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Osteopathic education: The link between mission and accreditation

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Abstract *Objective:* This commentary promotes the role of accreditation in meeting a school's mission.
Background: Understanding the parallels between the growth of osteopathic educational institutions and the increase in educational standards over time places a historical perspective on this subject.
Data: The concept of minimum competence, exceeding minimum competence, and their link to the assurance of quality in osteopathic medical education is explored. Knowing that a school's mission speaks to excellence and quality, and that the accreditation process is a way to ensure quality, mission and accreditation are therefore linked.
Conclusion: Through the accreditation process, we ensure that our schools' missions are met, and we assure our students and the public that we deliver an osteopathic medical education of the highest quality.

Brief history

Setting the benchmark of accreditation for American osteopathic medical schools occurred within five years of the opening of the American School of Osteopathy (ASO) by Dr. Andrew Taylor Still. 1897 marks the year students came together to form the American Association for the Advancement of Osteopathy (AAAO), or what is now the American Osteopathic Association (AOA). The AAAO addressed educational standards through its Committee on Education. As the number of osteopathic medical schools expanded with increasing numbers

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of graduates, the focus and complexity of educational standards increased. In 1898, the Associated Colleges of Osteopathy (ACO), or what is now the American Association of Colleges of Osteopathic Medicine (AACOM), established standards for curriculum and length of study. With standards defined, school visits and reports were compiled, and the ACO and AOA strengthened their collaborative efforts. In 1920, the AOA expanded educational standards to include minimum entrance requirements to osteopathic medical schools.[1] In 1952, the AOA was officially approved as the accrediting body for osteopathic medical education by the United States Department of Health, Education and Welfare, now the US Department of Education. Though few osteopathic medical schools were newly established during the 1920s to 1950s, stabilization of the institutions from the late 1800s/early 1900s occurred. Federal recognition was further reinforced in 1967 when the Council for Higher Education Accreditation, then called the National Commission on Accrediting, named the AOA "the accrediting agency for all facets of osteopathic medical education".[1] After this 1967 action, osteopathic medical schools experienced a boom as ten new schools were established in the 1970s. Another dramatic increase in school establishment occurred in the 1990s with the emergence of six additional osteopathic institutions. The burgeoning expansion of osteopathic medical schools prompted modifications to the oversight and administration of the accreditation process. The AOA's Bureau of Professional Education provided this management until 2004 when it was split into two governing bodies: the Bureau of Osteopathic Education (BOE) which regulates graduate medical education and continuing medical education, and the Commission on Osteopathic College Accreditation (COCA) which is responsible for the accreditation of osteopathic medical schools. The 17 voting members of the COCA include two osteopathic college deans, two osteopathic educators, one director of medical education, one hospital administrator, eight osteopathic physicians serving as members-at-large, and three public members.[2] By including public members, the COCA affirms the value of the external public perspective in evaluating osteopathic medical education. The COCA is recognized as a reliable accrediting agency by the US Department of Education through a process that includes a maximum five years of continuing recognition, most recently granted June 8, 2011.[3] The COCA annually reports its activities but is not subject to the AOA Board of Trustees.[4]

The case for accreditation

Osteopathic medical education in the United States has grown from approximately 21 students of the ASO in 1892 to 4623 osteopathic graduates in the Class of 2012.[5] If accreditation was important to several dozen students in the late 19th century, how relevant is it in the 21st century? Indeed, this sustained growth requires standards to ensure the highest quality of osteopathic medical education. Establishing quality in education means that a bar must be set to identify a minimum level of performance. For example, the National Board of Osteopathic Medical Examiners (NBOME) administers the Comprehensive Osteopathic Medical Licensing Exam of the United States (COMLEX-USA) to test the competence of future practitioners, and thereby fulfills its mission "to protect the public by providing the means to assess competencies for osteopathic medicine…".[6] The COMLEX-USA sets a passing score at the level of minimum competence for each level of the exam. Those who achieve the passing score of 400 for the COMLEX-USA Level 1 and Level 2 Cognitive Evaluation (CE) and 350 for the COMLEX-USA Level 3 are judged to have the minimum competence necessary to practice osteopathic medicine. While the passing score establishes the minimum level of acceptable performance, the national averages for the COMLEX-USA Level 1 and Level 2 CE are approximately 100 points higher than the minimum passing score.[7] Correspondingly, the national average for the COMLEX-USA Level 3 is approximately 150 points higher than the minimum passing score.[7] Statistically, 1 Standard Deviation equals ±81, 89, and 121 for Level 1, Level 2 CE and Level 3, respectively. More than two thirds of the examinees exceed the level of minimum competence with scores in the range of 419—581, 411—589, and 379—621, respectively.[8] This demonstrates that osteopathic students strive not only to meet but exceed the level of minimum competence.

Just as the COMLEX-USA sets a passing score at the level of minimum competence, the accreditation process for osteopathic medical schools ensures at least a level of minimum competence in the delivery of the osteopathic curriculum. The accreditation process requires schools to demonstrate the ways in which the accreditation standards are met and allows for schools to showcase how their efforts exceed or uniquely meet the standards. The opportunity to highlight a school's best practices also serves to spur ongoing change