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## **CME Leaders Institute**

**An initiative of the California Academy of Family Physicians and CAFP Foundation**

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### **CME – A Confusing World of Accreditation, Sponsorship and Provision**

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First and foremost, should the Legislature even be involved in the prescription of CME?

CAFP's Committee on Continuing Professional Development thinks there is agreement that the answer is "No." That being said, and with the understanding that we are going to have address these potential pieces of legislation, the key issue is the correct identification and application of the CME parties and terms. This is where life gets complicated, or at the very least confusing.

#### **Accreditation Council for Continuing Medical Education**

[www.accme.org](http://www.accme.org)

The ACCME's Mission is the identification, development, and promotion of standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities.

The ACCME fulfills its mission through a voluntary self-regulated system for accrediting CME providers and a peer-review process responsive to changes in medical education and the health care delivery system.

The primary responsibilities of the ACCME are to:

- Set and administer standards and criteria for providers of quality CME for physicians and related professionals. Certify that accredited providers are capable of meeting the requirements of the Essential Areas.
- Relate CME to medical care and the continuum of medical education.
- Evaluate the effectiveness of its policies.
- Assist providers in continually improving their programs.
- Assure physicians, the public, and the CME community that CME programs meet the ACCME's criteria for compliance with the Essential Areas.

There are 735 +/- ACCME-accredited providers. CMA and CAFP are two of them. Many state medical associations/societies are empowered by the ACCME to accredit CME providers within their states. There are 1687 state medical association-accredited providers; CMA accredits approximately 600 organizations in California, including county medical societies, state specialty societies and hospitals.

ACCME-accredited providers sponsor American Medical Association (AMA) Category 1 CME credits. The AMA is one of the parents of the ACCME. ACCME sponsors very few courses itself (and the courses it sponsors are not clinical/medical, but held for its providers on the latest standards, etc).

### **American Medical Association**

[www.ama-assn.org](http://www.ama-assn.org)

Since 1847 the American Medical Association (AMA) has had one mission: to promote the art and science of medicine and the betterment of public health. Today, the core strategy used to carry out this mission is our concerted effort to help doctors help patients. We do this by uniting physicians nationwide to work on the most important professional and public health issues.

*AMA PRA Category 1 Credit™* is owned by the American Medical Association. As a member of the ACCME, the AMA allows its credit to be sponsored by ACCME-accredited providers. The AMA monitors for compliance with AMA PRA credit system requirements through the ACCME/SMS accreditation self-study process, the investigation of complaints received and the review of information found in the public domain. Whenever warranted, the AMA will proceed with follow-up inquiries to ascertain and address compliance with AMA PRA credit system requirements. In most cases, the AMA is able to assist accredited CME providers with finding strategies that will bring their program and activities into compliance with AMA PRA standards. The AMA reserves the right to withdraw an accredited CME provider's privilege to certify activities for *AMA PRA Category 1 Credit™* should the accredited CME provider fail to bring the program and activities into compliance with AMA PRA policies, regardless of accreditation status.

### **American Osteopathic Association**

[www.do-online.org](http://www.do-online.org)

The AOA is a member association representing more than 54,000 osteopathic physicians (DOs). The AOA serves as the primary certifying body for DOs, and is the accrediting agency for all osteopathic medical colleges and health care facilities.

The AOA's mission is to advance the philosophy and practice of osteopathic medicine by promoting excellence in education, research, and the delivery of quality, cost-effective healthcare within a distinct, unified profession. The goals of AOA's continuing medical education (CME) program are the continued excellence of patient care and improving the health and well-being of the individual patient and the public. The purpose of the CME program is the growth of knowledge, the refinement of skills, and the deepening of understanding for the osteopathic profession.

The AOA Board of Trustees establishes accreditation policy for osteopathic CME sponsors. The Council on Continuing Medical Education (CCME) has been delegated authority by the AOA Board of Trustees to monitor osteopathic CME and to grant or deny Category 1 accreditation status to osteopathic CME sponsors. The CCME also has the authority to conduct accreditation document surveys and on-site surveys of CME sponsors.

The CCME and AOA staffs monitor these policies and procedures and CME sponsors for compliance with the Uniform Guidelines (located in the Accreditation Requirements document) and investigate all written complaints of deviation from AOA policy using a standard complaint review procedure. There are approximately 200 AOA-accredited providers.

This is important because DO have an AOA membership requirement of 120 hours with a minimum of 30 hours in AOA Category 1-A. For those members with the 120 CME hour requirement, 30 CME hours must be obtained in Category 1-A. The remaining 90 hours of the CME requirement may be satisfied with either Category 1-A, 1-B, 2-A or 2-B credits.

### **American Academy of Family Physicians**

[www.aafp.org](http://www.aafp.org)

The AAFP is another kettle of fish altogether. The American Academy of Family Physicians is the national association of family physicians. It is one of the largest national medical organizations, with more than 94,000 members in 50 states, D.C., Puerto Rico, the Virgin Islands, and Guam. Until October 3, 1971, it was known as the American Academy of General Practice. The name was changed in order to reflect more accurately the changing nature of primary health care.

The Academy was founded in 1947 to promote and maintain high quality standards for family doctors who are providing continuing comprehensive health care to the public. The AAFP, and other national medical specialty societies, have similar organizational structures, strategies for advocacy, practice management, representation, and patient/public education. Where the AAFP differs is in the realm of CME.

AAFP (an ACCME-accredited provider for AMA Category 1 credit), similar to the AOA, has a membership requirement that includes 150 CME credits (75 of which must be Prescribed). Prescribed credits are awarded only by the AAFP, and are based on CME that is designed FOR family physicians, BY family physicians. The AMA considers AAFP Prescribed credit equivalent to AMA Category 1 credit for purposes of the AMA Physicians Recognition Award; however, AAFP does not accept AMA Category 1 credit for the 75 Prescribed credit membership requirement

Unlike the ACCME, who accredits providers, who then in-turn sponsor courses, the AAFP reviews every course that is approved for Prescribed credit, regardless of who the provider might be.

So, for example, the CMA is offering a Pain Management course next month. CMA is an ACCME-accredited provider, and is sponsoring the course for 12 AMA Category 1 credits/hours. CMA has also applied, and the course has been approved by the AAFP, for 12 Prescribed credits.

**Maintenance of Certification and Maintenance of Licensure**

The newest games in town ... MOC started with the American Board of Medical Specialties, and each specialty has implemented its own certification process. Almost all are four parts – professional commitment (membership, licensure and CME), self-assessment models and simulated patient modules, an exam, and performance/quality improvement projects. Residents are now going to be required to participate in MOC as well. All highlight lifelong learning rather than one-time testing.

The Federation of State Medical Boards will be implementing similar requirements for licensure, and although there is support for MOC-MOL equivalency, the final determination has not yet been made.

**Now, to add to the confusion:**

Many specialty societies have CME credit requirements for new or continued membership; many ABMS specialty boards have similar requirements (see MOC); and many states have CME requirements for continued licensure. The numbers tend to work themselves out – and in California, the Business and Professions code recognizes AAFP credit for licensure. WHEW!