



ASSOCIATION OF CANNABIS SPECIALISTS
SCIENCE. EDUCATION. REGULATION. COMPASSION.

Association of Cannabis Specialists' Statement on CME Requirements

Cannabis Clinicians (MD, DO, NP, or PA if authorized by each state program) must keep up to date on the emerging data in the field. Their ability to provide medically appropriate, helpful, and safe treatment depends on being aware of new data in a field that, unlike many more established fields of medicine, is changing weekly if not more frequently.

Most states that have a medical cannabis program (MMP) have implemented some requirement for education of clinicians who apply to their program. In most instances, however, these requirements are arbitrary and insufficient to meet real-world educational expectations. These requirements typically range from 2-4 hours, and are expected to be completed only once, prior to being accepted as a prescriber in the program. There is no expectation that education will be a continual, on-going process despite the rapidity with which the field is growing and despite the clear expectation in other fields of medicine of on-going medical education.

The American Board of Internal Medicine, which administers ongoing medical education requirements not only in Internal Medicine but also for all medical sub-specialties like Cardiology and Endocrinology, has an elaborate system of requirements. While often criticized for the complexity of their rubric, their existence emphasizes the need of on-going education of clinicians. Other institutions, such as the National Board of Physicians And Surgeons (NBPAS) and state boards of medicine, requirements further acknowledge this need in more streamlined ways. Similar boards in nursing and pharmacy emphasize the need for on-going learning of their members as well. The Association of Cannabis Specialists (ACS) agrees that Cannabis Specialists, or Endocannabinologists, must maintain their knowledge of the field in an on-going manner.

Over time, we have seen various activist groups argue against even the paltry educational requirements contained in states' MMP as outlined above. They argue that access to cannabis medicine is paramount and that educational requirements of clinicians limit their willingness to treat patients with cannabis. The ACS rejects this idea. Cannabis is a medicine and, as such, access to it is not sufficient without caring, educated, data-driven guidance from knowledgeable clinicians. In the same way that antibiotics or heart medications are not freely

available so that ill patients seek care rather than simply take potentially harmful medications randomly, cannabis medicine is safest and most effective under supervision.

The ACS proposes that state or federal MMP should have an on-going requirement of education. Polling of senior members of the association on their routine data ingestion shows upwards of 200 hours per year. To establish a minimal standard, we propose that all MMPs should require 10% of that number, or 20 hours per year, as required for continued participation in the MMP. Failure to comply, and to provide evidence of compliance, should result in suspension of participation in the MMP until such time as the fault is rectified.

Ultimately, the accuracy and quality of patient care remains paramount. In a field of medicine that is changing so rapidly, continuing educational efforts, and the requirements that guide them, must be enhanced, not diminished. 20 hours per year is a reasonable minimum standard for all clinicians and one very much in-keeping with other established such standards.