AOA continuing medical education

GEORGE A. REUTHER, MBA
DELORES J. RODGERS, BS

Continuing Medical Education (CME), as the term implies, is a lifetime commitment to learning by physicians in the full recognition that the study of medicine does not end with graduation from medical school. In 1973, the American Osteopathic Association (AOA) established the requirement that each member maintain a minimum number of continuing medical education credits during a 3-year period in order to continue membership in the Association. In addition, 28 states (*Table 1*) have established minimum CME requirements to qualify for annual relicensure and a number of specialty colleges require a minimum of CME credits in order to maintain certification.

The AOA activities in CME may be characterized as (1) the approval of general policies and guidelines that provide leadership and a national structure within which CME programs and credit may be recognized; (2) the maintenance of a computerized CME-credit recording and notification mechanism known as Individual Activity Reports (IARs); and (3) approval of CME program sponsors as providers of AOA category 1 credit. As in the past, experience with the program and changes in the CME marketplace have led the AOA Board of Trustees and the Council on Continuing Medical Education to revise certain policies and procedures.

Major changes have been implemented during the present 3-year cycle (1992–1994) in response to the needs of osteopathic physicians across the country and in response to the development of policies governing industry-supported CME programs. The AOA has committed itself to supporting the recently created "Uniform Guidelines," written by the Task Force on CME/Industry Collaboration, a coalition of 31 organizations, associations, and industry participants who have a major role in CME program support, accreditation, and approval throughout the United States. As a result of this commitment, the AOA implemented the process of accrediting all AOA category 1 CME sponsors. Accreditation has been offered to all *potential* AOA category 1 CME sponsors. These changes and a brief history of the program are the focus of this article.

This is the third year of the 1992–1994 AOA CME cycle. The AOA CME program has now been in existence for 21 years and six 3-year cycles have been completed; the seventh began on January 1, 1992.

CME program organization and structure

The Division of Continuing Medical Education, established in 1973, is a part of the AOA Department of Education and is responsible for implementing the policies of the Board of Trustees and House of Delegates through the Council on Continuing Medical Education. In administering the guidelines and regulations, the office disseminates information on the CME program to individual physicians and sponsors, awards credit for CME programs, and facilitates accreditation of AOA category 1 sponsors through the Council on Continuing Medical Education.

Sponsors may submit programs to the Division for initial approval. Each program is reviewed in accordance with guidelines approved by the Council and the Board of Trustees. The sponsor is then notified of the hours and category of credit for which the program is approved. As requests for credit are received, staff review the activity and determine eligibility, category, and credit to be granted. Any type of activity not previously considered is referred to the Council on Continuing Medical Education for a decision. The AOA maintains an individual computer record for each DO and, twice a year, provides each member with a report of his or her activities.

Mr Reuther is the assistant director, Continuing Medical Education and Hospital Accreditation Division, AOA Department of Education. Ms Rodgers is the coordinator, Continuing Medical Education Division, AOA Department of Education.

Reprint requests to George A. Reuther, AOA Department of Education, 142 E Ontario St, Chicago, IL 60611-2864.

