

AOA Continuing Medical Education

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The author provides an update on the current continuing medical education (CME) cycle, which began on January 1, 2013, and will end on December 31, 2015. The author also details the changes to the CME guide for osteopathic physicians, the requirements for Category 1 CME sponsors accredited by the American Osteopathic Association (AOA), and new online CME opportunities. Topic areas include recent changes in CME policies and the continuing challenges associated with awarding and recording CME credits for osteopathic physicians who hold specialty board certification. In addition, the article provides an update for osteopathic specialists and subspecialists in requesting AOA Category 1-A credit for American Medical Association Physician's Recognition Award Category 1 courses.

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A physician must maintain a current, full, and unrestricted license to practice medicine in the United States, its territories, or Canada. Continuing medical education (CME)—often required for medical licensure—refers to a specific form of continuing education that helps medical professionals learn about new and developing areas in their fields of expertise to help them retain, develop, and enhance their knowledge, ability, and professional performance. Physicians' continued professional development in turn helps them serve patients and the community in a more effective and efficient manner.

Activities for CME may consist of live events, written publications, online programs, and audio, video, or other electronic presentations. Content for CME activities is developed, reviewed, and delivered by faculty members who are experts in their individual clinical areas.

Within the United States, CME for physicians is accredited by the Accreditation Council for Continuing Medical Education (ACCME) of the American Medical Association (AMA), the Council on Continuing Medical Education (CCME) of the American Osteopathic Association (AOA), and the American Academy of Family Physicians (AAFP). The CCME is committed to identifying and responding to the needs of osteopathic physicians (ie, DOs) to facilitate ongoing improvement in the quality of patient care.

The CCME encourages voluntary participation in CME by AOA nonmember DOs. However, all members of the AOA, other than those otherwise exempted (*Figure*), are required to participate in the AOA CME program and to meet specific CME credit-hour requirements for each 3-year CME cycle.

More detailed information regarding the CME guidelines for the 2013-2015 CME cycle is available in *Continuing Medical Education 2013-2015: Guide for Osteopathic Physicians*.¹

Credits

Continuing medical education credits are granted by the AOA from any of the 4 following categories: 1-A, 1-B, 2-A, or 2-B. In general, CME credit from Category 1 is for osteopathic (ie, AOA-accredited) activities; Category 2 credit is for nonosteopathic activities; type A credit is for formal, didactic courses; and type B credit is for less formal CME activities, such as hospital committee work or reading the scientific content in an osteopathic journal approved by the CCME (eg, *The Journal of the American Osteopathic Association*) in conjunction with completing the respective CME quiz.

At its February 2003 meeting, the AOA Board of Trustees (BOT) set the CME requirement for AOA membership at 120 credits, with a minimum of 30 credits dedicated to Category 1-A.² The remaining 90 credits of the 120-credit requirement may be obtained by combining CME credits earned from any of the 4 credit cat-

Students
Interns
Residents
Members residing outside the geographic boundaries of the United States and Canada
Members participating in postgraduate programs recognized by the AOA
Military members assigned positions other than in their specialty
Military members involved in significant military operations
Disabled members approved for a waiver by the CCME pending mitigating circumstances
Retired members who do not hold an active license to practice medicine

Figure.

Members of the American Osteopathic Association (AOA) exempted from the AOA's continuing medical education credit requirements. Lifetime members in active practice have a continuing medical education requirement. The AOA may grant exemptions, waivers, or reductions in credit hours only if due cause or inability to obtain hours is demonstrated to the Council on Continuing Medical Education (CCME).

egories (ie, 1-A, 1-B, 2-A, or 2-B). A maximum of 60 Category 1-B credits for osteopathic precepting may be applied to the basic 120-credit requirement. In addition, the AOA, like the AMA,³ awards a Certificate of Excellence to physicians who demonstrate exceptional commitments to CME.¹ A more detailed description of how CME credit is categorized by the AOA is provided in *Table 1*. As stated in the 2013-2015 CME cycle guide,¹ CME credit is not awarded for volunteer work, postgraduate studies toward advanced degrees, or medical facility tours. No credit is awarded for precepting physician assistant or allopathic medical students.

The AOA Division of CME will officially close the 2010-2012 CME cycle on May 31, 2013. In other words,

if a physician does not meet the CME requirement for the 2010-2012 cycle by May 31, 2013, that physician will lose his or her AOA membership (ie, become a nonmember of the AOA). If he or she is AOA board-certified, he or she may lose that certification. The CCME considers exemptions, reductions, and waivers to its CME requirements on a case-by-case basis. However, no waiver for this 120-credit requirement will be granted unless due cause or inability to obtain credits are demonstrated to the CCME.

For new AOA physician-members, CME requirements are prorated on the basis of the date when the DO joined the AOA after the beginning of a new 3-year CME cycle. For those DOs who have specialty board certification through the AOA, of the total 120-credit requirement for CME, 50 Category 1 or Category 2 credits must be earned in CME activities related to the primary specialty field. However, the total CME requirement for DOs certified by the American Osteopathic Board of Family Physicians⁴ and the American Osteopathic Board of Neuromusculoskeletal Medicine is higher,⁵ at 150 credits per 3-year CME cycle. Failure to fulfill the AOA's CME requirement may result in loss of AOA specialty board certification.

Specific CME requirements for physicians who are board certified by the AOA, the American Board of Medical Specialties (ABMS), or both, will be addressed further in this article. In recent years, the majority of the CCME's discussions and changes to the CME program have related to this component of member requirements.

State Licensure and Renewal

Medical licenses are granted to those physicians meeting all state requirements at the discretion of the state board. All physicians—DOs and allopathic physicians—must pass examinations to obtain state licenses to practice.

Osteopathic physicians are licensed to practice medicine in the United States by licensing boards in each state. As discussed in previous articles,⁶⁻⁸ requirements

Table 1.
AOA CME Program, 2013-2015:
Categories and Basic Requirements of CME Credits Awarded in 3-Year Cycle^{1,a}

Category and Content	Credit Requirement ^b	
	Mandatory	Optional
Category 1		
Category 1-A	30	90
Formal education programs sponsored by AOA-accredited CME sponsors		
Osteopathic medical teaching		
AOA-sponsored CME on the Internet (real-time, interactive simultaneous conferencing; includes pre- and posttest; allows participants to ask questions during or after presentation; maximum 9 credits)		
Risk management and managed care programs (AOA sponsored, clinical in nature, and meets the faculty requirement for AOA Category 1-A CME credit)		
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)		
Formal educational programs designed to enhance clinical competence and improve patient care that meet any of the 7 core competencies including (1) Osteopathic Philosophy/ Osteopathic Manipulative Medicine, (2) Medical Knowledge, (3) Patient Care, (4) Interpersonal and Communication Skills, (5) Professionalism, (6) Practice-Based Learning and Improvement, and (7) Systems-Based Practice. The core competencies have been recognized throughout the continuum of osteopathic medical education as essential and critical to the development and maintenance of osteopathic physicians' overall education.		
Judging osteopathic clinical case presentations and research poster presentations (maximum: 10 credits)		
Standardized life support courses (maximum: 8 credits). ^c Online standardized courses will be awarded CME credit for the practical part only.		
Bioterrorism programs that are AOA accredited (face-to-face) (maximum: 8 credits). This cannot be a self-study or home-study course. ^c		
Category 1-B		90
Development and publication of scientific papers and electronically communicated programs intended for physician education		
Osteopathic preceptoring (maximum: 60 hours)		
Administering certifying board examinations and conducting inspections of osteopathic health care facilities, colleges, and osteopathic postdoctoral training institutions		
Passing an AOA recertification examination or a Certificate of Added Qualifications examination (maximum: 15 credits)		
Attendance at committee and departmental meetings for the review and evaluation of patient care at either an osteopathic or an allopathic institution		

(continued)

^a Information that is in **boldface** is new since the last continuing medical education (CME) cycle.

