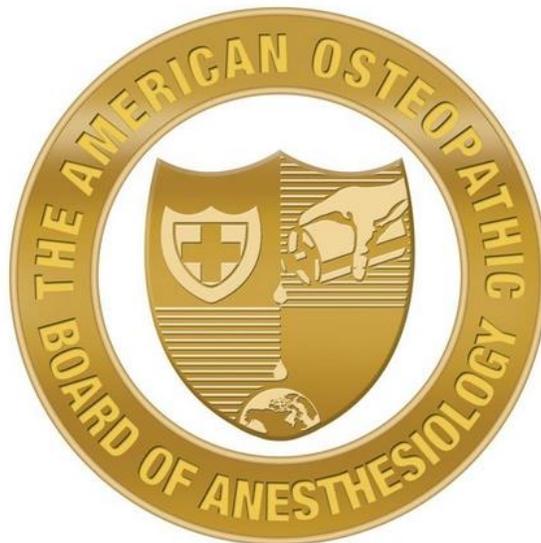




AMERICAN OSTEOPATHIC ASSOCIATION

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Policies and Procedures of the American Osteopathic Board of Anesthesiology



Adopted In Its Entirety – November 2016

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POLICIES AND PROCEDURES OF THE AMERICAN OSTEOPATHIC BOARD OF ANESTHESIOLOGY

Article I. Procedures

To expedite and direct its activities, the American Osteopathic Board of Anesthesiology (hereinafter also referred to as “the Board” or “AOBA”) shall place into effect this set of Policies and Procedures.

This document is in addition to, and based upon, the American Osteopathic Association (AOA) Procedures of the Bureau of Osteopathic Specialists and AOA Specialty Certifying Boards (“Policies and Procedures of the BOS”) and the Bylaws of the Board.

Article II. Committees

Board committees will be established and administered as denoted in the Bylaws of the Board.

Article III. Board Eligibility

Section. 1

The AOBA will follow the board eligibility process and procedure as outlined in Article VIII of the Policies and Procedures of the BOS.

Section. 2

- A. At the end of six years of board eligibility, if the candidate has not obtained final certification, the candidate may petition the Board to re-enter the certification process. On being granted the ability to re-enter the certification process, the candidate must begin at the beginning of the certification process and must participate in the first available administration of the exam. The candidate will have two attempts to pass each step of the examination process. If unsuccessful on a given administration, the candidate must participate in the next available examination administration.
 1. Candidates who were not successful in becoming certified at the end of the first re-entry pathway process may pursue certification only by petitioning the certifying board for entry into the final pathway.
- B. Those candidates that are currently in the process of certification, after failure of a third attempt on any part of the certification process, will re-enter the process according to Paragraph A.
- C. In order for a candidate to be eligible to re-enter the certification process, upon approval from the Board of the candidate’s petition, the candidate must meet some or all of the following criteria prior to being granted re-entry into the process. Postgraduate study in anesthesiology or one of its subspecialties.
 1. CME aimed at a review of the specialty of anesthesiology or one of its subspecialties.
 2. Mentoring of candidate by a Board certified anesthesiologist for a specified period of time.
 3. Additional training in anesthesiology or one of its subspecialties.
 4. Any other requirements that the Board may require.

- D. After exhausting the above process, the candidate is not eligible to continue the certification process.
- E. Re-entry into to the certification process does not reestablish “board eligibility.”

Article IV. Certification Eligibility Requirements

Section 1. Eligibility Criteria – Primary Certification

To be eligible to receive certification from the AOA through the AOBA, candidates for examination for certification are required to file an application which shall set forth their qualifications for examination, along with the required fees. Candidates must demonstrate:

- A. The minimum requirements for AOA board certification outlined in Article IX of the *Policies and Procedures of the BOS*.
- B. The candidate must have satisfactorily completed residency training in anesthesiology. If residency training was completed:
 - 1. Prior to July 1, 1986, the candidate must have satisfactorily completed a minimum of two (2) years of AOA-approved formal training in anesthesiology after satisfactorily completing an internship of at least one (1) year in a hospital approved for intern training by the AOA.
 - 2. After July 1, 1986, the candidate must have satisfactorily completed a minimum of three (3) years of an AOA-approved formal training program in anesthesiology after completion of an AOA-approved internship.
 - 3. After July 1, 2008, the candidate must have satisfactorily completed a minimum of four (4) years of an AOA-approved/ACGME formal training program in anesthesiology.

