Recent decisions by the American Osteopathic Association (AOA) Board of Trustees will change continuing medical education (CME) requirements for membership and board certification. These changes will challenge the osteopathic medical community to answer several questions, including how osteopathic CME is defined and whether there is value to osteopathic CME that is distinct from other programs. At the March 2017 Midyear Business Meeting, the AOA Board of Trustees approved 3 resolutions that will alter the CME landscape for all osteopathic physicians (ie, DOs). The first reduced the required number of hours of CME credits to maintain certification to 60 specialty-specific CME credits and allowed AOA- or ACGME-approved CME programs to satisfy that requirement. The second resolution liberalized the process of acquiring Category 1-A CME credit online. The third resolution decoupled AOA membership from osteopathic board certification. (Of note, a timeline for the implementation of decoupling AOA membership from board certification has not yet been established.)

Because DOs will no longer be required to obtain osteopathic CME, osteopathic CME providers need to ensure that their CME is distinct and valuable to physicians. Therefore, it could be beneficial to work toward a standard definition of osteopathic CME to identify and promote a unique brand of CME. In light of the potential challenges that the identity of the osteopathic medical profession may face because of the single accreditation system, it is necessary to explain the distinctive practice of osteopathic medicine and continue to teach that unique philosophy.

Several approaches have been used in the past to categorize the practice of osteopathic medicine, including the 4 tenets of osteopathic medicine. More recently, the Education Council on Osteopathic Principles has defined the 5 models of osteopathic care, which articulate how an osteopathic physician seeks to influence the patient’s physiologic systems. The whole-person approach to health care, whether defined explicitly in the 5 models or implicitly in daily practice, has been a distinct aspect of osteopathic medicine for the past 125 years. Educational content built around the osteopathic whole-person approach to health care, then, can be distinct from educational meetings focused on disease-oriented content.

Including osteopathic elements in CME presentations provides value beyond the CME credits granted. For example, at the 2017 Conference of the Osteopathic Physicians and Surgeons of California, a session was devoted to the topic of concussions. Although the session was divided to cover the subtopics of pathophysiology, diagnosis, and treatment, the underlying content was organized to represent all 5 models of care. The session also included osteopathic manipulative treatment as a modality for treatment.

A recent article from the Association of Family Medicine Residency Directors states the following:

Family medicine residencies possessing the necessary resources, or the ability to obtain them, can benefit from an Osteopathic Recognition designation. Osteopathic Recognition creates an opportunity for all physicians to learn Osteopathic Principles and Practices, to understand osteopathic philosophy, to practice various approaches to patient care. [Osteopathic Recognition] also creates program distinctiveness. Patient care that is delivered within the context of Osteopathic Principles and Practices is aligned to patient-centered, high-value care and to the needs of our nation’s health care system.

Continuing medical education activities that are organized around a systematic approach to osteopathic medicine, such as the 5 models of osteopathic care or the 4 tenets of osteopathic medicine, are distinct from other CME activities and can reinforce the advantages of incorporating osteopathic principles.
into medical practice to physicians who choose to do so. (doi:10.7556/jaoa.2017.144)

References


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