

AOA continuing medical education

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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, 30 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 provides 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 (CCME) to revise certain policies and procedures.

Major changes have been implemented during the present 3-year cycle

(1995–1997) 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 1995–1997 AOA CME cycle. The AOA CME program has now been in existence for 24 years, and seven 3-year cycles have been completed; the eighth began on January 1, 1995.

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 CCME. 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 CCME.

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 CCME 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.

Between the first 3-year cycle (1973–1976) and the current 3-year cycle (1995–1997), there has been an overall increase of 9,781 physicians (from 9,219 to 19,000) with a CME requirement. This is an increase of 106% over the 24-year period from 1976 to 1997. This trend is expected to continue. The pattern is consistent for each 3-year cycle (*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,

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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 hours/year AMA Category 1
Alaska	Yes	1986	No	17 hours/1 year AOA or AMA Category 1
Arizona	Yes	1976	No	20 hours per year AOA Category 1-A
Arkansas	No	N/A	No	N/A
California	Yes	1977	No	150 hours/3 years: 60 hours AOA Category 1-A or 1-B and 90 hours of any other
Colorado	No	N/A	No	N/A
Connecticut	No	N/A	No	N/A
Delaware	Yes	1985	No	40 hours/2 years AOA or AMA Category 1-A
District of Columbia	No	N/A	No	N/A
Florida	Yes	1985	Yes	40 hours/2 years: 20 hours AOA Category 1-A or 1-B, 1 hour risk management, 1 hour HIV/AIDS, 1 hour domestic violence, 2 hours related to applicable specialty
Georgia	Yes	1990	No	40 hours/2 years 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 hours/2 years AOA or AMA Category 1
Kansas	Yes	1978	No	150 hours/3 years: 90 hours AOA or 60 hours AMA Category 1
Kentucky	Yes	...	Yes	60 hours/3 years: 30 hours Category 1, 2 hours HIV/AIDS
Louisiana	No	N/A	No	N/A
Maine	Yes	1979	No	50 hours/year: 20 hours AOA Category 1-A and 30 hours other
Maryland	Yes	1978	No	100 hours/2 years: 40 hours AOA or AMA Category 1
Massachusetts	Yes	1977	No	100 hours/2 years: 40 hours AOA or AMA Category 1 and 10 hours risk management 60 hours Category 2
Michigan	Yes	1977	No	150 hours/3 years: 60 hours AOA Category 1-A or 1-B and 90 hours Category 2
Minnesota	Yes	1977	No	75 hours/3 years: 45 hours AOA or AMA Category 1
Mississippi	No	N/A	No	N/A
Missouri	Yes	1987	No	25 hours/year AOA Category 1-A or 2-A

N/A = not applicable.

(continued)

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
Montana	No	N/A	No	N/A
Nebraska	No	N/A	No	N/A
Nevada	Yes	1979	No	35 hours/year AOA Category 1-A
New Hampshire	Yes	1978	No	150 hours/3 years: 60 hours AOA or AMA Category 1 and 90 hours other
New Jersey	No	N/A	No	N/A
New Mexico	Yes	1972	No	75 hours every 3 years 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 hours/2 years: 40 hours AOA Category 1-A
Oklahoma	Yes	1940	No	16 hours/year AOA Category 1-A with 1 hour in controlled dangerous substances
Oregon	No	N/A	No	N/A
Pennsylvania	Yes	1992	Yes	100 hours/2 years: 40 hours AOA Category 1-A or 1-B, 10 hours risk management, and 5 hours HIV/AIDS education
Rhode Island	Yes	1977	Yes	60 hours/3 years in Category 1 AMA and 2 hours HIV/AIDS education
South Carolina	No	N/A	No	N/A
South Dakota	No	N/A	No	N/A
Tennessee	Yes	1946	No	50 hours/2 years AOA or AMA Category 1
Texas	Yes	N/A	No	24 hours/year, 1 hour ethics and/or professional responsibility AOA and AMA Category 1
Utah	Yes	N/A	No	40 hours/2 years AOA or ACGME
Vermont	Yes	1990	No	30 hours/2 years: 40% osteopathic medical education
Virginia	No	N/A	No	N/A
Washington	Yes	1976	Yes	150 hours/3 years: 60 hours minimum AOA or AMA Category 1-A or 1-B maximum; 7 hours HIV/AIDS education on application
West Virginia	Yes	1987	No	32 hours/2 years: 16 hours AOA Category 1-A
Wisconsin	Yes	1977	No	30 hours/2 years 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 (98.04%)	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 (0.3%)
1989-1991	16,093	15,934 (99.0%)	159 (1.0%)
1992-1994	16,040	14,005 (87.3%)	146 (1.1%)
1995-1997	19,315	11,415 (60.0%)*	...†

