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Agenda Item 16- Discussion and Possible Actions on Rulemaking Proposal to Amend Sections 1635, 1636, 1638, 1641,1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35 and Repeal Sections 1639 and 1640 in Title 16 of the California Code of Regulations (16 CCR) (Requirements for Continuing Medical Education and Citation and Fines) - Terri Thorfinnson, Program Manager and Kristy Schieldge, Attorney IV, Legal Affairs Regulations Unit, DCA

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MEMORANDUM

Date:	February 13, 2025
To:	Board Members
From:	Terri Thorfinnson, Administrative Services Program Manager
Subject:	**Agenda Item 16: Discussion and Possible Actions on Rulemaking Proposal to Amend Sections 1635, 1636, 1638, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35 and Repeal Sections 1639 and 1640 in Title 16 of the California Code of Regulations (Requirements for Continuing Medical Education and Citation and Fines):** **A. Consideration of Public Comments Received During the Public Comment Period and/or Hearing and Proposed Responses Thereto** **B. Discussion and Possible Action to Consider Adoption of Proposed Amendments to 16 CCR Sections 1635, 1636, 1638, 1641,1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35 and Repeal of 16 CCR Sections 1639 and 1640.**

Background

At the August 15, 2024, Board meeting, the Board discussed and voted to approve the proposed regulatory language in **Attachment 1** and authorized the Executive Director, Erika Calderon, to proceed with the rulemaking and adopt the language if no adverse comments were received and no hearing was requested. The 45 -day comment period began November 21, 2024, when the Board's Notice of Regulatory Action, Initial Statement of Reasons and the Proposed Regulatory Language were posted on the Board's website and notice was mailed and emailed to interested parties. Notice of the proposed regulatory action was published by the Office of Administrative Law (OAL) on November 22, 2024.

During the 45-day comment period, comments were received for the Board to consider. Commenter Dr. Michael Strug requested the following as part of his comments on this proposal: "I would like to be involved in a town hall or discussion regarding CME requirements." In response to that comment, the Executive Director issued a "Notice of

Hearing on Proposed Regulatory Action" (see **Attachment 3**) providing notice to all interested parties of an in-person public hearing on January 8, 2025. The Notice of Hearing was posted on the Board's website and emailed to interested parties on November 27, 2024. That notice included an extension of the public written comment period from January 6, 2025 to **12 PM on Wednesday, January 8, 2025**. No comments were received, and no testimony was provided at the hearing held on January 8, 2025 (see **Attachment 4**).

All comments received as of 12 p.m. on January 8, 2025 have been summarized with recommended Board responses. Board Staff and Regulations Counsel recommend the Board approve the following proposed responses to the comments summarized below.

A. Consideration of Public Comments Received During the Public Comment Period and Proposed Responses Thereto

In accordance with Government Code section 11346.9, subdivision (a)(3), the Board, in its Final Statement of Reasons supporting the rulemaking, must summarize each objection or recommendation and the reasons for making or not making a change. Summaries of the comments received and proposed responses developed by staff in consultation with Regulations Counsel are provided below for Board consideration and approval.

Comment in Support of Rulemaking Proposals

Commenter #1. Joseph J. Provenzano, D.O. comment received by email 11/27/2024.
Comment Summary:

Dr. Provenzano commented that he had served on the OMBC board. He indicates that even then when there was 6,000 licensees it was becoming a problem with manual verification of CME. He supports the regulation change.

Board Response to Comment #1:
The Board has considered this comment, and welcomes the support for the proposed rulemaking package and acknowledgement that the update and proposed changes are needed. As a result, no changes are necessary in response to this comment.

Adverse Comments and Comments that Want New Changes to CME Policies

Commenter #2. Dr. Michael Strug,, D.O. comment received by email 11/21/2024.

Comments Summary:
Dr. Strug requested that he be involved in a town hall meeting or discussion about CME requirements. He states that he is an Osteopathic physician in a subspecialty that does not have associated AOA approved credit (Reproductive Endocrinology and Infertility). He completes CME through the American Board of Obstetrics and Gynecology and attends conferences that grant AMA credit. His concern is that there is no AOA approved credit for the subspecialty Reproductive Endocrinology and Infertility which forces him to take AMA courses that he later has to pay the AOA to convert AMA credit to AOA category 1B credit. He wonders if there is a way for the Board to accept AMA credit for physicians in similar circumstances.

Board Response to Commenter #2:
The Board has considered this comment and provides the following response. In response to his first request, the Board scheduled a regulatory hearing for January 8, 2025 and Dr. Strug was emailed notice of that hearing. However, no members of the public provided comments at that hearing. Regarding whether there is a way for the Board to accept AMA credit, BPC section 2454.5 mandates, in pertinent part:

> The board shall require each licensed osteopathic physician and surgeon to complete a minimum of 50 hours of American Osteopathic Association continuing education hours during each two-year cycle, of which 20 hours shall be completed in American Osteopathic Association Category 1 continuing education hours and the remaining 30 hours shall be either American Osteopathic Association or American Medical Association accredited as a condition for renewal of an active license.
>
> For purposes of this section, "American Osteopathic Association Category 1" means continuing education activities and programs **approved for Category 1 credit by the Committee on Continuing Medical Education of the American Osteopathic Association**. (Emphasis added.)

As a result, according to statute, the above AOA committee determines whether any AMA CME is accepted as qualifying continuing medical education (CME) with the exception of specified AMA CME that would exempt a "qualifying physician" from taking the one-time pain management course as authorized by BPC section 2190.6 and as proposed in CCR section 1635(f)(6)(D). Any other changes in CME policy such as the categories and types of credit or who determines whether it is approved as Category 1 credit would require a statutory change

and cannot be done at this time through this rulemaking proposal. The Board rejects this comment and makes no further changes to the proposed regulatory language in response to this comment.

Commenter #3. Denis Yoshii, DO, comment received by email 11/22/2024.

Comments Summary:
Dr. Yoshii expressed support for updating CME requirements, but as a solo practitioner specializing in allergy and immunology, he had the following concerns and recommendations (the numbering convention for the paragraphs in the original email has been changed to letters A-C for easier review):

A. ***Administrative and Financial Impact on Solo Practices****:*
The proposed changes may disproportionately affect small or solo practices due to increased administrative burdens and potentially higher CME-related costs. Please consider offering flexibility for solo practitioners in course selection and record-keeping to minimize disruption to patient care. In addition, every board certification has requirements for specific numbers of hours to maintain board certification. Pediatrics requires 25 hours, and Allergy requires 25 hours, this is made more difficult with the addition of education requirements outside of board certification. The Hospitals all each require 1 hour of fraud and waste, but each hospital uses a different program. And, of course, as many of practitioners have multiple state licenses, each state has its own requirements of not only hours, but 'physician burnout', cultural sensitivity, opioid, dependency. Often each CME requirement places financial stress on the individual and takes time away from family. I did 132 hours of CME these past two years and was still 9 hours short of OMBC CME requirements.

B. ***Clarity in Audits and Penalties****:*
While I support the need for audits and transparency, the criteria for citations and fines must be clearly defined to avoid subjective enforcement. Explicit guidelines, individualized guidance of which CME is required for which year, will help ensure compliance and reduce unintended penalties.

C. ***Enhancing Accessibility to CME****:*
Providing affordable or Free CME options, particularly online or specialty-specific courses, would benefit practitioners in underserved or rural areas who might otherwise face logistical challenges. Denis Yoshii, DO

Board Response to Comments in Paragraph A. Provided by Commenter #3:

The Board has considered these comments and makes no changes to the language of the regulation based thereon. The Board reiterates its response to Commenter #2 regarding the legislative mandates in BPC section 2454.5 (including risks of addiction course) as well as the requirements for other dedicated CME in BPC sections 2190.1 (implicit bias), 2190.5 (a one-time pain management course) and 2190.3 (as specified for internists and family physicians with older patients or patients with dementia). The Legislature, not the Board, has created these CME requirements. The Board's role is to implement CME requirements set by the Legislature. The Legislature already created flexibility in the types of CME accepted to include exemptions from the pain management course in BPC sections 2190.5 and 2190.6, and allow credit in non-clinical subjects such as record keeping, practice management, and placed a cap on the non-clinical hours to be no more than 15 hours or up to 15% out of the required 50 hours per renewal period at BPC section 2190.15. The purpose of CME is as a tool for maintaining competency and protecting public safety; the number of required hours is considered a minimum number or hours not a maximum. For the foregoing reasons, the Board rejects these comments.

Board Response to Comments in Paragraph B. Provided by Commenter #3:
The Board has considered these comments and makes no changes to the language of the regulation based thereon. The proposed regulations include specific criteria for the Board to use in each individual case in CCR section 1659.31(b) for cite and fine to prevent any arbitrary and capricious cite and fines and orders of abatement. Additionally, when a cite and fine and order of abatement is issued, it would contain the specific facts, violations of statute with the specific sections and the amounts assessed for each violation alleged in the particular case as required by existing CCR section 1659.30.

As to the request for the Board to provide individualized guidance for CME due each renewal cycle, once this proposal is approved, the Board will be revising its current CME guidance on the Board's website to reflect the proposed changes in this rulemaking. This is one area the proposed rulemaking amendments addressed by adding specific documentation requirements for each statutorily required CME subject and hours and what specific documentation requirements for each required CME in proposed amendments to CCR section 1636. This information is lacking in the current regulations. So, the Board's current rulemaking proposal already addresses the concerns raised about guidance on CME requirements in that regard.

Board Response to Comments in Paragraph C. Provided by Commenter #3:

The concern and recommendation about making CME more accessible and affordable is not something the Board has authority or control over since it is not a CME provider. The Board's role is enforcing the statutory requirements for renewal and CME. In the Board's experience, however, it appears that there are online CME courses already that have expanded to allow greater options for accessibility and to address logistical challenges since the COVID 19 outbreak in 2020.

For the reasons noted above, the Board rejects this comment and makes no further changes in response to this comment.

Commenter # 4. Comments received by email from Evan Moser, DO 11/21/2024.
Comments Summary:
Dr. Moser's comments object to the statutorily mandated pain management requirement stating that he does not "believe this is appropriate for all osteopathic physicians." As a radiologist, he explains that he rarely prescribes medications other than occasional conscious sedation for procedures and emphasizes that "[w]e are already required by other regulatory entities to provide CME relevant to those procedures." He indicates that "the same is true for other fields of medicine such as Pathology." He then proceeds to provide examples and rationales for why the "12 CME hours in pain management is just information that I would never use."

Board Response to Comment #4:
Dr. Moser's comments object to the statutorily mandated pain management requirement being required of a radiologist or a pathologist. BPC section 2190.5(c) already exempts radiologists and pathologists from this mandatory requirement. This proposal and the applicable exemptions already mandated by law are listed in one convenient location in proposed amendments to CCR 1635. In fact, the proposed rulemaking specifies all exemptions in CCR section 1635 and the documentation required to demonstrate eligibility for such an exemption in CCR section 1636 to provide greater notice to the regulated community.

For the foregoing reasons, the Board rejects this comment and makes no changes to the language of the regulations based thereon.

Commenter #5. John R. Hawes, Jr., D.O., comment received by email 11/22/2024.
Comments Summary:

Dr. Hawes, Jr.'s comments expressed support for improvements in the CME process. His remaining comments focus on a personal issue unique to him where he attended a large CME conference two months after receiving his current license but two weeks before his birthday. These "18 hrs of category 1-A credits were not needed, nor used," for his current license but, also, not allowed to be used for his next cycle. He complains that this conference, including the cost of travel and hotel, has resulted in unusable CME credits. He states he has been informed that there is "no answer to my dilemma," and attached a copy of his past CME certificate.

Board Response to #5 Comment:

The Board acknowledges the comment expressing support for making CME improvements.

Regarding the other comments, BPC section 2454.5 is specific about requiring 50 CME credits for each renewal cycle. Through the years the renewal and CME cycles changed from birth date renewal to date of issuance renewals (as currently specified in BPC section 2456.1 as of January 1, 2023) and that was in part why the rulemaking was needed to update the changes to the statute over the years and eliminate any conflict between the statutory requirements and the outdated regulatory requirements. The reason that flexibility cannot be provided to licensees to apply excess CME credits to future or past renewal cycles is because the statute specifies that licensees must complete a minimum of 50 hours during each two-year renewal cycle as provided in BPC section 2454.5. For the foregoing reasons, the Board rejects these comments and makes no changes to the language of the regulations based thereon.

Commenter #6. Darrin Cunningham, D.O. comments received by email 11/28/2024.
Comment Summary:

Dr. Cunningham wonders why the CME provisions do not allow their CME requirements to be based on their certifying board and the AOA. He notes that he "may be in compliance with my hours for ACOOG AND THE AOA, by having only 25 hours in one year, but I may have 70 hours the next and and 25 the last." He states that he is in compliance at the national level but not in compliance at the state level. He asserts that many physicians hold licenses in several states, with differing CME rules. He states "I have always thought if my Cme is good enough for my Board to deem me Board Certified then why does the state not think that's good enough." He recommends that the Board adopt a clause that states: "If the physician is in Cme compliance with their Board Certifying entity, they are in compliance in California."

Board Response to Comments for Commenter #6:

Dr. Cunningham's recommendation would be a change in policy of what is required and acceptable CME according to statutory requirements already discussed in the responses to the comments noted above. Such a policy change would have to be done through legislation, not regulations.

For the foregoing reasons, the Board rejects these comments and makes no changes to the language of the regulations based thereon.

Commenter #7. Letter from Tony Khan, DO, OPSC President on behalf of Osteopathic Physicians and Surgeons of California (OPSC) emailed and dated 12/18/2024.
Comments Summary:
The Commenter expresses OPSC's general support for the proposed regulations and appreciates the hard work that has gone into the current draft but has questions and/or concerns pertaining to the following provisions.

A. §1636 – Continuing Medication Education Document
In 1636 the regulations are appropriately being updated to recognize the change in law to 50 hours of CME every two years. OPSC agrees with this change but seeks clarification. In (b)(2) the language clarifies the number of hours (50) and type of CME (AOA). In the subsequent clauses, the language states that 20 of the 50 hours be AOA Category 1, but in (b)(2)(B) the language states that the remaining 30 CME hours maybe earned…"by either the AOA or the American Medical Association (AMA). OPSC suggests CCR section 1636 (b)(2) be amended to include both AOA or AMA CME options since the subsequent (b)(2)(B) allows for both types of CME.

B. §1659.31. Fine Amounts and Criteria to Be Considered
We are interpreting these changes, especially (BB) to dramatically expand the scope of the Board's authority to issue citations and fines. While we wouldn't expect Board staff to go rogue or abuse their power, these changes appear to significantly broaden the types of citations and fines a physician could be subject to by OMBC staff. While we understand this approach may be appealing to avoid having to further update regulations as statutes change, OPSC recommends this section be amended to specify the specific codes violations it seeks to have the authority to issue citations. Doing so will provide osteopathic physicians clarity and certainty as to what provisions are subject to disciplinary actions.

Additionally, it's unclear to OPSC why **§**1659.31 maintains specific provisions subject to fines via (a)(1)(a-w) while deleting various others and then including clauses that give the Board broad authority. Is there a reason for specifying some finable offenses, but not providing an exhaustive list? Or what purpose does the list serve if the Board aims to have broad authority? We suggest deleting the carte blanche provisions and instead specifying the acts that are subject to board fines.

Board Response to Commenter #7's Comments in Paragraph 7.A.:
CCR Section 1636 provides updated specificity on the documentation requirements for CME audits but does not fundamentally alter the fact that BPC section 2454.5 states, in pertinent part:

> **The board shall require** each licensed osteopathic physician and surgeon to complete a minimum of **50 hours of American Osteopathic Association continuing education hours** during each two-year cycle, of which 20 hours shall be completed in American Osteopathic Association Category 1 continuing education hours and the remaining 30 hours shall be either American Osteopathic Association or American Medical Association accredited as a condition for renewal of an active license. (Emphasis added.)

Title 16, CCR Section 1636 adheres to the wording of the statute at BPC section 2454.5 exactly. In order make the suggested change, therefore, this proposed change would first have to be made to the statute at BPC section 2454.5. The consequence of modifying the text as recommended is that the modified language could be deemed inconsistent with BPC section 2454.5 and unauthorized; and, therefore, potentially causing the rulemaking to be denied. All regulatory language must adhere to the statute which authorizes the subject matter. In this case, the proposed regulatory language does adhere to the statute and is in fact updated to adhere to the statute. For the foregoing reasons, the Board rejects these comments and makes no changes to the language of the regulations based thereon.

Board Response to Commenter #7's Comments in Paragraph 7.B.:
BPC section 125.9(a) specifically authorizes any board, bureau or commission in this Department including this Board, to establish, by regulation, "a system for the issuance to a licensee of a citation which may contain an order of abatement or an order to pay an administrative fine assessed by the board, bureau, or commission where the licensee is in violation of the applicable licensing act or any regulation adopted pursuant thereto." Subdivision (c)(2) of Section 125.9(c)(2) indicates that the boards "may" limit the assessment of administrative fines to only particular violations of the applicable licensing act, but this section does not require such a limitation.

CCR section 1659.31 updates the cite and fine section to include all statutory violations for which the Board has jurisdiction to enforce and as authorized by BPC section 125.9. This change updates the Board's cite and fine authority to match what is currently allowed by statute. Without this change, the Board's enforcement authority was severely limited due to outdated regulations that listed only specified statutes. Listing each statute and promulgating

regulations for each new change in law is also a significant barrier to enforcement, one not envisioned by the Legislature. The Legislature assumes that once a law becomes effective, it is assumed the Board would exercise all of its authority to enforce it. This updated language aligns the Board's regulatory authority with its complete statutory authority in real time. It will vastly improve the Board's enforcement by having current enforcement authority for cite and fines and order of abatement and expand the Board's enforcement remedies to include a broad range of non-disciplinary remedies. These changes have the benefit of helping to keep the list of citable offenses current, as statutes and regulations are added, repealed, and modified, and by definition, these changes add new code and regulatory sections to the pool of violations eligible for a citation.

Further, individuals are expected to follow the law, and if they commit a violation, this proposed rulemaking will give the Board the authority to issue a citation at an early stage, where appropriate. This tool is a form of progressive enforcement that serves to protect the public and rehabilitate the license before the licensee's misconduct reaches a point where disciplinary action is necessary for public protection. While the Board chose to self-limit its citation authority to only particular violations a long time ago, the Board has now determined, in its experience, that a policy change is necessary to provide other enforcement options short of discipline that would aid in the rehabilitation of licensees consistent with its public protection mission. To implement this policy change, the Board needs to revise the existing regulations to claim its full citation authority permitted under the law. The following healing arts boards in this Department have adopted regulations implementing a similar policy, including the State Board of Chiropractic Examiners under 16 CCR section 390, the California State Board of Pharmacy under 16 CCR section 1775, the Board of Registered Nursing under 16 CCR section 1435, the Board of Behavioral Sciences under 16 CCR section 1886.40, the Dental Board of California under 16 CCR section 1023, and the Medical Board of California under 16 CCR section 1364.11 (effective October 1, 2024).

Further, the Board has no concerns that staff would "go rogue" with this expanded authority, since all citations and fines that are issued would need to comply with the Board's criteria in CCR 1659.30 and 1659.31, are generally capped by this Board at $2500 per citation (except for some extenuating circumstances as specified in Section 1659.31), and subject to appeal and review by the Board. The Board notes that the burden of proving that a citation is warranted is on the Board, and citations may be contested informally through the Board, as well as formally through the Office of Administrative Hearings as authorized by 16 CCR section 1659.34.

The reason that some existing codes sections were left unchanged is because they represent current, specific authority for which the Board may issue a citation and fine outside of the Board's licensing Act. Keeping those statutes in the list provides greater specificity regarding these other grounds for citation under the Board's jurisdiction and highlights perhaps lesser-known statutes for better notice to the regulated community. This approach was recently approved for the Medical Board of California's most recent amendments to 16 CCR section 1364.11.

For the foregoing reasons, the Board rejects these comments and makes no changes to the language of the regulations based thereon.

Commenter #8. Lucas Evensen, Associate Director, Strategic Engagement, on behalf of the California Medical Association (CMA) comment letter emailed and dated 1/6/2025.
Comment Summary:
The Board is proposing to amend Section 1659.31 to include any provision of the Medical Practice Act (MPA), any regulation adopted by the Board, and any other statute or regulation upon which the Board may base a disciplinary action instead of listing each citable code section in an effort to update the list of citable offenses to help keep the section current as statutes and regulations are added, repealed, and amended. CMA believes that this application is overly broad and could give rise to misinterpretation by licensees about the way the Board may seek redress for situations that come before it.

CMA asserts that the proposed regulations effectively add numerous new code sections to the pool of violations eligible for citation. The CMA alleges that the scope of this policy decision was never contemplated or discussed by the Board, and it was not addressed in the notice of proposed regulatory action. CMA asserts that the Board only contemplated the effect these changes would have on its ability to keep the list of citable offenses current. However, CMA believes that this proposal would have a more substantive impact. If this is the intent of the Board, then the Board should have this discussion and clearly identify which codes it intends to add to the list of citable offenses and continue to maintain that list in regulation.

For these reasons, CMA requests that the Board to revert to the former approach to drafting regulations and list each code section to clearly identify which sections the Board intends to reserve the right to issue a citation for.

Board Response to Comment #8:

The Board reiterates its response to Commenter #7's comments in paragraph B. noted above. As to prior policy discussions, the Board did discuss in detail at various meetings the policy change allowing the Board to have authority to issue citations and fines and abatement orders for any violation that the Board has statutory authorization and jurisdiction to issue. The reasons for the proposed rulemaking were presented to the Board and discussed at public Board meetings on January 19, 2023, August 17, 2023, and August 15, 2024 (see the list in the "Underlying Data" section in the Initial Statement of Reasons and available upon request from the Contact Persons listed in the Notice). The Board did not have any concerns at those meetings and unanimously approved this proposal. This proposal aligns the statutes with the regulations and authorizes the Board to issue citations and fines and abatement orders for any statute or regulation which they are authorized to enforce. Additionally, this provides the Board more enforcement remedies that are not disciplinary in nature for cases that the Board concludes does warrant enforcement action, but not disciplinary action. Citations, fines, and abatement orders are not considered discipline. ("[T]he greatest sanction that could be imposed in the citation proceeding itself was a fine or penalty, not suspension or revocation of his license." *Owen v. Sands* (2009) 176 Cal.App.4th 985, 994.)

The allegation that the Notice of Proposed Action (Notice) for this rulemaking did not address the scope of this policy decision lacks merit in light of the fact that the Notice specifically provides the following references related to this proposed policy change:

> The Board's cite and fine regulatory CCR sections 1659.30,1659.31, 1659.32, 1659.33, 1659.34, and 1659.35 are outdated and need updating. Existing law at BPC section 125.9 authorizes the Board to establish, by regulation, a system for the issuance to a licensee of a citation where the licensee is in violation of the applicable licensing act or any regulation adopted by the Board. Section 125.9(c) also authorizes the Board, in its discretion, to limit citations to only particular violations of the applicable licensing act or regulations. **Existing regulations at CCR section 1659.31 reflect Board policy at the time to issue citations and fines for only particular violations of laws or regulations. This proposal would, instead, allow the Board to cite and fine for violation of any laws or regulations under the Board's jurisdiction, including violations of the Osteopathic Act (as established as an Initiative Measure), the Medical Practice Act, the Confidentiality of Medical Information Act, any Board regulation in Division 16, or any other statute or regulation upon which the Board may base a disciplinary action**. (Emphasis added.) (Notice, p. 4.)

Amend 1659.31. This section revises the title, adds authority for the Executive Director to delegate their authority to a designee, clarifies fine amounts, and repeals and adds factors for determining fine amounts, as specified. Existing text at subsection (a) limits, in accordance with BPC section 125.9(c)(2), the issuance of citations with orders or abatement and the assessment of administrative fines to only particular violations of the Board's applicable licensing laws and regulations. This proposal would revise and add language that consolidates existing licensing act and regulations citation authority into broader categories that cover all provisions under the jurisdiction of the Board including violations of the Osteopathic Act (as established as an Initiative Measure), the Medical Practice Act, the Confidentiality of Medical Information Act, or any other statute or regulation upon which the Board may base a disciplinary action.

Further this Notice was approved by the Office of Administrative Law (OAL) prior to the Board initiating the 45-day comment period. Part of the rulemaking process includes OAL reviewing and approving the notice of rulemaking to determine that it complies with the Administrative Procedure Act (APA).

The Board rejects these comments and makes no changes to the language of the regulations based thereon.

Commenter # 9. Kelly Parker, Sr Director, External Affairs and Government Relations, CE Broker by Propelus comment letter received by email and dated 1/3/2025.

Comments Summary:

A. The Commenter supports the Board's effort to update its regulations but has the following comments. One concern is that reducing the CME reporting period from 3 years to 2 years, along with changes to the CME requirements as proposed in §1635, "will lead to confusion among professionals and increase customer service demands (calls/emails) at the board if the rollout is not managed efficiently and effectively." The Commenter asserts that "professionals prefer using technology solutions for continuing education compliance" and touts the benefits of digital tools, technology for tracking credits, in digital platforms. He highlights the concept of modernized platforms to integrate directly with licensing boards, "enabling automatic submission of CME credits and updates to licensing status, removing the need for manual uploading of documentation."

The Commenter strongly encourages the Board "to modernize the processes with a digital continuing education management solution" to enhance efficiency, "enabling board staff to

fully automate audits and achieve 100% automation when managed through a digital platform."

B. The Commenter notes that the proposed changes in section 1641, as well as the proposed changes in sections 1659.30-1659.35, provide further detail and clarification on the cite and fine provisions, but cautions that "they should be carefully calibrated to ensure they serve as both a deterrent and an opportunity for correction." "With the features listed above regarding automated CME tracking and reporting, a digital platform can also assist board staff in determining exactly where a licensee is deficient in their compliance, and to what extent. This is crucial in calculating the appropriate sanction to remedy that deficiency, further lightening the load on staff and making the disciplinary process more efficient, effective, and fair." In summary, the Commenter encourages the Board to adopt an automated, digital CE management system.

Board Response to Comment #9, paragraph A.:
For the following reasons and the reasons set forth above in responses to Commenter #7, the Board rejects these comments and declines to make any changes to the proposed regulations in response to these comments.

The concern raised about changing the CME cycle from 3 years to 2 years was one of many statutory changes made in 2017 by SB 798, chapter 775, Statutes of 2017 that became effective January 1, 2018. Other changes made in that bill included: eliminating the even and odd year issuance of licenses, aligning the CME and the renewal cycles to be the same date of issuance period rather than different cycles. All of these changes simplified and streamlined the Board's licensure requirements that were a source of confusion prior to enactment of this bill. This rulemaking updates the regulations to remove any conflict between the Board's statutes and current regulations that do not account for these statutory changes and make all regulatory requirements consistent with the various statutes that govern licensees as noted in prior responses to comments.

This proposal is not intended to address or impose technology requirements and does not authorize the Board to purchase technology from a private vendor to automate its processes. That authorization occurs outside of the rulemaking process in compliance with state procurement laws and regulations.

Board Response to Commenter #9, paragraph B.
As noted above, this proposal is not intended to address or impose technology requirements and does not authorize the Board to purchase technology from a private vendor to automate its processes. That authorization occurs outside of the rulemaking process in compliance with state procurement laws and regulations.

The Board rejects these comments and makes no changes to the language of the regulations based thereon.

Action Requested

The Board members should review the comments in **Attachment 5** and staff's recommended responses provided above and consider whether to accept or reject any of these comments. After review, the Board may consider any of the following actions:

Proposed Motion Language – Response to Comments:

Motion A (If there are **no changes** to the proposed responses by members):

Direct staff to proceed as recommended to reject the adverse comments as specified and provide the responses to all comments as indicated in the staff recommended responses as set forth in the meeting materials.

Motion B (If there are **changes** to the proposed responses by members):

Direct staff to accept the following comment(s) and make the following edits to the text [identify comments to accept or reject and text to change here], but otherwise proceed as recommended to acknowledge or reject the other comments and provide the responses to the comments as set forth in the meeting materials

B. Discussion and Possible Action to Consider Adoption of Proposed Amendments to 16 CCR Sections 1635, 1636, 1638, 1641,1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35 and Repeal of 16 CCR Sections 1639 and 1640.

Agenda Item 16 Proposed Text Modifications:

Staff has identified suggested text changes in the proposed regulations. The originally proposed text in **Attachment 1** lists all proposed exemptions to the CME requirement in BPC section 2190.5 (12-hours in the subjects of pain management and terminally ill and dying patients) in CCR section 1635(f) and the associated documentation requirements in CCR section 1636(b). Currently, the proposal lists exemptions for:

(1) physicians practicing in pathology or radiology (required to be exempted by law),
(2) physicians not engaged in direct patient care,

(3) physicians that do not provide patient consultations,
(4) physicians that do not reside in the State of California,
(5) physicians who have completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients; and,
(6) physicians who are deemed a "qualifying physician" as specified in BPC section 2190.6.

It has come to staff's attention that the currently drafted text involving the exemption for physicians residing in another state should be reconsidered for the following reasons.

Allowing the exemption based on out-of-state residence is discretionary.

The originally proposed language contains an unfettered exemption from the 12-hour CME pain management course for physicians that do not reside in California. BPC section 2190.5 states, in pertinent part:

> (b) By regulatory action, the board may exempt physicians and surgeons by practice status category from the requirement in subdivision (a) if the physician and surgeon does not engage in direct patient care, does not provide patient consultations, or does not reside in the State of California. (Emphasis added.)

By law, the Board may therefore, exercise its discretion to grant or not grant such an exemption to this CME requirement. Currently, the proposal lists exemptions for:
(1) physicians practicing in pathology or radiology (required to be exempted by law),
(2) physicians not engaged in direct patient care,
(3) physicians that do not provide patient consultations,
(4) physicians that do not reside in the State of California,
(5) physicians who have completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients; and,
(6) physicians who are deemed a "qualifying physician" as specified in BPC section 2190.6.

The currently proposed exemption based on residence may result in unintended consequences that may be considered contrary to State policy.

The law at BPC section 2190.5 and the exemption options upon which this current regulatory proposal at CCR 1635(f) is based was enacted by Assembly Bill 487 in 2001. That bill was enacted in response to the following policy concerns, provided here in pertinent part:

> For the past 20 years, medical journals have reported that physicians consistently fail to manage their patient's pain appropriately. These studies also consistently report that the single most important cause of this problem is lack of physician knowledge and awareness regarding appropriate pain management treatments. It is also the intent of the Legislature that this act serve to broaden and update **all** physicians' knowledge bases regarding appropriate care and treatment of terminally ill and dying patients. The Legislature intends that this act provide for the continuing education of **all** physicians on these two

topics of medical care. (AB 487, Stats. 2001, Ch. 518, § 1.) (Emphasis added.)

The out of state residence exemption option was apparently included in AB 487 to address those physicians residing in other states who had no California patients. However, the Legislature may not have considered that physicians residing out of state who hold a license issued by this Board may, nevertheless, provide direct patient care or consultations via telehealth or other means to California patients. This is further evidenced by the fact that: (1) the Legislature did not pass any laws relating to telehealth practice until 2011, when BPC section 2290.5 was enacted per Assembly Bill 415, and (2) since 2001, the delivery of health care service and public health information via telehealth has expanded and appears to be a more constant and significant mode of delivering medical care.

Allowing an outright exemption to this CME requirement based only on residence would possibly frustrate the intent and purpose behind enactment of BPC section 2190.5 by resulting in: (1) not all physicians taking the 12-hour pain management CME course when they do in fact provide direct patient care and consultations regarding a California patient; and, (2) disproportionate application of the CME requirements, as only physicians not "residing" in the State would be exempted, while all physicians residing in the State would be required to take the training unless otherwise exempted.

To address these concerns, staff and Regulations Counsel recommend that the exemption originally proposed at CCR section 1635(f)(4) would be deleted and references to the associated documentation required to prove out-of-state residence in CCR section 1636(b)(4) would also be deleted. Cross-references and numbering would be corrected throughout the proposal to accommodate the removal of CCR sections 1635(f)(4) and 1636(b)(4) and (d)(4). Substantive amendments to 1635 would include as follows:

(f) Osteopathic physicians and surgeons ("physicians") meeting any of the following criteria at the time of renewal shall be deemed exempt from the requirements of subsection (e)(1):

(1) Physicians practicing in pathology or radiology specialty areas as required by Section 2190.5 of the Code;

(2) Physicians not engaged in direct patient care~~, meaning~~. "Direct patient care" means ~~no~~ personal contact or face-to-face interaction with ~~the~~ a patient located in California ("California patient"), including health assessments, counseling, treatments, patient education, prescribing or administering medications, or any task authorized by the Act or described in Sections 2051 or 2052 of the Code that involves personal interaction with the California patient. "Personal contact" shall include communication by any method of direct interaction with the patient or via telehealth as provided in Section 2290.5 of the Code;

(3) Physicians that do not provide patient consultations regarding a California patient;

~~(4) Physicians that do not reside in the State of California;~~

(~~5~~4) Physicians who have completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(~~6~~5) Physicians who are deemed a "qualifying physician" as specified in Section 2190.6 of the Code, which means a physician meets any of the following conditions: . . . (p. 4 of **Attachment 6**)

Substantive amendments to CCR section 1636(b) would include:

(4) If the licensee has not completed the pain management course referenced in subsection (b)(3), whether the licensee meets any of the following criteria:

(A) The licensee is practicing in pathology or radiology specialty areas,

(B) The licensee is not engaged in direct patient care as defined in Section 1635,

(C) The licensee does not provide patient consultations regarding a patient located in California,

~~(D) The licensee does not reside in the State of California;~~

(~~E~~D) The licensee completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(~~F~~E) The licensee meets one of the conditions listed in paragraph (~~6~~5) of subsection (f) of Section 1635 for a "qualifying physician."

Substantive amendments to CCR section 1636(d) would include:

(4) For any exemptions from CME requirements claimed by the licensee in paragraph (4) of subsection (b), the following documentation, as applicable:

(A) For claims of practice exemption per paragraph (4), subparagraphs (A)-(C) of subsection (b), copies of employment records or letters or other documents from an employer showing the licensee's name, dates of practice, and confirming the type of practice claimed as represented by the licensee on their report;

~~(B) For claims of out-of-state residency per paragraph (4), subparagraph (D) of subsection (b), copies of an unexpired drivers' license or other state-issued identification in the name of the licensee, or utility bills, bank or mortgage statements, vehicle registration or insurance documents, or tax documents showing the licensee's name and out-of-state address and dated within the last 3 months prior to the date of submission to the Board.~~

(~~C~~B) For claims of completion of alternative CME coursework as specified in paragraph (4), subparagraphs (~~E~~D) or (~~F~~E) of subsection (b), any of the documents specified in paragraphs (1)-(3) of this subsection.

(~~D~~C) (i) For claims of exemption as a "qualifying physician" based on specialty certification as specified in

paragraph (4), subparagraph (~~F~~E), certification received directly from the applicable certifying body of the licensee's certification in a specialty that includes a document containing, at minimum, the following: . . .

The full modified text of the proposed regulations is included as **Attachment 6**.

Documents Added to the Rulemaking File:

To adopt regulations lawfully, the Board must comply with the rulemaking provisions and procedures of the California Administrative Procedure Act (APA, Gov. Code, §§ 11340 et seq.). In accordance with the APA, all documents "incorporated by reference" in a regulation are considered part of the regulation and any agency adopting or repealing any document incorporated by reference must comply with the same notice and availability requirements as required for other parts of the regulatory text (Cal. Code Regs., tit. 1, § 20). "Incorporation by reference" occurs when a regulation in the California Code of Regulations incorporates another document by referencing it. Once incorporated material is approved by OAL for filing with the Secretary of State, the documents are legally considered a regulation and subject to the same standards as other regulations.

This proposal proposes to repeal an AOA Guide and an AMA Guide ("Guides") from 1986 and 1992 (see **Attachment 2**) that have been incorporated by reference by the Board in CCR section 1635 (see p. 3 of **Attachment 1** showing "strikethrough" of text referencing those Guides). Upon review, it was discovered that the Guides with the "Repealed" watermark were not filed, posted on the Board's website, or circulated for public comment along with the proposed regulatory language.

Consequently, to ensure that all proposed regulatory changes and an explanation for these latest changes are included as part of the rulemaking file, Regulations Counsel recommends adding the following to the rulemaking file, which must be noticed for public comment with the modified text for an additional 15 days in compliance with the APA and Section 44 of Title 1 of the CCR:

> (1) the American Osteopathic Association's "Continuing Medical Education Guide," incorporated by reference and published in 1992 and,
>
> (2) the "Physicians Recognition Award Information Booklet," published by the American Medical Association in January, 1986.
>
> (3) An Addendum to the Initial Statement of Reasons explaining the proposed changes to the rulemaking.
>
> (4) Assembly Bill No. 487 (Stats. 2001, Ch. 518), enacting BPC section 2190.5.

These documents are attached to this memorandum for the Board's review and approval to add to the rulemaking file at **Attachment 2**.

Action Requested

Staff recommends the Board consider and approve the proposed modified text and documents added to the rulemaking file and direct staff to take all steps necessary to complete the rulemaking process. Board members should review this memorandum and all attachments and consider one of the following actions.

Option A: (Agree with staff recommendation):

Approve the documents added to the rulemaking file in **Attachment 2** and the proposed modified text in **Attachment 6** and direct staff to take all steps necessary to complete the rulemaking process, including sending out the modified text and notice of the addition of documents added to the rulemaking file for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Director to make any non-substantive changes to the proposed regulations and the rulemaking documents, and adopt the proposed regulations as provided in the modified text in **Attachment 6.**

Option B: If the Board disagrees with the staff recommendation to reject all comments or has further changes to the regulatory text in addition to correcting the notice and filing errors, please entertain a motion to:

Approve the documents added to the rulemaking file in **Attachment 2** and approve **Attachment 6** with proposed modified regulatory text that includes the following changes to [describe amendments here]. Further, the Board directs staff to take all steps necessary to complete the rulemaking process, including sending out modified text with these changes and notice of the addition of documents to the rulemaking file for an additional 15-day comment period. If after the 15-day public comment period, no adverse comments are received, authorize the Executive Director to make any non-substantive changes to the proposed regulations and the rulemaking documents, and adopt 16 CCR Sections 1635, 1636, 1638, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35 and Repeal 16 CCR Sections 1639 and 1640 as provided in the noticed modified text**.**

Attachments:

1. Originally Proposed Regulatory Language, which incorporates by reference the following attached forms to be repealed: (1) the American Osteopathic Association's "Continuing Medical Education Guide," published in 1992 and, (2) the "Physicians Recognition Award Information Booklet," published by the American Medical Association in January, 1986.

2. Documents added to the rulemaking file:
   (1) the American Osteopathic Association's "Continuing Medical Education Guide," incorporated by reference and published in 1992 showing "Repealed."

(2) the “Physicians Recognition Award Information Booklet," incorporated by reference and published by the American Medical Association in January, 1986 showing “Repealed.”
(3) Addendum to the Initial Statement of Reasons.
(4) Assembly Bill No. 487 (Stats. 2001, Ch. 518), enacting BPC section 2190.5.

3. Notice of Hearing on Proposed Regulatory Action Concerning: Continuing Medical Education and Audits and Cite and Fines.

4. Certified transcript of the Board’s regulatory hearing held on January 8, 2025.

5. All written comments received during the public comment period.

6. Proposed Modified Text, which incorporates by reference the following attached forms to be repealed: (1) the American Osteopathic Association’s “Continuing Medical Education Guide,” published in 1992 and, (2) the “Physicians Recognition Award Information Booklet," published by the American Medical Association in January, 1986.

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE

Continuing Education Requirements and Citations and Fines

The amendment format is as follows: Existing language remains unchanged; proposed changes to regulation text are indicated in single underline for additions and single ~~strikethrough~~ for deletions.

The Osteopathic Medical Board of California hereby proposes to amend its regulations in Sections 1635, 1636, 1638,1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35, and repeal Sections 1639 and 1640 of Division 16 of Title 16 of the California Code of Regulations to read as follows:

§1635. Required Continuing Medical Education ~~(CME)~~.

(a) Each osteopathic physician and surgeon submitting the tax and registration fee shall submit satisfactory proof to the Board of ongoing compliance with the provisions of this article at the times specified herein.

(b) ~~Commencing January 1, 1989, a~~ As a condition of renewal, each osteopathic physician and surgeon ~~shall complete 150 hours within a three-year period~~ shall complete the continuing medical education (CME) requirements set forth in Section 2454.5 of the Code and this section during the two years immediately preceding their license expiration date, unless otherwise provided in this section or a waiver is obtained as provided in Section 1637. ~~to satisfy the CME requirement;~~ ~~t~~This ~~three~~ two-year period is defined as the "CME requirement period." Each osteopathic physician and surgeon shall provide satisfactory documentation of their CME completion or exemption to the Board as specified in Section 1636.

(c) ~~The requirement of 150 hours during the three-year CME requirement period shall include a minimum of 60 hours of CME in Category 1-A or 1-B defined by the American Osteopathic Association (AOA). The balance of the CME requirement of 90 hours may consist of CME as defined by either the American Osteopathic Association (AOA) or the American Medical Association (AMA) and may be completed within the entire three-year CME requirement period.~~ CME courses shall also meet the following criteria to be acceptable:

(1) Any CME course that includes a direct patient care component and is offered by a CME provider located in this state shall contain curriculum that includes cultural and

linguistic competency and an understanding of implicit bias in the practice of medicine as provided in Section 2190.1 of the Code. "Direct patient care" shall have the meaning as set forth in paragraph (2) of subsection (f).

(2) Any CME courses taken that meet the criteria in Section 2190.15 of the Code shall not together comprise more than 15 hours of the total hours of CME completed by an osteopathic physician and surgeon to satisfy the continuing educational requirement established by Section 2454.5 of the Code.

