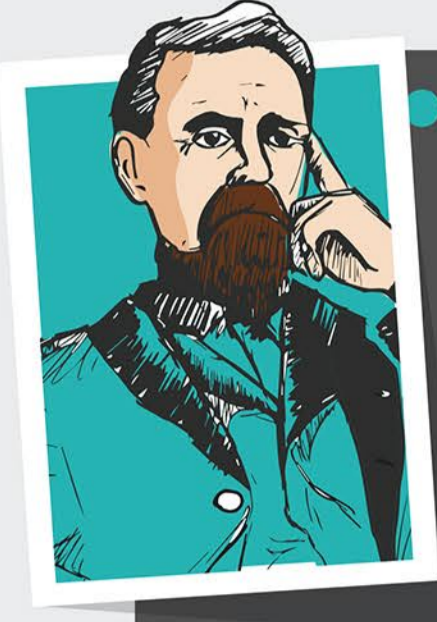




The Evolution of

Osteopathic Medical Education

Leaders in medical education recently announced that the separate accreditation systems for allopathic and osteopathic graduate medical education (GME) will be unified into a single, streamlined system. The need for a single accreditation system reflects the major growth of the importance of osteopathic medicine in American healthcare, with one in four newly matriculated medical students now pursuing osteopathic medicine, a greater proportion than ever before.



Dr. Andrew Taylor Still rejects now-discredited medical practices of the day – such as *bloodletting, dosing with mercury, and blistering* – in favor of preventive medicine, treating the whole patient, and utilizing osteopathic manipulative treatment to improve the body's ability to function and heal itself.

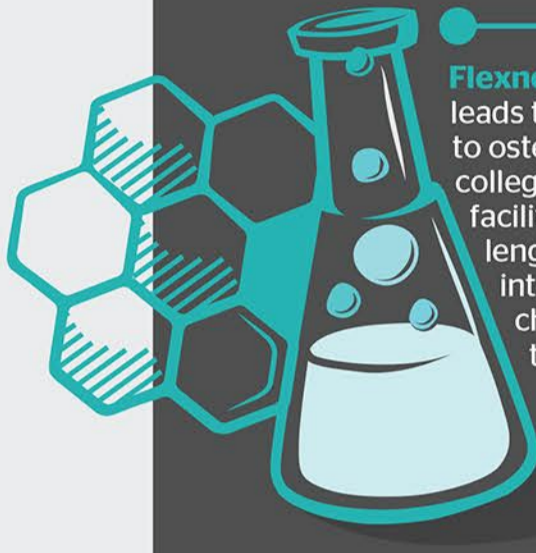
1874

1892

Dr. Still opens first osteopathic medical school, the American School of Osteopathy, in Kirksville, Missouri.



1910



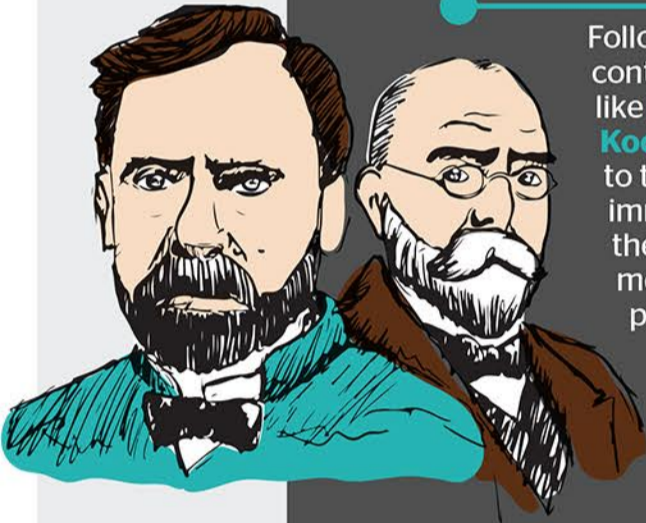
Flexner Report leads to strong improvements to osteopathic medical colleges, such as expanding facilities, extending the length of instruction, and integrating biological and chemical agents into the curriculum.

