Rationale and Purpose

The American Osteopathic Board of Family Physicians (AOBFP), in accordance with the American Osteopathic Association (AOA) Board of Trustees adopted Resolution 47, A/05, and Bureau of Osteopathic Specialists (BOS) recommendations, has adopted the policy that certification should be a continuous process rather than a single event. Therefore, the AOBFP has instituted mandatory Osteopathic Continuous Certification (OCC) for physicians holding time-limited certification in the practice of Family Medicine and Osteopathic Manipulative Treatment. This is a process by which the American Osteopathic Board of Family Physicians (AOBFP) will assess its diplomates on an ongoing basis to ensure that family physicians remain current with standards of practice for Osteopathic Family Medicine. This process will provide certified osteopathic family physicians with the opportunity to evaluate and improve their knowledge base and will facilitate the incorporation of evidence-based medicine into their practices. It includes components that occur on a continual basis throughout an eight-year cycle. Concepts such as management of chronic disease, patient safety, prevention and screening, and continuous quality improvement are embedded in the OCC process to affirm that the Osteopathic Family Physician has demonstrated, using measurable indices, that quality patient care is being practiced. The goal of the process is to provide enhanced patient care and a consistent method for the evaluation of osteopathic medical care.

Physicians receiving certification after January 1, 2013 will be required to complete the criteria designated for each eight-year cycle. Following successful completion of the OCC process, diplomates will have a new time-limited certificate issued. Failure to successfully complete the OCC process prior to the expiration of their current certificate will result in inactivation of certification. Individuals in this category will no longer be considered diplomates of the AOBFP and may not advertise or otherwise designate that they are certified.

OCC will be strongly encouraged for those with non-time dated certification (certificates dated prior to March 1997). A transition schedule for moving those already certified/recertified by the current process into the OCC process is addressed later in this document.
Requirements of Osteopathic Continuous Certification in Family Medicine

The core competencies that will be incorporated include: Osteopathic Philosophy and Osteopathic Manipulative Medicine, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice Based Learning and Improvement, and System-Based Practice. Assessment of the core competencies is specified below.

1. Osteopathic philosophy and application of manipulative medicine will be evaluated by responses to items on the proctored computerized examination (PCE), and the Osteopathic Manipulative Treatment (OMT) performance examination (OMTPE).

2. Medical knowledge will be evaluated by responses to items on the PCE and on the post tests of the Practice Performance Assessment and Improvement modules. Questions will be updated on an ongoing basis to remain current with developments in the medical literature.

3. Patient care will be evaluated by responses to items on the PCE and on the post tests of the continuous assessment process, and practice performance data.

4. Interpersonal and communication skills will be assessed in a self-assessment module to be developed in concert with the AOA BOS.

5. Professionalism will be assessed by responses to items on the PCE as well as self-assessment modules addressing the topics of professional behavior, bio-medical ethics, and cultural competency.

6. Practice-based learning will be assessed in the Practice Performance Assessment and Improvement modules. The contents of the modules will be based on the principles of life-long learning with requirements of reading and assimilating evidence-based medicine articles of reference, performing self-assessment of practice performance and receiving a score comparing each individual's practice to national standards. Physicians will then be required to reassess their practice competencies/outcomes after a period of time and will receive a quality improvement score.

7. Systems-based knowledge will be assessed by responses to items on the PCE or self-assessment modules. The areas of cost-effectiveness, patient safety and team approach to medical care will be evaluated.
Components of the OCC process

Recertification will be achieved only after successful completion of all components

Component 1 – Unrestricted Licensure

A candidate must hold an unrestricted license to practice medicine in a state or territory of the United States. An applicant that has a restricted license may petition the Board for the ability to enter the OCC process based upon review of the reason for licensure restriction.

Component 2 – Lifelong Learning/Continuing Medical Education

A candidate will maintain ongoing CME requirements validated by the AOA. In addition to the basic requirements established by the AOA for membership (120 hrs. with 30 in 1-A), the AOBFP requires an additional 30 family practice hours, which may be acquired in any category, for a total of 150 hrs. per three-year CME cycle. A minimum of 50 hours per three-year cycle must be in the primary specialty area. The category and number of hours applicable to the primary specialty is determined by the AOBFP.

Component 3 – Cognitive Assessment - (Years 7-8 of 8-year certificate term)

Part 1:

A candidate must successfully complete a proctored, computerized examination every eight years, which will be offered twice yearly at regional test sites located throughout the United States. The exam may be completed up to two years prior to the expiration of the certificate (in the seventh or eighth year of the candidate’s certificate cycle). The examination is based on the results of a work force task analysis conducted as a portion of the standards review process required by the Bureau of Osteopathic Specialists and tests knowledge and problem-solving ability relevant to family medicine.