(d) ~~Effective January 1, 1989, the three-year CME period shall commence for those licensed on or before January 1, 1989.~~ For ~~T~~those osteopathic physicians and surgeons licensed ~~subsequent to~~ on or after January 1, ~~1989~~2023, the initial CME requirement period ~~shall commence their three-year CME requirement period on a prorata basis commencing the first full calendar year subsequent to initial licensure~~shall be from the date of initial licensure to the first license expiration date. Subsequent ~~three~~ two-year CME requirement periods shall not include CME earned during a preceding ~~three~~ two-year CME requirement period.

(e) In addition to meeting the requirements of subsections (b) and (c), as a condition of renewal, unless otherwise exempted or a waiver is obtained as specified in this section, osteopathic physicians and surgeons shall complete the following:

(1) a one-time, 12-hour CME course in pain management and the treatment of terminally ill and dying patients meeting the requirements of this section and Section 2190.5 of the Code within four years of their initial license or by their second renewal date, whichever occurs first.

(A) At a minimum, course content for a course in pain management and the treatment of terminally ill and dying patients shall include the practices for pain management in medicine, palliative and end-of-life care for terminally ill and dying patients, and the risks of addiction associated with the use of Schedule II drugs.

(B) For the course component involving the risks of addiction associated with the use of Schedule II drugs mentioned in subsection (e)(1)(A), at a minimum, the course content shall include regulatory requirements for prescribers and dispensers, strategies for identifying substance use, and procedures and practices for treating and managing substance use disorder patients.

(C) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician and

surgeon is required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(2) a course on the risks of addiction associated with the use of Schedule II drugs that contains, at a minimum, the course content specified in subsection (e)(1)(B).

(A) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician and surgeon is required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(B) The Board shall deem this requirement to be met for the applicable CME requirement period if the osteopathic physician and surgeon completed the 12-hour CME course specified in subsection (e)(1) during that CME requirement period.

(3) if applicable, all general internists and family osteopathic physicians and surgeons who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 10 hours in a course required by Section 2190.3 of the Code.

~~(e) Category 1-A, or other CME is defined by the American Osteopathic Association (AOA), set forth in the American Osteopathic Association's "Continuing Medical Education Guide,~~" and is hereby incorporated by reference and can be obtained from the AOA at 142 E. Ontario Street, Chicago, IL 60611; it is published once every three years by the AOA most recently in 1992. ~~Category 1 defined by the American Medical Association is set forth in "Physicians Recognition Award Information Booklet," and is hereby incorporated by reference and can be obtained from the American Medical Association, 515 North State Street, Chicago, IL 60610; it is published on an occasional basis by the AMA, most recently in January, 1986.~~

(f) Osteopathic physicians and surgeons ("physicians") meeting any of the following criteria at the time of renewal shall be deemed exempt from the requirements of subsection (e)(1):

(1) Physicians practicing in pathology or radiology specialty areas as required by Section 2190.5 of the Code;

(2) Physicians not engaged in direct patient care, meaning no personal or face-to-face interaction with the patient, including health assessments, counseling, treatments, patient education, prescribing or administering

medications, or any task authorized by the Act or described in Sections 2051 or 2052 of the Code that involves personal interaction with the patient;

(3) Physicians that do not provide patient consultations;

(4) Physicians that do not reside in the State of California;

(5) Physicians who have completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(6) Physicians who are deemed a "qualifying physician" as specified in Section 2190.6 of the Code, which means a physician meets any of the following conditions:

(A) The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties,

(B) The physician holds an addiction certification from the American Society of Addiction Medicine or the American Board of Addiction Medicine,

(C) The physician holds a board certification in addiction medicine from the American Osteopathic Association.

(D) The physician has completed not less than eight hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, or the American Psychiatric Association. Such training shall include:

(aa) opioid maintenance and detoxification;

(bb) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;

(cc) initial and periodic patient assessments (including substance use monitoring);

(dd) individualized treatment planning, overdose reversal, and relapse prevention;

(ee) counseling and recovery support services;

(ff) staffing roles and considerations;

(gg) diversion control; and,

(hh) other best practices.

(E) The physician has participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule Ill, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the U.S. Secretary of Health and Human Services by the sponsor of such approved drug.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2190.5, 2454.5, 2456.1 and 3600-1, Business and Professions Code. Reference: Section 2190.1, 2190.15, 2190.3, 2190.5, 2190.6, 2452, 2454.5, Business and Professions Code.

§1636. Continuing Medical Education ~~Progress Report~~ Documentation.

(a) Osteopathic ~~P~~physicians and surgeons shall report the total number of continuing medical education (CME) hours as provided in subsection (b) to the Board with the renewal application. ~~This may be accomplished by:~~

~~(a) The physician sending the Board a copy of their computer printout of CME activity as compiled from documents submitted to the AOA Division of Continuing Medical Education by both sponsors and the physician (Individual Activity Report) which will list the amount of CME credit hours, or~~

~~(b) Sending the Board copies of any certificates given for the CME credit hours of attendance at any program approved by the Board, or~~

~~(c) Reports from any program approved by the Board, to be furnished by the physician, showing his CME credit hours of attendance hours as verified by the program organizer.~~

~~(d) CME categories are defined by Section 1635(e).~~

(b) For the purposes of Section 1635, satisfactory documentation shall mean a written statement to the Board, signed and dated by the osteopathic physician and surgeon ("licensee"), that includes disclosures of all of the following:

(1) The following personally identifying information:

(A) Licensee's full legal name (first, middle, last, suffix (if any)),

(B) Licensee's license number,

(C) Mailing address,

(D) Telephone number; and,

(E) Email address, if any.

(2) Whether during the two years immediately preceding their license expiration date, the licensee completed a minimum of 50 hours of American Osteopathic Association (AOA) CME, of which at least:

(A) 20 hours were completed in AOA Category 1 CME as defined in Section 2454.5 of the Code, and,
(B) the remaining 30 CME hours were earned for coursework accredited by either the AOA or the American Medical Association (AMA).

(3) Whether within four years of their initial licensure or by their second renewal, the licensee completed a one-time 12-hour CME course in the subjects of pain management and the treatment of terminally ill or dying patients ("pain management course") as specified by Section 1635.

(4) If the licensee has not completed the pain management course referenced in subsection (b)(3), whether the licensee meets any of the following criteria:

(A) The licensee is practicing in pathology or radiology specialty areas,

(B) The licensee is not engaged in direct patient care as defined in Section 1635,

(C) The licensee does not provide patient consultations,

(D) The licensee does not reside in the State of California;

(E) The licensee completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients,

including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(F) The licensee meets one of the conditions listed in paragraph (6) of subsection (f) of Section 1635 for a “qualifying physician.”

(5) Whether during the two years immediately preceding their license expiration date, the licensee completed a course on the risks of addiction associated with the use of Schedule II drugs as specified in Section 1635, including a course in pain management as referenced in subsection (b)(3).

(6) Whether the licensee obtained a waiver from the Board for all or any portion of the current CME requirements specified in Section 1635 for this CME reporting period in accordance with Section 1637.

(7) A certification by the licensee under penalty of perjury under the laws of the State of California that all statements made in response to disclosures required by subsections (b)(1)-(6) are true and correct.

(c) Licensees who have reported CME compliance as specified in this section shall be subject to random audit of their CME hours. Within 65 days of the date of the Board’s written request, those licensees selected for audit shall be required to document their compliance with the CME requirements of this article and shall be required to respond to any inquiry by the Board regarding compliance with this article and/or provide to the Board the records retained pursuant to subsection (d).

(d) Each licensee shall retain documents demonstrating compliance as provided in this subsection for each CME requirement period for six years from the completion date of the course(s) or condition(s) claimed as credit towards satisfaction of, or exemption from, the requirements of Section 1635. Those licensees selected for audit shall be required to submit documentation of their compliance with the CME requirements as specified by this article. Documents demonstrating compliance include any of the following:

(1) A copy of their individual CME Activity Summary report as compiled from documents submitted to the AOA’s Continuing Medical Education Program by both sponsors and the licensee which includes, at a minimum, all of the following on official AOA letterhead or other document issued by the AOA bearing an AOA insignia:

(A) Licensee’s name;

(B) Licensee's license number, and,

(C) All CME course credits reported to the AOA during the relevant CME reporting requirement period, including: (i) CME course or activity name, (ii) CME sponsor/provider name, (iii) CME credit type (e.g., Category type, for example Category 1A or 1B), (iv) CME credit hours earned or each course or activity by the licensee and submitted by the licensee for AOA approval, (v) all credits applied or accepted by the AOA by course or activity, and, (vi) completion dates for each CME course or activity.

(2) Copies of any transcripts or certificates of completion from a CME course provider accredited by the AOA or AMA which list, at a minimum, all of the following:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance,

(E) the name of the CME provider, and,

(F) For AOA accredited courses, CME credit type (e.g., Category type, for example Category 1A or 1B).

(3) For AMA accredited CME course hours earned, reports from any CME course provider accredited by AMA, to be furnished by the licensee, and listing at a minimum:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance, and,

(E) the name of the CME provider.

(4) For any exemptions from CME requirements claimed by the licensee in paragraph (4) of subsection (b), the following documentation, as applicable:

(A) For claims of practice exemption per paragraph (4), subparagraphs (A)-(C) of subsection (b), copies of employment records or letters or other documents from an employer showing the licensee's name, dates of practice, and confirming the type of practice claimed as represented by the licensee on their report;

(B) For claims of out of state residency per paragraph (4), subparagraph (D) of subsection (b), copies of an unexpired drivers' license or other state-issued identification in the name of the licensee, or utility bills, bank or mortgage statements, vehicle registration or insurance documents, or tax documents showing the licensee's name and out of state address and dated within the last 3 months prior to the date of submission to the Board.

(C) For claims of completion of alternative CME coursework as specified in paragraph (4), subparagraphs (E) or (F) of subsection (b), any of the documents specified in paragraphs (1)-(3) of this subsection.

(D) (i) For claims of exemption as a "qualifying physician" based on specialty certification as specified in paragraph (4), subparagraph (F), certification received directly from the applicable certifying body of the licensee's certification in a specialty that includes a document containing, at minimum, the following:

(aa) Licensee's name;

(bb) Licensee's address,

(cc) Name of the specialty board,

(dd) Name of specialty,

(ee) Date certification in the specialty was issued,

(ff) Date certification in the specialty expires, and,

(gg) on official letterhead or other document issued by the specialty organization bearing their insignia.

Submission of a licensee's Official Physician Profile Report from the American Osteopathic Association directly to the Board electronically that lists the specialty certifications claimed by the licensee shall be deemed compliant with the requirements of this paragraph.

(ii) For claims of exemption as a “qualifying physician” due to the licensee being an investigator in one or more clinical trials leading to the approval of a narcotic drug as specified by Section 1635, a copy of a letter or other document, signed and dated by the sponsor showing submission of a statement from the sponsor to the U.S. Secretary of Health and Human Services that includes the licensee’s name and that the licensee was an investigator in one or more clinical trials leading to the approval of a specified narcotic drug in schedule Ill, IV, or V for maintenance or detoxification treatment.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 2190.6, 2190.5, ~~and~~ 2452 and 2454.5, Business and Professions Code.

§1638. CME Requirement for Inactive Certificate.

(a) The holder of an inactive certificate is exempt from CME requirements.

(b) In order to restore a certificate to active status the licensee shall ~~have completed a minimum of 20 hours Category 1-A as defined by the American Osteopathic Association (AOA) during the 12-month period immediately preceding the licensee’s application for restoration~~comply with the requirements for restoring an inactive certificate to an active status in Section 1646.

~~(c) CME categories are defined by sections 1635 (e).~~

NOTE: Authority cited: Osteopathic Act (initiative Measure, Stats. 1923, p. xciii), Section 1: and Sections 2454.5, and 3600-1, Business and Professions Code. Reference: Sections 704, and 2454.5, Business and Professions Code.

§1639. Approved Continuing Medical Education.

~~The following CME programs are approved for credit:~~

~~(a) Those programs certified by the American Osteopathic Association (AOA) as category I and II credit and those certified by the American Medical Association (AMA) as category I.~~

~~(b) Those programs which qualify for prescribed credit from the AOA specialty groups.~~

~~(c) Those programs meeting the criteria set forth in Section 1640 and offered by other organizations and institutions.~~

~~(d) CME categories are defined by Section 1635 (e).~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1223, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2190, and 2452, Business and Professions Code.

§1640. Criteria for Approval of CME Programs.

(a) Each program in which a license participates shall be administered in a responsible, professional manner.

(b) Programs referred to in Section 1639 (c) shall be measured on a clock hour to clock hour basis and shall meet the following criterial in order to be approved.

(1) Faculty: the program organizer shall have a faculty appointment in an educational institution accredited or approved pursuant to the Education Code Section 94310 or 94312, or be qualified in other specialized fields directly related to the practice of medicine. The curriculum vitae of all faculty members and organizers shall be kept on file by the program organizer.

(2) Rationale: The need for the program and how the need was determined shall be clearly stated and maintained on file by the program organizer.

(3) Program Content: Program content shall be directly related to patient care, community or public health.

(4) Education Objectives: Each program shall clearly state educational objectives that can be realistically accomplished within the framework of the program.

(5) Method of Instruction: Teaching methods for each program shall be described, e.g., lecture, seminar, audio-visual, simulation, workshops or other acceptable modalities.

(6) Evaluation: Each program shall include an evaluation method which documents that educational objectives have been met, e.g., written evaluation by each participant (questionnaire).

(7) Course organizers shall maintain a record of attendance of each participant.

(c) The Board will randomly audit courses or programs submitted for credit in addition to any course or program for which a complaint is received. If an audit is made, course organizers will be asked to submit to the Board:

(1) Organizer(s) faculty curriculum vitae;

~~(2) Rationale for course;~~

~~(3) Course content;~~

~~(4) Educational objectives;~~

~~(5) Teaching methods;~~

~~(6) Evidence of evaluation;~~

~~(7) Attendance records.~~

~~(d) Credit toward the required hours of continuing education will not be received for any course deemed unacceptable by the Board after an audit has been made pursuant to this section.~~

~~Note: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600- 1, Business and Professions Code. Reference: Sections 2190 and 2452, Business and Professions Code.~~

§1641. Sanctions for Noncompliance.

(a) Any osteopathic physician and surgeon who has not satisfied the CME requirements ~~completed 150 hours of approved CME or the prorated share~~ pursuant to Section 1635~~(d)~~ during the ~~three~~ two-year CME requirement period will be required to make up any deficiency unless a waiver is obtained pursuant to Section 1637. Any physician and surgeon who fails to complete the deficient hours or provide satisfactory documentation of CME completion as provided in Section 1636 shall be ineligible for renewal of ~~his or her~~ their license to practice medicine until such time as the deficient hours of CME are documented to the Board.

(b) It shall constitute unprofessional conduct and grounds for a citation and fine or disciplinary action, including the filing of an accusation, for any osteopathic physician and surgeon to misrepresent ~~his or her~~ their compliance with the provisions of this article, to fail to provide accurate or complete information in response to a Board inquiry, or ~~who~~ to fail~~s~~ to comply with the provisions of this article.

~~(c) Each physician shall retain records for a minimum of four years of all CME programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization and the accrediting organization, if any.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 125.9, 2018, 2454.5 and 3600-1, Business and Professions Code. Reference: Sections 125.9, 2234, 2452 and 2454.5, Business and Professions Code.

§ 1646. Procedure for Obtaining an Inactive Certificate or for Restoration to Active Status.

(a) Any physician and surgeon desiring an inactive certificate shall submit an application to the Board (License Renewal OMB.2 or OMB.2a Rev.11/94).

(b) In order to restore an inactive certificate to an active status, the licensee shall have completed a minimum of 20 hours of Category 1 ~~A~~ CME as defined by the American Osteopathic Association (AOA) during the ~~preceding~~ 12-month period immediately preceding the licensee's completed application for restoration, submit a completed application for restoration, ~~and~~ pay the fee set forth in Section 1690 of this Division and the Controlled Substance Utilization Review and Evaluation System (CURES) fee currently required by Section 208 of the Code. A completed application for restoration includes the following:

(1) Licensee's Full Name (First), (Middle), (Last), (Suffix, if any),

(2) Licensee's License (Certificate) Number,

(3) Licensee's Address,

(4) Licensee's Email Address,

(5) Licensee's Telephone Number,

(6) An affirmative statement that during the 12-month period immediately preceding the date of the filing of this application, the licensee completed a minimum of 20 hours in AOA Category 1 CME, and,

(7) The following statement, signed and dated by the licensee: "I am requesting that the Osteopathic Medical Board of California activate my license."

(c) The inactive status of a certificate holder shall not deprive the Board of its authority to institute or continue a disciplinary proceeding against the licensee on any ground

provided by law or to enter an order suspending or revoking the certificate or otherwise taking disciplinary action against the licensee on any ground.

~~(d) CME categories are defined by Section 1635(e).~~

(~~e~~d) The processing times for obtaining an inactive certificate or reactivating an inactive certificate to active status are set forth in Section 1691.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p, xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 701, 704 and 2454.5, Business and Professions Code.

§1659.30. Authority to Issue Citations and Fines.

(a) For purposes of this article, “executive director” shall mean the executive director of the ~~b~~Board.

(b) The executive director or their designee is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement, ~~and~~ administrative fines, or both, for violations by a licensed osteopathic physician and surgeon or a postgraduate training licensee of the statutes and regulations referred to in Section 1659.31.

(c) A citation shall be issued whenever any fine is levied, or any order of abatement is issued. Each citation shall be in writing and shall describe with particularity the nature and facts of the violation, including a reference to the statute or regulations alleged to have been violated. The citation shall be served upon the individual personally, ~~or~~ by certified mail return receipt requested, or by regular mail at their last known address in accordance with Section 124 of the Code if the cited individual is a licensee.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-~~1~~, Business and Professions Code. Reference: Sections 124, 125.9, ~~and~~ 148 and 2064.5, Business and Professions Code.

§1659.31. ~~Citable Offenses.~~ Fine Amounts and Criteria to Be Considered

The amount of any fine to be levied by the executive director or their designee shall take into consideration the applicable factors listed in sub~~division~~section (b)~~(3) of Section 125.9 of the code and also the extent to which such person has mitigated or attempted~~

~~to mitigate any damage or injury caused by the violation~~. The fine shall be within the range<u>s</u> set forth below <u>in subsections (a) or (c), as applicable</u>.

(a)<u>(1)</u> The executive director <u>or their designee</u> may issue a citation under section 1659.30 for a violation against a licensee of the provisions listed in this section. <u>Unless otherwise provided in this section,</u> ~~T~~<u>t</u>he fine for a violation of the following code sections shall not <u>be less than $100 and shall not</u> exceed $2500~~, except as specified in items 34 and 41 below~~:

(~~1~~<u>A</u>) Business and Professions Code Section 119

(~~2~~<u>B</u>) Business and Professions Code Section 125

(~~3~~<u>C</u>) Business and Professions Code Section 125.6

(4<u>D</u>) Business and Professions Code Section 475(a)(1)

(~~5~~<u>E</u>) Business and Professions Code Section 490

(~~6~~<u>F</u>) Business and Professions Code Section 580

(~~7~~<u>G</u>) Business and Professions Code Section 581

(~~8~~<u>H</u>) Business and Professions Code Section 582

(~~9~~<u>I</u>) Business and Professions Code Section 583

(~~10~~<u>J</u>) Business and Professions Code Section 650

(~~11~~<u>K</u>) Business and Professions Code Section 651

(~~12~~<u>L</u>) Business and Professions Code Section 654

(~~13~~<u>M</u>) Business and Professions Code Section 654.1

(~~14~~<u>N</u>) Business and Professions Code Section 654.2

(~~15~~<u>O</u>) Business and Professions Code Section 655.5

~~(16) Business and Professions Code Section 655.6~~

~~(17)~~ <u>(P)</u> Business and Professions Code Section 702

~~(18)~~ <u>(Q)</u> Business and Professions Code Section 730

~~(19)~~ (R) Business and Professions Code Section 732

~~(20)~~ (S) Business and Professions Code Section 802~~(b)~~ (a)

~~(21)~~ (T) Business and Professions Code Section 802.1

~~(22)~~ (U) Business and Professions Code Section 810

~~(23) Business and Professions Code Section 2021~~

~~(24) Business and Professions Code Section 2052~~

~~(25) Business and Professions Code Section 2054~~

~~(26) Business and Professions Code Section 2216~~

~~(27) Business and Professions Code Section 2216.1~~

~~(28) Business and Professions Code Section 2216.2~~

~~(29) Business and Professions Code Section 2221.1~~

~~(30) Business and Professions Code Section 2236~~

~~(31) Business and Professions Code Section 2238~~

~~(32) Business and Professions Code Section 2240~~

~~(33) Business and Professions Code Section 2243~~

~~(34) Business and Professions Code Section 2244 ($1,000)~~

~~(35) Business and Professions Code Section 2250~~

~~(36) Business and Professions Code Section 2255~~

~~(37) Business and Professions Code Section 2256~~

~~(38) Business and Professions Code Section 2257~~

~~(39) Business and Professions Code Section 2259~~

~~(40) Business and Professions Code Section 2261~~

~~(41) Business and Professions Code Section 2262 ($500)~~

~~(42) Business and Professions Code Section 2263~~

~~(43) Business and Professions Code Section 2264~~

~~(44) Business and Professions Code Section 2266~~

~~(45) Business and Professions Code Section 2271~~

~~(46) Business and Professions Code Section 2272~~

~~(47) Business and Professions Code Section 2276~~

~~(48) Business and Professions Code Section 2285~~

~~(49) Business and Professions Code Section 2415~~

~~(50) Business and Professions Code Section 2454.5~~

~~(51) Business and Professions Code Section 2456.1~~

~~(52)~~ (V) Business and Professions Code Section 17500

~~(53)~~ (W) Health and Safety Code Section 123110

~~(54) Title 16 Cal. Code Regs. 1604~~

~~(55) Title 16 Cal. Code Regs. 1633~~

~~(56) Title 16 Cal. Code Regs. 1685~~

(X) Civil Code Section 56.10

(Y) Any provision of the Act

(Z) Any provision of the Medical Practice Act (Business and Professions Code section 2000, et seq.) relating to persons holding or applying for physician's and surgeon's certificates issued by the Board under the Act

(AA) Any regulation adopted by the Board under Division 16 of Title 16 of the California Code of Regulations

(BB) Any other statute or regulation upon which the Board may base a disciplinary action.

(2) For fines issued for violations of Sections 2244 and 2262 of the Code and Civil Code section 56.10, the amount of any fine to be levied by the Executive Director or their designee shall not exceed the amounts specified in Sections 2244 or 2262 of the Code, or Section 56.36(c) of the Civil Code, as applicable.

(b)(1) Except for fines assessed for a violation of Section 56.10 of the Civil Code, the following factors shall be considered by the Executive Director or their designee when determining the amount of an administrative fine:

(A) The good or bad faith of the cited person.

(B) The gravity of the violation.

(C) Evidence that the violation was willful.

(D) History of previous violations.

(E) The extent to which the cited person has cooperated with the Board.

(F) The extent to which the cited person has mitigated or attempted to mitigate any danger or injury caused by the violation.

(2) When determining the amount of the fine to be assessed for a violation of Civil Code section 56.10, the Executive Director or their designee shall consider the factors listed in Section 56.36(d) of the Civil Code.

(~~b~~c) Notwithstanding the administrative fine amounts specified in subsection (a)(1), a citation may include a fine between $2501 and $5000, if at least one or more of the following circumstances apply:

1. The citation involves a violation that has an immediate ~~relationship~~threat to the health and safety of another person;

2. The cited person has a history of two or more prior citations of the same or similar violations;

3. The citation involves multiple violations that demonstrate a willful disregard of the law;

4. The citation involves a violation or violations perpetrated against a senior citizen or a disabled person.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code; Section 56.36, Civil Code.

§1659.32. Compliance with Orders of Abatement.

(a) If a cited person who has been issued an order of abatement is unable to complete the correction within the time set forth in the citation because of conditions beyond ~~his or her~~their control after the exercise of reasonable diligence, the person cited may request an extension of time in which to complete the correction from the executive director or their designee. Such a request shall be in writing and shall be made within the time set forth for abatement.

(b) An order of abatement shall either be personally served or mailed by certified mail, return receipt requested. The time allowed for the abatement of a violation shall begin when the order of abatement is final and has been served or received. When an order of abatement is not contested or if the order is appealed and the person cited does not prevail, failure to abate the violation charged within the time allowed shall constitute a violation and a failure to comply with the order of abatement. Such failure may result in disciplinary action being taken by the board or other appropriate judicial relief being taken against the person cited.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§1659.33. Citations for Unlicensed Practice.

(a) The executive director or their designee is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines against persons, partnerships, corporations or associations who are performing or who have performed services for which licensure as an osteopathic physician and surgeon or postgraduate training licensee under the Medical Practice Act is required. ~~The executive director is authorized to issue citations and orders of abatement and levy fines only in the case of (a) an osteopathic physician and surgeon who has practiced with a delinquent license or (b) an applicant for licensure who practices prior to issuance of a license.~~ Each citation issued shall contain an order of abatement. Where appropriate, the executive director or their designee shall levy a fine for such unlicensed activity in accordance with subdivision (b)(3) of Section 125.9 of the code.

(b)(1) If any fine amount remains unpaid after the effective date of the final citation order, the executive director or their designee shall send a written notice at intervals of 30, 60 and 90 days from the effective date of the final citation order to the cited person containing, at a minimum, the following statements:

> "Our records show that you have a $[insert citation amount owed] delinquent debt due to the Osteopathic Medical Board of California. You have 30 days to voluntarily pay this amount before we submit your account to the Franchise Tax Board (FTB) for interagency intercept collection.
>
> FTB operates an intercept program in conjunction with the State Controller's Office, collecting delinquent liabilities individuals owed to state, local agencies, and colleges. FTB intercepts tax refunds, unclaimed property claims, and lottery winnings owed to individuals. FTB redirects these funds to pay the individual's debts to the agencies, including this Board. (Government Code Sections 12419.2 and 12419.5.)
>
> If you have questions or do not believe you owe this debt, contact us within 30 days from the date of this letter. A representative will review your questions/objections. If you do not contact us within that time, or if you do not provide sufficient objections, we will proceed with intercept collections."
>
> After the initial 30-day notice, any subsequent notices shall contain references to any prior notice(s), including the date any prior notice was sent, and what further actions, including collection fees, may be taken in the collection process.

(b)(2) If, after providing notice in accordance with paragraph (1), any fine amount remains unpaid six months after the effective date of the final citation order, the executive director or their designee shall submit to the FTB a request for interagency intercept collection of any tax refund due the cited person pursuant to Government Code sections 12419.2 and 12419.5 that includes the cited person's name, social security number and the amount of their unpaid fine.

(c) The provisions of Sections 1659.30 and 1659.32 shall apply to the issuance of citations for unlicensed activity under this subsection. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

(d) "Final" for the purposes of this section shall mean: (a) the Board's contested citation decision is effective and the cited person has exhausted all methods for contesting the citation under section 1659.34, or, (b) the cited person did not contest the citation decision and the timeframes for contesting a citation under section 1659.34 have passed.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9, ~~and~~ 148 and 2064.5, Business and Professions Code; Sections 12419.2 and 12419.5, Government Code.

§1659.34. Contest of Citations.

(a) In addition to requesting a hearing as provided for in subdivision (b)(4) of Section 125.9 of the code, the person cited may, within 15 calendar days after service of the citation, notify the executive director in writing of ~~his or her~~their request for an informal conference with the executive director regarding the acts charged in the citation. The time allowed for the request shall begin the first day after the citation has been served.

(b) The executive director shall, within 30 calendar days from the receipt of the request, hold an informal conference with the person cited ~~and/~~or ~~his or her~~their legal counsel or authorized representative. The conference may be held telephonically. At the conclusion of the informal conference the executive director may affirm, modify or dismiss the citation, including any fine levied or order of abatement issued. The executive director shall state in writing the reasons for ~~his or her~~ their action and serve or mail a copy of ~~his or her~~their findings and decision to the person cited within 15 calendar days from the date of the informal conference, as provided in subsection (b) of section 1659.32. This decision shall be deemed to be a final order with regard to the citation issued, including the fine levied and the order of abatement.

(c) The person cited does not waive ~~his or her~~their request for a hearing to contest a citation by requesting an informal conference after which the citation is affirmed by the executive director. If the citation is dismissed after the informal conference, the request for a hearing on the matter of the citation shall be deemed to be withdrawn. If the citation, including any fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and a new citation issued. If a hearing is requested for the subsequent citation, it shall be requested within 30 calendar days in accordance with subdivision (b)(4) of Section 125.9 of the code.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§1659.35. Public Disclosure; Records Retention.

Every citation that is issued pursuant to this article shall be disclosed to an inquiring member of the public. Citations that have been resolved, by payment of the administrative fine or compliance with the order of abatement, shall be purged ten (10) years from the date of ~~resolution~~issuance. A citation that has been withdrawn or dismissed shall be purged immediately upon being withdrawn or dismissed.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 803.1, Business and Professions Code.

The Physician's Recognition Award

AMERICAN
MEDICAL ASSOCIATION

Effective January 1, 1986

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Introduction

The Physician's Recognition Award (PRA) was established by the House of Delegates of the American Medical Association in December of 1968. The purpose of the Award is to encourage physician participation in continuing medical education and to recognize physicians who have voluntarily completed programs of continuing medical education.

In 1985, over 35,000 PRA certificates were issued. Currently there are over 101,000 valid certificates held by physicians. Awardees represent all states of the United States and all medical specialties. Over 422,000 certificates have been issued since the Award was established.

The basic requirement for the PRA certificate, completion of 150 hours of continuing medical education during a consecutive three-year period, is standard among most organizations providing certificates. Reciprocity arrangements have been made with 20 other medical organizations, including both state medical societies and medical specialty societies. A list of the reciprocity arrangements in effect as of June 30, 1985 is provided on page 10.

The House of Delegates has adopted the policy that continuing medical education should be voluntary, that is, that it should not be required for membership in medical societies or for reregistration for licensure to practice medicine. In accordance with this policy the PRA is not required for membership in the AMA, or for any membership benefits.

The Award is accepted by eleven state licensing boards as evidence that a physician has completed continuing medical education that satisfies the board's requirements for reregistration for licensure. As of June 30, 1985, the eleven states that accept the certificate for this purpose are Arizona, California, Hawaii, Iowa, Kansas, Massachusetts, New Hampshire, New Mexico, Pennsylvania, Utah, and Washington.

While the AMA has not supported mandatory reporting of continuing medical education, the Association has supported the idea that all physicians should participate in continuing medical education throughout their careers, and that physicians have professional responsibility for such participation. Physicians should be responsible for choosing educational activities that meet their individual needs and learning styles.

The PRA program is administered by the Office of Physician Credentials and Qualifications. Policies and administrative procedures for the PRA program are the responsibility of the Council on Medical Education. Recommendations concerning PRA policy are made to the Council by the Continuing Medical Education Advisory Committee.

PART 1 - Information for Physicians Completing the PRA Application

Definition of Continuing Medical Education

The following definition of continuing medical education was adopted by the House of Delegates in July 1982 for use by the PRA program:

> Continuing Medical Education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

It is believed that this definition and the rules applied by the PRA program are sufficiently broad to permit physicians to undertake continuing medical education activities relevant to their professional responsibilities. All continuing medical education reported for the PRA should comply with this definition, regardless of whether it is reported under AMA/PRA Category 1 or under Category 2.

Information on activities that are not continuing medical education in the sense of this definition is provided on page 14.

Eligibility

Physicians who hold valid current licenses issued by one of the U.S. licensing jurisdictions or one of the provinces in Canada, or who are engaged in residency training in an accredited program in the United States can apply for the PRA, without regard to citizenship or membership in the AMA or state medical societies. This rule applies both to graduates of U.S. and of foreign medical schools. Information about an applicant's U.S. license or his appointment to residency training must be included in the AMA Physician Masterfile. The PRA cannot be provided to foreign medical graduates who do not reside in the U.S. unless they are members of the AMA. Foreign medical graduates who give up residence in the U.S. are not eligibile for the Award unless they are members of the AMA.

Requirements for the PR/

In order to qualify for the Award, an applicant must report 150 credit hours of continuing medical education during a consecutive three-year period immediately preceding the date of the application. Of these 150 hours, at least 60 must be in AMA/PRA Category 1.

Ninety hours of education can be in Category 2 which combines the former Categories 2 through 6. Credit hours are based on hour-for-hour participation in a continuing medical education activity (except the reports of residency and fellowship training and publishing journal articles) with the number of hours rounded to the nearest whole hour.

The categories, with the credit-hour limitation and descriptions of each, are listed below.

AMA/PRA Category 1 **No Credit Hour Limit**
CME Activities Designated Category 1 by an Accredited Sponsor

Category 2 **90 Hour Limit**
- a) CME Lectures and Seminars not Designated as Category 1 by an Accredited Sponsor
- b) Medical Teaching
- c) Articles, Publications, Books and Exhibits
- d) Non-Supervised Individual CME
  - 1) Self-Instruction
  - 2) Consultation
  - 3) Patient Care Review
  - 4) Self Assessment
- e) Other Meritorious Learning Experiences

CATEGORY 1: Continuing Medical Education
Activities so Designated by an Accredited Sponsor

A minimum of 60 credit hours in AMA/PRA Category 1 is required for the PRA; however, all 150 hours may be in this category. In order to meet the criteria for AMA/PRA Category 1, a continuing medical education activity must meet the following requirements:

1. Be sponsored by an organization accredited for continuing medical education by one of the state medical associations or by the Accreditation Council for Continuing Medical Education (ACCME), and
2. be designated as AMA/PRA Category 1 education by that organization.

Organizations sponsoring continuing medical education activities are responsible for informing participants whether a program has been designated AMA/PRA Category 1 and, if so, how many credit hours are provided for completing the activity.

Sponsoring organizations should use the designation statement provided on page 23 of this booklet to indicate the number of credit hours earned for completing an activity. In order to be designated as AMA/PRA Category 1, activities must meet certain educational standards. These standards are described in the section of this booklet dealing with organizational sponsorship of continuing medical education. (See page 19.)

When CME activities are sponsored jointly, the accredited sponsor should be listed on the PRA application form.

Continuing medical education self-study materials such as videotapes and films can, in specific instances, be designated AMA/PRA Category 1. Rules covering this are provided on page 20.

CATEGORY 2: All Other Categories of CME
Education reported under Category 2 must meet the definition of continuing medical education and fit one of the descriptions of education provided below. All 90 hours of education which can be reported under Category 2 can be reported in one of the sub-categories described below. For instance, 90 hours of credit may be claimed for medical teaching or for the publication of journal articles.

Category 2 education can be provided by either an accredited or an unaccredited organization. No designation statement concerning category or amount of credit should be used in program brochures for Category 2 activities. Physicians report Category 2 activities for the PRA if they find that the activities meet the definition of continuing medical education and fulfill an educational need.

a) CME Lectures and Seminars not designated Category 1

Lectures and seminars provided by unaccredited organizations can be reported under Category 2, as well as lectures and seminars provided by accredited organizations that are not designated AMA/PRA Category 1. The fact that a program is not designated AMA PRA Category 1 does not indicate that it is of poor quality, but only that it does not meet all of the educational requirements established for AMA/PRA Category 1 programs.

b) Medical Teaching

Credit may be claimed in Category 2 for contact hours of teaching medical students, preceptees, residents, practicing physicians, and other health care professionals. Please note, however, that all continuing medical education, including teaching, is by definition an activity that a physician undertakes outside of his major professional responsibility; consequently, teaching medical students and residents should not be reported as continuing medical education by full-time faculty.

c) Articles, Publications, Books, and Exhibits

Ten hours of credit may be claimed for publication of a medical or medically related article, for each chapter of a medical or medically related book, or other medical education materials. Articles must be published in a recognized medical journal; that is, the journal of an organization which requires a medical or medically related degree for membership, or a journal that is read primarily by physicians or members of other health professions.

Credit may be claimed only once for the medical or educational content of a publication regardless of its being reissued in a changed format. For instance, information appearing at one time as a journal article and at another as a chapter of a book should be claimed only once.

Credit also can be claimed only once for preparation of an exhibit that is displayed at a continuing medical education meeting or at another educational activity. Ten credit hours can be claimed for preparation of an exhibit.

d) Non-Supervised CME

(1) Self-Instruction

Reading of medical literature and the use of self-instructional materials may be reported. The reading matter and self-instructional materials used need not be sponsored by an organization accredited for continuing education, nor do they need to meet the definition of a planned program of continuing medical education. (See page 20 for the definition of a planned program.)

Examples of self-instructional materials include:

- Audiovisual materials, such as videotapes, audiotapes, films, filmstrips, slides, used individually and without direct supervision
- open- or closed-circuit television and radio broadcasts, and instruction using telephone networks when used individually.

- Programmed medical education materials, teaching devices, and computer-assisted instruction and learning. (Such education can be accumulated in less than one hour units but should be reported on the PRA application in one-hour blocks).

(2) Consultation

The education that a physician receives from a consultant may be reported provided that the consultation is organized in such a way as to meet the definition of a planned program of CME. The instruction period should not be less than an hour.

An activity provided by an individual instructor without institutional sponsorship can be reported under this category.

Ordinary case consultation should not be reported in this or in other categories.

The consultant or instructor providing the education reported under this category can report the teaching activity.

(3) Patient Care Review

Credit can be reported for participation in review and evaluation of patient care. This includes such activities as peer review, medical audit, case conference, and chart audit. (See page 14 for information about activities that do not earn continuing medical education credit.)

Service on hospital medical staff committees for tissue review, infections, death conference, pharmacy, etc. may also be claimed when the committees are concerned with some aspect of medical care rather than with administration.

(4) Self-Assessment

Credit may be claimed for the time spent in taking a self-assessment examination. To be acceptable, the examinations must be scored and the results made known to the participants so they can plan activities based on the needs identified.

Continuing medical education undertaken by a physician in preparation for a self-assessment examination, or later study based on the results of a self-assessment examination, should be claimed in Category 2 unless the examination has been designated AMA PRA Category 1 by an accredited sponsor.

(e) Other Meritorious Learning Experiences

"Other Meritorious Learning Experiences" refers to

educational activities that have been of a ...que educational benefit to a physician but that do not fit the descriptions of educational activities provided above. The report of these activities should be made in a narrative form, and attached to the application. The narrative must include the following:

1. The educational need that the activity served,
2. a description of the activity, including the educational content and the way in which learning occurred,
3. the amount of time spent on the project, and
4. the number of credit hours claimed.

If teachers or educational institutions were involved in the project, they should be identified.

Credit should not be claimed for service to medical societies or other medical organizations, for public service, or for research activities.

Credit cannot be allowed unless information is provided in regard to the four points listed above. This will be reviewed by a staff committee, and a judgment made as to the acceptability of the credit.

Obtaining a PRA Application

The AMA House of Delegates has directed that an application be mailed each year to all physicians practicing in the U.S. who do not hold a valid PRA certificate. Additionally, applications are mailed to physicians who hold valid PRA certificates about three months before the certificates expire. Applications can be obtained at any time from the AMA Office of Physician Credentials and Qualifications either through writing or through telephoning (312) 645-4664.

When to Apply for the PRA: Dating the Application

There are no set reporting periods for the PRA; physicians can apply for a certificate whenever they have completed 150 hours of continuing medical education within a consecutive three-year period. The education reported must have occurred within the 36 months prior to the date entered on the application; the date entered on the application form may not be more than one calendar year earlier than the date on which the application is submitted for processing. For instance, an application may be dated June 1, 1984 and submitted on June 1, 1985. Applications may not include educational activities in process (except ...esidency training), nor can the application be dated with a future date.

The expiration date entered on a PRA certificate is based on the date of the application form. Ordinarily, a certificate has an expiration date three years from the first day of the month following the date of the application except for certificates issued through reciprocity.

Thus, an application dated February 14, 1985, will result in a PRA certificate with an expiration date of March 1, 1988. Applicants who need special dates on their PRA certificates are asked to attach a note to the application asking for that date.

PRA certificates provided through reciprocity have the same expiration date as that of the certificate being reciprocated with. Since some medical organizations issue certificates with expiration dates more than three years in the future, PRA certificates issued through reciprocity will in those instances also have dates more than three years in advance. (See page 10 for the list of organizations with which the PRA Program has arranged reciprocity.)

Credit hours are based on hour-for-hour participation in educational activities, except in the case of residency training and publications. It is expected that the three-year period during which a certificate is valid will be used to accumulate credits for another certificate. An application can be submitted before an earlier one has expired; thus, a physician can have certificates with overlapping dates. Educational activities should not be reported twice; for instance, a publication based on research reported on a previous PRA application should not be included on a second application.

Fees

30.00 $25.00

The application fee is charged to AMA members. A $25.00 application fee is charged to non-members. The fee covers the cost of reviewing an application and is not refundable. No fee is charged to a physician who was in an accredited residency program or a fellowship program at any time during the year preceding the date of the application. (See Residents and Fellows, Page 12).

AMA/PRA CATEGORY 1: Credit and Reciprocity

Detailed information on the characteristics of AMA/PRA Category 1 continuing medical education is provided in the section of this booklet entitled "Information for Orga-

nizations Providing Continuing cal Education." Physicians should note that only an organization accredited for continuing medical education can designate an activity AMA/PRA Category 1.

