Education leading to osteopathic certification

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The scheme for medical practice as it is recognized today might appear to be of recent vintage. As we look at ourselves professionally, we have a tendency to be impressed with the degree of subspecialization that has occurred so rapidly during the past 10 to 20 years. The question might arise as to whether this proliferation has come by evolution or by revolution.

Throughout the history of medicine, effects and demands have been placed upon us as each new discovery has come forth. It now has become increasingly difficult for one individual to learn and apply all of the facets of current medical knowledge. By its very nature, medicine is something of a revolution. Fortunately, the human response to this explosion of knowledge has been a methodical evolution of learning and applying newfound knowledge to the benefit of mankind. With this process of evolution comes the responsibility of competence.

Historically and for practical purposes today, the osteopathic profession has emphasized the general practice of medicine and yet has not denied the necessity for specialized training. During the profession's infancy and early years of development, it did not receive broad acceptance from established medical sectors and had to, so to speak, hack it out by itself. Early on, considerable educational opportunity was denied to individuals, and their level of competence was questioned.

It was during this growing stage that the profession recognized the need to set educational standards and to develop acceptable methods of evaluating itself in order to establish creditability. Similar to denied educational opportunity, hospital practice privileges were not readily available in existing facilities, and the profession had to develop its own hospitals to maintain a responsible relationship with the people it was caring for. It is within this context that the osteopathic profession had come of age.

In the medical world of today, competence in the general practice of medicine is in part measured by performance on state-regulated medical boards of examination and by required attendance at Continuing Medical Education programs and conferences. These methods are used in an attempt to assure competence in a general sense, but they do not meet the requirements necessary to identify competence at a limited or specialized level of practice.

In the mid-1920s and the 1930s, many individuals sought more specialized training than that that was available in the osteopathic profession. Initially, professional contacts outside the profession were made on a personal basis, and, with concerted effort in study and application of new learned skills, the doors of specialized training began opening to the osteopathic physician. With these skills and knowledge, the physicians returned to osteopathic hospitals to practice and, subsequently, to develop teaching programs of their own. Although the basis of education was born outside the profession, it has been the intent of osteopathic training programs to inculcate the osteopathic philosophy in new residents. Concomitant with this evolution of specialized training in clinical practice, a similar development in the curricula of the colleges of osteopathic medicine has occurred.

As the public became more aware of a different approach to medical decision making and care of the patient, it looked for visible measures of competence in the proponents of the osteopathic philosophy. It was within this aura that the process of certification began.

In 1938, the Committee to Study Standardization of Specialists recommended to the Board of Trustees of the American Osteopathic Association (AOA) that an "Advisory Board for Osteopathic Specialists" (ABOS) be formed for the purpose of establishing standards for the qualification of specialists. The primary responsibilities of the Advisory Board were to determine the eligibility of candidates for examination, to review and approve the examination procedures, and to make recommendations to the Board of Trustees designating which individuals, by virtue of training and practice skills, should be certified as osteopathic specialists in a particular or limited area of practice. In 1939, the ABOS was formally established and continues to operate under the original purposes of inception.

An important aspect of the Advisory Board is that it is a recommending body and does not render final certification. The organization is comprised of

representatives from many specialized fields of practice. As more and more individuals became trained in a particular area of specialty practice, they formed specialized societies or colleges to further their educational interests and to establish standards for practice performance. It is within the context of these educational standards and the procedures for examination of competence that confusion sometimes occurs. Historically, the specialty colleges preceded the formation of boards of examination, and rightfully so.

The standards for education in a specialized field are determined by the specialty colleges, which are composed of certified individuals practicing their specialty. Collectively in college committees, they have determined the qualifications for eligibility for training, reviewed the facilities for training by onsite inspection, and, upon review of each individual candidate's program, made the recommendation that a physician had fulfilled the requirements of an acceptable educational experience. This does not imply competence in the special field of practice. The educational standards determined and set by the specialty colleges are sent to the Committee on Postdoctoral Training (COPT) of the AOA, where they are reviewed and recommended for final approval by the Board of Trustees. The dialogue at each level of consideration improves the quality of the standards of education and helps to eliminate frivolous procedure. Although basic fundamentals change little with time, the constant re-review of standards assures that new knowledge and improved techniques are constantly being incorporated within an educational experience. The approved standards of education become the foundation upon which competence in a special field of interest can be achieved. Without them, competence would be difficult to measure and certification somewhat meaningless.

