tion of practicing physicians is well documented by every major study in medical education. It is further substantiated by the American Medical Association, nine medical specialty societies, and fourteen states all of whom require that members participate in a fixed number of education hours to maintain their membership. Five states have education requirements to maintain their license in that state. Three more states will institute relicensure laws by January, 1978. All medical specialty boards and subspecialty boards have endorsed recertification examinations.

Congress has passed the Bennett Amendment to the Social Security Act in October of 1972 requiring the establishment of Professional Standard Review Organizations, with the primary objective to increase the quality of care through physician education. The problem of malpractice in this country can often be related to this need. The major consequences to society of not adequately fulfilling this need for continuing medical education are increased morbidity and mortality statistics and the extremely high and spiraling cost of health care.

Traditionally this need is being met by medical schools and hospitals that provide courses, hospital staff conferences and meetings, traveling medical educators, medical textbooks, scientific journals, and conventions. Problems with these approaches are that practicing clinicians may not have time to travel and attend courses, particularly those physicians farthest away from the medical centers, the lecturing medical educator may not have adequate teaching tools, he is limited by the amount of time he can devote to this activity, the printed word is often outdated, overused, and not necessarily the best communication medium particularly for medical subjects.

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