



American Osteopathic Board of Preventive Medicine

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March 18, 2011

Minutes for Liaison Meeting AOCOPM - AOBPM Atlanta

Attendance: Drs. Smith, Jones, Clark, Wilkins, Teitelbaum, Shelden, and Mr. LeBouef

1. Undersea and Hyperbaric Medicine CAQ

In an Organizational decision the Aerospace division will propose a change in its name to **Aerospace/Undersea and Hyperbaric Medicine**. Status. College has concerns about Dr. Dinwoody being Fellowship Program Director without having sat for the AOA Boards. There are similar concerns about Dr. Werntz in Occ. Med who is also not AOA certified but running the Occ. Med. Residency program at WVU.

2. Examination Questions

More stringent guidelines promulgated

The question items submitted by the applicants and lecturers need to be referenced properly. Instructions will be on the application web site along with a list of acceptable references. AOBPM will be assigning topics for these questions to cover gaps in the TOS specifications. The College is having difficulty with lecturer compliance. Mr. LeBouef presented a Needs Assessment Kit from the College for the lecturers. The College feels that the speakers should be given learning objectives instead of the speaker driving those objectives.

AOBPM members are no longer to be allowed to lecture in the Basic course per BOS guidelines

Sub-scores on examinations results are given to individuals on the specific test session and to the College on a 3 yr aggregate.

3. SRC status report

3rd Cycle in progress

Delayed while OCC is developed

AOBPM process document mapping basic Board functioning is complete and was shared with the College.

4. CAQ Preventive Medicine/Public Health

Activities in this area are dormant.

5. Osteopathic Continuous Certification

This process needs to be functional by 2013. The basic components of this for the AOA are 1) Licensure; 2) Lifelong learning (CME); 3) Continuous AOA membership; 4) Continuous Practice Improvement Process; and 5) A secure, proctored examination.

Status of on-line course development

Tentative BOS approval of AOBPM plan

Non-clinical physicians in mix

CME for clinical assessment process

EPPRC III

Comparison with ABPM MOC

Non-practicing physicians are involved in the AOBPM model as they are for the ACOEM model.

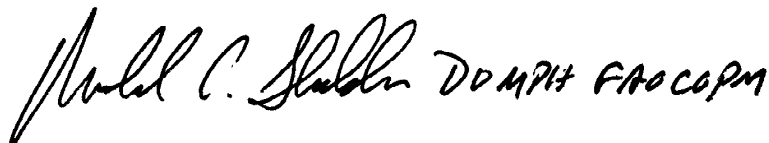
The AOBPM will endeavor to have participation in the Practice Assessment portion of OCC count for CME Specialty Credit Hours. Modules for the OCC should be based on learning objectives and cover knowledge gaps described on the Re-certification examinations. The College is to work on this process. Suggestions were made including having On-line classrooms. AOA is willing to share technology and is encouraging Boards and Colleges to work collaboratively. The College was given a target to have a blue print for the mechanics of OCC in place by 1/1/12. This is one year in front of live date for OCC. There was concern by the College over the standards for the modules and the number of modules.

OCC will be presented in detail to the College membership at the luncheon.

7. CAQ in Correctional Medicine

JTA status. Progress towards examination. The College is very interested in progress. Discussed with them the problems CBS is having at the AOA office and the need to possibly search for another management organization.

Respectfully submitted,



Michael A. Shelden, DO, MPH, FAOCOPM
Secretary/ Treasurer AOBPM