*As of September 1, 1997

† Will be dropped on May 31, 1999

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
1992-1994	2.3	4.1	6.4
1995-1997*	2.0	5.0	7.0

*As of September 1, 1997.

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
1992-1994	549
1995-1997	634

Category 1-A credits recorded have increased. Category 1-A is by far the most utilized of the available categories.

The utilization of "other" categories has also shown continuous strength. The other categories include Category 1-B and all Category 2 credit areas. Such strength is the result of physicians seeking a variety of means to satisfy their CME obligations. This strength 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 14 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.

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. However, starting January 1, 1998, a minimum of thirty (30) credits must be in Category 1-A unless waived

Table 5
Guidelines and Summary of AOA Continuing Medical Education Program,
Credit Hours Recorded, and Number of Physicians Recording Credits:
AOA CME Cycle 1995–1997

Category and content	Minimum requirement per 3-year cycle, (hr)*	Credit limit per 3-year cycle (hr)	Total CME credit hours recorded	No. of DOs
Category 1-A <ul style="list-style-type: none"> Formal education programs sponsored by AOA-accredited osteopathic medical institutions, organizations, and their affiliates that meet the definition of "osteopathic" CME 	60	None	2,091,347.4	26,007
Category 1-B (any combination) <ul style="list-style-type: none"> Development and publication of scientific papers and electronically communicated programs Osteopathic medical teaching Conducting osteopathic hospital inspections and certifying boards' examinations (5 credits per inspection or examination) AOA-accredited and/or approved hospital committee and departmental conferences concerned with the review and evaluation of patient care Other CME activities and programs approved for Category 1 credit by AOA Council on Continuing Medical Education 	...	90	21,386.5 3,858,742.8 22,698.0 142,078.6 94,596.4	423 9,869 634 5,907 6,511
Category 2 (any combination) Category 2-A <ul style="list-style-type: none"> Formal education programs sponsored by recognized institutions, organizations, and agencies Category 2-B <ul style="list-style-type: none"> Non-AOA-accredited and/or approved hospital committee and departmental conferences concerned with the review of patient care Home study Scientific exhibits Other CME activities and programs approved by AOA Council on Continuing Medical Education 	...	90	479,390.7 25,139.9 209,061.2 85 294,289.4	12,472 1,062 4,333 14 6,983
TOTAL	150*	N/A†	7,238,815.9	N/A

*50 credits must be in basic certification.

†N/A = Not applicable.

based upon individual, mitigating circumstances. One 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 primary specialty 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 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 1998–2000 contains all the foregoing guidelines. In

Table 6
American Osteopathic Association—Accredited Category 1 CME Sponsors*

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

(continued)

*As of September 1, 1997.

Table 6, Continued
American Osteopathic Association—Accredited Category 1 CME Sponsors*

