

FREQUENTLY ASKED QUESTIONS ABOUT CONTINUING MEDICAL EDUCATION

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I. INTRODUCTION

The Board of Registration in Medicine has developed the following guide to its Continuing Medical Education (CME) requirements for physicians. It is arranged topically, in a question-and-answer format, to respond to the most commonly asked CME questions that the Board receives from physicians and medical education directors. It also provides a detailed, but easy-to-understand description of all major aspects of our CME requirements. If you would like a copy of the CME regulation itself (243 CMR 2.06(5)), you may contact the State Bookstore at (617) 727-2848.

II. BASIC BIENNIAL CME REQUIREMENT

1. How many Continuing Medical Education (CME) credits do I need for license renewal in Massachusetts?

During each two-year licensing cycle, you must earn a minimum of 100 credit hours, at least 40 of which must be in Category 1. The remainder may be in Category 1 or 2.

(For more information about the distinction between Category 1 and 2, see Questions 2–8 below).

2. Do I receive one CME credit for one hour of study?

Generally, yes. However, programs approved for Category 1 credit usually will specify the number of credits awarded to participants. One Category 2 CME credit is earned for each hour of study. In addition, the Board may specify the number of credits awarded for certain activities, without regard to the exact amount of study time involved (see Questions 8 and 11 below)

- Full licensees who are enrolled in a residency program or fellowship that has been approved by the Accreditation Council for Graduate Medical Education (and is listed in its ACGME Directory, the so-called "Green Book"), or who are in the first or second year of a non-ACGME approved fellowship program.
- Separate consecutive research fellowships are viewed as a single fellowship for purposes of determining whether this exception applies. Part-time residencies and fellowships qualify for this exception provided that they involve a minimum of 16 hours of work per week over a four-week period.

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3. When must I obtain my CME credits?

All required CME credits must be earned during the physician's biennial license renewal cycle. All licenses are renewed on the physician's birthdate every two

years. (Renewal dates are set forth on physicians' wallet-size registration cards). It is not necessary to earn a specified number of CME credits during each year of the two-year cycle, or during any calendar year, so long as the full CME requirement is met during the two-year license renewal period.

4. Can excess CME credits earned during one license renewal period be "saved" and used during a subsequent period?

No. A total of 100 CME credits must be earned during each biennial license renewal cycle. Physicians who do not have the necessary credits during a given cycle may apply for a waiver or consider inactive status (see Question 19 below).

5. Must all physicians fulfill the Board's CME requirements?

Yes, except for physicians in the following license categories:

- limited licensees (i.e., intern, resident or fellow pursuing post-graduate training in an accredited training program);
- physicians who have placed their licenses on inactive status (note that all inactive physicians must continue to renew their licenses every two years) (see Question 19 below); and
- full licensees who are enrolled in a residency program or fellowship that has been approved by the Accreditation Council for Graduate Medical Education (and is listed in its ACGME Directory, the "Green Book"), or who are in the first or second year of a non-ACGME approved fellowship program.

Separate consecutive research fellowships are viewed as a single fellowship for purposes of determining whether this exception applies. Part-time residencies and fellowships qualify for this exception provided that they involve a minimum of 16 hours of work per week over a four-week period.

III. TYPES OF REQUIRED CME CREDITS

6. What is the difference between Category 1 and Category 2 study?

Generally, Category 1 programs are sponsored or jointly sponsored by an institution or organization accredited to offer American Medical Association Category 1 credit for CME activities. The Accreditation Council grants accreditation for Continuing Medical Education (ACCME) or its designees, such as the Massachusetts Medical Society. If you are not certain whether a program is sponsored by an accredited organization, contact the program sponsor or the Massachusetts Medical Society's

Department of Medical Education Services at (800) 322-2303. Often the program materials themselves clearly state the number of credits that will be granted, and in what category.

Category 2 study is defined by the American Medical Association to include any of the following:

- Attendance at lectures and seminars on medical subjects not accredited for Category 1;
- Teaching of physicians, physician trainees and other health care professionals, except the teaching of interns and residents by full-time faculty;
- Preparation and publication of articles, books and exhibits relating to medicine. Up to 10 hours of credit may be claimed for an article, each chapter of a book or other medical education materials, or the preparation of an exhibit. However, credit may be claimed only once for the medical or educational content of a publication regardless of whether it is reissued or changed in format.
- Self-instruction, such as reading medical literature, use of audio-visual materials or computer-assisted instruction. This includes, for instance, study for specialty board certification;
- Medical consultation consisting of planned instruction from a consultant for not less than one hour. Both the consultant and the physician receiving the instruction may report this teaching activity (but see Question 16 below). Note that ordinary case consultation does not qualify for Category 1 or 2 credit.
- Participation in patient care review, including peer review, case conferences such as morbidity and mortality grand rounds, chart audits, and service on medical staff committees for tissue review, infections, pharmacy, etc., and hospital committees that oversee risk management, quality assurance and Patient Care Assessment.
- Self-assessment. Physicians may earn credit for time spent taking self-assessment examinations not eligible for Category 1 credit.