Section 2. Eligibility Criteria for Subspecialty Certification

The minimum requirements to be eligible for subspecialty certification in Critical Medicine, Pain Management, or Pediatric Anesthesiology from AOA through the AOBA are:

- A. Active certification by the AOA through the AOBA.
- B. Successful completion of a one (1) or more year, AOA-approved pain management, critical care medicine, or pediatric anesthesiology training program or successful completion of an ACGME-approved training program. Training is not considered complete until all required documentation is approved by the AOCA/COPT, AOA and AOBA.
- C. Practiced as a specialist in pain management, critical medicine, or pediatric anesthesiology for a minimum of one (1) year prior to filing an application to take the examination.
- D. Following satisfactory compliance with the prescribed requirements for examination, the candidate is required to pass a written examination, administered by the AOBA.
 - 1. The subspecialty examinations will evaluate a candidate’s understanding of the scientific basis of the problems involved in critical care medicine, pain management, or pediatric anesthesiology. A candidate should have familiarity within the subspecialty, possess sound judgment and a high degree of skill in the diagnostic and therapeutic procedures involved in the practice of said subspecialty. (B-10/95)

Section 3. Other Training

The Board shall accept subspecialty training in anesthesiology taken in hospitals or institutions other than those approved for such training by the AOA as meeting the requirements of formal training subsequent to internship, providing at least two (2) years of formal training in anesthesiology has been taken in a hospital approved for such training by the AOA, and the balance of the training program has been approved by the COPT of the AOCA and the AOA. (B-3/87)

Section 4. Additional Certification Requirements

Subject to the recommendation of the BOS and to the approval of the AOA Board of Trustees (BOT), the AOBA may require such further training and/or practice in each of the specialties or subspecialties coming under its jurisdiction as, in its judgment, such specialty or subspecialty may require, provided that the additional requirement for each specialty or subspecialty is clearly set forth in the Policies and Procedures of the Board. Additions to training and/or practice requirements shall go into effect one (1) year subsequent to the announcement of such change.

Article V. Examination

Section 1. General Examination Information – Primary Certification

- A. Certification in Anesthesiology requires the successful passing of the written, oral, and clinical examinations. Examinations shall be conducted in the case of each applicant as follows (indicating the soonest these examinations can be taken)
 1. **Written Exam** may be taken after successful completion of their 2nd (OGME-2) year of training.
 2. **Oral Exam** may be taken after successful completion of their 3rd (OGME-3) year of training and successfully passing the AOBA written exam.
 3. **Clinical Exam** may be taken following the successful completion of the written and oral examinations, and completion of one (1) year of clinical practice.
*** Training is deemed successful upon notification/documentation from the AOA/COPT. ***
- B. The AOBA Board shall review, if not perform, the scoring of each of these examinations. The conduct of the clinical examination may be delegated to an osteopathic physician certified in anesthesiology by the American Osteopathic Association.
- C. Candidates desiring examination for certification are required to file an application which shall set forth the applicant's qualifications for examination as stated in paragraphs A. through E., in Section 3 of this article. The procedure for filing applications is set forth in the Policies and Procedures.

Section 2. General Examination Information – Subspecialty Certification in Critical Care Medicine (B-02/03), Pain Management, or Pediatric Anesthesiology

Each applicant shall be required to pass a written examination, which shall be offered by the AOBA. This Specialty Certifying Board shall determine the date, time and format of such examination. The passing grade shall be determined by this Specialty Certifying Board.

Section 3. Examination Fees

- A. Fees for all examinations and Board eligible registration shall be determined by the Board and will be published on the Boards website.
- B. All examination fees are nonrefundable.
- C. The application fees for unsuccessful applicants, withdrawals, or cancelations, will be retained by the AOBA.

- D. If an applicant fails any part of the examination for certification, the fee for reexamination shall be determined by the Board.

Section 4. Examination Requirements – Primary and Subspecialty Certification

Each candidate for the written, oral, clinical, and all subspecialty examinations shall:

- A. Submit a completed online application.
1. Application must be received by the AOBA by the specified deadline.
 2. Application fee must be submitted with the application.
 3. All required documentation regarding residency completion (program and each year of training) must be received and approved by the AOA/COPT.
 - a. **Written Exam** – Verification of OGME-2 completion.
 - b. **Oral Exam** – Verification of OGME-3 completion.
 - c. **Clinical Exam** – Provide evidence to verify AOA/ACGME approval of the candidate's residency, verification must include:
 - i. Osteopathic DO Residents: A copy of the hospital resident certificate and statement from the COPT that the program has been approved as being complete.
 - ii. Allopathic DO Residents: A copy of the AOA BOT letter granting approval of the program as complete.
 - d. **Clinical Exam** - Submit a list of anesthetic procedures for the three (3) months period specified by the Board, giving the date, name of the hospital and case number, patient's initials, physical status designation, operative procedure and anesthetics administered. This list shall be certified by the administrator or medical director of the hospital in which the anesthetics were administered. A spreadsheet for this purpose may be downloaded from the AOBA website. (B-02/03)
 - i. The list shall be accompanied by a supplementary list in which the anesthetic procedures for a period specified by the Board are broken down into segregated totals indicating the number of each type of anesthetic administered by the candidate during that specified period
 - e. **Subspecialty Exams** – Provide evidence to verify successful completion of a one (1) or more year, AOA-approved pain management, critical care medicine, or pediatric anesthesiology training program or successful completion of an ACGME-approved training program. Training is not considered complete until all required documentation is approved by the AOCA/COPT, AOA and AOBA.
- B. Demonstrate eligibility for examination in any other manner required by the Board.

