

Osteopathic Continuing Medical Education

Delores J. Rodgers, BS

The author provides an update on trends in osteopathic continuing medical education (CME) programs and details minor changes to CME requirements for state licensure. In addition, this article explains changes to several policies of the American Osteopathic Association (AOA) with regard to the Association's awarding and recording of CME credits, expanded online access for physician-members who wish to obtain and track CME credit hours, and the terminology used to define the Association's key CME requirements and CME sponsor-accreditation process.

Current Requirements: CME Program Cycle, 2004–2006

The current CME cycle began on January 1, 2004, and will end on December 31, 2006. All AOA members, other than those exempted, are required to participate in the CME program and to meet specific CME credit-hour requirements for the 2004–2006 CME cycle. More detailed information regarding CME guidelines for the current cycle is available at the AOA's DO-Online Web site (see http://do-online.osteotech.org/index.cfm?PageID=cme_main).

Continuing medical education credit hours granted by the AOA are from one of four categories: 1-A, 1-B, 2-A, or 2-B (Figure 1). In general, category 1 is osteopathic (ie, AOA) CME credit; category 2 credit is nonosteopathic CME credit; A credit is granted for formal, didactic courses; B credit is for less formal CME activities, such as hospital committee work and reading the scientific content in *JAOA—The Journal of the American Osteopathic Association* in conjunction with completing THE JOURNAL's CME quizzes. A more detailed description of how CME credit is categorized by the AOA can be found in Table 1.

As announced in THE JOURNAL's Osteopathic Medical Education 2003 issue,¹ the AOA Board of Trustees (BOT) approved an updated CME requirement for Association membership at its February 2003 meeting. At that time, the BOT set

American Osteopathic Association Categories and Types of Continuing Medical Education Credits Awarded		
Category	Type	
	A – Formal	B – Less Formal
1 – Osteopathic	1-A	1-B
2 – Nonosteopathic	2-A	2-B

Figure 1. The four categories of continuing medical education credit granted by the American Osteopathic Association.

the requirement for AOA membership in the 2004–2006 CME cycle at 120 credit hours with a minimum of 30 hours dedicated to earning category 1-A credits. No waiver for this 120-hour requirement will be granted unless due cause or inability to obtain hours is demonstrated to the Council on Continuing Medical Education (CCME). The remaining 90 hours of the 120-hour requirement may be obtained by completing and/or combining CME credits from any of the four categories (ie, 1-A, 1-B, 2-A, or 2-B). A maximum of 60 hours of category 1-B preceptorship may be applied to the 120-hour requirement.

For those physicians who have specialty board certification through the AOA, of the total 120-hour requirement for CME credits, 50 hours must be earned in CME activities related to the primary specialty field in either category 1 or category 2—though the total CME requirement for physicians certified by the American Osteopathic Board of Family Physicians is higher, at 150 hours per 3-year CME cycle.² Failure to fulfill this CME requirement may result in loss of AOA specialty board certification.

Continuing medical education requirements are reduced according to a proration schedule based upon the date when the osteopathic physician joins the AOA after the beginning of a 3-year CME cycle. The CCME considers exemptions, reductions, and waivers to its CME requirements on a case-by-case basis. *Again, the CCME will grant no waivers without due cause or inability to obtain hours unless policy advises otherwise.*

From the Council on Continuing Medical Education and the Division of Continuing Medical Education in the Department of Education, American Osteopathic Association.

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MEDICAL EDUCATION

Table 1
American Osteopathic Association (AOA)
Continuing Medical Education (CME) Program, 2004–2006:
Categories and Requirements for CME Credits Awarded in Three-Year Cycle

Category and Content	Hour Requirement	
	Mandatory	Optional*
■ Category 1 □ Category 1-A – Formal education programs sponsored by AOA-accredited CME sponsors – Osteopathic medical teaching – AOA-accredited standardized life support courses – CME on the Internet (maximum: 9 hours) – Risk management and managed care programs (AOA sponsored, clinical in nature, and meet the faculty requirement for AOA Category 1-A CME credit) – Bioterrorism programs that are AOA accredited (face-to-face) – Bioterrorism programs that are accredited by the Accreditation Council for Continuing Medical Education (ACCME) or approved by the American Academy of Family Physicians (AAFP) (face-to-face; maximum: 4 hours) – Standardized federal aviation courses (aviation medicine and flight surgeon primary course) – Federal programs (for participants who are on active duty in the US military or are employed by a uniformed service) – Grand rounds (when submitted as a “series of programs,” as opposed to being submitted on a lecture-by-lecture basis)	30	90
□ Category 1-B – Development and publication of scientific papers and electronically communicated programs intended for physician education – Osteopathic preceptoring (maximum: 60 hours) – Conducting osteopathic healthcare facility inspections, college inspections, and osteopathic postdoctoral training institution inspections, and administering certifying board examinations – Passing an AOA recertification examination or a Certification of Added Qualifications examination (maximum: 15 hours) – Attendance at committee and departmental meetings for the review and evaluation of patient care at either an osteopathic or allopathic institution – CME on the Internet (real-time interactive simultaneous conferencing CME) – Reading the <i>JAOA</i> and/or its supplements and passing a <i>JAOA</i> CME quiz† – Faculty development programs (AOA sponsored) – Managed care programs (if the faculty requirement is not met) – Risk management programs (administrative in nature) – Federal programs – Journal reading (scientific journals approved by the AOA Council on CME [CCME] and passing the respective CME quiz with a minimum grade of 70%) – Test construction committee work (specialty boards) – Postgraduate in-service examination committee work (specialty boards) – Other osteopathic CME activities approved by the AOA’s CCME	90	(continued)