^b **Members of the American Osteopathic Association (AOA) who are certified by the American Board of Medical Specialties are only required to obtain 10 Category 1-A credits but must meet the total overall CME requirement of 120 credits.** For members who are AOA certified, the optional Category 1-A requirements listed are interchangeable. One may select 90 additional credits from any of the 4 CME credit types and in any combination, as long as the mandatory 30-credit requirement for Category 1 credit is met.

^c Osteopathic physicians who exceed the maximum limit of 8 Category 1-A CME credits in these programs can apply those excess credits to Category 1-B up to the limits indicated in the 2013-2015 CME guide.

^d *The Journal of the American Osteopathic Association (JAOA)* grants 2 Category 1-B credits to osteopathic physicians who complete quizzes from the JAOA and its supplements. To apply for CME credit, AOA members can take the quizzes online (<http://www.osteopathic.org/quiz>). Alternatively, readers can complete the JAOA quiz and mail it with their AOA member number to the AOA Division of CME.

^e Physicians who obtain 150 CME credits in a 3-year CME cycle are recognized and awarded an AOA Certificate of Excellence in CME.

Abbreviations: AAFP, American Academy of Family Physicians; AMA PRA, American Medical Association Physician's Recognition Award; CCME, Council on Continuing Medical Education; COMLEX-USA Level 2-PE, Comprehensive Osteopathic Medical Licensing Examination-USA Level 2-Performance Evaluation; NBOME, National Board of Osteopathic Medical Examiners.

**Table 1 (continued).
AOA CME Program, 2013-2015:
Categories and Basic Requirements of CME Credits Awarded in 3-Year Cycle^{1,a}**

Category and Content	Credit Requirement ^b	
	Mandatory	Optional
Category 1-B (continued)		90
CME on the Internet (not real-time, interactive conferencing)		
Managed care programs (if the faculty requirement is not met)		
Risk management programs (administrative in nature)		
Federal programs		
Journal reading (scientific journals, such as the <i>JAOA</i> , ^d approved by the AOA's CCME minimum and passing the respective CME quiz with a grade of 70%)		
Test construction committee work (written test item submitted to an official AOA certifying board, an AOA practice affiliate's postgraduate in-service examination committee , or NBOME [maximum: 20 credits] or used in oral or practical examinations [maximum: 10 credits]); clinical cases when developed and submitted for COMLEX-USA Level 2-PE (maximum: 20 credits)		
Postgraduate in-service examination committee work (specialty boards)		
Other osteopathic CME activities approved by the AOA's CCME		
Category 2		90
Category 2-A		
Formal educational programs that are designed to enhance clinical competency and improve patient care that are sponsored by entities that meet the quality standards of the AOA, the AMA PRA Category 1 , or the AAFP CME on the Internet (real-time, interactive conferencing; includes pre- and posttest; allows participants to ask questions during or after presentation)		
Risk management programs (clinical in nature, AMA PRA Category 1 sponsored, and AAFP approved)		
Bioterrorism programs that are AMA PRA Category 1 sponsored or AAFP approved (face-to-face only—this cannot be a self-study or home-study course)		
Managed care programs (clinical in nature, AMA PRA Category 1 sponsored, and AAFP approved)		
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 credits)		
Other CME activities approved by the AOA's CCME		
Total CME Requirement		120^e

^a Information that is in **boldface** is new since the last continuing medical education (CME) cycle.

^b **Members of the American Osteopathic Association (AOA) who are certified by the American Board of Medical Specialties are only required to obtain 10 Category 1-A credits but must meet the total overall CME requirement of 120 credits.** For members who are AOA certified, the optional Category 1-A requirements listed are interchangeable. One may select 90 additional credits from any of the 4 CME credit types and in any combination, as long as the mandatory 30-credit requirement for Category 1 credit is met.

^c Osteopathic physicians who exceed the maximum limit of 8 Category 1-A CME credits in these programs can apply those excess credits to Category 1-B up to the limits indicated in the 2013-2015 CME guide.

^d *The Journal of the American Osteopathic Association (JAOA)* grants 2 Category 1-B credits to osteopathic physicians who complete quizzes from the *JAOA* and its supplements. To apply for CME credit, AOA members can take the quizzes online (<http://www.osteopathic.org/quiz>). Alternatively, readers can complete the *JAOA* quiz and mail it with their AOA member number to the AOA Division of CME.

^e Physicians who obtain 150 CME credits in a 3-year CME cycle are recognized and awarded an AOA Certificate of Excellence in CME.

Abbreviations: AAFP, American Academy of Family Physicians; AMA PRA, American Medical Association Physician's Recognition Award; CCME, Council on Continuing Medical Education; COMLEX-USA Level 2-PE, Comprehensive Osteopathic Medical Licensing Examination-USA Level 2-Performance Evaluation; NBOME, National Board of Osteopathic Medical Examiners.

for licensure vary by state. However, there are generally 3 methods by which a DO can become licensed, as follows⁹:

- successful completion of a medical licensing examination administered by the state licensing board
- acceptance of the certificate issued by the National Board of Osteopathic Medical Examiners
- reciprocity or endorsement of a license previously received from another state

A DO who satisfies the basic licensing requirements for a given state, however, is not guaranteed licensure. State licensing boards individually evaluate each applicant. For example, a state licensing board verifies personal and professional information provided by the applicant and appraises his or her moral character.⁹

A number of states also require CME as a condition of reregistering licenses. Forty-five states currently require CME for osteopathic license renewal (*Table 2*).¹⁰ Although the AOA CME program is on a 3-year CME cycle, state licensure boards have either a 1-year, 2-year, or 3-year CME cycle for their license renewal requirements.

Some states also mandate CME content, such as knowledge of human immunodeficiency virus and AIDS, risk management, and end-of-life palliative care. In addition, many states require that a certain percentage of CME credits be in Category 1. Because requirements are subject to change by the boards and licensing agencies, health care professionals and physicians are encouraged to carefully review all communications from their licensing board or agency before the deadline for license renewal. Physicians who have specific questions about license renewal requirements or specific CME activities should contact their licensing board or agency directly.

Readers are encouraged to review the *US Osteopathic Licensure Summary*,¹⁰ which is available in the members-only section of Osteopathic.org. Physician-

members who are interested in additional information about state licensing requirements are strongly encouraged to contact their individual state licensing boards. A list of the boards is available in the members-only section of Osteopathic.org.

Osteopathic.org CME Center

The AOA's online CME warehouse (<http://www.docmeonline.com>) gives physician-members ready access to hundreds of hours of accredited online CME courses and their current CME activity reports (CARs). In addition, CARs from previous CME cycles are archived online for at least 6 years after the end of a cycle (eg, reports for the 2007-2009 cycle will be archived on the site through 2015). However, only DOs who are AOA members and registered Osteopathic.org users can review their CARs online. Those members who have not created an account to view their CARs may do so by contacting the AOA Department of Membership at (800) 621-1773, extension 8284, or the Division of CME at extension 8262.

