The Role of Continuous Certification in Patient Safety and Quality of Care
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Abstract

People paying for healthcare - employers, insurers, and patients - are looking for quality and value from healthcare providers and they want proof physicians are really improving health and using best practices in clinical care. Physician associations have responded to quality of care issues by updating competency-based standards and by approving an ongoing process for physician certification. In 2008 the American Osteopathic Association (AOA) Board of Trustees approved Osteopathic Continuous Certification (OCC) as an ongoing process of ensuring physician competence and patient safety.

The expanded requirements for maintenance of board certification for both MDs and DOs include four components:

- Evidence of Professional Standing (licensure)
- Evidence of Lifelong Learning and Self-Assessment
- Evidence of Cognitive Expertise
- Evidence of Performance in Practice

In recent years there has been greater willingness to recognize that it is not enough to test the credentials of practitioners only once at the beginning of their careers, to let physicians evaluate themselves, or to assume licensure equals competence. Studies show quality of physician performance decreases as the number of years in practice increases. Self assessment is subjective and does not provide the same degree of public accountability third party assessment affords. Regardless if the motivation for certification is for professional ideals or a response to public demands for transparent information, continuous certification is the hallmark for professional excellence as well as a social contract for public accountability.