For more information on this subject, you can obtain a copy of the American Medical Association's Physician Recognition Award booklet by writing to the American Medical Association, Office of Physician Credentials and Qualifications, 515 North State Street, Chicago, IL 60610. (Telephone (312) 464-4645 or access the Website at www.ama-assn.org).

7. Are there specific areas of study that the biennial 100-hour CME requirement must cover, and, if so, how many credits must be earned in each?

Yes. The Board requires that:

- A majority of the 100 credit hours must be directly related to the physician's primary area or areas of practice. However, it is not necessary that the majority of both Category 1 and Category 2 credits be in the primary practice area(s), provided that at least 51 of the 100 credit hours are in the primary practice area(s). For instance, a physician could meet this requirement by earning 51 hours of Category 2 credit in his or her primary practice area.
- The 100-hour requirement must include 10 credit hours of risk management study, at least four hours of which must be in Category 1-approved activities (see Question 10 below for more details).
- The 100-hour requirement must include two hours studying the Board's regulations. This study is eligible for Category 1 credit only if it is undertaken as part of a program accredited for Category 1 (see Question 6 above). Study of the Patient Care Assessment (PCA) regulations (243 CMR 3.01-3.16) also qualifies as risk management study, and may be counted for purposes of this requirement as well as the risk management requirement; however, the time spent simultaneously satisfying both of these requirements may be counted only once. Thus, a physician who reads the Board's Patient Care Assessment regulations for two hours fulfills the requirement to study the Board's regulations for two hours and earns two (not four) hours of Category 2 risk management credit.

The requirement to study the Board's regulations for two hours also may be met by reviewing official publications of the Board, including, for example, its AIDS policy or its Chemically Dependant Physician Policy. However, a Category 1 program that is not directly related to the Board's regulations themselves (for example, one that focuses on chemical dependency) will not meet this requirement although it may qualify for risk management credit.

8. Does the Board ever approve programs or activities for Category 1 or 2 CME Credit?

Yes. In certain cases, the Board may award the equivalent of Category 1 or 2 credit for specified activities. It has voted to award equivalent of Category 1 credit for work performed on its behalf by members of its panel of medical experts who review potential disciplinary cases and to any physician who reviews certain materials published by the

Risk Management Foundation of the Harvard Medical Institutions (see Question 11 below).

Board Certification or Recertification: Becoming certified or recertified by a specialty board accredited by the American Board of Medical Specialties or American Osteopathic Board will be deemed the equivalent of 25 credits in Category 1. A licensee will still be required to obtain four credits in Category 1 risk management. These credits will apply to the license renewal cycle in which the licensee receives notification from the specialty board or successful passage of the examination.

Medically Related Degrees: Earning an advanced degree in an area related to medicine, such as a master's in public health earns 25 Category 1 credits following award of the degree.

In addition, pursuant to Board Policy 94-005, adopted October 12, 1994, the following activities are deemed equivalent to CME credit as delineated.

Volunteers for the Board: Each hour of work performed for the Board of Registration in Medicine as a volunteer for the Board, with a maximum of 20 hours for each two year renewal cycle, will be deemed the equivalent of one hour of Category 1 CME credit. A licensee may apply four of these credits to fulfill his Category 1 risk management requirement. The licensee must obtain a certification of such service signed by the Executive Director as documentation of this credit.

Example: If you volunteer at the Board of Registration in Medicine for 18 hours over a two-year period, you are eligible for 18 Category 1 credits. If you wish, you may apply four of these 18 towards your risk management Category 1 requirement and the other 14 towards your general Category 1 requirement. You will then have to obtain the remaining 22 Category 1 credits in the usual manner in order to fulfill the requirement.

Medical Examiners: In recognition of the importance of the public service rendered by the Medical Examiner's Office and in support of the needs of a sister state agency, the Board will give credit to active medical examiners in the amount of four hours of required Category 1 risk management CME. Upon submission of documentation of active service as a medical examiner or of attendance at appropriate professional society meetings, such as those held by the Massachusetts Medicolegal Society, the Board will give credit to active medical examiners in the amount of four hours of required Category 1 risk management CME. Documentation must be submitted to and approved by the Licensing Committee.

Boards of Public Health: In recognition of documentation of active service as a member of a state, local or municipal board of health ("health boards") the Board will

give credit to active members of health boards in the amount of four (4) hours of required Category I risk management credits. Documentation must be submitted to and approved by the Licensing Committee.

