

CONTINUING MEDICAL EDUCATION

GUIDE

1998-2000 AMERICAN OSTEOPATHIC ASSOCIATION

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AOA Continuing Medical Education Guide 1998 - 2000
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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 January 1, 1998.

These changes are reflective of experiences accumulated by the AOA's Council on Continuing Medical Education (AOA Council) in administering the program since it was initiated on June 1, 1973, and include 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 protocols more easily understood.

This document is designed to serve as a handy reference which should answer most questions concerning the CME program. It can serve its intended purpose only if it is read thoroughly and its contents absorbed. This Guide may be referred to as specific questions arise concerning CME. The special summary found on the center pages should be particularly helpful in answering the most common questions.

The Council welcomes comments and suggestions from all individuals and organizations participating in this CME program of the AOA. Questions and concerns should be directed to the Department of Education, Division of Continuing Medical Education, American Osteopathic Association, 142 E. Ontario Street, Chicago, Illinois 60611.

STATEMENT OF PURPOSE

24 The purpose of the AOA's continuing medical education program is the growth of
25 knowledge, the refinement of skills, and the deepening of understanding for the osteopathic
26 profession.

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

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

32 The AOA's CME program is implemented by granting credits to osteopathic physicians
33 for their participation in approved CME activities sponsored by recognized organizations,
34 institutions and agencies.

35 Specifically excluded from credit, however, are educational programs leading to any
36 formal advanced standing within the profession. These include predoctoral courses in colleges of
37 osteopathic medicine, internships, residencies and fellowships.

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

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

44

45 **BASIC GUIDELINES**

46 The AOA is a member of the inter-organizational task force known as the "Task Force on

47 CME and Industry Collaboration”, and has developed its policies and procedures so that this
48 CME program is in compliance with the Uniform Guidelines for Accrediting Agencies of
49 Continuing Medical Education. These guidelines are included as Appendix A of this CME
50 Guide.

51 In all cases, credit is granted only after the educational activity has been completed and
52 documented. Sponsors must have AOA accreditation for conducting a formal osteopathic
53 program. They may submit programs in advance to the AOA Division of Continuing Medical
54 Education for review. If a program meets criteria, the sponsor will be notified that "initial"
55 approval has been granted, or that the program may be "eligible" for CME credits. Mention of
56 such approval or eligibility may be included in announcements of the program and the printed
57 program itself. It is not mandatory, however, that a program be approved in advance to be
58 eligible for CME credit since final determination of credits and categories are made only after a
59 program has been completed.

60 Physicians are encouraged to consult various AOA publications, including the *AOA COMING*
61 *EVENTS*, published in THE DO to plan their CME activities in advance, compatible with their
62 personal and professional interests and needs.

63 The policies and procedures for seeking accreditation as an AOA Category 1 Sponsor of
64 CME are described in the document entitled, "AOA Accreditation Requirements - Category 1
65 CME Sponsors". That document also contains the definitions used in the accreditation program
66 and describes approved standards and procedures for the conduct of CME programs under this
67 accreditation. Copies of that document may be obtained, free of charge, upon request from the
68 AOA's Division of CME at the address listed earlier in this CME Guide. A synopsis of the
69 quality guidelines is listed below.

70 **The AOA CME quality guidelines are:**

- 71 1. CME will be systematically organized and administered.
- 72 2. The program should focus on the needs of the participants.
- 73 3. The programs should be based on some type of needs assessment. Some examples of
74 these needs assessment tools are as follows:
 - 75 A. Medical Audit (Identifying Needs)
 - 76 1. Develop criteria of excellence
 - 77 2. Collect and summarize data.
 - 78 3. Analyze and interpret data.
 - 79 B. Pre-Test item analysis (Identified Needs)
 - 80 C. Self-Assessment (Identified Needs and Felt Needs)
 - 81 D. Questionnaire (Physician Felt Needs)
- 82 4. The CME program must establish faculty for CME with adequate credentials.
- 83 5. Every program must have stated and printed educational objectives. The objectives must
84 state what the physician must know or be able to do at the end of the program, for
85 example: correction of outdated knowledge, and new knowledge in specific areas; master
86 new skills, change attitudes or habits, etc.
- 87 6. The primary evaluation and assessment of the program are the responsibility of the
88 accredited CME sponsors.
- 89 7. CME programs should include a variety of course-class alternatives and encourage
90 innovative program development.
- 91 8. Each program must have a statement as to the type of audience for whom the program is
92 designed, and the program should be *relevant* to the practice needs of the audience.

- 93 9. The sponsors and providers should encourage active participation by the physician
94 wherever possible.
- 95 10. Attendance records must be kept as means of assuring that those attending a program are
96 given proper credit toward their CME requirement.
- 97 11. Sponsors and providers shall conduct a post-course evaluation.
- 98 12. The sponsors and providers should assure that proper facilities and equipment are
99 provided to enable the presenter to teach effectively.
- 100 13. If two or more sponsors act in association, the responsibility for complying with the
101 standards for quality is held jointly. If an accredited sponsor acts in association with
102 others in the development, distribution and/or presentation of CME activities, it is
103 mandatory that the identity of the AOA accredited sponsor or sponsors be identified in the
104 title, advertising and promotional materials and the responsibility for adherence to the
105 standards of quality must rest with the AOA accredited sponsor. The sponsor shall insure
106 that sound educational goal planning takes place in all programs (AOA Board of Trustees
107 Resolution 85 (A/89)).

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111 **CALENDAR**

112 The American Osteopathic Association grants credit for Continuing Medical Education on a
113 three-year calendar period. The prior "three-year" period of the CME program was January 1,
114 1995 through December 31, 1997. Required CME credit hours were earned at any time within
115 that calendar period.

116 No credit was granted for activities pursued prior to January 1, 1995. No credits can be carried
117 beyond December 31, 1997.

118 As of January 1, 1998, all osteopathic physicians participating in the program begin an
119 entirely new calendar and will be expected to meet all CME requirements for each new calendar
120 period thereafter.