Organizations that are accredited for continuing medical education should include a statement on their brochures and printed programs for AMA/PRA Category 1 activities indicating that the organization is accredited, that the activity concerned is AMA/PRA Category 1, and that completing the activity provides a specified amount of credit. The designation statement is the following:

> The (name of accredited sponsor) designates this continuing medical education activity for (_____) credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

When providing reports of educational activities on their PRA applications, physicians should be careful to provide the exact name of the *accredited sponsor*. It should be kept in mind that an activity may be sponsored by an unaccredited organization and jointly sponsored by an accredited organization; in that case the name of the *accredited organization* should be listed on the application. Please note that frequently it is a medical school or an academic health science center that is accredited for continuing medical education rather than an affiliated hospital; in that case applications should indicate the medical school or the center as the *accredited sponsor* of the program rather than the hospital where the program was provided.

When there is doubt as to what organization was the accredited sponsor, an inquiry should be made of the sponsors of the program. Care should be taken also to use the exact name of the organization concerned; staff members are not always able to identify abbreviations or short forms of names, particularly of hospitals.

Reciprocal arrangements have been completed as of June 30, 1985, so that a PRA certificate can be provided to physicians who meet the continuing medical education requirements of the organizations listed below.

- American Academy of Dermatology (AAD)
- American Academy of Family Physicians (AAFP)
- American Association of Neurological Surgeons/ Congress of Neurological Surgeons (AANS/CNS)
- American College of Obstetricians and Gynecologists (ACOG)
- American College of Preventive Medicine (ACPM)
- American Psychiatric Association (APA)
- American Society of Clinical Pathologists/ College of American Pathologists (ASCP/CAP)

- American Society of Colon and Rectal Surgeons (ASCRS)
- American Society of Plastic and Reconstructive Surgeons (ASPRS)
- American Urological Association, Inc. (AUA)
- Arizona Medical Association (ArMA)
- California Medical Association (CMA)
- Massachusetts Medical Society (MMS)
- Medical Society of the District of Columbia (MSDC)
- Medical Society of New Jersey (MSNJ)
- Medical Society of Virginia (MSV)
- National Medical Association (NMA)
- Pennsylvania Medical Society (PMS)

The reciprocal arrangements provide that these organizations will send letters to those physicians who meet their requirements informing them that the letter can be forwarded to the PRA program for reciprocity purposes. Applicants are requested to make use of these letters.

The PRA certificate satisfies the continuing medical education requirements of the following organizations:

- American Association of Neurological Surgeons/ Congress of Neurological Surgeons
- American Society of Colon and Rectal Surgeons
- American Psychiatric Association

The PRA program periodically informs these organizations of physician members who have been provided with the PRA certificate.

Participation in Continuing Medical Education Programs in Canada; Applications for the PRA from Canadian Physicians

The Accreditation Council for Continuing Medical Education has entered into a reciprocity agreement with the Committee on Accreditation of Canadian Medical Schools. Medical schools whose CME programs are accredited by this Committee are recognized as accredited by ACCME. Consequently, U.S. and Canadian physicians, who participate in continuing medical education programs sponsored by Canadian medical schools can report that participation for AMA/PRA Category 1 credit toward the Physician's Recognition Award.

Please note that continuing education programs provided by Canadian organizations that are not accredited by the Committee on Accreditation of Canadian Medical

Schools cannot be reported for AMA PRA Category 1 credit; they can be reported for Category 2 credit.

Canadian physicians who are licensed in one of the Provinces of Canada can make application for the Physician's Recognition Award. Sixty hours of Category 1 education provided by a Canadian medical school will satisfy the AMA/PRA Category 1 requirement for the Award.

Signature and Records Maintenance

Physicians who apply for the PRA are not required to present certificates of attendance.

Instead, the signature of a physician on the application form is accepted as evidence that the physician completed the education that is reported on the application. Unsigned applications are returned for signature.

When it is more convenient to do so, physicians may attach transcripts of continuing medical education activities to applications instead of completing the application form. The transcript should include information as to what agency provided it; in every instance it must be clear that the physician intends the transcript to serve as an application for the PRA.

The AMA does not maintain records of continuing medical education for physicians except in the case of programs sponsored by the AMA. Further, PRA applications are returned to physicians after they are processed; copies of the applications are not maintained at the AMA. Physicians are responsible for maintaining their own records of continuing medical education, either through maintaining the records themselves or contracting with an agency to do so.

Residents and Fellows

Fifty hours of AMA/PRA Category 1 credit is allowed toward the PRA for each full year of an accredited residency or fellowship which is completed. Full-time graduate study for part of a year is accepted as one credit hour per week. During the time a physician is in full-time training in an accredited program, no other credits toward a PRA certificate can be earned.

Part-time study should be claimed in AMA/PRA Category 1 on a pro rata basis of one hour for each 5 days. If a resident participates in an approved residency program one-half of each day, credit should be claimed at the rate of one-half hour per week.

Training outside the United States as part of an ACGME-approved program may be claimed in AMA/PRA Category 1.

Application forms are mailed to resident physicians who have completed three years of residency training. The name of the institution providing the training (either the hospital or the medical school), the city in which the training is provided, the field of training, and the dates of the training should be entered in the section of the application provided for reporting AMA/PRA Category 1 education. There is no fee for physicians who have been in a residency training program or a fellowship for any part of the year prior to the time application is made.

Residency training can be reported as part of the 150 hours needed for the Award. For instance, 50 hours can be reported for residency training and 100 hours reported for regular continuing medical education activities. Please note, however, that credit cannot be reported for continuing medical education activities undertaken while residency training is in progress.

Residents in programs sponsored by the Armed Forces may report residency training occurring over a period longer than three consecutive years, so long as one of the years is in an armed forces residency program.

Medically Related Degrees

Study for a medically related degree, such as a Master's Degree in Public Health, may be claimed for 50 credit hours per year in AMA/PRA Category 1, if the educational program is provided in a school accredited by one of the regional accrediting associations. The physician applying for credit in AMA/PRA Category 1 under this provision must include with the application an explanation of how the degree or the study toward the degree is to be used in the practice of medicine. For example, a Master's Degree in Business Administration a physician intends to use to establish a business or to improve personal investments would not be acceptable toward the PRA. However, a Master's Degree in Business Administration would be acceptable if reported by the Medical Director of a hospital whose professional responsibilities included the administrative aspects of the delivery of medical care.

Full-time study for a part of a year is accepted as one credit hour per week. Credit for part-time study should be claimed on the same basis as part-time participation in an approved residency. (See page 12.)

Activities That Do Not Earn Credits Toward the PRA

The PRA is earned only by participation in continuing medical education activities. It is not intended as a means of honoring physicians for acts of charity or long and faithful service to the field of medicine. No credit for the PRA can be earned for service on councils, committees, executive committees, task forces, etc. except as noted in the paragraph on page 7 entitled "Patient Care Review." Further, the certificate for the PRA is neither a character reference nor a certificate of competence and cannot be used for these purposes. The PRA certificate remains the property of the AMA and must be returned to the AMA if requested.

Since the PRA is not intended to certify competence, passing examinations intended to measure competence, such as license examinations or specialty board certification or recertification examinations, is not accepted toward qualification for the PRA. However, the study a physician does in preparation for these types of examinations is accepted toward qualifying for the PRA.

Credit should not be claimed for education which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from clinical experience, or the conduct of research.

No credit for the PRA can be earned for medical editing. Credit can be earned for viewing exhibits.

States with Continuing Medical Education Requirements for Reregistration of the License to Practice Medicine

As of July 1, 1985, 25 states had rules in regard to reporting continuing medical education in connection with reregistration for the license to practice medicine. Of the 25 states, 18 have implemented the rules and require reports to be submitted. The states that have reporting requirement rules, are listed below. Those marked with an asterisk require reports to be submitted. Additional information is provided in the Continuing Medical Education Fact Sheet which is issued semi-annually; copies can be obtained from the Office of Physician Credentials and Qualifications.

Alaska	Kentucky	New Hampshire*
Arizona*	Maine*	New Mexico*
Arkansas	Maryland*	Ohio*
California*	Massachusetts*	Pennsylvania
Hawaii*	Michigan*	Puerto Rico
Illinois	Minnesota*	Rhode Island*
Iowa*	Nebraska	Utah*
Kansas*	Nevada*	Washington*
		Wisconsin*

Eleven state medical societies have continuing medical education requirements for continued membership. A list of these follows. More detailed information about these requirements is also provided in the CME Fact Sheet.

Delaware	Kansas	Oregon
District of Columbia	New Jersey	Pennsylvania
Florida	New York	Vermont
	North Carolina	Virginia

Institutional Accreditation for Continuing Medical Education

Only an institution or organization accredited for continuing medical education can designate a CME activity as earning AMA/PRA Category 1 credit.

The Accreditation Council for Continuing Medical Education (ACCME) is responsible for CME accreditation of medical schools, state medical societies, and other institutions and organizations which design their CME activities for a national or regional audience of physicians. The Council, established on January 1, 1981, is sponsored by seven national organizations: The American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards.

State medical societies are responsible for the accreditation of institutions and organizations which design their CME activities primarily for physicians within the state and bordering states. All institutions and organizations accredited by state medical societies are recognized by the ACCME and placed on the one national list of CME accredited institutions and organizations.

Only institutions and organizations are accredited. During the period of accreditation, the accredited sponsors may designate any of their CME activities which meet the criteria for AMA/PRA Category 1 as earning AMA/PRA Category 1 credit.

The ACCME and state medical societies do not accredit nor approve individual CME activities, nor does the AMA review and evaluate individual CME activities for purposes of granting credit. The responsibility for designating AMA/PRA Category 1 credit rests solely with the CME accredited institutions and organizations, following the criteria and regulations established by the AMA/PRA Program.

Institutions and organizations interested in obtaining CME accreditation should contact the ACCME or a state medical society. The address of ACCME is

Accreditation Council for Co ing
Medical Education
P. O. Box 245
Lake Bluff, IL 60044
Telephone: 312/294-1490

Definition of Continuing Medical Education (CME)

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

This broad definition of CME recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, and appreciation of literature or music, are not CME.

This definition of CME applies to both categories of the PRA. Thus, there is no subject matter which is suitable for Category 2 but not for AMA/PRA Category 1.

Definition of AMA/PRA Category 1 CME

An activity can be designated AMA/PRA Category 1 if it is sponsored or jointly sponsored by an institution or organization accredited for continuing medical education by ACCME or by a state medical society, and if the activity meets the following criteria:

(1) It conforms to the AMA definition of continuing medical education,
(2) it is based on perceived or demonstrated educational need,
(3) it is intended to meet the continuing medical education needs of an individual physician or a specific group of physicians,
(4) the educational objectives for the activity are stated,
(5) the content is appropriate for the specified objectives,
(6) the teaching/learning methodologies and techniques are suitable for the objectives and format of the activity,
(7) evaluation mechanisms are defined to assess the quality of the activity and its relevance to the stated needs and objectives, and
(8) there is documentation of physicians' participation by the sponsoring institution/organizaton.

Individual CME activities are not accredited; only organizations and institutions are accredited. Accredited institutions designate programs AMA PRA Category 1, if these programs meet the definition of AMA/PRA Category 1 education.

Responsibilities of an Accredited Organization for Joint Sponsorship of a CME Activity Designated AMA/PRA Category 1

An accredited sponsor may jointly sponsor a CME activity with an institution or organization which is not accredited, and designate this CME activity AMA PRA Category 1. In joint sponsorship, the accredited sponsor must meet the requirements of Essential 7 of the ACCME Essentials. The accredited sponsor must participate integrally in the planning and implementation of the CME activity and conduct an evaluation of the activity. In other words, the accredited sponsor must exercise the same responsibility for the CME activity that it jointly sponsors as for a CME activity which is completely its own.

The name of the accredited sponsor should appear on all promotional materials and on the printed program of the jointly sponsored activity. If more than one accredited sponsor jointly sponsors a CME activity, one should assume responsibility for the activity and designate the AMA/PRA Category 1 credit.

Definition of a Planned Program of CME

For the purposes of the PRA, a planned program of continuing medical education is defined as one that covers a subject area in the depth that is appropriate for the intended audience and that is planned, administered, and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained.

Many formats can be modified to meet the definition of a planned program. They include:

- Lecture Series
- Grand Rounds
- Teaching Rounds
- Departmental Scientific Meetings
- Seminars
- Workshops
- Clinical Traineeships
- Mini-Residencies
- Multimedial Self-Instruction Programs
- Continuing medical education activities of State and County Medical Societies and Specialty Societies, including local, regional, state, national or international meetings

Periodic activities, such as a lecture series or grand or teaching rounds, can be planned and presented systematically so that over a designated period of time, all significant areas of a specialty or subspecialty are covered.

Educational objectives for a planned program of CME should be based on clearly identified needs and should identify the target group. Frequently group or individual needs can be determined from a practice profile, peer review, self-assessment, case audits, or individually identified needs. New medical knowledge can also serve as a basis for developing the educational objectives that are specific for a particular knowledge level or performance capability.

Brochures and announcements for continuing medical education activities must state educational objectives and the intended audience as a means of helping physicians decide whether to participate.

Criteria for AMA/PRA Category 1 Educational Materials

Under most circumstances, the use of educational materials meets the criteria for Category 2. When audiovisual materials are used as an integral part of an activity which is designated as meeting the criteria for AMA PRA Category 1, the time spent in using these materials is included in the total instruction time reported. The same principle applies for educational materials used in activities reported under Category 2.

For the purposes of the PRA, the term "educational materials" includes printed educational material, audiotapes, videocassettes, films, filmstrips, slides and computer-assisted instruction. It also includes education disseminated by open- and closed-circuit networks, broadcasts by satellite or radio with or without two-way communication, and electronic teaching aids and devices.

When any of the above "educational materials" are to be designated AMA/PRA Category 1 for Educational Materials, they must meet all of the following criteria:

1. Be sponsored or jointly sponsored by an organization accredited for CME by the ACCME or a state medical society.
2. Meet the definition of a planned program of CME.
3. Provide a clear, concise statement of educational objectives and indicate the intended audience.
4. Provide clearly stated instructions to the learner.
5. Provide supplemental materials to amplify, clarify and reinforce specific information, as well as to give the activity breadth and balance.

   These supplemental materials should form an integral part of the activity and contain all of the following, unless inappropriate or duplicative:

   a) an outline or study guide,
   b) references for both the body of knowledge presented and for later individual extended study beyond the content covered in the educational material,
   c) graphic or demonstration materials,
   d) audio materials, and
   e) systems that require student interaction to reinforce the education, such as answering questions or considering a patient-management problem.
6. Be evaluated in terms of the educational objectives of the activity and their ability to convey information correctly.

   Deficiencies found in the process of the evaluation should be corrected and the material re-evaluated prior to distribution. Information about the methods of evaluation and the findings and action taken should be available upon request.

   For materials periodically produced, each subject, area, series, or educational unit should be evaluated prior to release.

Although an examination is not required in order for an activity to meet the criteria for AMA/PRA Category 1 for Educational Materials, it is often used as a means of evaluation and of verifying physician participation.

If an examination is used as a method of evaluating the materials after distribution, it should measure whether the physician has acquired the basic information, and whether the physician can integrate, analyze, and apply it in a simulated problem.

Examinations should be scored confidentially. Individual scores, including relative performance on individual questions, should be returned to individual physicians, on a confidential basis, so they can use this information in planning their personal programs of continuing medical education. Composite scores should be made available to the accredited sponsoring organization so that the scores can be used to evaluate and improve the activity. Tests should be sent to the accredited sponsoring organization or to a bonded organization for scoring.

7. Have a means of verifying physician participation.
8. Provide a local instructor when audiovisual materials designated AMA/PRA Category 1 for Educational Materials are used by groups of physicians.

The instructor may be selected by the medical organizations having the local responsibility for the program. When a local instructor is required, a suitable instructor's kit must be provided far enough in advance of the program to allow the instructor to be well prepared. The kit should include additional materials, such as

a) an instructor's guide,
b) questions for discussion,
c) additional patient-management problems,
d) materials for display or demonstration,
e) copies of the photographs, charts, graphs, slides, and audio materials used in the audiovisual program,
f) materials designed for a review of the basic points of the presentation,
g) additional or supplemental materials for distribution.

The local instructor is expected to participate actively in the activity by leading the discussion. Physicians who serve as local instructors may claim credit in Category 2.

Physicians who are authors of self-instructional materials may claim 10 hours credit in Category 2 for each activity that is designated AMA/PRA Category 1 for Educational Materials.

Category and Credit Hour Designation Statements for the PRA

Organizations and institutions are responsible for the designation of the category and hours of credit provided for activities they sponsor or jointly sponsor. The following designation statements should be used on brochures, printed programs, and educational materials that are designated AMA/PRA Category 1. No designation statement is used for Category 2 programs or materials.

Designation Statement for AMA/PRA Category 1 Activities and Materials

The (name of accredited sponsor) designates this continuing medical education activity for (_____) credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Designation Statement for AMA/PRA Category 1 Meetings with Concurrent Sessions

The (name of the accredited sponsor) designates this continuing medical education activity as Category 1 of the Physician's Recognition Award of the American Medical Association. One credit hour may be claimed for each hour of participation by the individual physician. If a program includes activities that do not meet the definition of continuing medical education, then only the portions that do meet the definition should be designated for credit.

In addition to the designation statement, brochures should include the following:

1. Title of course
2. List of topics to be included
3. Intended audience
4. Educational objective of the program
5. List of faculty

Consultation and Appeals

Brochures and announcements are monitored by the staff of the PRA program. When circumstances indicate, followup inquiries are made to determine whether

or not the designated criteria for th egory and hours are met. In most circumstances, incorrect designations are based on misunderstandings which can be resolved easily by consultation.

The PRA staff offers consultation to individuals and organizations regarding questions about the correct AMA/PRA category and number of hours for a specific activity. Unfavorable interpretations made by the PRA staff may be appealed to the Continuing Medical Education Advisory Committee and, if necessary, to the Council on Medical Education.

Continuing Medical Education

GUIDE

DIVISION OF CONTINUING MEDICAL EDUCATION

AMERICAN OSTEOPATHIC ASSOCIATION

142 E. ONTARIO STREET
CHICAGO, ILLINOIS 60611
(312) 280-5800

AMERICAN OSTEOPATHIC ASSOCIATION

1992-1994

TABLE OF CONTENTS

NTRODUCTION

This edition of the CME Guide includes certain changes in the requirements, guidelines and procedures of the American Osteopathic Association's pro ram on continuing medical education effective as of January 1, 1992.

These changes reflect both experiences accumulated by the Committee on CME in administering the program since it was initiated on June 1, 1973, as well as many specific recommendations made by those participating in the pro ram.

While the objectives of the CME program remain the same, these changes are intended to simplify administrative procedures and make all requirements, guidelines and procedures more easily understood.

This document is designed to serve s handy reference which should answer most, ... cerning the CME program. It can ... however, only if it is read ... and then referred to as spe... summary found on the center pages should be particularly helpful in answering the most common questions.

The Committee welcomes comments and suggestions from all individuals and organizations participating in the program. These should be directed to the Division of CME, Americ n Osteopathic Association, 142 E. Ontario Street, Chicago, Illinois 60611.

Chairman
Committee on Continuing
Medical Education.

BASIC GUIDELINES

The basic objectives of continuing medical education are the growth of knowledge, the refinement of skil s, and the deepening of understanding.

The ultimate goals of continuing edical education are continued excellence f patient care and improving the health and well-being of the individual patient and the public.

The American Osteopathic Association's mandatory program of continuing m dical education is designed to encourage and assist osteopathic physicians in achieving these objectives and goals.

This is implemented, in part, by granting credits to osteopathic physicians for their participation in approved CME activities sponsored by recognized organizations, institutions nd ag ncies.

Spec fically e cluded f om cre it, however, are educational pr gra s leadi g t any f rmal dvanced standing within the pro ess o . The e include pre-d ctoral courses in colleges of osteopathic medicine, internships, residencies, preceptorships and fellowships.

Approved educational activities may be formal or informal, full-or-part-time. These include, but are not limited to, scientif i seminars, workshops, refresher and postgraduate courses, lectures, home study, and local, state, regional and national medical meetings.

The American Osteopathic Associati n grants CME credits to osteopathic physicians for their participation in educational activities meeting specific criteria. These criteria, depending on the type of activity, are described on subsequent pages.

In all cases, credit is granted only after the educational activity has been completed and documented. Sponsors may seek AOA recognition for conducting a formal osteopathic program, or may submit programs in advance to the AOA Division of Continuing Medica Education for re iew. If a progra meets criteria, the sponsor w be notified that "i itial" approval has been granted, or that the program may be "eligible" for CME credits. Mention of such approval o eligibility may be included in announcements of the p ogram and the printed program itself.

Osteopathic physicians wishing to know if a particular program is eligible for CME credit should first review the criteria under the appropriate category in the Guide. If the program meets the criteria, they may a ume it is eligible and that they will be granted CME credits by properly reporting nd documenting their participation. If in doubt, they should contact the Division of Continuing Medical Education at the AOA.

It is not mandatory, however, that a program be approved in advance to be eligible for CME credit since final determination of credits and categories are made only after a program has

be n completed.

Physicians are encouraged to consult various AOA publications, including the *AOA COMING EVENTS*, to plan their CME activities in advance, compatible with their personal and professional interests and needs. It is recommended that annually each physician obtain CME credit in an AIDS related program.

The Committee on Continuing Medical Education is devoting increased attention to the educationa quality and value of programs it approves for CME credit.

While "quality" and "value" admittedly are su jective, there are objective standards of evaluation which can help determine if an educational activity does in fact meet educational needs. The Committee gradually will integrate these standards into its evaluation procedures.

In particular, the Committee expects all CME planning groups t include three guidelines to help insure that the program is a meaningful educat[illegible]

First, the program should provide a clear stat[illegible] of i educational objectives.

Next, the program should selectively utilize the faculty, formal and educational modalities best suited to the topic.

Finally, the program should conclude with some fo m of evaluation to determine if the educational objectives have been accomplished.

With these guidelines the physician can determine if the p o-gram meets his specific educational needs and thus become more intelligently selective i his CME activities.

The AOA CME quality guideli es ar :

1. CME will be systematically orga ized nd administered.
2. The program should focus on th needs of the participants. The programs should be based on some type of needs assessment when possible; that is using a needs-identifying-process to form a priority list for educational programs in *advance*—based on deficiencies, problems, and needs. (that is, every program is to be a planned program f learning, not just one of trial and error conceived by a program chairman.) Some examples of these needs assessments are as follows;
   A. Medical Audit (Identifying Needs)
      1. Develop criteria f excellence (such as P.R.O.)
      2. Collec and summarize data.
      3. Analyze and interpret d ta.
   B. Pre-Test item analysis (Identified Needs)
   C. Self Assessment (Identified Needs and Felt Needs)
   D. Questionnaire (Physician Felt eeds)
3. Establish a faculty for CME with adequate credentials.
4. Every program should have stated and printed educational objectives. The objectives should state what the physician should know be able t do a the end of the program, for example: correction of outdated knowledge, and new knowledge in specific areas; master new skills, change attitudes or habits, etc.
5. Primary evaluation responsibility lies with the CME sponsors.
6. CME programs should include a variety f course-class alternatives and encourage innovative program development.
7. Each p ogram should have a statement as to the type of audience for whom the program is designed—for example: general practitioners, surgeons, cardiologists, etc.—and the program should be relevant to the practice needs of this audience.
8. The sponsors should encourage active participation by the learner wherever possible.
9. Attendance records should be kept as means of assuring that those attending a program are given proper credit t [illegible] d their CME requi[illegible]ment
10. Spo[illegible]sors sha[illegible] conduct [illegible] post-course evaluation to determin[illegible] the eff[illegible]ctiveness of t e rogram and w ether t e stat[illegible] objecti[illegible]s were m[illegible]t. Examples of evaluation methods are:
    A. Pre and post testing.
    B. Self-assessment.
    C. Practice in hospital medical audits.
    D. Post-course c itique.
11. The sponsors should assure that proper facilities and equipment are pro ided to enable the presenter to teach effectively.

CALENDAR

The Am rican Osteopathic Associati n grants cr dit for Continuing Medical Education on a three year calendar period. T prior "three-year" period of the CME program was January 1, 1989 through December 31, 1991. Required CME credit hours were earned at any time within that calendar period.

credit, however, was granted for activities pursued prior to January 1, 1989. o credits, likewise, can be carried beyond December 31, 1991.

Thus, as of Janu 1, 1992, ll osteopathic physicians p r-ticipating in the program begin an entirely new calendar and will be expected to meet all CME requirements fo each new calendar period thereafter.

REQUIREMENTS

All AOA Members - All AOA members engaged in active clinical practice are required to participate in the CME program and meet specified CME credit hour requirements to remain eligible for continued membership in the Association. Certified or board eligible D.O.'s must meet additional requirements related to their basic certification.

An "active" practitioner is defined as one w o renders patient care, whether o a full-or-part-time basis.

Except as indicated in the exemptions, and reduction or waiver o requirements sections below, AOA members are required to obtain a minimum of 150 CME credit hours for each 3-year calendar period.

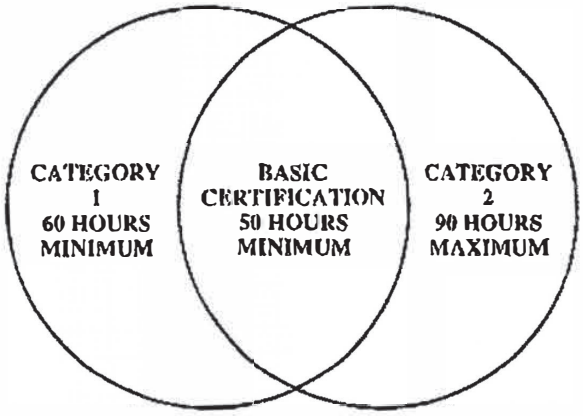
A minimum of 60 credits of the total requirement *must* be obtained under Category 1-A or 1-B, described below. However, the *full* CME requirement may be earned under category 1, in which case a maximum of 90 credits may be applied to Category 1-B.

A maximum of 90 credit hours of the total requirement may be earned under Category 2, described below.

Certified Physician - 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 basic certification in each 3-year CME period. hes hours may be earned in Category 1 or Category 2. Failure to maintain this requirement will result in loss of certification or board eligibility.

Physicians who are board certified or board eligible in more than one specialty will be monitored in the basic certification area of their most recently obtained certification unless they submit a formal request to be monitored in one of their other specialties.

Physicians will be monitored in one specialty only.



EXEMPTION

AOA members specifically exempted from the CME program requirements include the following:

- Regular members not engaged in active clinical practice.
- Retired members.
- Associate members.
- Regular members outside the limits of the U.S. and Canada.
- Student members.
- Members actively engaged in formal postgraduate programs such as internships, residencies and other approved training programs which lead to formal advanced standing within he profession.
- Members actively participating in other AOA recognized postgraduate programs will qualify for exemption for the period of such training.
- Military members assigned positions other than their specialty.

Any osteopathic physician may participate in the AOA program and have his credits entered on the CME computer record. This record may be necessary t satisfy CME requirements of his divisional society, practice affiliate, state licensing boards, or the osteopathic hospital in which he practices.

REDUCTION OR WAIVER OF REQUIREMENTS

The Committee on Continuing Medical Education will formally consider requests for reduction or waiver of CME requirements based on individual mitigating circumstances. Such uests, submitted i writing, should contain complete information indicating why reduction or waiver is indicated. All information ll be held strictly confidential. Formal notification of the Committee's decision will be forwarded to the applicant as soon as possible.

Requirements also are reduced for AOA members who experience a change in membership or practice status between the beginning and end of each 3-year calendar period. Examples include completing postdoctoral training and entering clinical practice, temporarily leaving practice for health or other personal reasons, re-entering practice or becoming an AOA member for the first ime.

In such instances the number of credit hours required is uced on a pro-rated formula, and the change ente on the physician's CME activity report.

The Committee on CME may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians on act ve duty in the military or public health service within the 48 contiguous states. The

Committee may consider the waiver of the Category 1 requirement for physicians on active duty in the military and public health services outside the 48 contiguous states. However, in each instance, the physician must meet or exceed the total requirement of 150 hours per 3-year period or justify a request for waiver of hours from t e Committee on Continuing Medical Education.

Further, this policy applies to physicians on active duty who participate in medical programs authorized for uniformed physicians.

The Committee on CME may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians residing in small states. Small states refers to areas or states within the United States and its territories in which he popula ion of prac icing osteopathic physicians is less tha 200. exc uding me bers on active duty in the military or public healt services.

CME ACT V TY BY CATEGORY

ategory 1. A minimum of SIXTY (60) edit hours of the total 150-hour requirements are mandatory under this general category. Participants who are required to meet less than 150 hours must earn two-fifths of their total credits under Category 1, However, any physician may fulfill all AOA CME requirements under this category.

Category 1-A. Formal educational programs sponsor d y AOA recognized institutions, organizations, and their affiliates which meet the quality standards as defined y the AOA.

ategory 1-A Quality Standards

The sponsors agree to apply quality standards as defined below:

1. The sponsor shall provide that at least 50% of the presenters s tall be D.O.'s or staff members of osteopathic nstitutions.
2. The sponsor shall provide that at least 50% of the lecture hours shall be presented by osteopathic physicians or staff members of osteopathic nstitutions.
3. The sponsor must provide evidence of integrating osteopathic principles and practice into the program.
4. The sponsor shall identify and use presenters who will teach in t ol.nned program. The suggested criteria for presented selection include:
   A. Appropriate Credentials
   B. Competence as a teacher
   C. Knowledge of content area
   D. Qualification by experience
5. The sponsor must provide the AOA with the name and telephone number of the chairperson responsible for administration of Category 1-A CME ac ivities.
6. Involved faculty must have credentials appropriate to expertise required.
7. Advertising and promotion of CME activities must be carried out i a responsible fashion, clearly showing the educational objectives of the activity; the nature of the audience that may benefit from the activity; the cost of the activity to the participant and the items covered by the cost; the amount of CME credit that can be earn d in compliance with the **AOA CME GUIDE;** and the crede tials of the faculty.
8. Maintenance and availability of records of participation in CME activities should be adequate to serve the needs of partici ants a d thers requiring this information.
9. The parti ipants m st be p ovided with a certifica or some oth r docume t attes ing to the satisfactory com- letion o the CME activi .
10. The sponsor must have a written policy dealing with procedures for the management of grievances and fee refunds.
11. The sponsor should assure that sound financial base is established for the planned CME programs and activities. Budget planning for CME should be clearly projected. The program should not be presented for the sole purpose of profit.
12. An appropriate number of qualified faculty for each activity shall be secured by the sponsor.
13. Adequate supportive personnel to assist with administrative matters and technical assistance shall be available.
14. The sponsor provides a means for adequa ely moni or- ing the quality of faculty presentations.
15. The sponsor must insure adequate program participant evaluation as suggested in the q ality standards.

NOTE: Moderators will not be considered faculty if they simply introduce speakers an their topics. To fulfill the definition f faculty, they m st actively participate in the educational program.

Some formal educational programs c -sponsor by recognized osteopathic institutions and organizations may be eligible for Category 1-A credit, depending on individual circumstances.

STANDARDIZED LIFE SUPPORT COURSES

The following standardized life support courses are eligible for Category 1-A credit:

1. Advanced trauma life support
2. Advanced cardiac life support
3. Basic cardiac life support

4. Cardiopulmonary resuscitation and emergency care
5. Basic resuscitation
6. CPR certification
7. CPR recertifica ion
8. ACLS recertification
9. Pediatric advanced life support
10. Advanced neonatal life support

Category 1-B Development and publication of scientific papers and electronically communicated osteopathic educational programs, osteopathic medical teaching, serving as osteopathic hospital and college accreditation approval inspectors or consultants, conducting an developing certifying board examinations, AOA accredited or approved hospital committee and departmental conferences with the review and evaluation of patient care, other osteopathic C E activities and programs, and other CME programs approved for Category 1 credit by the Committee on Continuing Medical Education.

Maximum credit allowed for accep[illegible] duc[illegible] activities under any combination of Cate[illegible]ory 1-[illegible] a[illegible] nine-ty (90) per 3-year period.

SCIENTIFIC PAPERS/PUBLICATIONS

Thi category includes development and presentation of scientific papers and electronic communication programs intended for physicians education.

An original scientific paper is defined as one which reflects a search of literature, appends a bibliography, and contains original data gathered by the author. s initial presentation must be before a postdoctoral audience qualified to critique the author's statements.

Preparation in published form of electronic communication activities includes audio, video, teleconference, closed-circuit, and computer-assisted instruction program .

Maximum allowable credit for a presentation will be ten (10 credit hours. A copy of the paper or electronic communication program in inished form shall be submitted to the office of CME. Publication of a paper or electronic communication program recognized by the AOA may, on recommendation from the AOA editorial department, receive a maximum of fifteen (15) hours of credit.

OSTEOPATHIC MEDICAL TEACHING

Serving as a teacher, lecturer, preceptor or moderator-participant in any AOA approved osteopathic medical educational program. Such teaching would include classes in colleges of osteopathic medicine, lecturing to hospital interns, residents and staff. One hour of credit will be granted for each hour of actual instruction.

CONDUCTING HOSPITAL INSPECTIONS/ SPECIALTY BOARD EXAMINATIONS

Participating in i spection programs for AOA-accreditation and/or a proval of hospitals and colleges; conducting clinical examinations of osteopathic certifying boards. Five (5) credits will be granted for each hospital or college inspection or examination.

NOTE: CME credit m y be granted to physicians administering clinical examinations but not to those taking the examination.

HOSPITAL EDUCATION/OSTEOPATHIC

Attendance at AOA-accredited and/or approved hospital committee and departmental conference concerned with the review and evaluation of patient care.

Examples of such peer review activities might in lude:

(a) Tumor Board and Tissue Committee Conferences;
(b) Mortality Reviews;
(c) Clinical Pathological Conferences;
(d) Chart and Medic l-Record Audits and Discharge Reviews;
(e) Utilizatio Review

Hospital staff, dep rtmental an divisiona educational meetings may be granted CME credit und r his category.

No credit may be granted for meetings entirely devoted to a hospital's business or administrat ve affairs.

OTHER OSTEOPATHIC CME

Other osteopathic CME activities approved by the Committee on Continuing Medical Education. This will include osteopathic self-evaluation tests, qualified osteop thic medi al education, qualified legislative osteopathic seminars, osteopathically sponsored audio/video-taped programs, and computer assisted instruction, and osteopathically sponsored quality assurance and risk management seminars.

or audio and video taped programs, credit will be aw rded at the rate of one credit per hour of program playing time f an accompanying CME quiz s completed and returned to the AOA. For computer assisted instruction, credi will be awarded at the rate of one-half credit per hour of time spent in

completion of the program, if sponsor generated documentation of the number of hours and the program's completion is received by the AOA.

Category 2 A maximum f ninety (90) credit hours of the 150 hours may be earned under this general ca egory, with specifi maximum credits indicated under the subcategories described below.

This broad ca egory is ntended to e courage the wid st possible selectio of both formal and informal educational activities and allow CME credits for many educational programs already engaged in by osteopathic physicians.

DIVISION OF CONTINUING MEDICAL EDUCATION
AMERICAN OSTEOPATHIC ASSOCIATION
142 E. ONTARIO, CHICAGO, IL 60611

INDIVIDUAL ACTIVITY REPORT

THIS REPORT OF YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES HAS BEEN COMPILED FROM DOCUMENTS SUBMITTED TO AND VERIFIED BY THE AOA DIVISION OF CME AS OF THE DATE INDICATED. ALL ACCEPTABLE CME HOURS HAVE BEEN RECORDED, EVEN THOUGH THEY MAY EXCEED THE MAXIMUM ALLOWABLE FOR A PARTICULAR CATEGORY. TOTAL HOURS APPLICABLE TO YOUR AOA CME REQUIREMENT ARE INDICATED IN TH STATISTICAL SUMMARY. COMPLETE INFORMATION CONCERNING REQUIREMENTS, GUIDELINES AND PROCEDURES OF THE AOA PROGRAM MAY BE FOUND IN THE CME GUIDE. IF YOU FEEL AN ERROR HAS BEEN MADE IN THI REPORT, PLEASE CONTACT THE CME OFFICE AND SUPPLY APPROPRIATE DOCUMENTATION SO THAT YOUR RECORD MAY BE CORRECTED.

JOHN DOE, D.O.
12345 MAIN STREET
CHICAGO, IL 60611

X

150 0/0 /92 /31/94 12/31/94

REPEALED

DATE				HOURS
02/10/92	00002	PAPER/PUBLISHED	1-B	10.0
06/30/92	00005	HOSPITAL EDUCATION/NON OSTEOPATHIC	2-B	30.0
06/30/92	00010	HOSPITAL EDUCATION/OSTEOPATHIC	1-B	15.0
08/20/92	00100	ANNUAL CONVENTION/U-CA	2-A	20.0
09/15/92	00109	*EMERG MED ASSEMBLY/ACEP	2-A	16.0
		HRS APPLIED TO PRI SPEC REQ		16.0
10/04/92	00150	*1989 ANNUAL CONVENTION/AOA	1-A	22.0
		HRS APPLIED TO PRI SPEC REQ		22.0
11/10/92	00165	*ACLS COURSE/AMERICAN HEART ASSN	1-A	16.0
		HRS APPLIED TO PRI SPEC REQ		16.0
11/11/92	00009	SCIENTIFIC EXHIBIT	2-B	10.0
12/31/92	00008	*HOME STUDY	2-B	24.0
		**HRS APPLIED		24.0

1-A	1-B	2-A	2-B
38.0	25.0	36.0	64.0

	TOTAL ACCEPTABLE HOURS RECORDED	HOURS APPLICABLE TOWARD REQUIREMENT	AOA REQUIRED HOURS
	63.0	63.0	150.0
	100.0	90.0	REQUIREMENT FULFILLED
TOTAL CATEGORY 1-A & 1-B	163.0	153.0	YES
	78.0	78.0	YES

CATEGORY 1-A QUALIFICATION: 50 HRS NEED

SUMMARY O AOA CONTINUING MEDICAL EDUCATION PROGRAM

Total Requirement:
Maximum of 150 credits per 3-year period

CATEGORY 1—Minimum of 60 hours required in Category 1-A or 1-B

Credit Limits per 3-year period

1-A Formal education programs sponsored by recognized osteopathic institutions, organizations and their affiliates which meet the definition of "osteopathic" CME, and standardized life support courses 50 speakers .....No Limit

1-B Development and publication of scientific papers and electronically communicated programs

1-B Osteopathic medical teaching

1-B Conducting osteopathic hospital inspections and certifying board examinations. (5 credits per inspection or examination)

1-B AOA-accredited and/or approved hospital committee and departmental conferences concerned with the review and evaluation of patient care

1-B Other CME activities and programs approved for Category 1 credit by AOA Committee on Continuing Medical Education

} 90 hours maximum for any combination of Category 1-B

1 student: 40 hr for 4 wks
160 hrs
max 90 per 3 yr period by AOA

CATEGORY 2—Maximum of 90 hours allowed

2-A Formal education programs sponsored by recognized institutions, organizations and agencies 50 speakers.

2-B Non-AOA accredited and/or approved hospital committee and departmental conferences concerned with the review of patient care

2-B Home Study

2-B Scientific Exhibits

2-B Other CME activities and programs approved for Category 2 credit by AOA Committee on Continuing Medical Education

} 90 hours maximum for any combination of Category 2-A and/or 2-B

Write to CME committee Sat. specialty limited hrs.

Category 2-A Formal educational programs sponsored by recognized institutions, organizations and agenc es.

This category is intended to allow osteopathic physicians the widest possible freedom of choice in attending formal educational programs of all sponsors recognized by the Committee.

Examples of recognized sponsors include but are not limited to:

- Accredited medical schools and hospitals.
- Medical societies and specialty practice organizations.
- Continuing medical education institutes.
- Governmental health agencies and institutions.

NOTE: **Formal educational programs sponsored by recognized osteopathic institutions, organizations, and their affiliates which do not meet the criteria under Category 1-A may e granted credit under Category 2-A.**

Category 2-B Other CME activities and programs approved for Category 2 credit by the AOA Committee on Continuing Medical Education, including scientific exhibits, home study and non-AOA accredited or approved hospital committee and departmental conferences concerned with the review f patient care, formal and informal educational activities specifically approved by the Committee conducted by non-recognized sponsors.

HOSPITAL EDUCATION/NON-OSTEOPATHIC

Attendance at non-AOA accredited and/or approved hospital committee and departmental conferences of an educational nature, such as tumor board and tissue committee conferences, mortality review, medical records audits, and utilization review. Hospital staff, departmental and division educational meetings may be granted credit under this category.

No credit may be granted for meetings entirely devoted to a hospital's business or administrative affairs.

HOME STUDY

Home Study — The Committee strongly believes that participation in formal CME programs is essential in fulfilling a physician's total educational needs. The Committee is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation.

For those reasons, the Committee has limited the number of credits which may be granted for h me study, and has adopted strict guidelines in granting those credits.

Reading — CME credits may be granted for reading the Journal of the AOA, THE D.O., and other selected journals published by AOA affiliated and recognized osteopathic organizations.

One-half credit per issue is granted alone. An additional ne-half credit per issue is granted if the CME quiz found in the AOA Journal is completed and returned to the Division of Continuing Medical Education.

CME credit for all other reading s limited to recognized scientific journals listed in *Index Medicus*. Copies of the *Index Medicus* can be found n the medical libraries. A list f English-language journals excerpted from *Index Medicus* appears periodically in THE D.O. magazine.

One-half credit per issue is granted for reading these recognized journals.

CME credits may be granted for mediated physician education programs recognized by the AOA or those considered to be in conformance with guidelines set by the CME Committee. These educational experiences could include audio cassette programs, video cassette programs, or computer assisted instruction.

For audio and video tape programs, credit will be awarded at the rate of one credit per hour of program playing time if an accompanying CME quiz is completed nd return to the AOA. For computer assisted instruction, credit will be awarded at the rate of one-half credit per hour of time spent in completion of the program, if sponsor generated documentation of the number of hours and the program's completion is received by the AOA.

