FROM THE PRESIDENT'S DESK



Keeping Osteopathic Focus for the ACOFP Family

Robert C. DeLuca, DO, FACOFP *dist.* 2019 - 2020 ACOFP President

The 2019 ACOFP Annual Convention was the culmination of a great year for osteopathic family medicine. Through the leadership of Dr. Duane Koehler this past year, our profession has a very bright and exciting future. The ACOFP Board and I, as the 2019-2020 President, will continue with programs that will focus on "keeping osteopathic family medicine osteopathic."

LEADERSHIP

Over the next year, we will look for new ways to engage members, better communicate, and improve perceptions of osteopathic training and certification.

Last year we conducted a communication audit to identify new ways to tell our story. The staff team remains committed to trying new things, including increasing our social media presence. We are making new connections, creating more videos and educational content, posting to LinkedIn, and have started an Instagram account that was quite popular at the Convention.

Another way we're looking to increase engagement is through our volunteer opportunities. To make for more meaningful volunteer experiences and successful results of each committee, the ACOFP Board reviewed and approved updated committee charges and goals for the coming year. We are taking a closer look at how each committee functions this year to determine if we are achieving our goals. If goals have not been reached, there may be other ways we can engage with members.

As one means to help increase member engagement, we formed a few new committees.

- First, we have created a **Knowledge, Learning & Assessment Advisory Committee**. The goal of this group is to convene the chairs of committees that produce content, programs and services. There is an opportunity to better connect these groups to maximize efforts in a strategic way.
- A Residency Program Directors Committee was established to maintain and advance the process of osteopathically-focused graduate medical education and increase the number of programs that enhance in this process.

- The Family Medicine Chairs Committee was created to work with the US-based Colleges of Osteopathic Medicine Family Medicine/Primary Care departments to encourage osteopathic medical students to consider family medicine as a career, to encourage students to choose osteopathic recognized residency programs and to foster the osteopathic spirit and solidarity. Also, this group will help strengthen ties between COMs/Family Medicine Residency Programs with Osteopathic Recognition and the ACOFP by promoting the unique characteristics of Osteopathic Principles and Practices.
- Last, but not least, the **Preceptorship Committee** has been charged with identifying and educating high-quality preceptors to promote excellence and innovation with third and fourth-year osteopathic medical students to enhance their interest in osteopathic family medicine.

EDUCATION

ACOFP's education goal is to be the leading source of osteopathic post graduate instruction in the country. At the Residency Directors workshop during ACOFP'19, there was a great surge of excitement when the AOBFP, AOA and the ACOFP jointly announced the initial phase of changes in the certification process. This culminated many years of work by these groups to streamline both initial and re-certification process.

We will continue our efforts to keep the dialog open with AOBFP and AOA to ensure that initial certification and OCC evolve in a way that maintains their high quality, osteopathic focus, but is flexible, more cost-effective and reflective of today's learning style preferences.

We are excited about a new program for residents: Early Entry into OCC During Residency Training. A resident enrolled in an ACGME Family Medicine residency may be provisionally enrolled in OCC prior to completion of training by meeting certain requirements. Residents must complete two of three yearly AOBFP InService Exams during their residence, and pass the AOBFP Early Entry Initial Certification (EEIC) cognitive exam during year three of residency. Upon satisfying these requirements and verification of

residency completion status, certification will be granted and the individual will be officially enrolled in OCC.

ADVOCACY

As part of our Federal & State Legislation Committee, the "Act Now" subcommittee is being formed to engage with new professionals and others interested in supporting Direct Primary Care legislation and resources. Also, they will work to support legislation in favor of physician-led health care teams opposing unsupervised practice of medicine by other health professionals.

ACOFP not only advocates for members with government agencies but also within the medical profession and affiliates. The ACOFP Congress of Delegates passed several important resolutions that will be forwarded to the AOA House of Delegates in support of cooperation between the ACOFP, AOBFP and the

AOA regarding the continued focus on the osteopathic component of our education and evaluation programs.

As you can see, ACOFP has several new and exciting initiatives in the pipeline. This summer the Board will strategize a viable and visible pathway forward for our profession. Our goal is to not only keep pace with change and support the osteopathic agenda but to proactively exert ourselves as the leaders for our specialty and the professional home for osteopathic family physicians.

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2019 - 2020 ACOFP President

Rocky Mountain OPTI/Sky Ridge Medical Center Neuromusculoskeletal Medicine + 1 Residency

Our program was established to enable physicians who have already completed a residency in an approved specialty to spend an extra year enhancing their skills in neuromusculoskeletal medicine and osteopathic manipulative medicine (NMM/OMM). Our goal is to develop highly trained physicians who can act as both clinicians and academicians. Our program places a significant emphasis on the integration of osteopathic manipulative medicine and the principles of primary care sports medicine. Our residents develop their Osteopathic clinical skills by providing inpatient care at Sky Ridge Medical Center and outpatient care at the Rocky Vista Health Center and other associated outpatient clinics.

Our program also includes such rotation choices as neurological surgery, occupational medicine, orthopedic spine surgery, podiatric medicine, primary care sports medicine, neurology, physical medicine and rehabilitation, rheumatology, musculoskeletal radiology, medical acupuncture, family medicine, integrative medicine, functional medicine, hospice and palliative care, internal medicine, obstetrics and gynecology and pediatrics. Academic development occurs through the Rocky Vista University College of Osteopathic Medicine in Parker, Colorado. Successful program completion will allow the physician to apply for the Neuromusculoskeletal Medicine/Osteopathic Manipulative Medicine certification examination.

Kenneth A. Ramey, DO, FACOFP serves as the program director and is a 1994 graduate of the Chicago College of Osteopathic Medicine. He is board certified in family medicine/osteopathic manipulative treatment, neuromusculoskeletal medicine/osteopathic manipulative medicine and has a certificate of added qualification in sports medicine. Dr. Ramey is a member of the medical staff at Sky Ridge Medical Center and has served as a team physician at the high school, college and semi-professional levels. He is an Associate Professor of OPP at Rocky Vista University and serves as the Director of the Sports Medicine and Osteopathic Manipulative Medicine Program at the Rocky Vista Health Center.

We have received ACGME Pre-Accreditation and would be honored to consider your application for our program. Please send a current CV, letter of interest and three letters of recommendation (including one from your residency director) to Dr. Ramey at kramey@rvu.edu. Please call Dr. Ramey at (720) 874-2421 if you need additional information.

"The purpose of Osteopathy is to make life a little more comfortable for the patient."

"What are the limits of Osteopathy? No one knows the limits of Osteopathy."

John Martin Littlejohn, DO