All CME activity must be audited. Therefore, physician-members are not allowed to manually update their CME records. Physician-members should continue to submit their update requests for CME credit, as well as any other correspondence regarding their CARs, directly to the AOA Division of CME via e-mail (cme@osteopathic.org), fax ([312] 202-8202), or regular mail (AOA Division of CME, 142 E Ontario St, Chicago, IL 60611-2864).

Recent CME Activities at the AOA

The CCME, chaired by Jeffrey S. Grove, DO, meets 3 times annually (ie, January, April, and November) to address members' concerns and routine business related to CME programming. A listing of current CCME members is available at <http://www.osteopathic.org/inside-aoa/accreditation/Documents/cme-ccme-members.pdf>.

Table 2.
CME Requirements for License Renewal by State

State	CME Requirements
Alabama	25 Category 1 credits per year
Alaska	25 AOA Category 1 or 2 or AMA PRA Category 1 credits per 1 year
Arizona	20 credits annually, of which 12 must be AOA Category 1-A credit and no more than 8 of AMA PRA Category 1 credit
Arkansas	20 Category 1 or 2 credits per year
California	150 Category 1 or 2 credits (AOA or state-board approved) every 3 years; 60 must be Category 1 credit; 12 must be in pain management and the treatment of terminally ill and dying patients (specialists in pathology and radiology are exempt); for general internists and family physicians with >25% of their patient population aged ≥65 years, 20 credits must be in geriatric medicine or the care of older patients
Colorado	None
Connecticut	50 credits every 2 years
Delaware	40 Category 1 credits (AOA or AMA PRA) every 2 years
District of Columbia	Proof of 50 AMA PRA Category 1 credits every 2 years
Florida	40 credits biennially; 20 credits must be AOA Category 1-A relating to the practice of osteopathic medicine or under osteopathic auspices, 13-15 general credits can be AOA or AMA PRA approved; course credits by completion of live, participatory attendance are mandated in professional and medical ethics education (1 credit), Florida laws and rules (1 credit), prevention of medical errors (2 credits), and prescribing of controlled substances (1 credit); additional courses include HIV/AIDS (1 credit) and domestic violence (2 credits every third biennium)
Georgia	40 Category 1 credits (AOA or AMA PRA) every 2 years
Hawaii	40 Category 1 credits during each 2-year licensing cycle (even years)
Idaho	40 practice-relevant Category 1 credits every 2 years
Illinois	150 Category 1 or 2 credits per prerenewal period; 60 credits must be obtained through formal, type A CME programs; remaining 90 credits may be obtained through informal, type B CME programs or activities
Indiana	None
Iowa	40 Category 1 credits (AOA or AMA PRA) biennially, which must include training for identifying and reporting abuse. For licensees who regularly provide primary health care to children: 2 credits of training in child abuse identification and reporting in the previous 5 years. For licensees who regularly provide primary health care to adults: 2 credits of training in dependent adult abuse identification and reporting in the previous 5 years. For licensees who regularly provide primary health care to adults and children, separate courses of 2 credits each as outlined above or a combined 2-credit 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	50 credits per 1 year, 100 credits per 2 years, 150 credits per 3 years
Kentucky	60 Category 1 or 2 credits over 3 years; 30 credits must be Category 1 credit (AOA or AMA PRA); 2 credits must be in the area of HIV/AIDS every 10 years
Louisiana	20 Category 1 credits (AOA or AMA PRA) per year
Maine	100 state board–approved CME credits per 2-year period; 40 credits must be AOA Category 1-A credit for the following practice areas: family medicine, family practice, general practice, and internal medicine; 40 Category 1 credits in designated specialty area for specialists
Maryland	50 Category 1 credits every 2 years for unlimited license renewal
Massachusetts	100 credits per 2-year period; 40 credits must be Category 1 credit (AOA or AMA PRA) and should include 4 Category 1 credits and 6 Category 2 credits in risk management; remaining 60 credits can be Category 2 credit

(continued)

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Abbreviations: ABMS, American Board of Medical Specialties; ACCME, Accreditation Council for Continuing Medical Education; AMA PRA, American Medical Association Physician’s Recognition Award; HIV, human immunodeficiency virus; OSHA, US Department of Labor Occupational Safety and Health Administration.

**Table 2 (continued).
CME Requirements for License Renewal by State**

State	CME Requirements
Michigan	150 credits over 3 years; 60 credits must be AOA Category 1 credit, 90 credits must be Category 2 credit
Minnesota	75 Category 1 credits (AOA or AMA PRA) per 3-year period
Mississippi	40 AOA Category 1-A credits or AMA PRA Category 1 credits biennially
Missouri	50 credits (AOA or AMA PRA) every 2 years
Montana	None
Nebraska	50 Category 1 credits (AOA or AMA PRA) every 2 years
Nevada	35 AOA or AMA PRA credits per year; minimum of 10 Category 1 or 1-A credits
New Hampshire	150 credits per 3-year period; 60 credits must be Category 1 AOA or AMA PRA
New Jersey	100 credits every 2 years; 40 must be Category 1 credit
New Mexico	Active membership in AOA or 75 Category 1 credits (AOA or AMA PRA) per 3-year period
New York	None
North Carolina	150 Category 1 or 2 credits (AOA or AMA PRA) per 3-year cycle; 60 must be Category 1 credit
North Dakota	60 Category 1 credits (AOA or AMA PRA) per 3-year period
Ohio	100 Category 1 or 2 credits over a 2-year period; 40 must be AOA Category 1 credit
Oklahoma	16 AOA Category 1-A credits per year; 1 credit must be in the area of proper prescribing, dispensing, and administering of controlled dangerous substances obtained at a seminar approved by the State Board of Osteopathic Examiners.
Oregon	60 credits per 2 years
Pennsylvania	100 Category 1 or 2 credits every 2 years; 20 must be AOA Category 1-A credit, 12 must be in the area of patient safety and/or risk management
Rhode Island	40 Category 1 credits per 2 years; 2 credits must be concerning universal precautions, infection control, modes of transmission, bioterrorism, OSHA, and other regulatory requirements
South Carolina	40 Category 1 credits every 2 years; 30 must be directly related to the type of patient care the licensee renders
South Dakota	None required for license renewal
Tennessee	40 AOA Category 1 or 2-A credits per 2 years; 1 must be in prescribing practices
Texas	24 AOA Category 1-A or 2-B credits or AMA PRA Category 1 credit per 1-year period; 1 must be in the area of ethics and/or professional responsibility
Utah	40 Category 1 (AOA or AMA PRA) credits every 2 years
Vermont	30 Category 1 or 2 credits every 2 years; 12 must be osteopathic (AOA Category 1)
Virginia	60 Category 1 or 2 credits within the 2 years immediately preceding renewal; 30 must be Category 1 credit, 15 of which must be earned in an attendance-type setting
Washington	150 Category 1 or 2 credits every 3 years; 60 must be Category 1 credit
West Virginia	32 Category 1 or 2 credits (AOA or state society approved); 16 must be AOA Category 1 credit, and 2 must be in end-of-life care, including pain management
Wisconsin	30 Category 1 credits (AOA or AMA PRA) every 2 years prior to registration
Wyoming	30 Category 1 credits every 2 years

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Abbreviations: ABMS, American Board of Medical Specialties; ACCME, Accreditation Council for Continuing Medical Education; AMA PRA, American Medical Association Physician's Recognition Award; HIV, human immunodeficiency virus; OSHA, US Department of Labor Occupational Safety and Health Administration.