121

122 **REQUIREMENTS**

123 **All AOA Members** - All AOA members are required to participate in the CME program
124 and meet specified CME credit hour requirements to remain eligible for continued membership
125 in the Association, unless exempted. Certified or board eligible Osteopathic physicians must
126 meet additional requirements related to their basic certification.

127 Except as indicated in the exemptions, and reduction or waiver of requirements sections
128 below, AOA members are required to obtain a minimum of 150 CME credit hours for each
129 3-year calendar period.

130 A minimum of 60 credits of the total requirement *must* be obtained under Category 1-A
131 or 1-B, described below. The AOA Council believes that peer interaction is an important
132 component of a professional's continuing education. It is for this reason that a minimum of 30
133 credits must be earned in Category 1-A unless waived based upon individual, mitigating
134 circumstances. However, the *full* CME requirement of 150 credits may be earned under
135 Category 1- in this instance, a minimum of 30 credits would need to be earned in Category 1-A,
136 and a minimum of 120 credits would need to be earned in Category 1-B. an osteopathic physician
137 could also meet the full CME requirement by earning 150 hours of Category 1-A credit.

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

139 described below.

140 **Certified Physicians** - Physicians who are board certified or board eligible *must* earn a
141 minimum of 50 credit hours or more in their primary specialty as may be mandated by the board
142 of their primary certification in each 3-year CME period. These hours may be earned in Category
143 1 or Category 2. Failure to maintain this requirement will result in loss of certification or board
144 eligibility.

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

148 Physicians will be monitored in one specialty only.

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155 **EXEMPTION**

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

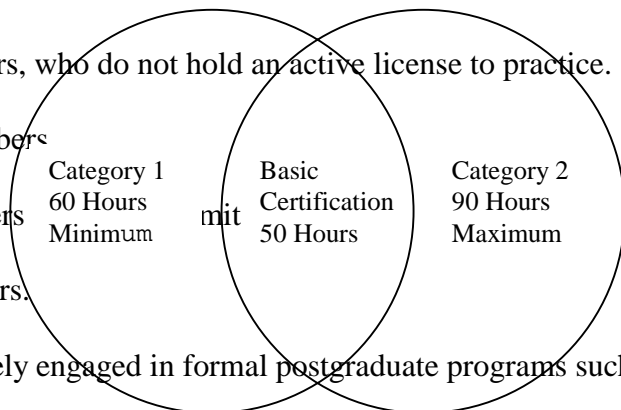
158 * Retired members, who do not hold an active license to practice.

159 * Associate members

160 * Regular members

161 * Student members.

162 * Members actively engaged in formal postgraduate programs such as internships,



163 residencies and other approved training programs which lead to formal advanced standing
164 within the profession.

165 * Members actively participating in other AOA recognized postgraduate programs will
166 qualify for exemption for the period of such training.

167 * Military members assigned positions other than in their specialty, or who are involved in
168 significant military operations.

169 * members who are permanently disabled.

170

171 CME ACTIVITY REPORTS (CARs)

172 Any osteopathic physician may participate in the AOA program and have his/her credits entered
173 in the CME Activity Report (CAR) .

174 This record may be used to document the attainment of CME credits sufficient to satisfy CME
175 requirements of the physician's divisional society, practice affiliate, state licensing boards,
176 credentialing body or the osteopathic healthcare facility in which the physician practices.

177

178 **REDUCTION OR WAIVER OF REQUIREMENTS**

179 The AOA Council will formally consider requests for reduction or waiver of CME
180 requirements based on individual mitigating circumstances. Such requests, submitted in writing,
181 should contain complete information indicating why reduction or waiver is indicated. All
182 information will be held strictly confidential. Formal notification of the AOA Council's decision
183 will be forwarded to the applicant as soon as possible.

184 Requirements also are reduced for AOA members who experience a change in
185 membership or practice status between the beginning and end of each 3-year calendar period.

186 Examples include completing postdoctoral training and entering clinical practice, temporarily
187 leaving practice for health or other personal reasons, re-entering practice or becoming an AOA
188 member for the first time. In such instances the number of credit hours required is reduced on a
189 pro-rated formula, and the change entered on the physician's CME activity report of CME credits
190 recorded.

191 The AOA Council may consider the waiver of up to the maximum of 10 hours of
192 Category 1 requirement per year for osteopathic physicians on active duty in the military or
193 public health service within the 48 contiguous states. The AOA Council may consider the
194 waiver of the Category 1 requirement for physicians on active duty in the military and public
195 health services outside the 48 contiguous states. However, in each instance, the physician must
196 meet or exceed the total requirement of 150 hours per 3-year period or justify a request for
197 waiver of hours from the Council on Continuing Medical Education. This policy applies to
198 physicians on active duty who participate in medical programs authorized for uniformed
199 physicians.

200 The AOA Council may consider the waiver of up to the maximum of 10 hours of
201 Category 1 requirement per year for osteopathic physicians residing in small states. Small states
202 refers to areas or states within the United States and its territories in which the population of
203 practicing osteopathic physicians is less than 200, excluding members on active duty in the
204 military or public health services.

205 **CME ACTIVITY BY CATEGORY**

206 **Category 1.** This category includes programs which offer a significant portion of
207 osteopathic content. A minimum of **SIXTY** (60) credit hours of the total 150-hour requirements
208 are mandatory under this general category. Participants who are required to meet less than 150

209 hours must earn two-fifths (2/5) of their total credits under Category 1. However, any physician
210 may fulfill all AOA CME requirements under this category.