* Optional requirements listed in this table are interchangeable. One may select 90 additional hours from any of the four CME credit types given and in any combination, as long as the mandatory 30-hour requirement for category 1 credit hours is met.

† *JAOA*—*The Journal of the American Osteopathic Association* grants 2 hours of category 1-B CME credit to osteopathic physicians who complete quizzes on the scientific content in *THE JOURNAL* and its supplements. To apply for CME credit, AOA members who are registered users of DO-Online can take the *JAOA* CME quizzes online (<http://www.docmeonline.com>). Alternatively, readers can place their answers to the quiz directly on the *JAOA* CME quiz form and mail the completed form with their AOA number to the Division of CME.

‡ Physicians who obtain 150 hours of CME credit in a 3-year CME cycle are recognized and rewarded by the Council and the Association by being granted an AOA Certificate of Excellence in CME.

Source: *Continuing Medical Education Guide: American Osteopathic Association, 2004-2006*, and AOA Board of Trustee actions. Material that is new since the publication of *THE JOURNAL*’s Osteopathic Medical Education 2004 issue⁸ is indicated in **boldface**.

Table 1 (Continued)
American Osteopathic Association (AOA)
Continuing Medical Education (CME) Program, 2004–2006:
Categories and Requirements for CME Credits Awarded in Three-Year Cycle

Category and Content	Hour Requirement	
	Mandatory	Optional*
■ Category 2 □ Category 2-A - Formal educational programs that are designed to enhance clinical competency and improve patient care that are sponsored by entities who meet the quality standards of the AOA, the ACCME, or the AAFP - CME on the Internet (real-time interactive simultaneous conferencing CME) - Risk management and managed care programs (clinical in nature, ACCME sponsored and AAFP approved) - Bioterrorism programs that are ACCME accredited or AAFP approved (face-to-face) □ Category 2-B - Journal-type CME on the Internet - Home study - Scientific exhibit preparation and presentation - CME on the Internet - Risk management programs (administrative in nature) Passing an American Board of Medical Specialties recertification examination or a Certification of Added Qualifications examination (maximum: 15 hours) - Other CME activities approved by the AOA's CCME Total CME requirement	90 90 120†	
* Optional requirements listed in this table are interchangeable. One may select 90 additional hours from any of the four CME credit types given and in any combination, as long as the mandatory 30-hour requirement for category 1 credit hours is met. † JAOA—The Journal of the American Osteopathic Association grants 2 hours of category 1-B CME credit to osteopathic physicians who complete quizzes on the scientific content in THE JOURNAL and its supplements. To apply for CME credit, AOA members who are registered users of DO-Online can take the JAOA CME quizzes online (http://www.docmeonline.com). Alternatively, readers can place their answers to the quiz directly on the JAOA CME quiz form and mail the completed form with their AOA number to the Division of CME. ‡ Physicians who obtain 150 hours of CME credit in a 3-year CME cycle are recognized and rewarded by the Council and the Association by being granted an AOA Certificate of Excellence in CME. Source: Continuing Medical Education Guide: American Osteopathic Association, 2004–2006, and AOA Board of Trustee actions. Material that is new since the publication of THE JOURNAL's Osteopathic Medical Education 2004 issue⁸ is indicated in boldface.		

As noted, the current CME cycle began on January 1, 2004, and ends on December 31, 2006. All AOA members, other than those exempted, are required to participate in the CME program and to meet specified CME credit-hour requirements for the 2004–2006 CME cycle.

State CME Requirements

Many state licensing boards believe that CME is an important component in ensuring statewide quality in medical care. A total of 43 states have established CME requirements to qualify for relicensure (Table 2). Readers are encouraged to review the *AOA US Osteopathic Licensure Summary* on DO-Online.³ This document³ contains additional information about licensing requirements in each state.

Recent CME Activities at the AOA Clinical Assessment Program

George Thomas, DO, 2004–2005 AOA President, led a task force to create and launch a performance-measurement program to further improve the quality of patient care in the United States and to engage osteopathic physicians in the process of evaluating clinical outcomes in their practices.

Practicing osteopathic physicians who are members of the AOA have been able to register for the AOA Clinical Assessment Program (AOA-CAP) through DO-Online for CME credit since July 2005 (Resolution 9: CME Credit for CAP for Physicians [A/2005]). The Web site has been ready to accept patient data (demographic and clinical) from participating physicians since September 1, 2005.