Table 1
States Requiring CME for Registration of License to Practice Medicine

State	CME requirement	Year of legislation	HIV/AIDS education required for license	State licensure CME requirement
Alabama	Yes	1992	No	12 hr/AMA Category 1
Alaska	Yes	1986	No	34 hr/2 yr AOA or AMA Category 1
Arizona	Yes	1976	No	20 hr/yr AOA Category 1-A
Arkansas	No	N/A	No	N/A
California	Yes	1977	No	150 hr/3 yr 60 hr AOA Category 1-A or Category 1-B and 90 hr of any other
Colorado	No	N/A	No	N/A
Connecticut	No	N/A	No	N/A
Delaware	Yes	1985	No	40 hr/2 yr AOA or AMA Category 1
District of Columbia	No	N/A	No	N/A
Florida	Yes	1985	Yes	40 hr/2 yr 20 hr AOA Category 1-A, 5 hr risk management, 3 hr HIV/AIDS education
Georgia	Yes	1990	No	40 hr/2 yr AOA or AMA Category 1
Hawaii	No	N/A	No	N/A
Idaho	No	N/A	No	N/A
Illinois	No	N/A	No	N/A
Indiana	No	N/A	No	N/A
Iowa	Yes	1979	No	40 hr/2 yr AOA or AMA Category 1
Kansas	Yes	1978	No	150 hr/3 yr 90 hr AOA or 60 hr AMA Category 1
Kentucky	No	N/A	PENDING	N/A
Louisiana	No	N/A	No	N/A
Maine	Yes	1979	No	50 hr/yr 20 hr AOA Category 1-A and 30 hr other
Maryland	Yes	1978	No	100 hr/2 yr 40 hr AOA or AMA Category 1
Massachusetts	Yes	1977	No	100 hr/2 yr 40 hr AOA or AMA Category 1 and 10 hr risk management 60 hr Category 2
Michigan	Yes	1977	No	150 hr/3 yr 60 hr AOA Category 1-A or Category 1-B and 90 hr Category 2
Minnesota	Yes	1977	No	75 hr/3 yr 45 hr AOA or AMA Category 1

N/A = not applicable.

Table 1, Continued
States Requiring CME for Registration of License to Practice Medicine

State	CME requirement	Year of legislation	HIV/AIDS education required for license	State licensure CME requirement
Mississippi	No	N/A	No	N/A
Missouri	Yes	1987	No	25 hr/yr AOA Category 1-A or 2-A
Montana	No	N/A	No	N/A
Nebraska	No	N/A	No	N/A
Nevada	Yes	1979	No	35 hr/yr AOA Category 1-A
New Hampshire	Yes	1978	No	150 hr/3 yr 60 hr AOA or AMA Category 1 and 90 hr other
New Jersey	No	N/A	No	N/A
New Mexico	Yes	1972	No	75 hr every 3 yr AOA or AMA Category 1
New York	No	N/A	No	N/A
North Carolina	No	N/A	No	N/A
North Dakota	No	N/A	No	N/A
Ohio	Yes	1977	No	100 hr/2 yr 40 hr AOA Category 1-A
Oklahoma	Yes	1940	No	16 hr/yr AOA Category 1-A with 1 hr in controlled dangerous substances
Oregon	No	N/A	No	N/A
Pennsylvania	Yes	1992	Yes	100 hr/2 yr 40 hr AOA Category 1-A or 1-B, 10 hr risk management and 5 hr HIV/AIDS education
Rhode Island	Yes	1977	Yes	58 hr/3 yr in Category 1 AMA and 2 hr HIV/AIDS education
South Carolina	No	N/A	No	N/A
South Dakota	No	N/A	No	N/A
Tennessee	Yes	1946	No	16 hr/AOA or AMA Category 1
Texas	Yes	N/A	No	24 hr/yr AOA and AMA Category 1
Utah	No	N/A	No	N/A
Vermont	Yes	1990	No	30 hr/2 yr 40% osteopathic medical education
Virginia	No	N/A	No	N/A
Washington	Yes	1976	Yes	150 hr/3 yr 60 maximum AMA hr AOA or AMA Category 1-A or 1-B maximum 7 hr HIV/AIDS education upon application
West Virginia	Yes	1987	No	32 hr/2 yr 16 hr AOA Category 1-A
Wisconsin	Yes	1977	No	30 hr/2 yr AOA or AMA Category 1
Wyoming	No	N/A	No	N/A

N/A = not applicable.

Table 2
Number of Physicians Meeting and Not Meeting CME Requirements

Three-year cycle	Number of physicians		
	With a CME requirement	Who met requirement	Dropped from membership
1973–1976	9,219	9,037 (98.0%)	182 (2.0%)
1977–1979	10,373	10,124 (97.5%)	239 (2.5%)
1980–1982	12,050	11,891 (98.7%)	159 (1.3%)
1983–1985	11,881	11,583 (97.5%)	298 2.5%)
1986–1988	12,901	12,858 (99.7%)	43 (0.003%)
1989–1991	16,093	15,934 (99.0%)*	159 (0.01%)*

*As of April 20, 1992.