In addition, a standing subcommittee of the CCME—the Administrative Committee—meets in July, as needed, to perform any required duties of the CCME between regularly scheduled meetings, such as reviewing and taking final action on special consideration requests and reviewing policy items and basic documents before submission to the full committee. The AOA BOT reviews resolutions by the various AOA bureaus, councils, and committees—including the CCME—twice per year.

CME Credit for Specialists and Subspecialists

As previously described,⁶⁻⁸ the CCME has discussed at length various methods to assist subspecialists in obtaining AOA Category 1-A CME credits, which are not readily available within the osteopathic medical profession. The AOA BOT approved the CCME's Resolution B02 (A/2008—AOA Category 1-A CME Credit for Osteopathic Specialists/Subspecialists), which was intended to make the process of earning AOA Category 1-A credit easier for DO specialists and subspecialists.

Resolution B02 applies to AOA physician-members in specialties and subspecialties who have fewer than 300 AOA or ABMS board-certified osteopathic physicians. Specialists and subspecialists qualifying under the resolution are able to substitute 15 AMA Physician's Recognition Award (PRA) Category 1 credits for AOA Category 1-A credits during the 2013-2015 CME cycle. This policy has been updated with a revised form for requesting AOA Category 1-A credit. The form is available online at <http://www.osteopathic.org/inside-aoa/development/continuing-medical-education/Documents/request-for-category-1-A-credit-for-osteopathic-specialists-subspecialists.pdf>.

The AMA PRA and its credit system recognize physicians who demonstrate a commitment to staying current with advances in medicine by participating in certified CME activities. The ACCME is the organization that sets educational standards for CME activities and monitors its accredited providers' adherence to those standards.

However, it is important to note that the ACCME does not reward the continuing educational accomplishments of individual physicians. Rather, those accomplishments are rewarded by other organizations that, for example, require physicians to complete a certain amount or type of CME for membership or relicensure. As such, CME providers are not ACCME-accredited for the purpose of granting credit. The requirements for granting credit are maintained by the other organizations themselves. Because different credentialing bodies have varying requirements, CME providers should be aware of the requirements of the particular credentialing body for which credit is being granted. To designate AMA PRA Category 1 credit, ACCME accreditation is required. Nonaccredited organizations that would like to partner with an ACCME-accredited provider in the provision of quality CME can enter into joint sponsorship with an accredited organization. Credit prescribed by the AAFP is approved for CME activities that have been designed primarily for family physicians and that have had AAFP member input.

Recent Actions of the AOA BOT

The AOA BOT approved the following resolutions relating to the AOA CME program during its July 2012 business meeting:

- **Resolution B-5: Revisions to the Accreditation Requirements for Category 1 CME Sponsors—Accreditation Requirements: AOA Category 1 CME Sponsors¹¹** was updated to reflect the current changes in CME as approved by the AOA BOT and the pharmaceutical industry. The revisions to this guide also reflect the intent to revise this document with standards similar to those of the other regulatory bodies of the AOA using the unified standards requirements.
- **Resolution B-13: Revisions to the *Handbook of the AOA Council on Continuing Medical Education***—The *Handbook of the AOA Council*

on *Continuing Medical Education*¹² was updated according to the uniform guidelines used for all handbooks and manuals as approved by the AOA BOT. Also, it was recommended that the CCME revise its handbook to be in compliance with AOA standards.

- **Resolution B-14: On-site Monitoring for Continuing Medical Education Programs—Electronic Signature vs Signed Signature—** Sponsors of AOA CME are allowed to use an electronic method of signature as long as there is evidence the physicians attended the educational program. As described later in this article, the CCME conducted a 2-year pilot study on the use of electronic method of signature for attestation, and survey results indicated that the electronic signature is working well with no adverse outcomes or unintended consequences.

In addition, the AOA BOT approved Resolution ESB-8 (Revisions to the Continuing Medical Education Guide for the 2013-2015 CME Cycle) on October 6, 2012. The CCME updated its CME requirements for membership in April 2012. The guide has been updated with the new policies as previously approved by the AOA Board of Trustees and CME recommendations from the Education Policy and Procedure Review Committee III (EPPRC III). The major change is the inclusion of the 7 Core Competencies: (1) Osteopathic Philosophy/Osteopathic Manipulative Medicine, (2) Medical Knowledge, (3) Patient Care, (4) Interpersonal and Communication Skills, (5) Professionalism, (6) Practice-Based Learning and Improvement, and (7) Systems-Based Practice. As a result of this change, faculty development programs, which in the past had a limit of 15 credits, have been deleted because such programs will now be included in the Category 1-A definition.

Topics must be related to any of the 7 Core Competencies. The Council believes that the 7 Core Competencies have been recognized throughout the continuum of

osteopathic medical education as essential and critical to the development and maintenance of osteopathic physicians' overall education. By including the Core Competencies in the Category 1-A definition, the CCME has opened up significant new avenues for sponsors to develop unique CME programs with a broader topic base that will result in many new CME offerings. The programs will still be required to meet all other Category 1-A requirements. All changes, including descriptions of each of the Core Competencies, may be found in *Continuing Medical Education 2013-2015: Guide for Osteopathic Physicians*.¹

Also, the Council clarified that Category 1-A is only applicable to live, in-person activity for standardized life support courses. For online courses, only the skill verification portion is eligible for Category 1-A. Bioterrorism programs that are face-to-face can receive up to the maximum of 8 AOA Category 1-A credits, and such programs cannot be self-study or home-study courses.

Report of EPPRC III—Update

As previously reported,¹³ EPPRC III made several recommendations regarding CME issues. The following items represent updates on some of these issues.

CME on the Internet

In July 2012, a request for proposals of CME on the Internet was issued to all Category 1 CME Sponsors to investigate why there has been little activity to provide CME on the Internet. Twenty proposals were received, and 7 proposals were selected as grant recipients (\$5000 each). The 7 grant recipients were as follows:

- American College of Osteopathic Family Physicians with the National Board of Osteopathic Medical Examiners
- American Osteopathic Academy of Sports Medicine
- Ohio Osteopathic Association
- Osteopathic Physicians and Surgeons of Oregon

- Tucson Osteopathic Medical Foundation
- University of North Texas Health Science Center with the American College of Osteopathic Obstetricians and Gynecologists
- William Carey University College of Osteopathic Medicine

All grant recipients presented their findings at the January 2013 CME Sponsors Conference. The grant recipients provided information about their findings regarding CME on the Internet process, challenges, solutions, and benefits to the CCME. The grant recipients gave brief presentations regarding their biggest perceived challenge to creating online CME programs. Recipients answered questions regarding whether online CME cannibalized revenue from their live programs or provided additional revenue, relayed feedback from their learners, identified the type of online CME activity that was conducted, and reported how many credits were offered and how the question and answer portion of the activity was handled. Also, recipients were asked if they plan to provide online CME in the future. Responses from all of the recipients were similar, and all recipients indicated that they will continue to provide online CME in the future.

AOA and ABMS Dually Boarded DOs and DOs Boarded Only by a Specialty of the ABMS

The Bureau of Osteopathic Specialists (BOS) has determined that osteopathic physicians who are both AOA and ABMS board certified should earn the same CME credits for membership as DOs who are AOA board certified only. As previously stated, DOs in specialties and subspecialties with fewer than 300 certified members may use up to 15 credits from AMA PRA Category 1 programs to meet AOA Category 1-A requirements. They may earn up to 8 Category 1 credits in life support programs and up to 9 credits of CME on the Internet from AOA-accredited Category 1 sponsors. Osteopathic physicians may earn Category 1-B

credit for precepting osteopathic medical students. In addition, Category 1-A credit may be earned for lecturing on an osteopathic medical program and for clinical didactic teaching when lecturing to osteopathic trainees in a classroom style.

