Basic Standards For
Osteopathic Residency Training Programs In
Public Health And Preventive Medicine

American Osteopathic Association
And
American Osteopathic College of Occupational and Preventive Medicine (AOCOPM)
## Table of Contents

ARTICLE I – Introduction .............................................................................................................................. 3  
ARTICLE II – Mission ..................................................................................................................................... 3  
ARTICLE III – Educational Program Goals ................................................................................................ 3  
ARTICLE IV – Institutional Requirements .................................................................................................. 5  
ARTICLE V – Program Requirements and Content ................................................................................... 5  
ARTICLE VI – Program Director/Faculty ................................................................................................... 6  
ARTICLE VII – Resident Requirements ....................................................................................................... 6  
ARTICLE VIII – Evaluation ........................................................................................................................... 7
ARTICLE I – Introduction

These are the Basic Standards for Residency Training in Preventive Medicine and Public Health (PMPH) as established by the American Osteopathic College of Occupational and Preventive Medicine (AOCOPM) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in preventive medicine and public health and to prepare the resident for examination and certification in preventive medicine and public health.

ARTICLE II – Mission

The mission of the osteopathic preventive medicine and public health residency training program is to provide residents with comprehensive structured education to prepare them to become preventive medicine and public health specialists to meet the needs of the United States and the world, and to prepare osteopathic physicians to become eligible for certification in preventive medicine and public health.

ARTICLE III – Educational Program Goals

The objective of a Preventive Medicine and Public Health training program is to develop the resident’s competency in the following core areas:

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   a. Demonstrate the application of knowledge of Osteopathic Manipulative Treatment (OMT) appropriate to specialty. The practitioner will remain dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.

2. Patient Care
   a. That is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health in both direct patient care and community/population medicine, including application of Osteopathic Principles and Practices. Therapeutic decisions, both for the individual and the community, are evidence-based.

3. Medical Knowledge
   a. Clinical Preventive Medicine and Public Health:
      b. Health Services Administration: The physician has the knowledge and skills necessary to the area of general administration of a health department, the financing of health services, the use of vital statistics, and the various services commonly provided by health departments to the community.
   c. Environmental Health: The physician has the knowledge and skills necessary to recognize potential environmental causes of concern to the individual as well as to community health. Environmental issues most often include air, water, or ground contamination by natural or artificial pollutants. The physician has knowledge of the health effects of the broad physical and social environment, which includes housing, urban development, land-use and transportation, industry, and agriculture.
   d. Biostatistics: The physician has the knowledge and skills to interpret, evaluate and utilize skills and results for application to both individual and community health programs and services, including disease surveillance and program evaluation.
c. **Epidemiology:** The physician has the knowledge and skills to apply epidemiological techniques to disease management, prevention, identification and actual clinical containment. The physician has knowledge and skills in the epidemiological concepts involved in communicable diseases, including diagnosis, management, and available community methods of control. The physician will also study chronic diseases, the various methods of prevention, and reduction of risk factors. The physician will understand and be able to conduct research and interpret medical literature.

d. **Community and Population Health:** The physician has the knowledge and skills to utilize available community health promotion and community partnership programs to perform community needs assessments, address identified health concerns within communities and at-risk populations utilizing available community resources.

e. **Clinical Preventive Medicine:** The physician has the knowledge and skills to develop, evaluate, and manage infectious and chronic disease surveillance programs for individuals and populations at risk, as well as the general public. The physician has the knowledge and skills to apply primary, secondary, and tertiary preventive methods.

f. **Behavioral Determinants of Health:** The physician has the knowledge and skills to evaluate, manage and incorporate the various behavioral determinants of health into community and individual preventive strategies. Behavioral determinants of health include exercise, substance abuse, mental health, etc.

g. **Emergency Preparedness and Management:** The physician has the knowledge and skills to plan for mitigation of, response to, and recovery from disasters for the community at large. Emergency management most often includes resource mobilization, risk communication, and collaboration with local, state, or federal agencies.

h. **Occupational Medicine:** The physician has the knowledge and skills to identify and evaluate diseases and injuries associated with the workplace.

4. **Systems Based Practice**
   a. As manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, including the interaction between various levels of government, industry and the individual in affecting health outcomes, and the ability to use relationships and resources to navigate the health system to promote the best possible outcomes. Understands and can apply the concepts of continuous quality improvement.

5. **Practice Based Learning and Improvement**
   a. That involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

6. **Professionalism**
   a. As manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

7. **Interpersonal Skills and Communication**
   a. That result in effective information exchange and teaming with patients, their families, other health professionals, as well as health care system and community partners.
ARTICLE IV – Institutional Requirements

4.1. The institution must provide the time and resources for each resident to attend the annual convention and scientific sessions or another educational program sponsored by the AOCOPM at least once during their residency.

