An Investigation of US Continuing Medical Education (CME) Requirements for Intellectual and/or Developmental Disabilities by State

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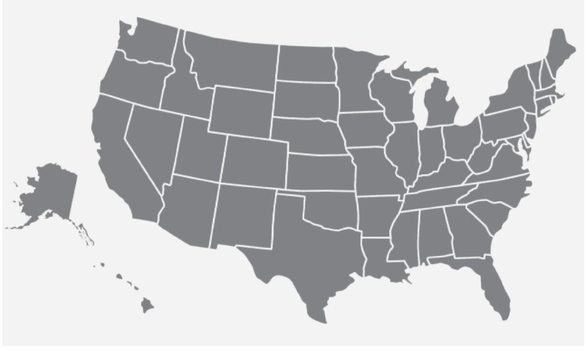
The vast majority of medical school programs in the U.S. do not provide specific courses or information on the care of individuals with intellectual and developmental disabilities (IDD).[1] After medical school, individual state boards of medicine determine whether or not practicing physicians or advanced providers are required to continue obtaining education related to practice. These “units” or “credits” of education are called continuing medical education units or CME. The number of CME required for license renewal, the type and category of CME, and the number of CME credit hours required over a specific period of time varies state to state.

- The American Medical Association (AMA) is the primary source for determining the category of CME and selecting content through the collaboration with peer-reviewed medical journals and associated publications.[2]
- However, CME may be obtained through conferences, independent courses, professional healthcare-related associations, journals, and independent research. Independently obtained CMEs must be verified through either the AMA or another certifying body in order to be accepted by the state medical board.[3]
- The purpose of this project is to review each state medical licensing board to determine what is required in terms of CME, and whether individual states require specific CME that addresses the care of individuals with IDD.

Methods

- A website-based review of all fifty U.S. States and District of Columbia’s medical board or Department of Public Health for legal CME regulations was utilized in order to build a spreadsheet with categorical data.
- Categorical data included number of CMEs required, frequency of renewal (time required to obtain CME), whether disabilities as a subsequent category were required (yes or no format).
- If a requirement for disabilities existed, how many CME hours were required.
- Once the categorical data was completed, the spreadsheet was entered into an SPSS database to determine descriptive statistical analysis of the results.

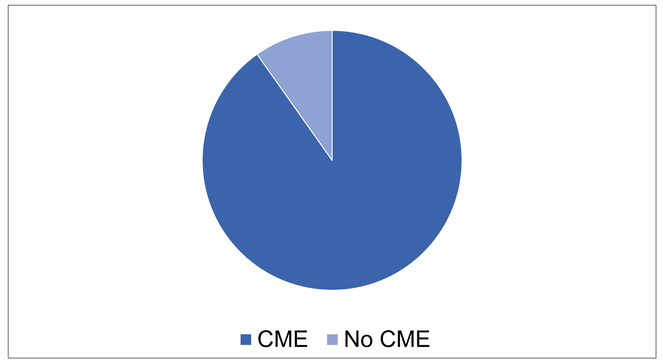
Figure 1. Map of 50 US states



Results

- Of the 51 U.S. States and District of Columbia, 46 (90.2%) have defined CME requirements. 5(9.8%) have no CME requirements with the exception being required pharmacology CME related to opioid misuse if the provider has Federal DEA prescriptive authority [Figure 2].
- Of the 51 U.S. States and District of Columbia, 0 (0%) require subsequent CME related to IDD. 51(100%) have no additional CME requirements related to IDD.
- A number of subcategories of CME were identified in a number of states. However, as this project focused solely on whether the subcategory of IDD was present, data on how many states had subcategories, and variability of subcategories were not analyzed.

Figure 2. States that Require CME



- There are a number of states which do require additional subcategories of CME, the most elaborate and comprehensive of which belongs to Connecticut (CT).
- Subcategories range from clinical management of specific conditions to cultural competence [Table 1].

Table 1. Additional subcategories of CME requirements

Additional Subcategories of CME Requirements for CT
Substance abuse
Child abuse
Risk management
Palliative care management
Alzheimer’s
Human trafficking
HIV/AIDS
Cultural competence

Discussion

- The majority of U.S. States and District of Columbia require CME for continued medical practice. However, there are a handful of states which do not require CMEs.
- Most states leave the discretion of choosing in what content area the CMEs are obtained to the practicing physician.
- The disability community is underrepresented in healthcare. With the lack of education regarding management and care of individuals with disabilities in medical programs, it is not surprising there are no states which require CME in the continued care of the over 7 million individuals with IDD in the U.S.[4]

Conclusions and Next Steps

- Disability is a common human condition and prevalent to the healthcare field.
- Since there is no uniformity in CME requirements nationwide, in the age of telehealth and information sharing, a national consensus on CME requirements should be evaluated.
- In addition, as disability prevails across the lifespan, all providers should be required to have basic knowledge on important disability related topics, such as medical home and transition planning at minimum.

Additional studies on current subcategories could provide further context to increase state CME requirements, and to advocate at local and national levels to include subcategories which would provide benefit for the IDD and other persons with disabilities.

References

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