In addition, DOs who are board certified only in an ABMS specialty should earn a minimum of 10 Category 1-A credits by attending AOA-sponsored CME programs during a 3-year cycle. Also, they must continue to meet the total 120-credit requirement for membership. Notification was sent to all DOs with ABMS-only board certification on January 27, 2012, by means of an AOA TouchPoints e-alert. They were encouraged to participate as planners, attendees, presenters, and facilitators.

Furthermore, the CCME determined that the criteria to satisfy the 120-credit requirement for membership should be “applicable credits,” not “total credits,” to be met by ABMS board-certified physicians. For example, a physician who submits 200 credits of precepting will be awarded only 60 credits toward his or her 120-credit requirement, as that is the applicable credit allowed.

These new CME requirements are effective with the 2013-2015 CME cycle.¹

Quality Initiatives

In February 2011, the AOA BOT approved the following initiative as a pilot program:

The rule for 50% faculty or 50% time presentation by osteopathic faculty should be reduced to 30% as a pilot that will be monitored and reviewed during the 2010-2012 cycle. The definition of osteopathic faculty will be expanded to include clinical faculty. In current policy, waivers may be requested by all sponsors excluding family practice for a \$25 administrative fee. This policy needs greater dissemination and advertisement.

Staff in the AOA Division of CME reviewed and approved several programs based on the 30% faculty rule for the 2010-2012 CME cycle. The CCME discussed the issue to determine if the previous policy of 50% faculty

or 50% time presentation by osteopathic faculty should remain or be reduced to 30%. At its November 2012 meeting, the chair of the CCME tabled this item, and staff was asked to conduct a survey of AOA Category 1 CME Sponsors to see how many sponsors took advantage of the 30% rule and whether sponsors had problems meeting the 50% faculty requirement. On the basis of results from that survey, which were reported at the January 2013 CCME meeting, the CCME approved that the faculty requirement for osteopathic faculty be reduced to 30%. The Council will forward the recommendation to the AOA Bureau of Osteopathic Education for approval at its May 2013 meeting and then will forward it for approval by the AOA BOT in July 2013.

CME Credits for Outcomes Measurement

AOA Category 1 CME Sponsors are required to complete 1 program that is to be measured in the 2013-2015 CME cycle. Outcomes measurement was encouraged in the 2010-2012 CME cycle. At its meeting of November 4, 2012, the CCME agreed that it would accept Levels 5, 6, and 7 of Moore's 7 levels of CME outcomes measurement, as follows:

- Level 5: Performance (Clinical Assessment Program and AOA policy)
- Level 6: Patient Health (hospital statistics)
- Level 7: Community Health (state or national statistics)

Guidelines for AOA Specialty Board Certification

Board certification from the AOA demonstrates a DO's commitment to and expertise in a particular specialty or subspecialty of medicine. Osteopathic physicians who wish to maintain specialty board certification through the AOA are required to earn a minimum of 50 AOA CME credits in their specialty areas during each 3-year CME cycle.

In February 2006, the AOA BOT approved the recommended guidelines for academic and professional activities that allow specialty-board-certified DOs to satisfy existing CME requirements (Resolution 45 [M/2006]—Specialty CME Reporting). These specialty-board “templates” were designed to provide physician-members with a variety of options for earning CME credits while also maintaining overall consistency among the specialties.¹⁴ *Table 3* provides a summary of areas of divergence among specialties for the current 2013-2015 CME cycle.

For the activities noted in *Table 3* (ie, AMA PRA Category 1 credit courses, formal teaching, and standardized life support), the maximum number of CME credits accepted per 3-year CME cycle must be designated at the beginning of each new CME cycle. All boards were surveyed in August 2012 for recommendations for the 2013-2015 CME cycles.⁷

At its July 2012 meeting, the AOA BOT approved Resolution B-19, titled “Specialty Continuing Medical Education (CME) for the Administration of Oral and Practical Certification Examinations.” This policy allows osteopathic physicians who are administering oral and practical examinations to have 10 specialty CME credits applied for their work.

Twenty-five credits of preceptoring per CME cycle may apply to physician-members' specialty-board requirements for those boards that have designated specialty credits for preceptoring. These credits will not be applied to member records for DOs certified by the American Osteopathic Board of Dermatology and the American Osteopathic Board of Nuclear Medicine. For information regarding the use of preceptoring or other credits, physicians should contact their certifying boards.

In addition, AOA CME credit sponsored by osteopathic specialty affiliates in the declared specialty will be applied to the requirement on an unlimited hour-by-hour basis, and CME credit from sponsors other than the individual's declared specialty affiliate may be awarded by the certifying board with jurisdiction up to a maximum of 25 credits per cycle (*Table 3*). A certified physician

must present the lectures for the lectures to be considered for specialty credit.

For more information, readers can access the AOA Specialty CME Policy, which is available at <http://www.osteopathic.org/inside-aoa/development/continuing-medical-education/Documents/specialty-cme-policy.pdf>, or they may refer to the 2012 *JAOA* CME article.¹⁴

In addition, the CCME stipulated the following CME requirements for physicians who are AOA board certified:

- Physicians who are board certified are required to earn a minimum of 50 CME credits within their specialty in each 3-year CME cycle. These credits may be earned in Category 1 or Category 2.
- For osteopathic physicians holding certifications of added qualification, a minimum of 25% of the credits (13 credits) must be earned at the level of the certification of added qualification. At least 30% of the specialty CME credits (15 credits) must be earned in the primary certification.
- CME sponsored by osteopathic specialty affiliates in the individual's declared specialty will be applied to this requirement on an unlimited hour-by-hour basis.
- CME sponsored by AOA CME sponsors other than the individual's declared specialty affiliate may be awarded by the certifying board with jurisdiction up to a maximum of 25 credits per cycle.

The following are the CME requirements for ABMS board-certified physicians:

- Physicians who are both AOA and ABMS board certified are required to earn the same specialty CME credit hours as DOs who are AOA board certified only.
- Physicians who are solely certified in an ABMS specialty are required to obtain a minimum of 10

Table 3.
Bureau of Osteopathic Specialists: Maximum No. of CME Credit Hours Granted per Cycle by Activity Type^a and Specialty Board

American Osteopathic Board of...	AMA PRA Category 1 Credit	Formal Teaching	Standardized Life Support
Anesthesiology	50	50	16
Dermatology	25	25	5
Emergency Medicine	25	25	16
Family Physicians	25	25	5
Internal Medicine	25	25	5 ^b
Neurology and Psychiatry	25	25	5
Neuromusculoskeletal Medicine	0	50	5
Nuclear Medicine	50	50	NA ^c
Obstetrics and Gynecology	50	50	5
Ophthalmology and Otolaryngology ^d	50	50	NA ^c
Orthopedic Surgery	50	50	5
Pathology	50	50	NA ^c
Pediatrics	50	50	16
Physical Medicine and Rehabilitation	25	25	5
Preventive Medicine	50	50	5
Proctology	50	25	5
Radiology	50	50	5
Surgery	50	50	NA ^c

^a All activities must be related to the specialty for continuing medical education (CME) credit. Credit is awarded on an hour-by-hour basis for American Osteopathic Association (AOA) specialty college seminars. For each other type of seminar, the number of maximum credits per cycle varies. For example, a maximum of 5 credits is allowed for human immunodeficiency virus/AIDS and risk management seminars; a maximum of 15 credits is allowed for test construction and publications seminars; and a maximum of 25 credits is allowed for AOA state society, foundation, and college of osteopathic medicine seminars. A maximum of 25 credits are granted for precepting only if a board indicated in its Council on Continuing Medical Education survey that it accepts such credit (currently, the American Osteopathic Board of Dermatology and the American Osteopathic Board of Nuclear Medicine do not allow credits for precepting). Each board makes its own recommendation for maximum credits allowed for participating in the annual Osteopathic Medical Conference & Exposition.