9. I am giving a speech as part of a Category 1-accredited CME program. Can I claim Category 1 credit for my speaking time?

Yes, but only if this is the first time you have presented the speech. Revised or updated speeches are not considered to be new speeches. Otherwise, the speech (as well as the preparation time) may be eligible for Category 2 credit see Question 6 above. Note that you may earn Category 1 CME credit for attending other presentations that are part of the Category 1 program.

10. What is "risk management study"?

Risk management study must include instruction in medical malpractice prevention, such as risk identification, patient safety and loss prevention, and may include instruction in any of the following areas:

- medical ethics;
- quality assurance;
- medical-legal issues;
- patient relations;
- utilization review that directly relates to quality assurance; or
- non-economic aspects of practice management.

Note that at least some of the instruction should focus on medical malpractice prevention, and all instruction should be in one or more of the areas described above. A course designed to improve clinical skills by increasing technical knowledge will qualify for general CME credit, but typically will not constitute risk management study.

Participation on designated peer review committees dealing with quality assurance or on medical ethics committees can help to satisfy the Category 2 risk management requirement (see Question 6 above and Question 12 below).

11. How can I find out about Category 1 CME courses, especially risk management courses?

Physicians should contact the Massachusetts Medical Society's Department of Medical Education Services at (800) 322-2303, or medical schools and hospital educational offices in Massachusetts.

In addition, the Board grants the equivalent of Category 1 risk management credit to

physicians who listen to *Resource*, an audio digest, and read *Forum*, a risk management journal. Both are published by the Risk Management Foundation of the Harvard Medical Institutions. They may be ordered from its subscription service, at (617) 495-5100. CRICO-insured physicians should contact their institution's loss control coordinator. Category 1 CME risk management equivalency credits can be earned as follows: one hour for listening to one edition of *Resource* and reading one edition of *Forum*, or one-half hour for either listening to the cassette or reading the journal. Physicians should keep a record of these credits in the same way that records of Category 2 credits are kept. Excess credits earned in this way may be applied only to the Category 2 requirement (60 credits per renewal cycle). Excess credits may be earned as follows: one credit for each hour spent reviewing *Resource* or *Forum*. A data sheet with more complete details about this opportunity is available from the Board.

12. What types of hospital committee work (including such activities as grand rounds) are eligible for risk management CME credit?

Eligibility depends on whether a significant element of the committee's work is focused on either of the following: (i) reviewing or improving the quality of care in a way that does not primarily focus on the purely technical refinement of a physician's clinical skills; or (ii) reviewing the quality of medical care through the examination of a number of cases that present similar issues, and drawing conclusions from them (particularly conclusions that suggest protocol or policy changes).

Thus, for example, service on a peer review committee or participation in morbidity and mortality grand rounds will qualify for risk management credit if the primary subject matter involves examination of a series of related cases, and if the review questions whether systemic changes (e.g., in medical practice, protocol or policy) could improve the quality of care. In many cases, service on a quality assurance or Patient Care Assessment Committee (among other hospital committees) will qualify for risk management credit, provided that the physician's work meets one of the two criteria listed above. However, a committee that considers from a strictly medical point of view the specifics of the care and management of an individual patient will not be eligible for risk management CME credit.

Similar activities that qualify for risk management CME credit include:

- Serving as a member of a medical malpractice tribunal. This meets the definition of risk management because it involves medical-legal issues.
- Preparing to appear and testifying as an expert witness in a medical malpractice case. However you may not claim credit if you are a party to the lawsuit. This also involves medical-legal issues.
- Performing utilization review committee work, either for a hospital or an agency,

to the extent that it directly involves quality assurance issues.

Note that, unless the program is accredited for Category 1, it will be eligible only for Category 2 credit. For more information on the distinction between Category 1 and 2, see Question 6 above.

IV. CALCULATING CREDITS

13. What if my license renewal cycle is shorter than two years?

If you are a newly licensed or newly active physician, and your license will be renewed in one year or less, you need not earn any CME credits during that cycle. If your renewal cycle is longer than one year but shorter than two years, you must meet one half of the basic biennial CME requirement. Note that a special rule applies to physicians completing residency programs (see Question 14 below).

For example, if your license will be renewed in 18 months, you must earn one-half of the usual number of credits--in other words: 20 Category 1 credits, at least two in risk management; and 30 Category 2 credits, at least three in risk management. In addition, one of these hours must consist of studying the Board's regulations, and at least 26 of them must be in your primary area(s) of practice.

14. I am completing a residency or fellowship program approved by the American Council of Graduate Medical Education. When must I begin accumulating CME credits?

You should start to earn credits beginning with the first full (i.e., two-year) license renewal cycle after your program has ended.

