AOA continuing osteopathic medical education

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Continuing Medical Education, as the term implies, is a lifetime commitment to learning by physicians in the full recognition that the study of medicine doesn't end with graduation from medical school. In 1973, the American Osteopathic Association established the requirement that each member maintain a minimum number of continuing medical education credits during a three-year period in order to continue membership in the association. In addition, 23 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, and (2) the maintenance of a computerized CME credit recording and notification mechanism known as Individual Activity Reports (IARs.)

As in the past, experience with the program has led the AOA Board of Trustees and the Committee on Continuing Medical Education to revise certain policies and procedures. Major category changes will be implemented for the coming 3-year cycle in response to the needs of osteopathic physicians across the country. In addition there will be a new emphasis on documenting CME course work in physicians' primary specialties. These changes and a brief history of the program are the focus of this article.

This is the final year of the 1986-88 AOA CME cycle. The AOA CME program has now been in existence for 15 years and four cycles have been completed; the fifth will be completed on Dec 31, 1988.

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 Committee on Continuing Medical Education. In administering the guidelines and regulations, the office disseminates in-

formation on the CME program to individual physicians and sponsors.

Sponsors may submit programs to the Division for initial approval. Each program is reviewed in accordance with guidelines approved by the Board of Trustees and the Committee and the organization or person is then notified of the hours and category of credit for which the program is approved. As requests for credit are received, the staff reviews the activity and determines eligibility, category, and credit to be granted. Any type of activity not previously considered is referred to the Committee on Continuing Medical Education for a decision.

The AOA maintains an individual computer record for each D.O. and, twice a year, provides each member with a report of his or her activities.

Between the first three-year cycle (1973-76) and

TABLE 1: STATES WITH LEGISLATION REQUIRING CME FOR RE-REGISTRATION OF LICENSE TO PRACTICE MEDICINE.

State	Year of legislation	CME requirement operational
Alaska	1986	Yes
Arizona	1976	Yes
Arkansas	1977	No
California	1977	Yes
Delaware	1985	Yes
District of Columbia	1985	No
Florida	1985	Yes
Hawaii	1976	Yes
Illinois	1985	Yes
Iowa	1979	Yes
Kansas	1978	Yes
Kentucky	1972	No
Maine	1979	Yes
Maryland	1978	Yes
Massachusetts	1977	Yes
Michigan	1977	Yes
Minnesota	1977	Yes
Missouri	1987	Yes
Nebraska	1976	No
Nevada	1979	Yes
New Hampshire	1978	Yes
New Mexico	1972	Yes
Ohio	1977	Yes
Pennsylvania	1978	No
Puerto Rico	1976	Yes
Rhode Island	1977	Yes
Washington	1976	Yes
Wisconsin	1977	Yes

TABLE 2. NUMBERS OF PHYSICIANS MEETING AND NOT MEETING CME REQUIREMENTS.				
	1973-76	1977-79	1980-82	1983-85
Number of physicians with a CME requirement	9,219	10,363	12,050	11,881
Number who met requirement	9,037 (98%)	10,124 (97.7%)	11,891 (98.7%)	11,583 (97.5%)
Number dropped from membership	182 (2%)	239 (2.3%)	159 (1.3%)	298 (2.5%)

the last three year-cycle (1983-85), there had been an overall increase of 2,662 physicians with a CME requirement. This was an increase of 28.8% over the nine-year period from 1976-1985. This trend is expected to continue.

The pattern is consistent for each three-year cycle 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 (Table 2).

Trends

The total number of credit hours recorded has increased significantly each three-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 recognized osteopathic institutions, organizations, and their affiliates which 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 three-year cycle there has been an overall increase of 500,000 category 1-A credits recorded. This is an increase of 38.5% over the 12-year period from 1976-1988. This is by far the most utilized of the available categories.

There has also been a continuing growth in the utilization of "other" categories. The other categories include categories 1-B through 1-F and all category 2 credit areas. The use of these other categories has increased during the 12-year period from 1976 through 1988 from 1.2 million to 2.6 million credit hours per three-year cycle. This increase of 1,400,000 credits represents an increase of 116%. This growth is the result of physicians seeking a variety of means to satisfy their CME obligations.

This growth also reflects AOA policy changes in recent years. It has been and will continue to

TABLE 3. TOTAL CREDITS RECORDED.					
	(in millions)				
	1976	1979	1982	1985	1988*
Category 1-A	1.3	1.4	1.5	1.5	1.8
Other	1.2	1.3	1.9	2.2	2.6
Total	2.5	2.7	3.4	3.7	4.4

*Projected effective 7/88.

be useful for physicians and CME sponsors to be knowledgeable of these changes.

