AOA continuing 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 3-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 first year of the 1989-1991 AOA CME cycle. The AOA CME program has now been in existence for 16 years and five cycles have been completed; the sixth began on Jan 1, 1989.

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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 information 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 DO and, twice a year, provides each member with a report of his or her activities.

Between the first CME cycle (1973-1976) and the last 3-year cycle (1986-1988), there had been an overall increase of 3,682 physicians with a CME requirement. This was an increase of 39.9% over the 12-year period from 1976 to 1988. This trend is expected to continue.

The pattern is consistent for each 3-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 (Ta-

Table 1
States With Legislation Requiring CME for
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

ble 2). The Division is currently in the process of finalizing records for the 1986-1988 CME cycle.

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 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 3-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 to 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 4.1 million credit hours per 3-year cycle. This increase of 2,900,000 credits represents an increase of 241%. 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 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 have 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 became effective with the beginning of the new 3-year cycle on Jan 1, 1989.

While physicians still are required to earn a total of 150 credits in the 3-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 1989-1991 cycle is the requirement that all physicians who are board certified or board eligible *must* earn a minimum of 50 credit hours or more as may be mandated by the board of their primary specialty in each 3-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 2
Numbers of Physicians Meeting and Not Meeting CME Requirements

Three-year cycle	Number of physicians		
	With a CME requirement	Who met requirement	Dropped from membership
1973-1976	9,219	9,037 (98.0%)	182 (2.0%)
1977-1979	10,373	10,124 (97.5%)	239 (2.5%)
1980-1982	12,050	11,891 (98.7%)	159 (1.3%)
1983-1985	11,881	11,583 (97.5%)	298 (2.5%)
1986-1989	12,901	12,573 (97.5%)*	328 (2.5%)*

*As of Aug 16, 1989.

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

*As of May 18, 1989.

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

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, as of Jan 1, 1989, life members and honorary life members are no longer exempt from the AOA CME program.

These changes appear in the new AOA CME

guide (1989-1991) that was mailed to members in December 1988. The guide should 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, and expansion of the types of CME programs eligible for AOA Category 1 CME credit. A complete list of Category 1 sponsors recognized by the AOA is given in Table 6.

A list of AOA category 1 CME sponsors who have agreed to make their audiovisual programs available to other facilities and individual osteopathic physicians will be published in the AOA 1990 *Yearbook and Directory of Osteopathic Physicians*. Updates to the list will be published during the year in *The DO* and *JAOA*.

In addition, the AOA experimented this past year with videotaping a portion of the joint session of the AOA Annual Convention and made the tapes available to the general membership through announcements in *The DO* and *JAOA*. Enclosed with each set of tapes was a card that physicians could sign and return for CME credit. This program has been so well received that audiotapes for the joint session of the 1989 AOA Annual Convention will be made available to the membership this coming year.

Finally, basic and advanced life support courses such as Advanced Trauma Life Support (ATLS) and Advanced Cardiac Life Support (ACLS) are now eligible for AOA Category 1 CME credit. Although these changes will benefit all DOs in general, they will be of particular benefit to DOs in the US Military and states in which there are few osteopathic physicians.

Conclusions

The Committee on Continuing Medical Education will continue to study, evaluate, and rec-

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			
1986-1988	1989-1991		1986-1988	1989-1991
1-A	1-A	CATEGORY 1—Minimum of 60 hours Formal education programs sponsored by recognized osteopathic institutions, organizations, and their affiliates that meet the definition of "osteopathic" CME	No limit	No limit
1-B	1-B	Development and publication of scientific papers and electronically communicated 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

commend revisions to the AOA guidelines. The number of recognized programs and recorded credits 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.

