



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.

**1874**



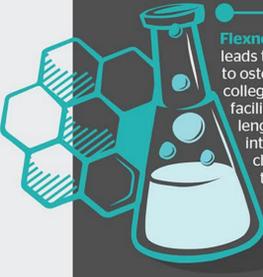
**Dr. Andrew Taylor Still** rejects now-discredited medical practices of the day – such as *bloodletting, dosing with mercury, and blistering* – in favor of preventive medicine, treating the whole patient, and utilizing osteopathic manipulative treatment to improve the body's ability to function and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

**1892**

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



**1910**



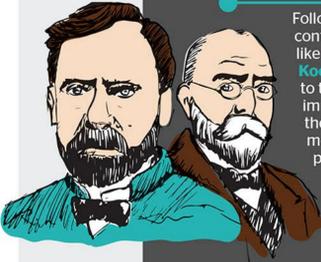
**Flexner Report** leads to strong improvements to osteopathic medical colleges, such as expanding facilities, extending the length of instruction, and integrating biological and chemical agents into the curriculum.

**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.

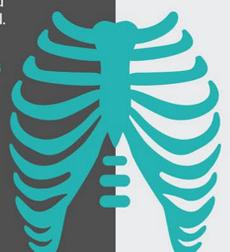


**2015**

**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.

