Medical Staff Briefing

Identifying false credentials

A rise in interest in osteopathic medicine has led to confusion about who is trained to practice this type of medicine. Physician leaders and MSPs must play a part in protecting patients from practitioners who falsify their credentials.

In fiscal year 2012–2013, the Florida Department of Health received 661 unlicensed medical activity complaints, according to a report from the state's Board of Medicine. Of those complaints, 596 were referred for investigation, 183 resulted in cease-and-desist notices, 79 individuals were arrested, and nine individuals were convicted. As part of the state health department's Unlicensed Activity Program, the Unlicensed Activity Unit works with law enforcement and the state attorney's offices to prosecute individuals practicing without a license. For example, in a joint operation between the West Palm Beach Unlicensed Activity Unit and the Martin County Sheriff's Office, Lynette Blake of Stuart, Florida, was arrested and later convicted for posing as a physician. Blake allegedly deceived patients by creating fake medical school transcripts and diplomas to prove her credentials.

Although the credentialing process has continued to evolve since 2013, individuals are still able to falsify or mislead patients with their credentials. And lately, this issue seems to be especially plaguing osteopathic medicine.

"What has happened with osteopathic medicine, which is a little different [than allopathic medicine], is that it is largely a U.S.-based practice," explains **Josh Prober, JD,** general counsel for the American Osteopathic Association (AOA). In the U.S., osteopathic physicians are fully licensed physicians who have graduated from osteopathic medical schools accredited by the AOA Commission on Osteopathic College Accreditation.

Prober adds that osteopathic medicine outside of the U.S. has evolved to a nonphysician credential. "While a credential presented by a British graduate can look the same as a credential presented by a U.S. graduate, the credential issued outside of the U.S. is a nonphysician credential," he says. "The international use of the term DO is not uniform, which has the potential to be misleading and result in unauthorized practice of medicine."

Prober recalls an incident about 15 years ago in which a British osteopath nonphysician presented his credentials to the North Dakota Board of Medicine, which was unaware of the distinction between American and British DOs. The board issued him a license, and he began to practice medicine independently in the community as a physician. "It became a very awkward situation after they issued a license and the individual had been practicing, and they had to go and take away the license because the individual was not fully trained as a physician."

The confusion is compounded by the rapid growth of the osteopathic medical profession. According to a press release from the AOA, one out of four current U.S. medical students is enrolled in an accredited college of osteopathic medicine, which awards the DO degree, and osteopathic physicians comprise more than 11% of U.S. physicians. Like MDs, osteopathic medical school graduates select a medical specialty and complete 3–6 years of residency training to become fully licensed physicians.

The AOA is currently investigating online schools that offer "manual osteopathic practice," which is not a recognized profession in the United States. "These online schools allow students with a high school diploma or an equivalent to view recorded online lectures. The coursework does not lead to licensure because none currently exists, although the schools' marketing materials suggest that graduates will be able to open private practices," states a press release from the AOA.

"There is a very significant educational difference in what is offered in an accredited osteopathic medical school versus the unaccredited program," says Prober. "[The unaccredited program] is largely online, even though there are significant questions about how you can effectively offer online experience in manual medicine without monitoring what the students are doing."

Canadian osteopaths

There has been an increase in nonphysician osteopathic schools and programs in Canada in the past 15–20 years, which has led to those graduates seeking credentials to practice in the U.S. but not having the proper training to practice independently.

Canada’s National Academy of Osteopathy (NAO) offers a Diploma in Osteopathic Manual Practice (DOMP). According to its website, “The curriculum is presented in a series of study modules—each dedicated to a specific anatomical region—with faculty working together to coordinate content and ensure understanding is comprehensive and complete. Combining lectures, labs, case studies, and clinical internship provides a smooth transition from academic knowledge to problem solving for treatment and management of patient’s conditions.”

NAO does not present the DOMP as equivalent to a DO degree and states on its website that graduates may not practice as osteopathic physicians or use the title “osteopath” in the U.S. Instead, they must practice as osteopathic manual practitioners. But Prober says that because the DOMP includes the word “osteopathic,” there is a strong probability of the public not understanding the difference between it and a DO degree.

In addition, Canadian osteopathic medicine is not regulated in all provinces. Last year, teachers and students from a private osteopathic school in Montreal were accused of illegally practicing medicine by operating an outpatient clinic through the school. Quebec’s medical regulator filed 33 charges against the school, two of its teachers, and three students. If convicted, the charges could result in fines of up to $375,000.

After hearing about the outpatient clinic in a radio advertisement, undercover investigators with the Collège des médecins du Québec posed as patients seeking treatment at a clinic operated by the Collège d'études ostéopathiques. The president of the Collège d'études ostéopathiques, Philippe Druelle, said that there is no basis for the charges because the students and teachers do not give injections or prescribe medicine.

Tim Caulfield, Canada research chair in health law and policy at the University of Alberta, said that the case raises questions about how alternative health practitioners are regulated and monitored, and he noted that potential problems aren't always investigated.

Taking action

Because MSPs and medical staff leaders are at the forefront of patient safety, they play a significant role in identifying the misuse of medical credentials. “It is important that people who do credentialing know that [this is happening],” says Prober.

Consultants and MSPs experienced in the credentialing field suggest that about 7% of applications for medical staff privileges contain significant misstatements, omissions, or misrepresentations. While this is a small percentage, candidates with problematic backgrounds are the most likely to be found in this minority. They are also the most likely to end up in a malpractice suit that leads to allegations of negligent credentialing.

Vigilance from the medical professional community brought to light a recent case of a Massachusetts physical therapist misrepresenting himself as a physician. James Bucciarelli, a licensed physical therapist assistant and licensed athletic trainer, misrepresented himself as “DO,” “DOMP,” and “LATC” (licensed athletic trainer, certified) on multiple websites where he advertised his services. Bucciarelli also did not properly identify his qualifications or otherwise correct an investigator who addressed him as “Dr. Bucciarelli” while posing as a prospective patient.

“Individuals from the Massachusetts Osteopathic Society noticed someone in their community who they were not aware as being a DO promoting themselves as a DO and offering osteopathic services,” explains Prober.

The AOA says that in order to protect the public, licensing and regulatory agencies should investigate healthcare providers who promote their services using the terms “DO” or “DOMP” when they have not graduated from an accredited osteopathic medical school.

“There is a very strong probability of public confusion—the distinction between a U.S. graduate and a graduate from outside the U.S. who would not be a physician. That is why we have become active in monitoring this issue because there is a public health aspect to this that is very significant,” says Prober. He also advises patients to do their part by verifying or investigating their practitioner’s background and understanding whether that individual is licensed and what the scope of the license is.

Students who want a career in osteopathic medicine must also do some research before applying to any educational programs. “Before you invest thousands of dollars in an education program, make sure the program is accredited and understand what you will be able to do with the credential at the end of your educational process,” says Prober. “Even if you do receive some level of education and training in manual techniques, does the degree that you are receiving allow you to be licensed to provide those manual services? If your hope and expectation is that you will have a credential that allows you the full and unlimited scope of practice in medicine, make sure you are graduating from a Commission on Osteopathic College Accreditation—or Liaison Committee on Medical Education—accredited program.”

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