211
212 **Category 1-A.** This category includes formal educational programs that are designed to
213 enhance clinical competency and improve patient care and are sponsored by AOA accredited
214 institutions, organizations, and their affiliates who meet the quality standards as defined by the
215 AOA. **A minimum of THIRTY (30) credits must be in category 1-A unless waived based**
216 **upon individual, mitigating circumstances.**

217
218 **Category 1-A Quality Standards**

219 The sponsors agree to apply quality standards as defined below:

- 220 1. The Category 1 CME Sponsor shall provide a faculty of which at least 50% of the
221 presenters are: (1) osteopathic physicians, (2) MDs, PhDs, or other professionals with
222 graduate degrees who hold a full-time faculty appointment at a college of osteopathic
223 medicine, or (3) MDs, who hold active staff membership at an AOA-accredited health
224 care facility.
- 225 2. The AOA Council has been authorized by the AOA Board of Trustees to review and
226 grant exemption from this requirement for any CME program sponsored by a specialty
227 college or society, or any program for which the audience will consist largely of non-
228 family practice physicians. Such review will occur only on a program by program basis.
229 Exemption is solely at the discretion of the AOA Council. A copy of the procedures for
230 requesting this exemption may be obtained from the AOA Division of CME (Resolution.
231 43 (A/94)).

- 232 2. The sponsor must provide evidence of integrating osteopathic principles and practice into
233 the program.
- 234 3. The sponsor shall identify and use presenters who will teach in a planned program. The
235 suggested criteria for presented selection include:
- 236 A. Appropriate Credentials
- 237 B. Competence as a teacher
- 238 C. Knowledge of content area
- 239 D. Qualification by experience
- 240 4. The sponsor must provide the AOA with the name and telephone number of the provider
241 responsible for administration of Category 1-A CME **activities**.
- 242 5. Involved faculty must have credentials appropriate to expertise required.
- 243 6. Advertising and promotion of CME activities must be carried out in a responsible
244 fashion, clearly showing the educational objectives of the activity; the nature of the
245 audience that may benefit from the activity; the cost of the activity to the participant and
246 the items covered by the cost; the amount of CME credit that can be earned in compliance
247 with the **AOA CME Guide**; and the credentials of the faculty.
- 248 7. Maintenance and availability of records of participation in CME activities should be
249 adequate to serve the needs of participants and others requiring this information.
- 250 8. The participants, upon their request, must be provided with a certificate or some other
251 document attesting to the satisfactory completion of the CME activity.
- 252 9. The sponsor must have a written policy dealing with procedures for the management of
253 grievances and fee refunds.
- 254 10. The sponsor should assure that a sound financial base is established for the planned CME

255 programs and activities. Budget planning for CME should be clearly projected. The
256 program should not be presented for the sole purpose of profit.

257 11. An appropriate number of qualified faculty for each activity shall be secured by the
258 sponsor.

259 12. Adequate supportive personnel to assist with administrative matters and technical
260 assistance shall be available.

261 13. The sponsor provides a means for adequately monitoring the quality of faculty
262 presentations.

263 14. The sponsor must insure adequate program participant evaluation as suggested in the
264 quality standards.

265 15. AOA accredited CME sponsors shall comply with the Uniform Guidelines for
266 Accrediting Agencies of CME as adopted by the AOA. Copies of the Uniform
267 Guidelines are in Appendix A of this Guide.

268 **NOTES:** • Moderators will not be considered faculty if they simply introduce
269 speakers and their topics. To fulfill the definition of faculty, they must
270 actively participate in the educational program.

271 • Some formal educational programs co-sponsored by accredited osteopathic
272 institutions and organizations may be eligible for Category 1-A credit,
273 depending on individual circumstances.

274 • The FDA has ruled that a CME sponsor who can demonstrate
275 administrative hardship may allow a third party to handle the financial
276 arrangements for a CME program. The AOA Board of Trustees
277 determined that sponsors having two (2) or fewer full time equivalent staff

278 will be considered as having administrative hardship (Resolution 26
279 (M/95)).

280 **STANDARDIZED LIFE SUPPORT COURSES**

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

282		Provider	Refresher	Instructor
283	Course Name	Course	Course	Course
284	Advanced trauma life support	16	8	16
285	Advanced cardiac life support	16	8	16
286	Basic cardiac life support (healthcare provider)	8	4	24
287	Pediatric advanced life support (AHA)	16	8	16
288	Advanced Pediatric Life Support (AAP)	16	8	16
289	Neonatal advanced life support	8	4	16
290	Advanced Life Support in Obstetrics	16	16	8
291				

292 **STANDARDIZED FEDERAL AVIATION AND UNITED STATES ARMY COURSES**

293 The following standardized federal aviation courses sponsored by the Federal Aviation
294 Administration and the United States Army courses are eligible for Category 1-A credit:

- 295 1. Aviation medicine
- 296 2. Army flight surgeon primary course

297 **REAL TIME INTERACTIVE VIDEO OSTEOPATHIC CME PROGRAMS**

298 Category 1-A credit may be granted for “real time interactive video” osteopathic CME
299 programs. Category 1-A credit will not be granted for non real time and non-interactive audio
300 and video programs. (AOA Board of Trustees Resolution 46 (A/99)).

301 **CME CREDITS FOR MANAGED CARE PROGRAMS**

302 AOA Category 1-A CME credits will be awarded to qualified managed care organizations
303 programs presented by an AOA accredited sponsors/providers where 50% or more of the faculty
304 are osteopathic physicians. (AOA Board of Trustees Resolution 22 (M/99)).

305 **OSTEOPATHIC MEDICAL TEACHING**

306 Delivery of formal osteopathic medical education in a didactic format shall be eligible for
307 category 1-A credit on an hour-by-hour basis.

308 Methods of such education would include formal delivery of osteopathic medical
309 education lectures in colleges of osteopathic medicine, formal delivery of osteopathic medical
310 education lectures to students, interns, residents, and staff of AOA approved healthcare facilities.

311 One hour of credit will be granted for each hour of actual instruction.

312

313 **Category 1-B** - This category includes development and publication of scientific papers
314 and electronically communicated osteopathic educational programs, serving as osteopathic
315 healthcare facility and college accreditation approval inspectors or consultants, conducting and
316 developing certifying board examinations, AOA accredited or approved osteopathic healthcare
317 committee and departmental meetings with the review and evaluation of patient care, other
318 osteopathic CME activities and programs, and other CME programs approved for Category 1
319 credit by the AOA Council. Credit may be granted for serving as a preceptor in any AOA
320 approved osteopathic medical educational program. One hour of credit will be granted for each
321 hour of actual instruction.

