



## **AAO comments on proposed COCA accreditation changes**

The American Academy of Osteopathy Board of Trustees submits the following comments with respect to the proposed COCA Standards Revision.

**Element 6.6: Principles of Osteopathic Medicine: (CORE)** *A COM must provide each student, in each year of schooling, with opportunities for both observation and hands-on application of osteopathic manipulative medicine (OMM) for patients supervised by COM credentialed DO physicians.*

Providing consistent opportunities for hands-on osteopathic manipulative medicine in the clinical years of predoctoral training has traditionally been a challenge for all COMs and SOMs due to the need for so many of our students to work with MDs on their clinical rotations, or to the lack of DOs who utilize OMT in their clinical practices. Given those challenges, the AAO applauds COCA's commitment to holding our institutions to this standard. The AAO has a Mentorship Program for its student members, and one of the benefits of having an AAO member as a mentor is that he or she can be a resource for advice and connections to assist with the students' clinical education. Perhaps the AOA might consider developing a similar program to connect students with doctors who can help them with the application of osteopathic principles in their clinical education.

**Element 7.4: OMM Leadership: (CORE)** *A COM must employ a Doctor of Osteopathic Medicine with active board certification from the American Osteopathic Board of Family Practice (AOBFP) or American Osteopathic Board of Neuromusculoskeletal Medicine (AOBNMM) to serve as the Department Chair of OMM (or equivalent).*

The AAO strongly urges COCA to reconsider and remove this change. Allowing a physician certified by AOBFP to be the driver of the Osteopathic Principle and Practices departments at the COMs implies there is parity in their education and certification process which is not remotely accurate.

Currently, in order to be certified by the AOBNMM, one must complete one of four residencies in NMM. In the basic standards for all of those programs, exist standards requiring training and opportunity for the residents to be involved in education, as the Postdoctoral Standards committee of the AAO has always recognized that our residencies are the source of most of our faculty and all of our department chairs. The intent to train our faculty is ingrained within our programs. There is no comparable standard within the basic standards of the FP residencies.

In addition, the curriculum of the NMM residencies emphasizes the application and integration of osteopathic principles in all of the clinical disciplines, requiring prescribed numbers of patient encounters that involve osteopathic care for pediatric, obstetric and surgical patients in addition to the numbers of encounters of patients just within NMM. This creates a deeper level of understanding of osteopathic care in every patient population unparalleled in any other specialty. These residencies also ingrain a much more detailed knowledge of anatomy with respect to osteopathic care. This is a key component in the optimal teaching of osteopathic technique to the novice learner.

The certification process itself has distinct differences as well with regard to the osteopathic component of the examination. Many of our board members are dually certified by the AOBNMM and the AOBFP and we recognize that over the last 15 years, there have been significant improvements in the osteopathic components of the AOBFP certifying exam. That said, they still don't compare to the depth and rigor of the AOBNMM certification process. To become a certified specialist in NMM, the candidate must pass a detailed and diverse exam demonstrating the breadth of their knowledge in the application of osteopathic thought in all patient populations. They must also complete an oral exam demonstrating the ability to give appropriate and comprehensive medical care to all patients that present to their offices. Thirdly, they must complete a multiple station practical exam and show competence in their abilities to correctly diagnose and effectively treat somatic dysfunction in all areas of the body, using a wide variety of techniques.

Many of our current faculty became certified under the "practice pathway" which closed more than 10 years ago. The criteria they were required to meet were also extremely rigorous and their experience enabled them to still pass all of the same examination processes. Therefore, they are functionally equivalent and equally qualified to maintain that certification and provide osteopathic education at the necessary level.

To imply that there is parity in the education and certification processes of NMM specialists as compared to family physicians is not only inaccurate but potentially dangerous to the maintenance of the high standard of osteopathic education provided in our COMs, without which we lose the distinctiveness that defines our profession as training the most comprehensive physicians in the United States.

