

Subject: Explanatory statement referencing H-219-A/2026 (Promoting greater emphasis on the philosophy of Osteopathic Principle and Practice)

To: AOA House of delegates (HOD) 200 series reference committee

Author of resolution: Montana Osteopathic Medical Association (MOMA)

Through their involvement in osteopathic continuing medical education (CME), graduate medical education (GME), and undergraduate osteopathic education (UME), some for more than 30 years—MOMA's HOD representatives have identified potential deficiencies in how Osteopathic distinctiveness is promoted throughout the educational process.

Historically, Osteopathic education, at all levels, was accredited by the American Osteopathic Association (AOA), and the AOA had direct guidance over the content on this education; and students, residents and practicing physicians were all required to be involved in this AOA accredited education, and, therefore, were a captive audience to its content. This created complacency in content, in our opinion. As an example, CME education, which is still directly accredited by the AOA, required just Osteopathic Manipulative Treatment (OMT) and Osteopathic Manipulative Medicine (OMM) to obtain AOA accreditation. Overtime, it became apparent to us that there was much more to Osteopathic Principles and Practice (OPP) than OMT/OMM, but as there was no requirement to include the broader discipline of OPP beyond OMT/OMM, this broader focus was absent for the most part in our education. This was further complicated by the fact that it is difficult to define OPP beyond OMT/OMM in specific educational terms.

Now that the AOA has delegated accreditation for UGE and GME to agencies in and outside of the AOA, and most osteopathic physicians can obtain their CME outside of the Osteopathic educational system, there is no longer a captive audience for Osteopathic education. (An exception to this for CME is there are about 7 states that by law for licensure for all DO's require some Osteopathic CME.)

This change now makes it essential that our educational content contain a focus that is meaningful and important in the distinctive osteopathic approach to patient care which, it can be suggested, is also important in the practice of medicine for all physicians. This content should include OMM/OMT, but also OPP beyond OMM/OMT.

The challenge is to define OPP beyond OMM/OMT in practical terms that can be incorporated into education. This will require collaboration across all osteopathic education to develop shared language and content. And, because current OPP education largely emphasizes OMM/OMT in, for example, UME-where simplifying and standardizing OMM/OMT content could allow more of the approximately 200 OPP hours to address the broader philosophy and practice of osteopathic medicine. This is the basis for our two stated resolves. We thank the committee for its consideration and open discussion of this resolution.