Table 6
Category 1 Sponsors Recognized by the AOA

Divisional Societies			
1. Arizona Osteopathic Medical Association	Phoenix, Ariz	6. New York College of Osteopathic Medicine of New York Institute of Technology	Old Westbury, NY
2. Eastern Regional Osteopathic Convention	Trenton, NJ	7. Ohio University College of Osteopathic Medicine	Athens, Ohio
3. Iowa Osteopathic Medical Association	Des Moines, Iowa	8. Philadelphia College of Osteopathic Medicine	Philadelphia, Pa
4. Kentucky Osteopathic Association	Louisville, Ky	9. Southeastern University of Health Sciences College of Osteopathic Medicine	North Miami Beach, Fla
5. Maine Osteopathic Association	Augusta, Maine	10. Texas College of Osteopathic Medicine	Forth Worth, Tex
6. Michigan Center for Continuing Education in Osteopathic Medicine	Pontiac, Mich	11. University of Health Sciences, College of Osteopathic Medicine	Kansas City, Mo
7. Mississippi Osteopathic Medical Association	Meridian, Miss	12. University of Medicine and Dentistry of New Jersey—School of Osteopathic Medicine	Camden, NJ
8. Missouri Association of Osteopathic Physicians and Surgeons	Jefferson City, Mo	13. University of New England College of Osteopathic Medicine	Biddeford, Maine
9. New England Osteopathic Assembly	Warwick, RI	14. University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery	Des Moines, Iowa
10. Ohio Osteopathic Association	Columbus, Ohio	15. West Virginia School of Osteopathic Medicine	Lewisburg, WV
11. Osteopathic Physicians and Surgeons of California	Sacramento, Calif		
12. Pennsylvania Osteopathic Medical Association	Harrisburg, Pa		
13. Texas Osteopathic Medical Association	Fort Worth, Tex		
14. Washington Osteopathic Medical Association	Seattle, Wash		
15. West Virginia Society of Osteopathic Medicine	Charleston, WV		
Practice Affiliates			
1. American Academy of Osteopathy	Newark, Ohio		
2. American College of Osteopathic Internists	Chicago, Ill		
3. American College of Osteopathic Obstetricians and Gynecologists	Pontiac, Mich		
4. American College of Osteopathic Surgeons	Coral Gables, Fla		
5. American Osteopathic Academy of Sclerotherapy, Inc	Alpine, Calif		
6. American Osteopathic College of Radiology	Milan, Mo		
7. American Osteopathic College of Allergy and Immunology	West Bloomfield, Mich		
8. American Osteopathic College of Anesthesiologists	Lee's Summit, Mo		
9. Midwest Osteopathic Society of Anesthesiologists	Columbia, Mo		
Osteopathic Foundations			
1. Colorado Springs Osteopathic Foundation	Colorado Springs, Colo		
2. Tucson Osteopathic Medical Foundation	Tucson, Ariz		
Military			
1. Navy Health and Sciences Education and Training Command—US Navy	Besthesda, Md		
Colleges of Osteopathic Medicine			
1. Chicago College of Osteopathic Medicine	Chicago, Ill		
2. College of Osteopathic Medicine of Oklahoma State University	Tulsa, Okla		
3. College of Osteopathic Medicine of the Pacific	Pomona, Calif		
4. Kirksville College of Osteopathic Medicine	Kirksville, Mo		
5. Michigan State University—College of Osteopathic Medicine	East Lansing, Mich		
Osteopathic Hospitals			
1. Botsford General Hospital	Farmington Hills, Mich		
2. Carson City Osteopathic Hospital	Carson City, Mich		
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, Iowa		
7. Detroit Osteopathic Hospital	Detroit, Mich		
8. Doctors Hospital	Columbus, Ohio		
9. Fort Worth Osteopathic Hospital	Fort Worth, Tex		
10. Garden City Osteopathic Hospital	Garden City, Mich		
11. Grandview Hospital	Dayton, Ohio		
12. Lansing General Hospital	Lansing, Mich		
13. Massapequa General Hospital	Seaford, NY		
14. Memorial Osteopathic Hospital	York, Pa		
15. Metropolitan Hospital	Grand Rapids, Mich		
16. Tri-City Health Centre	Dallas, Texas		
17. Metropolitan Hospital/Central Division, Parkview Division, and Springfield Division	Philadelphia, Pa		
18. Michiana Osteopathic Community Hospital	Southbend, Ind		
19. Michigan Health Center	Detroit, Mich		
20. Pacific Hospital of Long Beach	Long Beach, Calif		
21. Parklane Medical Center	Kansas City, Mo		
22. Parkview Hospital	Toledo, Ohio		
23. Phelps County Regional Medical Center	Rolla, Mo		
24. Pontiac Osteopathic Hospital	Pontiac, Mich		
25. Riverside Hospital	Wilmington, Del		
26. Suburban General Hospital	Norristown, Pa		
27. Sun Coast Osteopathic Hospital	Largo, Fla		
28. Traverse City Osteopathic Hospital	Traverse City, Mich		
29. Tulsa Regional Medical Center	Tulsa, Okla		
30. Warren General Hospital	Warren, Ohio		