Article VI. Rules for the Conduct of Examinations

All candidates shall be required to pass appropriate examinations planned to evaluate their understanding of the scientific basis of the problems involved, familiarity with current advances, possession of sound judgment and a high degree of skill in the diagnostic and administrative procedures involved in the practice of anesthesiology. The examinations shall be designed, constructed and conducted in such a manner as to evaluate the candidate's knowledge of the basic sciences, anesthetic principles and the osteopathic philosophy as it applies to the care and management of the anesthetized patient and to determine the applicant's ability within a clinical setting.

Section 1. Written Examination

The written examination may be taken on completion of the second year of the required three or four year formal training program and on compliance with the requirements for examination. Completion of the second year of the residency requires submission to the AOCA of all required documents. Questions will be multiple-choice based on factual information relating to the science of anesthetic practice, including the application of the basic sciences to anesthesiology. The written examination shall be designed to evaluate academic knowledge. Specifics for the examination may be found on the AOBA website. (B-02/03)

Section 2. Oral Examination

The oral examination may be taken on completion of the required third year of formal training following successful completion of the written examination and on compliance with the requirements for examination. Questions on practical and clinical problems shall be introduced by AOBA certified examiners following an answer outline developed and referenced by the AOBA. The oral examination shall be designed to evaluate thought processes and ability to solve problems. (B-02/03)

Section 3. Clinical Examination

The clinical examination may be taken following successful completion of the written and oral examinations, completion of one (1) year of clinical practice, and on compliance with the requirements for examination.

The clinical examination shall consist of appropriate anesthetic procedures of a diversified character. In addition, the clinical examiner(s) shall request hospital charts selected from the list of anesthetic cases submitted by the candidate. These charts shall be reviewed with respect to the standards established by the Board.

The clinical examination shall be an evaluation of performance to determine the level of anesthetic specialty practice in relation to the standards expected of a diplomate of the Board. The clinical examination shall be conducted by an AOBA board certified anesthesiologist and the following regulations shall be observed:

- A. The AOBA shall notify each applicant of the appointed clinical examiner
- B. Prior to the performance of the anesthetic procedures, the candidate shall provide the clinical examiner(s) with a list of all anesthetic procedures for the period specified by the Board immediately preceding the clinical examination. This list shall include the date, name of the hospital and case number, patient's initials, operative procedure and anesthetics administered. A spreadsheet for this purpose may be downloaded from the AOBA website.
- C. After the clinical examination, the examiner(s) may request a copy of any part of the patient(s) record. The examiner(s) shall set the deadline for receipt of this report.
- D. The examiner(s) shall review the patients' records and prepare a detailed summary and evaluation of the clinical examination on report forms provided by the Board, recording a grade of pass or fail. A written explanation is required as part of the report for a fail grade.

Section 4. Examination Scoring

A scaled score of seventy (70) shall be considered passing for all written examinations. Determination of a passing score on the written examination will be through the use of the Angoff Method.

A scaled score of seventy (70) shall be considered passing for the oral examination. In addition, failure to successfully complete five (5) of the ten (10) oral questions, even in the presence of a score of seventy (70) or greater, demonstrates deficiency of a well-rounded fund of knowledge of anesthesiology, and will result in failure of the oral examination. (B-02/03)

A raw score of seventy (70) shall be considered passing for the clinical examination. This is broken down into the following:

- A. Medical Records Review. 40% of the grade will consist of a review of ten (10) medical records of the Examiner(s) choosing.
- B. Observed Cases. 60% of the grade will consist of the Examiner(s) observing clinical cases.
- C. A written explanation is required as part of the report for a failing grade.

Article VII. Reexamination

Section 1. Written and Oral Examination Failure

- A. For those candidates starting the process after July 1, 2009, all parts of the certification process – written, oral and clinical – must be passed within six (6) years of the completion of an AOA-approved residency program.
- B. For those candidates already in the certification process prior to July 1, 2009, the following shall apply:
 1. Following an initial (1st) or second (2nd) failure of the written examination, the candidate may apply for reexamination and pay the required fees as determined by the Board
 2. Following a third (3rd) failure of the written examination, a remediation board review course shall be recommended with fifty (50) hours of CME in the areas of weakness/deficiency. After successful completion, the candidate may reenter the process according to Article III, Section 2 of this document.
 3. Candidates are required by the Board to take the reexamination within a two (2) year period following the initial or second (2nd) failure. Failure to take the examination within this timeframe will automatically place the candidate in the reentry process as noted above.

Section 3. Clinical Examination Failure

Following a failure in the clinical examination, the candidate may reapply for the clinical examination by submitting six (6) months of logs that do not include any cases from the previously submitted logs and payment of the appropriate fees.