Practice Affiliates			
1. American Academy of Osteopathy	Indianapolis, Ind	22. American Osteopathic Colleges of Ophthalmology, Otolaryngology, Head and Neck Surgery	Dayton, Ohio
2. American College of Neuropsychiatrists	Farmington, Mich	23. Florida Society of the American College of Osteopathic Family Physicians	St Petersburg, Fla
3. American College of Osteopathic Emergency Physicians	Chicago, Ill	24. Michigan Association of Osteopathic Family Physicians, Inc	Okemos, Mich
4. American College of Osteopathic Family Physicians	Arlington Heights, Ill	25. Michigan Osteopathic Neuropsychiatric Society	Rochester Hills, Mich
5. American College of Osteopathic Family Physicians—California Division	Lompoc, Calif	26. New York Society of the American College of General Practitioners in Osteopathic Medicine and Surgery	Valley Stream, NY
6. American College of Osteopathic Internists	Washington, DC	27. Ohio State Society of the American College of General Practitioners	Fairview Park, Ohio
7. American College of Osteopathic Obstetricians/Gynecologists	Pontiac, Mich	28. Osteopathic Wilderness Medical Society	Benicia, Calif
8. American College of Osteopathic Pediatricians	Washington, DC	29. Texas Society of the American College of Family Physicians	Round Rock, Tex
9. American College of Osteopathic Surgeons	Alexandria, Va	30. The Cranial Academy	Indianapolis, Ind
10. American Osteopathic Academy of Addiction Medicine	Washington, DC		
11. American Osteopathic Academy of Orthopedics	Hollywood, Fla	Nonpractice Affiliates	
12. American Osteopathic College of Pain Management and Sclerotherapy, Inc	Bennington, Vt	1. Association of Osteopathic Directors and Medical Educators	Washington, DC
13. American Osteopathic Academy of Sports Medicine	Middleton, Wis	2. American Osteopathic Healthcare Association	Washington, DC
14. American Osteopathic College of Anesthesiologists	Independence, Mo	3. National Board of Osteopathic Medical Examiners, Inc	Des Plaines, Ill
15. American Osteopathic College of Dermatology	Kirkville, Mo	Osteopathic Medical Foundations	
16. American Osteopathic College of Pathologists, Inc	Pembroke Pines, Fla	1. Colorado Springs Osteopathic Foundation	Colorado Springs, Colo
17. American Osteopathic College of Preventive Medicine	Atlanta, Ga	2. Denver Osteopathic Foundation	Aurora, Colo
18. American Osteopathic College of Proctology, Inc	Toledo, Ohio	3. Tucson Osteopathic Medical Foundation	Tucson, Ariz
19. American Osteopathic College of Radiology	Milan, Mo	Military	
20. American Osteopathic College of Rehabilitation Medicine	Des Plaines, Ill	1. United States Navy—Naval School of the Health Sciences	Bethesda, Md
21. American Osteopathic College of Rheumatology	North Wildwood, NJ		

(continued)

*As of September 1, 1997

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.

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*

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Table 6, Continued
American Osteopathic Association—Accredited Category 1 CME Sponsors*

Osteopathic Hospitals (continued)			
61. St Francis Central Hospital	Pittsburgh, Pa	69. Tucson General Hospital	Tucson, Ariz
62. St Joseph Health Center	Warren, Ohio	70. Union Hospital	Union, NJ
63. St Joseph's Hospital	Philadelphia, Pa	71. United Community Hospital	Grove City, Pa
64. St Lukes Hospital—Allentown Campus	Allentown, Pa	72. Westview Hospital	Indianapolis, Ind
65. St Vincent Medical Center	Toledo, Ohio	73. Youngstown Osteopathic Hospital	Youngstown, Ohio
66. Suburban General Hospital	Norristown, Pa		
67. Sun Coast Hospital	Largo, Fla		
68. Tri-City Hospital	Dallas, Tex		
Professional Associations			
		1. American Osteopathic Association	Chicago, Ill

*As of September 1, 1997

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 relative to industry sponsorship of CME. The development and general acceptance of industry-wide CME guidelines will allow the healthcare meetings industry to regulate itself. The industry-wide 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 has updated its accreditation requirements, policies, and procedures for the accreditation of AOA-recognized Category 1 CME program sponsors under the Uniform Guidelines. The update reflects the less intrusive position of the most recent FDA position paper on CME, which was published November 27, 1992. The AOA CME program presently includes three levels of review for AOA-accredited Category 1 CME sponsors:

- periodic review of programs submitted by sponsors;
- response to complaints (by a written procedure), and
- formal document survey reviews conducted annually.