Table 3
Total Number of CME Credits Recorded (in Millions) for Each Three-Year Cycle

Three-year cycle	Total number of credits recorded in millions		
	Category 1-A	Other	Total
1973–1976	1.3	1.2	2.5
1977–1979	1.4	1.3	2.7
1980–1982	1.5	1.9	3.4
1983–1985	1.5	2.2	3.7
1986–1988	1.8	4.1	5.9
1989–1991*	2.2	4.9	7.1

*As of April 20, 1992.

Table 4
Average Number of CME Credits Earned per Physician Completing His or Her CME Requirements

Three-year cycle	Average No. of credits per physician
1973–1976	277
1977–1979	267
1980–1982	286
1983–1985	319
1986–1988	469
1989–1991	447

Between the first 3-year cycle (1973–1976) and the last 3-year cycle (1989–1991), there has been an overall increase of 6,874 physicians (from 9,219 to 16,093) with a CME requirement. This is an increase of 74.6% over the 15-year period from 1976 to 1991. This trend is expected to continue.

The pattern is consistent for each 3-year cycle from 1973–1976 through 1983–1985, with about 98% of the physician members meeting their AOA CME requirement, and about 2% of those with a requirement potentially being dropped from membership at the conclusion of each cycle. Two percent of the physicians with a requirement equates to about 0.8% of the overall AOA membership when adjusted for waivers and exclusion. Beginning with the 1986–1989 CME cycle, this number has been even smaller as a result of a concerted effort by AOA staff and the Council on Continuing Medical Education to identify members who are CME-deficient and assist them in identifying and recording CME activities that they have completed but did not submit for credit (*Table 2*).

Trends

The total number of credit hours recorded has increased significantly each 3-year cycle. The greatest number of credits awarded in any one area has been in Category 1-A, formal osteopathic medical programs (*Table 3*). (Category 1-A/Formal educational programs sponsored by accredited osteopathic medical institutions, organizations, and their affiliates that meet the quality standards as defined by the AOA.) The data indicate a steady and constant increase in the number of Category 1-A credits being awarded. Since the first 3-year cycle, Category 1-A credits recorded have increased overall by 900,000. This is an increase of 69.2% over the 15-year period from 1976 to 1991. Category 1-A is by far the most utilized of the available categories.

The utilization of "other" categories has also had continuing growth. The other categories include Categories 1-B (formerly 1-B through 1-F) and all Category 2 credit areas. The use of these other categories has increased during the 15-year period from 1976 through 1991 from 1.2 million to 4.9 million credit hours per 3-year cycle. This increase of 3.7 million credits represents an increase of 308%. Such growth is the result of physicians' seeking a variety of means to satisfy their CME obligations.This

Table 5
Guidelines and Summary of AOA Continuing Medical Education Program, Credit Hours Recorded, and Number of Physicians Recording Credits: AOA CME Cycle 1989–1991

Category and content	Minimum requirement per 3-year cycle (hr)*	Credit limit per 3-yr cycle (hr)	Total No. of CME credit hours recorded	No. of DOs
Category 1-A	**60**	**None**	**2,245,662**	**22,570**
■ Formal education programs sponsored by AOA-accredited osteopathic medical institutions, organizations, and their affiliates that meet the definition of "osteopathic" CME				
Category 1-B (any combination):	**...**	**90**		
■ Development and publication of scientific papers and electronically communicated programs			26,018	487
■ Osteopathic medical teaching	...	...	3,140,516	9,261
■ Conducting osteopathic hospital inspections and certifying boards' examinations (5 credits per inspection or examination)			11,418	487
■ AOA-accredited and/or approved hospital committee and departmental conferences concerned with the review and evaluation of patient care	...	...	422,573	7,833
■ Other CME activities and programs approved for Category 1 credit by AOA Council on Continuing Medical Education	...	...	60,799	5,582
Category 2 (any combination)	**...**	**90**		
Category 2-A				
■ Formal education programs sponsored by non–AOA-accredited institutions, organizations, and agencies	...	...	656,847	13,477
Category 2-B				
■ Non–AOA-accredited and/or approved hospital committee and departmental conferences concerned with the review of patient care	...	...	54,676	1,605
■ Home study	...	...	353,349	6,480
■ Scientific exhibits	...	...	233	19
■ Other CME activities and programs approved by AOA Council on Continuing Medical Education	...	...	187,197	5,544
TOTAL	**150***	**NA†**	**7,159,288**	**NA**

*50 credits must be in basic certification.
†NA = Not applicable.

growth also reflects AOA policy changes in recent years.