Several of our AAO board members are also faculty or department chairs at some of the COMs and have extensive experience in the predoctoral education process. We recognize many fine points within that process that may have not been considered in this proposed change but which may have an untoward ripple effect that will be irreparable once instituted.

The OPP department chairs are responsible for all aspects of osteopathic education in the COMs. Not only do they oversee the curriculum in the first two years of OPP classes, but they also are most often responsible for coordinating the osteopathic curriculum in years

three and four. Frequently, they are also tasked with assisting with the integration of osteopathic concepts into the basic science and clinical classes, as well as overseeing osteopathic research at their institutions. To have this supervised by a physician who had not been deeply entrenched within the culture of OPP throughout their postdoctoral training cannot help but diminish the depth and breadth of all of those components of predoctoral osteopathic education.

The core of the curriculum in the predoctoral years is determined by the Educational Council on Osteopathic Principles (ECOP) which is composed of the department chairs or their designees from each of the COMs. The vast majority of the ECOP physicians are AOBNMM (or C-SPOMM) certified. Physicians not holding that certification will not be able to participate equally in the curriculum development process nor will they be able to oversee the delivery of said curriculum at the same level. ECOP is also responsible for the content and maintenance of the Glossary of Osteopathic Terminology, which is recognized as the official resource for osteopathic language in the US and much of the world. Again, having this work done by physicians who are not content experts risks the very foundation of our academic endeavors.

In recent years, NBOME has increased standards in all subject areas but especially in OPP/OMM. The item writers for this material are predominantly subject matter experts certified by the AOBNMM. Having the curriculum of an OPP department overseen by someone who is not a subject matter expert puts the students at that institution at serious disadvantage with regards to their licensing examinations.

With the advent of the single accreditation system, osteopathic education will be on the biggest national stage in its history. This would be the worst possible moment to dilute or diminish in any way the one part of osteopathic education that is truly osteopathic. It is regrettably the case that the first two years are the only truly osteopathic education that many DOs ever receive. To put it at such risk by allowing it to be directed by anyone other than the most comprehensively trained content expert would be the biggest mistake that could be made at this juncture.

It has been reported that the reason cited for this proposed standard change is the lack of availability of NMM boarded physicians to fill the department chaired positions. This simply can't be true. Not only are there more than 800 NMM board-certified physicians in practice at this time, we are graduating more all the time. As of this writing, there are 48 NMM residency programs currently in operation at 37 institutions. Over the last three years, an average of 45 residents completed their programs annually and were eligible to sit for boards with 54 more anticipated to do the same in 2017. Almost all of the currently operating programs have indicated to the AOA that they plan to transition those programs to the ACGME system, so there should be minimal interruption to the process of producing physicians who will be the ultimate subject matter experts in the field of NMM/OMM. If all

of these doctors are choosing to go into private practice or other clinical settings rather than pursue a career in academia, the question must be asked why that is. It is conventional wisdom that private practice pays significantly more than academia and that the people who teach at COMs do so “out of love.” The AAO suggests that the COMs need to pay the faculty a salary that makes teaching a competitive alternative, and if they are unable to do so, they should perhaps not be providing that education until they can. Simply put, a shoestring budget is not an appropriate reason to lower the standards of our entire profession’s distinctiveness. We know that COCA’s goal is to ensure excellence in all facets of osteopathic education, so we should be raising standards, not lowering them.

Please understand that the AAO recognizes that there are physicians who are superb practitioners of NMM/OMM despite not having specialty certification; many of them are our valued members! We in no way wish to diminish the importance of their achievements or their value to our profession. We simply wish to ensure that the osteopathic physicians of the future will receive the best education available anywhere in the world and the only means to guarantee that is to have that education exclusively developed, delivered and overseen by the only physicians who are actually qualified to do so.

The AAO thanks COCA for the opportunity to provide these comments for consideration of this crucial issue.