

**HOD ACTION: Council on Medical Education Report 7 adopted and the remainder of the report filed.**

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 7-A-13

Subject: Retention and Availability of Continuing Medical Education Participation Records  
(Resolution 327-A-12)

Presented by: Mahendr S. Kochar, MD, Chair

Referred to: Reference Committee C  
(A. Patrice Burgess, MD, Chair)

---

1 Resolution 327-A-12, Retention and Availability of Continuing Medical Education Participation  
2 Records, introduced by the Michigan Delegation and referred by the House of Delegates, asked  
3 that our American Medical Association (AMA):  
4

- 5 1. Work with the Accreditation Council for Continuing Medical Education (ACCME) and  
6 continuing medical education (CME) providers that it accredits to ensure that each CME  
7 provider will make available to a central data repository a transcript of all CME credits  
8 earned by a physician from the CME provider, including date, credits earned, and program  
9 title; and  
10
- 11 2. Work with the ACCME to make physician CME transcripts available to the physician  
12 online and in real time in a format suitable for submission to licensing and other  
13 organizations without cost to the physician.  
14

15 During testimony it was noted that a central data repository service would potentially be very  
16 useful for physicians and could expand the member value of AMA by tracking CME as well as  
17 maintenance of certification (MOC) and osteopathic continuous certification (OCC) as noted in  
18 CME Report 10-A-12. However, the cost of such a service would almost invariably be borne by  
19 physicians, and the AMA could be duplicating similar services already provided by state and  
20 specialty societies, hospitals, and area health education centers.  
21

## 22 BACKGROUND

23

24 There are three major credit systems in the United States: 1) the AMA Physician Recognition  
25 Award (PRA), 2) The American Academy of Family Physician (AAFP) credit system, and 3) the  
26 American Osteopathic Association (AOA) credit system. The three established credit systems  
27 facilitate physician credentialing and the renewal of licensure by providing metrics to demonstrate  
28 that a physician has maintained a commitment to study, apply, and advance scientific knowledge  
29 through participation in appropriate CME activities. There is strong communication and  
30 cooperation among the AMA, AOA, and AAFP, and although there are differences in how they  
31 categorize credits, their CME rules are similar in many ways. However, there is no central data  
32 repository to track all CME credits earned by a physician.

1 RELATIONSHIP BETWEEN THE ACCME AND AMA PRA CREDIT SYSTEM

2  
3 The ACCME accredits organizations that are CME providers, including medical schools; nonprofit  
4 physician membership organizations, such as medical specialty and state medical societies;  
5 hospitals/health care delivery systems; publishing and education companies; government and  
6 military organizations; and insurance and managed-care companies. The ACCME also recognizes  
7 43 state and territory medical societies as accreditors for local organizations, such as community  
8 hospitals, state specialty societies, and county medical societies, offering CME. In total, as of  
9 January 9, 2013, there were 1,980 accredited CME providers, including organizations accredited by  
10 the ACCME and by ACCME-recognized accreditors.<sup>1</sup>

11  
12 Within the United States, the AMA authorizes organizations that are accredited by the ACCME or  
13 by a state medical society recognized by the ACCME, referred to as “accredited CME providers,”  
14 to designate and award *AMA PRA Category 1 Credit*<sup>TM</sup> to physicians. With the exception of those  
15 activities directly certified by the AMA, individual educational activities must be offered by  
16 accredited CME providers, in accordance with AMA PRA credit system requirements, to be  
17 certified for *AMA PRA Category 1 Credit*<sup>TM</sup>. The AMA reserves the right to withdraw an  
18 accredited CME provider’s privilege to certify activities for *AMA PRA Category 1 Credit*<sup>TM</sup> should  
19 the accredited CME provider fail to bring the program and activities into compliance with AMA  
20 PRA policies, regardless of accreditation status.

21  
22 EVIDENCE OF CME PARTICIPATION

23  
24 It is a physician’s professional responsibility to participate in CME activities in order to continue to  
25 learn and improve the care they provide to patients. Often CME credits can be used to meet the  
26 CME requirements of state medical boards, medical specialty societies, specialty boards, hospital  
27 medical staffs, and insurance companies. Physicians can choose from a wide variety of CME  
28 offerings through many venues, including live meetings and courses, medical journals, and the  
29 Internet, developed by accredited CME providers.

30  
31 CME providers accredited by the ACCME and state/territory medical societies produced 132,768  
32 CME activities in 2011 that were certified for *AMA PRA Category 1 Credit*<sup>TM</sup>. AMA PRA  
33 requirements mandate that all accredited CME providers maintain records for each physician that  
34 participates in their CME activities and verify this participation if requested by the physician. CME  
35 providers do not report to the AMA, the ACCME, or the state medical societies the actual number  
36 of credits that they have awarded to individual physicians. Physicians are responsible for tracking  
37 their earned CME credits, and when CME credit verification is required for licensure or other  
38 credentialing purposes, physicians must produce documentation of participation in CME activities  
39 from the primary source. AMA PRA policy encourages physicians to report to the AMA any  
40 accredited CME provider that fails to provide documentation to a physician of his or her earned  
41 AMA PRA credits.<sup>2</sup>

42  
43 AMA Policy D-300.999, Registration of Accredited CME Sponsors, states that the  
44 AMA will continue cooperative efforts to assure that accredited sponsors of continuing medical  
45 education adhere to AMA Physician’s Recognition Award (PRA) policy when designating AMA  
46 PRA credit.