Other Home Study Courses — Subject-oriented and refresher home study course and programs sponsored by recognized professional organizations may be eligible for CME credit, at the discretion of the Committee. The number of credit hours indicated by the sponsor will be considered in the Committee's evaluation of the program.

SCIENTIFIC EXHIBITS

Preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Appropriate documentation must be submitted with the request for credit. Ten credits will be granted for each new and differ ent scientific exhibit.

OTHER APPROVED CME

All other programs and modalities of continuing medical education as they may be requested, verified and documented by the Committee on CME.

Included under this category are formal and informal educational activities such as educational development; faculty development, physician administrator training; quality assessment programs; observation at medical centers; medical economics; programs dealing with experimental and investigative areas of medical practice; and programs specifically approved by th Committee conducted by non-recognized sponsors.

REQUESTS FOR INITIAL APPROVAL

Recognized sponsor may request initial approval for formal educational programs in advance from the Division of Continuing Medical Education.

Requests should be made as early as possible, and must include all the following information:

1) The full name of the sponsoring organization or institution, and all co-sponsors.
2) The program's title or subject.
3) The location and date(s) of the program.
4) The faculty presenting the program, identified by name, title, or affiliation, and professional degree.
5) A list of each speaker's topic and the time allotted. Closing times for all sessions should be indicated.
6) Th total number of educational hours, not including coffee breaks, lunc es, etc

Programs will be di idually ac nowledged and sponsors notified by mail if initia approval has been g anted o i the p o-gram may be eligible for CM credit. The categ and number of CME credits approved will be indicated. Mention of su h approval or eligibility may be included in announcements and the printed program.

It is not mandatory, owever, that th program be approved in advance to be eligible for CME credits. Fi al credits, in all cases, are granted only after a program has been completed and attendance documented.

Quality guidelines for the approval of Category 1-A credit were adopted at the July, 1979 meeting of the AOA Board of Trustees. These guidelines provide a new method for identifying sponsors of ategory 1-A credit. (See page).

AOA-CME Sponsor — *Definition:* An AOA-CME sponsor of Category 1-A programs is defined as an osteopathic institution, organization, r affiliate that presents programs that qualify for AOA ME credit.

If two or more sponsors act n association, the responsibility for complying with the standards for quality is held jointly. If an approved sponsor acts in association with others in the development, distribution and/or presentation of CME activities, it is mandatory that the identity of the AOA approved sponsor or sponsors be identified in the title, advertising and promotional materials and the responsibility for adherence to the standards of quality must rest with the AOA approved sponsor. The sponsor shall insure that sound educational goal planning takes place in all programs.

1. **Approval process for formal osteopathic sponsors:**

Prospective "formal" CME sponsors will seek recognition by following an AOA approval process. If an applying sponsor gains AOA approval, then that sponsor may conduct programs in Category 1-A which follow basic AOA guidelines.

NOTE: Category 1-A programs may also be sponsored by osteopathic institutions, organizations, and affiliates providing evidence that AOA standards are being met. These sponsors must seek prior approval of such programs.

An osteopathic institution, organization, or affiliate seeking recognition as a "formal sponsor" shall be considered by the AOA Committee on Continuing Medical Education only after certain minimum criteria are met. These criteria may be m t when the items listed below are received in the AOA Department of Education.

1. A completed application form.
2. Documentary evidence that the AOA quality standards for CME are being applied.
3. Each sponsoring group must provide assurance that at least 50% of ea h prog am or that sponsor's listing is planne and pres nted by osteopathic physicians.
4. The sponsor will inform the AOA of program developments in a timely and systematic manner.

The AOA will publish as part of the AOA Coming Events, with a special designation, the programs of recognized sponsors. Each sponsor must reapply to retain the right to be recognized and to have special designations on the program published in the ***AOA Coming Events.*** The approval review will be conducted every three years, but the AOA Committee on Continuing Medical Education retains the right t terminate approval for cause. Due process is provided through the Bureau of Professional Education appeal mechanism and procedures. The AOA will notify each applicant of the disposition f the recognition request in a prompt and timely manner.

REPORTING CME ACTIVITIES

Reporting of CME activities may be submitted to the Division f Continuing Medical Education by either sponsor or individual physicians.

It is **mandatory**, however, that each report of CME activities be submitted on the appropriate form. Only in this way can appropriate credits under the appropriate category be entered on the individual physician's CME computer record.

Sponsors and physicians should n t indicate more than ne program or type of activity on a single form. Copies of appropriate forms may be obtained from the Division of Continuing

Medical Education. These forms may be copied or reproduced as desired.

Sponsors should report physic an participation in CME activities using either the "Roster o Attendance" or "Hospital Peer Review Activity" orm.

Th Roster of Attendance form is used to document attendance at formal educational programs sponsored by recognized organizations and institutions. This form is pr vided t the sponsor by th Division of CME, usually with the notification of "initial" approval.

Each physician attending the program should be listed on the form by entering the appropriate AOA number, name, college an year of graduation. The AOA number can be found on the physician's AOA membership card. The completed form, together with a copy of the printed program, should be forwarded to the Division of CME by the sponsor, as soon a possible following the meeting.

NOTE: If this procedure is followed, physicians need not and should not submit individual certification of attendance. It is the sponsor's responsibility, however, to inform physicians attending a program that their names are being submitted on the Roster of Attendance form.

The Hospital Peer Review Activity form is used to document participation by staff physicians in hospital CME activities and programs as described under Category 1-B.

Th form is designed to serve as a cumulative record of each staff physician's Category 1-B CME activities. No other activities or programs should be included on this form.

Copies of the form are provided to Director f Medical Education of accredited osteopathic h spitals by the Division of CME. Completed forms for all staff physicians should be returned to the Division at one time, preferably quarterly.

NOTE: If these procedures are followed, staff physicians need not and should not submit individual certifications of Category 1-B activities.

Attendance at special programs, seminars and meetings sponsored by the hospital should be reported on the "Roster of Attendance" form described above.

Physicians practicing in joint-staff hospitals should request copies of the Hospital Peer Review Activity form from the Division of Continuing Medical Education.

The Home Study form is intended to document individual reading of recognized scientific urnals, listening to approved audio-tapes, and other approved home study courses and programs under the criteria described for Category 2-B.

Only one type of home study, such as reading, should be indicated on a Single form, though multiple issues of scientific journals may be listed.

This form should not be used, however, when CME quiz cards for the AOA Journal, and AOA Audio-Educational tape programs are submitted separately.

The Individual Certification form is intended for use by individual physicians to docume t all other CME activities ot reported on other forms.

Copies of the Individual Certification form may be obtained from the Division of CME.

Examples of CME activities to be reported on this form include:

- Development and publication of scientific papers and electro lcally communicat d rograms — **Category 1-B.**
- Medical teaching — **Category 1-B.**
- Other osteopathic CME programs d activities approved by the Committee o Continuing Medical Education — **Category 1-B.**
- Attendance at formal educational rograms sponsored by recognized institutions, organizations and agencies at which the "Roster of Attendance" form is no submitted by the sponsor — **Category 2-A.** These include most non-osteopathic programs.
- Scientific exhibits — **Category 2-B.**
- A other programs nd mo alities of CME as they may be requested, verified and documented by th Committee o Continuing Medical Education **Category 2-B.**

Only one CME activity or program may be reported on ach Individual Certification form. It is mandatory that documentation, appropriate to the program or activity, be enclosed with each form. Forms listing more than ne CME activity, or forms received without sufficient documentation, will be returned.

GRANTING C E CREDITS

The Committe on Continui g Medical Educati n reserves the right to evaluate all programs a d activities o an individual basis, and to deny CME c edits at its discretion to those which do not fulfill criteria described in this Guide.

For most CME programs, credit is granted on the formula of one credit for each hour of educational activity. That formula may be modified at the Committee's discretion, depending on individual circumstances. In no case, however, will CME credit be granted for coffee breaks, social functions, or time allotted to business or administrative matters.

The number of CME cr dits indicated for a program by other organizations will be considered by the Committee in its total evaluation. However, in all cases, the Committee reserves the right to make final determination of the number and category of credits granted.

Reports of CME acti ities which meet criteria will be accepted and appropriate credits entered on the physician's

record. All credits will be reported on the Individual Activity Report, described below. Sponsors and physicians will be notified if CME credits are granted. For these reasons, it is essential that both sponsors and physicians keep duplicate copies of all forms submitted for CME credits.

If the Committee has any reason to question a CME program or activity, the sponsor or physician will be requested to clarify specific matters before final approval is granted and credits are recorded. Sponsors and physicians will be notified by mail in all cases where CME credits are reduced or denied, with the reasons for such action indicated.

RIGHT OF APPEAL

All osteopathic physicians and affiliated osteopathic organizations and institutions participating in the CME program have the right to request reconsideration or appeal of any decision made by the Committee on Continuing Medical Education.

Procedures for reconsideration and appeal are described in a formal document available on request from the Division of Continuing Medical Education.

All requests for reconsideration and appeal should be initiated as soon as possible after the decision under question has been made.

INDIVIDUAL ACTIVITY REPORTS

AOA members will receive **Individual Activity Reports** of their CME credits at appropriate intervals. The report will be a computer print-out of CME activity as compiled from documents submitted to the Division of Continuing Medical Education by both sponsors and the physician.

All acceptable CME hours will be indicated, even though they may exceed the maximum allowable for a particular category. Total hours applicable to each physician's CME requirement will be indicated in a statistical summary at the bottom of the report.

The main portion of the report will be a line-by-line listing of each CME activity or program recorded for the physician. Each line will indicate the date of the activity, the unique program number assigned to it for computer recording, the title of the program, the category under which credits were granted, and the number of hours granted.

Any physician who believes an error has been made in this report should contact the Division of CME and supply appropriate documentation so the record may be corrected.

A charge will be made for **Individual Activity Reports** requested by AOA non-members.

NOTE: Individual Activity Reports will be mailed to physicians. It is the physician's right and responsibility to forward duplicate copies of this report to others, as necessary.

CME CERTIFICATES

An AOA-CME Certificate may be purchased in the third year of the CME cycle by those who have successfully completed the required 150 hours of Continuing Medical Education necessary to maintain membership in the association. This certificate is available at a nominal fee and may be used to advise your patients of your interest in keeping current with new advances in osteopathic medicine.

Member doctors who qualify for a certificate will be notified by the Division of CME in March of the third year of the AOA-CME cycle.

Attachment 2

The Physician's Recognition Award

AMERICAN
MEDICAL ASSOCIATION

Effective January 1, 1986

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Introduction

The Physician's Recognition Award (PRA) was established by the House of Delegates of the American Medical Association in December of 1968. The purpose of the Award is to encourage physician participation in continuing medical education and to recognize physicians who have voluntarily completed programs of continuing medical education.

In 1985, over 35,000 PRA certificates were issued. Currently there are over 101,000 valid certificates held by physicians. Awardees represent all states of the United States and all medical specialties. Over 422,000 certificates have been issued since the Award was established.

The basic requirement for the PRA certificate, completion of 150 hours of continuing medical education during a consecutive three-year period, is standard among most organizations providing certificates. Reciprocity arrangements have been made with 20 other medical organizations, including both state medical societies and medical specialty societies. A list of the reciprocity arrangements in effect as of June 30, 1985 is provided on page 10.

The House of Delegates has adopted the policy that continuing medical education should be voluntary, that is, that it should not be required for membership in medical societies or for reregistration for licensure to practice medicine. In accordance with this policy the PRA is not required for membership in the AMA, or for any membership benefits.

The Award is accepted by eleven state licensing boards as evidence that a physician has completed continuing medical education that satisfies the board's requirements for reregistration for licensure. As of June 30, 1985, the eleven states that accept the certificate for this purpose are Arizona, California, Hawaii, Iowa, Kansas, Massachusetts, New Hampshire, New Mexico, Pennsylvania, Utah, and Washington.

While the AMA has not supported mandatory reporting of continuing medical education, the Association has supported the idea that all physicians should participate in continuing medical education throughout their careers, and that physicians have professional responsibility for such participation. Physicians should be responsible for choosing educational activities that meet their individual needs and learning styles.

The PRA program is administered by the Office of Physician Credentials and Qualifications. Policies and administrative procedures for the PRA program are the responsibility of the Council on Medical Education. Recommendations concerning PRA policy are made to the Council by the Continuing Medical Education Advisory Committee.

PART 1 - Information for Physicians Completing the PRA Application

Definition of Continuing Medical Education

The following definition of continuing medical education was adopted by the House of Delegates in July 1982 for use by the PRA program:

> Continuing Medical Education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

It is believed that this definition and the rules applied by the PRA program are sufficiently broad to permit physicians to undertake continuing medical education activities relevant to their professional responsibilities. All continuing medical education reported for the PRA should comply with this definition, regardless of whether it is reported under AMA/PRA Category 1 or under Category 2.

Information on activities that are not continuing medical education in the sense of this definition is provided on page 14.

Eligibility

Physicians who hold valid current licenses issued by one of the U.S. licensing jurisdictions or one of the provinces in Canada, or who are engaged in residency training in an accredited program in the United States can apply for the PRA, without regard to citizenship or membership in the AMA or state medical societies. This rule applies both to graduates of U.S. and of foreign medical schools. Information about an applicant's U.S. license or his appointment to residency training must be included in the AMA Physician Masterfile. The PRA cannot be provided to foreign medical graduates who do not reside in the U.S. unless they are members of the AMA. Foreign medical graduates who give up residence in the U.S. are not eligibile for the Award unless they are members of the AMA.

Requirements for the PR/

In order to qualify for the Award, an applicant must report 150 credit hours of continuing medical education during a consecutive three-year period immediately preceding the date of the application. Of these 150 hours, at least 60 must be in AMA/PRA Category 1.

Ninety hours of education can be in Category 2 which combines the former Categories 2 through 6. Credit hours are based on hour-for-hour participation in a continuing medical education activity (except the reports of residency and fellowship training and publishing journal articles) with the number of hours rounded to the nearest whole hour.

The categories, with the credit-hour limitation and descriptions of each, are listed below.

AMA/PRA Category 1 **No Credit Hour Limit**
CME Activities Designated Category 1 by an Accredited Sponsor

Category 2 **90 Hour Limit**
- a) CME Lectures and Seminars not Designated as Category 1 by an Accredited Sponsor
- b) Medical Teaching
- c) Articles, Publications, Books and Exhibits
- d) Non-Supervised Individual CME
  - 1) Self-Instruction
  - 2) Consultation
  - 3) Patient Care Review
  - 4) Self Assessment
- e) Other Meritorious Learning Experiences

CATEGORY 1: Continuing Medical Education
Activities so Designated by an Accredited Sponsor

A minimum of 60 credit hours in AMA/PRA Category 1 is required for the PRA; however, all 150 hours may be in this category. In order to meet the criteria for AMA/PRA Category 1, a continuing medical education activity must meet the following requirements:

1. Be sponsored by an organization accredited for continuing medical education by one of the state medical associations or by the Accreditation Council for Continuing Medical Education (ACCME), and
2. be designated as AMA/PRA Category 1 education by that organization.

Organizations sponsoring continuing medical education activities are responsible for informing participants whether a program has been designated AMA/PRA Category 1 and, if so, how many credit hours are provided for completing the activity.

Sponsoring organizations should use the designation statement provided on page 23 of this booklet to indicate the number of credit hours earned for completing an activity. In order to be designated as AMA/PRA Category 1, activities must meet certain educational standards. These standards are described in the section of this booklet dealing with organizational sponsorship of continuing medical education. (See page 19.)

When CME activities are sponsored jointly, the accredited sponsor should be listed on the PRA application form.

Continuing medical education self-study materials such as videotapes and films can, in specific instances, be designated AMA/PRA Category 1. Rules covering this are provided on page 20.

CATEGORY 2: All Other Categories of CME
Education reported under Category 2 must meet the definition of continuing medical education and fit one of the descriptions of education provided below. All 90 hours of education which can be reported under Category 2 can be reported in one of the sub-categories described below. For instance, 90 hours of credit may be claimed for medical teaching or for the publication of journal articles.

Category 2 education can be provided by either an accredited or an unaccredited organization. No designation statement concerning category or amount of credit should be used in program brochures for Category 2 activities. Physicians report Category 2 activities for the PRA if they find that the activities meet the definition of continuing medical education and fulfill an educational need.

a) CME Lectures and Seminars not designated Category 1

Lectures and seminars provided by unaccredited organizations can be reported under Category 2, as well as lectures and seminars provided by accredited organizations that are not designated AMA/PRA Category 1. The fact that a program is not designated AMA PRA Category 1 does not indicate that it is of poor quality, but only that it does not meet all of the educational requirements established for AMA/PRA Category 1 programs.

b) Medical Teaching

Credit may be claimed in Category 2 for contact hours of teaching medical students, preceptees, residents, practicing physicians, and other health care professionals. Please note, however, that all continuing medical education, including teaching, is by definition an activity that a physician undertakes outside of his major professional responsibility; consequently, teaching medical students and residents should not be reported as continuing medical education by full-time faculty.

c) Articles, Publications, Books, and Exhibits

Ten hours of credit may be claimed for publication of a medical or medically related article, for each chapter of a medical or medically related book, or other medical education materials. Articles must be published in a recognized medical journal; that is, the journal of an organization which requires a medical or medically related degree for membership, or a journal that is read primarily by physicians or members of other health professions.

Credit may be claimed only once for the medical or educational content of a publication regardless of its being reissued in a changed format. For instance, information appearing at one time as a journal article and at another as a chapter of a book should be claimed only once.

Credit also can be claimed only once for preparation of an exhibit that is displayed at a continuing medical education meeting or at another educational activity. Ten credit hours can be claimed for preparation of an exhibit.

d) Non-Supervised CME

(1) Self-Instruction

Reading of medical literature and the use of self-instructional materials may be reported. The reading matter and self-instructional materials used need not be sponsored by an organization accredited for continuing education, nor do they need to meet the definition of a planned program of continuing medical education. (See page 20 for the definition of a planned program.)

Examples of self-instructional materials include:

- Audiovisual materials, such as videotapes, audiotapes, films, filmstrips, slides, used individually and without direct supervision
- open- or closed-circuit television and radio broadcasts, and instruction using telephone networks when used individually.

- Programmed medical education materials, teaching devices, and computer-assisted instruction and learning. (Such education can be accumulated in less than one hour units but should be reported on the PRA application in one-hour blocks).

(2) Consultation

The education that a physician receives from a consultant may be reported provided that the consultation is organized in such a way as to meet the definition of a planned program of CME. The instruction period should not be less than an hour.

An activity provided by an individual instructor without institutional sponsorship can be reported under this category.

Ordinary case consultation should not be reported in this or in other categories.

The consultant or instructor providing the education reported under this category can report the teaching activity.

(3) Patient Care Review

Credit can be reported for participation in review and evaluation of patient care. This includes such activities as peer review, medical audit, case conference, and chart audit. (See page 14 for information about activities that do not earn continuing medical education credit.)

Service on hospital medical staff committees for tissue review, infections, death conference, pharmacy, etc. may also be claimed when the committees are concerned with some aspect of medical care rather than with administration.

(4) Self-Assessment

Credit may be claimed for the time spent in taking a self-assessment examination. To be acceptable, the examinations must be scored and the results made known to the participants so they can plan activities based on the needs identified.

Continuing medical education undertaken by a physician in preparation for a self-assessment examination, or later study based on the results of a self-assessment examination, should be claimed in Category 2 unless the examination has been designated AMA PRA Category 1 by an accredited sponsor.

(e) Other Meritorious Learning Experiences

"Other Meritorious Learning Experiences" refers to

educational activities that have been of a ...que educational benefit to a physician but that do not fit the descriptions of educational activities provided above. The report of these activities should be made in a narrative form, and attached to the application. The narrative must include the following:

1. The educational need that the activity served,
2. a description of the activity, including the educational content and the way in which learning occurred,
3. the amount of time spent on the project, and
4. the number of credit hours claimed.

If teachers or educational institutions were involved in the project, they should be identified.

Credit should not be claimed for service to medical societies or other medical organizations, for public service, or for research activities.

Credit cannot be allowed unless information is provided in regard to the four points listed above. This will be reviewed by a staff committee, and a judgment made as to the acceptability of the credit.

Obtaining a PRA Application

The AMA House of Delegates has directed that an application be mailed each year to all physicians practicing in the U.S. who do not hold a valid PRA certificate. Additionally, applications are mailed to physicians who hold valid PRA certificates about three months before the certificates expire. Applications can be obtained at any time from the AMA Office of Physician Credentials and Qualifications either through writing or through telephoning (312) 645-4664.

When to Apply for the PRA: Dating the Application

There are no set reporting periods for the PRA; physicians can apply for a certificate whenever they have completed 150 hours of continuing medical education within a consecutive three-year period. The education reported must have occurred within the 36 months prior to the date entered on the application; the date entered on the application form may not be more than one calendar year earlier than the date on which the application is submitted for processing. For instance, an application may be dated June 1, 1984 and submitted on June 1, 1985. Applications may not include educational activities in process (except residency training), nor can the application be dated with a future date.

The expiration date entered on a PRA certificate is based on the date of the application form. Ordinarily, a certificate has an expiration date three years from the first day of the month following the date of the application except for certificates issued through reciprocity.

Thus, an application dated February 14, 1985, will result in a PRA certificate with an expiration date of March 1, 1988. Applicants who need special dates on their PRA certificates are asked to attach a note to the application asking for that date.

PRA certificates provided through reciprocity have the same expiration date as that of the certificate being reciprocated with. Since some medical organizations issue certificates with expiration dates more than three years in the future, PRA certificates issued through reciprocity will in those instances also have dates more than three years in advance. (See page 10 for the list of organizations with which the PRA Program has arranged reciprocity.)

Credit hours are based on hour-for-hour participation in educational activities, except in the case of residency training and publications. It is expected that the three-year period during which a certificate is valid will be used to accumulate credit for another certificate. An application can be submitted before an earlier one has expired; thus, a physician can have certificates with overlapping dates. Educational activities should not be reported twice; for instance, a publication based on research reported on a previous PRA application should not be included on a second application.

Fees

~~$10.00~~ $30.00 application fee is charged to AMA members. A ~~$25.00~~ application fee is charged to non-members. The fee covers the cost of reviewing an application and is not refundable. No fee is charged to a physician who was in an accredited residency program or a fellowship program at any time during the year preceding the date of the application. (See Residents and Fellows, Page 12).

AMA/PRA CATEGORY 1: Credit and Reciprocity

Detailed information on the characteristics of AMA/PRA Category 1 continuing medical education is provided in the section of this booklet entitled "Information for Orga-

nizations Providing Continuing cal Education." Physicians should note that only an organization accredited for continuing medical education can designate an activity AMA/PRA Category 1.

Organizations that are accredited for continuing medical education should include a statement on their brochures and printed programs for AMA/PRA Category 1 activities indicating that the organization is accredited, that the activity concerned is AMA/PRA Category 1, and that completing the activity provides a specified amount of credit. The designation statement is the following:

> The (name of accredited sponsor) designates this continuing medical education activity for (_____) credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

When providing reports of educational activities on their PRA applications, physicians should be careful to provide the exact name of the *accredited sponsor*. It should be kept in mind that an activity may be sponsored by an unaccredited organization and jointly sponsored by an accredited organization; in that case the name of the *accredited organization* should be listed on the application. Please note that frequently it is a medical school or an academic health science center that is accredited for continuing medical education rather than an affiliated hospital; in that case applications should indicate the medical school or the center as the *accredited sponsor* of the program rather than the hospital where the program was provided.

When there is doubt as to what organization was the accredited sponsor, an inquiry should be made of the sponsors of the program. Care should be taken also to use the exact name of the organization concerned; staff members are not always able to identify abbreviations or short forms of names, particularly of hospitals.

Reciprocal arrangements have been completed as of June 30, 1985, so that a PRA certificate can be provided to physicians who meet the continuing medical education requirements of the organizations listed below.

- American Academy of Dermatology (AAD)
- American Academy of Family Physicians (AAFP)
- American Association of Neurological Surgeons/ Congress of Neurological Surgeons (AANS/CNS)
- American College of Obstetricians and Gynecologists (ACOG)
- American College of Preventive Medicine (ACPM)
- American Psychiatric Association (APA)
- American Society of Clinical Pathologists/ College of American Pathologists (ASCP/CAP)

- American Society of Colon and Rectal Surgeons (ASCRS)
- American Society of Plastic and Reconstructive Surgeons (ASPRS)
- American Urological Association, Inc. (AUA)
- Arizona Medical Association (ArMA)
- California Medical Association (CMA)
- Massachusetts Medical Society (MMS)
- Medical Society of the District of Columbia (MSDC)
- Medical Society of New Jersey (MSNJ)
- Medical Society of Virginia (MSV)
- National Medical Association (NMA)
- Pennsylvania Medical Society (PMS)

The reciprocal arrangements provide that these organizations will send letters to those physicians who meet their requirements informing them that the letter can be forwarded to the PRA program for reciprocity purposes. Applicants are requested to make use of these letters.

The PRA certificate satisfies the continuing medical education requirements of the following organizations:

- American Association of Neurological Surgeons/ Congress of Neurological Surgeons
- American Society of Colon and Rectal Surgeons
- American Psychiatric Association

The PRA program periodically informs these organizations of physician members who have been provided with the PRA certificate.

Participation in Continuing Medical Education Programs in Canada; Applications for the PRA from Canadian Physicians

The Accreditation Council for Continuing Medical Education has entered into a reciprocity agreement with the Committee on Accreditation of Canadian Medical Schools. Medical schools whose CME programs are accredited by this Committee are recognized as accredited by ACCME. Consequently, U.S. and Canadian physicians, who participate in continuing medical education programs sponsored by Canadian medical schools can report that participation for AMA/PRA Category 1 credit toward the Physician's Recognition Award.

Please note that continuing education programs provided by Canadian organizations that are not accredited by the Committee on Accreditation of Canadian Medical

Schools cannot be reported for AMA PRA Category 1 credit; they can be reported for Category 2 credit.

Canadian physicians who are licensed in one of the Provinces of Canada can make application for the Physician's Recognition Award. Sixty hours of Category 1 education provided by a Canadian medical school will satisfy the AMA/PRA Category 1 requirement for the Award.

Signature and Records Maintenance

Physicians who apply for the PRA are not required to present certificates of attendance.

Instead, the signature of a physician on the application form is accepted as evidence that the physician completed the education that is reported on the application. Unsigned applications are returned for signature.

When it is more convenient to do so, physicians may attach transcripts of continuing medical education activities to applications instead of completing the application form. The transcript should include information as to what agency provided it; in every instance it must be clear that the physician intends the transcript to serve as an application for the PRA.

The AMA does not maintain records of continuing medical education for physicians except in the case of programs sponsored by the AMA. Further, PRA applications are returned to physicians after they are processed; copies of the applications are not maintained at the AMA. Physicians are responsible for maintaining their own records of continuing medical education, either through maintaining the records themselves or contracting with an agency to do so.

Residents and Fellows

Fifty hours of AMA/PRA Category 1 credit is allowed toward the PRA for each full year of an accredited residency or fellowship which is completed. Full-time graduate study for part of a year is accepted as one credit hour per week. During the time a physician is in full-time training in an accredited program, no other credits toward a PRA certificate can be earned.

Part-time study should be claimed in AMA/PRA Category 1 on a pro rata basis of one hour for each 5 days. If a resident participates in an approved residency program one-half of each day, credit should be claimed at the rate of one-half hour per week.

Training outside the United States as part of an ACGME-approved program may be claimed in AMA/PRA Category 1.

Application forms are mailed to resident physicians who have completed three years of residency training. The name of the institution providing the training (either the hospital or the medical school), the city in which the training is provided, the field of training, and the dates of the training should be entered in the section of the application provided for reporting AMA/PRA Category 1 education. There is no fee for physicians who have been in a residency training program or a fellowship for any part of the year prior to the time application is made.

Residency training can be reported as part of the 150 hours needed for the Award. For instance, 50 hours can be reported for residency training and 100 hours reported for regular continuing medical education activities. Please note, however, that credit cannot be reported for continuing medical education activities undertaken while residency training is in progress.

Residents in programs sponsored by the Armed Forces may report residency training occurring over a period longer than three consecutive years, so long as one of the years is in an armed forces residency program.

Medically Related Degrees

Study for a medically related degree, such as a Master's Degree in Public Health, may be claimed for 50 credit hours per year in AMA/PRA Category 1, if the educational program is provided in a school accredited by one of the regional accrediting associations. The physician applying for credit in AMA/PRA Category 1 under this provision must include with the application an explanation of how the degree or the study toward the degree is to be used in the practice of medicine. For example, a Master's Degree in Business Administration a physician intends to use to establish a business or to improve personal investments would not be acceptable toward the PRA. However, a Master's Degree in Business Administration would be acceptable if reported by the Medical Director of a hospital whose professional responsibilities included the administrative aspects of the delivery of medical care.

Full-time study for a part of a year is accepted as one credit hour per week. Credit for part-time study should be claimed on the same basis as part-time participation in an approved residency. (See page 12.)

Activities That Do Not Earn Credits Toward the PRA

The PRA is earned only by participation in continuing medical education activities. It is not intended as a means of honoring physicians for acts of charity or long and faithful service to the field of medicine. No credit for the PRA can be earned for service on councils, committees, executive committees, task forces, etc. except as noted in the paragraph on page 7 entitled "Patient Care Review." Further, the certificate for the PRA is neither a character reference nor a certificate of competence and cannot be used for these purposes. The PRA certificate remains the property of the AMA and must be returned to the AMA if requested.

Since the PRA is not intended to certify competence, passing examinations intended to measure competence, such as license examinations or specialty board certification or recertification examinations, is not accepted toward qualification for the PRA. However, the study a physician does in preparation for these types of examinations is accepted toward qualifying for the PRA.

Credit should not be claimed for education which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from clinical experience, or the conduct of research.

No credit for the PRA can be earned for medical editing. Credit can be earned for viewing exhibits.

States with Continuing Medical Education Requirements for Reregistration of the License to Practice Medicine

As of July 1, 1985, 25 states had rules in regard to reporting continuing medical education in connection with reregistration for the license to practice medicine. Of the 25 states, 18 have implemented the rules and require reports to be submitted. The states that have reporting requirement rules, are listed below. Those marked with an asterisk require reports to be submitted. Additional information is provided in the Continuing Medical Education Fact Sheet which is issued semi-annually; copies can be obtained from the Office of Physician Credentials and Qualifications.

Alaska	Kentucky	New Hampshire*
Arizona*	Maine*	New Mexico*
Arkansas	Maryland*	Ohio*
California*	Massachusetts*	Pennsylvania
Hawaii*	Michigan*	Puerto Rico
Illinois	Minnesota*	Rhode Island*
Iowa*	Nebraska	Utah*
Kansas*	Nevada*	Washington*
		Wisconsin*

Eleven state medical societies have continuing medical education requirements for continued membership. A list of these follows. More detailed information about these requirements is also provided in the CME Fact Sheet.

Delaware	Kansas	Oregon
District of Columbia	New Jersey	Pennsylvania
Florida	New York	Vermont
	North Carolina	Virginia

Institutional Accreditation for Continuing Medical Education

Only an institution or organization accredited for continuing medical education can designate a CME activity as earning AMA/PRA Category 1 credit.

The Accreditation Council for Continuing Medical Education (ACCME) is responsible for CME accreditation of medical schools, state medical societies, and other institutions and organizations which design their CME activities for a national or regional audience of physicians. The Council, established on January 1, 1981, is sponsored by seven national organizations: The American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards.

State medical societies are responsible for the accreditation of institutions and organizations which design their CME activities primarily for physicians within the state and bordering states. All institutions and organizations accredited by state medical societies are recognized by the ACCME and placed on the one national list of CME accredited institutions and organizations.

Only institutions and organizations are accredited. During the period of accreditation, the accredited sponsors may designate any of their CME activities which meet the criteria for AMA/PRA Category 1 as earning AMA/PRA Category 1 credit.

The ACCME and state medical societies do not accredit nor approve individual CME activities, nor does the AMA review and evaluate individual CME activities for purposes of granting credit. The responsibility for designating AMA/PRA Category 1 credit rests solely with the CME accredited institutions and organizations, following the criteria and regulations established by the AMA/PRA Program.

Institutions and organizations interested in obtaining CME accreditation should contact the ACCME or a state medical society. The address of ACCME is

Accreditation Council for Co ing
Medical Education
P. O. Box 245
Lake Bluff, IL 60044
Telephone: 312/294-1490

Definition of Continuing Medical Education (CME)

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

This broad definition of CME recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, and appreciation of literature or music, are not CME.

This definition of CME applies to both categories of the PRA. Thus, there is no subject matter which is suitable for Category 2 but not for AMA/PRA Category 1.

Definition of AMA/PRA Category 1 CME

An activity can be designated AMA/PRA Category 1 if it is sponsored or jointly sponsored by an institution or organization accredited for continuing medical education by ACCME or by a state medical society, and if the activity meets the following criteria:

(1) It conforms to the AMA definition of continuing medical education,
(2) it is based on perceived or demonstrated educational need,
(3) it is intended to meet the continuing medical education needs of an individual physician or a specific group of physicians,
(4) the educational objectives for the activity are stated,
(5) the content is appropriate for the specified objectives,
(6) the teaching/learning methodologies and techniques are suitable for the objectives and format of the activity,
(7) evaluation mechanisms are defined to assess the quality of the activity and its relevance to the stated needs and objectives, and
(8) there is documentation of physicians' participation by the sponsoring institution/organizaton.

Individual CME activities are not accredited; only organizations and institutions are accredited. Accredited institutions designate programs AMA PRA Category 1, if these programs meet the definition of AMA/PRA Category 1 education.

Responsibilities of an Accredited Organization for Joint Sponsorship of a CME Activity Designated AMA/PRA Category 1

An accredited sponsor may jointly sponsor a CME activity with an institution or organization which is not accredited, and designate this CME activity AMA PRA Category 1. In joint sponsorship, the accredited sponsor must meet the requirements of Essential 7 of the ACCME Essentials. The accredited sponsor must participate integrally in the planning and implementation of the CME activity and conduct an evaluation of the activity. In other words, the accredited sponsor must exercise the same responsibility for the CME activity that it jointly sponsors as for a CME activity which is completely its own.

The name of the accredited sponsor should appear on all promotional materials and on the printed program of the jointly sponsored activity. If more than one accredited sponsor jointly sponsors a CME activity, one should assume responsibility for the activity and designate the AMA/PRA Category 1 credit.

Definition of a Planned Program of CME

For the purposes of the PRA, a planned program of continuing medical education is defined as one that covers a subject area in the depth that is appropriate for the intended audience and that is planned, administered, and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained.

Many formats can be modified to meet the definition of a planned program. They include:

- Lecture Series
- Grand Rounds
- Teaching Rounds
- Departmental Scientific Meetings
- Seminars
- Workshops
- Clinical Traineeships
- Mini-Residencies
- Multimedial Self-Instruction Programs
- Continuing medical education activities of State and County Medical Societies and Specialty Societies, including local, regional, state, national or international meetings

Periodic activities, such as a lecture series or grand or teaching rounds, can be planned and presented systematically so that over a designated period of time, all significant areas of a specialty or subspecialty are covered.

Educational objectives for a planned program of CME should be based on clearly identified needs and should identify the target group. Frequently group or individual needs can be determined from a practice profile, peer review, self-assessment, case audits, or individually identified needs. New medical knowledge can also serve as a basis for developing the educational objectives that are specific for a particular knowledge level or performance capability.

Brochures and announcements for continuing medical education activities must state educational objectives and the intended audience as a means of helping physicians decide whether to participate.

Criteria for AMA/PRA Category 1 Educational Materials

Under most circumstances, the use of educational materials meets the criteria for Category 2. When audiovisual materials are used as an integral part of an activity which is designated as meeting the criteria for AMA PRA Category 1, the time spent in using these materials is included in the total instruction time reported. The same principle applies for educational materials used in activities reported under Category 2.

For the purposes of the PRA, the term "educational materials" includes printed educational material, audiotapes, videocassettes, films, filmstrips, slides and computer-assisted instruction. It also includes education disseminated by open- and closed-circuit networks, broadcasts by satellite or radio with or without two-way communication, and electronic teaching aids and devices.

When any of the above "educational materials" are to be designated AMA/PRA Category 1 for Educational Materials, they must meet all of the following criteria:

1. Be sponsored or jointly sponsored by an organization accredited for CME by the ACCME or a state medical society.
2. Meet the definition of a planned program of CME.
3. Provide a clear, concise statement of educational objectives and indicate the intended audience.
4. Provide clearly stated instructions to the learner.
5. Provide supplemental materials to amplify, clarify and reinforce specific information, as well as to give the activity breadth and balance.

   These supplemental materials should form an integral part of the activity and contain all of the following, unless inappropriate or duplicative:

   a) an outline or study guide,
   b) references for both the body of knowledge presented and for later individual extended study beyond the content covered in the educational material,
   c) graphic or demonstration materials,
   d) audio materials, and
   e) systems that require student interaction to reinforce the education, such as answering questions or considering a patient-management problem.
6. Be evaluated in terms of the educational objectives of the activity and their ability to convey information correctly.

   Deficiencies found in the process of the evaluation should be corrected and the material re-evaluated prior to distribution. Information about the methods of evaluation and the findings and action taken should be available upon request.

   For materials periodically produced, each subject, area, series, or educational unit should be evaluated prior to release.

Although an examination is not required in order for an activity to meet the criteria for AMA/PRA Category 1 for Educational Materials, it is often used as a means of evaluation and of verifying physician participation.

If an examination is used as a method of evaluating the materials after distribution, it should measure whether the physician has acquired the basic information, and whether the physician can integrate, analyze, and apply it in a simulated problem.

Examinations should be scored confidentially. Individual scores, including relative performance on individual questions, should be returned to individual physicians, on a confidential basis, so they can use this information in planning their personal programs of continuing medical education. Composite scores should be made available to the accredited sponsoring organization so that the scores can be used to evaluate and improve the activity. Tests should be sent to the accredited sponsoring organization or to a bonded organization for scoring.

7. Have a means of verifying physician participation.
8. Provide a local instructor when audiovisual materials designated AMA/PRA Category 1 for Educational Materials are used by groups of physicians.

The instructor may be selected by the medical organizations having the local responsibility for the program. When a local instructor is required, a suitable instructor's kit must be provided far enough in advance of the program to allow the instructor to be well prepared. The kit should include additional materials, such as

a) an instructor's guide,
b) questions for discussion,
c) additional patient-management problems,
d) materials for display or demonstration,
e) copies of the photographs, charts, graphs, slides, and audio materials used in the audiovisual program,
f) materials designed for a review of the basic points of the presentation,
g) additional or supplemental materials for distribution.

The local instructor is expected to participate actively in the activity by leading the discussion. Physicians who serve as local instructors may claim credit in Category 2.

Physicians who are authors of self-instructional materials may claim 10 hours credit in Category 2 for each activity that is designated AMA/PRA Category 1 for Educational Materials.

Category and Credit Hour Designation Statements for the PRA

Organizations and institutions are responsible for the designation of the category and hours of credit provided for activities they sponsor or jointly sponsor. The following designation statements should be used on brochures, printed programs, and educational materials that are designated AMA/PRA Category 1. No designation statement is used for Category 2 programs or materials.

Designation Statement for AMA/PRA Category 1 Activities and Materials

The (name of accredited sponsor) designates this continuing medical education activity for (_____) credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Designation Statement for AMA/PRA Category 1 Meetings with Concurrent Sessions

The (name of the accredited sponsor) designates this continuing medical education activity as Category 1 of the Physician's Recognition Award of the American Medical Association. One credit hour may be claimed for each hour of participation by the individual physician. If a program includes activities that do not meet the definition of continuing medical education, then only the portions that do meet the definition should be designated for credit.

In addition to the designation statement, brochures should include the following:

1. Title of course
2. List of topics to be included
3. Intended audience
4. Educational objective of the program
5. List of faculty

Consultation and Appeals

Brochures and announcements are monitored by the staff of the PRA program. When circumstances indicate, followup inquiries are made to determine whether

or not the designated criteria for th egory and hours are met. In most circumstances, incorrect designations are based on misunderstandings which can be resolved easily by consultation.

The PRA staff offers consultation to individuals and organizations regarding questions about the correct AMA/PRA category and number of hours for a specific activity. Unfavorable interpretations made by the PRA staff may be appealed to the Continuing Medical Education Advisory Committee and, if necessary, to the Council on Medical Education.

Continuing Medical Education

GUIDE

DIVISION OF CONTINUING MEDICAL EDUCATION

AMERICAN OSTEOPATHIC ASSOCIATION

142 E. ONTARIO STREET
CHICAGO, ILLINOIS 60611
(312) 280-5800

AMERICAN OSTEOPATHIC ASSOCIATION

1992-1994

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INTRODUCTION

This edition of the CME Guide includes certain changes in the requirements, guidelines and procedures of the American Osteopathic Association's program on continuing medical education effective as of January 1, 1992.

These changes reflect both experiences accumulated by the Committee on CME in administering the program since it was initiated on June 1, 1973, as well as many specific recommendations made by those participating in the program.

While the objectives of the CME program remain the same, these changes are intended to simplify administrative procedures and make all requirements, guidelines and procedures more easily understood.

This document is designed to serve as a handy reference which should answer most, if not all, questions concerning the CME program. It can serve its intended purpose, however, only if it is read thoroughly, its content absorbed, and then referred to as specific questions arise. The special summary found on the center pages should be particularly helpful in answering the most common questions.

The Committee welcomes comments and suggestions from all individuals and organizations participating in the program. These should be directed to the Division of CME, American Osteopathic Association, 142 E. Ontario Street, Chicago, Illinois 60611.

Chairman
Committee on Continuing
Medical Education.

BASIC GUIDELINES

The basic objectives of continuing medical education are the growth of knowledge, the refinement of skills, and the deepening of understanding.