322 The 150 credit hour requirement may be met by earning Category 1 credit, with a
323 minimum of 30 hours of Category 1-A credit in combination with a minimum of 120 hours of
324 Category 1-B credit per 3-year period.

325 **SCIENTIFIC PAPERS/PUBLICATIONS**

326 This category includes development and presentation of scientific papers and electronic
327 communication programs intended for physician education.

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

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

333 Maximum allowable credit for a presentation will be ten (10) credit hours. A copy of the
334 paper or electronic communication program in finished form shall be submitted to the AOA
335 Division of CME. Publication of a paper or electronic communication program recognized by
336 the AOA may, on recommendation from the AOA Department of Publications, receive a
337 maximum of fifteen (15) hours of credit.

338

339 **CONDUCTING HEALTHCARE FACILITY INSPECTIONS/SPECIALTY BOARD**
340 **EXAMINATIONS**

341 These inspection activities include participating in inspection programs for
342 AOA-accreditation and/or approval of healthcare facilities and colleges; and conducting clinical
343 examinations of osteopathic certifying boards, and OPTI surveys. Five (5) credits will be granted
344 for each healthcare facility or college inspection or examination and OPTI survey. Up to five (5)
345 CME credits may be granted to physicians administering clinical examinations, but not to those
346 taking the examination.

347

348 **HEALTHCARE FACILITY EDUCATION/OSTEOPATHIC MEETINGS**

349 Attendance at AOA-accredited healthcare facility committee and departmental meetings
350 concerned with the review and evaluation of patient care, qualifies for category 1-B credit on an

351 hour for hour basis.

352 Examples of such peer review activities might include:

- 353 1. Tumor Board and Tissue Committee meetings;
- 354 2. Mortality Review meetings;
- 355 3. Clinical Pathological meetings;
- 356 4. Chart and Medical-Record Audits, and Discharge Review meetings;
- 357 5. Utilization Review meetings.
- 358 6. Quality Improvement Committee meetings.

359 Healthcare facility staff, departmental and divisional educational meetings may be
360 granted CME credit under this category. However, no credit may be granted for meetings
361 entirely devoted to a healthcare facility's business or administrative affairs.

362

363 **OTHER OSTEOPATHIC CME**

364 Other osteopathic CME activities can be approved by the AOA Council. This category
365 will include osteopathic self-evaluation tests; qualified osteopathic medical education; qualified
366 legislative osteopathic seminars; osteopathically sponsored audio/video-taped programs and
367 computer assisted instruction; osteopathically sponsored quality assurance and risk management
368 seminars which are not clinical in nature and/or where less than 50% of the faculty are
369 osteopathic physicians; successful completion of certificate of added qualification (CAQ); and
370 successful passage of an AOA recertification examination.

371 For audio and video taped programs, credit will be awarded at the rate of one credit per
372 hour of program playing time if an accompanying CME quiz is completed with a passing grade
373 of 70% and returned to the sponsor. For computer assisted instruction, credit will be

374 recommended at the rate of one credit per hour of time spent in completion of the program by the
375 program sponsor and approved by the AOA Council. A post course evaluation demonstrating a
376 passing grade of 70% will be required to obtain credit.

377 **Fifteen (15) hours of AOA Category 1-B credit may be granted to osteopathic**
378 **physicians who successfully pass the requirements for a certificate of added qualification**
379 **and osteopathic physicians who successfully pass an AOA recertification examination.**

380 **Category 2** -- A maximum of ninety (90) credit hours of the 150 hours may be earned
381 under this general category, with specific maximum credits indicated under the subcategories
382 described below.

383 This broad category is intended to encourage the widest possible selection of both formal
384 and informal educational activities and allow CME credits for many educational programs
385 already engaged in by osteopathic physicians. Programs in Category 2 are offered either by AOA
386 Accredited Category 1 Sponsors (see comments for Category 2-A below), by non-osteopathic
387 sponsors who are accredited by The Accreditation Council for Continuing Medical Education
388 (ACCME), or programs accredited by the American Academy of Family Physicians (AAFP).”

389
390 **Category 2-A** -- This category includes formal educational programs that are designed to
391 enhance clinical competency and improve patient care, and are sponsored by accredited
392 institutions, organizations and agencies that meet the quality standards as defined by the AOA,
393 the ACCME, or the AAFP. **Formal educational programs sponsored by accredited**
394 **osteopathic institutions, organizations, and their affiliates which do not meet the criteria**
395 **under Category 1-A may be granted credit under Category 2-A.**

396 This category is intended to allow osteopathic physicians the widest possible freedom of

397 choice in attending formal educational programs of all sponsors recognized by the AOA Council.

398 Examples of recognized sponsors include but are not limited to:

- 399 1. Accredited medical schools and healthcare facilities.
- 400 2. Medical societies and specialty practice organizations.
- 401 3. Continuing medical education institutes.
- 402 4. Governmental health agencies and institutions.

403 **Category 2-A credits will be awarded to qualified managed care organizations programs**
404 **presented by non AOA accredited institutions, organizations, and agencies who meet the**
405 **quality standards as defined by the ACCME or the AAFP.**

406 **Category 2-B** -- Other, less formal, CME activities and programs may be approved for
407 Category 2-B credit by the AOA Council, including scientific exhibits, home study and
408 non-AOA accredited healthcare facility committee and departmental meetings concerned with
409 the review of patient care, formal and informal educational activities specifically approved by the
410 AOA Council conducted by non AOA accredited sponsors.