It is also interesting to note that the average number of credit hours actually earned per physician of those meeting their CME requirement has consistently exceeded the base requirement of 150 credit hours (*Table 4*).

Focus of changes in AOA-CME policies

A major focus of the AOA during the past 8 years has been on the redesign of the CME program to simplify the recording of CME credits by reducing the number of subcategories from 11 to 4, and helping to focus attention on the quality and relevancy of course work taken to actual physician practice.

Table 6
AOA-Accredited Sponsors of Category 1 Continuing Medical Education*

Divisional Societies

1.	Alabama Osteopathic Medical Association	Montgomery, Ala
2.	Alaska Osteopathic Medical Association	Wasilla, Alaska
3.	Arizona Osteopathic Medical Association	Phoenix, Ariz
4.	Arkansas Osteopathic Medical Association	Beebe, Ark
5.	Association of Military Osteopathic Physicians and Surgeons	Conifer, Colo
6.	Bergen Passaic Osteopathic Medical Society	Fair Lawn, NJ
7.	Broward County Osteopathic Medical Association	Hollywood, Fla
8.	Burlington County Society of Osteopathic Physicians and Surgeons	Lumberton, NJ
9.	Colorado Society of Osteopathic Medicine	Denver, Colo
10.	Connecticut Osteopathic Medical Society	Manchester, Conn
11.	Eastern Regional Osteopathic Convention	Trenton, NJ
12.	Florida Osteopathic Medical Association	Tallahassee, Fla
13.	Florida Osteopathic Medical Association District 7	Sarasota, Fla
14.	Georgia Osteopathic Medical Association	Atlanta, Ga
15.	Hudson River North Osteopathic Society	Albany, NY
16.	Idaho Association of Osteopathic Medicine	Boise, Idaho
17.	Illinois Association of Osteopathic Physicians and Surgeons	Ottawa, Ill
18.	Indiana Association of Osteopathic Physicians and Surgeons	Indianapolis, Ind
19.	Iowa Osteopathic Medical Association	Des Moines, Iowa
20.	Kansas Association of Osteopathic Medicine	Topeka, Kan
21.	Kentucky Osteopathic Medical Association	Frankfort, Ky
22.	Long Island Society of Osteopathic Physicians and Surgeons	North Massapequa, NY
23.	Maine Osteopathic Association	Manchester, Me
24.	Maryland Association of Osteopathic Physicians	West Friendship, Md
25.	Massachusetts Osteopathic Society	Framingham, Mass
26.	Michigan Osteopathic Neuropsychiatric Society	Rochester Hills, Mich
27.	Minnesota Osteopathic Medical Society	Brooklyn Park, Minn
28.	Mississippi Osteopathic Medical Association	Oxford, Miss
29.	Missouri Association of Osteopathic Physicians and Surgeons	Jefferson City, Mo
30.	Montana Osteopathic Association	Lewiston, Mont
31.	Nevada Osteopathic Medical Association	Las Vegas, Nev
32.	New England Osteopathic Assembly	Skowhegan, Me
33.	New Hampshire Osteopathic Association	Warner, NH
34.	New Jersey Association of Osteopathic Physicians and Surgeons	Trenton, NJ
35.	New Mexico Osteopathic Medical Association	Albuquerque, NM
36.	New York State Osteopathic Medical Society, Inc	Albany, NY
37.	North Carolina Osteopathic Medical Association	Fayetteville, NC
38.	Ohio Osteopathic Association	Columbus, Ohio
39.	Oklahoma Osteopathic Association	Oklahoma City, Okla
40.	Osteopathic Medical Society of the Southwest	Scottsdale, Ariz
41.	Osteopathic Physicians and Surgeons of California	Sacramento, Calif
42.	Osteopathic Physicians and Surgeons of Oregon	Portland, Ore
43.	Pennsylvania Osteopathic Medical Association	Harrisburg, Pa
44.	Pennsylvania Osteopathic Medical Association District III	Allentown, Pa
45.	Pinellas County Osteopathic Medical Society	Largo, Fla
46.	Rhode Island Society of Osteopathic Physicians and Surgeons	Cranston, RI
47.	South Carolina Osteopathic Medical Association	Hartsville, SC
48.	South Dakota Osteopathic Association	Sioux Falls, SD
49.	Southwest Florida Osteopathic Medical Society	Ft Myers, Fla
50.	Tennessee Osteopathic Medical Association	Atlanta, Ga
51.	Texas Osteopathic Medical Association	Round Rock, Tex
52.	Utah Osteopathic Medical Association	Provo, Utah
53.	Vermont State Association of Osteopathic Physicians and Surgeons	Montdewer, Vt
54.	Virginia Osteopathic Medical Association	Williamsburg, Va
55.	Washington Osteopathic Medical Association	Seattle, Wash
56.	Western New York Osteopathic Medical Society	Buffalo, NY
57.	West Virginia Society of Osteopathic Medicine, Inc	Charleston, WVa
58.	Wisconsin Association of Osteopathic Physicians and Surgeons	Oconomowoc, Wis
59.	Wyoming Osteopathic Association	Torrington, Wyo