The measure of competence in a specialized field occurs within the individual boards of examination. Each college nominates representatives of their specialty to be appointed to the ABOS. Nominations are reviewed and recommended by the Advisory Board and sent for final approval to the AOA Board of Trustees. In this manner, it is expected that the most qualified individuals practicing a specialty, as so judged by their peers, will have effective input into the verification of competence through the process of certification. Therefore, each board of examination for certification becomes a separate organization from the parent college and yet retains the influence and expertise that is generated within the specialty colleges. The ABOS comprises representatives from each specialty board, who sit as a body of review for the entire process of certification. By its nature, it is a system of checks and balances that will assure accountability.

The methods and procedures for review and examination of candidate physicians are determined by the individual boards within guidelines set by the Advisory Board. The standards of operation are the same for all certifying boards and leave opportunity to assess the special performance that is unique to each field of practice. Similar to the standards of education that are periodically given an onsite inspection, many boards require an onsite evaluation of the candidate physician, performing within his/her own practice environment, as an integral part of his/her overall examination for certification. Written and oral examinations are measured objectively, but in themselves are not a total measure of competence. The clinical or practical part of an examination, although subjective, is a critical review of performance at the practice level by one's peers. There are set standards for the practical review, whereby all candidates will be evaluated on an equal basis to identify that quality performance exists and that competence can be assured.

The significance of two dominant bodies, that is, the colleges and the boards, working in consort with each other and under constant review and acceptance by approving bodies (Committee on Postdoctoral Training, Advisory Board for Osteopathic Specialists, and AOA Board of Trustees), creates the safeguards for competence. This organizational structure is unique to the osteopathic profession, whereby no single field of practice is totally autonomous within itself (Fig. 1). It could be said that this might represent a holistic approach to the assessment of competence and assurance of accountability.

The standards of education are determined, inspected, and reviewed by the colleges. Responding to these standards, the boards determine the methods for measuring performance indicative of competence. Before a final identification is made, each segment is critically discussed and collectively reviewed by the COPT and ABOS before being submitted for final approval by the AOA Board of Trustees and, ultimately, acceptance by the profession at large. This high degree of activity and performance assures the accountability of the profession within itself as well as to the public which it serves.

The effects of developing high standards in education and performance have led to many changes in medical practice experience and, without question, have improved the quality of medical care. With the development of minimal basic standards