411

412 **HEALTHCARE FACILITIES MEETINGS/NON-OSTEOPATHIC**

413 Attendance at non-AOA accredited and/or approved Healthcare facilities committee and
414 departmental meetings of an educational nature, such as tumor board and tissue committee
415 meetings, mortality review, medical records audits, utilization review, and quality improvement,
416 may qualify for Category 2-B credit. Healthcare facilities staff, departmental and division
417 educational meetings may be granted credit under this category.

418 No credit may be granted for meetings entirely devoted to a healthcare facility's business
419 or administrative affairs.

420

421 **HOME STUDY**

422 Home Study -- The AOA Council strongly believes that participation in formal, on-site
423 CME programs is essential in fulfilling a physician's total educational needs. The AOA Council
424 is also concerned that the content and educational quality of many unsolicited home study
425 materials are not subject to impartial professional review and evaluation. For these reasons, the
426 Council has limited the number of credits which may be granted for home study, and has adopted
427 strict guidelines in granting those credits.

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

430 One-half (1/2) credit per issue is granted for reading these journals. The AOA Board has
431 authorized the AOA Council to award three (3) credits for reading the JAOA and completing the
432 post-test exam found in this journal (Resolution 24 (A/95)). This CME quiz must be submitted
433 to the AOA Department of Publications for grading. Credit will be granted upon confirmation of
434 a passing grade of 70% to the CCME.

435 CME credit for all other reading is limited to recognized scientific
436 journals listed in *Index Medicus*. One-half (1/2) credit per issue is granted for reading these
437 recognized journals.

438 CME credits may be granted for mediated physician education programs recognized by
439 the AOA or those considered to be in conformance with guidelines set by the AOA Council.
440 These educational experiences could include audio cassette programs, video cassette programs,
441 or computer assisted instruction. For each of these experiences, the sponsor may recommend
442 that credit be awarded at the rate of one (1) credit per hour of direct participation if an

443 accompanying CME quiz is completed with a passing grade of 70%, and the sponsor confirms
444 this to the AOA.

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

449

450 **SCIENTIFIC EXHIBITS**

451 Examples of scientific exhibits are preparation and personal presentation of a scientific
452 exhibit at a county, regional, state or national professional meeting. Appropriate documentation
453 must be submitted with the request for credit. Ten (10) credits will be granted for each new and
454 different scientific exhibit.

455

456 **OTHER APPROVED CME**

457 Other approved CME include all other programs and modalities of continuing medical
458 education as they may be requested, verified and documented by the AOA Council.

459 Included under this category are formal and informal educational activities such as
460 educational development; faculty development, physician administrator training; quality
461 assessment programs; observation at medical centers; medical economics; programs dealing with
462 experimental and investigative areas of medical practice; and programs specifically approved by
463 the AOA Council conducted by non-recognized sponsors. Programs on risk management which
464 are primarily of administrative nature may be eligible for CME credit under category 2-B.

465 **REPORTING CME ACTIVITIES**

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

468 It is **mandatory**, however, that **each** report of CME activities be submitted on the
469 appropriate form. Only in this way can appropriate credits under the appropriate category be
470 entered on the individual physician's CME computer record. Sponsors and physicians should **not**
471 indicate more than one program or type of activity on a single form. Copies of appropriate forms
472 may be obtained from the AOA Division of Continuing Medical Education. These forms may be
473 copied or reproduced as desired.

474 Sponsors should report physician participation in CME activities using one of the
475 following: the "Roster of Attendance" form, "Healthcare Facility Peer Review Activity" form, or
476 the AOA's computer diskette. The Roster of Attendance form is used to document attendance at
477 formal educational programs sponsored by accredited organizations and institutions. This form
478 is provided to the sponsor by the AOA Division of CME, usually with the notification of "initial"
479 approval.

480 Each physician attending the program should be listed on the form by entering the
481 appropriate AOA number, name, college and year of graduation.

482 The AOA number can be found on the physician's AOA membership card. The completed form,
483 together with a copy of the printed program, should be forwarded to the AOA Division of
484 Continuing Medical Education by the sponsor, as soon as possible following the meeting.

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

489 The Healthcare Facility Peer Review Activity form is used to document participation by
490 staff physicians in healthcare facility CME activities and programs as described under Category
491 1-B.

492 The form is designed to serve as a cumulative record of each staff physician's Category
493 1-B CME activities. No other activities or programs should be included on this form.

494 Copies of the form are provided to Director of Medical Education of accredited
495 osteopathic healthcare facilities by the AOA Division of Continuing Medical Education.
496 Completed forms for all staff physicians should be returned to the Division at one time,
497 preferably quarterly.

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

500 Attendance at special programs, seminars and meetings sponsored by a healthcare facility
501 should be reported on the "Roster of Attendance" form described above.

502 Physicians practicing in joint-staff healthcare facilities should request copies of the
503 Healthcare Facilities Peer Review Activity form from the AOA Division of Continuing Medical
504 Education.

505 The Home Study form is intended to document individual reading of recognized scientific
506 journals, viewing approved videotapes, and other approved home study courses and programs
507 under the criteria described for Category 2-B.

508 Only one type of home study should be indicated on a single form. For example, reading
509 of journals would be reported on a separate form, and viewing a videotape would be listed on a
510 separate form. However, multiple issues of scientific journals may be listed on the same form.

511 This form should not be used, however, when CME quiz cards for the AOA Journal, and

512 AOA video educational tape programs are submitted separately.

513 The Individual Certification form is intended for use by individual physicians to
514 document all other CME activities not reported on other forms.