* As of October 2, 1994.

Although physicians still are required to earn a total of 150 credits in the 3-year cycle with a minimum of 60 credits in Category 1, they may earn the balance of the required credits (90) in any combination of the remaining categories. The four revised categories (1-A, 1-B, 2-A, and 2-B) are summarized in *Table 5*.

To help focus on quality and relevance of CME course work taken to actual physician practice, all board-certified or board-eligible physicians *must* earn a minimum of 50 credit hours of their 150-credit overall requirement in CME activities related to their basic certification in each 3-year CME cycle. These 50 credits may be earned in any combination of Categories 1 and 2. Failure to maintain this requirement may

Table 6, Continued
AOA-Accredited Sponsors of Category 1 Continuing Medical Education*

Practice Affiliates

1.	American Academy of Osteopathy	Indianapolis, Ind
2.	American College of Neuropsychiatrists	Farmington Hills, Mich
3.	American College of Osteopathic Emergency Physicians	Chicago, Ill
4.	American College of Osteopathic Family Physicians	Arlington Heights, Ill
5.	American College of Osteopathic Family Physicians—California Division	Lompoc, Calif
6.	American College of Osteopathic Internists	Washington, DC
7.	American College of Osteopathic Obstetricians and Gynecologists	Pontiac, Mich
8.	American College of Osteopathic Pediatricians	Washington, DC
9.	American College of Osteopathic Surgeons	Alexandria, Va
10.	American Osteopathic Academy of Orthopedics	Hollywood, Fla
11.	American Osteopathic Academy of Sclerotherapy, Inc	Wilmington, Del
12.	American Osteopathic Academy of Sports Medicine	Middleton, Wis
13.	American Osteopathic College of Anesthesiologists	Independence, Mo
14.	American Osteopathic College of Dermatology	Kirksville, Mo
15.	American Osteopathic College of Pathologists, Inc	Pembrook Pines, Fla
16.	American Osteopathic College of Preventive Medicine	Atlanta, Ga
17.	American Osteopathic College of Proctology, Inc	Toledo, Ohio
18.	American Osteopathic College of Radiology	Milan, Mo
19.	American Osteopathic College of Rehabilitation Medicine	Des Plaines, Ill
20.	American Osteopathic College of Rheumatology	North Wildwood, NJ
21.	American Osteopathic Colleges of Ophthalmology and Otolaryngology, Head and Neck Surgery	Dayton, Ohio
22.	Michigan Association of Osteopathic Family Physicians, Inc	Farmington, Mich
23.	Michigan Osteopathic Neuropsychiatric Society	Rochester Hills, Mich
24.	Ohio State Society of the American College of General Practitioners	Cleveland, Ohio
25.	The Cranial Academy	Indianapolis, Ind
26.	Florida Society of the American College of Osteopathic Family Physicians	St Petersburg, Fla
27.	Texas Society of the American College of Family Physicians	Round Rock, Tex

*As of October 2, 1994.