- A. Following a failure of the clinical examination for a third (3rd) time, a one (1) year senior level AOA/ACGME approved program or its equivalent (i.e., fellowship) will be recommended.
- B. Completion of above remediation or any other that the Board recommends, the candidate may apply to retake the examination for a fourth (4th) and final time. The candidate will not

be allowed to reenter the process and will be ruled “Board Ineligible” and notification will be sent to the AOA.

Section 4. Subspecialty Examination Failure

Each candidate who unsuccessfully completes the examination process is able to re-apply for the exam in subsequent years, as long as all of the requirements for examination have been met. The Board may request additional CME prior to the candidate being allowed to take the reexamination.

Section 5. Reactivation

Once the file has been inactivated, the candidate may appeal to the Board to re-enter the certification process. Each reapplication will be considered on a case-by-case basis.

Those candidates that have reentered the certifying process for the additional six (6) years must complete all three (3) of the examinations within that timeframe. Failure to do so will result in termination of the certification process. The Board will note that the candidate is “Board Ineligible” and notify the AOA.

Section 6. Cancellation and Rescheduling

Failure to appear or withdrawal from a scheduled examination will be regarded as a cancellation. A rescheduling fee will be charged for any cancellation. These fees represent administrative costs to the Board and may be found on the AOBA website.

Section 7. Right to Appeal

Following a third failure in any portion of the examinations, a candidate shall be denied the privilege of further examination. An applicant denied further examination has the right to appeal to the Board as indicated in Article X of the AOBA Policies and Procedures.

Article VIII. Certificates

Section 1. Process

The AOBA will issue and maintain certificates of certification and OCC in accordance with the *Policies and Procedures of the BOS*.

Section 2. Certificate Dates – Primary Certification

The date carried by primary certification certificates shall correspond with the date on which successful completion of all Board requirements is confirmed by the Board. All primary certifications issued after 2001 shall be time-limited to ten (10) years. The certificate will expire on December 31st of the tenth year following issuance of the certificate. Non-time-limited primary certifications issued prior to this date without a time limit, will remain in effect.

Section 3. Certificate Dates – Subspecialty Certification

The date carried by certification of subspecialty certificates shall correspond with the date on which successful completion of all Board requirements is confirmed by the Board. All subspecialty certification certificates shall be time-limited to ten (10) years. The certificate will expire on December 31st of the tenth year following issuance of the certificate. Non-time-limited certifications issued prior to this date without a time limit, will remain in effect.

Section 4. Certificate Dates – OCC Certificates

The date carried by OCC certificates shall correspond with the date on which successful completion of all Board requirements is confirmed by the Board. All OCC certificates shall be time-limited to ten (10) years. The certificate will expire on December 31st of the tenth year following issuance of the certificate.

Section 5. Inactivation, Revocation, Reinstatement, and Reactivation

The AOBA will follow the procedures regarding certificate inactivation, revocation, reinstatement and reactivation in accordance with Article XI of the *Policies and Procedures of the BOS*.

Article IX. Osteopathic Continuous Certification (OCC)**Section 1. OCC Program**

OCC was offered on a voluntary basis to diplomates holding certificates in anesthesiology and its subspecialties. Diplomates certified after 2000 must have satisfactorily completed the OCC process during the ten (10) year period of their time-limited certificate in order for certification to be continuously valid.

OCC is offered on a voluntary basis to those diplomates holding certification in a subspecialty issued prior to 2000. Diplomates certified after 2000 must satisfactorily complete the OCC process during the ten (10) year period of their time-limited certificate in order for certification to be continuously valid.

As of January 1, 2013, all diplomats with a primary or subspecialty time-dated certificate will be phased into OCC, as mandated by the AOA. Specifics of the OCC as it pertains to the practice of anesthesiology or any subspecialty may be found on the AOBA website.

Section 2. Notification of Deadline

The AOBA will notify all holders of time-limited certificates at least six (6) months prior to such time as the OCC Cycle Examination can be undertaken.

Section 3. Timeline for OCC Examination

A diplomate may sit for the OCC examination up to three (3) years prior to the expiration of his/her existing certificate. The new OCC certificate will become effective as of the date of the expiration of the previous certificate.

Section 4. Eligibility for OCC

To be eligible for OCC, a diplomate must demonstrate eligibility as outlined in Article XII of the *Policies and Procedures of the BOS*.

Section 5. OCC Application Requirements

Diplomates must submit the required application, fees, and supporting documents as required by the Board within established deadlines as determined by the Board.

Section 6. OCC Examination

An examination will be required and conducted in the case of each diplomate. The method and content of the examination shall be determined by the Board. Each diplomate shall be notified of the results of the

examination and informed that the action of the Board is subject to the approval of the BOS. Diplomates will not be permitted to review past examinations or questions at any time.