1915

New requirement from **American Osteopathic Association (AOA)** moves to four-year course for osteopathic medical colleges.



1929



Following the contributions of scientists like **Louis Pasteur, Robert Koch** and **Joseph Lister** to the advancement of immunological and germ theory, osteopathic medical schools require pharmacology. Surgery is adopted around this time as well.

1936

Internships are reviewed and approved for training osteopathic physicians.



1947



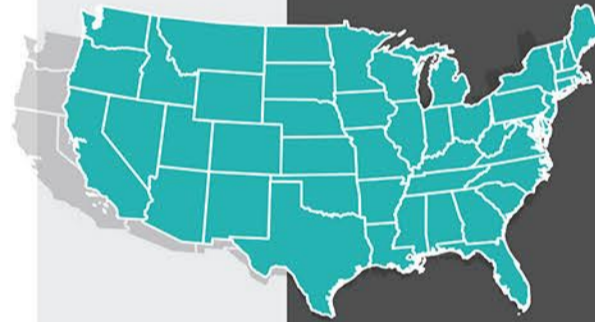
Residencies are reviewed and approved for osteopathic physician training.

1957

U.S. Department of Health, Education and Welfare recognizes AOA as accrediting body for osteopathic medical education.



1973



Doctors of osteopathic medicine (DOs) are eligible for licensure in **all 50 states** and the District of Columbia.

1991

Graduate medical education approved by the Accreditation Council for Graduate Medical Education (ACGME) is accepted as a second pathway to obtain osteopathic medical licensure, in addition to AOA-approved training.



1995

Osteopathic Postdoctoral Training Institutions (OPTIs) begin serving as accredited academic sponsors for graduate osteopathic medical education, providing an enhanced quality assurance mechanism for a seamless educational continuum between academic medicine, hospitals, and other community-based healthcare facilities.



2001

With Louisiana becoming the 50th state to accept the National Board of Osteopathic Medical Examiners' COMLEX examination, **DOs can be licensed in all states and D.C. with their own licensure examination.**



2007

Osteopathic physicians have full practice rights in **45 countries.**



Rotating osteopathic internship is merged into **residency training.**



2011

AOA approves **ACGME** graduate medical education training as **interchangeable** with AOA training for purposes of certification of physicians, through Resolution 29.



2014

ACGME, AOA, and American Association of Colleges of Osteopathic Medicine (AACOM) announce an agreement to create a single accreditation system for GME.



Beginning in December, **institutions may go online** to prepare to apply for **ACGME institutional accreditation.** (They may formally begin application on April 1, 2015, which will result in a pre-accreditation status, enabling the programs that they sponsor to apply for ACGME accreditation in 2015.) **AOA and AACOM** nominate Board members to ACGME Board.

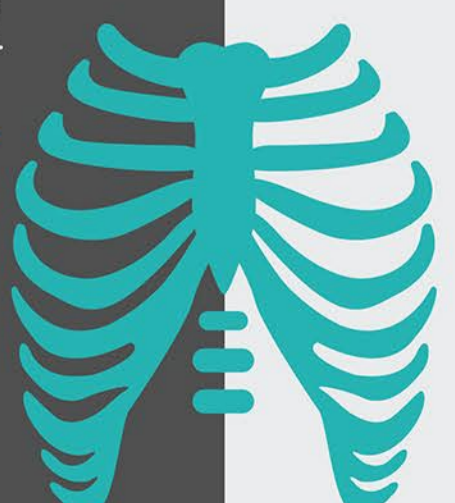


2015

Starting in July, AOA-accredited residency programs can apply for ACGME accreditation and are encouraged to do so. AOA and AACOM representatives will join **Review Committees.**



Two new **Review Committees** will be established, one for **osteopathic neuromusculoskeletal** programs and the other addressing osteopathic principles and practice for osteopathically-focused GME.



2020

AOA-accredited residency programs must have applied for and received ACGME recognition and accreditation, with **ACGME's Common Program Requirements** leveling the field for all osteopathic and allopathic GME programs.