Nonpractice Affiliates

1.	Association of Osteopathic Directors and Medical Educators	Washington, DC
2.	American Osteopathic Healthcare Association	Washington, DC
3.	Northwestern Michigan Osteopathic Association	Traverse City, Mich

Osteopathic Medical Foundations

1.	Colorado Springs Osteopathic Foundation	Colorado Springs, Colo
2.	Denver Osteopathic Foundation	Aurora, Colo
3.	Tucson Osteopathic Medical Foundation	Tucson, Ariz

Military

1.	Naval Health Sciences Education and Training Command	Bethesda, Md

result in loss of certification or board eligibility. AOA members serving in the military will be exempt from the 50 credit hours in their specialty requirement when assigned to positions other than their specialty.

The CME Guide for 1992–1994 contains all the foregoing guidelines. In addition, several sections of the guide have been edited, and the table of contents has been expanded to assist physicians in locating needed information more quickly. The guide also lists standardized CME courses that are eligible for AOA category 1-A credit.

Impact of changes to the CME program

An analysis of the changes in hours submitted by subcategory since simplification of the program was enacted (CME cycles 1986–1988 vs 1989–1991) indicates three areas of significant change (*Table 5*). Those areas are:

- Category 1-B: Development and publication of scientific papers and electronically communicated programs;
- Category 1-B: Other CME activities and programs approved for Category 1 credit by the AOA Council on Continuing Medical Education; and
- Category 2-B: Other CME activities and programs approved for Category 2 credit by the AOA Council on Continuing Medical Education.

The number of hours recorded for development and publication of scientific papers and electronically communicated programs increased 153% (up from 10,302 hours to 26,018 hours), while the number of physicians using this category declined by 28%. Although fewer osteopathic physicians used

Table 6, Continued
AOA-Accredited Sponsors of Category 1 Continuing Medical Education*

Colleges of Osteopathic Medicine

1.	Chicago College of Osteopathic Medicine of Midwestern University	Downers Grove, Ill
2.	College of Osteopathic Medicine of the Pacific	Pomona, Calif
3.	Kirksville College of Osteopathic Medicine	Kirksville, Mo
4.	Lake Erie College of Osteopathic Medicine	Erie, Pa
5.	Michigan State University College of Osteopathic Medicine	East Lansing, Mich
6.	New York College of Osteopathic Medicine of New York Institute of Technology	Old Westbury, NY
7.	Nova Southeastern University of the Health Sciences College of Osteopathic Medicine	North Miami Beach, Fla
8.	Ohio University College of Osteopathic Medicine	Athens, Ohio
9.	Oklahoma State University College of Osteopathic Medicine	Tulsa, Okla
10.	Philadelphia College of Osteopathic Medicine	Philadelphia, Pa
11.	University of Health Sciences College of Osteopathic Medicine	Kansas City, Mo
12.	University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine	Stratford, NJ
13.	University of New England College of Osteopathic Medicine	Biddeford, Me
14.	University of North Texas Health Sciences Center at Fort Worth/Texas College of Osteopathic Medicine	Fort Worth, Texas
15.	University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine	Des Moines, Iowa
16.	West Virginia School of Osteopathic Medicine	Lewisburg, WVa