Section 7. Requirements for OCC

The minimum requirements to be eligible to receive an osteopathic continuous certification in anesthesiology are:

- A. The applicant must hold active general certification in anesthesiology from the AOA through the AOBA and the requirements set forth in Article XII of the Policies and Procedures of the BOS.
- B. Following satisfactory compliance with the prescribed requirements for examination, applicants are required to pass an appropriate written examination given by the AOBA. The examination is planned to evaluate clinical, academic and technical knowledge of anesthesia.

Section 8. Additional Training

Subject to the recommendation of the BOS and to the approval of the AOA Board of Trustees, the Board may require such further training in each of the fields coming under its jurisdiction as, in its judgment such field may require, provided that the additional requirements for each field are clearly set forth in the Policies and Procedures of this Board. Additions to requirements shall go into effect one (1) year subsequent to the announcement of such change.

Section 9. OCC Application Requirements

Each diplomate for the written examination for an osteopathic continuous certification in anesthesiology shall:

- A. Submit a completed online application.
- B. Submit applicable application fees, as determined by the Board.
- C. Submit a photocopy of a current and active medical license.
- D. Submit a photocopy of the most recent CME activity report from the AOA and other relevant documentation of CME activity.
- E. Demonstrate eligibility for examination in any other manner required by the Board.

The signed application and all evidence submitted by the applicant shall remain the property of the Board even though the application fee is non-refundable.

Article X. Appeals

Section 1. Right of Appeal

If a candidate feels that the actions of the Board, with regard to any part of the examination, constitute unequal application of the Bylaws or Policies and Procedures, unwarranted discrimination, prejudice, unfairness or improper conduct of the examination, he/she has the right to appeal to this Board.

Section 2. Appeal Process

An appeal to the Board must be made in writing by the candidate to the AOBA, stating the reasons for requesting an appeal.

- A. **Appealable Issues.** Candidates may appeal to the Board to raise concerns relative to the examination's administration (i.e., alleged bias/prejudice of a member of an examination team or failure to follow established examination procedures).
- B. **Non-Appealable Issues.** The Board will not consider appeals based on examination content, sufficiency or accuracy of answers given to examination questions, scoring of the examination, scoring of answers to individual questions, and/or the determination of the minimum passing score.
- C. **Procedure for Appeal.** In order to appeal concerning the examination, a candidate must set forth the basis for the appeal on an Appeal Request Form and submit the form to the AOBA. All supporting documentary material necessary for proper review of the case must be submitted.
- D. **Timeframe for Appeal.** The appellant must submit the completed Appeal Request Form to the AOBA within seven (7) days after the completion of the examination. Any appeal submitted after the deadline for submission of the Appeal Request Form will be denied.
- E. **Evaluation of Appeal.** Each appeal submitted on an Appeal Request Form within deadline for completion as stated above, will be considered by the Board. A majority vote of the Board will determine whether the appeal is accepted or denied.
- F. **Candidate Notification.** Candidates will be advised by the Board of all decisions by certified mail within thirty (30) days of final action of the Board.
- G. **Accepted Appeals.** If the Board accepts an appeal, the candidate's examination will not be scored or recorded. A candidate whose appeal is accepted shall have the right to a new examination at the next scheduled examination date at no additional application or examination fee. All other fees incurred are the responsibility of the candidate. The appellant's original log may be utilized to retake the clinical examination. Retake examinations will be conducted in accordance with the format for the current examination.
 1. If for any reason the appellant elects not to retake the examination at the next scheduled date, the appeal shall be considered null and void, and the candidate will be required to reapply for the certification examination. The application shall be considered in accordance with the criteria in effect at the time of the new application. The Board will consider exceptions to this stipulation for good cause, on an individual basis.
- H. **Further Appeal.**
 1. Current examination: The candidate whose appeal is accepted shall not have the right to alter the original appeal of the current examination results, either within the Board or to the BOS.

2. Subsequent examination: The candidate whose appeal is accepted shall not have the right to appeal the next scheduled examination to the Board under this policy. However, the candidate shall have the right to appeal to the BOS.

Section 3. Level of Appeal

If the candidate is not satisfied with the results of an appeal before this Board, he/she has the right to further appeal to the Bureau of Osteopathic Specialists and the AOA Board of Trustees.

Section 4. Limitations

During any level of appeal described above the candidate will not be allowed by this Board to review any previous examination items.

Article XI. Compliance with Federal Regulations

The Board complies with all applicable federal and state regulations.

Section 1. Compliance with Americans with Disabilities Act (ADA)

The Board complies with all applicable requirements of the Americans with Disabilities Act, which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation, as well as those regulations for Title II and Title III (and all subsequent regulations) as printed in the federal register. The Board complies with the American Osteopathic Association Bureau of Osteopathic Specialists Americans with Disabilities Act and Special Testing Accommodations Policy. The complete policy can be found at the AOBA website.

Section 2. Compliance with the Health Insurance Portability and Accountability Act (HIPAA)

In compliance with the HIPAA Act of 1996, and any subsequent modifications to the Act, the Board will assure that individuals' health information is properly protected, while allowing the flow of health information to provide and promote high quality of health care and well-being.

