as a table trainer) only count toward rotation time if the rotation is an elective academic medicine experience.
Can a program offer two weeks in a required selective rotation and two weeks in another required selective rotation? <i>[Program Requirements: 4.11.f.- 4.11.f.6.b.]</i>	Required rotations are calculated based on a minimum number of hours of required experience in a discipline. For example, 4.11.f.4.b.4. states that a resident must complete one rotation in either radiology, musculoskeletal radiology, or pain management. The required 100 hours of rotation time would need to be in one of those disciplines. Programs may not offer 50 hours in one specialty/subspecialty and 50 hours in another.
Can an elective rotation consist of 50 hours in one specialty/subspecialty and 50 hours in another specialty/subspecialty? <i>[Program Requirements: 4.11.f., 4.11.f.4.b.5., 4.11.f.5.e., and 4.11.f.6.b.]</i>	Yes, programs are permitted to divide an elective rotation into two specialty or subspecialty experiences, each consisting of at least 50 hours. For example, a program can offer an elective rotation consisting of 50 hours of sports medicine and 50 hours of orthopaedic surgery. Elective academic medicine or international (approved by the Review Committee) rotations can also be offered as 50-hour experiences.
Can the program offer asynchronous online specialty/subspecialty experiences as elective rotation experiences? <i>[Program Requirements: 4.11.f.4.b.5., 4.11.f.5.e., and 4.11.f.6.b.]</i>	No, asynchronous online experiences are not an acceptable required or elective rotation experience.

If a resident entering at the ONMM3 level of a program has completed 50 hours of a selective rotation in the resident's primary residency, does the resident have to repeat the selective rotation in the osteopathic neuromusculoskeletal medicine program or only complete the remaining 50 hours of the selective rotation? <i>[Program Requirements: 4.11.f.5.b.- 4.11.f.5.e.1.]</i>	The required selective rotations 4.11.f.5.b. - 4.11.f.5.e.1. for a resident entering at the ONMM3 level of the program must total at least 100 hours to ensure residents have appropriate exposure to all facets of the specialty or subspecialty. If a resident completed a partial rotation during the primary residency, that resident will not be given credit for that experience in the osteopathic neuromusculoskeletal medicine program.
Can required rotations occur exclusively in outpatient settings with the exception of the required osteopathic neuromusculoskeletal medicine inpatient consult service rotations? <i>[Program Requirements: 4.11.f.2. and 4.11.f.4.- 4.11.f.6.b.]</i>	Though the Review Committee expects the majority of rotation experiences to take place in the outpatient setting, programs must also provide experiences in the inpatient/hospital setting that are not limited to osteopathic neuromusculoskeletal medicine inpatient rotations. The patient care setting(s) of required (including selective) rotation experiences must be appropriate to the specialty of the rotation. For example, it is expected that surgical rotations would include both inpatient hospital and outpatient clinic experiences. Specialties that are primarily or exclusively hospital based, such as emergency medicine or radiology, are expected to be based primarily or exclusively in the hospital setting. The curriculum of the ONMM1 year, if offered by the program, should likewise include a mix of patient care settings appropriate to the rotation specialty and provide residents with fundamental clinical skills. For example, required rotations, such as internal medicine and obstetrics and gynecology, are expected to include experiences in the hospital setting.
Can elective rotations experiences occur exclusively in either the inpatient or outpatient setting? <i>[Program Requirements: 4.11.f.4.b.5., 4.11.f.5.e., and 4.11.f.6.b.]</i>	Yes, elective rotations can focus specialty or subspecialty rotations in the outpatient or inpatient setting when appropriate. For example, an orthopaedic surgery rotation offered as an elective can occur exclusively in the outpatient setting, unlike a selective rotation experience in orthopaedic surgery, which is expected to include experience in an ambulatory clinic, the hospital, and the operating room.