Editor's message: In the original print publication, the state continuing medical education requirements for Florida were mistakenly described in Table 2 and the sixth footnote (//) on page 88 as being for "nonlive/participatory" courses. The errors have been corrected here.

Table 2
Continuing Medical Education Requirements by State*

State	Continuing Medical Education (CME) Requirement
Alabama	12 hours of category 1 credit per year
Alaska	25 hours of category 1 credit (American Osteopathic Association [AOA] or American Medical Association [AMA]) per year
Arizona	20 clock-hours of category 1-A credit annually from attendance at AOA-approved educational programs (must present evidence of attendance)
Arkansas	20 hours of category 1 or 2 credit (AOA or AMA) annually
California	150 hours of category 1 or 2 credit (AOA or state board approved) per 3-year period – 60 hours must be category 1 credit for active license Prior to December 31, 2006: 12 hours category 1 or 2 credit in the following topic areas: pain management and treatment of terminally ill and dying patients. This is a one-time requirement. [†]
Colorado	None
Connecticut	None
Delaware	40 hours of category 1 credit (AOA or AMA) every 2 years
District of Columbia	None [‡]
Florida	40 hours of category 1 or 2 credit biennially – 20 hours must be category 1 credit (AOA or AMA [§]) related to the practice of osteopathic medicine or under osteopathic auspices; course credits are mandated in each of the following topic areas [¶] and require participatory course attendance ^{//} : domestic violence (1 hour), Florida state laws and rules (1 hour), risk management (1 hour), and prevention of medical errors (2 hours). Three alternative topic areas are also available: end-of-life care (1 hour), palliative care (1 hour), or controlled substances (1 hour) .
Georgia	40 hours of category 1 credit (AOA or AMA) over 2 years
Hawaii	None
Idaho [#]	40 hours practice relevant to category 1 credit every 2 years
Illinois	150 hours of category 1 or 2 credit per prerenewal period – 60 hours must be obtained through formal, type A CME programs; 90 remaining hours may be obtained through informal, type B CME programs or activities

(continued)

* **Source:** AOA Division of State and Socioeconomic Affairs: AOA US Osteopathic Licensure Summary, August 2005.

Material that is new since the publication of THE JOURNAL's Osteopathic Medical Education 2004 issue⁸ is indicated in **boldface**.

Osteopathic physicians should verify the material reported here with their state licensing boards. The information provided in this table is reported annually to the American Osteopathic Association (AOA) directly from each state licensing board and is compiled here for the convenience of AOA members. The exact wording provided by the state licensing boards is preserved in this table where possible. The AOA takes no responsibility for changes to state guidelines made immediately prior to publication or errors in reporting from state licensing boards.

[†] Osteopathic physicians licensed in the state of California are exempt from this one-time requirement if their primary specialty is either pathology or radiology.

[‡] The District of Columbia has no CME requirements for physicians in continuous practice.

[§] Florida limits the number of CME credit hours osteopathic physicians can obtain from AMA-approved sources to 13 hours.

[¶] Florida dropped the requirement for osteopathic physicians to obtain CME credits in HIV/AIDS and managed care as of the 2004–2006 CME cycle.

^{//} Florida dropped the requirement for osteopathic physicians to attend face-to-face participatory courses in favor of attendance at participatory courses.

[#] Idaho and Nebraska added CME requirements for its licensed physicians as of the current 2004–2006 CME cycle. Previously, there were no state CME requirements in either Idaho or Nebraska.

Individual physicians' outcome measures will later be compared with their peers and national measures to establish national benchmarks for patient care. As noted on DO-Online, "current clinical practices are measured and compared with evidence-based practice guidelines that represent state-of-the-art profes-

sional standards of care."⁴ The three main goals of AOA-CAP are:

- To provide an infrastructure for a quantitative evaluation of the quality of osteopathic medical care in the United States, as provided by individual osteopathic physicians and in the aggregate.