All medical records submitted for review by candidates for certification by the Board will be de-identified by the candidate prior to submission, such that the remaining information cannot be used to identify an individual patient.

Article XII. Inquiries Regarding Status of a Physician

The AOBA will process inquiries regarding a physician's application and certification status as outlined in Article XIII, Section 13, of the *Policies and Procedures of the BOS*.

Article XIII. Amendments

Subject to the review and recommendation of the BOS and to the approval of the AOA Board of Trustees, these Policies and Procedures may be amended by a two-thirds (2/3) vote of the total

membership of this Board at any meeting provided each member has been notified at least thirty (30) days prior to the date of the meeting and of the intention to amend.

APPENDIX A OSTEOPATHIC CONTINUOUS CERTIFICATION (OCC)

Article I. Introduction

Section 1. Definition of OCC

- A. A process developed to incorporate practice performance and improvement into the board certification process.
- B. Provides opportunities to evaluate and improve knowledge in the specialty of anesthesiology and its subspecialties of pain management, critical care medicine, and pediatric anesthesia.
- C. Insures the incorporation of evidence-based medicine into the clinical practice of anesthesiology.
- D. The goal is to provide quality patient-centered care.

Section 2. The OCC Cycle

- A. The OCC cycle is a ten (10) year cycle consisting of three (3) year CME cycles.
- B. There are specific requirements which must be met for each year of the process. These will be explained in the following sections.

Section 3. The Components of OCC

There are four (4) components of OCC:

- A. Professional Standing/Active Licensure
- B. Lifelong Learning/Continuing Medical Education
- C. Cognitive Assessment
- D. Practice Performance Assessment

Section 4. Osteopathic Core Competencies

The five components of OCC must be integrated with the seven osteopathic core competencies which were developed and adopted by the AOA Board of Trustees (BOT). These core competencies form the foundation of OCC and are assessed throughout a physician's career. They are:

- A. Osteopathic Philosophy and Manipulative Medicine. Physicians are expected to demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment (OMT) appropriate to their specialty, and remain dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.
- B. Medical knowledge. Physicians are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective area, remain current with new developments in medicine, and participate in life-long learning activities, including research.
- C. Patient care. Physicians must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, preventive medicine and health promotion.
- D. Interpersonal and communication skills. Physicians are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of the healthcare team.
- E. Professionalism. In the conduct of their professional activities physicians are expected to uphold the osteopathic oath, which promotes advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning and

sensitivity to a diverse patient population. Physicians should be cognizant of their own physical and mental health in order to effectively care for patients.

- F. Practice-based learning and improvement. Physicians must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods and improve patient care practices.
- G. Systems-based practice. Physicians are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care within the system and practice cost-effective medicine.

Article II. Certificate Definitions

Section 1. Non-Time Limited Certificates

These certificates were issued prior to 2001 and were awarded to AOA-certified anesthesiologists. These certificates have no time limit and do not expire.

Section 2. Time-Limited Certificates

These are certificates, awarded to AOA-certified anesthesiologists after 2001, that have a ten (10) year time limit. Those anesthesiologists with this type of certificate are required to complete the OCC process prior to the expiration date on their certificate. Anesthesiologists with an expiration date after 2013 will be phased into this process according to a timeline based on the date of expiration.

Section 3. OCC Certificates

These are certificates awarded to AOA-certified anesthesiologists after successful completion of the OCC process. These certificates have a ten (10) year time limit. Those anesthesiologists with an expiration date after 2013 will phase into the OCC process. This type of certificate will only apply to anesthesiologists with non-time limited certificates who electively participate in the OCC process. The OCC process does not replace the original non-time limited certificate, which remains valid.

Article III. Requirements for OCC

The following requirements must be met for eligibility into the OCC process:

The diplomate must be a graduate of an AOA-accredited college of osteopathic medicine or accredited allopathic residency

- A. The diplomate must hold an active state license to practice medicine in all states in which he/she practices (or has practiced).
- B. The diplomate must be able to show evidence of conformity to the standards set in the code of ethics of the AOA.
- C. The diplomate must have been previously certified in anesthesiology.
- D. The diplomate must currently practice the specialty of anesthesiology or one of its subspecialties in pain management, critical care medicine, or pediatric anesthesia.
- E. The diplomate must complete the OCC application and submit the appropriate application fees.

Article IV. Special Categories

Section 1. Impaired Physicians

- A. Impaired physicians are diplomates who have a mental or physical impairment that could affect their ability to practice anesthesiology. These diplomates will not be eligible for OCC unless they present medical evidence from appropriate physicians, treatment centers, and/or hospitals which satisfy the AOBA that the impairment does not compromise the diplomates ability to render safe and effective patient care. This documentation must accompany the application form.
- B. A diplomate who has been diagnosed as chemically dependent, has been treated for drug or other substance abuse and/or has entered into a rehabilitation center within three (3) years of his/her application must present evidence to the AOBA that he/she:
 - A) Has successfully completed the authorized rehabilitation program
 - B) Is successfully enrolled in such a program and/or
 - C) Can present attestations from the responsible program administrator(s) and physician(s) demonstrating to the satisfaction of the AOBA that the diplomate has been free of chemical dependency for a period sufficient to establish that the diplomate is not currently using illegal or other substance abuse components and does not have any ongoing problems.

