The launch of Osteopathic Continuous Certification (OCC) signifies the next stage of the osteopathic board certification process. The OCC process replaces the old recertification system for all osteopathic physicians who earned time-limited certificates from American Osteopathic Association (AOA) certifying boards. All 18 AOA certifying boards are now engaged in the continuous certification process. With the advent of any new system, many questions and concerns will arise. The AOA Bureau of Osteopathic Specialists continues to evaluate its new certification system and prepare for modifications in response to this feedback.

Osteopathic Continuous Certification (OCC) launched on January 1, 2013, replacing the old recertification process for all osteopathic physicians with time-limited certificates from American Osteopathic Association (AOA) certifying boards. All 18 AOA certifying boards use OCC, and osteopathic physicians still have many questions and concerns. In the present article, we provide an overview of the OCC process, including its history, its current status, and plans for the future.

History of OCC
A number of reports from the Institute of Medicine of the National Academies, including the consensus reports To Err Is Human: Building a Safer Health System1 and Crossing the Quality Chasm: A New Health System for the 21st Century,2 as well as its workshop report A Bridge to Quality,3 have expressed concerns related to the quality of health care in the United States. The reports call for reducing medical errors and improving patient safety. As a result of those reports, the BOS decided to reevaluate the osteopathic board certification process.

During this time, the BOS noted an increased focus on competency vs knowledge-based assessment and outcomes, evidenced in the Blue Ribbon Commission report, Building the Future: Educating the 21st Century Physician.4 Colleges of osteopathic medicine (COMs) use this type of assessment with osteopathic medical students through objective structured clinical examinations and standardized patient laboratories. Current COM graduates are very familiar with this type of assessment of their clinical skills.

The BOS reviewed what was being done within the osteopathic medical profession and paid particular attention to the continuous certification process that the American Osteopathic Board of Emergency Medicine (AOBEM) launched in 2005. The AOBEM’s continuous osteopathic learning assessments provided the foundation of OCC.5

From the beginning, the BOS was committed to making the process cost effective and not onerous to stakeholders. The BOS met with osteopathic medical students—our future diplomates—to review the outline for OCC. The majority opinion was that, as noted previously, the practice performance component of OCC was similar to the way the students were already being examined in COMs.

Using this information, the BOS conceptualized and developed the OCC process over a 6-year period beginning in 2007.

OCC Today
Osteopathic Continuous Certification began on January 1, 2013. Since that time, no other osteopathic recertification processes existed. In February 2013, the Centers for Medicare and Medicaid Services recognized the quality of the OCC process, and it granted approval to all 18 AOA specialty certifying boards to use OCC to meet the mainte-
nance of certification incentive of the Physician Quality
Reporting System.\(^6\)

The OCC process has 5 components, including licen-
sure, continuing medical education requirements, cogni-
tive assessment, practice performance assessment, and AOA membership.\(^7\)

**Time-Limited Certificates**

All osteopathic physicians holding time-limited certifi-
cates (ie, those with expiration dates) from AOA
certifying boards must participate in OCC to maintain
their AOA board certification.

**Non–Time-Limited Certificates**

Osteopathic physicians holding non–time-limited certifi-
cates (ie, certificates that do not expire) may choose to
participate in OCC and will receive a certificate stating
they have gone above and beyond through voluntary
participation in continuous certification. Although the
OCC certificate will include an expiration date, volun-
tary participation in OCC does not affect physicians’
nonexpiring certifications.

**Uniquely Osteopathic**

From the beginning, the BOS strove to create a certifica-
tion system that was uniquely osteopathic. By virtue of
the structure of the BOS, the final review process for
each board’s practice-performance module is done
across specialties. By design, OCC is practice relevant,
helping osteopathic physicians understand how they are
practicing and whether they meet nationally established
benchmarks. As the certifying boards’ libraries grow in
topic areas, osteopathic physicians will have the oppor-
tunity to take modules that best fit the way they practice
medicine. For example, a family physician who pri-
marily practices emergency medicine will, with the ap-
proval of the American Osteopathic Board of Family
Physicians, be able to participate in emergency medicine
practice-performance activities offered by the AOBEM.

**Fluid Process of OCC**

We are still in the infancy of OCC; what the process
looks like today is not what the process will most
likely look like 5 years from now, as osteopathic board
certification is a fluid and continuous process that will
evolve over time. Board certification has been fluid
from its inception. When the BOS was created more
than 75 years ago, certification did not look like it
does today. Initial certificates were issued without re-
quirements for maintaining board certification. Con-
tinuous medical education was added as a requirement
to AOA board certification and certification mainte-
nance in 1972. Recertification examinations were
added in the 1990s.\(^8\)

To maintain excellence in osteopathic medicine,
one of the charges to the BOS is to monitor and up-
date the certification process. As the BOS monitors
OCC both internally from its impact on stakeholders
as well as externally from the latest educational data,
they will continue to conduct an ongoing review of
the certification process. The BOS is already dis-
cussing how OCC may look in the future, including
potential changes to the cognitive assessment and
examination process.

**OCC and Maintenance of Licensure**

The difference in structure between the AOA and the
American Medical Association (AMA) regarding board
certification is relevant.

Although the AMA recently called for an independent
evaluation of the certification systems using a third-party
source, such as the Institute of Medicine of the National
Academies,\(^9\) the AMA is not involved in board certifica-
tion. The allopathic certifying boards make up the Amer-
ican Board of Medical Specialties; however, they stand
alone and are independently incorporated organizations.
Conversely, the AOA owns and oversees the work of all
18 AOA certifying boards.
In a parallel process, the Federation of State Medical Boards of the United States (FSMB) began discussing a maintenance of licensure (MOL). The FSMB’s recommendation to state licensing boards interested in developing MOL programs involves 3 parts: reflective self-assessment, assessment of knowledge and skills, and performance in practice. The FSMB has repeatedly advocated to state medical boards that they consider osteopathic physicians participating in OCC as meeting the criteria for the state MOL process.

Certification Debate
The OCC process was debated during the 6 years prior to its implementation in January 2013. It has been a part of the AOA House of Delegates’ and AOA Board of Trustees’ discussion since that time. A sharp line of demarcation between education (continuing medical education, COMs, and osteopathic postdoctoral training institutions) and board certification (assessment) exists. All 18 AOA specialty certifying boards have worked tirelessly—often meeting weekly—over the past 6 years. The BOS assures osteopathic physicians that this process has been thoroughly discussed and thought through by many members of the osteopathic medical profession, psychometricians, and the BOS’s public member. Compelling educational data support practice performance as a measure of clinical performance.

Conclusion
The AOA Board of Trustees is closely monitoring the OCC process and is mindful of the burden and the cost of OCC. The BOS is also attentive and continues to discuss, debate, and revise the OCC process to make our certification process one of excellence, one that is beyond reproach by any third party, and one that is relevant to the practice of osteopathic physicians. By keeping the osteopathic certification bar high, the AOA will be able to repel ongoing challenges to our profession.

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References

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