HOD ACTION: Council on Medical Education Report 2 presented as an informational report; no action required and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 2-I-17

Subject: A National Continuing Medical Education Repository

Presented by: Lynne M. Kirk, MD, Chair

It is a physician's professional responsibility to participate in continuing medical education (CME) activities in order to sustain life-long learning and improve the care provided to patients.[1] Often, CME credits can be used to meet the CME requirements of state medical and osteopathic boards, medical specialty societies, specialty boards, hospital medical staffs, and insurance networks. Yet the tools with which physicians track their CME vary widely by state, specialty, and institution.

In a previous report,[2] the American Medical Association (AMA) Council on Medical Education noted that while a central repository/online reporting system that would allow a physician to track/store CME credits would be very useful for meeting requirements for licensure, certification, and credentialing, many specialty and state medical societies and other organizations already provide such services, and a central repository was perceived as duplicative (or not warranted). Additionally, research indicated that the cost of a centralized service would almost invariably be borne by physicians. Furthermore, all CME providers would need to agree upon technical and data security proposals in order to proceed with a centralized repository, and questions about which entity(ies) would fund and maintain such a service remained unanswered. Pursuant to more recent Council on Medical Education discussions, however, members agreed that a follow-up review was warranted, given the time elapsed since the adoption of the previous report.

BACKGROUND

There are three major credit systems in the United States: (1) The AMA Physician Recognition Award (PRA) credit system; (2) American Academy of Family Physicians (AAFP) credit system; and (3) American Osteopathic Association (AOA) credit system. These three established credit systems facilitate physician credentialing and the renewal of licensure by providing metrics to demonstrate that a physician has maintained a commitment to study, apply, and advance scientific knowledge through participation in appropriate CME activities. There is strong communication and cooperation among the AMA, AOA, and AAFP, and although there are differences in how credits are categorized, the CME rules followed are similar in many ways. However, there is no centralized data repository to track all CME credits earned by a physician, and physicians are generally personally responsible for tracking and documenting their earned CME credits when verification is required for licensure or other credentialing purposes.

CREDIT SYSTEMS AND ACCREDITING BODIES

AMA, ACCME, and State/Territory Medical Societies

In 2016, more than 1,800 CME providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) and state/territory medical societies produced almost 159,000 educational activities that were certified for *AMA PRA Category 1 Credit*.™ [3] AMA PRA requirements mandate that all accredited CME providers maintain records for each physician who

participates in their CME activities and verify this participation if requested by the physician. The vast majority of CME providers do not report the actual number of credits awarded to individual physicians at the participant level. An exception to this is a new partnership between the ACCME and three American Board of Medical Specialties' (ABMS) Member Boards. The American Board of Anesthesiology (ABA), American Board of Internal Medicine (ABIM), and American Board of Pediatrics (ABP) have established a relationship with the ACCME's Program and Activity Reporting System (PARS). Through this partnership, CME providers upload physician-level data to the ACCME PARS system, which then can be transmitted directly to the specialty board. However, this transmission occurs only in those instances in which the credits are accepted by the specialty boards to meet their MOC requirements.

AMA PRA policy encourages physicians to report to the AMA any accredited CME provider that fails to provide documentation to a physician of his or her earned AMA *PRA Category 1 Credits*.™ [4] Additionally, physicians can choose to apply for the AMA PRA, which many state licensing boards accept as demonstrating compliance with state CME requirements.

AOA

The AOA works with approximately 170 AOA-accredited sponsors that provide AOA Category 1 credit. It is the responsibility of the sponsor to report all CME credit earned by individual physicians to the AOA. For non-osteopathic-sponsored CME activities, it is the responsibility of the physician to provide documentation to the AOA. A certificate of attendance or letter of verification from the CME sponsor must be provided. The AOA tracks earned CME credits for individual physicians in a centralized online repository, the AOA "traCME" system. AOA members may view their CME profile/activity report online or contact the AOA for an electronic copy.[5]

AAFP

AAFP members usually self-report CME credits to the AAFP. However, this is strictly voluntary. The AAFP does not require CME providers to provide certificates to CME participants; however, the AAFP encourages providers to offer certificates, since many members need them for state licensing and credentialing. CME providers are required to have a mechanism in place to document learner participation.[6,7]

Comparison of Accrediting Bodies

Appendix A reviews the credit-related services currently offered by the three major CME credit systems.