Section 2. Non-Clinical Physicians

- A. Non-clinical physicians are defined as diplomates who have no direct patient contact or clinical care. To maintain certification/OCC under OCC, these physicians must complete all components with the exception of the practice performance assessment requirements. In lieu of these requirements, diplomates in this category will have additional questions added to cognitive assessment examination.
- B. Non-clinical categories include:
 - A) Academic/administrative/research anesthesiologists
 - B) Retired anesthesiologists
 - C) Non-operative anesthesiologists

Article V. OCC Components

Section 1. Active License

- A. All diplomates must hold a valid, active medical license. Documentation will be required at the time of application into the OCC process and for every year until the completion of the process. This will be a requirement for all licenses held (or previously) held by the diplomate in the United States and Canada. A copy of the license(s) will be sufficient.
- B. If a restricted license is identified, the diplomate will be responsible for providing documentation of the restriction, corrective action taken and the removal of the restriction by the appropriate medical licensing board at the time of the application.
- C. Diplomates may proceed with the OCC process with restrictions, if approved by the certification compliance review committee of the Bureau of Osteopathic Specialists (BOS). Restrictions must be removed prior to the expiration date on the diplomate's certificate. Failure to remove any restriction by the expiration date will result in inactivation of their certificate.

Section 2. Lifelong Learning

- A. Continuing Medical Education
 - 1. All diplomates must fulfill 120 credits of CME over a three (3) year period that coincides with the current AOA CME cycle, which must also include fifty (50) credits in the specialty of anesthesiology.
 - 2. Completing a combination of any of the following will fulfill this requirement:
 - A. AOA annual seminar and convention – all credits are applicable.
 - B. AOCA seminars and conventions – all credits are applicable.
 - C. Aids seminar – all credits are applicable.
 - D. Risk management – all credits are applicable.
 - E. State society seminars – half of the credits are applicable.
 - F. Medical journals – all credits are applicable if related to the specialty of anesthesiology. Half the credits are applicable if the journal provides general medical knowledge.
 - G. Exhibits (commercial and scientific at all osteopathic meetings) – all credits are applicable.
 - H. AMA/AAFP conferences – all credits are applicable, if related to the specialty of anesthesiology.
 - I. Teaching – all credits are applicable.
 - J. BLS/ACLS/PALS – all credits are applicable.
 - K. Participation in AOBA oral and/or clinical examinations – may receive a maximum of ten (10) 1-B credits per AOA CME cycle.
 - 3. As all diplomate certificates are time-limited to ten (10) years, a total of three (3) CME cycles will occur during each OCC process. Diplomates must fulfill the above requirements for each of the cycles in order to maintain their certification through the OCC process.
- B. Documentation
 - 1. Diplomates must provide documentation of the fulfillment of CME hours during each of the AOA CME cycles within the current OCC process. Documentation must show a minimum of:
 - A. 120 total CME credits. A copy of the CME activity may be downloaded from the AOA website and must be received by the AOBA within three (3) months of the current cycle's completion.
 - B. 50 CME credits of the 120 must be within the specialty of anesthesiology.

Section 3. Cognitive Assessment

- A. A written examination will be given twice each year, once in march and again in august. Dates and times can be found each year in the calendar of events on the AOBA website. The examination may be initially taken during the 7th year of the OCC cycle, or within three (3) years from the expiration date on the diplomate's certificate during the initial transition period.
- B. All examinations will include 100 multiple choice questions and have a two (2) hour time limit.
- C. Diplomates must achieve an adjusted grade of greater than 70% to pass the examination and will have a maximum of three (3) attempts to pass this component.

- D. Examinations for those diplomates in the non-clinical category will have 150 multiple choice questions and a two (2) hour and forty-five (45) minute time limit. The additional questions will focus on, but are not limited to:
1. Risk Management
 2. National Patient Safety Goals
 3. SCIP Protocols
 4. Interpersonal and Communication Skills
 5. Professionalism