How should a program structure its ONMM1 year to ensure the rotations include fundamental clinical skills? <i>[Program Requirement: 4.11.f.4.a.]</i>	The ONMM1 year should be structured with rotations in specialties that utilize the comprehensive application of fundamental clinical skills in diagnosis, treatment, rehabilitation, and prevention. This will include a variety of rotation experiences in a mix of patient care settings, including but not limited to the ambulatory and hospital/in-patient settings. The ONMM1 year will consist of patient care rotation experiences in a broad variety of specialties, such as emergency medicine, family medicine, general internal medicine, general surgery, obstetrics and gynecology, pediatrics, and physical medicine and rehabilitation. Highly specialized experiences, or clinic work that focuses almost entirely on a single organ system (e.g., cardiology, endocrinology, urology, otolaryngology), are not regarded as sufficiently broad in experience to be considered fundamental clinical skills rotations. Programs can offer more specialized experiences as elective experiences in the ONMM1 year, as appropriate.
Can a program require outpatient osteopathic neuromusculoskeletal medicine rotations? <i>[Program Requirements: 4.11.f.4.b.5.a., 4.11.f.5.e.1., and 4.11.f.6.b.]</i>	Program directors may require residents to complete one outpatient neuromusculoskeletal medicine rotation per program year. This experience is intended to allow residents to gain experiences they may not be able to gain during their time in the continuity of care clinic due to the format of that experience. This may include focused practice management experience, patient care practice focused on a specific patient population(s) within neuromusculoskeletal medicine, an opportunity to work with a wider variety of neuromusculoskeletal medicine specialists to experience a larger variety in style and treatment modalities, etc. This rotation would be in addition to the existing requirement for a resident to provide osteopathic evaluation and treatment in a neuromusculoskeletal medicine continuity of care clinic. Residents could still complete elective rotations in outpatient neuromusculoskeletal medicine, as well as outpatient neuromusculoskeletal medicine rotations required as a part of a remediation plan.
What is an elective rotation? <i>[Program Requirements: 4.11.f.4.b.5. and 4.11.f.5.e.]</i>	An elective rotation is an educational experience approved to be included in the program curriculum and selected by a resident in consultation with the program director.

Is orthotics an acceptable elective rotation? <i>[Program Requirements: 4.11.f.4.b.5. and 4.11.f.5.e.]</i>	No; rotations must be supervised by appropriate board-certified physician faculty members, as defined in the Program Requirements. Orthotics may be incorporated into a required or elective rotation, as long as the rotation is supervised by a qualified faculty member.
If a resident developed the curriculum and led a table training lab for medical students, would that be considered scholarly activity? <i>[Program Requirement: 4.15.]</i>	While this is a type of scholarly activity, it would not count toward the required scholarly activity that residents must complete prior to graduation (4.15.a.- 4.15.a.). The Review Committee expects that such an experience would occur only once during an academic year unless it was being completed as a part of an elective academic medicine rotation.
How should required resident scholarly activity be reported in ADS? <i>[Program Requirements: 4.15.- 4.15.a.]</i>	The Review Committee expects that required resident scholarly activity be reported in ADS in the following categories: • Original paper on a neuromusculoskeletal medicine topic suitable for publication: “PMID, Other Publications, or Chapters/Textbooks” ○ If a paper was not published, it should be reported in the “Other Publications” category. The Review Committee understands that the description provided for this category in ADS does not align with this directive. • Presented scholarly project, within the scope of neuromusculoskeletal medicine: “Conference Presentations or Teaching/Presentations” • Preparation and presentation of a neuromusculoskeletal medicine-related topic at a state, regional, or national meeting: “Conference Presentations or Teaching/Presentations” The Review Committee defines “regional meeting” (in the context of the scholarly activity requirement 4.15.a.) as a meeting at which the participants are from more than one ACGME-accredited program.

If a program is affiliated with a College of Osteopathic Medicine, are the residents permitted to serve as table trainers in the school's OMM labs? <i>[Program Requirements: 6.12.a.- 6.12.a.]</i>	The ACGME Common Program Requirements state that the learning objectives of an ACGME-accredited program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. For this reason, experiences that include the education of medical students outside of the clinical setting may not be part of the required curriculum of the program. This would include preparing and serving as OMM lab assistants and table trainers for medical students. These experiences do not count as resident didactics and may only count as scholarly activity in certain circumstances. It is suggested that programs review the academic medicine FAQs within this document that are associated with didactic time and scholarly activity. The Review Committee acknowledges the value in osteopathic neuromusculoskeletal medicine residents' participation in the education of future osteopathic physicians. Residents are encouraged to participate in the education of junior residents and medical students in the clinical setting. If the program seeks to offer residents an experience as an OMM lab assistant, table trainer, or similar role in the education of medical students, these experiences can be offered as an elective academic medicine rotation (limited to one experience per year with a limit of 100 hours) or through a scholarly project (limit one per osteopathic neuromusculoskeletal medicine year).
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Other

What elements must already be in place for a new osteopathic neuromusculoskeletal medicine program to achieve ACGME accreditation?