Osteopathic Hospitals

1.	Allentown Osteopathic Medical Center	Allentown, Pa
2.	Altoona Hospital	Altoona, Pa
3.	Amherst Hospital	Amherst, Ohio
4.	Bi-County Community Hospital	Warren, Mich
5.	Botsford General Hospital	Farmington, Mich
6.	Brentwood Hospital	Warrensville Heights, Ohio
7.	Brighton Medical Center	Portland, Me
8.	Carson City Hospital	Carson City, Mich
9.	Clarion Hospital	Clarion, Pa
10.	Community General Osteopathic Hospital	Harrisburg, Pa
11.	Community Hospital Medical Center	Phoenix, Ariz
12.	Community Hospital of Lancaster	Lancaster, Pa
13.	Cuyahoga Falls General Hospital	Cuyahoga Falls, Ohio
14.	Dallas Family Hospital	Dallas, Tex
15.	Davenport Medical Center	Davenport, Iowa
16.	Deaconess Medical Center–West Campus	St Louis, Mo
17.	Delaware Valley Medical Center	Langhorne, Pa
18.	Des Moines General Hospital	Des Moines, Iowa
19.	Doctors Hospital	Groves, Tex
20.	Doctors Hospital North	Columbus, Ohio
21.	Doctors Hospital of Stark County	Masillon, Ohio
22.	Eastmoreland Hospital	Portland, Ore
23.	Firelands Community Hospital	Sandusky, Ohio
24.	Florida Hospital East Orlando	Orlando, Fla
25.	Garden City Osteopathic Hospital	Garden City, Mich
26.	Genesys Regional Medical Center	Flint, Mich
27.	Grandview Hospital	Dayton, Ohio
28.	Hillcrest Health Center	Oklahoma City, Okla
29.	Kennedy Memorial Hospital/University Medical Center	Cherry Hill, NJ
30.	Lakeview Hospital	Milwaukee, Wis
31.	Massapequa General Hospital, Inc	Seaford, NY
32.	Memorial Hospital	York, Pennsylvania
33.	Methodist Hospital	Indianapolis, Ind
34.	Metro Health Center	Erie, Pa
35.	Metropolitan Hospital	Grand Rapids, Mich
36.	Michiana Community Hospital	South Bend, Ind
37.	Michigan Capital Medical Center	Lansing, Mich
38.	Michigan Health Center	Detroit, Mich
39.	Millcreek Community Hospital	Erie, Pa
40.	Mount Clemens General Hospital	Mt Clemens, Mich
41.	Muskegon General Hospital	Muskegon, Mich
42.	Oak Hill Hospital	Joplin, Mo
43.	Oakland General Hospital	Madison Heights, Mich
44.	Oklahoma Center for Osteopathic Continuing Medical Education	Tulsa, Okla
45.	Osteopathic Medical Center of Texas	Fort Worth, Tex
46.	Pacific Hospital of Long Beach	Long Beach, Calif
47.	Palm Beaches Medical Center	West Palm Beach, Fla
48.	Parkview Hospital	Toledo, Ohio
49.	Peninsula Medical Center	Ormand Beach, Fla
50.	Pontiac Osteopathic Hospital	Pontiac, Mich
51.	Richmond Heights General Hospital	Richmond Heights, Ohio
52.	Riverside Hospital	Wichita, Kan
53.	Riverside Hospital	Wilmington, Del
54.	Riverside Osteopathic Hospital	Trenton, Mich
55.	St Vincent Medical Center	Toledo, Ohio
56.	Selby General Hospital	Marietta, Ohio
57.	Shenango Valley Medical Center	Farrell, Pa
58.	Still Regional Medical Center	Jefferson City, Mo
59.	Suburban General Hospital	Norristown, Pa
60.	Sun Coast Hospital	Largo, Fla
61.	Traverse City Community Hospital	Traverse City, Mich
62.	Tri-City Hospital	Dallas, Tex
63.	Tucson General Hospital	Tucson, Ariz
64.	Union Hospital	Union, NJ
65.	United Community Hospital	Grove City, Pa
66.	University Community Hospital	Tampa, Fla
67.	University General Hospital	Seminole, Fla
68.	Warren General Hospital	Warren, Ohio
69.	Waterville Osteopathic Hospital	Waterville, Me
70.	Youngstown Osteopathic Hospital	Youngstown, Ohio

Professional Associations

1.	American Osteopathic Association	Chicago, Illinois

* As of October 2, 1994.

this category (487 in the 1989–1991 cycle vs 682 in the 1986–1988 cycle), those who did recorded a substantially greater number of hours (*Table 5*). Although not readily verifiable, this fact may indicate that some osteopathic physicians find that once they have experienced the rigors of publishing their first scientific papers, additional publications are not as difficult to prepare, and/or that ongoing research has provided additional material worthy of publication.

