

Title

Teaching Credit: Learning from Original Presentation Preparation

Applicant

Dorman, Todd

Department of Primary Appointment

Requested Number of AMA Credits (leave blank if unknown)

Projected Location

Multiple locations

Projected Dates

Apr 01 2009 - Mar 31 2010

Is this an NIH CME activity?

Yes

No

NIH e-Applications are only compatible with "Coordinated Programs" and "Regularly Scheduled Conferences" application types.

Application Type

Coordinated Programs

Coordinated Programs

Budget Administrator

Don Morris

Budget Administrator Telephone

(555-555-5555)

Department Accepting Financial Responsibility

New Program

Repeat Program

Suggested Price / Registration Fees

Physicians	Residents / Fellows / Allied Health
\$	\$

The following budget information is required in order to transfer net proceeds or debit (in the event of a deficit) at the end of the activity

Sponsoring Department's Internal Order Number

Note: The OCME coordinator will prepare a letter to speakers communicating intended audience, learning objectives, policy on disclosure and fair balance requirement. This letter will also explain the requirements for syllabus materials from every presenter. Letters to non-Johns Hopkins speakers will request biographical information.

This a jointly-sponsored program with a non-ACCME accredited organization

This a co-sponsored program with another ACCME accredited organization

Staff

Course director(s) and program planning committee (please list name, title, academic degree, and department.)

Note: Each planning committee member must complete, sign and submit the Disclosure of Relationships For Activity Directors and Planners Form.

Please use the Application Action box to the left of this application to "Submit a disclosure for this application" for yourself, and the Email function in the same box to send Disclosure Requests to the Planning Committee members.

Filter List of Staff Member Choices

User Role

Select User Role [Add New User](#)

Last Name

Search

Select Staff Member and Role to Assign

Select Staff Member and Role to Assign


select from list below


Role

Role	Staff Member
Course Director	Dorman, Todd
AppCoordinator	Jeter, Mary
Approver	Dorman, Todd
Approver	Kearney, Carlita

Commercial Support

Commercial support must be acknowledged on promotional materials and in syllabus whenever possible. All commercial support must be by an educational grant to the course budget in the OCME, and letter(s) of agreement must be signed by all grantors/course directors/CME Director. Faculty expenses, lecture fees, etc. are NEVER to be paid directly to faculty by any commercial entity.

 [Download](#) a Letter of Agreement.

 [Download](#) standards of commercial support.

List financial support other than registration fee

Is this commercial support?

Yes

No

NOTE: Commercial funds must be educational grants to the course and deposited into the course budget.

Other Accreditation Sought/Obtained

- AMA PRA Category 1
- ACOG
- AAFP Prescribed credits
- AAP
- CEUs
- MNA
- AANP
- ADA
- AANA
- ACEP
- APA
- AAPA
- CRNA
- ASRT Category A
- Nursing contact hours
- National Assoc Pediatric NP contact hours
- Nurse Practitioner Contact Hours
- State Board of Examiners of Psychologists CEUs
- JCAHPO
- Category 1 CEP for Transplant Certification
- ANCC
- Category A, ARRT

Other:

Jointly-Sponsored And Co-Sponsored Activities

Activities sponsored by The Johns Hopkins University School of Medicine and a non-ACCME accredited sponsor or with another accredited institution.

Please list names of joint sponsors or co-sponsors below. Note that a separate sponsorship agreement will be required.

NOTE: A representative from each organization listed above must complete the Letter of Agreement.

CME Mission

The purpose of Johns Hopkins University School of Medicine is to offer physicians and other health care providers up-to-date knowledge and skills to improve the quality of patient care.

Office of Continuing Medical Education

Mission Statement

Mission: To be the world leader in healthcare education with the ultimate goal of improved healthcare and patient outcomes.

CME Vision: To provide physicians and other health care providers with exemplary, cutting-edge endeavors which teach evidence-based practices and identify new and emerging health care needs and opportunities from research through delivery of care so that, through education, we can significantly improve health.

Content Areas: The Johns Hopkins University School of Medicine's CME Program consists of educational activities, which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession; and it includes primary care, specialty, and subspecialty topics in the field of medicine. The content of CME is the body of knowledge and skills generally recognized and accepted by

- Check here to confirm that you have read the CME Mission Statement.
- This proposed activity fits the scope of the CME Mission Statement.
- This activity meets the standards for scientific validity and its content would be accepted by the profession as being within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public.

