Approved Actions by the AOA Board of Trustees and AOA House of Delegates – July 2022

Definition of Osteopathically Distinct CME:
Osteopathically distinct CME is evidence or practice-based medical education which includes the body of knowledge and skills essential to the osteopathic profession and patient care, and integrates osteopathic tenets and philosophy.

Faculty Requirement for Osteopathically Distinct CME
At least 50% of the total educational credits must be presented by osteopathic physicians. The remaining professionals may include subject matter experts approved by an educational planning committee.

Curriculum Requirement for Osteopathically Distinct CME
CME activities must address one or more of the AOA seven core competencies (current requirement as of January 2022) or one of the five osteopathic models with attention to the tenets.

Curriculum Requirements for AOA-Accredited CME Activities – Effective January 2023
AOA accredited CME sponsors offering Category 1-A AOA CME credit must adhere to the following requirements:

A. Core Competencies
CME activities must address:

• One or more of the AOA seven core competencies
  – Osteopathic Philosophy/Osteopathic Manipulative Medicine
  – Medical Knowledge
  – Patient Care
  – Interpersonal and Communication Skills
  – Professionalism
  – Practice-Based Learning and Improvement
  – Systems-Based Practice

OR

• One of the five osteopathic models
  – Behavioral
  – Biomechanical
  – Metabolic
  – Neurological
  – Respiratory-circulatory

with attention to the tenets of osteopathic medicine
  – The body is a unit; the person is a unit of body, mind, and spirit.
  – The body is capable of self-regulation, self-healing, and health maintenance.
Structure and function are reciprocally interrelated. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

The AOA requires at least one learning objective be aligned with an osteopathic core competency listed above. This can be documented on the practice gap analysis, or elsewhere, and will be required when an activity is selected for review by the AOA.

B. Practice Gap Analysis
Practice gaps of prospective participants shall be identified and used in planning of the CME activity. The practice gap analysis must be:

- Conducted on an annual basis for repeated activities
- Produced for each topic
- Based on current data and analysis
- Documented with at least one evidence-based source

C. Educational Objectives
Learning objectives, based on identified gaps in knowledge, must be developed for each CME topic. The objectives shall state what physician knowledge, skills and attitudes are impacted or mastered by the conclusion of the activity.

D. Outcomes Measurement
An outcomes measurement of the effectiveness of an activity must be conducted. This can be conducted by survey following the activity or by a simple question or series of questions as a component of the activity evaluation.

E. Standards for Integrity and Independence
The AOA formally adopted the ACCME’s Standards for Integrity and Independence to ensure that accredited continuing education serves the needs of patients and the public, is based on valid content, and is free from commercial influence.

F. Administrative Requirements
Administrative requirements include but are not limited to:

- Tracking and maintaining attendance records;
- Participants must be provided with a certificate or document attesting to satisfactory completion of the CME activity;
- Ensure CME credits are awarded appropriately

G. Faculty
At least 50% of the total educational credits must be presented by osteopathic physicians. The remaining professionals may include subject matter experts approved by an educational planning committee.

Questions
Questions regarding the requirements that must be followed in order for a CME activity to qualify for Category 1-A AOA CME credit may be directed to the POMA CME Department, cme@poma.org, (717) 939-9318 x150.