The ultimate goals of continuing medical education are continued excellence of patient care and improving the health and well-being of the individual patient and the public.

The American Osteopathic Association's mandatory program of continuing medical education is designed to encourage and assist osteopathic physicians in achieving these objectives and goals.

This is implemented, in part, by granting credits to osteopathic physicians for their participation in approved CME activities sponsored by recognized organizations, institutions and agencies.

Specifically excluded from credit, however, are educational programs leading to any formal advanced standing within the profession. These include pre-doctoral courses in colleges of osteopathic medicine, internships, residencies, preceptorships and fellowships.

Approved educational activities may be formal or informal, full-or-part-time. These include, but are not limited to, scientific seminars, workshops, refresher and postgraduate courses, lectures, home study, and local, state, regional and national medical meetings.

The American Osteopathic Association grants CME credits to osteopathic physicians for their participation in educational activities meeting specific criteria. These criteria, depending on the type of activity, are described on subsequent pages.

In all cases, credit is granted only after the educational activity has been completed and documented. Sponsors may seek AOA recognition for conducting a formal osteopathic program, or may submit programs in advance to the AOA Division of Continuing Medical Education for review. If a program meets criteria, the sponsor will be notified that "initial" approval has been granted, or that the program may be "eligible" for CME credits. Mention of such approval or eligibility may be included in announcements of the program and the printed program itself.

Osteopathic physicians wishing to know if a particular program is eligible for CME credit should first review the criteria under the appropriate category in the Guide. If the program meets the criteria, they may assume it is eligible and that they will be granted CME credits by properly reporting and documenting their participation. If in doubt, they should contact the Division of Continuing Medical Education at the AOA.

It is not mandatory, however, that a program be approved in advance to be eligible for CME credit since final determination of credits and categories are made only after a program has

been completed.

Physicians are encouraged to consult various AOA publications, including the *AOA COMING EVENTS*, to plan their CME activities in advance, compatible with their personal and professional interests and needs. It is recommended that annually each physician obtain CME credit in an AIDS related program.

The Committee on Continuing Medical Education is devoting increased attention to the educational quality and value of programs it approves for CME credit.

While "quality" and "value" admittedly are subjective, there are objective standards of evaluation which can help determine if an educational activity does in fact meet educational needs. The Committee gradually will integrate these standards into its evaluation procedures.

In particular, the Committee expects all CME planning groups to include three guidelines to help insure that the program is a meaningful educational experience.

First, the program should provide a clear statement of its educational objectives.

Next, the program should selectively utilize the faculty, formal and educational modalities best suited to the topic.

Finally, the program should conclude with some form of evaluation to determine if the educational objectives have been accomplished.

With these guidelines the physician can determine if the program meets his specific educational needs and thus become more intelligently selective in his CME activities.

The AOA CME quality guidelines are:

1. CME will be systematically organized and administered.
2. The program should focus on the needs of the participants. The programs should be based on some type of needs assessment when possible; that is, using a needs-identifying-process to form a priority list for educational programs in *advance*—based on deficiencies, problems, and needs. (that is, every program is to be a planned program of learning, not just one of trial and error conceived by a program chairman.) Some examples of these needs assessments are as follows:
   A. Medical Audit (Identifying Needs)
      1. Develop criteria of excellence (such as P.R.O.)
      2. Collect and summarize data.
      3. Analyze and interpret data.
   B. Pre-Test item analysis (Identified Needs)
   C. Self-Assessment (Identified Needs and Felt Needs)
   D. Questionnaire (Physician Felt Needs)
3. Establish a faculty for CME with adequate credentials.
4. Every program should have stated and printed educational objectives. The objectives should state what the physician should know or be able to do at the end of the program, for example: correction of outdated knowledge, and new knowledge in specific areas; master new skills, change attitudes or habits, etc.
5. Primary evaluation responsibility lies with the CME sponsors.
6. CME programs should include a variety of course-class alternatives and encourage innovative program development.
7. Each program should have a statement as to the type of audience for whom the program is designed—for example: general practitioners, surgeons, cardiologists, etc.—and the program should be relevant to the practice needs of this audience.
8. The sponsors should encourage active participation by the learner wherever possible.
9. Attendance records should be kept as means of assuring that those attending a program are given proper credit toward their CME requirement.
10. Sponsors shall conduct post-course evaluation to determine the effectiveness of the program and whether the stated objectives were met. Examples of evaluation methods are:
    A. Pre and post testing.
    B. Self-assessment.
    C. Practice in hospital medical audits.
    D. Post-course critique.
11. The sponsors should assure that proper facilities and equipment are provided to enable the presenter to teach effectively.

CALENDAR

The American Osteopathic Association grants credit for Continuing Medical Education on a three year calendar period. The prior "three-year" period of the CME program was January 1, 1989 through December 31, 1991. Required CME credit hours were earned at any time within that calendar period.

No credit, however, was granted for activities pursued prior to January 1, 1989. No credits, likewise, can be carried beyond December 31, 1991.

Thus, as of January 1, 1992, all osteopathic physicians participating in the program begin an entirely new calendar and will be expected to meet all CME requirements for each new calendar period thereafter.

REQUIREMENTS

All AOA Members - All AOA members engaged in active clinical practice are required to participate in the CME program and meet specified CME credit hour requirements to remain eligible for continued membership in the Association. Certified or board eligible D.O.'s must meet additional requirements related to their basic certification.

An "active" practitioner is defined as one who renders patient care, whether on a full-or-part-time basis.

Except as indicated in the exemptions, and reduction or waiver of requirements sections below, AOA members are required to obtain a minimum of 150 CME credit hours for each 3-year calendar period.

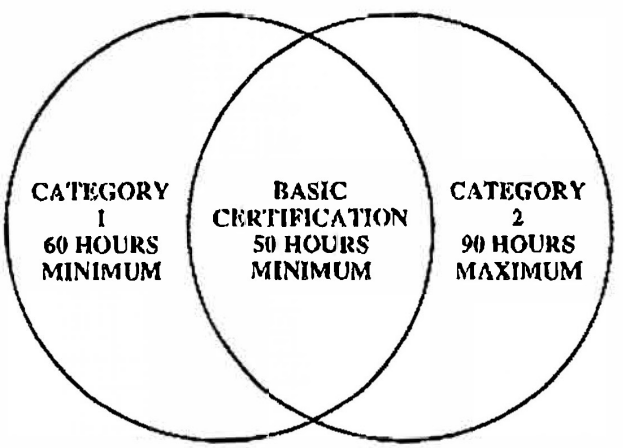
A minimum of 60 credits of the total requirement *must* be obtained under Category 1-A or 1-B, described below. However, the *full* CME requirement may be earned under category 1, in which case a maximum of 90 credits may be applied to Category 1-B.

A maximum of 90 credit hours of the total requirement may be earned under Category 2, described below.

Certified Physician - 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 basic certification in each 3-year CME period. These hours may be earned in Category 1 or Category 2. Failure to maintain this requirement will result in loss of certification or board eligibility.

Physicians who are board certified or board eligible in more than one specialty will be monitored in the basic certification area of their most recently obtained certification unless they submit a formal request to be monitored in one of their other specialties.

Physicians will be monitored in one specialty only.



EXEMPTION

AOA members specifically exempted from the CME program requirements include the following:

- Regular members not engaged in active clinical practice.
- Retired members.
- Associate members.
- Regular members outside the limits of the U.S. and Canada.
- Student members.
- Members actively engaged in formal postgraduate programs such as internships, residencies and other approved training programs which lead to formal advanced standing within the profession.
- Members actively participating in other AOA recognized postgraduate programs will qualify for exemption for the period of such training.
- Military members assigned positions other than their specialty.

Any osteopathic physician may participate in the AOA program and have his credits entered on the CME computer record. This record may be necessary to satisfy CME requirements of his divisional society, practice affiliate, state licensing boards, or the osteopathic hospital in which he practices.

REDUCTION OR WAIVER OF REQUIREMENTS

The Committee on Continuing Medical Education will formally consider requests for reduction or waiver of CME requirements based on individual mitigating circumstances. Such requests, submitted in writing, should contain complete information indicating why reduction or waiver is indicated. All information will be held strictly confidential. Formal notification of the Committee's decision will be forwarded to the applicant as soon as possible.

Requirements also are reduced for AOA members who experience a change in membership or practice status between the beginning and end of each 3-year calendar period. Examples include completing postdoctoral training and entering clinical practice, temporarily leaving practice for health or other personal reasons, re-entering practice or becoming an AOA member for the first time.

In such instances the number of credit hours required is reduced on a pro-rated formula, and the change entered on the physician's CME activity report.

The Committee on CME may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians on active duty in the military or public health service within the 48 contiguous states. The

Committee may consider the waiver of the Category 1 requirement for physicians on active duty in the military and public health services outside the 48 contiguous states. However, in each instance, the physician must meet or exceed the total requirement of 150 hours per 3-year period or justify a request for waiver of hours from the Committee on Continuing Medical Education.

Further, this policy applies to physicians on active duty who participate in medical programs authorized for uniformed physicians.

The Committee on CME may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians residing in small states. Small states refers to areas or states within the United States and its territories in which the population of practicing osteopathic physicians is less than 200, excluding members on active duty in the military or public health services.

CME ACTIVITY BY CATEGORY

Category 1. A minimum of SIXTY (60) credit hours of the total 150-hour requirements are mandatory under this general category. Participants who are required to meet less than 150 hours must earn two-fifths of their total credits under Category 1. However, any physician may fulfill all AOA CME requirements under this category.

Category 1-A. Formal educational programs sponsored by AOA recognized institutions, organizations, and their affiliates which meet the quality standards as defined by the AOA.

Category 1-A Quality Standards

The sponsors agree to apply quality standards as defined below:

1. The sponsor shall provide that at least 50% of the presenters shall be D.O.'s or staff members of osteopathic institutions.
2. The sponsor shall provide that at least 50% of the lecture hours shall be presented by osteopathic physicians or staff members of osteopathic institutions.
3. The sponsor must provide evidence of integrating osteopathic principles and practice into the program.
4. The sponsor shall identify and use presenters who will teach in a planned program. The suggested criteria for presenter selection include:
   A. Appropriate Credentials
   B. Competence as a teacher
   C. Knowledge of content area
   D. Qualification by experience
5. The sponsor must provide the AOA with the name and telephone number of the chairperson responsible for administration of Category 1-A CME activities.
6. Involved faculty must have credentials appropriate to expertise required.
7. Advertising and promotion of CME activities must be carried out in a responsible fashion, clearly showing the educational objectives of the activity; the nature of the audience that may benefit from the activity; the cost of the activity to the participant and the items covered by the cost; the amount of CME credit that can be earned in compliance with the **AOA CME GUIDE;** and the credentials of the faculty.
8. Maintenance and availability of records of participation in CME activities should be adequate to serve the needs of participants and others requiring this information.
9. The participants must be provided with a certificate or some other document attesting to the satisfactory completion of the CME activity.
10. The sponsor must have a written policy dealing with procedures for the management of grievances and fee refunds.
11. The sponsor should assure that a sound financial base is established for the planned CME programs and activities. Budget planning for CME should be clearly projected. The program should not be presented for the sole purpose of profit.
12. An appropriate number of qualified faculty for each activity shall be secured by the sponsor.
13. Adequate supportive personnel to assist with administrative matters and technical assistance shall be available.
14. The sponsor provides a means for adequately monitoring the quality of faculty presentations.
15. The sponsor must insure adequate program participant evaluation as suggested in the quality standards.

NOTE: Moderators will not be considered faculty if they simply introduce speakers and their topics. To fulfill the definition of faculty, they must actively participate in the educational program.

Some formal educational programs co-sponsored by recognized osteopathic institutions and organizations may be eligible for Category 1-A credit, depending on individual circumstances.

STANDARDIZED LIFE SUPPORT COURSES

The following standardized life support courses are eligible for Category 1-A credit:

1. Advanced trauma life support
2. Advanced cardiac life support
3. Basic cardiac life support

4. Cardiopulmonary resuscitation and emergency care
5. Basic resuscitation
6. CPR certification
7. CPR recertification
8. ACLS recertification
9. Pediatric advanced life support
10. Advanced neonatal life support

Category 1-B Development and publication of scientific papers and electronically communicated osteopathic educational programs, osteopathic medical teaching, serving as osteopathic hospital and college accreditation approval inspectors or consultants, conducting and developing certifying board examinations, AOA accredited or approved hospital committee and departmental conferences with the review and evaluation of patient care, other osteopathic CME activities and programs, and other CME programs approved for Category 1 credit by the Committee on Continuing Medical Education.

Maximum credit allowed for acceptable educational activities under any combination of Category 1-B is ninety (90) per 3-year period.

SCIENTIFIC PAPERS/PUBLICATIONS

This category includes development and presentation of scientific papers and electronic communication programs intended for physicians education.

An original scientific paper is defined as one which reflects a search of literature, appends a bibliography, and contains original data gathered by the author. Its initial presentation must be before a postdoctoral audience qualified to critique the author's statements.

Preparation in published form of electronic communication activities includes audio, video, teleconference, closed-circuit, and computer-assisted instruction programs.

Maximum allowable credit for a presentation will be ten (10) credit hours. A copy of the paper or electronic communication program in finished form shall be submitted to the office of CME. Publication of a paper or electronic communication program recognized by the AOA may, on recommendation from the AOA editorial department, receive a maximum of fifteen (15) hours of credit.

OSTEOPATHIC MEDICAL TEACHING

Serving as a teacher, lecturer, preceptor or moderator-participant in any AOA approved osteopathic medical educational program. Such teaching would include classes in colleges of osteopathic medicine, lecturing to hospital interns, residents and staff. One hour of credit will be granted for each hour of actual instruction.

CONDUCTING HOSPITAL INSPECTIONS/ SPECIALTY BOARD EXAMINATIONS

Participating in inspection programs for AOA-accreditation and/or approval of hospitals and colleges; conducting clinical examinations of osteopathic certifying boards. Five (5) credits will be granted for each hospital or college inspection or examination.

NOTE: CME credit may be granted to physicians administering clinical examinations but not to those taking the examination.

HOSPITAL EDUCATION/OSTEOPATHIC

Attendance at AOA-accredited and/or approved hospital committee and departmental conference concerned with the review and evaluation of patient care.

Examples of such peer review activities might include:

(a) Tumor Board and Tissue Committee Conferences;
(b) Mortality Reviews;
(c) Clinical Pathological Conferences;
(d) Chart and Medical-Record Audits and Discharge Reviews;
(e) Utilization Review.

Hospital staff, departmental and divisional educational meetings may be granted CME credit under this category.

No credit may be granted for meetings entirely devoted to a hospital's business or administrative affairs.

OTHER OSTEOPATHIC CME

Other osteopathic CME activities approved by the Committee on Continuing Medical Education. This will include osteopathic self-evaluation tests, qualified osteopathic medical education, qualified legislative osteopathic seminars, osteopathically sponsored audio/video-taped programs, and computer assisted instruction, and osteopathically sponsored quality assurance and risk management seminars.

For audio and video taped programs, credit will be awarded at the rate of one credit per hour of program playing time if an accompanying CME quiz is completed and returned to the AOA. For computer assisted instruction, credit will be awarded at the rate of one-half credit per hour of time spent in completion of the program, if sponsor generated documentation of the number of hours and the program's completion is received by the AOA.

Category 2 A maximum of ninety (90) credit hours of the 150 hours may be earned under this general category, with specific maximum credits indicated under the subcategories described below.

This broad category is intended to encourage the widest possible selection of both formal and informal educational activities and allow CME credits for many educational programs already engaged in by osteopathic physicians.

DIVISION OF CONTINUING MEDICAL EDUCATION
AMERICAN OSTEOPATHIC ASSOCIATION
142 E. ONTARIO, CHICAGO, IL 60611

INDIVIDUAL ACTIVITY REPORT

THIS REPORT OF YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES HAS BEEN COMPILED FROM DOCUMENTS SUBMITTED TO AND VERIFIED BY THE AOA DIVISION OF CME AS OF THE DATE INDICATED. ALL ACCEPTABLE CME HOURS HAVE BEEN RECORDED, EVEN THOUGH THEY MAY EXCEED THE MAXIMUM ALLOWABLE FOR A PARTICULAR CATEGORY. TOTAL HOURS APPLICABLE TO YOUR AOA CME REQUIREMENT ARE INDICATED IN THE STATISTICAL SUMMARY. COMPLETE INFORMATION CONCERNING REQUIREMENTS, GUIDELINES AND PROCEDURES OF THE AOA PROGRAM MAY BE FOUND IN THE CME GUIDE. IF YOU FEEL AN ERROR HAS BEEN MADE IN THIS REPORT, PLEASE CONTACT THE CME OFFICE AND SUPPLY APPROPRIATE DOCUMENTATION SO THAT YOUR RECORD MAY BE CORRECTED.

JOHN DOE, D.O.
12345 MAIN STREET
CHICAGO, IL 60611

X

150 | 0/0/92 | /31/94 | 12/31/94

REPEALED

DATE			CA	HOURS
02/10/92	00002	PAPER/PUBLISHED	1-B	10.0
06/30/92	00005	HOSPITAL EDUCATION/NON OSTEOPATHIC	2-B	30.0
06/30/92	00010	HOSPITAL EDUCATION/OSTEOPATHIC	1-B	15.0
08/20/92	00100	ANNUAL CONVENTION/U-CA	3-A	20.0
09/15/92	00109	*EMERG MED ASSEMBLY/ACEP	2-A	16.0
		HRS APPLIED TO PRI SPEC REQ		16.0
10/04/92	00150	*1989 ANNUAL CONVENTION/AOA	1-A	22.0
		HRS APPLIED TO PRI SPEC REQ		22.0
11/10/92	00165	*ACLS COURSE/AMERICAN HEART ASSN	1-A	16.0
		HRS APPLIED TO PRI SPEC REQ		16.0
11/11/92	00009	SCIENTIFIC EXHIBIT	2-B	10.0
12/31/92	00008	*HOME STUDY COURSE	2-B	24.0
		HRS APPLIED TO PRI SPEC REQ		24.0

1-A 1-B
38.0 25.0
2-A 2-B
36.0 64.0

	TOTAL ACCEPTABLE HOURS RECORDED	HOURS APPLICABLE TOWARD REQUIREMENT	AOA REQUIRED HOURS
	63.0	63.0	150.0
	100.0	90.0	REQUIREMENT FULFILLED
TOTAL CATEGORY 1-A & 1-B	163.0	153.0	YES
CATEGORY 2-A & 2-B REQD	78.0	78.0	YES

SUMMARY OF AOA CONTINUING MEDICAL EDUCATION PROGRAM

Total Requirement:
Maximum of 150 credits per 3-year period

CATEGORY 1—Minimum of 60 hours required in Category 1-A or 1-B

		Credit Limits per 3-year period
1-A	Formal education programs sponsored by recognized osteopathic institutions, organizations and their affiliates which meet the definition of "osteopathic" CME, and standardized life support courses 50 Speaker	.....No Limit
1-B	Development and publication of scientific papers and electronically communicated programs	90 hours maximum for any combination of Category 1-B
1-B	Osteopathic medical teaching	
1-B	Conducting osteopathic hospital inspections and certifying board examinations. (5 credits per inspection or examination)	
1-B	AOA-accredited and/or approved hospital committee and departmental conferences concerned with the review and evaluation of patient care	
1-B	Other CME activities and programs approved for Category 1 credit by AOA Committee on Continuing Medical Education	

REPEALED

1 Student: 40 hr for 4 wks
160 hrs
max 90 per 3 yr period
by AOA

CATEGORY 2—Maximum of 90 hours allowed

2-A	Formal education programs sponsored by recognized institutions, organizations and agencies 50 Speaker.	90 hours maximum for any combination of Category 2-A and/or 2-B
2-B	Non-AOA accredited and/or approved hospital committee and departmental conferences concerned with the review of patient care	
2-B	Home Study	
2-B	Scientific Exhibits	
2-B	Other CME activities and programs approved for Category 2 credit by AOA Committee on Continuing Medical Education	

Write to CME committee Sub-specialty limited hrs.

Category 2-A Formal educational programs sponsored by recognized institutions, organizations and agencies.

This category is intended to allow osteopathic physicians the widest possible freedom of choice in attending formal educational programs of all sponsors recognized by the Committee.

Examples of recognized sponsors include but are not limited to:

- Accredited medical schools and hospitals.
- Medical societies and specialty practice organizations.
- Continuing medical education institutes.
- Governmental health agencies and institutions.

NOTE: **Formal educational programs sponsored by recognized osteopathic institutions, organizations, and their affiliates which do not meet the criteria under Category 1-A may be granted credit under Category 2-A.**

Category 2-B Other CME activities and programs approved for Category 2 credit by the AOA Committee on Continuing Medical Education, including scientific exhibits, home study and non-AOA accredited or approved hospital committee and departmental conferences concerned with the review of patient care, formal and informal educational activities specifically approved by the Committee conducted by non-recognized sponsors.

HOSPITAL EDUCATION/NON-OSTEOPATHIC

Attendance at non-AOA accredited and/or approved hospital committee and departmental conferences of an educational nature, such as tumor board and tissue committee conferences, mortality review, medical records audits, and utilization review. Hospital staff, departmental and division educational meetings may be granted credit under this category.

No credit may be granted for meetings entirely devoted to a hospital's business or administrative affairs.

HOME STUDY

Home Study — The Committee strongly believes that participation in formal CME programs is essential in fulfilling a physician's total educational needs. The Committee is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation.

For those reasons, the Committee has limited the number of credits which may be granted for home study, and has adopted strict guidelines in granting those credits.

Reading — CME credits may be granted for reading the Journal of the AOA, THE D.O., and other selected journals published by AOA affiliated and recognized osteopathic organizations.

One-half credit per issue is granted alone. An additional one-half credit per issue is granted if the CME quiz found in the AOA Journal is completed and returned to the Division of Continuing Medical Education.

CME credit for all other reading is limited to recognized scientific journals listed in *Index Medicus*. Copies of the *Index Medicus* can be found in the medical libraries. A list of English-language journals excerpted from *Index Medicus* appears periodically in THE D.O. magazine.

One-half credit per issue is granted for reading these recognized journals.

CME credits may be granted for mediated physician education programs recognized by the AOA or those considered to be in conformance with guidelines set by the CME Committee. These educational experiences could include audio cassette programs, video cassette programs, or computer assisted instruction.

For audio and video tape programs, credit will be awarded at the rate of one credit per hour of program playing time if an accompanying CME quiz is completed and return to the AOA. For computer assisted instruction, credit will be awarded at the rate of one-half credit per hour of time spent in completion of the program, if sponsor generated documentation of the number of hours and the program's completion is received by the AOA.

Other Home Study Courses — Subject-oriented and refresher home study course and programs sponsored by recognized professional organizations may be eligible for CME credit, at the discretion of the Committee. The number of credit hours indicated by the sponsor will be considered in the Committee's evaluation of the program.

SCIENTIFIC EXHIBITS

Preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Appropriate documentation must be submitted with the request for credit. Ten credits will be granted for each new and different scientific exhibit.

OTHER APPROVED CME

All other programs and modalities of continuing medical education as they may be requested, verified and documented by the Committee on CME.

Included under this category are formal and informal educational activities such as educational development; faculty development, physician administrator training; quality assessment programs; observation at medical centers; medical economics; programs dealing with experimental and investigative areas of medical practice; and programs specifically approved by the Committee conducted by non-recognized sponsors.

REQUESTS FOR INITIAL APPROVAL

Recognized sponsor may request initial approval for formal educational programs in advance from the Division of Continuing Medical Education.

Requests should be made as early as possible, and must include all the following information:

1) The full name of the sponsoring organization or institution, and all co-sponsors.
2) The program's title or subject.
3) The location and date(s) of the program.
4) The faculty presenting the program, identified by name, title, or affiliation, and professional degree.
5) A list of each speaker's topic and the time allotted. Closing times for all sessions should be indicated.
6) The total number of educational hours, not including coffee breaks, lunches, etc.

Programs will be [illegible] and sponsor notified by mail if initial approval has been granted or if the program may be eligible for CME credit. The category and number of CME credits approved will be indicated. Mention of such approval or eligibility may be included in announcements and the printed program.

It is not mandatory, however, that the program be approved in advance to be eligible for CME credits. Final credits, in all cases, are granted only after a program has been completed and attendance documented.

Quality guidelines for the approval of Category 1-A credit were adopted at the July, 1979 meeting of the AOA Board of Trustees. These guidelines provide a new method for identifying sponsors of Category 1-A credit. (See page).

AOA-CME Sponsor — *Definition:* An AOA-CME sponsor of Category 1-A programs is defined as an osteopathic institution, organization, or affiliate that presents programs that qualify for AOA CME credit.

If two or more sponsors act in association, the responsibility for complying with the standards for quality is held jointly. If an approved sponsor acts in association with others in the development, distribution and/or presentation of CME activities, it is mandatory that the identity of the AOA approved sponsor or sponsors be identified in the title, advertising and promotional materials and the responsibility for adherence to the standards of quality must rest with the AOA approved sponsor. The sponsor shall insure that sound educational goal planning takes place in all programs.

Approval process for formal osteopathic sponsors:

Prospective "formal" CME sponsors will seek recognition by following an AOA approval process. If an applying sponsor gains AOA approval, then that sponsor may conduct programs in Category 1-A which follow basic AOA guidelines.

NOTE: Category 1-A programs may also be sponsored by osteopathic institutions, organizations, and affiliates providing evidence that AOA standards are being met. These sponsors must seek prior approval of such programs.

An osteopathic institution, organization, or affiliate seeking recognition as a "formal sponsor" shall be considered by the AOA Committee on Continuing Medical Education only after certain minimum criteria are met. These criteria may be met when the items listed below are received in the AOA Department of Education.

1. A completed application form.
2. Documentary evidence that the AOA quality standards for CME are being applied.
3. Each sponsoring group must provide assurance that at least 50% of each program or that sponsor's listing is planned and presented by osteopathic physicians.
4. The sponsor will inform the AOA of program developments in a timely and systematic manner.

The AOA will publish as part of the AOA Coming Events, with a special designation, the programs of recognized sponsors. Each sponsor must reapply to retain the right to be recognized and to have special designations on the program published in the *AOA Coming Events.* The approval review will be conducted every three years, but the AOA Committee on Continuing Medical Education retains the right to terminate approval for cause. Due process is provided through the Bureau of Professional Education appeal mechanism and procedures. The AOA will notify each applicant of the disposition of the recognition request in a prompt and timely manner.

REPORTING CME ACTIVITIES

Reporting of CME activities may be submitted to the Division of Continuing Medical Education by either sponsor or individual physicians.

It is **mandatory**, however, that **each** report of CME activities be submitted on the appropriate form. Only in this way can appropriate credits under the appropriate category be entered on the individual physician's CME computer record.

Sponsors and physicians should not indicate more than one program or type of activity on a single form. Copies of appropriate forms may be obtained from the Division of Continuing

Medical Education. These forms may be copied or reproduced as desired.

Sponsors should report physician participation in CME activities using either the "Roster of Attendance" or "Hospital Peer Review Activity" form.

The Roster of Attendance form is used to document attendance at formal educational programs sponsored by recognized organizations and institutions. This form is provided to the sponsor by the Division of CME, usually with the notification of "initial" approval.

Each physician attending the program should be listed on the form by entering the appropriate AOA number, name, college and year of graduation. The AOA number can be found on the physician's AOA membership card. The completed form, together with a copy of the printed program, should be forwarded to the Division of CME by the sponsor, as soon as possible following the meeting.

NOTE: If this procedure is followed, physicians need not and should not submit individual certification of attendance. It is the sponsor's responsibility, however, to inform physicians attending a program that their names are being submitted on the Roster of Attendance form.

The Hospital Peer Review Activity form is used to document participation by staff physicians in hospital CME activities and programs as described under Category 1-B.

The form is designed to serve as a cumulative record of each staff physician's Category 1-B CME activities. No other activities or programs should be included on this form.

Copies of the form are provided to Director of Medical Education of accredited osteopathic hospitals by the Division of CME. Completed forms for all staff physicians should be returned to the Division at one time, preferably quarterly.

NOTE: If these procedures are followed, staff physicians need not and should not submit individual certifications of Category 1-B activities.

Attendance at special programs, seminars and meetings sponsored by the hospital should be reported on the "Roster of Attendance" form described above.

Physicians practicing in joint-staff hospitals should request copies of the Hospital Peer Review Activity form from the Division of Continuing Medical Education.

The Home Study form is intended to document individual reading of recognized scientific journals, listening to approved audio-tapes, and other approved home study courses and programs under the criteria described for Category 2-B.

Only one type of home study, such as reading, should be indicated on a Single form, though multiple issues of scientific journals may be listed.

This form should not be used, however, when CME quiz cards for the AOA Journal, and AOA Audio-Educational tape programs are submitted separately.

The Individual Certification form is intended for use by individual physicians to document all other CME activities not reported on other forms.

Copies of the Individual Certification form may be obtained from the Division of CME.

Examples of CME activities to be reported on this form include:

- Development and publication of scientific papers and electronically communicated programs — **Category 1-B.**
- Medical teaching — **Category 1-B.**
- Other osteopathic CME programs and activities approved by the Committee on Continuing Medical Education — **Category 1-B.**
- Attendance at formal educational programs sponsored by recognized institutions, organizations and agencies at which the "Roster of Attendance" form is not submitted by the sponsor — **Category 2-A.** These include most non-osteopathic programs.
- Scientific exhibits — **Category 2-B.**
- All other programs and modalities of CME as they may be requested, verified and documented by the Committee on Continuing Medical Education — **Category 2-B.**

Only one CME activity or program may be reported on each Individual Certification form. It is mandatory that documentation, appropriate to the program or activity, be enclosed with each form. Forms listing more than one CME activity, or forms received without sufficient documentation, will be returned.

GRANTING CME CREDITS

The Committee on Continuing Medical Education reserves the right to evaluate all programs and activities on an individual basis, and to deny CME credits at its discretion to those which do not fulfill criteria described in this Guide.

For most CME programs, credit is granted on the formula of one credit for each hour of educational activity. That formula may be modified at the Committee's discretion, depending on individual circumstances. In no case, however, will CME credit be granted for coffee breaks, social functions, or time allotted to business or administrative matters.

The number of CME credits indicated for a program by other organizations will be considered by the Committee in its total evaluation. However, in all cases, the Committee reserves the right to make final determination of the number and category of credits granted.

Reports of CME activities which meet criteria will be accepted and appropriate credits entered on the physician's

record. All credits will be reported on the Individual Activity Report, described below. Sponsors and physicians will be notified if CME credits are granted. For these reasons, it is essential that both sponsors and physicians keep duplicate copies of all forms submitted for CME credits.

If the Committee has any reason to question a CME program or activity, the sponsor or physician will be requested to clarify specific matters before final approval is granted and credits are recorded. Sponsors and physicians will be notified by mail in all cases where CME credits are reduced or denied, with the reasons for such action indicated.

RIGHT OF APPEAL

All osteopathic physicians and affiliated osteopathic organizations and institutions participating in the CME program have the right to request reconsideration or appeal of any decision made by the Committee on Continuing Medical Education.

Procedures for reconsideration and appeal are described in a formal document available on request from the Division of Continuing Medical Education.

All requests for reconsideration and appeal should be initiated as soon as possible after the decision under question has been made.

INDIVIDUAL ACTIVITY REPORTS

AOA members will receive **Individual Activity Reports** of their CME credits at appropriate intervals. The report will be a computer print-out of CME activity as compiled from documents submitted to the Division of Continuing Medical Education by both sponsors and the physician.

All acceptable CME hours will be indicated, even though they may exceed the maximum allowable for a particular category. Total hours applicable to each physician's CME requirement will be indicated in a statistical summary at the bottom of the report.

The main portion of the report will be a line-by-line listing of each CME activity or program recorded for the physician. Each line will indicate the date of the activity, the unique program number assigned to it for computer recording, the title of the program, the category under which credits were granted, and the number of hours granted.

Any physician who believes an error has been made in this report should contact the Division of CME and supply appropriate documentation so the record may be corrected.

A charge will be made for **Individual Activity Reports** requested by AOA non-members.

NOTE: Individual Activity Reports will be mailed to physicians. It is the physician's right and responsibility to forward duplicate copies of this report to others, as necessary.

CME CERTIFICATES

An AOA-CME Certificate may be purchased in the third year of the CME cycle by those who have successfully completed the required 150 hours of Continuing Medical Education necessary to maintain membership in the association. This certificate is available at a nominal fee and may be used to advise your patients of your interest in keeping current with new advances in osteopathic medicine.

Member doctors who qualify for a certificate will be notified by the Division of CME in March of the third year of the AOA-CME cycle.

Addendum to the Initial Statement of Reasons

The Board hereby adds the following rationales for changes made to this rulemaking.

Documents Added to the Rulemaking File

In accordance with the Administrative Procedure Act (APA), all documents "incorporated by reference" in a regulation are considered part of the regulation and any agency adopting or repealing any document incorporated by reference must comply with the same notice and availability requirements as required for other parts of the regulatory text (Cal. Code Regs., tit. 1, § 20). "Incorporation by reference" occurs when a regulation in the California Code of Regulations incorporates another document by referencing it by title and date of issuance or the date it became effective. Once incorporated material is approved, the documents are legally considered a regulation and subject to the same standards as other regulations.

This proposal proposes to repeal an AOA Guide and an AMA Guide ("Guides") from 1986 and 1992 that is currently incorporated by reference by the Board in CCR section 1635(e). Upon review, it was discovered that the Guides with the "Repealed" watermark were not filed, posted on the Board's website, or circulated for public comment along with the proposed regulatory language. Consequently, to ensure that all proposed regulatory changes are included as part of the rulemaking file, the Board is adding the following Guides to the rulemaking file and providing notice to the public.

Modified Text Changes:

Purpose: The Board proposes to delete the originally proposed exemption from the 12-hour pain management and treatment of terminally ill and dying patients CME course for physicians that do not reside in California. This exemption originally proposed at CCR section 1635(f)(4) would be deleted and the Board would strike references to the associated documentation required in CCR section 1636(b)(4) and (d)(4). Cross-referencing and numbering would be corrected throughout the proposal to accommodate the removal of CCR sections 1635(f)(4) and 1636(b)(4), and (d)(4).

Instead, proposed amendments to subsections (f)(1) and (2) of CCR section 1635 would contain revisions to the definition for "direct patient care" to shorten the currently proposed sentence and add clarifying definitions to increase understanding of the scope of the proposed exemptions. Further, the associated exemptions for physicians who do not provide "direct patient care" or "patient consultations" would be revised to insert references to "California patients" and add a new definition for "personal contact". The substantive changes to subsection (f) of CCR section 1635 in pertinent part, follow (highlighted for ease of reference):

(f) Osteopathic physicians and surgeons ("physicians") meeting any of the following criteria at the time of renewal shall be deemed exempt from the requirements of subsection (e)(1):

(1) Physicians practicing in pathology or radiology specialty areas as required by Section 2190.5 of the Code;

(2) Physicians not engaged in direct patient care~~, meaning~~. "Direct patient care" means ~~no~~ personal contact or face-to-face interaction with ~~the~~ a patient located in California ("California patient"), including health assessments, counseling, treatments, patient education, prescribing or administering medications, or any task authorized by the Act or described in Sections 2051 or 2052 of the Code that involves personal interaction with the California patient. "Personal contact" shall include communication by any method of direct interaction with the patient or via telehealth as provided in Section 2290.5 of the Code;

(3) Physicians that do not provide patient consultations regarding a California patient;

~~(4) Physicians that do not reside in the State of California;~~

Rationale: The originally proposed language in CCR 1635(f)(4) contains an unfettered exemption from the 12-hour CME pain management course for physicians that do not reside in California. BPC section 2190.5 states, in pertinent part:

> (b) **By regulatory action, the board may exempt physicians** and surgeons by practice status category from the requirement in subdivision (a) **if the physician** and surgeon does not engage in direct patient care, does not provide patient consultations, or **does not reside in the State of California**. (Emphasis added.)

By law, the Board may therefore, exercise its discretion to grant or not grant such an exemption to this CME requirement, including to those who reside outside of California. Currently, the Board's proposal lists exemptions for:

(1) physicians practicing in pathology or radiology (required to be exempted by law),

(2) physicians not engaged in direct patient care,

(3) physicians that do not provide patient consultations,

(4) physicians that do not reside in the State of California,

(5) physicians who have completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients; and,

(6) physicians who are deemed a "qualifying physician" as specified in BPC section 2190.6.

The law at BPC section 2190.5 and the exemption option upon which this current regulatory proposal at CCR 1635(f) is based was enacted by Assembly Bill 487 in 2001. That bill was enacted in response to the following policy concerns:

> For the past 20 years, medical journals have reported that physicians consistently fail to manage their patient's pain appropriately. These studies also consistently report that the single most important cause of this problem is lack of physician knowledge and awareness regarding appropriate pain management treatments. It is also the intent of the Legislature that this act serve to broaden and update **all physicians'** knowledge bases regarding appropriate care and treatment of terminally ill and dying patients. The Legislature intends that this act provide for the continuing education of **all physicians** on these two topics of medical care. (AB 487, Stats. 2001, Ch. 518, § 1.) (Emphasis added.)

The option to allow the Board to exempt physicians residing in another state was apparently included in AB 487 to address those physicians residing in other states who had no California patients. However, the Legislature may not have considered that physicians residing out of state who hold a license issued by this Board may, nevertheless, provide direct patient care or consultations via telehealth or other means to California patients. This is further evidenced by the fact that: (1) the Legislature did not pass any laws relating to telehealth practice until 2011, when BPC section 2290.5 was enacted per Assembly Bill 415, and (2) since 2001, the delivery of health care service and public health information via telehealth has expanded and appears to be a more constant and significant mode of delivering medical care.

In light of those considerations, allowing an outright exemption to this CME requirement based only on out-of-state residence would possibly frustrate the intent and purpose behind enactment of BPC section 2190.5, which could result in: (1) not all physicians taking the 12-hour pain management CME course when they do in fact provide direct patient care and consultations regarding a California patient; and, (2) disproportionate application of the CME requirements, as only physicians not "residing" in the State would be exempted, while all physicians who reside in this State would be required to take the training unless otherwise exempted.

To address this problem, the Board proposes to amend the language as indicated above to ensure that all physicians, regardless of residence, who provide direct patient care (either face-to-face or through "personal contact", i.e., via telehealth or otherwise) or consultations regarding a California patient, would be required to take the mandatory 12-hour CME course within 4 years of their initial license or by their second renewal as

mandated by BPC section 2190.5. Since the above-noted exemption would be deleted in this modified text, the proposed questions to applicants at the time of renewal to determine qualifications and the documentation requirements in CCR section 1636(b)(4)(D) and (d)(4)(b) would likewise be deleted as no longer necessary. Corresponding changes would be made to terminology in CCR 1636(b)(4)(C) to add reference to a patient “located in California” to ensure consistent use of terminology for the proposed exemptions across the proposal.

AB-487 Medical professionals: conduct. (2001-2002)

Assembly Bill No. 487

CHAPTER 518

An act to amend Section 2313 of, and to add Sections 2190.5 and 2241.6 to, the Business and Professions Code, relating to medical practice.

[Filed with Secretary of State October 05, 2001. Approved by Governor October 04, 2001.]

LEGISLATIVE COUNSEL'S DIGEST

AB 487, Aroner. Medical professionals: conduct.

Existing law, the Medical Practice Act, provides for the regulation of physicians and surgeons by the Medical Board of California. Under that act, the board's Division of Licensing is required to adopt and administer standards for the continuing education of physicians and surgeons, and the board's Division of Medical Quality is required to take disciplinary action against those who are charged with committing unprofessional conduct and to report annually to the Legislature regarding those actions.

This bill would require the Division of Medical Quality to develop standards before June 1, 2002, for the investigation of complaints concerning the management, including, but not limited to, undertreatment, undermedication, and medication of pain and to include in its annual report to the Legislature a description of actions relating to that practice. The bill would also require physicians and surgeons to complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients by December 31, 2006, except that it would not apply to physicians practicing in pathology or radiology specialty areas. The bill would authorize the board to adopt regulations exempting physicians who do not engage in direct patient care, do not provide patient consultations, or do not reside in California.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. It is the intent of the Legislature that this act serve to broaden and update the knowledge base of all physicians related to the appropriate care and treatment of patients suffering from pain. For the past 20 years, medical journals have reported that physicians consistently fail to manage their patient's pain appropriately. These studies also consistently report that the single most important cause of this problem is lack of physician knowledge and awareness regarding appropriate pain management treatments. It is also the intent of the Legislature that this act serve to broaden and update all physicians' knowledge bases regarding appropriate care and treatment of terminally ill and dying patients. The Legislature intends that this act provide for the continuing education of all physicians on these two topics of medical care. In addition, the Legislature intends that physicians receive this continuing education as part of their current continuing education

requirements, and that appropriate corresponding coursework be determined by existing Medical Board of California practice.

SEC. 2. Section 2190.5 is added to the Business and Professions Code, to read:

2190.5. (a)All physicians and surgeons shall complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. For the purposes of this section, this course shall be a one-time requirement of 12 credit hours within the required minimum established by regulation, to be completed by December 31, 2006. All physicians licensed on and after January 1, 2002, shall complete this requirement within four years of their initial license or by their second renewal date, whichever occurs first. The board may verify completion of this requirement on the renewal application form.

(b) By regulatory action the board may exempt physicians by practice status category from the requirement in subdivision (a) if the physician does not engage in direct patient care, does not provide patient consultations, or does not reside in the State of California.

(c) This section shall not apply to physicians practicing in pathology or radiology speciality areas.