^b The American Osteopathic Board of Internal Medicine allows 5 credits for advanced cardiovascular life support only.

^c Credit awarded on an hour-by-hour basis.

^d The full name of this board is the American Osteopathic Boards of Ophthalmology and Otolaryngology-Head and Neck Surgery.

Abbreviations: AMA PRA, American Medical Association Physician's Recognition Award; NA, not applicable.

Category 1-A credits in AOA-sponsored CME programs during each 3-year CME cycle to meet AOA specialty requirements.

- Physicians who are solely certified through the ABMS must meet the 120-hour AOA membership requirement.

Readers should contact their certifying boards for information regarding the use of precepting or other credits toward these requirements. Osteopathic Physicians may refer to Osteopathic.org for additional information regarding the “AOA Specialty Continuing Education (CME) Policy” for specialty CME program requirements. In addition, readers can access these requirements in the 2013-2015 AOA CME Guide.¹

Finally, it is important to note that under current AOA policy, failure to meet the AOA specialty CME requirement is interpreted as a failure to meet the individual physician’s CME requirement. This failure could result in the loss of AOA membership and in turn result in the possible loss of certification.

AOA-Accredited Category 1 CME Sponsors

There are currently 154 AOA-accredited Category 1 CME Sponsors (*Table 4*). A list of these sponsors is available at <http://www.osteopathic.org/inside-aoa/accreditation/Documents/cme-sponsor-list.pdf>.

On an ongoing schedule, the CCME and AOA staff monitor sponsor compliance (ie, “spot monitoring”) with AOA policies and the CCME-approved uniform guidelines for accrediting agencies of CME.¹¹ Once a sponsor has been selected for review, the AOA will request documentation of its CME activities and then use a checklist (*Table 5*) to determine whether all requirements have been met or whether certain deficiencies exist. The checklist has been modified since the 2012 publication.¹³ In addition, the CCME and AOA staff investigate all written complaints or deviations

Table 4.
AOA-Accredited Category 1 CME Sponsors (N=154)^a

Organization	No. (%)
Affiliates	
Nonpractice (AOA) ^b	2 (1)
Colleges	
Colleges of osteopathic medicine (AOA accredited)	24 (16)
Alumni groups ^b	NA
Specialty (AOA affiliated) ^b	NA
Foundations (AOA Affiliated)^b	
	7 (5)
Hospitals	
	42 (27)
Military	
	1 (<1)
Philanthropic Organizations (AOA Affiliated)^c	
	NA
Professional Associations	
	1 (<1)
Societies	
Divisional (AOA affiliated) ^b	NA
Specialty	26 (17)
State	51 (33) ^c

^a The number of continuing medical education (CME) sponsors in each category are accurate as of December 13, 2012. Percentages do not total 100 because of rounding.

^b Applications for sponsorship are currently limited to the organizations indicated.

^c The 51 state societies noted include all state societies, county societies, and state district societies.

Abbreviations: AOA, American Osteopathic Association; NA, not applicable.

from AOA policy using standard compliance-review procedures.¹¹

As part of the EPPRC III recommendations, the CCME was charged with developing a crosswalk for evaluating AOA Category 1 CME Sponsors for random site visits on the basis of the unified standards requirements. A subcommittee appointed by the CCME worked with staff to develop guidelines, which the CCME approved. The crosswalk will be used for random site visits on the basis of the unified standards requirements and

Table 5.
Checklist of AOA Accreditation Requirements for Category 1 Continuing Medical Education (CME)

Checklist Item ^a	Maximum Points
1. A description of the needs assessment process and procedure used in determining the content and topic of the program (include any supporting documents).	8
2. A copy of the CME program brochure or agenda distributed to participants at the CME program.	4
3. Copies of all program participants' (speakers and moderators in chronological order) curriculum vitae (CVs) or biosketch defining their qualifications for involvement in the CME program. Partial credit is awarded based on the percentage of CVs and biosketches provided during the document survey review (eg, 5 CVs provided from a total of 10 speakers yields 4 points). All fractions are rounded down.	8 ^b
4. A copy of each speaker's signed Disclosure Declaration Statement in chronological order. Partial credit is awarded based on the percentage of the disclosure statements provided during the document survey.	8 ^c
5. A copy of the CME credits requested by the AOA-accredited sponsor for each participating physician in accordance with the attesting document.	4
6. A copy of the program administration evaluation document and the total number of evaluation documents returned by conference registrants. Provide 2 copies of the program evaluation documents that were returned by conference attendees.	4
7. A statement indicating the total number of registrants and the number of attestation forms returned by conference participants.	8 ^d
8. A statement reflecting the distribution of program evaluation documents (the beginning of the program, random survey, etc).	4
9. A policy statement on managing grievances relative to the returned program administration and evaluation document(s).	4
10. A copy of the program outcomes questionnaire and the total number of outcomes questionnaire documents returned by conference registrants. Provide 2 copies of the outcomes questionnaire documents that were returned by conference attendees (within 30-90 days after the program ends).	4
11. Provide:	
A. Needs assessment per program topic.	12 ^e
B. A statement relative to how topics and/or speakers were selected in direct response to needs assessment procedures.	4
12. If the program was commercially supported, the following additional items must be submitted:	
A. A copy of the formal written agreement between the AOA CME sponsor and each commercial supporter reflecting that the activity (program) is educational and not promotional.	8 ^c
B. Proof that commercial support is appropriately acknowledged in any printed promotional materials.	4
C. A brief statement regarding all funding arrangements, including how funds received from commercial supporters were expended and how speakers were paid. If speakers were directly funded by a third-party agent (someone besides the AOA CME sponsor/provider), attach a copy of the funding arrangement between the CME sponsor and the third-party agent.	8 ^c
D. A statement indicating how disclosure information regarding each speaker was given to the participants.	8 ^c
Total Score	100^f

^a Checklist items with a maximum score of 8 or 12 points are major items; those with a maximum score of 4 points are minor items. Category 1 CME Sponsors are required to measure outcomes as defined by the Council on CME for at least 1 program in the 2013-2015 CME cycle.

^b Partial credit is awarded: Less than 50% completed=0 points, 50%=4 points, 90%=8 points.

^c Partial credit is awarded: Less than 90% completed=0 points, 90%=4 points.

^d Partial credit is awarded: 25% completed=2 points; 50%=4 points, 95%=8 points.

^e Partial credit is awarded: 25% completed=2 points, 50%=4 points, 75%=6 points, 95%=12 points.

^f If the total score is 100 points, a 3-year accreditation with commendation status is awarded; if 95 points or more, a 3-year accreditation is awarded; if 80-94 points, a 2-year accreditation is awarded; if 70-79 points, a 1-year accreditation is awarded; if 60-69 points, a 1-year accreditation is awarded and the sponsor is required to attend the next CME Sponsors Conference; if less than 60 points, accreditation is withdrawn.

an expense voucher for use with all onsite visits to CME Category 1-A Sponsors.