515 Copies of the Individual Certification form may be obtained from the AOA
516 Division of Continuing Medical Education. Examples of CME activities to be reported on this
517 form include:

- 518 1. Development and publication of scientific papers and electronically
519 communicated programs -- **Category 1-B.**
- 520 2. Medical teaching -- **Category 1-A.**
- 521 3. Other osteopathic CME programs and activities approved by the AOA Council --
522 **Category 1-B.**
- 523 4. Attendance at formal educational programs sponsored by accredited institutions,
524 organizations and agencies at which the "Roster of Attendance" form or the
525 AOA's computer diskette is not submitted by the sponsor. This would include
526 most formal non-osteopathic programs, which are clinical in nature. --
527 **Category 2-A.**
- 528 5. Scientific exhibits -- **Category 2-B.**
- 529 6. All other programs and modalities of CME as they may be requested, verified and
530 documented by the AOA Council -- **Category 2-B.**

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

535

536 **GRANTING CME CREDITS**

537 The AOA Council reserves the right to evaluate all programs and activities on an individual
538 basis, and to deny CME credits at its discretion to those which do not fulfill criteria described in this
539 **Guide.**

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

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

547 Reports of CME activities which meet criteria will be accepted and appropriate credits
548 will be entered on the physician's record. All credits will be reported on the Individual Activity
549 Report, described below. Sponsors and physicians will be notified if CME credits are granted.
550 For these reasons, it is essential that both sponsors and physicians keep duplicate copies of all
551 forms submitted for CME credits.

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

556

557 **RIGHT OF APPEAL**

558 All osteopathic physicians and affiliated or accredited osteopathic organizations and
559 institutions participating in the CME program have the right to request reconsideration or appeal
560 of any decision made by the AOA Council. Procedures for reconsideration and appeal are
561 described in a formal document available on request from the AOA Division of Continuing
562 Medical Education. All requests for reconsideration and appeal should be initiated as soon as
563 possible after the decision under question has been made.

564

565 **CME ACTIVITY REPORT (CAR)**

566 AOA members will receive a CME Activity Report of their CME credits at appropriate
567 intervals. The report will be a computer print-out of CME activity as compiled from documents
568 submitted to the AOA Division of Continuing Medical Education by both sponsors and the
569 physician. The CME Activity Reports is provided to members only.

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

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

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

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

581 necessary.

582

583 **CME CERTIFICATES**

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

589 Member osteopathic physicians who qualify for a certificate will be notified by the
590 Division of Continuing Medical Education in March of the third year of the AOA-CME cycle.

591

592 **SUMMARY OF AOA CONTINUING MEDICAL EDUCATION PROGRAM**

593

594	<u>Total Requirement</u>	<u>Credit Minimum</u>
595	Maximum of 150 credits per 3-year period	per 3-year period

596 **CATEGORY 1--Minimum of 60 hours required in**

597 **Category 1-A or 1-B**

598 1-A Formal education programs sponsored by
599 accredited osteopathic institutions,
600 organizations and their affiliates which
601 meet the definition of "osteopathic"
602 CME, standardized life support courses and
603 federal aviation administration course, and

604	U.S. army courses	
605	1-A Osteopathic medical teaching	30 hours credit minimum
606	1-B Development and publication of scientific	
607	papers and electronically communicated	
608	programs	120 hours minimum
609		in combination with 30
610		hours of Category 1-A

611 1-B Conducting osteopathic healthcare facility inspections
612 and certifying board examinations. (5 credits inspection
613 or examination)

614 1-B AOA-accredited and/or approved healthcare facility
615 committee and departmental meetings concerned with
616 the review and evaluation of patient care

617 1-B Other CME activities and programs approved
618 for Category 1 credit by AOA Council on
619 Continuing Medical Education

620 **CATEGORY 2--Maximum of 90 hours allowed**

621 2-A Formal education programs sponsored by
622 accredited institutions, organizations and agencies

623 2-B Non-AOA accredited and/or approved healthcare facility
624 committee and departmental meetings
625 concerned with the review of patient care

626 2-B Home Study 90 hours minimum
627 with 60 hours Category 1
628 (30 hours Category 1-A minimum)

629 2-B Scientific Exhibits
630

631 2-B Other CME activities and programs approved
632 for Category 2 credit by the AOA Council
633 on Continuing Medical Education

634 APPENDIX - A

635
636
637 **UNIFORM GUIDELINES FOR**
638 **ACCREDITING AGENCIES OF CONTINUING MEDICAL EDUCATION**

639
640 **PREAMBLE**

641 In 1990, an inter-organizational task force, the Task Force on CME and Industry
642 Collaboration, was formed to foster better informed collaboration between commercial
643 supporters and all major accredited sponsors of continuing medical education. Included in the
644 membership of the Task Force on CME and Industry Collaboration are senior staff members of
645 major pharmaceutical and device manufacturers, and leaders of continuing medical education in
646 the United States. The Task Force has blended the diverse knowledge, interests, and talents of its
647 members to produce these Guidelines which address all aspects of continuing medical education,
648 not just relationships with commercial supporters.

649 These Guidelines will provide a credible standard to which the health professions may
650 compare their criteria for accrediting continuing medical education. The AOA believes that
651 much mutual benefit will flow from the unity among the professions through application of these
652 policies and procedures.

653 The AOA has adopted, with minor changes, the Uniform Guidelines for Accrediting
654 Agencies of Continuing Medical Education. These Uniform Guidelines have been adopted as a
655 part of the Continuing Medical Education Guide of the American Osteopathic Association.

656 Although members of the Task Force are associated with most of the major players in the

657 CME and the health-related commercial interests in the U.S., the Task Force has no official
658 status in government, industry, or education.

659 The AOA Council and its staff members are available to help with interpretation of the
660 task force actions and implementation of the AOA guidelines.

661 **I. Introduction**

662 The purpose of continuing medical education (CME) is to enhance the physician's ability
663 to care for patients. It is the responsibility of the accredited sponsor of a CME activity to assure
664 that the educational activity is designed primarily for that purpose.

665 Accredited sponsors often receive financial and other support from commercial
666 organizations. Such support can contribute significantly to the quality of CME activities.

667 The purpose of the "Uniform Guidelines" is to describe appropriate behaviors expected of
668 accredited sponsors in planning, designing, implementing, and evaluating CME activities.
669 Further, the "Uniform Guidelines" apply to those continuing medical education activities for
670 which an accredited sponsor receives commercial support.