CME TRACKING SERVICES

State Medical Societies

In preparation for the writing of this report, the Council canvassed state medical societies regarding their efforts to assist physicians with tracking CME to meet state licensure requirements. Of those who responded, four indicated that they offer related services beyond providing a transcript for their own CME activities:

- The Pennsylvania Medical Society (PMS) (*www.pamedsoc.org/Tracker*) allows physicians to enter their AMA *PRA Category 1 Credits*™ and AMA *PRA Category 2 Credits*™ into

an electronic tracking system called Tracker. This system shows physicians when they have met the state's licensing requirements and the PMS's CME certificate requirements.

- The California Medical Association's Institute for Medical Quality (IMQ) CME Certification Program (*www.imq.org/continuingmedicaleducation/cmecertification.aspx*) records and verifies AMA *PRA Category 1 Credit™* for California-licensed physicians to meet the state medical board's requirements for licensure. CME credits can be reported using an online form and CME transcripts can be viewed and printed from the IMQ online site. Physicians who participate in this program are not required to undergo an independent audit of their CME activities by the California Medical Board.

- The Florida Medical Association (FMA) tracks all CME it provides directly in each physician's record in its membership database *http://www.floridahealth.gov/licensing-and-regulation/ce.html*). This allows the FMA to generate a transcript with all FMA directly-provided CME that a physician (member or non-member) has completed over a specific period of time. The FMA also electronically reports its CME attendance data to CE Broker, which is the official continuing education (CE) tracking system for the state of Florida. Any educational provider that is specifically approved by a medical licensing board in Florida is statutorily required to report its attendance data to CE Broker. Although organizations accredited through the ACCME system are not statutorily required to report attendance (as their approval is from an entity other than the medical licensing board), many ACCME and FMA-accredited CME providers in Florida choose to do this.

- The South Carolina Medical Association (SCMA) receives information from its accredited CME providers on a quarterly basis that is uploaded into its database, which also contains data from SCMA's own CME activities. The SCMA provides, on a biennial basis, a report to the state Board of Medical Examiners of members who have submitted their CME for tracking and met the minimum standard for license renewal (*https://www.scmedical.org/education*). The SCMA also tracks all South Carolina physicians who participate in its online opioid courses and reports this biennially to the Board of Medical Examiners.

Specialty Societies

Specialty societies are more likely than state medical societies to offer CME tracking tools and capabilities to their members, and this tracking is more likely to relate to MOC requirements. Appendix B summarizes information obtained from 2013 and 2017 surveys of Council of Medical Specialty Societies (CMSS) member organizations.

Personal Digital Strategies

A number of mobile apps and online services are available to track CME credit. A simple search of the phrases "continuing medical education tracker" and "CME Tracker" in Apple's App Store and Google Play generated multiple hits, including JoyCE, CEAgent, CE Vault Healthcare Edition, CME Tracker, eeds Mobile, My CE, and DocIt, among others. Online membership groups, such as Doximity, and products, such as UpToDate, also offer some level of CME tracking. However, the ability of these products to interface with accrediting bodies is unclear, and the product in many cases seems to be more reflective of a transcript, rather than of a comprehensive tracking system.