Needs Assessment

The Essential – "The sponsor shall have established procedures for identifying and analyzing CME needs and interests of prospective participants." - ACCME

Target Audience

In the box below, list the specialties of the physicians and healthcare professionals who will benefit from participating in this activity.

Faculty speaking at CME approved/certified activities

Educational needs provide the reason for offering CME activities. They may imply a deficit in knowledge, skill, attitudes and/or behavior among prospective participants. In this space, provide a statement outlining why this activity is needed, how this overall need has been determined, how it relates to the target audience, how it links to the methods used to identify need (see next section) and how it will be addressed in the agenda of the activity.

see attached needs statement

What methods were used to identify need?

Indicate how the needs were established. The ACCME requires supporting documentation indicating how needs were determined. A minimum of three types of needs assessment documentation is required, each linking to the Statement of Need and to the development of the agenda.

- Previous Course Evaluations (if applicable, this documentation may be on file in the OCME)
- Expert Opinion (attach names, affiliations and summary of recommendations)
- Faculty/Clinical Staff Perception (attach names and summary/minutes/informal notes of planning meetings or discussions held to assess need)
- Literature Review, Consensus Reports (attach review articles or reports)
- Medical Audits/QI Reviews (attach audit report)
- New Technique/Material (attach description of new procedure & date of its creation)
- Patient Survey; Clinical or Patient Care Indicators (attach results)
- Physician Survey (attach survey)
- Recent Research; Data from public health sources/Publications (attach description of research results)
- Self Assessment Tests (attach documentation)
- Other (please specify and provide documentation)

AMA Guide, ceja8, ceja9

Please use the attach documents function, (middle box, left hand side of page) to attach documents

Learning Objectives

Objectives should be precise and measurable. When writing objectives, link identified needs with desired results in terms of changing competence, practice performance and patient outcomes. Frequently used verbs for writing objectives include the following: describe, define, demonstrate, discuss, recognize, identify, explain and interpret. Click on the links below for examples of objectives and a complete list of acceptable verbs, as well as examples of verbs that must be avoided. [EXAMPLE: Differentiate acute (simple) pain from chronic (complicated) pain.]

[Examples of Objectives](#)

[Chart of Approved Verbs](#)

After attending this activity the participant will demonstrate the ability to—

To enter your objectives, type an objective in the box below and hit ADD. Repeat for each additional objective.

Objective(s)

1. Perform a review of published material to ensure that up-to-date scientific and clinical information is presented to learners
2. Identify scientific and clinically relevant material that can help improve the learners' knowledge, skills, attitudes, behaviors or clinically pertinent outcomes.
3. Organize the identified material into an accurate, objective, commercially-unbiased presentation

NOTE: These objectives will be stated in the promotional brochure and activity's syllabus.

Educational Design

Describe the method of instruction appropriate for the topic and intended audience's learning style

- Live Course/Lecture
- Internet CME (Online)
- Home Study
- Audio Teleconference
- Video Cassette/DVD
- Patient Practicum
- Audio Lecture
- CD-ROM
- Monograph

Activity Evaluation

Pre-Test

If appropriate, work with the assigned CME Coordinator to design a Pre-Activity Evaluation Form to assess the learning objectives for the activity. If using a Pre-Evaluation, be sure to re-ask the same questions again in the post-evaluation to measure changes in participant learning.

€ I will have a pre-test.

Post-Activity Evaluation

The OCME will provide a standard evaluation tool. Participant post-activity evaluations must contain or measure the following standardized sections or statements in addition to any repeated questions from the Pre-Evaluation: *Attainment of Global Objectives, Achievement of Presenter's Sub-Objectives, Fair-Balance Question, Professional Effectiveness Question, Ideas on Future Activities Requested.*

Follow-Up (Outcomes) Evaluation

Outcomes evaluations will be utilized for all approved CME activities. Approximately four – six weeks after the meeting, the OCME will survey participants about whether or not they have implemented information presented at the meeting into their practice. Please provide at least three outcomes questions pertinent to the activity you are planning.

