

SUBJECT: STUDY ELIMINATION OF SPECIALTY CREDIT REQUIREMENT FOR BOARD CERTIFICATION

SUBMITTED BY: Bureau of Osteopathic Education / Council on Continuing Medical Education

REFERRED TO: BOT Reference Committee 1

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1 WHEREAS, the American Osteopathic Association (AOA) requires 120 total continuing  
2 medical education (CME) credits, 30 of which must be in Category 1A for AOA  
3 membership; and

4 WHEREAS, osteopathic physicians (DOs) certified by the AOA are required to have 50 CME  
5 credits in their specialty area to be earned in Category 1 or Category 2 as designated by  
6 each certifying board; and

7 WHEREAS, the AOA Council on Continuing Medical Education (CCME) in 2003 originally  
8 initiated the policy discussion on the current specialty credit requirements and the  
9 reporting of those credits; and

10 WHEREAS, the specialty credit requirement was instituted prior to the advent of Osteopathic  
11 Continuous Certification (OCC); and

12 WHEREAS, the components of OCC are intended to ensure high standards for patient care,  
13 provide physicians with the means to continually assess and improve their abilities,  
14 assure stakeholders that DOs are being assessed by reliable and valid measures, and that  
15 the public have information about competency; and

16 WHEREAS, the given limited time and resources available to DOs, they will participate in  
17 CME activities germane to their specialty that comply with AOA CME membership  
18 requirements or OCC's component two CME 120 total credit requirement; and

19 WHEREAS, OCC should incorporate, as much as possible, activities that DOs are mandated to  
20 comply with; and

21 WHEREAS, there is lack of standardization across certifying boards for both the categories of  
22 CME credit permissible by the AOA, AMA-PRA, and AAFP that are applicable to  
23 specialty credit and in the qualifications of the presenters; and

24 WHEREAS, this lack of standardization creates confusion on the part of the AOA certified  
25 DO and adds to the complexity in the recording of those credits; now, therefore, be it

26 RESOLVED, that the requirement for Continuing Medical Education (CME) specialty credits  
27 for AOA board certification be studied; and be it further

28 RESOLVED, that the AOA Board of Trustees appoint a task force to study the requirements  
29 for CME specialty credits for AOA board certification; and be it further

1 RESOLVED, that the task force include representatives from the Society of Osteopathic  
2 Specialty Executives (SOSE), specialty colleges, BUREAU OF OSTEOPATHIC  
3 SPECIALISTS, CERTIFYING BOARDS, and others; and be it further

4 RESOLVED, that future policies that may be considered for AOA board certification provide  
5 clear, concise requirements that are easily understood by AOA-certified DOs and are  
6 operationally feasible.

Explanatory Statement:

The CCME revisited the issue of the specialty credit requirement for AOA board certification and the recording of those credits for the 2013-2015 AOA CME cycle.

The Council agrees that specialty board certification is an important tool in recognizing physicians who take extra measures to establish their skills in any number of specialty areas. The AOA Bureau of Osteopathic Specialists (BOS), which oversees the 18 specialty certifying boards, continues to amend existing policies and implement new policies to improve the certification process and physician competency. The Council believes DOs take CME that is germane to their specialty area and therefore an additional layer of regulation requiring 50 specialty credits per CME cycle is unnecessary.

The lack of clearly defined requirements for diplomates coupled with the lack of standardization in qualifying categories of CME and in qualifying presenters creates confusion with DOs trying to comply with their overall AOA requirements and makes the recording of “Specialty CME Credits” complex, inconsistent and very resource intensive.

ACTION TAKEN APPROVED as AMENDED

DATE February 25, 2016