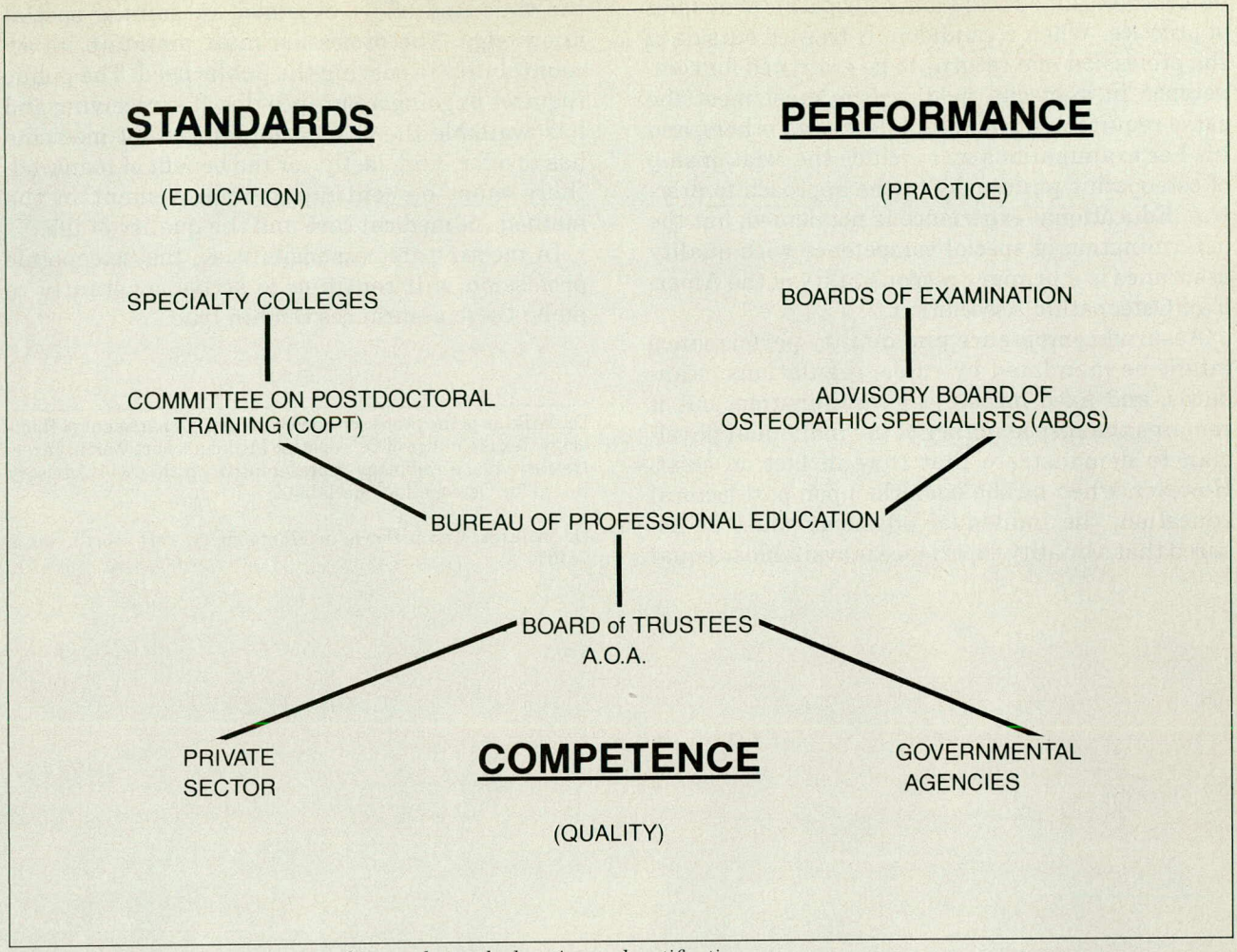

Fig. 1. *Quality assurance in osteopathic postdoctoral education and certification.*

of education, the student physician has moved from the environment of a cheap labor force to one of academic forebearance. Historically, before rigid minimal basic standards of education were firmly in place, the hospital and its program directors were looking for warm professional bodies to carry out mundane medical services. The facilities were insufficient, and the pay was low. With time, the stipends increased but, more importantly, the quality of education and training improved. No longer are hospitals permitted or approved to offer poor training experience. A two-fold benefit occurred in that a quality base for the development of competence by a physician and a higher level of care for hospitalized patients has been realized, raising our visibility and establishing our accountability. State and federal laws have changed, and the osteopathic physicians trained at the postdoctoral level have been accepted into the public health services, the military, and private sectors, where they were once denied admittance.

The structure under which osteopathic postdoctoral education exists lends itself to a guarded, protective responsibility, yet flexible opportunity does exist. This might be perceived in the profession's response to so-called nonosteopathic teaching programs. At the onset of the need of specialized practice abilities, little opportunity existed for osteopathic physicians to be educated. Fortunately, the few who were able to break the barrier became the nucleus for the future development of specialty practice. The same circumstances exist today, mainly in response to the explosion of medical knowledge and experience. Through its methods of evaluation and review, the osteopathic profession recognizes education not available within the profession and acquired outside of its immediate control, but it does require that the educational experience meet an acceptable standard of quality. Nonosteopathic educational institutions have accepted and received inspectors and evaluations of their facilities and training programs by representatives of the osteopathic profession. The candidate is required to obtain and the programs must allow

for concomitant education in osteopathic principles of practice. When a candidate is trained outside of the profession and returns to be evaluated for competence in a special field, he/she must meet the same requirements for eligibility as all others, and his/her examinations will include the relationship of osteopathic philosophy in the approach to practice. Educational experience is not denied, but the determination of special competence with quality assurance is a primary responsibility of the American Osteopathic Association.

Assured competence and quality performance might be mandated by rules, regulations, standards, and fixed measures of examination, but it remains the responsibility of the individual physician to demonstrate that they in fact do exist. However, when he/she embarks upon postdoctoral education, the individual physician must be assured that a quality experience is available to equal the time and effort expended in gaining special knowledge. The profession must maintain its accountability in serving the public need. The public requires ongoing assurance that it is receiving and has available the best performance that medicine has to offer. And, lastly, for the benefit of mankind, there must be continuing improvement in the methods of medical care and the quality of life.

In meeting its responsibilities, the osteopathic profession will continue to strive constantly to make these assurances remain true.

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