Institutional Tracking Systems

Some hospital systems and institutions also offer a type of CME tracking through their credentialing offices or other similar bodies, although this credit tracking may apply only to credit granted for the health system's own events/CME offerings, and there does not appear to be aggregated information regarding which systems offer these services at the national level. The Association of American Medical Colleges (AAMC) does not officially track which of its member institutions offer CME tracking as a physician employee benefit.[8] However, the Alliance for Continuing Education in the Health Professions (ACEHP) notes that at least one of its major hospital system members, the Cleveland Clinic, offers its employed physicians a free database tool for tracking CME (although it is the responsibility of individual physicians to manage their CME).[9]

DISCUSSION

Perceived Need for a National Repository

As noted in a previous report, the AMA recognizes that a centralized repository and online reporting system for CME credit would be very useful to today's physicians. However, in addition to the duplicative nature of such a service, some CME providers might resist requirements to report information to an additional central repository as they already provide this service to their members. Furthermore, as noted, some specialty societies already have developed working relationships with their certifying boards as a member service. In addition, each CME provider is required to keep records of the credits it issues to meet the requirements of the AMA PRA Credit System, and this could create additional administrative work for their staff.

The 2013 survey of CME directors from CMSS member organizations found that the majority of specialty societies that manage a database of CME credits earned by their physician members would not prefer a centralized credit database in lieu of their services, as they considered their own CME tracking services to be a valuable member benefit. At that time, specialty societies also were concerned about the potential data integrity/ownership/security issues that could arise with the development of a centralized database.

A 2017 survey of CMSS member societies reinforced this group's lack of support for the creation of centralized repository; respondents cited multiple reasons for their opinions. "Creating a centralized database would only create additional work for us to copy the records we have to keep into an outside system and answer member questions when the centralized system has errors or the information we provide doesn't upload correctly," wrote one respondent. Another noted, "We want to incentivize physicians to see our learning center as their digital home for medical education. Centralizing CME credits elsewhere would fracture that experience." Others noted the difficulties inherent in creating and maintaining such a system: "This could potentially be a real benefit for physicians. However, it will only be beneficial if there is 100% participation by CME providers, and 100% adoption by the organizations who require CME or coordinate MOC and other elements with CME. The amount of coordination and resources it would take on the part of all organizations involved should not be underestimated." Another responded, "We understand the AMA's desire for greater centralization of the data. We request that a large organization like the AMA take into consideration the butterfly effect. One phrase mandating change may seem like a small improvement for the CME enterprise, but will most certainly have a significant impact on the budget for each CME provider."

Barriers

Additional barriers to the implementation of a centralized tracking system include funding, staffing, and technical and security requirements. In order to create a central repository, all CME providers would need to agree upon technical and data security proposals to ensure interoperability and determine who would pay for database development and maintenance. On several previous occasions, the AMA has considered development of a central repository, but in-depth analysis indicated that such a repository would be impractical due to complexity and cost. A system that includes AAFP and AOA credit would be more complex still.

Opportunities

Suggestions have been made that a remedy could be achieved through the creation of a single web link, which, when followed, directs users to a page with additional links to all specialty society, state medical society, AAFP, AMA, and AOA CME pages (and their vendors that handle CME reporting services). This potentially could reduce the amount of time and frustration physicians currently experience when attempting to access multiple sites. However, this solution would place responsibility on these groups to ensure all links are accurate and up-to-date. Furthermore, simply creating a page of links to reporting sites does not ensure that all credits a physician reports to these sites are automatically shared with licensing bodies.

The AMA is currently developing its Education Center, which aims to improve health and health care and enhance professional competency and satisfaction through trusted, innovative educational resources. The Education Center will deliver education that is based on user needs and focuses on user experience. Today, the Education Center includes routine transcript functionality. In the near term, it will be developing and testing features that support improved and expanded CME tracking and reporting.

RELEVANT AMA POLICY

The AMA Code of Medical Ethics (Opinions on Professional Self-Regulation, E-9.2.6 “Continuing Medical Education”) and existing AMA policy support lifelong learning. Related policies include the following:

- The AMA Principles of Medical Ethics state, V.) A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- Policy D-300.999, “Registration of Accredited CME Sponsors,” states that our AMA will: (1) continue cooperative efforts to assure that accredited sponsors of continuing medical education adhere to AMA Physician’s Recognition Award (PRA) policy when designating AMA PRA credit; and (2) remind all accredited CME providers of their responsibility, as stated in the AMA PRA requirements, to provide documentation to participating physicians of the credit awarded at the request of the physician.
- Policy H-300.980, “Focused Continuing Education Programs for Enhanced Clinical Competence,” states that the AMA: (1) encourages state and, where appropriate, local medical societies to respond to the needs of physicians who have been identified as requiring focused continuing medical education; (2) encourages state and county medical societies to cooperate with organizations and agencies concerned with physician competence, such as state licensing boards, and to assist in providing opportunities for physicians to participate in focused continuing education programs; (3) supports the

collection and dissemination of information on focused continuing medical education programs that have been developed or are in the process of development; and (4) recommends that organizations with responsibilities for patient care and patient safety request physicians to engage in content-specific educational activities only when there is a reasonable expectation that the CME intervention will be appropriate for the physician and effective in improving patient care or increasing patient safety in the context of the physicians' practice.

- Policy H-300.958, "Support for Continuing Medical Education," states that the AMA: (1) Supports the concept of lifelong learning by recognizing the importance of continuing medical education as an integral part of medical education, along with undergraduate and graduate medical education; (2) Encourages physicians to maintain and advance their clinical competence and keep up with changes in health care delivery brought about by health system reform; (3) Assists and supports the expansion and enhancement of funding resources for continuing medical education on a local, regional, and national basis through foundations, private industry, health care organizations and appropriate government agencies; (4) Encourages U.S. medical schools to integrate continuing medical education into the continuum of undergraduate and graduate medical education; (5) Supports and assists medical schools, teaching institutions, and other health-related organizations in developing and facilitating implementation of health policy that supports research in continuing medical education, relevant to the needs of practicing physicians; and (6) Supports efforts to facilitate and speed development of computer-based interactive and distance learning technologies to support learning needs of practicing physicians regardless of their geographic location.
- Policy H-275.924, "Maintenance of Certification," states in part that: (10) In relation to MOC Part II, our AMA continues to support and promote the AMA Physician's Recognition Award (PRA) Credit system as one of the three major credit systems that comprise the foundation for continuing medical education in the U.S., including the Performance Improvement CME (PICME) format; and continues to develop relationships and agreements that may lead to standards accepted by all U.S. licensing boards, specialty boards, hospital credentialing bodies and other entities requiring evidence of physician CME.

CONCLUSION AND AREAS FOR FURTHER STUDY

CME credit is currently tracked and monitored to a varying degree by a wide variety of organizations at the state, specialty society, and institutional level, but as a result, physicians lack a single tool to track all types of earned CME credit, including credit earned from multiple CME providers or CME earned from one provider that is applied for multiple purposes (such as state licensing renewal and MOC). Because the nature of tracking and monitoring CME credit can be so specialized, the creation and maintenance of a centralized repository—while helpful for physicians—may not be feasible at this time due to a myriad of factors. Despite these challenges, however, appropriate departments within the AMA should continue to monitor advancements in technology and changes in the CME environment that may inform future deliberations on this topic, and the AMA should continue to actively work with the ABMS, ACCME, the CME provider community including state medical and professional societies, and other CME stakeholders to address these and related issues.

APPENDIX A: CREDIT-RELATED SERVICES OFFERED BY THE THREE MAJOR CREDIT SYSTEMS

	Is tracking provided for participants of credit system activities?		**Which types of activities are tracked for inclusion in the transcript/CME report?**			**Is there a fee for tracking?**	
	Members	**Non-members**	**Credit system's own activities as a CME provider**	**All credit system activities (including those offered by others)**	**Other activities (including other types of credit)**	**Members**	**Non-Members**
AAFP[1]	Yes	No	Yes	If entered by the CME provider or self-reported by the member	Members can self-report and it will be included in transcript	Member benefit	N/A
AMA[2]	Yes	Yes	Yes	No	Anyone can self-report and it will be included in transcript	No	No
AOA[3]	Yes	No	Yes	Yes	Members can self-report and it will be included in transcript	Member benefit	N/A

[1] The AAFP directly certifies CME activities offering AAFP credit; these activities are listed on the AAFP website. Activity providers can report activity completion, including credits earned by members. This is optional, and not all activity providers do this; however, if done, the credits are automatically entered into the members' AAFP transcripts. Individual physician members can also report activity completion and credits earned, and the information is entered into their AAFP transcript. For activities for which the AAFP is the accredited CME provider, the credit is automatically included in the transcript. Non-members receive a letter of participation for each activity, but not a transcript.