SEC. 3. Section 2241.6 is added to the Business and Professions Code, to read:

2241.6. The Division of Medical Quality shall develop standards before June 1, 2002, to assure the competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain. The division may consult with entities such as the American Pain Society, the American Academy of Pain Medicine, the California Society of Anesthesiologists, the California Chapter of the American College of Emergency Physicians, and any other medical entity specializing in pain control therapies to develop the standards utilizing, to the extent they are applicable, current authoritative clinical practice guidelines.

SEC. 4. Section 2313 of the Business and Professions Code is amended to read:

2313. The Division of Medical Quality shall report annually to the Legislature, no later than October 1 of each year, the following information:

(a) The total number of temporary restraining orders or interim suspension orders sought by the board or the division to enjoin licensees pursuant to Sections 125.7, 125.8 and 2311, the circumstances in each case that prompted the board or division to seek that injunctive relief, and whether a restraining order or interim suspension order was actually issued.

(b) The total number and types of actions for unprofessional conduct taken by the board or a division against licensees, the number and types of actions taken against licensees for unprofessional conduct related to prescribing drugs, narcotics, or other controlled substances, including those related to the undertreatment or undermedication of pain.

(c) Information relative to the performance of the division, including the following: number of consumer calls received; number of consumer calls or letters designated as discipline-related complaints; number of calls resulting in complaint forms being sent to complainants and number of forms returned; number of Section 805 reports by type; number of Section 801 and Section 803 reports; coroner reports received; number of convictions reported to the division; number of criminal filings reported to the division; number of complaints and referrals closed, referred out, or resolved without discipline, respectively, prior to accusation; number of accusations filed and final disposition of accusations through the division and court review, respectively; final physician discipline by category; number of citations issued with fines and without fines and number of public reprimands issued; number of cases in process more than six months from receipt by the division of information concerning the relevant acts to the filing of an accusation; average and median time in processing complaints from original receipt of complaint by the division for all cases at each stage of discipline and court review, respectively; number of persons in diversion, and number successfully completing diversion programs and failing to do so, respectively; probation violation reports and probation revocation filings and dispositions; number of petitions for reinstatement and their dispositions; and caseloads of investigators for original cases and for probation cases, respectively.

"Action," for purposes of this section, includes proceedings brought by, or on behalf of, the division against licensees for unprofessional conduct that have not been finally adjudicated, as well as disciplinary actions taken against licensees.

TITLE 16. CALIFORNIA CODE OF REGULATIONS (CCR)
DIVISION 16.
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

NOTICE OF HEARING ON PROPOSED REGULATORY ACTION CONCERNING:

Continuing Medical Education and Audits and Cite and Fines

OAL Notice File No. Z-2024-1112-07

The Osteopathic Medical Board of California originally noticed proposed amendments to Division 16 of Title 16 of the California Code of Regulations (CCR) in Sections 1635, 1636, 1638, 1639, 1640, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34, and 1659.35.

PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Osteopathic Medical Board of California (hereafter referenced as "Board") proposes to adopt amendments to the CCR sections noted above that were originally noticed on November 22, 2024, and is also scheduling an in-person public hearing on **JANUARY 8, 2025, at 9 AM** at the Osteopathic Medical Board of California's conference room located at 1300 National Drive, Suite 1500, Sacramento, CA 95834. Any interested person may present statements or arguments orally or in writing relevant to the action proposed at the hearing.

EXTENSION OF COMMENT PERIOD

THE BOARD HEREBY EXTENDS the written comment period for the proposed regulatory action. Written comments relevant to the action proposed, including those sent by mail, facsimile, or e-mail to the addresses listed under "Contact Person" in this Notice, must be received by the

Board no later than **12 PM on Wednesday, January 8, 2025,** or received by the Board at the hearing**.**

CONTACT PERSONS

Inquiries or comments concerning the proposed regulatory action may be submitted to the following:

Terri Thorfinnson, Program Services Manager
1300 National Drive, Suite 150
Sacramento, CA 95834
(916)928-8390 Office
(916)928-8392 FAX
Email: Terri.Thorfinnson@dca.ca.gov

The back-up contact person is:

Erika Calderon, Executive Director
1300 National Drive, Suite 150
Sacramento, CA 95834
(916)928-8390 Office
(916)928-8392 FAX
Email: Erika.Calderon@dca.ca.gov

AVAILABILITY OF DOCUMENTS ON THE INTERNET

To view all documents associated with this proposed regulatory action including copies of the Notice, Initial Statement of Reasons, and the text of the regulations, go to the Board's website at https://www.ombc.ca.gov/laws_regulations/pending_regulations.shtml.

BEFORE THE OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA

In the Matter of:	)
	)
JANUARY 2025 REGULATION HEARING	)
	)
	)

TRANSCRIPT OF PROCEEDINGS

Sacramento, California

Wednesday, January 8, 2025

Reported by:

Emmett Barnard,
CSR No. 14529

Job No.:
52417 OMBC

BEFORE THE OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA

In the Matter of:)
)
JANUARY 2025 REGULATION HEARING)
)
_____)

TRANSCRIPT OF PROCEEDINGS, taken at 1300 National Drive, Suite 150, Sacramento, California, commencing at 9:00 A.M. and concluding at 9:20 A.M. on Wednesday, January 8, 2025, reported by Emmett Barnard, CSR No. 14529, a Certified Shorthand Reporter in and for the State of California.

APPEARANCES:

ERIKA CALDERON,
Executive Director
Erika.calderon@ombc.ca.gov

HOLLY MACRISS

I N D E X

Wednesday, January 8, 2025

9:00 A.M.

MS. CALDERON: My name is Erika Calderon, Executive Director of the Osteopathic Medical Board of California, and I will be presiding over this hearing today at the Board's conference room located at 1300 National Drive, Suite 150, Sacramento, California, 95834. Today's date is January 8th, 2025, and this hearing is beginning at approximately 9:06 A.M.

This is the time and place set for the Osteopathic Medical Board of California to conduct a public hearing on the Board's proposed regulatory changes to sections contained in Division 16 of Title 16 of the California Code of Regulations related to the continuing medical education and citations and fines. This includes proposed amendments to sections 1335 -- I mean, sorry -- 1635, 1636, 1638, 1639, 1640, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34, and 1659.35.

This hearing is being held under the authority of sections 2018 and 2452 of the Business and Professions Code of the Administrative Procedures Act. At this time the hearing will be open to take oral

testimony and documentary evidence from any person interested in these regulations for the record, which is now being recorded and transcribed. All oral testimony and documentary evidence will be considered by the Board pursuant to the requirements of the Administrative Procedures Act before the Board formally adopts the proposed amendments to these regulations or recommends changes that may result from information collected at this hearing.

To ensure fairness and complete record and to enable to Board to hear everyone who is giving testimony, the following procedures will be followed: please identify yourself by name and group, if any, you are presenting; if necessary, the amount of time each person has for oral testimony may be limited; all written testimony should be submitted to the Board; if you agree with another person's testimony, you may simply indicate your agreement on the record and need not repeat the prior testimony; written testimony may be summarized orally, but please do not reed it into the record.

The Board will not respond to objections or recommendations at this hearing. Its responses will be included in the final statement of reasons that will be filed with the Office of Administrative Law and posted

on the Board's website. A complete copy of the rule-making file will be available for review at the Board's office in Sacramento, California. All commenters have testified -- after all commenters have testified, the testimony phase of the hearing will be closed. The Board will continue accept written comments at this proposal at the Board's office in Sacramento until 12:00 P.M. today.

Are there any questions concerning the nature of the proceedings or the procedure to be followed before we begin? No questions noted. Please raise your hand if you wish to comment on proposed regulations. There are no public comments at this moment. We are going to be waiting for another ten minutes to see if anyone shows up, and at that time we will proceed.

(The proceedings went off the record.)

MS. CALDERON: We're going back on the record. This is Erika Calderon with the Osteopathic Medical Board. It is 9:20 A.M. We have not received any public presenters coming in, and just for the record we do have Holly Macriss with the OPSC, Osteopathic Physicians and Surgeons of California, and she has no public comment to make at this time. She was just here for observations.

Let the record reflect that there are no attendees who wish to provide comments at the hearing

today, and it is now 9:20 A.M., and this regulation hearing is adjourned.

(The proceedings concluded at 9:20 A.M.)

C E R T I F I C A T E O F R E P O R T E R

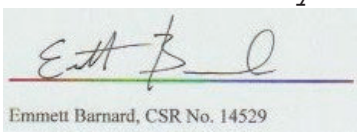
I, EMMETT BARNARD, do hereby certify:

That I am a disinterested person herein; that the foregoing Osteopathic Medical Board of California regulation hearing was reported in shorthand by me, Emmett Barnard, a Certified Shorthand Reporter of the State of California.

That the said proceedings were taken before me, in shorthand writing, and was thereafter transcribed, under my direction, by computer-assisted transcription.

I further certify that I am not of counsel or attorney for any of the parties to said hearing nor in any way interested in the outcome of said hearing.

IT WITNESS WHEREOF, I have hereunto set my hand this 27th day of January 2025.



_____

EMMETT BARNARD, CSR No. 14529

From: Provenzano, Joseph J <Joseph.Provenzano@sutterhealth.org>
Sent: Wednesday, November 27, 2024 1:57:35 PM
To: Calderon, Erika@DCA <Erika.Calderon@dca.ca.gov>
Subject: Support of the new Regulation of the CME verification.

Some years ago I served on the OMBC board. Even then when there was 6,000 licensees it was becoming a problem with manuel verication of CME. I support the regulation change.
Joseph J. Provenzano, D.O.

From: Michael Strug
To: Thorfinnson, Terri@DCA
Subject: Re: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA - NOTICE OF PROPOSED RULEMAKING
Date: Thursday, November 21, 2024 4:55:50 PM

Hello,

I would like to be involved in a town hall or discussion regarding CME requirements. I am an Osteopathic physician in a subspecialty that does not have associated AOA approved credit (Reproductive Endocrinology and Infertility). I complete CME through the American Board of Obstetrics and Gynecology and attend conferences that grant AMA credit. It is very frustrating and expensive to have CME converted from AMA to AOA category 1B credit, is there any way to consider accepting AMA credit for physicians in similar circumstances?

Best,
Mike

Michael Strug, DO, PhD, FACOG
Reproductive Endocrinology and Infertility
Pacific Fertility Center

On Nov 21, 2024, at 1:02 PM, Osteopathic Medical Board of California <000000291b3e0a0c-dmarc-request@SUBSCRIBE.DCALISTS.CA.GOV> wrote:

EST. 1922 OMBC Osteopathic Medical Board of California

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

NOTICE OF PROPOSED RULEMAKING

Subject Matter of Proposed Regulations:

Continuing Medical Education and Audits and Cite and Fines

The Osteopathic Medical Board of California has released a Notice of Proposed Action to make changes to Division 16 of Title 16 of the California Code of Regulations (CCR) sections in Sections 1635, 1636, 1638,1641, 1659.30, 1659.31,1659.32, 1659.33, 1659.34 and 1659.35, and repeal of Sections 1639 and 1640

PUBLIC HEARING

The Board has not scheduled a public hearing on this proposed action. However, the Board will hold a hearing if it receives a written request for a public hearing from any interested person, or his or her authorized representative, no later than 15 days prior to the close of the written comment period. A hearing may be requested by making such request in writing addressed to the individuals listed under “Contact Person” in this notice.

COMMENT PERIOD

Written comments relevant to the action proposed, including those sent by mail, facsimile, or e-mail to the addresses listed under “Contact Person” in this Notice, **must be received by the Board at its office no later than by Monday, January 6, 2025,** or must be received by the Board at the hearing, should one be scheduled.

Written comments on the proposed text can be submitted to the following:

Contact Person: Terri Thorfinnson, email: Terri.thorfinnson@dca.ca.gov

Agency Name: Osteopathic Medical Board of California.

Mailing address: 1300, Suite 150 National Drive, Sacramento, CA 95834.

FAX (916) 928-6812.

Mainline phone number: (916) 928-8390.

To view all documents associated with this proposed regulatory action and other pending regulations, go to https://www.ombc.ca.gov/laws_regulations/pending_regulations.shtml.

From: Denis Yoshii
To: Thorfinnson, Terri@DCA
Subject: proposed rule change comment
Date: Friday, November 22, 2024 10:05:14 AM

Proposed Comment for Submission

Subject: Comment on Proposed Regulations: CME, Audits, and Fines

To the Osteopathic Medical Board of California,

As a solo practitioner specializing in allergy and immunology, I appreciate the Board's efforts to update CME requirements and related processes. However, I would like to express the following concerns and recommendations:

1. **Administrative and Financial Impact on Solo Practices**:
   The proposed changes may disproportionately affect small or solo practices due to increased administrative burdens and potentially higher CME-related costs. Please consider offering flexibility for solo practitioners in course selection and record-keeping to minimize disruption to patient care. In addition every board certification has requirements for specific numbers of hours to maintian board certification. Pediatrics requires 25 hours, and Allergy requires 25 hours, this is made more difficult with the addition of education requirements outside of board certification. The Hospitals all each require 1 hour of fraud and waste but each hospital uses a different program. And, of course, as many of practitioners have multiple state licenses, each state has its own requirements of not only hours, but 'physician burnout', cultural sensitivity, opoid, dependency. Often each CME requirement places financial stress on the individual and takes time away from family. I did 132 hours of CME these past two years and was still 9 hours short of OMBC CME requirements

2. **Clarity in Audits and Penalties**:
   While I support the need for audits and transparency, the criteria for citations and fines must be clearly defined to avoid subjective enforcement. Explicit guidelines, individualized guidance of which CME is required for which year, will help ensure compliance and reduce unintended penalties.

3. **Enhancing Accessibility to CME**:
   Providing affordable or Free CME options, particularly online or specialty-specific courses, would benefit practitioners in underserved or rural areas who might otherwise face logistical challenges.

Thank you for your attention to these matters.
Denis Yoshii, DO

From: Evan Moser
To: Thorfinnson, Terri@DCA
Subject: Comments regarding proposed rulemaking.
Date: Thursday, November 21, 2024 3:59:00 PM

Ms. Thorfinnson:

Regarding the proposed one-time need for 12 hours of CME for pain management (12-hour CME course in pain management and the treatment of terminally ill and dying patients), I do not believe this is appropriate for all osteopathic physicians. As a radiologist, I rarely prescribe medications other than occasional conscious sedation for procedures. We are already required by other regulatory entities to provide CME relevant to those procedures. I am not involved in managing patient with chronic pain, and I do not treat terminally ill or dying patients. Many radiologists do not even see patients at all, much less do procedures or prescribe medicines. I do not even have a prescription pad. The same is true for other fields of medicine such as Pathology. We are already overworked and understaffed. This would just add one additional unnecessary burden that would add little value to patient care. The bulk of CME for a radiologist should be focused on radiology and should help me improve the quality of the reports that I produce for my patients. I do acknowledge that there are some peripheral areas such as tumor board where we interact with other disciplines and need to have a general understanding of their goals and challenges. However, for me, 12 CME hours in pain management is just information that I would never use. I could better spend the time and money focusing on radiology specific CME.

Thank you for inviting me to express my thoughts on this issue.

Evan Moser, DO

From:	John Hawes
To:	Thorfinnson, Terri@DCA
Cc:	drbeejer
Subject:	CME Changes
Date:	Friday, November 22, 2024 10:23:17 AM
Attachments:	2023 Las Vegas - Hawes - John 18 1-A CME Credits.pdf

I'm all for improvements in the CME process. A unique problem for me has developed as I attended a large CME conference two months after receiving my current license...but two weeks before my birthday. These 18 hrs of category 1-A credits were not needed, nor used, for my current license but, also, not allowed to be used for my next cycle. Essentially this conference, including the coast of travel and hotel, has resulted in unusable CME credits. I have been told there is no answer to my dilemma. I've attached my CME Certificate.

John R. Hawes, Jr., D.O.
CA Lic #: 20A4986

Certificate of Completion

John Hawes, DO

041579

Awarded for attendance and completion of

2023 Las Vegas

Primary Care Update

Mar. 2-4, 2023

Las Vegas, Nevada

A.T. Still University (ATSU) is accredited by the American Osteopathic Association to provide osteopathic continuing medical education for physicians.

ATSU designates this activity for a maximum of 18 AOA Category 1-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.

The participant has earned **18** hours for time spent in the educational activity.

Jan Baum, MA
Director, ATSU Continuing Education

ATSU | CONTINUING EDUCATION

From: Darrin Cunningham
To: Thorfinnson, Terri@DCA
Subject: Cme changes
Date: Thursday, November 28, 2024 5:10:44 AM

I've never understood why there aren't provisions to allow a board certified physician to allow their Cme requirements to be based on their certifying board and the AOA requirements.
I may be in compliance with my hours for ACOOG AND THE AOA, by having only 25 hours in one year, but I may have 70 hours the next and and 25 the last. But I am in compliance at the national level but not in compliance at the state level. Unfortunately many physicians hold licenses in several states, with differing Cme rules. I have always thought if my Cme is good enough for my Board to deem me Board Certified then why does the state not think that's good enough.
My Cme ch
Requirement for ACOOG and AOA IS 3 years and I have 120 hours requirement. But I can obtain those hours any way I need to as long as I meet the 120 hours.
So it would be nice to have a clause that states. 'If the physician is in Cme compliance with their Board Certifying entity, they are in compliance in California'
Darrin Cunningham DO FACOOG

From:	Holly Macriss
To:	Thorfinnson, Terri@DCA
Cc:	Calderon, Erika@DCA; Matt Back; tonykhando.opsc@gmail.com
Subject:	Osteopathic Medical Board of California (OMBC) – Proposed CME and Cite and Fine Regulations
Date:	Thursday, December 19, 2024 1:54:34 PM
Attachments:	Outlook-lavxgws1.png Outlook-ncyjag52.png OPSC OMBC Reg Comments Dec 17 2024.pdf

Hello Terri!

Please accept the attached letter from OPSC regarding the OMBC proposed Cite and Fines regulations.

I look forward to attending the January 8th hearing.

Please let us know if you have any question.

Holly

Holly Macriss
Executive Director
holly@opsc.org
office: 916-822-5246
cell: 916-834-4125
fax: 916-586-8202
www.opsc.org
https://dot.cards/hmacriss

Register today!

ENGAGE • EDUCATE • ADVOCATE

December 18, 2024

Terri Thorfinnson, Program Services Manager
1300 National Drive, Suite 150
Sacramento, CA 95834

Sent Via Email: Terri.Thorfinnson@dca.ca.gov

RE: Osteopathic Medical Board of California (OMBC) – Proposed CME and Cite and Fine Regulations

Dear Ms. Thorfinnson:

On behalf of the nearly 17,000 licensed osteopathic physicians in California, the Osteopathic Physicians and Surgeons of California (OPSC) is pleased to submit the following comments regarding the proposed regulations pending at the Osteopathic Medical Board of California. While we are generally supportive of the proposed regulations and appreciate the hard work that has gone into the current draft, we do have questions and/or concerns pertaining to a few provisions.

1636 – Continuing Medication Education Document

In 1636 the regulations are appropriately being updated to recognize the change in law to 50 hours of CME every two years. OPSC agrees with this change but seeks clarification. In (b)(2) the language clarifies the number of hours (50) and type of CME (AOA). In the subsequent clauses, the language states that 20 of the 50 hours be AOA Category 1, but in (b)(2)(B) the language states that the remaining 30 CME hours maybe earned…"by either the AOA or the American Medical Association (AMA).

Recommended Change: OPSC suggests 1636 (b)(2) be amended to include both AOA or AMA CME options since the subsequent (b)(2)(B) allows for both types of CME.

§1659.31. Fine Amounts and Criteria to Be Considered

OPSC has concerns with this section that appears to be granting OMBC staff with very broad authority to fine osteopathic physicians for "any provision" of the "Act" or "Medical Practice Act," any "regulation adopted by the Board," and "any other statute or regulation upon which the

Board may base a disciplinary action." These specific provisions are in 1659.31 (a)(1)(Y)(Z)(AA)(BB).

We are interpreting these changes, especially (BB) to dramatically expand the scope of the Board's authority to issue citations and fines. While we wouldn't expect Board staff to go rogue or abuse their power, these changes appear to significantly broaden the types of citations and fines a physician could be subject to by OMBC staff. While we understand this approach may be appealing to avoid having to further update regulations as statutes change, OPSC recommends this section be amended to specify the specific codes violations it seeks to have the authority to issue citations. Doing so will provide osteopathic physicians clarity and certainty as to what provisions are subject to disciplinary actions.

Additionally, it's unclear to OPSC why 1659.31 maintains specific provisions subject to fines via (a)(1)(a-w) while deleting various others and then including clauses that give the Board broad authority. Is there a reason for specifying some finable offenses, but not providing an exhaustive list? Or what purpose does the list serve if the Board aims to have broad authority? We suggest deleting the carte blanche provisions and instead specifying the acts that are subject to board fines.

On behalf of our DO community, we appreciate the opportunity to submit these comments and look forward to working with you and the Board to resolve our questions and concerns. For more information or questions, please contact Holly Macriss at (916) 822-5246 or holly@opsc.org or our legislative advocate Matt Back at (916) 947-7880 or matt@mattbackgr.com

Sincerely,

Tony Khan, DO
OPSC President

cc: Erika Calderon, Executive Director, OMBC
Holly Macriss, Executive Director, OPSC
Matt Back, Matt Back Government Relations

From:	Lucas Evensen
To:	Thorfinnson, Terri@DCA
Subject:	CMA Comments on OMBC Proposed Regulations regarding Continuing Medical Education and Audits and Cite and Fines
Date:	Monday, January 6, 2025 4:09:01 PM
Attachments:	CMA Comment re. Proposed OMBC Continuing Medical Education and Audits and Cite and Fines Regulations.pdf

Dear Ms. Thorfinnson,

Please see the attached comment letter from the California Medical Association regarding the Osteopathic Medical Board of California's proposed regulations related to continuing medical education and audits and cite and fine. Please feel free to reach out to me if you have any questions. Thank you for your time.

Best,

Lucas Evensen
Associate Director, Strategic Engagement
California Medical Association
1201 K Street, Suite 800, Sacramento, CA 95814-2906
O: (916) 551-2571| levensen@cmadocs.org | cmadocs.org |
C: (209) 450-9583

CALIFORNIA MEDICAL ASSOCIATION

January 06, 2025

Terri Thorfinnson, Program Services Manager
1300 National Drive, Suite 150
Sacramento, CA 95834
Terri.Thorfinnson@dca.ca.gov

Sent via e-mail

RE: Proposed Regulatory Language: Continuing Medical Education and Audits and Cite and Fines

Dear Ms. Thorfinnson:

On behalf of its over 50,000 medical student and physician members, the California Medical Association (CMA) submits the following comments on the Osteopathic Medical Board of California's (Board's) proposed regulations related to Continuing Medical Education (CME) and Audits and Cite and Fine. The Board's proposed regulations seek to update and streamline the Board's renewal process, CME requirements and the Board's citation and fine program processes.

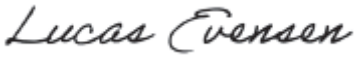
The Board is proposing to amend Section 1659.31 to include any provision of the Medical Practice Act (MPA), any regulation adopted by the Board, and any other statute or regulation upon which the Board may base a disciplinary action instead of listing each citable code section in an effort to update the list of citable offenses to help keep the section current as statutes and regulations are added, repealed, and amended. CMA believes that this application is overly broad and could give rise to misinterpretation by licensees about the way the Board may seek redress for situations that come before it.

The proposed regulations effectively add numerous new code sections to the pool of violations eligible for citation. The scope of this policy decision was never contemplated or discussed by the Board, and it was not addressed in the notice of proposed regulatory action. The Board only contemplated the effect these changes would have on its ability to keep the list of citable offenses current. However, CMA believes that this proposal would have a more substantive impact. If this is the intent of the Board, then the Board should have this discussion and clearly identify which codes it intends to add to the list of citable offenses and continue to maintain that

list in regulation. For these reasons, we ask the Board to revert to the former approach to drafting regulations and list each code section to clearly identify which sections the Board intends to reserve the right to issue a citation for.

CMA thanks the Board for taking the time to review and consider our comment. If any further information is needed, please do not hesitate to contact me at levensen@cmadocs.org.

Sincerely,



Lucas Evensen
Associate Director, Strategic Engagement
California Medical Association

From:	Zachary Brodersen
To:	Thorfinnson, Terri@DCA
Cc:	Calderon, Erika@DCA; Kelly Parker
Subject:	Public Comments - Continuing Medical Education and Audits and Citations and Fines
Date:	Friday, January 3, 2025 11:09:43 AM
Attachments:	OMBC Proposed Rule Public Comment.docx

Good Morning Ms. Thorfinnson,

Please find the attached public comments to be submitted for the hearing on proposed regulatory action concerning: Continuing Medical Education and Audits and Cite and Fines. OAL Notice File No. Z-2024-1112-07.

If you have any questions, please let me know.

Best,

--
Zachary Brodersen
Government Relations Coordinator
(407) 462-8214
zackbrodersen@propelus.com

January 3, 2025

VIA EMAIL: Terri.Thorfinnson@dca.ca.gov

Terri Thorfinnson
Program Services Manager
Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834

RE: PUBLIC COMMENTS

Continuing Education Requirements and Citations and Fines - Proposed Amendments to Division 16 of Title 16 of the California Code of Regulations (CCR) in Sections 1635, 1636, 1638, 1639, 1640, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34, and 1659.35.

Ms. Thorfinnson,

Thank you for the opportunity to provide feedback on the proposed rules outlined above. CE Broker by Propelus (hereinafter referred to as "CE Broker") is submitting these comments as an interested stakeholder in the rulemaking process.

We appreciate that as the Osteopathic Medical Board of California (OMBC) continues its rulemaking process on CME requirements, audits, and penalties, it is crucial to strike a balance between compliance with board requirements and promoting a system of accountability that upholds the integrity of the osteopathic profession.

CE Broker supports the proposed modifications but would like to offer a few key comments. Adopting technology to modernize continuing education processes can significantly reduce administrative burdens, drive cost savings, and enhance the user experience. It also promotes greater transparency, accessibility, and simplicity, all of which are essential for busy professionals.

Reducing the CME reporting period from three years to two, along with changes to the CME requirements as proposed in §1635, will lead to confusion among professionals and increase customer service demands (calls/emails) at the board if the rollout is not managed efficiently and effectively. Therefore, we encourage the OMBC to embrace technology and manage these changes through a universal CME solution that will both create simplicity for the board staff but also provide enhanced user-centric tools for the professional to easily stay compliant with these changes. Professionals will be empowered to monitor their compliance with the CME changes and report completions immediately to the board as required by §1636. Additionally, board-approved

education providers like AOA or others will directly report completions for documentation purposes pursuant to §1636.

Professionals want to stay competent and compliant, and in today's digital era, many prefer using technology solutions for continuing education compliance. Digital tools streamline the process, helping professionals organize their learning, schedule courses, track credits, and receive reminders—all while fitting CE commitments into their busy schedules. Technology also reduces the risk of errors in tracking credits and ensures courses meet specific licensing requirements. Digital platforms also allow users to monitor their progress visually, providing motivation to stay on track. Additionally, modernized platforms often integrate directly with licensing boards, enabling automatic submission of CME credits and updates to licensing status, removing the need for manual uploading of documentation. For professionals holding multiple licenses across different jurisdictions, modernized CME management simplifies the challenges of managing varying CE requirements, making it easier to track different standards and deadlines in one place.

CE Broker supports the proposed changes in Section 1636. However, we strongly encourage OMBC to modernize the processes with a digital continuing education management solution. This would significantly enhance efficiency, enabling board staff to fully automate audits and achieve 100% automation when managed through a digital platform.

The proposed changes in section 1641, as well as the proposed changes in sections 1659.30-1659.35 that provide further detail and clarification on the cite and fine provisions, are necessary to provide further accountability for licensees who dare not compliant with statutory and regulatory requirements regarding CME, but also provide the board with the flexibility and discretion to look at each violation individually and determine the appropriate sanction[s] for noncompliance. While these sanctions are typically the final enforcement tool in regulatory compliance before license suspension or revocation, they should be carefully calibrated to ensure they serve as both a deterrent and an opportunity for correction. With the features listed above regarding automated CME tracking and reporting, a digital platform can also assist board staff in determining exactly where a licensee is deficient in their compliance, and to what extent. This is crucial in calculating the appropriate sanction to remedy that deficiency, further lightening the load on staff and making the disciplinary process more efficient, effective, and fair.

In light of these considerations, we respectfully encourage the OMBC to adopt an automated, digital CE management system. This approach will effectively handle the upcoming CME changes, ensure the highest standards of compliance, and simplify the tracking and reporting process for licensees while streamlining the CME and audit processes for the board. For more information about CE Broker, which supports a large network of state medical and osteopathic boards and offers a no-cost solution for OMBC to modernize continuing education processes, please don't hesitate to contact us.

Thank you for your consideration of these comments.

Sincerely,

Kelly Parker
Sr Director, External Affairs and Government Relations
kellyparker@propelus.com

CC: Erika Calderon
Executive Director - Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834

Attachment 6

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

MODIFIED TEXT

Continuing Education Requirements and Citations and Fines

For Originally Proposed Regulatory Language, the amendment format is as follows: Existing language remains unchanged; proposed changes to regulation text are indicated in single underline for additions and single ~~strikethrough~~ for deletions.

Modifications to the proposed regulatory language are shown in double underline for new text and ~~double strikethrough~~ for newly proposed deletions.

The Osteopathic Medical Board of California hereby proposes to amend its regulations in Sections 1635, 1636, 1638,1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35, and repeal Sections 1639 and 1640 of Division 16 of Title 16 of the California Code of Regulations to read as follows:

§1635. Required Continuing Medical Education ~~(CME)~~.

(a) Each osteopathic physician and surgeon submitting the tax and registration fee shall submit satisfactory proof to the Board of ongoing compliance with the provisions of this article at the times specified herein.

(b) ~~Commencing January 1, 1989, a~~ As a condition of renewal, each osteopathic physician and surgeon ~~shall complete 150 hours within a three-year period~~ shall complete the continuing medical education (CME) requirements set forth in Section 2454.5 of the Code and this section during the two years immediately preceding their license expiration date, unless otherwise provided in this section or a waiver is obtained as provided in Section 1637. ~~to satisfy the CME requirement;~~ tThis ~~three~~ two-year period is defined as the "CME requirement period." Each osteopathic physician and surgeon shall provide satisfactory documentation of their CME completion or exemption to the Board as specified in Section 1636.

(c) ~~The requirement of 150 hours during the three-year CME requirement period shall include a minimum of 60 hours of CME in Category 1-A or 1-B defined by the American Osteopathic Association (AOA). The balance of the CME requirement of 90 hours may consist of CME as defined by either the American Osteopathic Association (AOA) or the American Medical Association (AMA) and may be completed within the entire three-year CME requirement period.~~ CME courses shall also meet the following criteria to be acceptable:

(1) Any CME course that includes a direct patient care component and is offered by a CME provider located in this state shall contain curriculum that includes cultural and linguistic competency and an understanding of implicit bias in the practice of medicine as provided in Section 2190.1 of the Code. "Direct patient care" shall have the meaning as set forth in paragraph (2) of subsection (f).

(2) Any CME courses taken that meet the criteria in Section 2190.15 of the Code shall not together comprise more than 15 hours of the total hours of CME completed by an osteopathic physician and surgeon to satisfy the continuing educational requirement established by Section 2454.5 of the Code.

(d) ~~Effective January 1, 1989, the three-year CME period shall commence for those licensed on or before January 1, 1989.~~ For ~~T~~those osteopathic physicians and surgeons licensed ~~subsequent to~~ on or after January 1, ~~1989~~2023, the initial CME requirement period ~~shall commence their three-year CME requirement period on a prorata basis commencing the first full calendar year subsequent to initial licensure~~shall be from the date of initial licensure to the first license expiration date. Subsequent ~~three~~ two-year CME requirement periods shall not include CME earned during a preceding ~~three~~ two-year CME requirement period.

(e) In addition to meeting the requirements of subsections (b) and (c), as a condition of renewal, unless otherwise exempted or a waiver is obtained as specified in this section, osteopathic physicians and surgeons shall complete the following:

(1) a one-time, 12-hour CME course in pain management and the treatment of terminally ill and dying patients meeting the requirements of this section and Section 2190.5 of the Code within four years of their initial license or by their second renewal date, whichever occurs first.

(A) At a minimum, course content for a course in pain management and the treatment of terminally ill and dying patients shall include the practices for pain management in medicine, palliative and end-of-life care for terminally ill and dying patients, and the risks of addiction associated with the use of Schedule II drugs.

(B) For the course component involving the risks of addiction associated with the use of Schedule II drugs mentioned in subsection (e)(1)(A), at a minimum, the course content shall include regulatory requirements for prescribers and dispensers, strategies for identifying substance use, and procedures and practices for treating and managing substance use disorder patients.

(C) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician and surgeon is required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(2) a course on the risks of addiction associated with the use of Schedule II drugs that contains, at a minimum, the course content specified in subsection (e)(1)(B).

(A) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician and surgeon is required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(B) The Board shall deem this requirement to be met for the applicable CME requirement period if the osteopathic physician and surgeon completed the 12-hour CME course specified in subsection (e)(1) during that CME requirement period.

(3) if applicable, all general internists and family osteopathic physicians and surgeons who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 10 hours in a course required by Section 2190.3 of the Code.

~~(e) Category 1-A, or other CME is defined by the American Osteopathic Association (AOA), set forth in the American Osteopathic Association's "Continuing Medical Education Guide," and is hereby incorporated by reference and can be obtained from the AOA at 142 E. Ontario Street, Chicago, IL 60611; it is published once every three years by the AOA most recently in 1992. Category 1 defined by the American Medical Association is set forth in "Physicians Recognition Award Information Booklet," and is hereby incorporated by reference and can be obtained from the American Medical Association, 515 North State Street, Chicago, IL 60610; it is published on an occasional basis by the AMA, most recently in January, 1986.~~

(f) Osteopathic physicians and surgeons ("physicians") meeting any of the following criteria at the time of renewal shall be deemed exempt from the requirements of subsection (e)(1):

(1) Physicians practicing in pathology or radiology specialty areas as required by Section 2190.5 of the Code;

(2) Physicians not engaged in direct patient care~~,~~ ~~meaning~~. "Direct patient care" means ~~no~~ personal contact or face-to-face interaction with ~~the~~ a patient located in California ("California patient"), including health assessments, counseling, treatments, patient education, prescribing or administering medications, or any task authorized by the Act or described in Sections 2051 or 2052 of the Code that involves personal interaction with the California patient. "Personal contact" shall include communication by any method of direct interaction with the patient or via telehealth as provided in Section 2290.5 of the Code;

(3) Physicians that do not provide patient consultations regarding a California patient;

~~(4) Physicians that do not reside in the State of California;~~

(~~5~~4) Physicians who have completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(~~6~~5) Physicians who are deemed a "qualifying physician" as specified in Section 2190.6 of the Code, which means a physician meets any of the following conditions:

(A) The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties,

(B) The physician holds an addiction certification from the American Society of Addiction Medicine or the American Board of Addiction Medicine,

(C) The physician holds a board certification in addiction medicine from the American Osteopathic Association.

(D) The physician has completed not less than eight hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic

Association, or the American Psychiatric Association. Such training shall include:

(aa) opioid maintenance and detoxification;

(bb) appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder;

(cc) initial and periodic patient assessments (including substance use monitoring);

(dd) individualized treatment planning, overdose reversal, and relapse prevention;

(ee) counseling and recovery support services;

(ff) staffing roles and considerations;

(gg) diversion control; and,

(hh) other best practices.

(E) The physician has participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the U.S. Secretary of Health and Human Services by the sponsor of such approved drug.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2190.5, 2454.5, 2456.1 and 3600-1, Business and Professions Code. Reference: Section 2190.1, 2190.15, 2190.3, 2190.5, 2190.6, 2452, 2454.5, Business and Professions Code.

§1636. Continuing Medical Education ~~Progress Report~~ Documentation.

(a) Osteopathic ~~P~~physicians and surgeons shall report the total number of continuing medical education (CME) hours as provided in subsection (b) to the Board with the renewal application. ~~This may be accomplished by:~~

~~(a) The physician sending the Board a copy of their computer printout of CME activity as compiled from documents submitted to the AOA Division of Continuing Medical Education by both sponsors and the physician (Individual Activity Report) which will list the amount of CME credit hours, or~~

~~(b) Sending the Board copies of any certificates given for the CME credit hours of attendance at any program approved by the Board, or~~

~~(c) Reports from any program approved by the Board, to be furnished by the physician, showing his CME credit hours of attendance hours as verified by the program organizer.~~

~~(d) CME categories are defined by Section 1635(e).~~

(b) For the purposes of Section 1635, satisfactory documentation shall mean a written statement to the Board, signed and dated by the osteopathic physician and surgeon ("licensee"), that includes disclosures of all of the following:

(1) The following personally identifying information:

(A) Licensee's full legal name (first, middle, last, suffix (if any)),

(B) Licensee's license number,

(C) Mailing address,

(D) Telephone number; and,

(E) Email address, if any.

(2) Whether during the two years immediately preceding their license expiration date, the licensee completed a minimum of 50 hours of American Osteopathic Association (AOA) CME, of which at least:

(A) 20 hours were completed in AOA Category 1 CME as defined in Section 2454.5 of the Code, and,
(B) the remaining 30 CME hours were earned for coursework accredited by either the AOA or the American Medical Association (AMA).

(3) Whether within four years of their initial licensure or by their second renewal, the licensee completed a one-time 12-hour CME course in the subjects of pain management and the treatment of terminally ill or dying patients ("pain management course") as specified by Section 1635.

(4) If the licensee has not completed the pain management course referenced in subsection (b)(3), whether the licensee meets any of the following criteria:

(A) The licensee is practicing in pathology or radiology specialty areas,

(B) The licensee is not engaged in direct patient care as defined in Section 1635,

(C) The licensee does not provide patient consultations regarding a patient located in California,

~~(D) The licensee does not reside in the State of California;~~

(~~E~~D) The licensee completed a one-time continuing education course of 12 credit hours in the subject of treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment, or other similar medicinal treatment, for opioid use disorders; or,

(~~F~~E) The licensee meets one of the conditions listed in paragraph (~~6~~5) of subsection (f) of Section 1635 for a "qualifying physician."

(5) Whether during the two years immediately preceding their license expiration date, the licensee completed a course on the risks of addiction associated with the use of Schedule II drugs as specified in Section 1635, including a course in pain management as referenced in subsection (b)(3).

(6) Whether the licensee obtained a waiver from the Board for all or any portion of the current CME requirements specified in Section 1635 for this CME reporting period in accordance with Section 1637.

(7) A certification by the licensee under penalty of perjury under the laws of the State of California that all statements made in response to disclosures required by subsections (b)(1)-(6) are true and correct.

(c) Licensees who have reported CME compliance as specified in this section shall be subject to random audit of their CME hours. Within 65 days of the date of the Board's written request, those licensees selected for audit shall be required to document their compliance with the CME requirements of this article and shall be required to respond to any inquiry by the Board regarding compliance with this article and/or provide to the Board the records retained pursuant to subsection (d).

(d) Each licensee shall retain documents demonstrating compliance as provided in this subsection for each CME requirement period for six years from the completion date of the course(s) or condition(s) claimed as credit towards satisfaction of, or exemption from, the requirements of Section 1635. Those licensees selected for audit shall be required to submit documentation of their compliance with the CME requirements as specified by this article. Documents demonstrating compliance include any of the following:

(1) A copy of their individual CME Activity Summary report as compiled from documents submitted to the AOA's Continuing Medical Education Program by both sponsors and the licensee which includes, at a minimum, all of the following on official AOA letterhead or other document issued by the AOA bearing an AOA insignia:

(A) Licensee's name;

(B) Licensee's license number, and,

(C) All CME course credits reported to the AOA during the relevant CME reporting requirement period, including: (i) CME course or activity name, (ii) CME sponsor/provider name, (iii) CME credit type (e.g., Category type, for example Category 1A or 1B), (iv) CME credit hours earned or each course or activity by the licensee and submitted by the licensee for AOA approval, (v) all credits applied or accepted by the AOA by course or activity, and, (vi) completion dates for each CME course or activity.

(2) Copies of any transcripts or certificates of completion from a CME course provider accredited by the AOA or AMA which list, at a minimum, all of the following:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance,

(E) the name of the CME provider, and,

(F) For AOA accredited courses, CME credit type (e.g., Category type, for example Category 1A or 1B).

(3) For AMA accredited CME course hours earned, reports from any CME course provider accredited by AMA, to be furnished by the licensee, and listing at a minimum:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance, and,

(E) the name of the CME provider.

(4) For any exemptions from CME requirements claimed by the licensee in paragraph (4) of subsection (b), the following documentation, as applicable:

(A) For claims of practice exemption per paragraph (4), subparagraphs (A)-(C) of subsection (b), copies of employment records or letters or other documents from an employer showing the licensee's name, dates of practice, and confirming the type of practice claimed as represented by the licensee on their report;

~~(B) For claims of out of state residency per paragraph (4), subparagraph (D) of subsection (b), copies of an unexpired drivers' license or other state-issued identification in the name of the licensee, or utility bills, bank or mortgage statements, vehicle registration or insurance documents, or tax documents showing the licensee's name and out of state address and dated within the last 3 months prior to the date of submission to the Board.~~

(~~C~~B) For claims of completion of alternative CME coursework as specified in paragraph (4), subparagraphs (~~E~~D) or (~~F~~E) of subsection (b), any of the documents specified in paragraphs (1)-(3) of this subsection.

(~~D~~C) (i) For claims of exemption as a "qualifying physician" based on specialty certification as specified in paragraph (4), subparagraph (~~F~~E), certification received directly from the applicable certifying body of the licensee's certification in a specialty that includes a document containing, at minimum, the following:

(aa) Licensee's name;

(bb) Licensee's address,

(cc) Name of the specialty board,

(dd) Name of specialty,

(ee) Date certification in the specialty was issued,

(ff) Date certification in the specialty expires, and,

(gg) on official letterhead or other document issued by the specialty organization bearing their insignia.

