Continuing medical education (CME) is a distinct and definable professional activity. It encompasses all of the learning experiences that physicians engage in with the conscious intent of continuously improving the performance of their professional duties and meeting their professional responsibilities. As an essential element in the continuum of medical education, CME shapes the professional development of physicians regardless of the nature and scope of their duties and responsibilities. CME is integral to practice throughout all stages of a career beginning with the completion of graduate medical education.1

The Hawaii Consortium for Continuing Medical Education (HCCME), a joint venture between the Hawaii Medical Association (HMA) and the John A. Burns School of Medicine (JABSOM), University of Hawaii, is a CME provider and is accredited by the Accreditation Council for Continuing Medical Education (ACCME). As a state medical society, the HMA serves a dual role as a CME provider in joint venture with the JABSOM and as a CME accreditor. As a CME accreditor, the HMA has the authority to accredit local CME sponsors such as community hospitals and state specialty societies.

The ACCME is a cooperative effort of seven national medical organizations: American Board of Medical Specialties, American Hospital Association, American Medical Association, Association for Hospital Medical Education, Association of American Medical Colleges, Council of Medical Specialty Societies, and Federation of State Medical Boards. Today, the accreditation system involving the ACCME and state medical societies accredits more than 2,500 organizations that offer CME programs.

The major purposes of accreditation are to ensure quality and integrity of accredited providers by: establishing criteria for evaluation of educational programs and their activities, assessing whether accredited organizations meet and maintain standards, promoting organizational self-assessment and improvement, and recognizing excellence.2

In the U.S., accreditation of providers of continuing education for physicians is voluntary. Accreditation is not a governmental function, is not a rating system, and does not deal with credit. It is not a stamp of approval for individual courses or activities — although it is often mistakenly perceived as such. Accreditation is a process that consists of guided self-evaluation and self-improvement.3

To obtain accreditation, the HCCME submitted an application to the ACCME requesting accreditation. The application was a self-evaluation instrument of the process by which CME activities were planned and implemented, and included documentation of each step of the process. Representatives of the HCCME were interviewed in Chicago by a survey team. During this interview, the team gathered additional information regarding the HCCME’s program of CME. A report of the interview was then forwarded to the Accreditation Review Committee (ARC) for review and action. In April of 1996, the ACCME approved reaccreditation of the HCCME for four years. The HCCME was found to be in substantial compliance of all essentials.

The HCCME sponsorship committee, comprised of representatives of the HMA and JABSOM clinical departments, was initially co-chaired by HMA members. Under the leadership of Drs. S. Kalani Brady and Paul DeMare, JABSOM faculty received on-the-job training on the CME process. For the past three years, HMA and JABSOM have shared the chairmanship. In addition to sponsoring CME activities, the HCCME has jointly sponsored individual activities with groups that are not accredited. In the joint sponsorship relationship, the HCCME “lends” its accreditation status to an unaccredited body and the HCCME accepts the responsibility to ensure that the ACCME requirements are met. The HCCME has jointly sponsored activities with the Straub Foundation; HMSA Foundation; Pacific Association of Pediatric Surgeons, Rehabilitation Hospital of the Pacific; March of Dimes, Chapter of the Pacific; University of Hawaii College of Business Administration; and the American Cancer Society, Hawaii Pacific Division.

At the national level, the Association of American Medical Colleges (AAMC), Division of Medical Education (DME) has constituted the CME Advisory Group for the purpose of developing an action plan for the AAMC in CME. The action plan, currently under review by the CME section of the Group of Educational Affairs (GEA), addresses the role of CME in the continuum of medical education; appropriate settings for CME; barriers and bridges to the continuum; and models to facilitate CME in the continuum.

In coming months the HCCME will complete a self-evaluation survey and will apply for reaccreditation. In response to changes in the way physicians practice, rapid advances in biomedical knowledge and its application to the practice of medicine, and incorporation of evidence-based medicine, new ways of thinking about CME will be required. The HCCME recognizes the challenges they will face as they strive to provide meaningful learning opportunities for Hawaii’s practicing physicians.

References