[Click here for examples of outcomes questions](#)

Please provide below three to four post-course questions specific to your activity to determine if objectives were met. To enter your questions, type an outcomes question in the box below and hit ADD Question. Repeat for each additional question.

Questions

See attached outcomes survey tool for outcomes questions



“New Formats” of Continuing Medical Education

The American Medical Association has made several important additions and modifications to *AMA PRA Category 1 Credit™* (see <http://www.ama-assn.org/ama1/pub/upload/mm/455/pr2006.pdf>). Accredited CME providers can now designate credit for **internet searching and learning, test-item writing, manuscript review and performance improvement activities**, in addition to live activities (including some committee work), enduring materials and journal-based continuing medical education.

The ACCME supports these AMA efforts which address the need for a continuing medical education credit and accreditation system that recognizes **a)** the variety of formats in which physicians learn and **b)** the ‘value-added’ of the delivery of these educational interventions through accredited CME providers. The ACCME’s educational and organizational requirements, including the Standards for

Commercial Support, can be applied to all formats of CME activities. The ACCME expects that the new formats of continuing medical education will be implemented, and compliance demonstrated, within the current framework of the ACCME’s accreditation requirements and process. Attached is information *descriptive* of these learning activities from the CME provider’s and learners’ perspectives --- as well as information on how they link to ACCME’s accreditation elements.

The basic principle of the ACCME’s learner centered approach is: **‘What the learner does’** will vary across the various formats but in each there is a **‘learning project’** that is the basis for an **‘activity,’** similar to the activity built around a journal article that develops into a journal-based continuing medical education activity.

The ACCME does not have to re-engineer a set of new accreditation requirements in order to integrate these new formats into the CME programs of accredited providers. ACCME wants to keep the integration of these formats into providers’ CME programs as simple and straight forward as possible.

Examples of what learners may do for learning projects using new formats of continuing medical education:

Test-item writing

The learner may -

- Identify a question in practice;
- Research a topic and author stems and answers, including distracters;
- Justify/explain answers;
- Identify what has been learned; and
- Affirm or modify knowledge, competence or performance, as a result.

Manuscript Review: Learning to Review

The learner may –

- Receive competency training in manuscript review;
- Be provided with critical elements of an acceptable manuscript review;
- Be provided with critical elements of an acceptable manuscript;
- Identify what has been learned; and
- Affirm or modify knowledge, competence or performance, as a result.

Performance Improvement

The learner may –

- Identify a question in practice;
- “Measure” own performance-in-practice;
- Participate in/initiate an educational experience to alter own knowledge, competence or performance;
- Integrate learning into patient care; and
- Evaluate the performance improvement effort as part of the performance improvement activity.

Manuscript Review : Learning from a review

The learner may –

- Only accept manuscript review assignments that are at a depth and scope that require a review of the literature **and** knowledge of the evidence base for the manuscripts reviewed.
- Read a manuscript and read background literature so as to have knowledge of the context in which the manuscript is presented.
- Affirm or modify knowledge, competence or performance, as a result of being exposed to the subject or process of the study.

Internet Searching and Learning

The learner may –

- Identify a question in practice;
- Access new information from ‘trusted source(s);’
- Integrate learning into patient care; and
- Demonstrate what has been learned.

Committee Learning

The learner may –

- Participate in a committee process where the subject of which, if taught/learned in another format would be considered within the definition of CME; and
- Link content of process to practice-, or patient-, based need and practice application or patient health status improvements.

Journal-based CME

The “activity” in a journal-based CME activity includes –

- The reading of an article (or adapted formats for special needs);
- A provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)); and
- The completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.

Continuing Medical Education in Support of a Learner's Continuing Professional Development

What an accredited provider might do?

ACCME accredited providers have the opportunity to enhance the value of a learning project through the application of the ACCME accreditation *Elements*, including the *2004 Standards for Commercial Support*.

EXAMPLE: Performance Improvement Projects as Continuing Medical Education

(adapted from the Institute of Medicine and the American Medical Association)

The provider develops a structured and long-term learning project based on processes by which a physician or group of physicians can:

1. Learn about specific performance measures (i.e., a mechanism that enables the learner to quantify the quality of a selected aspect of care by comparing it to a criterion);
2. Retrospectively assess their practice;
3. Apply these measures prospectively over a useful interval;
4. Enhance their knowledge or competence as necessary;
5. Modify practice as warranted; and
6. Re-evaluate performance.