Submission of a licensee's Official Physician Profile Report from the American Osteopathic Association directly to the Board electronically that lists the specialty certifications claimed by the licensee shall be deemed compliant with the requirements of this paragraph.

(ii) For claims of exemption as a "qualifying physician" due to the licensee being an investigator in one or more clinical trials leading to the approval of a narcotic drug as specified by Section 1635, a copy of a letter or other document, signed and dated by the sponsor showing submission of a statement from the sponsor to the U.S. Secretary of Health and Human Services that includes the licensee's name and that the licensee was an investigator in one or more clinical trials leading to the approval of a specified narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 2190.6, 2190.5, ~~and~~ 2452 and 2454.5, Business and Professions Code.

§1638. CME Requirement for Inactive Certificate.

(a) The holder of an inactive certificate is exempt from CME requirements.

(b) In order to restore a certificate to active status the licensee shall ~~have completed a minimum of 20 hours Category 1-A as defined by the American Osteopathic Association (AOA) during the 12-month period immediately preceding the licensee's application for restoration~~comply with the requirements for restoring an inactive certificate to an active status in Section 1646.

~~(c) CME categories are defined by sections 1635 (e).~~

NOTE: Authority cited: Osteopathic Act (initiative Measure, Stats. 1923, p. xciii), Section 1: and Sections 2454.5, and 3600-1, Business and Professions Code. Reference: Sections 704, and 2454.5, Business and Professions Code.

§1639. Approved Continuing Medical Education.

~~The following CME programs are approved for credit:~~

~~(a) Those programs certified by the American Osteopathic Association (AOA) as category I and II credit and those certified by the American Medical Association (AMA) as category I.~~

~~(b) Those programs which qualify for prescribed credit from the AOA specialty groups.~~

~~(c) Those programs meeting the criteria set forth in Section 1640 and offered by other organizations and institutions.~~

~~(d) CME categories are defined by Section 1635 (e).~~

~~NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1223, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2190, and 2452, Business and Professions Code.~~

§1640. Criteria for Approval of CME Programs.

~~(a) Each program in which a license participates shall be administered in a responsible, professional manner.~~

~~(b) Programs referred to in Section 1639 (c) shall be measured on a clock hour to clock hour basis and shall meet the following criterial in order to be approved.~~

> ~~(1) Faculty: the program organizer shall have a faculty appointment in an educational institution accredited or approved pursuant to the Education Code Section 94310 or 94312, or be qualified in other specialized fields directly related to the practice of medicine. The curriculum vitae of all faculty members and organizers shall be kept on file by the program organizer.~~
>
> ~~(2) Rationale: The need for the program and how the need was determined shall be clearly stated and maintained on file by the program organizer.~~
>
> ~~(3) Program Content: Program content shall be directly related to patient care, community or public health.~~
>
> ~~(4) Education Objectives: Each program shall clearly state educational objectives that can be realistically accomplished within the framework of the program.~~

~~(5) Method of Instruction: Teaching methods for each program shall be described, e.g., lecture, seminar, audio-visual, simulation, workshops or other acceptable modalities.~~

~~(6) Evaluation: Each program shall include an evaluation method which documents that educational objectives have been met, e.g., written evaluation by each participant (questionnaire).~~

~~(7) Course organizers shall maintain a record of attendance of each participant.~~

~~(c) The Board will randomly audit courses or programs submitted for credit in addition to any course or program for which a complaint is received. If an audit is made, course organizers will be asked to submit to the Board:~~

~~(1) Organizer(s) faculty curriculum vitae;~~

~~(2) Rationale for course;~~

~~(3) Course content;~~

~~(4) Educational objectives;~~

~~(5) Teaching methods;~~

~~(6) Evidence of evaluation;~~

~~(7) Attendance records.~~

~~(d) Credit toward the required hours of continuing education will not be received for any course deemed unacceptable by the Board after an audit has been made pursuant to this section.~~

~~Note: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600- 1, Business and Professions Code. Reference: Sections 2190 and 2452, Business and Professions Code.~~

§1641. Sanctions for Noncompliance.

(a) Any osteopathic physician and surgeon who has not satisfied the CME requirements ~~completed 150 hours of approved CME or the prorated share~~ pursuant to Section 1635~~(d)~~ during the ~~three~~ two-year CME requirement period will be required to make up any deficiency unless a waiver is obtained pursuant to Section 1637. Any physician and surgeon who fails to complete the deficient hours or provide satisfactory documentation

of CME completion as provided in Section 1636 shall be ineligible for renewal of ~~his or her~~ their license to practice medicine until such time as the deficient hours of CME are documented to the Board.

(b) It shall constitute unprofessional conduct and grounds for a citation and fine or disciplinary action, including the filing of an accusation, for any osteopathic physician and surgeon to misrepresent ~~his or her~~ their compliance with the provisions of this article, to fail to provide accurate or complete information in response to a Board inquiry, or ~~who~~ to fail~~s~~ to comply with the provisions of this article.

~~(c) Each physician shall retain records for a minimum of four years of all CME programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization and the accrediting organization, if any.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 125.9, 2018, 2454.5 and 3600-1, Business and Professions Code. Reference: Section~~s~~ 125.9, 2234, 2452 and 2454.5, Business and Professions Code.

§ 1646. Procedure for Obtaining an Inactive Certificate or for Restoration to Active Status.

(a) Any physician and surgeon desiring an inactive certificate shall submit an application to the Board (License Renewal OMB.2 or OMB.2a Rev.11/94).

(b) In order to restore an inactive certificate to an active status, the licensee shall have completed a minimum of 20 hours of Category 1~~-A~~ CME as defined by the American Osteopathic Association (AOA) during the ~~preceding~~ 12-month period immediately preceding the licensee's completed application for restoration, submit a completed application for restoration, ~~and~~ pay the fee set forth in Section 1690 of this Division and the Controlled Substance Utilization Review and Evaluation System (CURES) fee currently required by Section 208 of the Code. A completed application for restoration includes the following:

(1) Licensee's Full Name (First), (Middle), (Last), (Suffix, if any),

(2) Licensee's License (Certificate) Number,

(3) Licensee's Address,

(4) Licensee's Email Address,

(5) Licensee's Telephone Number,

(6) An affirmative statement that during the 12-month period immediately preceding the date of the filing of this application, the licensee completed a minimum of 20 hours in AOA Category 1 CME, and,

(7) The following statement, signed and dated by the licensee: "I am requesting that the Osteopathic Medical Board of California activate my license."

(c) The inactive status of a certificate holder shall not deprive the Board of its authority to institute or continue a disciplinary proceeding against the licensee on any ground provided by law or to enter an order suspending or revoking the certificate or otherwise taking disciplinary action against the licensee on any ground.

~~(d) CME categories are defined by Section 1635(e).~~

(~~e~~d) The processing times for obtaining an inactive certificate or reactivating an inactive certificate to active status are set forth in Section 1691.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p, xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 701, 704 and 2454.5, Business and Professions Code.

§1659.30. Authority to Issue Citations and Fines.

(a) For purposes of this article, "executive director" shall mean the executive director of the ~~b~~Board.

(b) The executive director or their designee is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement, ~~and~~ administrative fines, or both, for violations by a licensed osteopathic physician and surgeon or a postgraduate training licensee of the statutes and regulations referred to in Section 1659.31.

(c) A citation shall be issued whenever any fine is levied, or any order of abatement is issued. Each citation shall describe with particularity the nature

and facts of the violation, including a reference to the statute or regulations alleged to have been violated. The citation shall be served upon the individual personally, ~~or~~ by certified mail return receipt requested, or by regular mail at their last known address in accordance with Section 124 of the Code if the cited individual is a licensee.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600~~-1~~, Business and Professions Code. Reference: Sections 124, 125.9, ~~and~~ 148 and 2064.5, Business and Professions Code.

§1659.31. ~~Citable Offenses.~~ Fine Amounts and Criteria to Be Considered

The amount of any fine to be levied by the executive director or their designee shall take into consideration the applicable factors listed in sub~~division~~section (b)~~(3) of Section 125.9 of the code and also the extent to which such person has mitigated or attempted to mitigate any damage or injury caused by the violation~~. The fine shall be within the ranges set forth below in subsections (a) or (c), as applicable.

(a)(1) The executive director or their designee may issue a citation under section 1659.30 for a violation against a licensee of the provisions listed in this section. Unless otherwise provided in this section, ~~T~~the fine for a violation of the following code sections shall not be less than $100 and shall not exceed $2500~~, except as specified in items 34 and 41 below~~:

(~~1~~A) Business and Professions Code Section 119

(~~2~~B) Business and Professions Code Section 125

(~~3~~C) Business and Professions Code Section 125.6

(4D) Business and Professions Code Section 475(a)(1)

(~~5~~E) Business and Professions Code Section 490

(~~6~~F) Business and Professions Code Section 580

(~~7~~G) Business and Professions Code Section 581

(~~8~~H) Business and Professions Code Section 582

(~~9~~I) Business and Professions Code Section 583

(~~10~~J) Business and Professions Code Section 650

(~~11~~K) Business and Professions Code Section 651

(~~12~~L) Business and Professions Code Section 654

(~~13~~M) Business and Professions Code Section 654.1

(~~14~~N) Business and Professions Code Section 654.2

(~~15~~O) Business and Professions Code Section 655.5

~~(16) Business and Professions Code Section 655.6~~

~~(17)~~ (P) Business and Professions Code Section 702

~~(18)~~ (Q) Business and Professions Code Section 730

~~(19)~~ (R) Business and Professions Code Section 732

~~(20)~~ (S) Business and Professions Code Section 802~~(b)~~ (a)

~~(21)~~ (T) Business and Professions Code Section 802.1

~~(22)~~ (U) Business and Professions Code Section 810

~~(23) Business and Professions Code Section 2021~~

~~(24) Business and Professions Code Section 2052~~

~~(25) Business and Professions Code Section 2054~~

~~(26) Business and Professions Code Section 2216~~

~~(27) Business and Professions Code Section 2216.1~~

~~(28) Business and Professions Code Section 2216.2~~

~~(29) Business and Professions Code Section 2221.1~~

~~(30) Business and Professions Code Section 2236~~

~~(31) Business and Professions Code Section 2238~~

~~(32) Business and Professions Code Section 2240~~

~~(33) Business and Professions Code Section 2243~~

~~(34) Business and Professions Code Section 2244 ($1,000)~~

~~(35) Business and Professions Code Section 2250~~

~~(36) Business and Professions Code Section 2255~~

~~(37) Business and Professions Code Section 2256~~

~~(38) Business and Professions Code Section 2257~~

~~(39) Business and Professions Code Section 2259~~

~~(40) Business and Professions Code Section 2261~~

~~(41) Business and Professions Code Section 2262 ($500)~~

~~(42) Business and Professions Code Section 2263~~

~~(43) Business and Professions Code Section 2264~~

~~(44) Business and Professions Code Section 2266~~

~~(45) Business and Professions Code Section 2271~~

~~(46) Business and Professions Code Section 2272~~

~~(47) Business and Professions Code Section 2276~~

~~(48) Business and Professions Code Section 2285~~

~~(49) Business and Professions Code Section 2415~~

~~(50) Business and Professions Code Section 2454.5~~

~~(51) Business and Professions Code Section 2456.1~~

~~(52)~~ (V) Business and Professions Code Section 17500

~~(53)~~ (W) Health and Safety Code Section 123110

~~(54) Title 16 Cal. Code Regs. 1604~~

~~(55) Title 16 Cal. Code Regs. 1633~~

~~(56) Title 16 Cal. Code Regs. 1685~~

(X) Civil Code Section 56.10

(Y) Any provision of the Act

(Z) Any provision of the Medical Practice Act (Business and Professions Code section 2000, et seq.) relating to persons holding or applying for physician's and surgeon's certificates issued by the Board under the Act

(AA) Any regulation adopted by the Board under Division 16 of Title 16 of the California Code of Regulations

(BB) Any other statute or regulation upon which the Board may base a disciplinary action.

(2) For fines issued for violations of Sections 2244 and 2262 of the Code and Civil Code section 56.10, the amount of any fine to be levied by the Executive Director or their designee shall not exceed the amounts specified in Sections 2244 or 2262 of the Code, or Section 56.36(c) of the Civil Code, as applicable.

(b)(1) Except for fines assessed for a violation of Section 56.10 of the Civil Code, the following factors shall be considered by the Executive Director or their designee when determining the amount of an administrative fine:

(A) The good or bad faith of the cited person.

(B) The gravity of the violation.

(C) Evidence that the violation was willful.

(D) History of previous violations.

(E) The extent to which the cited person has cooperated with the Board.

(F) The extent to which the cited person has mitigated or attempted to mitigate any danger or injury caused by the violation.

(2) When determining the amount of the fine to be assessed for a violation of Civil Code section 56.10, the Executive Director or their designee shall consider the factors listed in Section 56.36(d) of the Civil Code.

(~~b~~c) Notwithstanding the administrative fine amounts specified in subsection (a)(1), a citation may include a fine between $2501 and $5000, if at least one or more of the following circumstances apply:

1. The citation involves a violation that has an immediate ~~relationship~~threat to the health and safety of another person;

2. The cited person has a history of two or more prior citations of the same or similar violations;

3. The citation involves multiple violations that demonstrate a willful disregard of the law;

4. The citation involves a violation or violations perpetrated against a senior citizen or a disabled person.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code; Section 56.36, Civil Code.

§1659.32. Compliance with Orders of Abatement.

(a) If a cited person who has been issued an order of abatement is unable to complete the correction within the time set forth in the citation because of conditions beyond ~~his or her~~their control after the exercise of reasonable diligence, the person cited may request an extension of time in which to complete the correction from the executive director or their designee. Such a request shall be in writing and shall be made within the time set forth for abatement.

(b) An order of abatement shall either be personally served or mailed by certified mail, return receipt requested. The time allowed for the abatement of a violation shall begin when the order of abatement is final and has been served or received. When an order of abatement is not contested or if the order is appealed and the person cited does not prevail, failure to abate the violation charged within the time allowed shall constitute a violation and a failure to comply with the order of abatement. Such failure may result in disciplinary action being taken by the board or other appropriate judicial relief being taken against the person cited.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§1659.33. Citations for Unlicensed Practice.

(a) The executive director or their designee is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines against persons, partnerships, corporations or associations who are performing or who have performed services for which licensure as an osteopathic physician and surgeon or postgraduate training licensee under the Medical Practice Act is required. ~~The executive director is authorized to issue citations and orders of abatement and levy fines only in the case of (a) an osteopathic physician and surgeon who has practiced with a delinquent license or (b) an applicant for licensure who practices prior to issuance of a license.~~ Each citation issued shall contain an order of abatement. Where appropriate, the executive director or their designee shall levy a fine for such unlicensed activity in accordance with subdivision (b)(3) of Section 125.9 of the code.

(b)(1) If any fine amount remains unpaid after the effective date of the final citation order, the executive director or their designee shall send a written notice at intervals of 30, 60 and 90 days from the effective date of the final citation order to the cited person containing, at a minimum, the following statements:

> "Our records show that you have a $[insert citation amount owed] delinquent debt due to the Osteopathic Medical Board of California. You have 30 days to voluntarily pay this amount before we submit your account to the Franchise Tax Board (FTB) for interagency intercept collection.
>
> FTB operates an intercept program in conjunction with the State Controller's Office, collecting delinquent liabilities individuals owed to state, local agencies, and colleges. FTB intercepts tax refunds, unclaimed property claims, and lottery winnings owed to individuals. FTB redirects these funds to pay the individual's debts to the agencies, including this Board. (Government Code Sections 12419.2 and 12419.5.)
>
> If you have questions or do not believe you owe this debt, contact us within 30 days from the date of this letter. A representative will review your questions/objections. If you do not contact us within that time, or if you do not provide sufficient objections, we will proceed with intercept collections."
>
> After the initial 30-day notice, any subsequent notices shall contain references to any prior notice(s), including the date any prior notice was sent, and what further actions, including collection fees, may be taken in the collection process.

(b)(2) If, after providing notice in accordance with paragraph (1), any fine amount remains unpaid six months after the effective date of the final citation order, the executive director or their designee shall submit to the FTB a request for interagency intercept collection of any tax refund due the cited person pursuant to Government Code sections 12419.2 and 12419.5 that includes the cited person's name, social security number and the amount of their unpaid fine.

(c) The provisions of Sections 1659.30 and 1659.32 shall apply to the issuance of citations for unlicensed activity under this subsection. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

(d) "Final" for the purposes of this section shall mean: (a) the Board's contested citation decision is effective and the cited person has exhausted all methods for contesting the citation under section 1659.34, or, (b) the cited person did not contest the citation decision and the timeframes for contesting a citation under section 1659.34 have passed.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9, ~~and~~ 148 and 2064.5, Business and Professions Code; Sections 12419.2 and 12419.5, Government Code.

§1659.34. Contest of Citations.

(a) In addition to requesting a hearing as provided for in subdivision (b)(4) of Section 125.9 of the code, the person cited may, within 15 calendar days after service of the citation, notify the executive director in writing of ~~his or her~~their request for an informal conference with the executive director regarding the acts charged in the citation. The time allowed for the request shall begin the first day after the citation has been served.

(b) The executive director shall, within 30 calendar days from the receipt of the request, hold an informal conference with the person cited ~~and/~~or ~~his or her~~their legal counsel or authorized representative. The conference may be held telephonically. At the conclusion of the informal conference the executive director may affirm, modify or dismiss the citation, including any fine levied or order of abatement issued. The executive director shall state in writing the reasons for ~~his or her~~ their action and serve or mail a copy of ~~his or her~~their findings and decision to the person cited within 15 calendar days from the date of the informal conference, as provided in subsection (b) of section 1659.32. This decision shall be deemed to be a final order with regard to the citation issued, including the fine levied and the order of abatement.

(c) The person cited does not waive ~~his or her~~their request for a hearing to contest a citation by requesting an informal conference after which the citation is affirmed by the executive director. If the citation is dismissed after the informal conference, the request for a hearing on the matter of the citation shall be deemed to be withdrawn. If the citation, including any fine levied or order of abatement, is modified, the citation originally issued shall be considered withdrawn and a new citation issued. If a hearing is requested for the subsequent citation, it shall be requested within 30 calendar days in accordance with subdivision (b)(4) of Section 125.9 of the code.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.

§1659.35. Public Disclosure; Records Retention.

Every citation that is issued pursuant to this article shall be disclosed to an inquiring member of the public. Citations that have been resolved, by payment of the administrative fine or compliance with the order of abatement, shall be purged ten (10) years from the date of ~~resolution~~issuance. A citation that has been withdrawn or dismissed shall be purged immediately upon being withdrawn or dismissed.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 803.1, Business and Professions Code.

The Physician's Recognition Award

AMERICAN
MEDICAL ASSOCIATION

Effective January 1, 1986

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Introduction

The Physician's Recognition Award (PRA) was established by the House of Delegates of the American Medical Association in December of 1968. The purpose of the Award is to encourage physician participation in continuing medical education and to recognize physicians who have voluntarily completed programs of continuing medical education.

In 1985, over 35,000 PRA certificates were issued. Currently there are over 101,000 valid certificates held by physicians. Awardees represent all states of the United States and all medical specialties. Over 422,000 certificates have been issued since the Award was established.

The basic requirement for the PRA certificate, completion of 150 hours of continuing medical education during a consecutive three-year period, is standard among most organizations providing certificates. Reciprocity arrangements have been made with 20 other medical organizations, including both state medical societies and medical specialty societies. A list of the reciprocity arrangements in effect as of June 30, 1985 is provided on page 10.

The House of Delegates has adopted the policy that continuing medical education should be voluntary, that is, that it should not be required for membership in medical societies or for reregistration for licensure to practice medicine. In accordance with this policy the PRA is not required for membership in the AMA, or for any membership benefits.

The Award is accepted by eleven state licensing boards as evidence that a physician has completed continuing medical education that satisfies the board's requirements for reregistration for licensure. As of June 30, 1985, the eleven states that accept the certificate for this purpose are Arizona, California, Hawaii, Iowa, Kansas, Massachusetts, New Hampshire, New Mexico, Pennsylvania, Utah, and Washington.

While the AMA has not supported mandatory reporting of continuing medical education, the Association has supported the idea that all physicians should participate in continuing medical education throughout their careers, and that physicians have professional responsibility for such participation. Physicians should be responsible for choosing educational activities that meet their individual needs and learning styles.

The PRA program is administered by the Office of Physician Credentials and Qualifications. Policies and administrative procedures for the PRA program are the responsibility of the Council on Medical Education. Recommendations concerning PRA policy are made to the Council by the Continuing Medical Education Advisory Committee.

PART 1 - Information for Physicians Completing the PRA Application

Definition of Continuing Medical Education

The following definition of continuing medical education was adopted by the House of Delegates in July 1982 for use by the PRA program:

> Continuing Medical Education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

It is believed that this definition and the rules applied by the PRA program are sufficiently broad to permit physicians to undertake continuing medical education activities relevant to their professional responsibilities. All continuing medical education reported for the PRA should comply with this definition, regardless of whether it is reported under AMA/PRA Category 1 or under Category 2.

Information on activities that are not continuing medical education in the sense of this definition is provided on page 14.

Eligibility

Physicians who hold valid current licenses issued by one of the U.S. licensing jurisdictions or one of the provinces in Canada, or who are engaged in residency training in an accredited program in the United States can apply for the PRA, without regard to citizenship or membership in the AMA or state medical societies. This rule applies both to graduates of U.S. and of foreign medical schools. Information about an applicant's U.S. license or his appointment to residency training must be included in the AMA Physician Masterfile. The PRA cannot be provided to foreign medical graduates who do not reside in the U.S. unless they are members of the AMA. Foreign medical graduates who give up residence in the U.S. are not eligibile for the Award unless they are members of the AMA.

Requirements for the PR/

In order to qualify for the Award, an applicant must report 150 credit hours of continuing medical education during a consecutive three-year period immediately preceding the date of the application. Of these 150 hours, at least 60 must be in AMA/PRA Category 1.

Ninety hours of education can be in Category 2 which combines the former Categories 2 through 6. Credit hours are based on hour-for-hour participation in a continuing medical education activity (except the reports of residency and fellowship training and publishing journal articles) with the number of hours rounded to the nearest whole hour.

The categories, with the credit-hour limitation and descriptions of each, are listed below.

AMA/PRA Category 1 **No Credit Hour Limit**
CME Activities Designated Category 1 by an Accredited Sponsor

Category 2 **90 Hour Limit**
- a) CME Lectures and Seminars not Designated as Category 1 by an Accredited Sponsor
- b) Medical Teaching
- c) Articles, Publications, Books and Exhibits
- d) Non-Supervised Individual CME
  - 1) Self-Instruction
  - 2) Consultation
  - 3) Patient Care Review
  - 4) Self Assessment
- e) Other Meritorious Learning Experiences

CATEGORY 1: Continuing Medical Education
Activities so Designated by an Accredited Sponsor

A minimum of 60 credit hours in AMA/PRA Category 1 is required for the PRA; however, all 150 hours may be in this category. In order to meet the criteria for AMA/PRA Category 1, a continuing medical education activity must meet the following requirements:

1. Be sponsored by an organization accredited for continuing medical education by one of the state medical associations or by the Accreditation Council for Continuing Medical Education (ACCME), and
2. be designated as AMA/PRA Category 1 education by that organization.

Organizations sponsoring continuing medical education activities are responsible for informing participants whether a program has been designated AMA/PRA Category 1 and, if so, how many credit hours are provided for completing the activity.

Sponsoring organizations should use the designation statement provided on page 23 of this booklet to indicate the number of credit hours earned for completing an activity. In order to be designated as AMA/PRA Category 1, activities must meet certain educational standards. These standards are described in the section of this booklet dealing with organizational sponsorship of continuing medical education. (See page 19.)

When CME activities are sponsored jointly, the accredited sponsor should be listed on the PRA application form.

Continuing medical education self-study materials such as videotapes and films can, in specific instances, be designated AMA/PRA Category 1. Rules covering this are provided on page 20.

CATEGORY 2: All Other Categories of CME
Education reported under Category 2 must meet the definition of continuing medical education and fit one of the descriptions of education provided below. All 90 hours of education which can be reported under Category 2 can be reported in one of the sub-categories described below. For instance, 90 hours of credit may be claimed for medical teaching or for the publication of journal articles.

Category 2 education can be provided by either an accredited or an unaccredited organization. No designation statement concerning category or amount of credit should be used in program brochures for Category 2 activities. Physicians report Category 2 activities for the PRA if they find that the activities meet the definition of continuing medical education and fulfill an educational need.

a) CME Lectures and Seminars not designated Category 1

Lectures and seminars provided by unaccredited organizations can be reported under Category 2, as well as lectures and seminars provided by accredited organizations that are not designated AMA/PRA Category 1. The fact that a program is not designated AMA PRA Category 1 does not indicate that it is of poor quality, but only that it does not meet all of the educational requirements established for AMA/PRA Category 1 programs.

b) Medical Teaching

Credit may be claimed in Category 2 for contact hours of teaching medical students, preceptees, residents, practicing physicians, and other health care professionals. Please note, however, that all continuing medical education, including teaching, is by definition an activity that a physician undertakes outside of his major professional responsibility; consequently, teaching medical students and residents should not be reported as continuing medical education by full-time faculty.

c) Articles, Publications, Books, and Exhibits

Ten hours of credit may be claimed for publication of a medical or medically related article, for each chapter of a medical or medically related book, or other medical education materials. Articles must be published in a recognized medical journal; that is, the journal of an organization which requires a medical or medically related degree for membership, or a journal that is read primarily by physicians or members of other health professions.

Credit may be claimed only once for the medical or educational content of a publication regardless of its being reissued in a changed format. For instance, information appearing at one time as a journal article and at another as a chapter of a book should be claimed only once.

Credit also can be claimed only once for preparation of an exhibit that is displayed at a continuing medical education meeting or at another educational activity. Ten credit hours can be claimed for preparation of an exhibit.

d) Non-Supervised CME

(1) Self-Instruction

Reading of medical literature and the use of self-instructional materials may be reported. The reading matter and self-instructional materials used need not be sponsored by an organization accredited for continuing education, nor do they need to meet the definition of a planned program of continuing medical education. (See page 20 for the definition of a planned program.)

Examples of self-instructional materials include:

- Audiovisual materials, such as videotapes, audiotapes, films, filmstrips, slides, used individually and without direct supervision
- open- or closed-circuit television and radio broadcasts, and instruction using telephone networks when used individually.

- Programmed medical education materials, teaching devices, and computer-assisted instruction and learning. (Such education can be accumulated in less than one hour units but should be reported on the PRA application in one-hour blocks).

(2) Consultation

The education that a physician receives from a consultant may be reported provided that the consultation is organized in such a way as to meet the definition of a planned program of CME. The instruction period should not be less than an hour.

An activity provided by an individual instructor without institutional sponsorship can be reported under this category.

Ordinary case consultation should not be reported in this or in other categories.

The consultant or instructor providing the education reported under this category can report the teaching activity.

(3) Patient Care Review

Credit can be reported for participation in review and evaluation of patient care. This includes such activities as peer review, medical audit, case conference, and chart audit. (See page 14 for information about activities that do not earn continuing medical education credit.)

Service on hospital medical staff committees for tissue review, infections, death conference, pharmacy, etc. may also be claimed when the committees are concerned with some aspect of medical care rather than with administration.

(4) Self-Assessment

Credit may be claimed for the time spent in taking a self-assessment examination. To be acceptable, the examinations must be scored and the results made known to the participants so they can plan activities based on the needs identified.

Continuing medical education undertaken by a physician in preparation for a self-assessment examination, or later study based on the results of a self-assessment examination, should be claimed in Category 2 unless the examination has been designated AMA PRA Category 1 by an accredited sponsor.

(e) Other Meritorious Learning Experiences

"Other Meritorious Learning Experiences" refers to

educational activities that have been of a ...que educational benefit to a physician but that do not fit the descriptions of educational activities provided above. The report of these activities should be made in a narrative form, and attached to the application. The narrative must include the following:

1. The educational need that the activity served,
2. a description of the activity, including the educational content and the way in which learning occurred,
3. the amount of time spent on the project, and
4. the number of credit hours claimed.

If teachers or educational institutions were involved in the project, they should be identified.

Credit should not be claimed for service to medical societies or other medical organizations, for public service, or for research activities.

Credit cannot be allowed unless information is provided in regard to the four points listed above. This will be reviewed by a staff committee, and a judgment made as to the acceptability of the credit.

Obtaining a PRA Application

The AMA House of Delegates has directed that an application be mailed each year to all physicians practicing in the U.S. who do not hold a valid PRA certificate. Additionally, applications are mailed to physicians who hold valid PRA certificates about three months before the certificates expire. Applications can be obtained at any time from the AMA Office of Physician Credentials and Qualifications either through writing or through telephoning (312) 645-4664.

When to Apply for the PRA: Dating the Application

There are no set reporting periods for the PRA; physicians can apply for a certificate whenever they have completed 150 hours of continuing medical education within a consecutive three-year period. The education reported must have occurred within the 36 months prior to the date entered on the application; the date entered on the application form may not be more than one calendar year earlier than the date on which the application is submitted for processing. For instance, an application may be dated June 1, 1984 and submitted on June 1, 1985. Applications may not include educational activities in process (except residency training), nor can the application be dated with a future date.

The expiration date entered on a PRA certificate is based on the date of the application form. Ordinarily, a certificate has an expiration date three years from the first day of the month following the date of the application except for certificates issued through reciprocity.

Thus, an application dated February 14, 1985, will result in a PRA certificate with an expiration date of March 1, 1988. Applicants who need special dates on their PRA certificates are asked to attach a note to the application asking for that date.

PRA certificates provided through reciprocity have the same expiration date as that of the certificate being reciprocated with. Since some medical organizations issue certificates with expiration dates more than three years in the future, PRA certificates issued through reciprocity will in those instances also have dates more than three years in advance. (See page 10 for the list of organizations with which the PRA Program has arranged reciprocity.)

Credit hours are based on hour-for-hour participation in educational activities, except in the case of residency training and publications. It is expected that the three-year period during which a certificate is valid will be used to accumulate credit for another certificate. An application can be submitted before an earlier one has expired; thus, a physician can have certificates with overlapping dates. Educational activities should not be reported twice; for instance, a publication based on research reported on a previous PRA application should not be included on a second application.

Fees

~~$10.00~~ $30.00 application fee is charged to AMA members. A ~~$25.00~~ application fee is charged to non-members. The fee covers the cost of reviewing an application and is not refundable. No fee is charged to a physician who was in an accredited residency program or a fellowship program at any time during the year preceding the date of the application. (See Residents and Fellows, Page 12).

AMA/PRA CATEGORY 1: Credit and Reciprocity

Detailed information on the characteristics of AMA/PRA Category 1 continuing medical education is provided in the section of this booklet entitled "Information for Orga-

nizations Providing Continuing cal Education." Physicians should note that only an organization accredited for continuing medical education can designate an activity AMA/PRA Category 1.

Organizations that are accredited for continuing medical education should include a statement on their brochures and printed programs for AMA/PRA Category 1 activities indicating that the organization is accredited, that the activity concerned is AMA/PRA Category 1, and that completing the activity provides a specified amount of credit. The designation statement is the following:

> The (name of accredited sponsor) designates this continuing medical education activity for (_____) credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

When providing reports of educational activities on their PRA applications, physicians should be careful to provide the exact name of the *accredited sponsor*. It should be kept in mind that an activity may be sponsored by an unaccredited organization and jointly sponsored by an accredited organization; in that case the name of the *accredited organization* should be listed on the application. Please note that frequently it is a medical school or an academic health science center that is accredited for continuing medical education rather than an affiliated hospital; in that case applications should indicate the medical school or the center as the *accredited sponsor* of the program rather than the hospital where the program was provided.

When there is doubt as to what organization was the accredited sponsor, an inquiry should be made of the sponsors of the program. Care should be taken also to use the exact name of the organization concerned; staff members are not always able to identify abbreviations or short forms of names, particularly of hospitals.

Reciprocal arrangements have been completed as of June 30, 1985, so that a PRA certificate can be provided to physicians who meet the continuing medical education requirements of the organizations listed below.

- American Academy of Dermatology (AAD)
- American Academy of Family Physicians (AAFP)
- American Association of Neurological Surgeons/ Congress of Neurological Surgeons (AANS/CNS)
- American College of Obstetricians and Gynecologists (ACOG)
- American College of Preventive Medicine (ACPM)
- American Psychiatric Association (APA)
- American Society of Clinical Pathologists/ College of American Pathologists (ASCP/CAP)

- American Society of Colon and Rectal Surgeons (ASCRS)
- American Society of Plastic and Reconstructive Surgeons (ASPRS)
- American Urological Association, Inc. (AUA)
- Arizona Medical Association (ArMA)
- California Medical Association (CMA)
- Massachusetts Medical Society (MMS)
- Medical Society of the District of Columbia (MSDC)
- Medical Society of New Jersey (MSNJ)
- Medical Society of Virginia (MSV)
- National Medical Association (NMA)
- Pennsylvania Medical Society (PMS)

The reciprocal arrangements provide that these organizations will send letters to those physicians who meet their requirements informing them that the letter can be forwarded to the PRA program for reciprocity purposes. Applicants are requested to make use of these letters.

The PRA certificate satisfies the continuing medical education requirements of the following organizations:

- American Association of Neurological Surgeons/ Congress of Neurological Surgeons
- American Society of Colon and Rectal Surgeons
- American Psychiatric Association

The PRA program periodically informs these organizations of physician members who have been provided with the PRA certificate.

Participation in Continuing Medical Education Programs in Canada; Applications for the PRA from Canadian Physicians

The Accreditation Council for Continuing Medical Education has entered into a reciprocity agreement with the Committee on Accreditation of Canadian Medical Schools. Medical schools whose CME programs are accredited by this Committee are recognized as accredited by ACCME. Consequently, U.S. and Canadian physicians, who participate in continuing medical education programs sponsored by Canadian medical schools can report that participation for AMA/PRA Category 1 credit toward the Physician's Recognition Award.

Please note that continuing education programs provided by Canadian organizations that are not accredited by the Committee on Accreditation of Canadian Medical

Schools cannot be reported for AMA PRA Category 1 credit; they can be reported for Category 2 credit.

Canadian physicians who are licensed in one of the Provinces of Canada can make application for the Physician's Recognition Award. Sixty hours of Category 1 education provided by a Canadian medical school will satisfy the AMA/PRA Category 1 requirement for the Award.

Signature and Records Maintenance

Physicians who apply for the PRA are not required to present certificates of attendance.

Instead, the signature of a physician on the application form is accepted as evidence that the physician completed the education that is reported on the application. Unsigned applications are returned for signature.

When it is more convenient to do so, physicians may attach transcripts of continuing medical education activities to applications instead of completing the application form. The transcript should include information as to what agency provided it; in every instance it must be clear that the physician intends the transcript to serve as an application for the PRA.

The AMA does not maintain records of continuing medical education for physicians except in the case of programs sponsored by the AMA. Further, PRA applications are returned to physicians after they are processed; copies of the applications are not maintained at the AMA. Physicians are responsible for maintaining their own records of continuing medical education, either through maintaining the records themselves or contracting with an agency to do so.

Residents and Fellows

Fifty hours of AMA/PRA Category 1 credit is allowed toward the PRA for each full year of an accredited residency or fellowship which is completed. Full-time graduate study for part of a year is accepted as one credit hour per week. During the time a physician is in full-time training in an accredited program, no other credits toward a PRA certificate can be earned.

Part-time study should be claimed in AMA/PRA Category 1 on a pro rata basis of one hour for each 5 days. If a resident participates in an approved residency program one-half of each day, credit should be claimed at the rate of one-half hour per week.

Training outside the United States as part of an ACGME-approved program may be claimed in AMA/PRA Category 1.

Application forms are mailed to resident physicians who have completed three years of residency training. The name of the institution providing the training (either the hospital or the medical school), the city in which the training is provided, the field of training, and the dates of the training should be entered in the section of the application provided for reporting AMA/PRA Category 1 education. There is no fee for physicians who have been in a residency training program or a fellowship for any part of the year prior to the time application is made.

Residency training can be reported as part of the 150 hours needed for the Award. For instance, 50 hours can be reported for residency training and 100 hours reported for regular continuing medical education activities. Please note, however, that credit cannot be reported for continuing medical education activities undertaken while residency training is in progress.

Residents in programs sponsored by the Armed Forces may report residency training occurring over a period longer than three consecutive years, so long as one of the years is in an armed forces residency program.

Medically Related Degrees

Study for a medically related degree, such as a Master's Degree in Public Health, may be claimed for 50 credit hours per year in AMA/PRA Category 1, if the educational program is provided in a school accredited by one of the regional accrediting associations. The physician applying for credit in AMA/PRA Category 1 under this provision must include with the application an explanation of how the degree or the study toward the degree is to be used in the practice of medicine. For example, a Master's Degree in Business Administration a physician intends to use to establish a business or to improve personal investments would not be acceptable toward the PRA. However, a Master's Degree in Business Administration would be acceptable if reported by the Medical Director of a hospital whose professional responsibilities included the administrative aspects of the delivery of medical care.

Full-time study for a part of a year is accepted as one credit hour per week. Credit for part-time study should be claimed on the same basis as part-time participation in an approved residency. (See page 12.)

Activities That Do Not Earn Credits Toward the PRA

The PRA is earned only by participation in continuing medical education activities. It is not intended as a means of honoring physicians for acts of charity or long and faithful service to the field of medicine. No credit for the PRA can be earned for service on councils, committees, executive committees, task forces, etc. except as noted in the paragraph on page 7 entitled "Patient Care Review." Further, the certificate for the PRA is neither a character reference nor a certificate of competence and cannot be used for these purposes. The PRA certificate remains the property of the AMA and must be returned to the AMA if requested.

Since the PRA is not intended to certify competence, passing examinations intended to measure competence, such as license examinations or specialty board certification or recertification examinations, is not accepted toward qualification for the PRA. However, the study a physician does in preparation for these types of examinations is accepted toward qualifying for the PRA.

Credit should not be claimed for education which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from clinical experience, or the conduct of research.

No credit for the PRA can be earned for medical editing. Credit can be earned for viewing exhibits.

States with Continuing Medical Education Requirements for Reregistration of the License to Practice Medicine

As of July 1, 1985, 25 states had rules in regard to reporting continuing medical education in connection with reregistration for the license to practice medicine. Of the 25 states, 18 have implemented the rules and require reports to be submitted. The states that have reporting requirement rules, are listed below. Those marked with an asterisk require reports to be submitted. Additional information is provided in the Continuing Medical Education Fact Sheet which is issued semi-annually; copies can be obtained from the Office of Physician Credentials and Qualifications.

Alaska	Kentucky	New Hampshire*
Arizona*	Maine*	New Mexico*
Arkansas	Maryland*	Ohio*
California*	Massachusetts*	Pennsylvania
Hawaii*	Michigan*	Puerto Rico
Illinois	Minnesota*	Rhode Island*
Iowa*	Nebraska	Utah*
Kansas*	Nevada*	Washington*
		Wisconsin*

Eleven state medical societies have continuing medical education requirements for continued membership. A list of these follows. More detailed information about these requirements is also provided in the CME Fact Sheet.

Delaware	Kansas	Oregon
District of Columbia	New Jersey	Pennsylvania
Florida	New York	Vermont
	North Carolina	Virginia

Institutional Accreditation for Continuing Medical Education

Only an institution or organization accredited for continuing medical education can designate a CME activity as earning AMA/PRA Category 1 credit.

The Accreditation Council for Continuing Medical Education (ACCME) is responsible for CME accreditation of medical schools, state medical societies, and other institutions and organizations which design their CME activities for a national or regional audience of physicians. The Council, established on January 1, 1981, is sponsored by seven national organizations: The American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards.

State medical societies are responsible for the accreditation of institutions and organizations which design their CME activities primarily for physicians within the state and bordering states. All institutions and organizations accredited by state medical societies are recognized by the ACCME and placed on the one national list of CME accredited institutions and organizations.

Only institutions and organizations are accredited. During the period of accreditation, the accredited sponsors may designate any of their CME activities which meet the criteria for AMA/PRA Category 1 as earning AMA/PRA Category 1 credit.

The ACCME and state medical societies do not accredit nor approve individual CME activities, nor does the AMA review and evaluate individual CME activities for purposes of granting credit. The responsibility for designating AMA/PRA Category 1 credit rests solely with the CME accredited institutions and organizations, following the criteria and regulations established by the AMA/PRA Program.

Institutions and organizations interested in obtaining CME accreditation should contact the ACCME or a state medical society. The address of ACCME is

Accreditation Council for Co ing
Medical Education
P. O. Box 245
Lake Bluff, IL 60044
Telephone: 312/294-1490

Definition of Continuing Medical Education (CME)

Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

This broad definition of CME recognizes that all continuing educational activities which assist physicians in carrying out their professional responsibilities more effectively and efficiently are CME. A course in management would be appropriate CME for physicians responsible for managing a health care facility; a course in educational methodology would be appropriate CME for physicians teaching in a medical school; a course in practice management would be appropriate for practitioners interested in providing better service to patients.

Not all continuing educational activities which physicians may engage in are CME. Physicians may participate in worthwhile continuing educational activities which are not related directly to their professional work, and these activities are not CME. Continuing educational activities which respond to a physician's non-professional educational need or interest, such as personal financial planning, and appreciation of literature or music, are not CME.

This definition of CME applies to both categories of the PRA. Thus, there is no subject matter which is suitable for Category 2 but not for AMA/PRA Category 1.