[2] AMA transcripts include credit for CME activities for which the AMA is the accredited CME provider. However, AMA *PRA Category 1 Credits*™ awarded by the AMA for credit conversions through international agreements, international conference recognition program conferences, and direct credit categories are not included in the transcript at this time. Anyone can self-report AMA *PRA Category 1 Credit*™ activities from other accredited CME providers and activities for other types of credit.

[3] The AOA tracks AOA credits for DO members and non-members, but only DO members are provided access to their CME report, which reflects the credits. AOA credits are reported by the AOA sponsors and posted to the CME activity report. DO members also self-report AMA *PRA Category 1 Credits*™ and AAFP credits, and these are included on the CME activity report.

APPENDIX B: SURVEY OF CMSS MEMBER SOCIETIES REGARDING CME TRACKING

	2013 (N = 17)	**2017 (N = 14)**
	Number of respondents (%)*	**Number of respondents (%)***
Does your society maintain a database of CME credits earned annually for any of the following? Please check all that apply.		
Member physicians, for CME offered by your society	15 (93.8)	14 (100.0)
Non-member physicians in your specialty, for CME offered by your society	11 (68.8)	12 (92.3)
Member physicians, for CME offered by any CME provider	6 (37.5)	6 (50.0)
Non-member physicians in your specialty, for CME offered by any CME provider	3 (18.8)	3 (25.0)

If your membership organization offers this service, is there an additional fee associated with tracking the CME?				
	2013		**2017**	
	Yes	**No**	**Yes**	**No**
	0 (0.0)	16 (100.0)	0 (0.0)	12 (100.0)

Would you prefer a centralized database of CME credits earned by all physicians in lieu of managing such a database through your society?						
	2013			**2017**		
	Yes	**No**	**Unsure**	**Yes**	**No**	**Unsure**
	2 (12.5)	9 (56.3)	5 (31.2)	0 (0.0)	6 (60.0)	4 (40.0)

*Percentages calculated based on the number of respondents answering the individual question.

REFERENCES

[1] American Medical Association Code of Medical Ethics, AMA Principles of Medical Ethics. Available at https://www.ama-assn.org/sites/default/files/media-browser/principles-of-medical-ethics.pdf. Accessed August 1, 2017.

[2] American Medical Association, Council on Medical Education. Retention and Availability of Continuing Medical Education Participation Records. June 2013. Available at https://www.ama-assn.org/sites/default/files/media-browser/public/about-ama/councils/Council%20Reports/council-on-medical-education/cme-rpt7-a-13.pdf. Accessed August 1, 2017.

[3] Accreditation Council for Continuing Medical Education. ACCME Data Report: Growth and Evolution in Continuing Medical Education, 2016. Available at http://www.accme.org/sites/default/files/754_20170712_2016_Data_Report_3.pdf. Accessed July 14, 2017.

[4] American Medical Association. Procedures for Handling Complaints Regarding AMA PRA Credit. Available at https://www.ama-assn.org/education/procedures-handling-complaints-regarding-ama-pra-credit. Accessed July 12, 2017.

[5] Personal communication, Delores Rodgers, Director of CME Policy and Accreditation, American Osteopathic Association. July 11, 2017.

[6] American Academy of Family Physicians. Credit System Guide. Available at http://www.aafp.org/dam/AAFP/documents/cme/accreditation/cme-credit-guide.pdf. Accessed July 11, 2017.

[7] American Academy of Family Physicians. Member CME Requirements. Available at http://www.aafp.org/cme/about/report/member-requirements.html. Accessed July 11, 2017.

[8] Personal communication, Stacia Gueriguian, Director of Meetings, Association of American Medical Colleges. July 12, 2017.

[9] Personal communication, Laurie Kendall-Ellis, Executive Director and CEO, Alliance for Continuing Education in the Health Professions. July 12, 2017.