Recently, significant changes have occurred in the scope and nature of accredited continuing medical education (CME). Traditionally, CME courses consisted of a series of didactic lectures, occasionally including some time for question-and-answer sessions. In 2006, the Accreditation Council for Continuing Medical Education introduced new accreditation criteria designed to increase the value of CME, with a focus on improving patient care and patient outcomes. These updated criteria emphasized practice-based learning and improvement whereby the CME content matches the scope of the participant’s practice; the learning activities are linked to practice-based needs; and the change in physician competence, performance, or patient outcomes are measured.

**NEW STANDARDS**

Continuing medical education courses must not only show that they are improving physician knowledge but also that they are improving physician competence and performance and that this change leads to improved patient outcomes. This is a particularly challenging task that often requires follow-up feedback from participants 6 to 12 months after the event. Some CME programs now actively engage participants in ongoing learning and evaluation, usually online, long after a course has ended. Traditionally, course organizers had the autonomy to select the specific course topics. Today, planning course content must actively identify the participant’s educational needs and include specific content to address those needs. Both general course and specific topic learning objectives must be identified. Previously, a simple written evaluation form that commented on the speaker’s coverage of the topic was all that was required. Today, multiple methods are required to better evaluate and document the effectiveness of a CME program.

**NEW FINANCIAL STRUCTURE**

Another important change in CME is an emphasis on decreasing commercial support and rigorously identifying potential conflicts of interest. Many medical schools have eliminated, or are working to eliminate, all sources of commercial funding for their CME programs. Some organizations have moved their courses from more expensive resort or hotel venues to their own university- or hospital-based facilities. In other circumstances, attendee fees have been raised to offset the changing financial structure.

**MAINTENANCE OF COMPETENCY AND LICENSURE**

Because of the ever-increasing advancement in knowledge and the continued refinement and development of new surgical procedures, documentation of ongoing learning through CME is now an essential part of Maintenance of Competency for American Board of Orthopedic Surgery Recertification and is necessary in many states for license renewal.

**NEW CME FORMATS**

One of the most exciting developments in CME is the new opportunities afforded by online programs. Participants no longer need to travel to a single location and instead can participate from their home or office. Webinars featuring international experts addressing a specific topic are increasing in popularity. Even some traditional in-person CME courses are including an online component, which may consist of a precourse needs assessment or postcourse evaluation.

**TAKE-HOME MESSAGE**

Lifelong learning is essential for providing high-quality patient care. Continuing medical education plays an important role in this process and is evolving to better address adult learning needs. New technology and a changing financial environment are also affecting how CME is delivered. Outcome measurements will increasingly focus on the ultimate goal for CME: improving patient care and patient outcomes.