Part 2:

The Osteopathic Manipulative Treatment (OMT) performance examination is required of every certification and recertification candidate. This is a standardized assessment of a candidate’s competence in performing OMT. This will be offered twice yearly at the spring and fall convention sites. The candidate must complete this OMT performance examination once in the eight year certification cycle, and it may be taken up to two years prior to the completion of the cycle.
Failure to pass both parts of the cognitive examination by the end of the OCC cycle results in the loss of certification. Unsuccessful candidates are allowed two retake examinations thereafter, and the Board will further review the candidate file if the candidate is unsuccessful after those retake examinations.

If the failure/s is/are at the end of the 8-year recertification period, the candidate’s certification will be inactivated. The OCC cycle will not begin again until the candidate successfully completes the cognitive examination and is awarded recertification. The candidate would then be required to complete measure sets and educational modules within the specified timeframe, as will be required of all physicians in the OCC process.

**Component 4 – Practice Performance Assessment and Improvement**

This component, Osteopathic Continuous Certification Assessment Program (OCCAP), is a disease state management practice specific evaluation. This will be based on data abstraction of specific disease state management parameters such as is done in the traditional CAP submission. The difference between OCCAP and CAP is that the OCCAP data will be the sole property of the AOBFP and will not be used for reporting to other agencies. Acceptable standards will be determined by the AOBFP. The candidate will demonstrate performance improvement in knowledge and skills; scores may be compared to national benchmarks and standards of care based on documented evidence.

**Module Completion Components and Timeline**

1. Each Certification Cycle (Years 1 thru 6 of 8-year certificate term)
   a. Each diplomate must complete a total of four OCC modules in six years. Two modules must be from the currently listed OCCAP subject areas and require the completion of OCCAP measure sets (chart abstraction) or the use of another assessment tool that provides performance data demonstrating practice performance improvement. The professional activity pathway chosen will determine how the remaining two required modules are fulfilled.
   
   b. Current CAP modules available for OCC are:
      i. Diabetes mellitus
      ii. Low back pain

      Explanatory note: Only two modules will be offered initially. Others will be offered in future cycles as they are developed and implemented

2. Each **Three-Year Cycle** Requirement
   All candidates are required to complete two (2) three-year cycles (Years 1-3 and 4-6 of 8-year certificate term)
a. There are three (3) pathways in which a diplomate may meet this requirement based on their professional activity.
   i. Full Scope Clinical Practice
      1. Family Physicians not meeting the requirements in ii and iii below.
      2. Protocol for each three-year cycle:
         a. Completion of two OCC modules.
         b. One module will be an OCCAP module (Information regarding the OCCAP process can be found under a separate OCCAP portal on the AOA web site).
            i. An OCCAP measure set will be completed (data from 20 charts is entered for the measure set) for each OCCAP module;
            ii. Candidate will receive performance analysis report from the AOA;
            iii. Completion of one AOBFP approved educational unit referable to this module (to be completed between 1st and final chart data entry);
            iv. Completion of an AOBFP web-based exam for each module based on the educational unit;
            v. Results will be reported to candidate from AOBFP;
            vi. Failure will require remediation per AOBFP
         c. Completion of one designated AOBFP OCC module covering either physician-patient communication or cultural competency. One to be done in one 3 year cycle and the other to be done in the other 3 year cycle.
            i. Completion of one AOBFP approved educational unit referable to this module.
            ii. Completion of an AOBFP web-based exam for each module based on the educational unit.
            iii. Results will be reported to candidate from AOBFP.
            iv. Failure will require remediation per AOBFP.
ii. Limited Scope Family Medicine Practice (must provide documentation to AOBFP verifying limited practice)
   1. Family Physicians devoting 90% or greater of time in clinical practice of non OCCAP areas (i.e. Occupational Medicine, Sports Medicine, Wound Care, etc), will be allowed to submit practice performance data specific to their area of clinical practice. The format of the data for the module relative to clinical practice must be submitted for AOBFP approval at the time of application.

2. Protocol for each three-year cycle requirement:
   a. Completion of one educational module in topic area relative to the candidate’s clinical practice
      i. At the time of application, the candidate will complete and forward to the AOBFP for approval an assessment tool that provides performance data demonstrating practice performance improvement in the specific content area of the module (see 4- Family Physicians wishing to complete component 4 of OCC).
   b. Completion of one AOBFP approved OCC module covering either physician-patient communication or cultural competency. One to be done in one 3-year cycle and the other to be done in the other 3-year cycle.

iii. Non Clinical Practice
   1. Those diplomates who do not have access to a sufficient quantity of patient data relating to topics covered by OCCAP modules,
   2. Family Physicians who may qualify for this process include, but are not limited to:
      a. Family Physicians in academic positions such as Directors of Medical Education, Academic Deans, Associate Deans and Assistant Deans;
      b. Family Physicians who are Health Care Executives or Medical Directors;
      c. Family Physicians who are federal employees (ie: Physicians employed by the Veterans Administration) and may be restricted by law from abstracting practice data;
      d. Family physicians who serve as faculty in MBA or other administrative educational programs.
3. Protocol for each three-year cycle requirement:
   a. Completion of one OCC module in topic areas relative to the candidate’s activities.
      i. At the time of application, the candidate will complete and forward to the AOBFP for approval an assessment tool that provides performance data that demonstrates practice performance improvement in the specific content area of the module. (see 4 - Family Physicians wishing to complete component 4 of OCC . . .)
   b. Completion of one AOBFP approved OCC module module covering either physician-patient communication or cultural competency. One to be done in one 3-year cycle and the other to be done in the other 3-year cycle.

