

Continuing Medical Education

Effective January 1, 2024

I. Laws that Revised Medical Education Requirements

Implicit Bias. Continuing Medical Education (CME) must contain curriculum that includes the understanding of “Implicit Bias.” CME accrediting entities have responsibility to create compliant curriculum. The law AB 241, Statutes of 2019, Chapter 417, effective January 1, 2020, allows accrediting entities until July 1, 2022, to create compliant curriculum that includes implicit bias. Business and Professions Code (BPC) section 2190.1

Practice Management CMEs. Broadens CME course work that meets the requirement to include practice management, technology, management content such as billing, coding or reimbursement and credit for teaching in medical schools. This new content cannot compromise more than 30 percent of the total hours of continuing education credit required as a condition of licensure. AB 359, Statutes of 2021, Chapter 612, section 2, effective January 1, 2021. BPC section 2190.15.

Mandatory CMEs.

- One-time mandatory continuing education course work must be completed within four years of licensure or by your second renewal, whichever comes first. Mandatory course work includes 12 hours of pain management and treatment of terminally ill and dying patients.
- Mandatory completion of a course on risks of addiction associated with the use of Schedule II drugs every renewal cycle. SB 1109, Statutes of 2018, Chapter 693, section 6 amending Business and Professions Code section 2454.5.
- For physicians and surgeons licensed on or after January 1, 2020, the subject of risks of addiction associated with use of Schedule II drugs was added to be included in the one-time mandatory training. AB 991, Statutes of 2019, Chapter 497, Section 4, effective January 1, 2020, amending Business and Professions Code section 2190.96.

Pain Management/Terminally Ill Patients

AB 487 adds Business and Professions Code section 2190.5; requiring all physicians and surgeons complete a mandatory CME course in subjects of pain management and the treatment of terminally ill and dying patients. The one-time requirement of 12 hours shall be completed by all physicians and surgeons licensed on or after January 1, 2002, and shall be completed within four (4) years of their initial license or by their second renewal date, whichever occurs first. Pathology and Radiology specialists are exempt.

Risk of Addiction Associated with Schedule II Drugs.

In 2018, SB 1109, Chapter 693 added an annual requirement for licensees to complete on the risks associated with the use of Schedule II drugs. Unlike the one-time mandatory CME requirements, this must be completed as a condition of renewal every renewal. It can count towards the one-time course requirement if take during the cycle in which the one-time CME requirement is due.

Opioid Treatment and Management.

As an alternative to BPC section 2190.5 existing mandatory course work, a physician and surgeon may complete a one-time continuing education course work 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 medical treatment, or opioid use disorders. AB 991, Statutes of 2019, Chapter 497, Section 4, effective January 1, 2020. BPC section 2190.6.

II. Frequently Asked Questions

Q: When do I report my CME?

A: You should report your CME with your license renewal. Your CME documents should accompany your renewal form, or be uploaded to BreEZe during an online renewal, or you may fax or send your CME by email at the time of your renewal.

Q: Does the Osteopathic Medical Board of California use the same reporting periods as the American Osteopathic Association (AOA)?

A: No. As of January 1, 2018, the CME was changed to every two (2) years. Furthermore, effective January 1, 2022, the CME cycle is identical to a licensee's renewal period to

more effectively align with California's two-year renewal cycle and simplify the renewal process and CME requirements.

Q: What kinds of digital formats do you accept for CME?

A: If you are emailing CME or uploading it during your renewal on BreEZe, CME *must* be in Adobe Acrobat .pdf format.

Q: What kinds of digital formats for CME are NOT acceptable?

A: We do NOT accept CME in .jpg, .jpeg, .png, .html, .doc, .docx, .gif, .tiff, or .webarchive format. We do NOT accept smartphone photographs pasted into the body of an email. We also do NOT accept links from cloud storage sites such as Dropbox or Google Drive.

Q: Where can I email my CME to the board?

A: Please [send a message to the Board](#) for more information.

Q: is there another way to electronically submit my CMEs?

A: Yes, you can attach or upload them to your renewal application in breeze or to your breeze account.

Q: Do I need to report CME if I was in residency and/or fellowship?

A: The Board will waive CME for each year of the CME period you spent in a residency or fellowship. The amount waived will either be 50% or 100% of the hours, depending on how much of the two-year period was spent in training –i.e., if you spent 50% of the two-year period in training, then 50% of your CME will be waived, and if you spent 100% of the time in training then 100% will be waived. You will need to provide a copy of your diploma from the residency or fellowship (if completed) or a letter from your program director (if you are still attending the program) in order to claim this waiver. Any years not spent in training during the CME cycle negates your ability to claim CME for that year.