Table 2 (Continued)
Continuing Medical Education Requirements by State*

State	Continuing Medical Education (CME) Requirement
Indiana	None
Iowa	40 hours of category 1 credit (AOA or AMA) biennially, which must include training for identifying and reporting abuse.
	For licensees who regularly provide primary healthcare to children: 2 hours of training in child abuse identification and reporting in the previous 5 years. For licensees who regularly provide primary healthcare to adults: 2 hours of training in dependent adult abuse identification and reporting in the previous 5 years. For licensees who regularly provide primary healthcare to adults <i>and</i> children, separate courses of 2 hours each as outlined above or a combined 2-hour course that includes curricula for identifying and reporting child abuse and dependent adult abuse in the previous 5 years.
	Fees and CME credits prorated to facilitate renewal process.
Kansas	150 hours of category 1 or 2 credit per 3-year period
Kentucky	60 hours of category 1 or 2 credit over 3 years – 30 hours must be category 1 credit (AOA or AMA); 2 hours must be in the area of HIV/AIDS
Louisiana	20 hours of category 1 credit (AOA or AMA) per year
Maine	100 hours of state board-approved CME credit per 2-year period – 40 hours must be AOA category 1-A credit (AOA) for the following practice areas: family practice, family medicine, general practice, and internal medicine; 40 hours of category 1 CME credit in designated specialty area for specialists
Maryland	50 hours of category 1 or 2 credit (AOA or AMA) every 2 years for unlimited license renewal
Massachusetts	100 hours of credit per 2-year period – 40 hours must be category 1 credit (AOA or AMA) and should include 4 hours of category 1 credit and 6 hours of category 2 credit in risk management; remaining 60 hours can be category 2 credit
Michigan	150 hours of credit over 3 years – 60 hours must be AOA category 1 credit; 90 hours must be category 2 credit
Minnesota	75 hours of category 1 credit (AOA or AMA) per 3-year period
Mississippi	40 hours of AOA category 1-A credit or AMA category 1 credit biennially
Missouri	50 hours of type A credit (AOA or AMA) every 2 years
Montana	None
Nebraska [#]	50 hours category 1 credit (AOA or Accreditation Council on Continuing Medical Education [ACCME]) every 2 years
Nevada	35 hours of AOA category 1-A credit per year OR 35 hours of ACCME category 1 credit per year – 10 hours minimum of category 1 credit
New Hampshire	150 hours of category 1 or 2 credit per 3-year period – 60 hours must be category 1 credit (AOA or AMA)

(continued)

* **Source:** AOA Division of State and Socioeconomic Affairs: AOA US Osteopathic Licensure Summary, August 2005.
Material that is new since the publication of THE JOURNAL's Osteopathic Medical Education 2004 issue⁸ is indicated in **boldface**.
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^{//} Florida dropped the requirement for osteopathic physicians to attend face-to-face participatory courses in favor of attendance at "nonlive/participatory" courses.

[#] Idaho and Nebraska added CME requirements for its licensed physicians as of the current 2004–2006 CME cycle. Previously, there were no state CME requirements in either Idaho or Nebraska.

Table 2 (Continued)
Continuing Medical Education Requirements by State*

State	Continuing Medical Education (CME) Requirement
New Jersey	100 hours of category 1 or 2 credit (AOA or AMA) every 2 years
New Mexico	Active membership in AOA OR 75 hours of category 1 credit (AOA or AMA) per 3-year period
New York	None
North Carolina	150 hours of category 1 or 2 credit (AOA or AMA) per 3-year cycle – 60 hours must be category 1 credit
North Dakota	60 hours of category 1 credit (AOA or AMA) per 3-year period
Ohio	100 hours of category 1 or 2 credit over a 2-year period – 40 hours must be AOA category 1 credit
Oklahoma	16 hours of AOA category 1-A credit per year – 1 hour must be in the area of proper prescribing of controlled dangerous substances
Oregon	None
Pennsylvania	100 hours of category 1 or 2 credit (AOA or ACCME) every 2 years – 20 hours must be AOA category 1 credit; 10 hours must be in the area of patient safety and/or risk management
Rhode Island	60 hours of category 1 credit per 3-year period – 2 hours must be in the area of blood-borne infections
South Carolina	40 hours of category 1 credit (AOA or AMA) every 2 years
South Dakota	None
Tennessee	50 hours of category 1 credit (AOA or AMA) per 2-year period
Texas	24 hours of category 1 credit (AOA or AMA) per 1-year period – 1 hour must be in the area of ethics and/or professional responsibility
Utah	40 hours of category 1 credit (AOA or ACCME) every 2 years
Vermont	30 hours of category 1 or 2 credit per 2-year period – 12 hours must be category 1 credit
Virginia	60 hours of category 1 or 2 credit within the 2 years immediately preceding renewal – 30 hours must be category 1 credit, 15 hours of which must be earned in a face-to-face, interactive setting
Washington	150 hours of category 1 or 2 credit every 3 years – 60 hours must be category 1 credit
West Virginia	32 hours of category 1 or 2 credit (AOA or state society-approved) – 16 hours must be AOA category 1 credit; 2 hours must be in the area of end-of-life care, including pain management (must present evidence of attendance)
Wisconsin	30 hours of category 1 credit (AOA or AMA) every 2 years prior to registration
Wyoming	None

* **Source:** AOA Division of State and Socioeconomic Affairs: AOA US Osteopathic Licensure Summary, August 2005.

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Idaho and Nebraska added CME requirements for its licensed physicians as of the current 2004–2006 CME cycle. Previously, there were no state CME requirements in either Idaho or Nebraska.