National CME Sponsors Conference

The AOA's 19th Annual National CME Sponsors Conference was held from January 4, 2013, through January 6, 2013, at the Fairmont Scottsdale Princess Hotel in Arizona in conjunction with the 23rd Annual Osteopathic Medical Education Leadership Conference. The theme of this year's conference was "We Are All in This Together." The conference provided sponsors with up-to-date information regarding the latest requirements for maintaining CME accreditation status. It was 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.

A total of 104 participants were in attendance, including CCME members, speakers, and AOA staff. The keynote address was delivered by John B. Bulger, DO, whose presentation was titled "Mistakes That I Have Made in Practice and the Importance of a Safety Curriculum." Detailed information on the program can be downloaded at <http://www.osteopathic.org/inside-aoa/events/Pages/CME-Sponsors-Conference.aspx>.

A workshop (ie, breakout session) at the conference allowed participants to break into their respective groups and voice their praise or concerns regarding the topics addressed by each speaker. Workshops were held for each main topic (ie, CME on the Internet [Category 1 Internet CME Pilot Model], Needs Assessment and Curriculum Development at the Association Level, Outcomes Measurement, and Joint Sponsorship in Collaboration With Other Entities) and were discussed by each of the respective groups (ie, acute care facilities, divisional societies, colleges of osteopathic medicine, specialty affiliates, and osteopathic foundations). The recommendation for the CCME was to provide topics for the 2014 CME Sponsors Conference on collaboration, technology uses in CME (eg, simulations,

response units), and the Sunshine Act update and outcomes (described later in the present article).

The CCME will review the breakout session feedback at its April 2013 meeting. The AOA's 20th Annual National CME Sponsors Conference will be held January 9 through January 11, 2014, in Austin, Texas. Additional information will be posted on Osteopathic.org as it becomes available.

Additional Activities of the CCME

AMA Task Force on Sources of Evidence: Information Update

The CCME discussed the AMA-approved recommendations from the Task Force on Sources of Evidence: Information Update to develop and implement a meaningful pilot that would test the feasibility of requiring CME faculty at live activities to disclose sources of evidence for clinical recommendations and provide data. The AMA had yet to determine whether to add disclosure of sources of evidence as a new requirement when designating live activities for CME credit. In light of this information, the CCME discussed whether the AOA should also consider this activity and agreed that the AOA should conduct a similar pilot program. Staff is to inform CME sponsors of the pilot, as well as conduct a survey to see how many CME sponsors are currently using at least 1 reference source in their needs assessments.

On January 4, 2013, the CCME revisited the topic. Upon completion of the survey and notification to all CME sponsors, several issues were raised regarding the implementation of the pilot, the duration of the pilot, whether the requirement was for all programs, and more. The Council clarified that this new requirement is a recommendation at this time and that it will be piloted for 18 months. The CCME will reassess the issue in April 2014 to determine if this will become policy during the 2016-2018 CME cycle.

Also, the CCME recommended that CME sponsors survey their members regarding the quality of their pro-

grams, and the CCME will develop a template for citation for the Document Survey. This activity will become part of the AOA Document Survey, and the CCME will award 4 additional CME credits on the Document Survey for those who participate.

CME Re-engineering

On January 1, 2013, the AOA began implementation of new Osteopathic Continuous Certification (OCC) requirements. At that time, each of the AOA’s 18 specialty certifying boards will require that all physicians holding a time-limited certificate participate in the 5 components of the OCC process to maintain osteopathic board certification. One of these components requires recertifying physicians to fulfill a minimum of 120 CME credits during each 3-year CME cycle. Of these 120 or more CME credits, a minimum of 50 credits must be in the specialty areas of certification. Additional information regarding OCC is available at <http://www.osteopathic.org/inside-aoa/development/aoa-board-certification/Pages/osteopathic-continuous-certification.aspx>.

Because existing AOA Division of CME software does not allow the recording of CME credit for more than one specialty, the AOA management has committed to the launch of a new information technology platform for recording and maintaining physician records. This program is expected to launch in May or June 2013.

At the January 2013 meeting, CME sponsors were provided an update regarding potential future changes for osteopathic CME. Participants were informed about the changes in AOA CME reports that are being implemented for the 2013-2015 CME cycle as a result of OCC and other policy developments. Sponsors learned about the capabilities of the new CME reporting platform, as well as how the new platform will affect AOA members and AOA-accredited CME sponsors and what future enhancements may be possible as a result of the new platform and other changes.

Table 6.
AOA Members With a CME Requirement

3-Year Cycle	AOA Members, No.	
	CME Requirement ^a	Dropped From Membership
1973 to 1976 ^b	NA	NA
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	25,964	296
2007 to 2009	30,332	320
2010 to 2012 ^c	30,429	NA

^a The number of American Osteopathic Association (AOA) physician-members who have a continuing medical education (CME) requirement are those whose state or specialty boards mandate a CME requirement for relicensure.
^b Numbers are not reported for the 1973-1976 CME cycle because the program was in its testing phase during those years.
^c Number reported for the 2010-2012 cycle is current as of March 11, 2013.

Abbreviation: NA, not available.

CME Program Trends and Statistics

As the AOA CME program develops, the proportion of physician-members who have CME requirements from their state or specialty boards (*Table 6*) grows. As of March 11, 2013, the number of AOA members with state-mandated or specialty-board-mandated CME requirements is 30,429.

The type of CME credit recorded by the AOA has changed over time (*Table 7*). While earned Category 1-A credit has fluctuated, earned Category 1-B credit has experienced dramatic growth—increasing from 5.7 million credits in the 1995-1997 CME cycle to more than 12 million credits in the 2010-2012 CME cycle.

Table 7.
Total Number of CME Credits Recorded (in Millions)
by the AOA for Each 3-Year CME Cycle

3-Year Cycle	CME Credit Category			Total
	1-A	1-B	2 ^a	
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	13.1
2004 to 2006	2.6	9.2	2.1	13.9
2007 to 2009	2.7	11.0	1.8	15.5
2010 to 2012 ^b	2.7	12.3	1.8	16.8

^a Numbers reported for continuing medical education (CME) credit Category 2 include all Category 2-A and Category 2-B credits recorded.
^b Data are current as of March 12, 2013.

Abbreviation: AOA, American Osteopathic Association.

The number of DOs whose AOA memberships were dropped as a result of failure to complete the CME requirement has fluctuated between a high of 320 members in the 2007-2009 CME cycle and a low of 43 members in the 1986-1988 CME cycle (*Table 6*). In the past, members were given a 17-month grace period to fulfill requirements from the previous CME cycle. As stated earlier, DOs will now have only 5 months to submit their documentation. Therefore, the drop date for the 2010-2012 CME cycle will be May 31, 2013.

Similarly, the total number of CME credits recorded by the AOA has increased considerably during each successive 3-year CME cycle (*Table 7*). This growth reflects the increasing number of AOA members who have state-mandated or specialty-board-mandated CME require-

ments and the steadily increasing average number of CME credits recorded per member.