Definition of AMA/PRA Category 1 CME

An activity can be designated AMA/PRA Category 1 if it is sponsored or jointly sponsored by an institution or organization accredited for continuing medical education by ACCME or by a state medical society, and if the activity meets the following criteria:

(1) It conforms to the AMA definition of continuing medical education,
(2) it is based on perceived or demonstrated educational need,
(3) it is intended to meet the continuing medical education needs of an individual physician or a specific group of physicians,
(4) the educational objectives for the activity are stated,
(5) the content is appropriate for the specified objectives,
(6) the teaching/learning methodologies and techniques are suitable for the objectives and format of the activity,
(7) evaluation mechanisms are defined to assess the quality of the activity and its relevance to the stated needs and objectives, and
(8) there is documentation of physicians' participation by the sponsoring institution/organizaton.

Individual CME activities are not accredited; only organizations and institutions are accredited. Accredited institutions designate programs AMA PRA Category 1, if these programs meet the definition of AMA/PRA Category 1 education.

Responsibilities of an Accredited Organization for Joint Sponsorship of a CME Activity Designated AMA/PRA Category 1

An accredited sponsor may jointly sponsor a CME activity with an institution or organization which is not accredited, and designate this CME activity AMA PRA Category 1. In joint sponsorship, the accredited sponsor must meet the requirements of Essential 7 of the ACCME Essentials. The accredited sponsor must participate integrally in the planning and implementation of the CME activity and conduct an evaluation of the activity. In other words, the accredited sponsor must exercise the same responsibility for the CME activity that it jointly sponsors as for a CME activity which is completely its own.

The name of the accredited sponsor should appear on all promotional materials and on the printed program of the jointly sponsored activity. If more than one accredited sponsor jointly sponsors a CME activity, one should assume responsibility for the activity and designate the AMA/PRA Category 1 credit.

Definition of a Planned Program of CME

For the purposes of the PRA, a planned program of continuing medical education is defined as one that covers a subject area in the depth that is appropriate for the intended audience and that is planned, administered, and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained.

Many formats can be modified to meet the definition of a planned program. They include:

- Lecture Series
- Grand Rounds
- Teaching Rounds
- Departmental Scientific Meetings
- Seminars
- Workshops
- Clinical Traineeships
- Mini-Residencies
- Multimedial Self-Instruction Programs
- Continuing medical education activities of State and County Medical Societies and Specialty Societies, including local, regional, state, national or international meetings

Periodic activities, such as a lecture series or grand or teaching rounds, can be planned and presented systematically so that over a designated period of time, all significant areas of a specialty or subspecialty are covered.

Educational objectives for a planned program of CME should be based on clearly identified needs and should identify the target group. Frequently group or individual needs can be determined from a practice profile, peer review, self-assessment, case audits, or individually identified needs. New medical knowledge can also serve as a basis for developing the educational objectives that are specific for a particular knowledge level or performance capability.

Brochures and announcements for continuing medical education activities must state educational objectives and the intended audience as a means of helping physicians decide whether to participate.

Criteria for AMA/PRA Category 1 Educational Materials

Under most circumstances, the use of educational materials meets the criteria for Category 2. When audiovisual materials are used as an integral part of an activity which is designated as meeting the criteria for AMA PRA Category 1, the time spent in using these materials is included in the total instruction time reported. The same principle applies for educational materials used in activities reported under Category 2.

For the purposes of the PRA, the term "educational materials" includes printed educational material, audiotapes, videocassettes, films, filmstrips, slides and computer-assisted instruction. It also includes education disseminated by open- and closed-circuit networks, broadcasts by satellite or radio with or without two-way communication, and electronic teaching aids and devices.

When any of the above "educational materials" are to be designated AMA/PRA Category 1 for Educational Materials, they must meet all of the following criteria:

1. Be sponsored or jointly sponsored by an organization accredited for CME by the ACCME or a state medical society.
2. Meet the definition of a planned program of CME.
3. Provide a clear, concise statement of educational objectives and indicate the intended audience.
4. Provide clearly stated instructions to the learner.
5. Provide supplemental materials to amplify, clarify and reinforce specific information, as well as to give the activity breadth and balance.

   These supplemental materials should form an integral part of the activity and contain all of the following, unless inappropriate or duplicative:

   a) an outline or study guide,
   b) references for both the body of knowledge presented and for later individual extended study beyond the content covered in the educational material,
   c) graphic or demonstration materials,
   d) audio materials, and
   e) systems that require student interaction to reinforce the education, such as answering questions or considering a patient-management problem.
6. Be evaluated in terms of the educational objectives of the activity and their ability to convey information correctly.

   Deficiencies found in the process of the evaluation should be corrected and the material re-evaluated prior to distribution. Information about the methods of evaluation and the findings and action taken should be available upon request.

   For materials periodically produced, each subject, area, series, or educational unit should be evaluated prior to release.

Although an examination is not required in order for an activity to meet the criteria for AMA/PRA Category 1 for Educational Materials, it is often used as a means of evaluation and of verifying physician participation.

If an examination is used as a method of evaluating the materials after distribution, it should measure whether the physician has acquired the basic information, and whether the physician can integrate, analyze, and apply it in a simulated problem.

Examinations should be scored confidentially. Individual scores, including relative performance on individual questions, should be returned to individual physicians, on a confidential basis, so they can use this information in planning their personal programs of continuing medical education. Composite scores should be made available to the accredited sponsoring organization so that the scores can be used to evaluate and improve the activity. Tests should be sent to the accredited sponsoring organization or to a bonded organization for scoring.

7. Have a means of verifying physician participation.
8. Provide a local instructor when audiovisual materials designated AMA/PRA Category 1 for Educational Materials are used by groups of physicians.

The instructor may be selected by the medical organizations having the local responsibility for the program. When a local instructor is required, a suitable instructor's kit must be provided far enough in advance of the program to allow the instructor to be well prepared. The kit should include additional materials, such as

a) an instructor's guide,
b) questions for discussion,
c) additional patient-management problems,
d) materials for display or demonstration,
e) copies of the photographs, charts, graphs, slides, and audio materials used in the audiovisual program,
f) materials designed for a review of the basic points of the presentation,
g) additional or supplemental materials for distribution.

The local instructor is expected to participate actively in the activity by leading the discussion. Physicians who serve as local instructors may claim credit in Category 2.

Physicians who are authors of self-instructional materials may claim 10 hours credit in Category 2 for each activity that is designated AMA/PRA Category 1 for Educational Materials.

Category and Credit Hour Designation Statements for the PRA

Organizations and institutions are responsible for the designation of the category and hours of credit provided for activities they sponsor or jointly sponsor. The following designation statements should be used on brochures, printed programs, and educational materials that are designated AMA/PRA Category 1. No designation statement is used for Category 2 programs or materials.

Designation Statement for AMA/PRA Category 1 Activities and Materials

The (name of accredited sponsor) designates this continuing medical education activity for (_____) credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Designation Statement for AMA/PRA Category 1 Meetings with Concurrent Sessions

The (name of the accredited sponsor) designates this continuing medical education activity as Category 1 of the Physician's Recognition Award of the American Medical Association. One credit hour may be claimed for each hour of participation by the individual physician. If a program includes activities that do not meet the definition of continuing medical education, then only the portions that do meet the definition should be designated for credit.

In addition to the designation statement, brochures should include the following:

1. Title of course
2. List of topics to be included
3. Intended audience
4. Educational objective of the program
5. List of faculty

Consultation and Appeals

Brochures and announcements are monitored by the staff of the PRA program. When circumstances indicate, followup inquiries are made to determine whether

or not the designated criteria for th egory and hours are met. In most circumstances, incorrect designations are based on misunderstandings which can be resolved easily by consultation.

The PRA staff offers consultation to individuals and organizations regarding questions about the correct AMA/PRA category and number of hours for a specific activity. Unfavorable interpretations made by the PRA staff may be appealed to the Continuing Medical Education Advisory Committee and, if necessary, to the Council on Medical Education.

Continuing Medical Education

GUIDE

DIVISION OF CONTINUING MEDICAL EDUCATION

AMERICAN OSTEOPATHIC ASSOCIATION

142 E. ONTARIO STREET
CHICAGO, ILLINOIS 60611
(312) 280-5800

AMERICAN OSTEOPATHIC ASSOCIATION

1992-1994

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INTRODUCTION

This edition of the CME Guide includes certain changes in the requirements, guidelines and procedures of the American Osteopathic Association's program on continuing medical education effective as of January 1, 1992.

These changes reflect both experiences accumulated by the Committee on CME in administering the program since it was initiated on June 1, 1973, as well as many specific recommendations made by those participating in the program.

While the objectives of the CME program remain the same, these changes are intended to simplify administrative procedures and make all requirements, guidelines and procedures more easily understood.

This document is designed to serve as a handy reference which should answer most, if not all, questions concerning the CME program. It can serve its intended purpose, however, only if it is read thoroughly, its content absorbed, and then referred to as specific questions arise. The special summary found on the center pages should be particularly helpful in answering the most common questions.

The Committee welcomes comments and suggestions from all individuals and organizations participating in the program. These should be directed to the Division of CME, American Osteopathic Association, 142 E. Ontario Street, Chicago, Illinois 60611.

Chairman
Committee on Continuing
Medical Education.

BASIC GUIDELINES

The basic objectives of continuing medical education are the growth of knowledge, the refinement of skills, and the deepening of understanding.

The ultimate goals of continuing medical education are continued excellence of patient care and improving the health and well-being of the individual patient and the public.

The American Osteopathic Association's mandatory program of continuing medical education is designed to encourage and assist osteopathic physicians in achieving these objectives and goals.

This is implemented, in part, by granting credits to osteopathic physicians for their participation in approved CME activities sponsored by recognized organizations, institutions and agencies.

Specifically excluded from credit, however, are educational programs leading to any formal advanced standing within the profession. These include pre-doctoral courses in colleges of osteopathic medicine, internships, residencies, preceptorships and fellowships.

Approved educational activities may be formal or informal, full-or-part-time. These include, but are not limited to, scientific seminars, workshops, refresher and postgraduate courses, lectures, home study, and local, state, regional and national medical meetings.

The American Osteopathic Association grants CME credits to osteopathic physicians for their participation in educational activities meeting specific criteria. These criteria, depending on the type of activity, are described on subsequent pages.

In all cases, credit is granted only after the educational activity has been completed and documented. Sponsors may seek AOA recognition for conducting a formal osteopathic program, or may submit programs in advance to the AOA Division of Continuing Medical Education for review. If a program meets criteria, the sponsor will be notified that "initial" approval has been granted, or that the program may be "eligible" for CME credits. Mention of such approval or eligibility may be included in announcements of the program and the printed program itself.

Osteopathic physicians wishing to know if a particular program is eligible for CME credit should first review the criteria under the appropriate category in the Guide. If the program meets the criteria, they may assume it is eligible and that they will be granted CME credits by properly reporting and documenting their participation. If in doubt, they should contact the Division of Continuing Medical Education at the AOA.

It is not mandatory, however, that a program be approved in advance to be eligible for CME credit since final determination of credits and categories are made only after a program has

been completed.

Physicians are encouraged to consult various AOA publications, including the *AOA COMING EVENTS*, to plan their CME activities in advance, compatible with their personal and professional interests and needs. It is recommended that annually each physician obtain CME credit in an AIDS related program.

The Committee on Continuing Medical Education is devoting increased attention to the educational quality and value of programs it approves for CME credit.

While "quality" and "value" admittedly are subjective, there are objective standards of evaluation which can help determine if an educational activity does in fact meet educational needs. The Committee gradually will integrate these standards into its evaluation procedures.

In particular, the Committee expects all CME planning groups to include three guidelines to help insure that the program is a meaningful educational experience.

First, the program should provide a clear statement of its educational objectives.

Next, the program should selectively utilize the faculty, formal and educational modalities best suited to the topic.

Finally, the program should conclude with some form of evaluation to determine if the educational objectives have been accomplished.

With these guidelines the physician can determine if the program meets his specific educational needs and thus become more intelligently selective in his CME activities.

The AOA CME quality guidelines are:

1. CME will be systematically organized and administered.
2. The program should focus on the needs of the participants. The programs should be based on some type of needs assessment when possible; that is, using a needs-identifying-process to form a priority list for educational programs in *advance*—based on deficiencies, problems, and needs. (that is, every program is to be a planned program of learning, not just one of trial and error conceived by a program chairman.) Some examples of these needs assessments are as follows:
   A. Medical Audit (Identifying Needs)
      1. Develop criteria of excellence (such as P.R.O.)
      2. Collect and summarize data.
      3. Analyze and interpret data.
   B. Pre-Test item analysis (Identified Needs)
   C. Self-Assessment (Identified Needs and Felt Needs)
   D. Questionnaire (Physician Felt Needs)
3. Establish a faculty for CME with adequate credentials.
4. Every program should have stated and printed educational objectives. The objectives should state what the physician should know or be able to do at the end of the program, for example: correction of outdated knowledge, and new knowledge in specific areas; master new skills, change attitudes or habits, etc.
5. Primary evaluation responsibility lies with the CME sponsors.
6. CME programs should include a variety of course-class alternatives and encourage innovative program development.
7. Each program should have a statement as to the type of audience for whom the program is designed—for example: general practitioners, surgeons, cardiologists, etc.—and the program should be relevant to the practice needs of this audience.
8. The sponsors should encourage active participation by the learner wherever possible.
9. Attendance records should be kept as means of assuring that those attending a program are given proper credit toward their CME requirement.
10. Sponsors shall conduct post-course evaluation to determine the effectiveness of the program and whether the stated objectives were met. Examples of evaluation methods are:
    A. Pre and post testing.
    B. Self-assessment.
    C. Practice in hospital medical audits.
    D. Post-course critique.
11. The sponsors should assure that proper facilities and equipment are provided to enable the presenter to teach effectively.

CALENDAR

The American Osteopathic Association grants credit for Continuing Medical Education on a three year calendar period. The prior "three-year" period of the CME program was January 1, 1989 through December 31, 1991. Required CME credit hours were earned at any time within that calendar period.

No credit, however, was granted for activities pursued prior to January 1, 1989. No credits, likewise, can be carried beyond December 31, 1991.

Thus, as of January 1, 1992, all osteopathic physicians participating in the program begin an entirely new calendar and will be expected to meet all CME requirements for each new calendar period thereafter.

REQUIREMENTS

All AOA Members - All AOA members engaged in active clinical practice are required to participate in the CME program and meet specified CME credit hour requirements to remain eligible for continued membership in the Association. Certified or board eligible D.O.'s must meet additional requirements related to their basic certification.

An "active" practitioner is defined as one who renders patient care, whether on a full-or-part-time basis.

Except as indicated in the exemptions, and reduction or waiver of requirements sections below, AOA members are required to obtain a minimum of 150 CME credit hours for each 3-year calendar period.

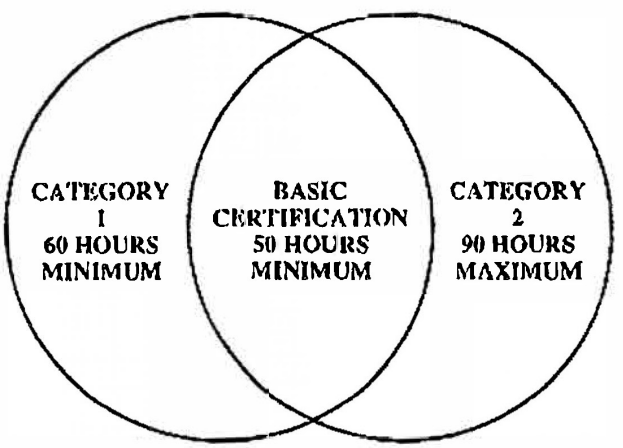
A minimum of 60 credits of the total requirement *must* be obtained under Category 1-A or 1-B, described below. However, the *full* CME requirement may be earned under category 1, in which case a maximum of 90 credits may be applied to Category 1-B.

A maximum of 90 credit hours of the total requirement may be earned under Category 2, described below.

Certified Physician - 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 basic certification in each 3-year CME period. These hours may be earned in Category 1 or Category 2. Failure to maintain this requirement will result in loss of certification or board eligibility.

Physicians who are board certified or board eligible in more than one specialty will be monitored in the basic certification area of their most recently obtained certification unless they submit a formal request to be monitored in one of their other specialties.

Physicians will be monitored in one specialty only.



EXEMPTION

AOA members specifically exempted from the CME program requirements include the following:

- Regular members not engaged in active clinical practice.
- Retired members.
- Associate members.
- Regular members outside the limits of the U.S. and Canada.
- Student members.
- Members actively engaged in formal postgraduate programs such as internships, residencies and other approved training programs which lead to formal advanced standing within the profession.
- Members actively participating in other AOA recognized postgraduate programs will qualify for exemption for the period of such training.
- Military members assigned positions other than their specialty.

Any osteopathic physician may participate in the AOA program and have his credits entered on the CME computer record. This record may be necessary to satisfy CME requirements of his divisional society, practice affiliate, state licensing boards, or the osteopathic hospital in which he practices.

REDUCTION OR WAIVER OF REQUIREMENTS

The Committee on Continuing Medical Education will formally consider requests for reduction or waiver of CME requirements based on individual mitigating circumstances. Such requests, submitted in writing, should contain complete information indicating why reduction or waiver is indicated. All information will be held strictly confidential. Formal notification of the Committee's decision will be forwarded to the applicant as soon as possible.

Requirements also are reduced for AOA members who experience a change in membership or practice status between the beginning and end of each 3-year calendar period. Examples include completing postdoctoral training and entering clinical practice, temporarily leaving practice for health or other personal reasons, re-entering practice or becoming an AOA member for the first time.

In such instances the number of credit hours required is reduced on a pro-rated formula, and the change entered on the physician's CME activity report.

The Committee on CME may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians on active duty in the military or public health service within the 48 contiguous states. The

Committee may consider the waiver of the Category 1 requirement for physicians on active duty in the military and public health services outside the 48 contiguous states. However, in each instance, the physician must meet or exceed the total requirement of 150 hours per 3-year period or justify a request for waiver of hours from the Committee on Continuing Medical Education.

Further, this policy applies to physicians on active duty who participate in medical programs authorized for uniformed physicians.

The Committee on CME may consider the waiver of up to the maximum of 10 hours of Category 1 requirement per year for osteopathic physicians residing in small states. Small states refers to areas or states within the United States and its territories in which the population of practicing osteopathic physicians is less than 200, excluding members on active duty in the military or public health services.

CME ACTIVITY BY CATEGORY

Category 1. A minimum of SIXTY (60) credit hours of the total 150-hour requirements are mandatory under this general category. Participants who are required to meet less than 150 hours must earn two-fifths of their total credits under Category 1. However, any physician may fulfill all AOA CME requirements under this category.

Category 1-A. Formal educational programs sponsored by AOA recognized institutions, organizations, and their affiliates which meet the quality standards as defined by the AOA.

Category 1-A Quality Standards

The sponsors agree to apply quality standards as defined below:

1. The sponsor shall provide that at least 50% of the presenters shall be D.O.'s or staff members of osteopathic institutions.
2. The sponsor shall provide that at least 50% of the lecture hours shall be presented by osteopathic physicians or staff members of osteopathic institutions.
3. The sponsor must provide evidence of integrating osteopathic principles and practice into the program.
4. The sponsor shall identify and use presenters who will teach in a planned program. The suggested criteria for presenter selection include:
   A. Appropriate Credentials
   B. Competence as a teacher
   C. Knowledge of content area
   D. Qualification by experience
5. The sponsor must provide the AOA with the name and telephone number of the chairperson responsible for administration of Category 1-A CME activities.
6. Involved faculty must have credentials appropriate to expertise required.
7. Advertising and promotion of CME activities must be carried out in a responsible fashion, clearly showing the educational objectives of the activity; the nature of the audience that may benefit from the activity; the cost of the activity to the participant and the items covered by the cost; the amount of CME credit that can be earned in compliance with the **AOA CME GUIDE;** and the credentials of the faculty.
8. Maintenance and availability of records of participation in CME activities should be adequate to serve the needs of participants and others requiring this information.
9. The participants must be provided with a certificate or some other document attesting to the satisfactory completion of the CME activity.
10. The sponsor must have a written policy dealing with procedures for the management of grievances and fee refunds.
11. The sponsor should assure that a sound financial base is established for the planned CME programs and activities. Budget planning for CME should be clearly projected. The program should not be presented for the sole purpose of profit.
12. An appropriate number of qualified faculty for each activity shall be secured by the sponsor.
13. Adequate supportive personnel to assist with administrative matters and technical assistance shall be available.
14. The sponsor provides a means for adequately monitoring the quality of faculty presentations.
15. The sponsor must insure adequate program participant evaluation as suggested in the quality standards.

NOTE: Moderators will not be considered faculty if they simply introduce speakers and their topics. To fulfill the definition of faculty, they must actively participate in the educational program.

Some formal educational programs co-sponsored by recognized osteopathic institutions and organizations may be eligible for Category 1-A credit, depending on individual circumstances.

STANDARDIZED LIFE SUPPORT COURSES

The following standardized life support courses are eligible for Category 1-A credit:

1. Advanced trauma life support
2. Advanced cardiac life support
3. Basic cardiac life support

4. Cardiopulmonary resuscitation and emergency care
5. Basic resuscitation
6. CPR certification
7. CPR recertification
8. ACLS recertification
9. Pediatric advanced life support
10. Advanced neonatal life support

Category 1-B Development and publication of scientific papers and electronically communicated osteopathic educational programs, osteopathic medical teaching, serving as osteopathic hospital and college accreditation approval inspectors or consultants, conducting and developing certifying board examinations, AOA accredited or approved hospital committee and departmental conferences with the review and evaluation of patient care, other osteopathic CME activities and programs, and other CME programs approved for Category 1 credit by the Committee on Continuing Medical Education.

Maximum credit allowed for acceptable educational activities under any combination of Category 1-B is ninety (90) per 3-year period.

SCIENTIFIC PAPERS/PUBLICATIONS

This category includes development and presentation of scientific papers and electronic communication programs intended for physicians education.

An original scientific paper is defined as one which reflects a search of literature, appends a bibliography, and contains original data gathered by the author. Its initial presentation must be before a postdoctoral audience qualified to critique the author's statements.

Preparation in published form of electronic communication activities includes audio, video, teleconference, closed-circuit, and computer-assisted instruction programs.

Maximum allowable credit for a presentation will be ten (10) credit hours. A copy of the paper or electronic communication program in finished form shall be submitted to the office of CME. Publication of a paper or electronic communication program recognized by the AOA may, on recommendation from the AOA editorial department, receive a maximum of fifteen (15) hours of credit.

OSTEOPATHIC MEDICAL TEACHING

Serving as a teacher, lecturer, preceptor or moderator-participant in any AOA approved osteopathic medical educational program. Such teaching would include classes in colleges of osteopathic medicine, lecturing to hospital interns, residents and staff. One hour of credit will be granted for each hour of actual instruction.

CONDUCTING HOSPITAL INSPECTIONS/ SPECIALTY BOARD EXAMINATIONS

Participating in inspection programs for AOA-accreditation and/or approval of hospitals and colleges; conducting clinical examinations of osteopathic certifying boards. Five (5) credits will be granted for each hospital or college inspection or examination.

NOTE: CME credit may be granted to physicians administering clinical examinations but not to those taking the examination.

HOSPITAL EDUCATION/OSTEOPATHIC

Attendance at AOA-accredited and/or approved hospital committee and departmental conference concerned with the review and evaluation of patient care.

Examples of such peer review activities might include:

(a) Tumor Board and Tissue Committee Conferences;
(b) Mortality Reviews;
(c) Clinical Pathological Conferences;
(d) Chart and Medical-Record Audits and Discharge Reviews;
(e) Utilization Review.

Hospital staff, departmental and divisional educational meetings may be granted CME credit under this category.

No credit may be granted for meetings entirely devoted to a hospital's business or administrative affairs.

OTHER OSTEOPATHIC CME

Other osteopathic CME activities approved by the Committee on Continuing Medical Education. This will include osteopathic self-evaluation tests, qualified osteopathic medical education, qualified legislative osteopathic seminars, osteopathically sponsored audio/video-taped programs, and computer assisted instruction, and osteopathically sponsored quality assurance and risk management seminars.

For audio and video taped programs, credit will be awarded at the rate of one credit per hour of program playing time if an accompanying CME quiz is completed and returned to the AOA. For computer assisted instruction, credit will be awarded at the rate of one-half credit per hour of time spent in completion of the program, if sponsor generated documentation of the number of hours and the program's completion is received by the AOA.

Category 2 A maximum of ninety (90) credit hours of the 150 hours may be earned under this general category, with specific maximum credits indicated under the subcategories described below.

This broad category is intended to encourage the widest possible selection of both formal and informal educational activities and allow CME credits for many educational programs already engaged in by osteopathic physicians.

DIVISION OF CONTINUING MEDICAL EDUCATION
AMERICAN OSTEOPATHIC ASSOCIATION
142 E. ONTARIO, CHICAGO, IL 60611

INDIVIDUAL ACTIVITY REPORT

THIS REPORT OF YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES HAS BEEN COMPILED FROM DOCUMENTS SUBMITTED TO AND VERIFIED BY THE AOA DIVISION OF CME AS OF THE DATE INDICATED. ALL ACCEPTABLE CME HOURS HAVE BEEN RECORDED, EVEN THOUGH THEY MAY EXCEED THE MAXIMUM ALLOWABLE FOR A PARTICULAR CATEGORY. TOTAL HOURS APPLICABLE TO YOUR AOA CME REQUIREMENT ARE INDICATED IN THE STATISTICAL SUMMARY. COMPLETE INFORMATION CONCERNING REQUIREMENTS, GUIDELINES AND PROCEDURES OF THE AOA PROGRAM MAY BE FOUND IN THE CME GUIDE. IF YOU FEEL AN ERROR HAS BEEN MADE IN THIS REPORT, PLEASE CONTACT THE CME OFFICE AND SUPPLY APPROPRIATE DOCUMENTATION SO THAT YOUR RECORD MAY BE CORRECTED.

JOHN DOE, D.O.
12345 MAIN STREET
CHICAGO, IL 60611

X

150 | 0/0/92 | /31/94 | 12/31/94

REPEALED

DATE			CA	HOURS
02/10/92	00002	PAPER/PUBLISHED	1-B	10.0
06/30/92	00005	HOSPITAL EDUCATION/NON OSTEOPATHIC	2-B	30.0
06/30/92	00010	HOSPITAL EDUCATION/OSTEOPATHIC	1-B	15.0
08/20/92	00100	ANNUAL CONVENTION/U-CA	3-A	20.0
09/15/92	00109	*EMERG MED ASSEMBLY/ACEP	2-A	16.0
		HRS APPLIED TO PRI SPEC REQ		16.0
10/04/92	00150	*1989 ANNUAL CONVENTION/AOA	1-A	22.0
		HRS APPLIED TO PRI SPEC REQ		22.0
11/10/92	00165	*ACLS COURSE/AMERICAN HEART ASSN	1-A	16.0
		HRS APPLIED TO PRI SPEC REQ		16.0
11/11/92	00009	SCIENTIFIC EXHIBIT	2-B	10.0
12/31/92	00008	*HOME STUDY COURSE	2-B	24.0
		HRS APPLIED TO PRI SPEC REQ		24.0

1-A 1-B
38.0 25.0
2-A 2-B
36.0 64.0

	TOTAL ACCEPTABLE HOURS RECORDED	HOURS APPLICABLE TOWARD REQUIREMENT	AOA REQUIRED HOURS
	63.0	63.0	150.0
	100.0	90.0	REQUIREMENT FULFILLED
TOTAL CATEGORY 1-A & 1-B	163.0	153.0	YES
CATEGORY 2-A & 2-B REQD	78.0	78.0	YES

SUMMARY OF AOA CONTINUING MEDICAL EDUCATION PROGRAM

Total Requirement:
Maximum of 150 credits per 3-year period

CATEGORY 1—Minimum of 60 hours required in Category 1-A or 1-B

		Credit Limits per 3-year period
1-A	Formal education programs sponsored by recognized osteopathic institutions, organizations and their affiliates which meet the definition of "osteopathic" CME, and standardized life support courses 50 Speaker	.....No Limit
1-B	Development and publication of scientific papers and electronically communicated programs	90 hours maximum for any combination of Category 1-B
1-B	Osteopathic medical teaching	
1-B	Conducting osteopathic hospital inspections and certifying board examinations. (5 credits per inspection or examination)	
1-B	AOA-accredited and/or approved hospital committee and departmental conferences concerned with the review and evaluation of patient care	
1-B	Other CME activities and programs approved for Category 1 credit by AOA Committee on Continuing Medical Education	

REPEALED

1 Student: 40 hr for 4 wks
160 hrs
max 90 per 3 yr period
by AOA

CATEGORY 2—Maximum of 90 hours allowed

2-A	Formal education programs sponsored by recognized institutions, organizations and agencies 50 Speaker.	90 hours maximum for any combination of Category 2-A and/or 2-B
2-B	Non-AOA accredited and/or approved hospital committee and departmental conferences concerned with the review of patient care	
2-B	Home Study	
2-B	Scientific Exhibits	
2-B	Other CME activities and programs approved for Category 2 credit by AOA Committee on Continuing Medical Education	

Write to CME committee Sub-specialty limited hrs.

Category 2-A Formal educational programs sponsored by recognized institutions, organizations and agencies.

This category is intended to allow osteopathic physicians the widest possible freedom of choice in attending formal educational programs of all sponsors recognized by the Committee.

Examples of recognized sponsors include but are not limited to:

- Accredited medical schools and hospitals.
- Medical societies and specialty practice organizations.
- Continuing medical education institutes.
- Governmental health agencies and institutions.

NOTE: **Formal educational programs sponsored by recognized osteopathic institutions, organizations, and their affiliates which do not meet the criteria under Category 1-A may be granted credit under Category 2-A.**

Category 2-B Other CME activities and programs approved for Category 2 credit by the AOA Committee on Continuing Medical Education, including scientific exhibits, home study and non-AOA accredited or approved hospital committee and departmental conferences concerned with the review of patient care, formal and informal educational activities specifically approved by the Committee conducted by non-recognized sponsors.

HOSPITAL EDUCATION/NON-OSTEOPATHIC

Attendance at non-AOA accredited and/or approved hospital committee and departmental conferences of an educational nature, such as tumor board and tissue committee conferences, mortality review, medical records audits, and utilization review. Hospital staff, departmental and division educational meetings may be granted credit under this category.

No credit may be granted for meetings entirely devoted to a hospital's business or administrative affairs.

HOME STUDY

Home Study — The Committee strongly believes that participation in formal CME programs is essential in fulfilling a physician's total educational needs. The Committee is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation.

For those reasons, the Committee has limited the number of credits which may be granted for home study, and has adopted strict guidelines in granting those credits.

Reading — CME credits may be granted for reading the Journal of the AOA, THE D.O., and other selected journals published by AOA affiliated and recognized osteopathic organizations.

One-half credit per issue is granted alone. An additional one-half credit per issue is granted if the CME quiz found in the AOA Journal is completed and returned to the Division of Continuing Medical Education.

CME credit for all other reading is limited to recognized scientific journals listed in *Index Medicus*. Copies of the *Index Medicus* can be found in the medical libraries. A list of English-language journals excerpted from *Index Medicus* appears periodically in THE D.O. magazine.

One-half credit per issue is granted for reading these recognized journals.

CME credits may be granted for mediated physician education programs recognized by the AOA or those considered to be in conformance with guidelines set by the CME Committee. These educational experiences could include audio cassette programs, video cassette programs, or computer assisted instruction.

For audio and video tape programs, credit will be awarded at the rate of one credit per hour of program playing time if an accompanying CME quiz is completed and return to the AOA. For computer assisted instruction, credit will be awarded at the rate of one-half credit per hour of time spent in completion of the program, if sponsor generated documentation of the number of hours and the program's completion is received by the AOA.

Other Home Study Courses — Subject-oriented and refresher home study course and programs sponsored by recognized professional organizations may be eligible for CME credit, at the discretion of the Committee. The number of credit hours indicated by the sponsor will be considered in the Committee's evaluation of the program.

SCIENTIFIC EXHIBITS

Preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Appropriate documentation must be submitted with the request for credit. Ten credits will be granted for each new and different scientific exhibit.

OTHER APPROVED CME

All other programs and modalities of continuing medical education as they may be requested, verified and documented by the Committee on CME.

Included under this category are formal and informal educational activities such as educational development; faculty development, physician administrator training; quality assessment programs; observation at medical centers; medical economics; programs dealing with experimental and investigative areas of medical practice; and programs specifically approved by the Committee conducted by non-recognized sponsors.

REQUESTS FOR INITIAL APPROVAL

Recognized sponsor may request initial approval for formal educational programs in advance from the Division of Continuing Medical Education.

Requests should be made as early as possible, and must include all the following information:

1) The full name of the sponsoring organization or institution, and all co-sponsors.
2) The program's title or subject.
3) The location and date(s) of the program.
4) The faculty presenting the program, identified by name, title, or affiliation, and professional degree.
5) A list of each speaker's topic and the time allotted. Closing times for all sessions should be indicated.
6) The total number of educational hours, not including coffee breaks, lunches, etc.

Programs will be [illegible] and sponsor notified by mail if initial approval has been granted or if the program may be eligible for CME credit. The category and number of CME credits approved will be indicated. Mention of such approval or eligibility may be included in announcements and the printed program.

It is not mandatory, however, that the program be approved in advance to be eligible for CME credits. Final credits, in all cases, are granted only after a program has been completed and attendance documented.

Quality guidelines for the approval of Category 1-A credit were adopted at the July, 1979 meeting of the AOA Board of Trustees. These guidelines provide a new method for identifying sponsors of Category 1-A credit. (See page).

AOA-CME Sponsor — *Definition:* An AOA-CME sponsor of Category 1-A programs is defined as an osteopathic institution, organization, or affiliate that presents programs that qualify for AOA CME credit.

If two or more sponsors act in association, the responsibility for complying with the standards for quality is held jointly. If an approved sponsor acts in association with others in the development, distribution and/or presentation of CME activities, it is mandatory that the identity of the AOA approved sponsor or sponsors be identified in the title, advertising and promotional materials and the responsibility for adherence to the standards of quality must rest with the AOA approved sponsor. The sponsor shall insure that sound educational goal planning takes place in all programs.

Approval process for formal osteopathic sponsors:

Prospective "formal" CME sponsors will seek recognition by following an AOA approval process. If an applying sponsor gains AOA approval, then that sponsor may conduct programs in Category 1-A which follow basic AOA guidelines.

NOTE: Category 1-A programs may also be sponsored by osteopathic institutions, organizations, and affiliates providing evidence that AOA standards are being met. These sponsors must seek prior approval of such programs.

An osteopathic institution, organization, or affiliate seeking recognition as a "formal sponsor" shall be considered by the AOA Committee on Continuing Medical Education only after certain minimum criteria are met. These criteria may be met when the items listed below are received in the AOA Department of Education.

1. A completed application form.
2. Documentary evidence that the AOA quality standards for CME are being applied.
3. Each sponsoring group must provide assurance that at least 50% of each program or that sponsor's listing is planned and presented by osteopathic physicians.
4. The sponsor will inform the AOA of program developments in a timely and systematic manner.

The AOA will publish as part of the AOA Coming Events, with a special designation, the programs of recognized sponsors. Each sponsor must reapply to retain the right to be recognized and to have special designations on the program published in the *AOA Coming Events.* The approval review will be conducted every three years, but the AOA Committee on Continuing Medical Education retains the right to terminate approval for cause. Due process is provided through the Bureau of Professional Education appeal mechanism and procedures. The AOA will notify each applicant of the disposition of the recognition request in a prompt and timely manner.

REPORTING CME ACTIVITIES

Reporting of CME activities may be submitted to the Division of Continuing Medical Education by either sponsor or individual physicians.

It is **mandatory**, however, that **each** report of CME activities be submitted on the appropriate form. Only in this way can appropriate credits under the appropriate category be entered on the individual physician's CME computer record.

Sponsors and physicians should not indicate more than one program or type of activity on a single form. Copies of appropriate forms may be obtained from the Division of Continuing

Medical Education. These forms may be copied or reproduced as desired.

Sponsors should report physician participation in CME activities using either the "Roster of Attendance" or "Hospital Peer Review Activity" form.

The Roster of Attendance form is used to document attendance at formal educational programs sponsored by recognized organizations and institutions. This form is provided to the sponsor by the Division of CME, usually with the notification of "initial" approval.

Each physician attending the program should be listed on the form by entering the appropriate AOA number, name, college and year of graduation. The AOA number can be found on the physician's AOA membership card. The completed form, together with a copy of the printed program, should be forwarded to the Division of CME by the sponsor, as soon as possible following the meeting.

NOTE: If this procedure is followed, physicians need not and should not submit individual certification of attendance. It is the sponsor's responsibility, however, to inform physicians attending a program that their names are being submitted on the Roster of Attendance form.

The Hospital Peer Review Activity form is used to document participation by staff physicians in hospital CME activities and programs as described under Category 1-B.

The form is designed to serve as a cumulative record of each staff physician's Category 1-B CME activities. No other activities or programs should be included on this form.

Copies of the form are provided to Director of Medical Education of accredited osteopathic hospitals by the Division of CME. Completed forms for all staff physicians should be returned to the Division at one time, preferably quarterly.

NOTE: If these procedures are followed, staff physicians need not and should not submit individual certifications of Category 1-B activities.

Attendance at special programs, seminars and meetings sponsored by the hospital should be reported on the "Roster of Attendance" form described above.

Physicians practicing in joint-staff hospitals should request copies of the Hospital Peer Review Activity form from the Division of Continuing Medical Education.

The Home Study form is intended to document individual reading of recognized scientific journals, listening to approved audio-tapes, and other approved home study courses and programs under the criteria described for Category 2-B.

Only one type of home study, such as reading, should be indicated on a Single form, though multiple issues of scientific journals may be listed.

This form should not be used, however, when CME quiz cards for the AOA Journal, and AOA Audio-Educational tape programs are submitted separately.

The Individual Certification form is intended for use by individual physicians to document all other CME activities not reported on other forms.

Copies of the Individual Certification form may be obtained from the Division of CME.

Examples of CME activities to be reported on this form include:

- Development and publication of scientific papers and electronically communicated programs — **Category 1-B.**
- Medical teaching — **Category 1-B.**
- Other osteopathic CME programs and activities approved by the Committee on Continuing Medical Education — **Category 1-B.**
- Attendance at formal educational programs sponsored by recognized institutions, organizations and agencies at which the "Roster of Attendance" form is not submitted by the sponsor — **Category 2-A.** These include most non-osteopathic programs.
- Scientific exhibits — **Category 2-B.**
- All other programs and modalities of CME as they may be requested, verified and documented by the Committee on Continuing Medical Education — **Category 2-B.**

Only one CME activity or program may be reported on each Individual Certification form. It is mandatory that documentation, appropriate to the program or activity, be enclosed with each form. Forms listing more than one CME activity, or forms received without sufficient documentation, will be returned.

GRANTING CME CREDITS

The Committee on Continuing Medical Education reserves the right to evaluate all programs and activities on an individual basis, and to deny CME credits at its discretion to those which do not fulfill criteria described in this Guide.

For most CME programs, credit is granted on the formula of one credit for each hour of educational activity. That formula may be modified at the Committee's discretion, depending on individual circumstances. In no case, however, will CME credit be granted for coffee breaks, social functions, or time allotted to business or administrative matters.

The number of CME credits indicated for a program by other organizations will be considered by the Committee in its total evaluation. However, in all cases, the Committee reserves the right to make final determination of the number and category of credits granted.

Reports of CME activities which meet criteria will be accepted and appropriate credits entered on the physician's

record. All credits will be reported on the Individual Activity Report, described below. Sponsors and physicians will be notified if CME credits are granted. For these reasons, it is essential that both sponsors and physicians keep duplicate copies of all forms submitted for CME credits.

If the Committee has any reason to question a CME program or activity, the sponsor or physician will be requested to clarify specific matters before final approval is granted and credits are recorded. Sponsors and physicians will be notified by mail in all cases where CME credits are reduced or denied, with the reasons for such action indicated.

RIGHT OF APPEAL

All osteopathic physicians and affiliated osteopathic organizations and institutions participating in the CME program have the right to request reconsideration or appeal of any decision made by the Committee on Continuing Medical Education.

Procedures for reconsideration and appeal are described in a formal document available on request from the Division of Continuing Medical Education.

All requests for reconsideration and appeal should be initiated as soon as possible after the decision under question has been made.

INDIVIDUAL ACTIVITY REPORTS

AOA members will receive **Individual Activity Reports** of their CME credits at appropriate intervals. The report will be a computer print-out of CME activity as compiled from documents submitted to the Division of Continuing Medical Education by both sponsors and the physician.

All acceptable CME hours will be indicated, even though they may exceed the maximum allowable for a particular category. Total hours applicable to each physician's CME requirement will be indicated in a statistical summary at the bottom of the report.

The main portion of the report will be a line-by-line listing of each CME activity or program recorded for the physician. Each line will indicate the date of the activity, the unique program number assigned to it for computer recording, the title of the program, the category under which credits were granted, and the number of hours granted.

Any physician who believes an error has been made in this report should contact the Division of CME and supply appropriate documentation so the record may be corrected.

A charge will be made for **Individual Activity Reports** requested by AOA non-members.

NOTE: Individual Activity Reports will be mailed to physicians. It is the physician's right and responsibility to forward duplicate copies of this report to others, as necessary.

CME CERTIFICATES

An AOA-CME Certificate may be purchased in the third year of the CME cycle by those who have successfully completed the required 150 hours of Continuing Medical Education necessary to maintain membership in the association. This certificate is available at a nominal fee and may be used to advise your patients of your interest in keeping current with new advances in osteopathic medicine.

Member doctors who qualify for a certificate will be notified by the Division of CME in March of the third year of the AOA-CME cycle.