47  
48 The AOA works with approximately 157 AOA-accredited sponsors who provide AOA Category 1  
49 credit. It is the responsibility of the sponsor to report all CME credit earned by individual  
50 physicians to the AOA. For non-osteopathic-sponsored CME activities, it is the responsibility of  
51 the physician to provide documentation to the AOA. A certificate of attendance or a letter of

1 verification from the CME sponsor must be provided. The AOA tracks earned CME credits for  
2 individual physicians in a centralized repository, the AOA “DO CME Online” system. AOA  
3 members may view their CME profile/activity report online or contact the AOA for a written  
4 report, and there is no fee.<sup>3</sup>

5  
6 The AAFP members usually self-report their CME credits to the AAFP. However, this is strictly  
7 voluntary. The AAFP does not require CME providers to give certificates to their CME  
8 participants; however, the AAFP encourages CME providers to offer certificates since many  
9 members need one for state licensing and credentialing. CME providers are required to have a  
10 mechanism in place to document learner participation.<sup>4</sup>

## 11 ORGANIZATIONS THAT CURRENTLY TRACK CME CREDIT

12  
13  
14 Policy D-300.991, Web-Based System for Registering CME Credits, states: 1) Our AMA, through  
15 the Division of Continuing Physician Professional Development (CPPD), will perform a new  
16 feasibility analysis to determine if reinitiating the CME Credit Tracker project is possible; and  
17 2) The Council on Medical Education will monitor the progress of the analysis and facilitate  
18 constructive dialogue with all interested stakeholders.

19  
20 Since 2003, the AMA CPPD Division has studied the feasibility and considered the development of  
21 a CME Tracker system that would track individual physician CME credits and provide a number of  
22 other services. However, due to its complexity and concerns related to security issues and  
23 economics, this project has not been approved for implementation. There is also concern that such  
24 a service would compete with and duplicate other services that are currently available to assist  
25 physicians with tracking CME.

26  
27 A recent survey of CME directors conducted by the Council of Medical Specialty Societies showed  
28 that the majority of specialty societies who manage a database of CME credits earned by their  
29 physician members would not prefer a centralized database of CME credits in lieu of their services.  
30 They consider their CME tracking services valuable member benefits. Specialty societies are also  
31 concerned about the potential data integrity/ownership/security issues that could arise with the  
32 development of a centralized database.

33  
34 Although there is no centralized data repository for specialty-focused CME activities there are  
35 organizations that have developed services to assist physicians with tracking their CME credits.  
36 The American Society of Clinical Oncology ([www.asco.org](http://www.asco.org)) and the American Academy of  
37 Family Physicians ([www.aafp.org/online/en/home/publications/news/news-now/cme-  
38 lifelonglearning/20100330learningportal.html](http://www.aafp.org/online/en/home/publications/news/news-now/cme-lifelonglearning/20100330learningportal.html)) offer their members online CME tracking services.  
39 The American Board of Radiology and CME Gateway ([www.CMEgateway.org](http://www.CMEgateway.org)), developed by the  
40 American College of Radiology, Society of Nuclear Medicine, and American Roentgen Ray  
41 Society, allows members to view, print and generate reports of their CME credits from these  
42 organizations from a single online access point.

43  
44 State societies are also assisting physicians with tracking CME to meet state licensure  
45 requirements. The Pennsylvania Medical Society (PMS) ([www.pamedsoc.org/  
46 MainMenuCategories/CME/CMETracker](http://www.pamedsoc.org/MainMenuCategories/CME/CMETracker)) allows physicians to enter their CME credits into an  
47 electronic tracking system; the tracker shows physicians when they have met the state licensing  
48 requirements and the PMS’s CME certificate requirements. The California Medical Association  
49 (CMA) ([www.cmanet.org/membership/membership-benefits/professional-development/cme-  
50 tracking-credentialing](http://www.cmanet.org/membership/membership-benefits/professional-development/cme-tracking-credentialing)) has been designated by the ACCME as California’s intrastate accrediting  
51 agency. CMA’s Institute for Medical Quality’s (IMQs) CME Certification Program records and

1 verifies Category 1 CME credit/hours for California licensed physicians to meet California Medical  
2 Board's requirements for re-licensure. Physicians who participate in this program are not required  
3 to undergo an independent audit of their CME activities by the California Medical Board. The  
4 Florida Department of Health, Medical Quality Assurance and CE Broker  
5 ([www.doh.state.fl.us/mqa/publications/cebroke.htm](http://www.doh.state.fl.us/mqa/publications/cebroke.htm)) will verify a practitioner's CME in its  
6 electronic tracking system at the time of licensure renewal.

