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Letters to the editor are considered for publication in the *JAOA* with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication.

All accepted letters to the editor are subject to editing and abridgement. Letter writers may be asked to provide *JAOA* staff with photocopies of referenced material so that the references themselves and statements cited may be verified.

Readers are encouraged to prepare letters electronically in Microsoft Word (.doc) or in plain (.txt) or rich text (.rtf) format. The *JAOA* prefers that readers e-mail letters to jaoa@osteopathic.org. Mailed letters should be addressed to Gilbert E. D'Alonzo, Jr, DO, Editor in Chief, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864.

Letter writers must include their full professional titles and affiliations, complete preferred mailing address, day and evening telephone numbers, fax numbers, and e-mail address. In addition, writers are responsible for disclosing financial associations and other conflicts of interest.

Although the *JAOA* cannot acknowledge the receipt of letters, a *JAOA* staff member will notify writers whose letters have been accepted for publication. Mailed submissions and supporting materials will not be returned unless letter writers provide self-addressed, stamped envelopes with their submissions.

All osteopathic physicians who have letters published in the *JAOA* receive continuing medical education (CME) credit for their contributions. Writers of original letters receive 5 hours of AOA category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of category 1-B CME credit for their responses.

Although the *JAOA* welcomes letters to the editor, readers should be aware that these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

Osteopathic Degrees Overseas

To the Editor:

I have noticed the openness of expression in the letters published in the *JAOA*. It is very healthy and healing for all of us to ventilate and keep our minds open.

I read with great interest the article titled "Recording the Rate of the Cranial Rhythmic Impulse" by Kenneth E. Nelson, DO, and colleagues,¹ and I noticed that one of the authors has a DO degree from France. A few weeks later, I read a review of "A Manual of

Systematic Eyelid Surgery," by John Richard Olaf Collin, MA, MB, BChir, FRCS, FRCOphth, DO, in a different publication.² I am also a DO. Are all DOs created equal?

Mr Collin is not in the osteopathic medical profession. His DO degree stands for "diploma in ophthalmology." Incidentally, the title "Mister" for a member of the Royal College of Surgeons reflects the humble origins of the royal barbers who were called on to lance growths on royal bodies.^{3,4}

In the United Kingdom, DO also

stands for "diploma in osteopathy."

Does the DO certificate from France also mean "diploma in osteopathy," or does it mean "doctor of osteopathy"? Are the osteopaths in the United Kingdom and France required to complete the same premedical, medical, and graduate medical education as is required of osteopathic physicians in the United States? Are they licensed as physicians and surgeons in their respective countries? Are they given unrestricted medical and surgical privileges in their countries by hospitals and by the governmental agencies that register allopathic physicians? Has the American Osteopathic Association (AOA) found the qualifications of these practitioners to be equal to those of DOs in the United States? Are they eligible to take the Comprehensive Osteopathic Medical Licensing Examination USA and the United States Medical Licensing Examination?

Incidentally, in the fall of 2006, I spent 2 weeks in Australia, where I talked with two individuals at the office of the Australian Osteopathic Association (Chatswood, New South Wales). Graduates of Australian programs in osteopathy are not recognized as physicians. They do not have medical or surgical practice rights. They can just do manual manipulation. I have heard AOA leaders state that US-trained osteopathic physicians are recognized in Australia. This perhaps should be restated as "recognized to do only manipulation." When speaking of recognition by a foreign country, it should be clearly indicated whether the recognition is for full medical and surgical rights or limited to manual manipulation.

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Response

Training and equivalency in osteopathic medicine across nations is a complex topic that could take years to study. However, the basic questions about the international practice of osteopathic medicine and osteopathy are relatively more manageable.

In the United States, DOs are “doctors of osteopathic medicine”—the only practitioners of osteopathic medicine who are trained from the beginning of their education to integrate the full spectrum of medicine, including osteopathic manipulative treatment. In France, Germany, and Switzerland, some osteopathic practitioners are MDs who take additional courses in osteopathy after completing their medical training. Others in these three countries are “osteopaths,” who are trained in osteopathic principles and osteopathic manipulative treatment but who are not physicians. This second model also applies to most other countries, including the United Kingdom, Canada, Australia, and New Zealand.

In most countries outside the United States, DO stands for “diploma of osteopathy,” not “doctor of osteopathic medicine.” Osteopaths who are not trained in the full scope of medicine are not afforded certain medical practice rights, such as surgical and prescribing rights. Many, however, do act as primary care providers, coordinating treat-

ment with fully licensed primary care physicians.

Every country has different requirements and a different way of licensing or registering osteopathic physicians and osteopaths. The only osteopathic practitioners that the US Department of Education recognizes as physicians are graduates of osteopathic medical colleges in the United States.¹ Therefore, osteopaths who have trained outside the United States are not eligible for medical licensure in the United States.

On the other hand, US-trained DOs are currently able to practice in 45 countries with full medical rights and in several others with restricted rights, according to the AOA International Licensure Summary (available to AOA members only at: http://www.do-online.org//index.cfm?PageID=lcl_main&au=A&SubPageID=lcl_interntnl). The AOA works with foreign health ministers and other health authorities to gain licensure and registration for its members on a daily basis. According to the AOA International Licensure Summary, the United Kingdom and New Zealand granted practice rights to US-trained DOs in 2005.

While each country’s requirements for osteopathic practice are different, the United Kingdom’s requirements for registration may provide readers with an understanding of the steps required by many other industrialized nations. After submitting the required paperwork to the General Medical Council of the United Kingdom (London, England), each applicant must pass the two-part examination of the Professional Linguistic Assessment Board.² This examination consists of a written medical examination and a clinical assessment examination. After passing the examination, an applicant is required to work under supervision in the National Health Service on limited registration for 1 year, which is similar to a residency program.³ After that year, the applicant can apply for full, unlimited

registration (unsupervised practice or private practice).⁴ For registration as a specialist, an osteopath must receive separate recognition of his or her graduate training from the Postgraduate Medical Education and Training Board.

In addition, the terms *DO* and *osteopath* are protected by the Osteopaths Act of 1993.⁵ As a consequence, a US-trained osteopathic physician practicing in the United Kingdom must register with both the General Medical Council and the General Osteopathic Council (London, England).

I have just touched the tip of the proverbial iceberg. There are large differences in osteopathic medicine from one country to the next. I hope that this information has helped *JAOA* readers better understand the international practice of osteopathic medicine.

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