   a. For those diplomates with certificate expiration dates in 2019 or 2020 - completion of four OCC modules will be required prior to their next recertification;
   b. For those diplomates with certificate expiration dates in 2016, 2017, or 2018 - completion of two OCC modules will be required prior to their next recertification;
   c. For those diplomates with certificate expiration dates in 2013, 2014, or 2015 - no modules will be required until next recertification cycle.

4. Family Physicians wishing to complete component 4 of OCC under ii or iii above (limited scope family medicine practice and non-clinical practice pathways) must apply in writing to the AOBFP during the first year of their recertification cycle for approval of their pathway status and approval of the format of performance data. Clear documentation of the inability to extract practice data is the responsibility of the candidate for recertification and must accompany the written application. AOBFP will charge an additional fee for non-OCCAP modules.

5. If a candidate fails to meet the first 3 year cycle requirement, their certificate will lapse after the 4th year of their OCC process. If a candidate fails to meet the second 3-year cycle requirement, their certificate will lapse after the 7th year of their OCC process.

6. For candidates whose certificates have lapsed, in order to be reinstated in the OCC process, the candidate must complete two OCC modules in 1 year. After completion of two modules they will be eligible to apply to take the cognitive and performance examination. This must be done within one year of completion of the modules. Successful completion (including passage of both exams) will allow the candidate to be reenrolled in the OCC cycle as outlined in the AOBFP Website.
AOA CME CREDITS EARNED
CME hours will be earned for the following components –

CAP Clinical modules – 20 Category 1-B credits after 2\textsuperscript{nd} chart abstraction; 1 Category 1-B after completion of ACOFP educational unit

Professional modules –

- Cultural Competency - 3 Category 2-B credits for each ‘theme’ completed in ‘A Physician’s Practical Guide to Culturally Competent Care’ (website – www.thinkculturalhealth.hhs.gov)

- Communication – est. 5-7 Category 1-B credits

ACCEPTANCE OF NON-OCCAP ASSESSMENTS

A process for accepting pertinent non-OCCAP participation in practice performance assessment will be developed for physicians seeking recognition of these activities for OCC. Other activities including NCQA, Patient 360\textsuperscript{o} evaluation, and similar programs offered by the AAFP or the ABIM will be vetted by the board relative to content deemed appropriate for inclusion in the continuous osteopathic certification process. The conversion of data necessary to be compatible with OCCAP data is at the cost of the candidate. The OCCAP alternative activities must be statistically sound, reproducible and psychometrically valid; OCCAP measure sets, and performance levels, will be available to vendors to allow construction of similar metrics within their product.

DUPLICATION OF OSTEOPATHIC CONTINUOUS CERTIFICATION ASSESSMENT PROGRAM (OCCAP)

The candidate may duplicate the OCCAP information (chart abstractions) for submission to the AOA CAP (CAP for PQRS) to be used for pay for performance criteria. Currently the AOA CAP supports Physician Quality Reporting System (PQRS) reporting for payment from CMS and will make reasonable efforts to accommodate other payment programs as identified. If and only if the candidate wishes his entered data to be shared with another vendor (so as not to duplicate work) will that be possible. The information may also be duplicated for submission to the AOA CAP (CAP for physicians), resulting in 20 1-B CME hours awarded by the AOA for each measure set completed. It is the candidate’s responsibility to consult with the AOA, prepare and submit the data, and pay their fees (CAP participation) for the duplication of information for other programs.

OCC REENTRY PROCESS (As stated in BOS Policies & Procedures)

For physicians whose time-limited certification has been deemed inactive for any reason may petition the certification compliance review committee to reactivate the certification. This process also applies to non-clinical and academic physicians reentering clinical practice and to former non-time-limited certificate holders who did not maintain their board certification as required.
A. Physicians reentering the certification process within three (3) years of the expiration or inactivation of their certification may reenter the process by sufficing any outstanding OCC requirements not fulfilled when the certification became inactive. The date of certification will be effective on the date that all requirements have been satisfied.

B. Physicians wishing to reenter the certification process three (3) or more years following the expiration or inactivation of their certification must take the AOBFP component 3 cognitive assessment at the next available administration and immediately begin the OCC process through participation in a component 4 activity. Additional remedial activities such as training or CME may be required by the AOBFP.

Component 5 – Continuous AOA Membership

A candidate must have been a member in good standing of the American Osteopathic Association or the Canadian Osteopathic Association for a continuous period of at least two years immediately prior to the date of application and examination and continuously thereafter.