Q: How much CME can I receive by reading journals?

A: You may receive 0.5 units of category 2 CME for each individual journal read. You may self-report journal readings by listing the name of the journal, number of issues you read that year, and the number of years you read that journal. The document

listing your self-reported journal readings must be signed and dated in order to be valid.

Q: I'm behind on my CME for the last reporting period. What can I do?

A: You may use current CME to cover past deficits. Please be aware that doing so will reduce your CME for the current cycle and may leave you with a deficit.

Q: Does Pain Management CME count as AOA category 1A/B?

A: Pain Management/Palliative Care CME is not necessarily AOA category 1A/B as it is usually non-osteopathic. The Board must accept CME as it is reported on the certificate. If it is listed as AMA, it will count as AOA category 2. It is possible that some AOA conferences and activities held in California do have Pain Management/Palliative Care to specifically meet California CME requirements. If you attend such an activity, the CME will count as both AOA 1 A/B and Pain Management/Palliative Care.

III. CME Categories and Reporting Requirements

Required Continuing Medical Education (CME)

- (a) Each physician shall submit satisfactory proof of CME to the Board upon the conclusion of the two-year reporting period. (b) A physician shall complete 50 credit hours within the two-year period. (c) Minimum of twenty (20) hours of the 50 hours must be American Osteopathic Association (AOA) Category 1A or 1B.

Continuing Medical Education Progress Report

Physicians shall report the total number of CME credits to the Board. This may be accomplished by:

- (a) Sending the Board, a copy of their AOA Individual Activity Report, or
- (b) Sending the Board copies of any certificates given for attendance at any program approved by the Board.
- (c) Reports from any program approved by the Board, to be furnished by the physician, showing his attendance as verified by the program organizer.

Waiver of CME Requirement

- (a) Upon submittal of an application for waiver of CME requirements, the Board may, at its discretion, waive any of the requirements under special circumstances.
- (b) Applications for waivers must be submitted on an annual basis to the Board for consideration.
- (c) While in a Residency/Fellowship program, CME requirements may be waived upon certification from the program director.

CME Requirement for Inactive License

- (a) The holder of an inactive license is exempt from CME requirements.
- (b) In order to restore an inactive license to active status, the licensee shall have completed a minimum of twenty (20) hours of Category 1A as defined by the AOA during the 12-month period preceding the licensee's application for activation.

Sanctions for Noncompliance

- (a) Any physician who has not completed 50 hours of approved CME or the prorated share during the two-year period shall be ineligible for renewal of his or her license to practice medicine until such time as the deficient hours of CME are documented to the Board.
- (b) It shall constitute unprofessional conduct for any physician to misrepresent his or her compliance with the provisions of this article or who fails to comply with the provisions of this article.
- (c) Each physician shall retain records for a minimum of four (4) 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.

Approve Continuing Medical Education

The following CME programs are approved for credit:

- (a) Those programs certified by AOA as Category 1 or 2 credit and those certified by the AMA and approved by the California Medical Association (CMA) as Category 1.
- (b) Those programs which qualify for prescribed credit from the AOA specialty groups.
- (c) Those programs offered by Board approved organizations and institutions.

Summary of AOA Continuing Medical Education Program

- Continuing Medical Education (CME) is required in order to renew your license to practice medicine.
- 50 hours of CME is required for each two (2) year cycle, regardless of your license expiration date.
- CME Reporting Periods: The reporting period is the two (2) years between the expiration date of your last renewal and the expiration date of your next renewal.
- CME requirements by type:

Category	# of Hours	Examples
1A	Min 20 hours, 1A or 1B	Formal education programs sponsored by recognized osteopathic institutions, organizations, and their affiliates which meet the definition of "osteopathic" CME. Standardized Life Support Courses.
1B		<ul style="list-style-type: none"> ○ Writing scientific papers and publications. ○ Osteopathic medical teaching of DO or MD students, residents, or fellows. ○ Grand rounds.
2A	Max 30 hours, 2A or 2B	Formal education programs that are ACCME-accredited, AAFP approved, and programs sponsored by AOA-accredited Category 1 CME sponsors which do not meet the quality guidelines for Category 1A credit.
2B		<ul style="list-style-type: none"> ○ Home study, Reading medical journals. ○ Viewing non-osteopathic medical video and audio tapes and cassettes, CDs, DVDs, and internet videos. ○ Journal type CME on the Internet. ○ Risk management programs that are administrative in nature.

The examples provided above are not an exhaustive list. For further clarification of the descriptions of various CME categories, please visit the [AOA website](#).