7  
8 Mobile apps are also available to track CME credit. Epocrates CME ([www.epocrates.com](http://www.epocrates.com)) is a free  
9 mobile app and online resource that allows physicians to participate in activities for CME credit on  
10 an Android or iOS device (iPhone, iPod touch, iPad), or on the web from a personal computer and  
11 has a tool set that allows its users to track their CME credits. CME Easy ([https://itunes.apple.com/  
12 us/app/cmeasy/id514211622?mt=8](https://itunes.apple.com/us/app/cmeasy/id514211622?mt=8)) is an inexpensive iPhone app that allows physicians to create  
13 templates for frequently used sources of CME.

#### 14 15 FACILITATING INDIVIDUAL PHYSICIAN EFFORTS TO COMPLETE MOC AND OCC

16  
17 As noted in CME Report 10-A-12 ([http://ama-assn.org/resources/doc/council-on-med-ed/a-  
18 12cmerpt10.pdf](http://ama-assn.org/resources/doc/council-on-med-ed/a-12cmerpt10.pdf)), the American Board of Medical Specialties (ABMS) and many of the  
19 certification boards have developed tools to assist physicians with completing MOC Part IV  
20 Practice Performance Assessment.

#### 21 22 DISCUSSION

23  
24 The current CME system in the United States allows for physicians to choose from approximately  
25 133,000 certified *AMA PRA Category 1 Credit*<sup>TM</sup> CME activities offered through a wide variety of  
26 venues as well as CME activities certified for AAFP or AOA credit. CME providers make high  
27 quality certified CME activities available to ensure the continuous professional development of  
28 physicians. Many of these CME providers, like the AMA, offer physicians CME through a learning  
29 management system that tracks their CME participation. Resources are also available to assist  
30 physicians with tracking their earned CME credits. The AMA continues to work actively with the  
31 ABMS, ACCME, the CME provider community and CME stakeholders to address issues related to  
32 CME and the various components of the MOC program.

33  
34 The AMA has long recognized that a central repository and online reporting system that could  
35 allow a physician to track and store his or her CME credit would be very useful for meeting the  
36 requirements for certification, licensure, and credentialing. However, state medical and specialty  
37 societies and other organizations already provide similar services, and a central repository would  
38 duplicate these services. Some CME providers might resist requirements to report information to a  
39 central repository since they already provide this service to their members. Some specialty societies  
40 have also developed working relationships with their certifying boards as a member service. In  
41 addition, each CME provider is required to keep records of the credits it issues to meet the  
42 requirements for the AMA PRA, and this could create more administrative work for their staff.

43  
44 In order to create a central repository, all CME providers would have to agree upon technical and  
45 data security proposals and determine who would pay for the database development. Although the  
46 AMA has previously considered the development of a central repository impractical due to its  
47 complexity and expense, the appropriate departments within the AMA will continue to monitor  
48 advancements in technology and the changing environment that may make this project feasible in  
49 the future.

1 RECOMMENDATIONS

2

3 The Council on Medical Education recommends that the following recommendations be adopted in  
4 lieu of Resolution 327-A-12 and that the remainder of the report be filed.

5

6 1. That our American Medical Association (AMA) reaffirm Policy D-300.999, Registration of  
7 Accredited CME Sponsors, to reinforce that the AMA will continue cooperative efforts to  
8 assure that accredited sponsors of continuing medical education adhere to AMA Physician's  
9 Recognition Award (PRA) policy when designating AMA PRA credit. (Reaffirm HOD Policy)

10

11 2. That our AMA remind all accredited CME providers of their responsibility, as stated in the  
12 AMA PRA requirements, to provide documentation to participating physicians of the credit  
13 awarded at the request of the physician. (Directive to Take Action)

Fiscal Note: \$1,000

References

1. List of all Currently Accredited CME Providers. Accreditation Council for Continuing Medical Education. Available at: [www.accme.org/news-publications/publications/lists-current-and-former-cme-providers/list-all-currently-accredited](http://www.accme.org/news-publications/publications/lists-current-and-former-cme-providers/list-all-currently-accredited) (accessed 2-7-13).
2. Procedures for Handling Complaints Regarding AMA PRA Credit. American Medical Association. Available at: [www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/physicians-recognition-award-credit-system/cme-help/procedures-handling-complaints-regarding-ama-pra.page?](http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/physicians-recognition-award-credit-system/cme-help/procedures-handling-complaints-regarding-ama-pra.page?) (accessed 1-16-13).
3. DO CME Online. American Osteopathic Association. Available at: [www.docmeonline.com/ce-bin/owa/pkg\\_specialty\\_pages.specialty\\_page\\_w?ip\\_spotlight=1&v\\_company\\_code=AOAM&cookie=41413707&ip\\_component\\_seq=1069](http://www.docmeonline.com/ce-bin/owa/pkg_specialty_pages.specialty_page_w?ip_spotlight=1&v_company_code=AOAM&cookie=41413707&ip_component_seq=1069) (accessed 1-14-13).
4. Reporting CME Credits for AAFP Members. American Academy of Family Physicians. [www.aafp.org/online/en/home/cme/cmea/cmeapplying/group/cmereporting.html](http://www.aafp.org/online/en/home/cme/cmea/cmeapplying/group/cmereporting.html) (accessed 1-14-13).