671 **II. Management of CME Activities**

672 **A. Mission Statement**

673 An accredited sponsor shall define the role, scope and intended audience of its
674 educational functions by having a written statement of its CME mission formally approved by its
675 governing body.

676 **B. Management Support**

677 An accredited sponsor shall provide evidence that management procedures and other
678 necessary resources are available and effectively used to fulfill its CME mission.

679 **C. Joint Educational Activities**

680 An accredited sponsor that provides educational activities jointly with a non-accredited
681 entity shall assure that such activities are conducted entirely according to these "Uniform
682 Guidelines".

683 **D. Enduring Materials**

684 An accredited sponsor that offers instructional materials, that in themselves constitute a
685 planned activity of CME, shall develop and administer those materials entirely according to these
686 "Uniform Guidelines".

687 **E. Funding Arrangements**

688 The ultimate decision regarding funding arrangements for CME activities must be the
689 responsibility of the accredited sponsor. Funds from a commercial source should be in the form
690 of an educational grant for the support of programming made payable to the accredited sponsor.
691 The terms of the grant must be set forth in a written agreement. There shall be no other funds
692 paid to faculty, CME program directors, or others involved with the supported program except as
693 provided in the written agreement. All support associated with an educational activity must be
694 made under the direction of, and with the full knowledge and approval of, the accredited sponsor.

695 Payment of reasonable honoraria and reimbursement of out-of-pocket expenses for
696 faculty is customary and proper. Commercial support must be acknowledged in printed
697 announcements and brochures; however, reference must not be made to specific commercial
698 products. Following the CME activity, upon request, the accredited sponsor must be prepared to
699 report to each commercial supporter, information concerning the expenditure of funds each has
700 provided.

701 **F. Marketing CME Activities**

702 A CME sponsor may authorize a commercial supporter to disseminate to the medical

703 community information about a CME activity. However, the content of such information must
704 always be explicitly approved by, but not necessarily prepared by, the accredited sponsor, and
705 must always identify the educational activity as produced by the accredited sponsor.

706 **G. Expenses for Attendees**

707 In connection with an educational activity, it is not permissible to use funds originating
708 from a commercial source to pay travel, lodging, registration fees, honoraria, or personal
709 expenses for non-faculty attendees. Subsidies for hospitality should not be provided outside of
710 modest meals or social events that are held as a part of the educational activity.

711 Scholarship or other special funding to permit medical students, interns, or residents and
712 fellows to attend selected educational conferences may be provided, as long as the selection of
713 students, interns or residents and fellows who will receive the funds is made either by the
714 academic or training institution, or by the accredited sponsor, with the full concurrence of the
715 academic or training institution.

716 **III. Educational Standards and Practices**

717 **A. Needs Assessment**

718 An accredited sponsor shall systematically identify the CME needs of prospective
719 participants and use that information in planning CME activities.

720 **B. Objectives**

721 An accredited sponsor shall, for each CME event, develop objectives based on identified
722 educational needs.

723 **C. Educational Design**

724 **1. Objectives Influence Design**

725 An accredited sponsor shall use the objectives developed for an educational

726 activity to select the content, and design the educational methods, for that activity.

727 **2. Basic design requirements for CME activities**

728 In designing educational activities, the accredited sponsor must assure that the
729 activities have the following characteristics:

730 They must be free of bias for or against any commercial product;

731 They must be designed and produced so that content and educational methods are
732 ultimately determined by the accredited sponsor;

733 If the activities are concerned with commercial products, the program must
734 present objective information about such products based on scientific methods generally
735 accepted in the medical community.

736 **3. Independence of Accredited Sponsors**

737 The design and production of educational activities shall be the ultimate
738 responsibility of the accredited sponsor. Commercial supporters of such activities shall
739 not control the planning, content or execution of the activity. To assure compliance with
740 the "Uniform Guidelines" the following requirements must be adhered to:

741 **a. Help with the preparation of educational materials**

742 The content of slides and reference materials must remain the ultimate
743 responsibility of the faculty of accredited sponsor. This responsibility may be
744 shared with the faculty of the accredited sponsor. The accredited sponsor may ask
745 a commercial supporter to help with the preparation of conference related
746 educational materials, but these shall not specifically promote the proprietary
747 interests of the commercial supporter.

748 **b. Assistance with Educational Planning**

749 An accredited sponsor must maintain responsibility for and control over
750 the selection of content, schedule, faculty, attendees, and educational methods and
751 materials in all of its CME activities.

752 An accredited sponsor may obtain information that will assist in planning
753 and producing an educational activity from any outside source whether
754 commercial or not. However, acceptance by an accredited sponsor of advice or
755 services concerning speakers, invitees or other educational matters, including
756 content, shall not be among the conditions for the provision of support by a
757 commercial organization.

758 c. **Distribution of advertising**

759 No commercial promotional materials shall be displayed or distributed in
760 the same room immediately before, during, or immediately after an accredited
761 educational activity. Representatives of commercial supporters may attend an
762 educational activity for which they have provided support, but may not engage in
763 sales activities while in the room where the educational activity takes place.

764 d. **Exhibits**

765 When commercial exhibits are part of an overall program, arrangements
766 for these must not influence educational planning or interfere with the
767 presentation of CME activities. Exhibit placement must not be a condition of
768 support for a CME activity.

769 e. **Proprietary Names of Products**

770 While the use of proprietary names of products is permissible during
771 educational activities, generic names should be used by the faculty whenever

772 possible. Moreover, it is the responsibility of the accredited sponsor to assure that
773 presentations give a balanced view of diagnostic, therapeutic, or appliance
774 options. If proprietary names are used, those of several companies that make
775 relevant products must be used rather than only those of a single company.

776 **IV. Other Guidelines for Relationships between Accredited Sponsors and Commercial**
777 **Supporters of CME.**

778 **A. Communicating Results of Scientific Research**

779 Objective, rigorous, scientific research conducted by commercial companies is an
780 essential part of the process of developing new pharmaceutical or other medical products
781 or devices. It is highly desirable that direct reports of such research be communicated to
782 the medical community. An offer by a commercial supporter to provide a presentation
783 reporting the results of scientific research shall be accompanied by a detailed outline of
784 the presentation which shall be used by the accredited sponsor to confirm the scientific
785 objectivity of the presentation. Such information must conform to the generally accepted
786 standards of experimental design, data collection and analysis.