Document surveys are conducted in a chronologic order based on the original date of an organization's accreditation by the CCME. Since the most recent CCME meeting of May 17–18, 1997, a total of 155 AOA-accredited Category 1 CME sponsors have been surveyed through the document survey process. Of the 155 organizations surveyed, 103 submitted complete surveys, or 66% of the total organizations surveyed; 52 submitted surveys with deficiencies noted by the CCME, or 33% of the total organizations surveyed. All organizations with deficiencies noted have been asked to submit a Plan of Corrective Action for future CME programs.

On January 24–26, 1997, the AOA conducted the Fourth National Conference of Osteopathic CME sponsors. This conference, which was held in Chicago, was conducted to share information regarding trends in the CME industry, changes related to or resulting from managed care, and to provide an opportunity for representatives from sponsoring organizations to meet and interact with their peers. 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. The Fifth National Conference of Osteopathic CME Sponsors is scheduled to take place

in January 1999 and will be held in Chicago, Ill.

In January 1996, the Department of CME began automating the process of recording CME event rosters. Each accredited sponsor was asked to submit its rosters to the Division on either a formatted disk or by use of a preprinted roster form, both of which were provided by the AOA. It is believed that these new methods of computerized CME entry decrease the time it takes to post physician hours to IARs, as well as reduce the potential for posting errors. At present, 50% of the recognized AOA-accredited Category 1 CME Sponsors are submitting their programs to the Division of CME via use of computer disk; 18% are submitting programs through the preprinted roster form; 9% are using both options, and 23% are still undecided.

The AOA CME Guide for the 1998–2000 CME cycle was reviewed by the CCME at its May 1997 meeting. The CCME recommended the following changes approved by the AOA Board of Trustees in July 1997. These changes will be implemented January 1, 1998.

Exemption

The following members will continue to be exempt:

- ☐ retired members, who do not hold an active license to practice;
- ☐ military members who are involved in

significant military operations, and

□ permanently disabled members.

■ **Category 1-A:** A minimum of thirty (30) credits must be earned in Category 1-A unless waived based upon individual mitigating circumstances. The AOA Council believes that peer interaction is an important component of a professional's continuing education.

Category 1-A quality standards

■ **Faculty:** The Council has defined faculty as osteopathic physicians or staff members who have earned MD or PhD degrees and have clinical or professional appointment at osteopathic medical institutions.

■ **Exemption of the 50% Faculty Requirement:** An exemption may be requested from the 50% faculty requirement for any CME program sponsored by a specialty college or society, or any program for which the audience will consist largely of nonfamily practice physicians. Such review will occur only on a program by program basis. Exemption is solely at the discretion of the AOA Council. A copy of the procedures for requesting this exemption may be obtained from the AOA Division of Continuing Medical Education.

■ **Administrative Hardship:** The FDA has ruled that a CME sponsor who can demonstrate administrative hardship may allow a third party to handle the financial arrangements for a CME program. The AOA Board of Trustees determined that sponsors having two (2) or fewer full-time equivalent staff will be considered as having administrative hardship.

Standardized courses

■ **Standardized Life Support Courses:** The standardized life support courses now includes credit for both provider and instruction and recertification courses for Category 1-A credit.

■ **Standardized Federal Aviation and United States Army Courses:** The "Army Flight Surgeon Primary Course" is now eligible for Category 1-A credit.

■ **Osteopathic Medical Teaching Category 1-A:** Delivery of formal osteopathic medical education in a didactic format is eligible for Category 1-A credit on an hour-for-hour basis. Methods of such

education would include formal delivery of osteopathic medical education lectures in colleges of osteopathic medicine and formal delivery of osteopathic medical education to students, interns, residents, and staff of AOA approved healthcare facilities.

■ **Preceptorship Category 1-B:** Credit will be granted in Category 1-B for serving as a preceptor in any AOA-approved osteopathic medical educational program. One (1) hour of credit will be granted for each hour of actual instruction.

Other osteopathic CME activities Category I

■ **Quality Assurance and Risk Management:** Osteopathically sponsored quality assurance and risk management seminars that are not clinical in nature may be approved for AOA CME credit by the CCME. The guidelines for risk management and quality assurance programs were addressed by the AOA Council in April 1996 and published in the November 1996 JAOA.