Section 4. Practice Performance Assessment

- A. Quality Improvement Data
1. All diplomates will be responsible for collection and submission of case log forms. These forms will be required to be submitted for all cases in which the diplomate is responsible (personally or directed) for a period of six (6) months or 500 cases. Data will be analyzed and compared to national benchmarks by an independent company, specialty benchmarks. Collection of data will be required a second time during the occ cycle if the requirements for completion, listed below, are not met. Each diplomate will receive a report for every year that data is collected.
- B. Insurability
1. A waiver of liability must be downloaded from the AOBA website, completed and returned to the AOBA office. This will be used by the AOBA to obtain a claims history update at least once during the OCC process.
 2. Diplomates must provide the AOBA with a certificate of liability insurance for each year of the OCC process.
- C. Requirements for completion
1. Diplomates must be within two (2) standard deviation (SD) of the target performance competencies as determined by the AOBA and specialty benchmarks
 2. Those diplomates that fall outside the SD will require documentation of a corrective action plan, which is approved by the AOBA, to be taken to correct the deficiencies.
 3. Each diplomate will be notified by the AOBA after tabulation of the results of any deficiencies requiring corrective action and their comparison to other diplomates.
 4. Continued failure to achieve the required parameters over the next two (2) successive data collection periods will result in the inactivation of certification/OCC through the OCC process.
 5. Diplomates must provide documentation of insurability. A claims history will be obtained by the AOBA along with this documentation. Excessive litigation may require additional review of the diplomate. Un-insurability will result in the loss of certification.
 6. This component is not required for those anesthesiologists classified as non-clinical physicians.
- A. All diplomates are encouraged, though not required, to be a member of AOA and the American Osteopathic College of Anesthesiologists (AOCA).

Article VI. Certification In A Subspecialty – OCC

Section 1. Certification In The Subspecialty Of Pain Management, Critical Care Medicine, Or Pediatric Anesthesiology

The following are the OCC-requirements for certification in pain management, critical care medicine, or pediatric anesthesiology subspecialty and the OCC process:

- A. Of the 50 specialty CME credits required for each AOA CME cycle, 13 credits (25%) must be specific to the SUBSPECIALTY.
- B. In addition to the cognitive examination for primary certification, the diplomate must pass an additional examination related specifically to the Subspecialty.

Article VII. OCC in Dual Certification

Physicians who hold primary specialty certificates in different specialties will be required to meet OCC requirements for each specialty.

Article VIII. Unsuccessful Diplomates

Should a diplomate be unsuccessful in the OCC process, he/she may complete the process the following year and subsequent years as noted below. Certification is inactivated due to expiration, but not as a result of failing the process. If an applicant fails the process, certification remains intact and uninterrupted until the expiration date on the certificate.

In order to regain certification, the AOBA will move the diplomate's 10-year OCC cycle forward one-year. Any activities not completed in the original cycle (such as CME credits or PPAS) must be completed within this one (1) year. In addition, the diplomate must complete the requirements of the 1st year of the next OCC cycle.

Upon successful completion of the Year 1 activities, and any other activities the diplomate did not complete in the first 10 year cycle, the AOBA will recommend to the AOA to issue the diplomate a certificate valid for 10 years from the date of completion of the program. The AOBA will move an OCC cycle forward, one year at a time, for up to three (3) years.

At the end of the three years, if the OCC requirements have not been completed, the diplomate will have to restart the primary certification process. Upon successful completion of the primary certification process, the diplomate will re-attain "diplomate" status and will be issued a new time-limited certificate.

For diplomates with a non-time-limited certificate, unsuccessful completion of the above requirements will result in the inactivation of their OCC (OCC) certificate and will require the diplomate to re-enter the OCC process. Successful completion of all the requirements will result in the reissuance of a new time-limited OCC (OCC) certificate from the date of completion of the OCC process. The diplomate's original primary certification certificate will remain valid.

Diplomates wishing to re-enter the certification process three (3) or more years following the expiration or inactivation of their certification must take and pass at a minimum the primary written certification examination or other applicable examination(s) as determined by the Board and

immediately begin the OCC process through participation in a component 4 activity. The AOBA may also require additional examination and remedial activities such as training or CME.

Article IX. OCC Forms

Forms related to the application, participation and knowledge of the OCC process include:

1. Osteopathic Continuous Certification Booklet of Information
2. Osteopathic Continuous Certification Application and Payment Options Form
3. Osteopathic Continuous Certification Examination Request Form
4. Osteopathic Continuous Certification Waiver of Liability Form
5. Osteopathic Continuous Certification Diplomate Checklists

Article X. OCC Seven Core Competencies

Seven Core Competencies	Four Components of Osteopathic Continuous Certification			
	Medical Licensure	Lifelong Learning	Cognitive Examination	Practice Performance
Patient Care	X	X		X
Medical Knowledge		X	X	
Practice-Based Learning		X		X
Interpersonal & Communication Skills	X			X
Professionalism	X			X
Systems-Based Practice		X		X
Osteopathic Philosophy & OMT	X	X	X	X

Appendix B

Examination Appeal Request Form

I, _____ do formally request an appeal of my
_____ Examination, which was administered
on
_____.

I have read and understand the terms and conditions for appeal as set forth in the AOBA
Appeal
Policy.

This appeal is based on upon the following:

Under penalties of perjury, I attest that the information provided is true and accurate.

Signature: _____ Name: _____
(Print Name)

Date: _____