The Review Committee for Osteopathic Neuromusculoskeletal Medicine will expect new program applications to have the following elements already in place in order to demonstrate substantial compliance with the Program Requirements and become accredited:

- A qualified program director must be hired and have appropriate licensure and clinical appointments.
- All program letters of agreement needed for required and selective rotation experiences must be fully executed.
- At least one board-certified or board-eligible neuromusculoskeletal medicine physician faculty member must have clinical privileges at the site where the neuromusculoskeletal medicine inpatient consultation service and rotation will take place.
- A neuromusculoskeletal medicine or osteopathic manipulative medicine consultation service must be in place at the site where the required resident neuromusculoskeletal medicine inpatient consultation service and rotations will take place.
- The program director or a faculty member that is board certified or board eligible in neuromusculoskeletal medicine must have an active neuromusculoskeletal medicine practice in the location of the program's continuity of care clinic or geographically close to the continuity of care clinic location.
- The program must have a continuity of care clinic location that is a functioning ambulatory clinic.
- The program must be able to demonstrate outpatient neuromusculoskeletal medicine patient volume to support the resident complement requested in the application. If the outpatient neuromusculoskeletal medicine patient volume is not available for the 12-month period of time requested in the specialty-specific application, then the program may provide patient data for at least six months showing sustained increase in clinic patient volume through new patient visits, follow-up visits, and total patient volume.

In the application for accreditation, does a program need to demonstrate compliance with all requirements if it only plans to offer entry into the ONMM3 level?	If a program plans to only offer entry at the ONMM3 level and that is reflected in the requested complement (i.e., a complement of zero in both the ONMM1 and ONMM2 years), then the program will not be required to demonstrate compliance with the ONMM1 and ONMM2 level of entry requirements. The block diagram would therefore only need to show the ONMM3 level of entry curriculum. Additionally, the program can respond to any specialty-specific questions pertaining specifically to the ONMM1 and ONMM2 levels of entry with “not applicable.”
If a resident is entering at the ONMM3 level of the program, what “year in the program” should be entered for the resident in ADS?	When adding a resident entering the program at the ONMM3 level to the Resident Roster in ADS, the resident would be entered at the “3” year in the program. Residents entering at the ONMM1 level would be entered at the “1” year in the program, and residents entering at the ONMM2 level would be entered at the “2” year in the program.
If an accredited program is interested in accepting residents in the ONMM1 year, what is the process to receive approval from the Review Committee to do so?	The program will request to increase its resident complement in the ONMM1 year based on the number of residents the program seeks to educate in that year. The program will also need to provide additional information that is outlined in the “Process to Request Approval for ONMM1 Year” document available on the Documents and Resources page of the Osteopathic Neuromusculoskeletal Medicine section of the ACGME website.
If a program requests a complement increase for the ONMM2 year and the current complement for that year is zero, what information must be provided to the Review Committee?	The Review Committee requires the following information to make a complement increase decision: • Educational rationale for the increase • Block Diagram showing both ONMM2 and ONMM3 levels of entry • Case Log reports • Faculty-to-resident ratio • Outline of major changes since the last review by the Review Committee • Updated responses to previous citations (if any) The program is encouraged to contact the Review Committee Executive Director for additional information.

Does the Review Committee permit residents to complete rotations outside of the United States and its territories?	A program may submit a request to the Review Committee to offer educational experiences outside of the United States and its territories, also referred to as an international rotation. International experiences may only be offered through elective rotations. The program may not fulfill required rotation requirements, including selective rotation requirements, with international experiences. If a program would like to submit a request to the Review Committee to offer an international educational experience, the following must be provided in or appended to a formal letter sent via email to the Review Committee executive director: • Location of the experience • Duration of the experience • Description of the experience, including competency-based goals and objectives • Description of the supervision provided on experience, including the credentials of the individual(s) providing supervision • Plan for resident safety during the rotation The program may also offer international experiences during vacation or leave from the program.
Who can supervise residents while on a Review Committee-approved elective rotation outside of the United States and its territories?	The physicians supervising residents on educational experiences, within or outside of the United States, must meet the same faculty qualifications as outlined in the Program Requirements (2.9.a.-2.9.b.), including appropriate board certification.