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Administered by the American Academy of Family Physicians Foundation

KEY ACCOMPLISHMENTS PERTAINING TO CONTINUING MEDICAL EDUCATION (CME) WITHIN THE AAGP/AAFP

June 1947

The American Academy of General Practice (AAGP) was founded as the first major medical organization to require continuing medical education as a condition of membership. Members were required to document 150 hours of postgraduate study every three years to maintain active membership.

March 1949

The AAGP Congress of Delegates approved first basic definition and policy on postgraduate study for AAGP members.

February 1955

The AAGP held the first closed-circuit television program linking the United States and Canada. The subject of the symposium was "Management of Streptococcal Infections and its Complications." Jointly sponsored by the AAGP and Wyeth Laboratories, it was broadcast from CBS Studios to 65 cities in the US and Canada.

1957

The first Annual Symposium on Infectious Diseases was held in Kansas City under the joint sponsorship of the AAGP and the University of Kansas School of Medicine. This symposium continued for more than 30 years and provides another source of CME to Academy members.

1961

The Committee on Joint Study in Continuing Medical Education formed under the auspices of the AMA to consider a need for a national coordinating agency for continuing medical education.

1962

The AAGP undertook a study of the Post-Graduate Education Interests of the General Practitioner, in conjunction with the Louisiana AGP.

The 1962 Scientific Assembly offered a new type of program in the form of medical and surgical films for Academy members to obtain postgraduate study credit by viewing.

1963

The "Life" category of AAGP membership was approved (defined as no continuing study requirements for members of at least 10 years and 70 years of age).

The Commission on Education, in cooperation with the American College of Obstetricians and Gynecologists (ACOG), outlined a pilot program of eleven joint conferences for postgraduate study held in different states.

The AAGP and the Public Health Service developed a format for conducting group discussions of medical problems by physicians in general practice. Known as "Shop Talk," this format provided group discussion of a pre-selected medical problem. The

project resulted in film strips and tapes that could be distributed. This library eventually grew to 14 programs for use by local chapters.

July 1964

Programmed instruction installments were first published in *GP*, the journal of AAGP.

1965

Clinical Refresher Courses were a new feature at the Scientific Assembly.

Reinforcing the importance of educating future GPs, the Congress of Delegates passed a resolution "as being in favor of accrediting five hours of postgraduate credit per week not to exceed twenty hours in any one year to preceptors teaching a full-time preceptorship for an approved medical school."

1966

"Teaching machines" were offered for the first time at Scientific Assembly. Sponsored by Wyeth Laboratories, these were very popular and heavily used. Closed-circuit TV courses were also offered through Smith, Kline & French.

1967

The Commission on Education undertook a project to evaluate continuing education, to measure the performances of physicians in a particular portion of practice before and after various types of educational experiences, in order to determine if and how continuing education affected their practices.

Breakfast conferences were offered for the first time at the Scientific Assembly.

1969

The Mental Health Committee sponsored seminars on mental health through the Menninger Foundation, aided by funds from a grant of \$44,600 from the National Institute for Mental Health.

Clinical demonstrations were a new feature at the Scientific Assembly.

1971

The "Fellow" category of AAFP membership was approved (requiring completion of 600 hours of postgraduate study or attainment of diplomate status in the ABFP). These requirements were revised in 1992 and took effect in 1999.

1972

The Commission on Education again recommended that the term "continuing education" be used in place of "postgraduate education" for Academy purposes (see 1961).

A Survey on Continuing Education was distributed by the Commission on Education to document member needs and wants. The survey was sent to 12,000 AAFP members, with 59% responding. A large percentage of respondents indicated an interest in owning a videocassette player, or in using videocassettes for CME.

1974

The AAFP premiered its subscription Professional Study Program, using closed-circuit television technology, with the company Synapse, Inc. The ill-fated project was halted due to financial difficulties of the owner firm. However, the AAFP continued to research ways of offering CME to members via video technology and ultimately developed other options with video technology.

The AAFP conducted a Pilot Study on reporting and maintenance of education hours.

October 1975

The AAFP announced that its Commission on Education would review all policies and procedures which related to AAFP accreditation of print and multi-media continuing education programs. This review was instituted because, unlike medical meetings, print

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and multi-medial programs endure and require professional prior review. The number of requests to review such programs had increased dramatically in recent years.

1976 The Congress of Delegates approved the creation of an AAFP Committee on Continuing

Medical Education.

1977 An implementation plan for AAFP Core Curriculum Self-Assessment Program was

approved by the Congress of Delegates. This program was later renamed the Home

Study Self-Assessment Program and continued under that name until 2008.

1981 The Committee on Continuing Medical Education became a Commission.

September 1983 The AAFP Video CME Program was initiated.

1985 A syllabus on Flexible Sigmoidoscopy was developed.

1988 The AAFP Congress of Delegates adopted a resolution allowing members up to twenty

hours per year (sixty hours every three years) of CME credit for teaching medical

students and residents the art and science of family practice.

The AAFP and Lifetime Medical Television entered into a formal contractual agreement

to produce Family Practice Update on the Lifetime Cable Channel. The program ran

until 1993.

1993 The AAFP acquired the Advanced Life Support in Obstetrics (ALSO) Program from the

University of Wisconsin Department of Family Medicine and Practice.

1994 A conference on Adolescent Medicine and courses on Sports Medicine were offered for

the first time.

1995 Family Practice Board Review courses were offered for the first time in March and May.

The courses were very popular, with a waiting list of over 100 physicians.

1996 The Congress of Delegates adopted a resolution that the AAFP should begin to approve

CME credit for computer literacy training and medical informatics courses.

The AAFP approved the creation of a third category of criteria for designation of CME

credit hours for journal-based CME, in addition to the existing criteria established for

courses and enduring materials.

The Commission on Continuing Medical Education filed criteria for approval of programs

that include information about complementary and alternative practices. These programs, when evidence-based, became eligible for Elective and Prescribed CME

credit.

1998 The AAFP launches the first Annual Clinical Focus (ACF) on "Prevention and

Management of Cardiovascular Disease" in cooperation with the American Heart

Association.

The AAFP Video CME program registered sales of approximately 17,288 tapes since its

inception in 1983.

1999 Pathway 2 requirements took effect January 1, 1999 for the Degree of Fellow.

Application requirements became:

- (1) Members must have been Active members for six years, or a combination of Resident and Active members for a total of six years; and
- (2) The member must have accrued a total of 100 points as defined by the application

A series of *AFP* Online Case Studies, first proposed in 1998, were released in this year. This program eventually was called "Online CME Case Studies."

The Commission on Continuing Medical Education (COCME) approved a Position Paper on Proprietary Practices to address two issues: Industry/Physician Relations and Direct-to-Consumer Advertising. This position statement was eventually revised and added to the AAFP policy compendium under the title "Policies and Positions Related to Proprietary Practices."

The Video/Monograph CME program first offered the program in DVD/Monograph format as well as VHS/Monograph format.

The *CME Bulletin* debuted as a quarterly care piece. The six-page newsletter-type document focused on a single clinical area and became very popular with AAFP members. Members could obtain one hour of free CME credit in less time than it took to complete many other AAFP printed programs.

The AAFP renamed the Commission on Continuing Medical Education (COCME) to the Commission on Continuing Professional Development.

As part of a CME Division restructuring the Home Study program was merged into the CME Resources Department. Other home study enduring materials such as *FP Essentials*, *FP Audio*, and *FP Comprehensive* had been developed as options for member CME.

2002

2006

2008