787 **B. Disclosure**

788 An accredited sponsor shall have a policy requiring disclosure of the existence of
789 any significant financial interest or other relationship a CME faculty member or the
790 sponsor has with the manufacturer(s) of any commercial product(s) discussed in an
791 educational presentation. All approved CME activities shall conform to this policy.

792 Such faculty or accredited sponsor relationship with commercial supporters shall
793 be disclosed to participants prior to educational activities in brief statements in
794 conference materials such as brochures, syllabi, exhibits, poster sessions and post meeting

795 publications.

796 In the case of a regularly scheduled event, such as grand rounds, disclosure shall
797 be made by the moderator of the activity after consultation with the faculty member or a
798 representative of the accredited sponsor. Written documentation that disclosure
799 information was given to participants shall be entered in the file for that activity.

800 **C. Off-label uses of products**

801 When an off-label use of a product, or an investigational use not yet approved for
802 any purpose, is discussed during an educational activity, the accredited sponsor shall
803 require the speaker to disclose that the product is not labeled for the use under discussion,
804 or that the product is still investigational. Discussions of such uses shall focus on those
805 uses that have been subject of objective investigation.

806 **D. Activities that are repeated many times**

807 An accredited sponsor that offers educational activities that repeat essentially the
808 same information each time they are given, must demonstrate that every iteration of that
809 activity meets all of the provisions found in these "Uniform Guidelines".

810 **E. The accredited sponsor's use of educational activities or materials prepared**
811 **by organizations other than the accredited sponsor**

812
813 When an accredited sponsor offers an educational activity based on concepts or materials
814 prepared by an outside organization, that activity must adhere to these "Uniform Guidelines" in
815 all respects; particularly when the provisions concerning the independence of the accredited
816 sponsor directly affect that sponsor's planning, designing, delivering, and evaluating all of its
817 educational activities offered for credit.

818 APPENDIX - B

819
820 GLOSSARY OF TERMS USED IN
821 CONTINUING MEDICAL EDUCATION GUIDE

822
823 The terms used in this CME Guide have been developed based upon directives from the U.S.
824 Food and Drug Administration, and the terminology developed for the “AOA Accreditation
825 Requirements - Category 1 CME Sponsors”. The terms defined below have been developed for
826 the CME activities of the AOA. Some of these terms may have a different meaning outside the
827 context the AOA’s CME activities.

828
829 **Physician** A physician is a healthcare provider who is licensed to practice
830 medicine and surgery in all its branches. In the United States,
831 osteopathic physicians (D.O.s) and allopathic physicians (M.D.s)
832 are the two recognized types of physicians under this definition.
833 This type of physician is also described as having full practice
834 privileges, and is sometimes referred to as a “complete” physician.
835 Each state will have laws which define the practice privileges of
836 various healthcare providers, and which may permit these
837 providers to use the physician descriptor when referring to their
838 practices.

839
840 **Staff Physician** A staff physician is a physician who has been given practice

841 privileges at a healthcare facility. Such privileges are granted after
842 review of credentials which include: license to practice; completion
843 of postdoctoral education; attainment of certification.

844
845
846 **Needs Assessment** A needs assessment is an analysis of the type of CME that is
847 needed by the intended audience for a CME program which has
848 been proposed or conducted. The results of a needs assessment are
849 used in the design and planning of the content and delivery
850 modality for CME programs.

851
852 **CME Sponsor** A CME sponsor is an institution, organization or affiliate that is
853 accredited by the AOA Council on CME to present programs that
854 qualify for AOA-CME Category 1 credit.

855
856 **CME Provider** A CME provider is an organization which is not, itself, a
857 recognized AOA Category 1 CME sponsor, but is authorized to
858 offer AOA approved Category 1 CME under the direction and
859 approval of a recognized AOA Category 1 CME Sponsor.

860
861 **General Certification** General certification is conferred on diplomates who meet the
862 requirements in a specified field of medical practice under the
863 jurisdiction of a certifying board. General certification represents a

864 distinct and well defined field of osteopathic medical practice.

865 General certification is the initial level of recognition of

866 certification.

867

868 **Associate Member** The AOA Board of Trustees may be grant associate membership to

869 the following individuals: teaching, research, administrative

870 professional staff and employees of osteopathic physician

871 members, colleges and healthcare facilities; or administrative

872 personnel of the AOA or its affiliated organizations.

873 Associate members pay membership dues of \$75 annually, but are

874 not eligible to hold any elective office within the AOA. They are

875 eligible for various membership benefits as defined by the Board of

876 Trustees from time to time.

877

878 **Presenter** A presenter at an AOA-accredited CME program is an individual

879 who chairs a portion of the program or who delivers a lecture or

880 other formal portion of the program.

881

882 **Osteopathic Faculty** Programs which are eligible to receive AOA Category 1-A credit

883 must have sufficient content that is osteopathic in nature.

884 Osteopathic content is assumed to be given by the following

885 osteopathic faculty: osteopathic physicians; M.D. physicians who

886 are active staff members at an AOA-accredited healthcare facility

887 or who have full-time faculty appointments at a college of
888 osteopathic medicine; or PhDs who have full-time faculty
889 appointments at a college of osteopathic medicine.

890

891

892 **Program Sponsor** A program sponsor is an organization which is recognized by non-
893 AOA accreditor(s) and/or offers CME programs recognized by
894 non-AOA organizations. An example of one such accrediting
895 agency is the Accreditation Council for Continuing Medical
896 Education (ACCME) which accredits CME sponsors, but does not
897 approve individual programs. The American Academy of Family
898 Physicians (AAFP) approves individual programs, but does not
899 accredit sponsors.