4.2. The institution shall provide a documented internal review mechanism to assure an annual appraisal of, the educational curriculum, clinic scope and volume, the faculty, and the quality of patient care.

ARTICLE V – Program Requirements and Content

5.1. A Preventive Medicine and Public Health residency shall be 24 months in duration, to be completed within 4 years. Residents who have completed other residency training (as described in Article III, Section 8) and are board-certified or board-eligible in another specialty and have completed the required graduate coursework will be considered for a shorter training period, but in no case shall this be less than 12 months.

5.2. A Preventive Medicine and Public Health residency training program must have at least two physician faculty board certified in Preventive Medicine and Public Health.

5.3. Subject to appropriate agreements, physicians in other settings, such as behavioral and mental health clinics, chemical dependency treatment centers, and occupational medicine clinics shall be used to supplement the faculty to provide residents with a breadth of experiences in Preventive Medicine and Public Health.

5.4. Non-physicians who hold advanced degrees pertinent to Preventive Medicine and Public Health may serve as faculty and supervise residents within their disciplines.

5.5. The resident must participate in direct clinical patient care a minimum of 80 days during the OGME2 academic year and 60 days during the OGME3 academic year.

5.6 The program shall provide clinical and administrative experiences within a functioning state and/or local health department, university or hospital administration, or other health care organization that can provide relevant clinical and public health systems exposure.

5.7 The program shall provide a documented internal review mechanism to assure an annual appraisal of, the educational curriculum, clinic scope and volume, the faculty, and the quality of patient care.

5.8. The program must have a supervision policy that includes, at minimum: how the faculty provides supervision (direct, indirect and informal) at all times; how supervision is graded with regard to level of training; how the program assesses competence (both procedural and non-procedural) with regard to the need for supervision; and how the policy is monitored and enforced.

5.9 The program must maintain a file for each resident containing, at minimum:
   a. Ambulatory logs;
   b. Rotation evaluation forms;
   c. Quarterly program director evaluations.

5.10 Graduate level training in the following areas, which includes the earning of a Master of Public Health or an equivalent graduate degree:
a. Epidemiology, to develop an understanding of the study of disease within communities and populations, including Global Health.

b. Biostatistics: Research and Statistical methods and their application to the study of and prevention of individual and population diseases, both chronic and acute.

c. Health Services Management and Administration

d. Environmental Health.

e. Behavioral Aspects of Health

**ARTICLE VI – Program Director/Faculty**

6.1. The qualifications of the program director will include:

a. Certification in Preventive Medicine and Public Health by the American Osteopathic Association, through the American Osteopathic Board of Preventive Medicine (AOBPM), or be an Osteopathic physician certified in Public Health and general Preventive Medicine by the American Board of Preventive Medicine (ABPM).

b. Demonstrated evidence of continuing medical education in the fields of preventive medicine, including General Preventive Medicine, Preventive Medicine and Public Health, or Aerospace Medicine.

c. Involvement in the delivery of Preventive Medicine and Public Health, have training and experience in academic medicine and have administrative ability and expertise to direct and supervise a residency program.

d. Licensure to practice osteopathic medicine in the state or territory where the institution that sponsors the program is located, or another jurisdiction satisfactory to the sponsoring institution.

e. Appointment in good standing to the medical staff of an institution participating in the program.

6.2. The program director must prepare an annual report to the AOCOPM.

**ARTICLE VII – Resident Requirements**

7.1. Applicants for training in Preventive Medicine and Public Health must:

a. Have completed an AOA, ACGME, or US government approved internship.

7.2. During the training program, the resident must:

a. Submit an annual report to the American Osteopathic College of Occupational and Preventive Medicine (AOCOPM)

b. Submit a scientific paper and/or research paper, suitable for publication and pertaining to Preventive Medicine and Public Health. Established guidelines shall be used in preparation of the paper.

c. Keep a log, recording each case and procedures assigned for all treatment settings, identified by the institution number. This log shall be submitted each quarter to the program director and Director of Medical Education for review and evaluation.

d. Participate in an annual in-service exam when available and required by AOCOPM.
ARTICLE VIII – Evaluation

A. The residency program shall maintain a system of programmatic reviews, as follows:

8.1. This record shall include a patient log, which shall document that each resident has completed all clinical experiences required by the program.

8.2. Provide written evaluation that documents the resident’s knowledge, skills and overall performance at regularly scheduled intervals throughout the training period and a final evaluation, which documents satisfactory completion of all program requirements for each resident at the end of training. The evaluation must include a review of the resident’s performance during the final period of training and should verify that the resident has demonstrated an ability to practice competently and independently. This final evaluation should be part of the resident’s permanent record maintained by the institution. The program director shall meet with each resident and the resident shall receive a written performance review at least every 6 months during their program.