- To identify where quality-of-care improvements can be made in osteopathic physicians' offices and provide educational interventions for those physicians.
- To provide osteopathic physicians with objective information on how successfully they are treating their patients.⁴

Physician-members who take part in AOA-CAP have the option of participating in any or all of three "measure sets": coronary artery disease, diabetes mellitus, and/or women's health screening. For each of these measure sets, the AOA-CAP input screens have required data fields for physi-

Spotlight: DO CME Online

- Access hundreds of hours of free, high-quality online continuing medical education (CME) programs that are approved/accredited by the American Osteopathic Association (AOA), the Accreditation Council for Continuing Medical Education, and the American Academy of Family Physicians.
- View your AOA CME activity report online 24 hours a day, 7 days a week, 365 days a year.
- Search the online catalog quickly and easily to find the CME activities you need on the topics you want.
- Create and save a list of CME activities you intend to complete later with the My Curriculum feature. Return to the Web site at your convenience to complete those CME activities.
- Receive e-mail notification when CME courses in your area(s) of interest are posted online.
- Get your CME posttest or quiz graded and your CME hours credited instantaneously.
- Track your licensure period online across multiple states.

Figure 2. To access the American Osteopathic Association's CME Center, physician-members can log in to the DO-Online Web site (<http://www.do-online.osteotech.org/>), click the CME link on the left navigation bar, then click Online CME. First-time users will be asked to accept an end-user license agreement by clicking an I Accept button.

cians entering data from their patient charts. As noted on DO-Online,⁴ "clinical indicators selected for measurement represent evidence-based clinical practice standards derived from large randomized controlled clinical trials, single controlled observational studies, or expert consensus." Physicians must also enter data for their patients regarding the findings of osteopathic structural examinations.

Participating physician-members can enter data for 20 patients to receive a performance analysis report from the AOA within 14 days. This initial performance score is the baseline measure for tracking future progress and making longitudinal performance comparisons. After physicians enter a second data set, they receive a second performance report and 20 hours of category 1-B CME credit. A total of 60 CME credit hours can be earned per CME cycle through AOA-CAP.

DO-Online's New CME Center

In October 2005, DO-Online launched a new online CME center, giving AOA members access to hundreds of accredited hours of online CME courses. With the help of this new online feature, AOA members can search a catalog of online CME activities, access and complete those activities online, complete CME quizzes online, and receive documentation of their activities on their CME activity report (CAR) within 24 hours (Figure 2).

As noted in THE JOURNAL'S 2003 Medical Education issue,¹ physician-members can view their current CAR at any time through the DO-Online Web site (see <http://do-online.osteotech.org>). In addition, CARs from previous CME cycles are kept online for at least 6 full years after the end of a cycle (eg, reports for the 2004–2006 cycle will be archived on the site through 2012). However, only those physicians who are AOA members and registered DO-Online users can review their CARs online.

The AOA has always maintained the CAR as a private document. However, physician-members can download the CAR as a hard copy or attach it to an e-mail sent by the AOA to a third party, as specified by the physician-member. The AOA releases the CAR to outside agencies only on written request by the physician-member. Through DO-Online, the AOA will continue to maintain the confidentiality of this information, but individual physician-members have the added convenience of forwarding this information electronically at their discretion.

The CCME continues to believe that all CME activity should be audited. Therefore, physician-members will not be allowed to enter or update their CME records online and should continue to submit their update requests for CME credit directly to the Association's division of CME. Physician-members are encouraged to address such correspondence and requests to the following address: American Osteopathic Association, Attn: Division of CME, 142 E Ontario St, Chicago, IL 60611-2864.

AOA Publications

As announced in the JAOA,⁵ the lifespan of CME quizzes published in AOA custom publications has been extended to 18 months from the date of publication (ie, the date on the cover). The AOA's custom publications currently include supplements to the JAOA and to *The DO* magazine (ie, *The Whole Patient*), as well as several independent newsletters (eg, *AOA's Women and Wellness*, *AOA Health Watch*).

By standardizing the lifespan of CME quizzes in AOA custom publications, the Association is increasing the options osteopathic physicians have for earning CME credits, because the AOA is no longer inadvertently giving preferential treatment to materials published early in a CME cycle. The new protocol should also alleviate any confusion physician-members may have had about the longevity of CME quizzes appearing in AOA publications because all quiz expiration dates will be published along with the quizzes.

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Quizzes in *JAOA* supplements carry 2 hours of AOA category 1-B credit, while quizzes in *The Whole Patient* carry 1 hour of category 1-B credit. Osteopathic physicians can earn 1 hour of AOA category 1-B credit for completing quizzes published in the AOA's *Women and Wellness* and the *AOA Health Watch* newsletters.

Physician-members can also earn AOA category 1-B credit from the quizzes in all issues of the *JAOA* for 18 months from the date of publication.⁶ (For more information, see the AOA Communication on page 96 of the present issue.) In addition, provided that completed *JAOA* quizzes are submitted during their designated life span, CME credit hours earned shall be applied toward the current CME cycle at the time of submission—regardless of the cycle at publication (eg, a February 2006 *JAOA* quiz with a deadline of August 31, 2007, that is received by the division of CME on August 17, 2007, will be credited to the physician-member's CAR for the 2007–2009 CME cycle—not for the 2004–2006 cycle).