For example, if your residency program ends on July 1, 2002, and you next renew your license on April 30, 2003, you should begin to earn credits as of April 30, 2003, and fulfill the basic biennial CME requirement during the period that begins on April 30, 2003 and ends on April 30, 2005. You need not earn any CME credits during the period from July 1, 2002 to April 30, 2003.

15. I am enrolled in a residency program in a foreign country and hold a full Massachusetts license. The program is not approved by the

American Council of Graduate Medical Education. Do I need to obtain CME credits?

Yes. Alternatively, you may want to request inactive status (see Question 19 below).

16. Can a physician apply CME credits required by the Board as a part of a disciplinary order or monitoring program to the basic biennial CME requirement?

CME credits formally ordered by the Board are in addition to those that must be earned to satisfy the basic biennial CME requirement.

V. DOCUMENTATION

17. What documentation should I keep in order to demonstrate that I have earned my CME credits and how long should I keep it?

For Category 1 programs, keep the certificate of attendance and/or a letter of attestation issued by the program sponsor, as well as a written record of the name of the program and program sponsor, the nature of the activity, the date(s) of attendance, and the number of credit hours earned. For Category 2 activities, keep a written record that lists the approximate number of hours spent on each type of CME activity.

In both cases, records should be maintained for at least one full license renewal cycle after the cycle in which the credits were earned. This will permit the Board to conduct audits of compliance with the CME requirements at any point during the two years following the cycle in which they were earned. Note that, as a condition of license renewal, you must state under oath that you have obtained the requisite number of CME credits.

To keep track of your credits use the form on the inside cover of this guide.

18. Should I send CME documentation with my license renewal application?

No. Send documentation only if you are asked for audit purposes or if the Board otherwise asks you to do so.

VI. INACTIVE STATUS/LAPSED LICENSES AND WAIVERS

19. Can I apply for a waiver if I am not able to earn all of the required CME credits?

Yes. A physician may obtain a CME waiver application by writing to the Board. The Board must receive the completed application at least 30 days prior to the physician's license renewal date, if the physician is to be eligible for a waiver. The Board will process a CME waiver request if it is submitted on a CME Waiver form. A CME waiver does not excuse the biennial CME requirement.

In applying for a waiver, the physician must explain the reasons for not fulfilling the Board's CME requirements, state how many credits in each category have been earned, and detail a plan for completing the requirements. The grounds for granting a waiver include prolonged illness of the physician, and inaccessibility or unavailability of CME activities. If the Board grants the waiver, the physician typically receives an extension of time in which to complete the Board's CME requirements; generally, a waiver will not exempt the physician from those requirements (see Question 20 below).

Alternatively, a physician may request inactive status, either by filing a special form with the Board (available on request) or by checking the appropriate box on the license renewal application. Physicians on inactive status are exempt from the CME requirements, but must continue to renew their license every two years and pay the renewal fee. Inactive physicians may not practice medicine in Massachusetts.

20. If I am required to earn CME credits under the terms of a waiver, can I apply those credits both to the licensing cycle covered by the waiver, as well as to my current licensing cycle?

No. Credits earned under a waiver may be applied only to the period covered by the waiver.

21. I am reactivating my license after having been in inactive status (or reviving it after having allowed it to lapse). What are my CME obligations?

Physicians who reactivate or revive their licenses must satisfy the basic biennial CME requirement on the date their license is reactivated or revived (i.e. they must

have earned 100 credits during the prior two years).

Once you have reactivated or revived your license, you must begin earning CME credits towards the next renewal. See Question #13 above to determine the number of CME credits you must earn during the first renewal period following reactivation or revival.

In the case of a license that is reactivated less than two years after it has been allowed to lapse or after inactive status has been elected, the physician may count CME credits earned during the portion of his or her prior license renewal cycle that falls within two years of the reactivation date.

VII. RESOURCES FOR CME CREDITS

Study programs acceptable for Category 1 CME credits in risk management for physicians residing outside of the Commonwealth.

American Medical Association (AMA)

Telephone: (312) 464-4665

Website: www.ama-assn.org

Audiogest Foundation

Telephone: 1-800-423-2308

Website: www.audiogest.com

Massachusetts Medical Society's Department of Medical Education Services

Telephone: (800) 322-2303

Website: www.massmed.org

Risk Management Foundation of the Harvard Medical Institutions (CRICO)

Telephone: (617) 495-5100

Website: www.rmf.harvard.edu

Crigo publishes *Resource*, an audio digest, and *Forum*, a risk management journal. One hour of Category 1 credits may be earned for listening to one tape and reading one edition of the journal (1/2 hour for each). Excess credits can be applied to Category 2 CME requirement. Tapes and journals can be ordered from:

Revisions: 08/01/1989, 10/22/2001, 10/25/2002, 03/10/2003, 5/16/2003, 8/25/2003