Federal CME Updates

CME Risk Evaluation and Mitigation Strategy Programs

On July 9, 2012, the US Food and Drug Administration (FDA) approved a risk evaluation and mitigation strategy (REMS) for extended-release (ER) and long-acting (LA) opioid medications (a list of which is available at <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm251735.htm>). As stated on the FDA’s website, “ER/LA opioids are highly potent drugs that are approved to treat moderate to severe persistent pain for serious and chronic conditions. The misuse and abuse of these drugs have resulted in a serious public health crisis of addiction, overdose, and death.”¹⁵

The REMS program is funding independent, accredited education and training, which is expected to be available from continuing education and CME providers in the first quarter of 2013. For additional information on the available education and training, visit the ER/LA Opioid Analgesics REMS website at <http://www.ER-LA-opioidREMS.com>. Under the provisions of REMS, the companies of ER/LA opioid analgesics are required to make independent, accredited education and training available to all ER/LA opioid analgesic prescribers, and the FDA has established performance goals related to the number of ER/LA opioid analgesic prescribers who must complete the education and training. While completion of REMS-compliant continuing education or training is not mandatory, all prescribers of ER/LA opioid analgesics are strongly encouraged to successfully complete a REMS-compliant program from an accredited continuing education or CME provider. Doing so will help to ensure safe use of these drugs, play an important role in addressing the growing national problem of abuse and misuse of prescription drugs, and help to achieve the goals of the REMS program. If this national problem is

not addressed, additional steps may need to be taken to restrict use of these drugs. The number of credits and the length of time to complete the activity will be determined by the continuing education or CME provider.

CMS Releases Final Rule for Sunshine Act

On Friday, February 1, 2013, the Centers for Medicare and Medicaid Services (CMS) released its final rule implementing the Medicare, Medicaid, Children's Health Insurance Programs; Transparency Reports and Reporting of Physician Ownership or Investment Interests Act (or more commonly known as the "Sunshine Act"). The Final Rule was published in the Federal Register on Friday, February 8, 2013.¹⁶

Adopted as part of the Patient Protection and Affordable Care Act in March 2010, the Sunshine Act requires pharmaceutical companies and medical device manufacturers to report payments annually for transfers of value to physicians and teaching hospitals. The Sunshine Act also requires public disclosure of physician ownership for investments in group purchasing organizations (GPOs) and physician-owned distributorships. These disclosures will be publicly viewable on a database maintained by CMS.

The Sunshine Act includes several exceptions from the disclosure requirements, including, for example, payments to a physician or a teaching hospital in amounts under \$10 (amount increases annually based on Consumer Price Index) so long as annual aggregate payments do not exceed \$100; educational materials and samples used by patients; discounts and rebates; and payments for speaking at accredited or certified CME programs. While the definition of "applicable manufacturer" is broad under the Final Rule, hospitals, hospital-based pharmacies, and laboratories that manufacture products solely for internal use or for patients do not qualify as "applicable manufacturers" for purposes of the Sunshine Act.

The Final Rule also sets forth several important upcoming dates. Manufacturers and GPOs must begin to collect data by August 1, 2013. They must track data

between August 1, 2013, and December 31, 2013, and report their data to the CMS by March 31, 2014. Data will be submitted via an electronic system and will be published by the CMS at a later date.

The Final Rule includes several penalties for non-compliance with the Sunshine Act. Applicable manufacturers and GPOs that fail to report data may be subject to a civil monetary penalty of up to \$150,000 annually, and intentional failures to report carry much stricter penalties, up to \$1 million. The CMS has also reserved the right to review compliance by applicable manufacturers and GPOs, and these entities are now required to maintain records and documents for at least 5 years from the date of publication of the reportable event.

For more information about the Sunshine Act and the final rule, visit <http://www.cms.gov/apps/media/press/factsheet.asp?Counter=4522&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&keywordType=All&chkNewsType=6&intPage=&showAll=&pYear=&year=&desc=&cboOrder=date>.

Conclusion

The CCME continues to be committed to an agenda of progress in AOA CME policies, including maintaining the high standards for which the AOA is known. The Council also continues to study the changing environment of osteopathic medicine, particularly as it relates to osteopathic specialty board certification, and to adjust the AOA CME program to respond to the ever-evolving needs of the public, physician-members, and the AOA.

References

1. *Continuing Medical Education 2013-2015: Guide for Osteopathic Physicians*. Chicago, IL: American Osteopathic Association; December 2012. <http://www.osteopathic.org/inside-aoa/development/continuing-medical-education/Documents/cme-guide-2013-2015.pdf>. Accessed March 2, 2012.
2. Rodgers DJ. AOA continuing medical education. *J Am Osteopath Assoc*. 2003;103(11):531-538. <http://www.jaoa.org/content/103/11/531.full.pdf+html>. Accessed March 2, 2012.

3. Apply for your American Medical Association Physician's Recognition Award page. American Medical Association website. <http://www.ama-assn.org/ama1/pub/upload/mm/455/praapplication.pdf>. Accessed March 14, 2013.
4. Verification & maintenance of certification. American Osteopathic Board of Family Physicians website. <http://www.aobfp.org/verification-cert/index.html>. Accessed March 14, 2013.
5. Board certification. American Osteopathic Board of Neuromusculoskeletal Medicine website. <http://aobnmm.org/board-certification/>. Accessed March 14, 2013.
6. Rodgers DJ. AOA continuing medical education. *J Am Osteopath Assoc*. 2009;109(3):160-179. <http://www.jaoa.org/content/109/3/160.full>. Accessed March 2, 2012.
7. Rodgers DJ. AOA continuing medical education. *J Am Osteopath Assoc*. 2010;110(3):168-182.
8. Rodgers DJ. AOA continuing medical education. *J Am Osteopath Assoc*. 2011;111(4):264-278.
9. Licensing of osteopathic physicians. American Osteopathic Association website. <http://www.osteopathic.org/osteopathic-health/about-dos/do-licensing/Pages/default.aspx>. Accessed March 16, 2011.
10. Division of State and Socioeconomic Affairs. *US Osteopathic Licensure Summary, December 2012*. Chicago, IL: American Osteopathic Association; 2010.
11. Division of Continuing Medical Education. *Accreditation Requirements: Category 1 CME Sponsors*. Chicago, IL: American Osteopathic Association; 2011. <http://www.osteopathic.org/inside-aoa/accreditation/Documents/cme-accreditation-requirements.pdf>. Accessed December 16, 2011.
12. *Handbook of the Council on Continuing Medical Education*. Chicago, IL: American Osteopathic Association; 2012. <http://www.osteopathic.org/inside-aoa/accreditation/Documents/cme-ccme-handbook.pdf>. Accessed March 7, 2012.
13. Rodgers DJ. AOA continuing medical education. *J Am Osteopath Assoc*. 2012;112(4):211-224.
14. Rodgers DJ. Osteopathic continuing medical education. *J Am Osteopath Assoc*. 2007;107(2):67-81. <http://www.jaoa.org/content/107/2/67.full>. Accessed March 2, 2012.
15. Risk Evaluation and Mitigation Strategy (REMS) for extended-release and long-acting opioids. US Food and Drug Administration website. <http://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm163647.htm>. Accessed March 6, 2012.
16. Medicare, Medicaid, children's health insurance programs; transparency reports and reporting of physician ownership or investment interests. *Fed Regist*. 2013;78(27):9458-9528. <http://www.gpo.gov/fdsys/pkg/FR-2013-02-08/pdf/2013-02572.pdf>. Accessed March 7, 2013.

Editor's Note: This JAOA theme issue on osteopathic medical education includes annual updates from the American Osteopathic Association's departments of accreditation and education. Last year's article on continuing medical education can be accessed online at <http://www.jaoa.org/content/112/4/211.full>.

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