■ **Audio and Video Taped Programs:** Credit will be awarded at the rate of one (1) credit per hour of program playing time if an accompanying CME quiz is completed with a passing grade of 70% and returned to the sponsor.

■ **Computer Assisted Instruction:** Credit will be recommended at the rate of one (1) credit per hour of time spent in completion of the program by the program sponsor and approved by the AOA Council. A postcourse evaluation demonstrating a passing grade of 70% will be required to obtain credit.

Home study Category 2-B

■ **JAOA Quiz:** Credit for reading the JAOA and completing the post-test examination is eligible for three (3) credit hours. The CME quiz must be submitted to the AOA Department of Publications for grading, and credit will be granted upon confirmation of a passing grade of 70% to the CCME.

■ **Audio/Video Cassette Programs and Computer Assisted Instruction:** The sponsor may recommend that credit be awarded at the rate of one (1) credit per hour of

direct participation if an accompanying CME quiz is complete with a passing grade of 70%, and the sponsor confirms this to the AOA.

■ **Other Approved CME Category 2:** Risk management programs which are primarily of administrative nature may be eligible for CME credit under Category 2-B. The guidelines for risk management programs were addressed by the AOA Council in April 1996 and published in the November 1996 JAOA.

■ **Appendix-B—Glossary:** A glossary of terms used in the CME Guide has been developed for the CME activities of the AOA. Some of the terms may have a different meaning outside of the context of the AOA's CME activities.

In July 1997, the 1995–1997 AOA CME cycle reached the three-fourth-way point. With the end of the CME cycle 3 months away, the AOA Division of CME encourages all osteopathic physicians to submit all CME credits by December 31, 1997. The Division also requests that the hospitals remind their medical staffs of the importance of CME completion in terms of staff credentialing and the AOA CME Requirements.

Computer-assisted self-directed learning

Continuing Medical Education has undergone significant changes over the past decade and remains in a state of transition. Formal courses and conferences still dominate the range of offerings, and they continue to play an important role in helping physicians stay abreast of current medical topics.

Computer technology and the rapid growth of information have created new opportunities for CME. Computerized CME offers the additional advantages of being fast, inexpensive, and convenient.

Computer-based educational materials are already available and are growing rapidly, both in quality and quantity. A number of groups have produced CD-ROM and other multimedia packages. There are also many physician resources on the Internet and its most rapidly growing segment, the World Wide Web (WWW).

Computer-based self-study is becoming a more popular method of

delivering CME and promises to play an important role in the future of medical education. The next generation of physicians will be accustomed to this style of learning because many universities and medical schools already use computer-based instruction.

The potential for delivering CME through CD-ROM will continue to grow, driven by technological advances in this area. Technology also will enable CME providers to deliver computer-assisted, interactive learning modules that incorporate high-quality, digitally recorded videotapes of lectures and demonstrations.

The ongoing growth of the WWW will also benefit CME providers. By using the rapidly growing resources of the Internet and the WWW, academic medical centers will be able to provide off-site CME programming, which will particularly benefit physicians in rural areas that are currently underserved. Physician interaction over the WWW also has the potential to complement existing telemedicine programs.

Comment

The CCME 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, clinical outcomes, and osteopathic clinical and administrative education. The CCME and the AOA offices may be contacted at any time to assist with any questions or concerns.

Hold the Phone!

AOA changes phone number



On Nov 1, the direct telephone number for the American Osteopathic Association's Chicago Office will change to:

(312) 202-8000

The toll-free number for the AOA Chicago Office will remain **(800) 621-1773**, and the toll-free number for the AOA Washington Office will remain **(800) 962-9008**.

When the AOA Chicago Office's direct number changes, the extensions for individual employees also will change. However, the following extensions will remain the same:

Ext 1—membership questions and address changes

Ext 2—information on internships and residencies

Ext 3—public relations

Ext 4—information on earned continuing medical education credits

Ext 5—registration for the AOA convention