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

Recent changes in AOA-CME policies

The major focus of the AOA Board of Trustees and the Committee on Continuing Medical Education during the past 3 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.

These changes will become effective with the beginning of the next 3-year cycle on Jan 1, 1989.

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

Another major change to the CME program for the 1989-91 cycle is the requirement that all physicians who are board certified or board eligible *must* earn a minimum of 50 credits hours or more as may be mandated by the board of their primary specialty in each three-year cycle CME period. These 50 credits may be earned in any combination of categories 1 and 2. Failure to maintain this requirement will result in loss of certification or board eligibility.

TABLE 4. AVERAGE CREDITS EARNED.				
Three-Year Cycle	1973-76	1977-79	1980-82	1983-85
Average credits earned per physician completing his/her CME requirements	277	267	286	319

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.

Also, beginning Jan 1, 1989, life members and honorary life members will no longer be exempt from the AOA CME program.

These changes appear in the new AOA CME guide (1989-1991) that will be mailed to members in December 1988. The guide will be of major interest to all members and to sponsors of CME programs.

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. A catalog of sources of educational programs is being prepared for distribution in early 1989. (The category 1 sponsors recognized by the AOA is given in Table 6.)

TABLE 5. RECENT CHANGES IN THE GUIDELINES AND SUMMARY OF AOA CONTINUING MEDICAL EDUCATION PROGRAM

Total Requirement Maximum of 150 credits per 3-year period		CME CONTENT BY CATEGORY	Credit Limits per 3-year period	
Not applicable	50 credits must be in primary specialty			
1986-88	1989-91		1986-88	1989-91
1-A	1-A	CATEGORY 1-Minimum of 60 hours Formal education programs sponsored by recognized osteopathic institutions, organizations and their affiliates which meet the definition of "osteopathic" CME	No Limit	No Limit
1-B	1-B	Development and publication of scientific papers and electronically communicate programs	No Limit	90 hours
1-C	1-B	Osteopathic medical teaching	45 hours	90 hours
1-D	1-B	Conducting osteopathic hospital inspections and certifying boards examinations (5 credits per inspection or examination)	30 hours	90 hours
1-E	1-B	AOA-accredited and/or approved hospital committee and departmental conferences concerned with the review and evaluation of patient care	60 hours	90 hours
1-F	1-B	Other CME activities and programs approved for Category 1 credit by AOA Committee on Continuing Medical Education	30 hours	90 hours
2-D	2-A	CATEGORY 2-Maximum of 90 hours allowed Formal education programs sponsored by recognized institutions, organizations and agencies	90 hours	90 hours
2-A	2-B	Non-AOA Accredited and/or approved hospital committee and departmental conferences concerned with the review of patient care		
2-B	2-B	Home Study	90 hours	90 hours
2-C	2-B	Scientific Exhibits	30 hours	90 hours
2-E	2-B	Other CME activities and programs approved for Category 2 credit by AOA Committee on Continuing Medical Education	30 hours	90 hours

TABLE 6. CATEGORY 1 SPONSORS RECOGNIZED BY THE AOA.

Divisional societies

1. Arizona Osteopathic Medical Association
2. Eastern Regional Osteopathic Convention
3. Iowa Osteopathic Medical Association
4. Kentucky Osteopathic Association
5. Maine Osteopathic Association
6. Michigan Center for Continuing Education in Osteopathic Medicine
7. Missouri Osteopathic Association
8. New England Osteopathic Assembly
9. Ohio Osteopathic Association
10. Osteopathic Physicians and Surgeons of California
11. Pennsylvania Osteopathic Medical Association
12. Texas Osteopathic Medical Association
13. Washington Osteopathic Medical Association
14. West Virginia Society of Osteopathic Medicine

Practice affiliates

1. American Academy of Osteopathy
2. American College of Osteopathic Internists
3. American College of Osteopathic Obstetricians and Gynecologists
4. American College of Osteopathic Surgeons
5. American Osteopathic Academy of Sclerotherapy, Inc.
6. American Osteopathic College of Radiology
7. American Osteopathic College of Allergy and Immunology
8. American Osteopathic College of Anesthesiologists
9. Midwest Osteopathic Society of Anesthesiologists

Osteopathic foundations

1. Colorado Springs Osteopathic Foundation

Military

1. Navy Health and Sciences Education and Training Command—US Navy

Colleges of Osteopathic Medicine

1. Chicago College of Osteopathic Medicine
2. College of Osteopathic Medicine of Oklahoma State University
3. College of Osteopathic Medicine of the Pacific
4. Kirksville College of Osteopathic Medicine
5. Michigan State University College of Osteopathic Medicine
6. New York College of Osteopathic Medicine
7. Ohio University College of Osteopathic Medicine
8. Philadelphia College of Osteopathic Medicine