Recent Activities of the CCME

■ First Annual CME Forum

The CCME meets three times annually (ie, in January, April, and November) to address members' concerns and routine business related to CME programming.

In November 2005, the CCME conducted its first annual CCME Forum to educate new council members. All council members were provided with orientation materials that provide an overview of the AOA's CME program and an explanation of the function of the CCME. Council members were also given an orientation on key concepts, AOA programs, and documents affecting their future work with the Council, namely:

- the concept and requirements of evidence-based medicine,
- information on AOA-CAP,
- a frequently-asked-questions list: *What constitutes a needs assessment? How are CME topics determined by CME sponsors? How are speakers selected for CME events?*
- a JOURNAL article by AOA Trustee Amelia G Tunanidas, DO, and AOA staff member Diane N Burkhart, PhD,⁷ and
- the report of the Conjoint Committee on CME.⁸

The goals of the AOA's CME program are continued physician excellence in patient care as demonstrated through continuous improvement in patient and public health and well-being. The program itself continues to play a critical role in the recertification process for osteopathic physicians⁹ and is now beginning to include ongoing skills assessments for osteopathic physicians through AOA-CAP. New quality initiatives proposed by the Conjoint Committee on CME⁸ are synchronous with the goals and quality initiatives of the AOA.

■ National CME Sponsors Conference

The AOA holds an annual conference, the National CME Sponsors Conference, to provide sponsors with up-to-date information regarding the latest requirements for maintaining their CME accreditation status. The National CME Sponsors Con-

ference is also intended to help sponsors understand the rationale of CCME directives, clarify those directives as necessary, and explain the trends and evolution of the CME environment.

The AOA's 12th Annual National CME Sponsors Conference was held Thursday, January 5, 2006, through Saturday, January 7, 2006, at the Royal Pacific Resort at Universal Orlando in Fla. The theme of the 2006 conference was "Coping With a Changed Environment." Seventy-seven of the 103 participants in attendance were AOA-accredited category 1 CME sponsors. Topics addressed by speakers included:

- "Pride in the Profession," Philip L. Shettle, DO, President, AOA
- "How to Apply for Grants Online," Mike Saxton, MEd, Executive Director, Professional Education Support, Wyeth Pharmaceuticals (Collegeville, Pa)
- "Osteopathic Continuing Medical Education to the Present and the Clinical Assessment Program," Diane N. Burkhart, PhD, Director, Department of Education, AOA; and William J. Burke, DO, Member, CCME; President, Ohio Society of American College of Osteopathic Family Physicians; Program Director, Doctors Hospital (Columbus, Ohio)
- Morton Morris, DO, JD, Program Chair, 12th National Conference of CME Sponsors; Chair, CCME; Executive Director, American Osteopathic Academy of Orthopedics, Nova Southeastern University College of Osteopathic Medicine (Davie, Fla); delivered three lectures on topics of interest to conference attendees:
 - "AOA CME Policy Update"
 - "Maintaining Compliance in CME"
 - "What Constitutes a Needs Assessment?"
- "How to Market a CME Program and Prepare Brochures," Carsten D.W. Evans, PhD, Assistant Dean, Continuing Education and Professional Affairs, College of Pharmacy, Nova Southeastern University College of Osteopathic Medicine (Fort Lauderdale, Fla)
- "Integrating Evidence-Based Medicine Into Your Program," Paul M. Krueger, DO, Member, CCME; Assistant Dean for Education and Curriculum, Professor of Obstetrics and Gynecology, University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine (Stratford, NJ)
- "Update: What Does DO-Online Offer the CME Provider and the AOA Member in Regard to CME?" Michael J. Zarski, JD, Executive Director, American Osteopathic Information Association (Chicago, Ill)

Concerns addressed in networking sessions included:

- potential sources of commercial support for CME events,
- improving and maintaining the quality of CME events,
- payment to speakers at CME events,
- certificates awarded for conference attendance,
- improving attendance at CME events,
- exhibits at CME events,
- state licensure requirements,
- CME requirements for retirees,
- the reduced AOA 120-hour CME requirement.¹

Table 3
American Osteopathic Association (AOA)
Accredited Category 1 CME Sponsors (N=160)

Organization	No. (%) [*]
■ Affiliates	
□ Nonpractice (AOA) [†]	...
□ Practice (AOA)	1 (<1)
■ Colleges	
□ Colleges of osteopathic medicine (AOA-accredited)	19 (12)
– Alumni groups [‡]	...
□ Specialty (AOA-affiliated) [†]	...
■ Foundations (AOA-affiliated)[†]	6 (4)
■ Hospitals	53 (33)
■ Military	1 (<1)
■ Philanthropic organizations (AOA-affiliated)[†]	...
■ Professional associations	1 (<1)
■ Societies	
□ Divisional (AOA-affiliated) [†]	...
□ Specialty	27 (17)
□ State	52 (32) [‡]

^{*} Percentages reported were rounded for each type of organization. Therefore, the sum of these percentages may not equal 100%.