The number of hours recorded rose 104% (up from 29,807 hours to 60,799 hours), and the number of osteopathic physicians recording credits in Category 1-B other CME activities and programs approved for Category 1 credit by the AOA Council on Continuing Medical Education increased 76% (up from 3,177 physicians to 5,582 physicians; *Table 5*). These increases may be a result of the Council on Continuing Medical Education's being authorized to assign Category 1-B credit to allopathic CME programs for which no equivalent programs are available in the osteopathic medical profession. Before awarding such credit, the Council on Continuing Medical Education consults the osteopathic specialty college in the area concerned and notifies it of the specific request for category 1-B credit. *This notification allows the specialty college to verify whether it has such a program and, if not, allows the college the opportunity to recognize the potential need for such programs and respond accordingly.*

In Category 2-B other CME activities and programs approved for Category 2 credit by the AOA Council on Continuing Medical Education, the number of hours recorded increased 138% (up from 78,568 hours to 187,197 hours), and the number of osteopathic physicians recording credit rose 27% (up from 4,350 physicians to 5,544). It is thought that these increases occurred for two reasons. First, physicians may now record up to 90 credit hours of CME in this category, whereas during the 1986–1988 CME cycle they were limited to recording only 30 credit hours. Second more physicians are participating in:

- medical-legal seminars,
- the National Disease and Therapeutic Index, and
- practice management seminars.

CME division activities

The Division of Continuing Medical Education is seeking to identify additional ways in which to serve the membership. It is seeking additional sources of CME programs for physicians who are limited by time or geographic location or both. The focus for this work is in the area of audiovisual programs and computer interactive programs, and expansion of the types of CME programs eligible for AOA Category 1 CME credit. *Table 6* provides a complete list of Category 1 sponsors accredited by the AOA.

As indicated in previous paragraphs, AOA policies were developed in concert with the Task Force on CME-Industry Collaboration in response to the Food and Drug Administration (FDA) concerns related to industry sponsorship of CME. The development and general acceptance of industrywide CME guidelines will allow the medical meetings industry to regulate itself. The industrywide policies, termed "Uniform Guidelines," address principles of good practices for industry sponsorship of CME programs and related ethical guidelines for physicians participating in such programs.

The AOA is in the process of updating accreditation requirements, policies, and procedures for the accreditation of AOA-recognized category 1 CME program sponsors under the Uniform Guidelines. The update will reflect the less intrusive position of the most recent FDA position paper on CME, which was published November 27, 1992. The AOA CME program will include three levels of review for AOA- accredited Category 1 CME sponsors:

- periodic review,
- response to complaints (by a written procedure), and
- on-site inspections of CME programs as necessary.

On March 5 and 6, 1994, the AOA conducted the second National Conference for Osteopathic CME sponsors. This conference, which was held in Chicago, was used to share information regarding important events occurring in the CME industry and to introduce trends in technology related to patient care which could be the focus of CME programs. The conference will be conducted annually to provide osteopathic CME sponsors with a forum/opportunity for sharing experiences

and ideas on improving the quality and effectiveness of osteopathic CME programs across the country.

Comment

The Council on Continuing Medical Education will continue to study, evaluate, and recommend revisions to the AOA guidelines based on the needs of osteopathic physicians and the medical education marketplace. The number of accredited programs and recorded credit will increase in the next few years as greater numbers of osteopathic physicians graduate and enter practice. The AOA CME program will be directed toward awarding credit in a wide diversity of activities while remaining primarily concerned about patient care and clinical education. The Council on Continuing Medical Education and the AOA office may be contacted at any time to assist with your questions or concerns.