9. Southeastern College of Osteopathic Medicine
10. Texas College of Osteopathic Medicine
11. University of Health Sciences/College of Osteopathic Medicine
12. University of Medicine and Dentistry of New Jersey/School of Osteopathic Medicine
13. University of New England/College of Osteopathic Medicine
14. University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine
15. West Virginia School of Osteopathic Medicine

Osteopathic hospitals

1. Botsford General Hospital/Farmington Hills, MI
2. Carson City Osteopathic Hospital/Carson City, MI
3. Charles E. Still Osteopathic Hospital/Jefferson City, MO
4. Community General Osteopathic Hospital/Harrisburg, PA
5. Community Hospital of Lancaster/Lancaster, PA
6. Des Moines General Hospital/Des Moines, IA
7. Detroit Osteopathic Hospital/Detroit, MI
8. Doctors Hospital/Columbus, OH
9. Fort Worth Osteopathic Hospital/Fort Worth, TX
10. Garden City Osteopathic Hospital/Garden City, MI
11. Grandview Hospital/Dayton, OH
12. Jacksonville Medical Center/Jacksonville, FL
13. Lansing General Hospital/Lansing, MI
14. Massapequa General Hospital/Seaford, NY
15. Memorial Osteopathic Hospital/York, PA
16. Metropolitan Hospital/Grand Rapids, MI
17. Metropolitan Hospital/Dallas, TX
18. Metropolitan Hospital/Central Division, Parkview Division, and Springfield Division, Philadelphia, PA
19. Michiana Osteopathic Community Hospital/Southbend, IN
20. Michigan Osteopathic Medical Center/Detroit, MI
21. Oklahoma Osteopathic Hospital/Tulsa, OK
22. Pacific Hospital of Long Beach/Long Beach, CA
23. Parklane Medical Center/Kansas City, MO
24. Parkview Hospital/Toledo, OH
25. Phelps County Regional Medical Center/Rolla, MO
26. Phoenix General Hospital and Medical Center/Phoenix, AZ
27. Pontiac Osteopathic Hospital/Pontiac, MI
28. Riverside Hospital/Wilmington, DE
29. Suburban General Hospital/Norristown, PA
30. Sun Coast Osteopathic Hospital/Largo, FL
31. Traverse City Osteopathic Hospital/Traverse City, MI
32. Warren General Hospital/Warren, OH

Conclusions

The Committee on Continuing Medical Education will continue to study, evaluate, and recommend revisions to the AOA guidelines. The number of recognized programs and recorded credit will grow 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 Committee on Continuing Medical Education and the AOA office may be contacted at any time to assist with your questions or concerns.

Mr. Reuther is the assistant director, Continuing Medical Education and Hospital Accreditation Divisions, AOA Department of Education.

APPENDICES

APPENDIX I

Membership of AOA Committees on Osteopathic Education 1988-1989

DEPARTMENT OF EDUCATION

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Medical Examiners

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APPENDIX II

Colleges of Osteopathic Medicine	Established	Year of Last Survey	Year of Next Survey
<i>California</i> College of Osteopathic Medicine of the Pacific (COMP)	1977	1987	1992
<i>Florida</i> Southeastern College of Osteopathic Medicine (SECOM)	1981	1985	1990
<i>Illinois</i> Chicago College of Osteopathic Medicine (CCOM)	1900	1988	1993
<i>Iowa</i> University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery (UOMHS/COMS)	1898	1986	1991
<i>Maine</i> University of New England College of Osteopathic Medicine (UNECOM)	1976	1983	1990
<i>Michigan</i> Michigan State University—College of Osteopathic Medicine (MSU/COM)	1964	1983	1989
<i>Missouri</i> University of Health Sciences College of Osteopathic Medicine (UHS/COM)	1916	1987	1992
Kirkville College of Osteopathic Medicine (KCOM)	1892	1985	1990
<i>New Jersey</i> University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine (UMDNJ/SOM)	1976	1986	1991
<i>New York</i> New York College of Osteopathic Medicine of New York Institute of Technology (NYCOM)	1977	1986	1991
<i>Ohio</i> Ohio University College of Osteopathic Medicine (OUCOM)	1975	1987	1992
<i>Oklahoma</i> Oklahoma University College of Osteopathic Medicine (OUCOM)	1972	1988	1993
<i>Pennsylvania</i> Philadelphia College of Osteopathic Medicine (PCOM)	1898	1986	1991
<i>Texas</i> Texas College of Osteopathic Medicine (TCOM)	1966	1985	1990
<i>West Virginia</i> West Virginia School of Osteopathic Medicine (WVSOM)	1974	1988	1993