[†] In 2003, the AOA's Board of Trustees approved a resolution regarding who may apply for recognition as an AOA-accredited category 1 CME sponsor. Applications for sponsorship are currently limited to the organizations indicated.²

[‡] The 52 state societies noted include all state societies, county societies, and state district societies (eg, Florida has a state osteopathic medical association, a county association, and two separate district societies: Broward County, District 6; District 7; and Southwest, District 11).

Recent CME Quality Enhancements AOA-Accredited Category 1 CME Sponsors

As previously noted,^{1,10} the Council has had an ongoing struggle with the term *affiliate organizations* and who may apply as an AOA-accredited category 1 CME sponsor. Because a primary objective of the AOA CME program is to ensure that osteopathic physicians earn at least 30 hours of CME credit based on osteopathic principles and practice—a goal formalized in the new 2004–2006 requirements for category 1-A credit hours—sponsorship for category 1-A is limited to recognized osteopathic organizations, such as:

- AOA-accredited colleges of osteopathic medicine (COMs),
- AOA-affiliated specialty colleges,
- AOA nonpractice affiliates, COM alumni groups, and philanthropic organizations (eg, foundations), and
- AOA-affiliated divisional societies.

Although osteopathic hospitals can no longer apply to be recognized as AOA-accredited category 1 CME sponsors,¹⁰

hospitals and other organizations currently granted sponsor status will be able to retain this status until either hospital closure or failure to adhere to the accreditation requirements as specified in *AOA Accreditation Requirements for Category 1-A CME Sponsors*.¹¹ Accredited sponsors have the discretion of allowing other non-AOA-accredited organizations, termed “providers,” to conduct CME programs under their accreditation status.

There are currently 160 AOA-accredited category 1 CME sponsors (Table 3). A list of AOA-accredited category 1 CME sponsors is maintained on DO-Online (see http://do-online.osteotech.org/pdf/cme_sponscat1alist.pdf).

At the November 19, 2005, meeting of the CCME, the Council granted 1-year accreditation to Pikeville (Ky) College School of Osteopathic Medicine, as well as approval for AOA category 1 CME sponsorship. Of the 20 COMs and their 3 branch sites, 19 COMs now hold approval for AOA category 1 CME sponsorship.

All AOA-accredited category 1 CME sponsors are obligated to meet certain requirements to maintain their accreditation status. On an ongoing schedule, the CCME and AOA staff monitor sponsor compliance (“spot monitoring”) with AOA policies and the CCME-approved Uniform Guidelines for Accrediting Agencies of Continuing Medical Education, which are found in the *AOA Accreditation Requirements for Category 1-A CME Sponsors*.^{10,11} In addition, AOA staff and the CCME investigate all written complaints or deviations from AOA policy using standard compliance review procedures.^{10,11}

Further Revision of the Definition of “Faculty”— Category 1-A CME Faculty Requirement

In February 2005, the AOA's BOT further amended the 2003 resolution that a CME conference will be deemed to have met the 50% requirement under the following circumstances (the new language has been added in capital letters):

- [If] at least 50% of the total education hours are presented by osteopathic physicians, [allopathic physicians], PhDs, or other professionals with graduate degrees who hold a full-time paid faculty appointment at a college of osteopathic medicine, AOA STAFF OR AOA COMPONENT SOCIETY STAFF WHO HOLD A GRADUATE DEGREE, or
- at least 50% of the presenters are osteopathic physicians, [allopathic physicians], PhDs, or other professionals with graduate degrees who hold a full-time paid faculty appointment at a college of osteopathic medicine, OR AOA STAFF OR AOA COMPONENT SOCIETY STAFF WHO HOLD A GRADUATE DEGREE.

These additions to the definition formalized by the Association's CCME at their February 2003 meeting¹ are a refinement of the policy as it appears in the Standards for Osteopathic Category 1-A Programs section of the *Accreditation Requirements* document, and are intended to further refine the so-called 50% rule.^{10,11}

MEDICAL EDUCATION

Specialty Certification of CME Activity

In February 2005, the BOT appointed a task force on CME to develop specific recommendations and CME requirements for the recertification of osteopathic physicians holding specialty board certification.

The BOT approved a resolution at its July 2005 annual meeting (Resolution 6: Specialty Certification of CME Activity [A/2005]) to require each osteopathic specialty board—with the advice and consent of their specialty colleges—to develop and submit a document, or “template,” that identifies the type and category of CME programming that will satisfy a new 50-hour requirement for specialty board-certified physicians. The division of CME remains responsible for documenting CME hours reported for osteopathic physicians with specialty certification.

Board templates were to be submitted by December 1, 2005, for review and approval by the Bureau of Osteopathic Specialists (BOS) at their meetings on Saturday, January 14, 2006, and Friday, January 15, 2006—and for subsequent review and approval by the BOT in February.

Any specialty board that did not meet the deadline for submission of its template will be required to use the BOS default template. Fourteen of the 18 of the osteopathic specialty boards were able to meet this deadline, however.

The division of CME will restart the process of applying specialty credit hours after the BOT, with the recommendation of the BOS, has formally adopted the templates at their meetings later this month.

CME Program Trends

The Association’s CME program continues to grow annually, as do the number of physician-members with a CME requirement from their state or specialty boards (*Table 4*). As of January 12, 2006, the number of members with a state- or specialty board-mandated CME requirement was 27,583—a 70% increase from the 1995–1997 CME cycle (*Table 4*). As of September 2005, the AOA reports its membership numbers at 56,000; therefore, approximately 49% of AOA members now have a state-mandated CME requirement.

Interestingly, the type of CME credit recorded by the AOA has changed over time (*Table 5*). Earned category 1-A credit in formal, osteopathic CME programs increased steadily but incrementally from 2.5 million CME hours in the 1995–1997 CME cycle to 2.9 million hours in the 2001–2003 CME cycle. However, earned category 1-B credit, which is less-formal, nonosteopathic CME credit, has experienced more dramatic growth, increasing from 5.7 million hours in the 1995–1997 CME cycle to 8.6 million hours in the 2001–2003 CME cycle. The CCME is reviewing this data to determine whether they represent a trend or are simply a matter of definitional changes over time.

The number of osteopathic physicians whose AOA membership was withdrawn for failure to complete their CME requirement has fluctuated between a low of 43 members in

Table 4
American Osteopathic Association (AOA)
Members with a Continuing Medical Education (CME)
Requirement

3-Year Cycle	AOA Members, No.	
	CME Requirement*	Dropped from Membership
1973 to 1976†	...	...
1977 to 1979	10,373	239
1980 to 1982	12,050	159
1983 to 1985	11,881	298
1986 to 1988	12,901	43
1989 to 1991	16,093	159
1992 to 1994	16,040	146
1995 to 1997	19,315	214
1998 to 2000	21,383	219
2001 to 2003	23,770	259
2004 to 2006‡	27,583	...

* The number of AOA physician members who have a CME requirement are those whose state or specialty boards mandate a CME requirement for them to qualify for relicensure.

† Numbers are not reported for the 1973–1976 CME cycle because the program was in its testing phase during those years.

‡ Numbers reported for the 2004–2006 CME cycle are current as of January 12, 2006. Data for the number of Association members dropped for a CME deficiency for the 2004–2006 cycle will not be available until May 31, 2008.

the 1986–1988 CME cycle to a high of 298 members in the 1983–1985 CME cycle. Association members are given an 18-month grace period to fulfill requirements from the previous CME cycle. A total of 259 members were dropped from membership on May 31, 2005, for not meeting the 2001–2003 CME requirement. Statistics for the current 2004–2006 CME cycle will not be available until May 31, 2008.

Similarly, the total number of CME credits recorded by the AOA has increased considerably during each successive 3-year CME cycle (*Table 5*). This growth is a reflection of the increasing number of AOA members who have a state- or specialty board-mandated CME requirement and the steadily increasing average number of CME credits recorded per member.

Comment

The AOA serves as the primary certifying body for osteopathic physicians, and it is the accrediting agency for all COMs and osteopathic healthcare facilities.

The BOS has established and maintains standards for the

Table 5
American Osteopathic Association
Total Number of Continuing Medical Education (CME)
Credits Recorded (in Millions) for Each 3-Year CME Cycle

3-Year Cycle	CME Credit Category			Total
	1-A	1-B	2*	
1973 to 1976	1.3	0.1	1.1	2.5
1977 to 1979	1.4	0.8	0.5	2.7
1980 to 1982	1.5	1.3	0.6	3.4
1983 to 1985	1.5	1.4	0.8	3.7
1986 to 1988	1.8	3.0	1.1	5.9
1989 to 1991	2.2	3.7	1.3	7.2
1992 to 1994	2.3	4.1	1.2	7.6
1995 to 1997	2.5	5.7	1.6	9.8
1998 to 2000	3.0	7.3	1.7	12.0
2001 to 2003	2.9	8.6	1.6	13.0
2004 to 2006 [†]	2.1	6.7	1.2	7.5

* Numbers reported for CME credit category 2 includes all category 2-A and category 2-B credits recorded.

[†] The total number reported for the 3-year, 2004–2006 CME cycle is current as of January 12, 2006.

various osteopathic certifying boards. The BOS oversees matters of CME policy, jurisdiction, and standards. Currently, alternative models for recertification, including a maintenance-of-certification process based on the allopathic model, are under review by the AOA's CCME, BOS, and BOT, as well as by the osteopathic certifying boards. Because continuous certification models may have an impact on CME programming and future opportunities for cultivating physicians' competency levels, the division of CME will monitor any decisions on these issues closely.

The CCME is committed to an agenda of progress in CME policies, while at the same time maintaining the high standards for which the AOA is known. The Council will continue to study the changing environment of osteopathic medicine and adjust the Association's CME program to respond to the needs of the public, physician-members, and the AOA.

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