ACCME Element	Manner of Implementation (Chosen by Provider)
2.1 Planning Process that Links Need with an Expected Result	Provides materials to the learner that defines the educational process of the performance improvement 'activity' (ex: documentation, timelines.) Provides an opportunity for learner to identify an education intervention to address newly identified practice-based educational need. Supports the learner in their process of identifying appropriate parameters for applying a practice change and assessing performance change.
2.2 Uses Needs Data	Incorporates the learner's needs into assignment (needs can be practice, individual, community or population based). Needs (topics to be reviewed or learned) are derived from an assessment of current practice - using identified performance measures. Participating physicians are actively involved in data collection and analysis.
2.3 Provides Objectives/Purpose to learners	Objectives or Purpose described in terms of knowledge, competence, performance. Improvement activities may address any facet (structure, process or outcome) of a physician's practice.
2.4 Measures Effectiveness of CME Activity	The learner summarizes all practice, process and/or outcome changes that resulted from conducting the performance improvement activity.
2.5 CME Program Improvement	Incorporates information about the success of this format of CME into a self-assessment of the Program of CME...with improvements identified and implemented.
3.3 Disclosure/ Commercial Support	Ensure independence of activity; lack of commercial bias; identify and resolve COI of planners and teachers/authors; appropriate management of funds; separate promotion/education; valid content; disclosure to learners.

The ACCME model, as described for performance improvement projects, can be applied to all the 'new formats' of continuing medical education. Providers can apply all the ACCME accreditation requirements to each of the different types of learning projects/new formats. The accreditation requirements become tools to enhance the value of the activity. Below are some examples.

What the provider does							
	Test-item writing Example: Authoring MCQ questions that are based on a review of the literature.	Manuscript Review Example: Learning <u>to</u> review - Editor as 'teacher.' Reviewer as learner. Example: Learning <u>from</u> a review - Editor as 'teacher.' Reviewer as learner.		Performance Improvement Example: Changing and learning from needs data identified through clinical performance measurement	Internet Searching and Learning Example: Physician directed online searching.	Committee Learning Example: Participation in a committee where the subject would be considered within the definition of CME.	Journal-based CME Example: A journal club
2.2 Needs data	Provider structures the learner's item writing assignments to match a measured need with expected results.						
2.3 Objectives Purpose		The 'Editor' assesses new reviewers' competence regarding the skill of manuscript review.					
2.1 Planning Process / Link		The 'Editor' supports the learner in developing learner centered objectives like, "To learn from reviews of manuscripts that relate to 'professionalism' in practice..."					
2.4 Activity Effectiveness				Provider offers resources for identifying effectiveness e.g." <i>Practice changes that followed my practice assessment are...</i> "			
2.5 Program Improvement				As result of self-monitoring, our program now provides learners with enhanced tools for recording of learning.			
3.3 SCS						We only provide honoraria for the proportion of the meeting where administrative service is provided.	
Other or 'special' requirements						"No advertising is present within the pages of the 'CME' articles."	

Demonstrating compliance during the accreditation process

The ACCME expects that accredited providers will demonstrate compliance with the accreditation *Elements* and the *2004 Standards for Commercial Support* for these "new formats" of CME in the same ways that they currently demonstrate compliance for more traditional formats. That is, performance-in-practice will serve to verify compliance. Accredited providers will be able to use the documentation produced during normal planning and implementation of CME.

The Physician's Recognition Award and credit system

Information for accredited providers and physicians

2006 revision



Major changes for the 2006 revision

- Asserted trademark protection for the AMA's intellectual property through required use of *AMA PRA Category 1 Credit™* in the Designation Statement and whenever the complete phrase is first used in any publication and periodically through the publication (see page 13).
- The new AMA PRA credit system Designation Statement reflects this and other changes (see page 13).
- International physicians are now formally eligible for AMA PRA Category 1 Credit without a provider application process; the "U.S. licensed" requirement is eliminated (see page 3).
- Shifted to accredited providers the ability to award AMA PRA Category 1 Credit to faculty for teaching at their designated live activities (see page 6).
- Incorporated four new formats approved for AMA PRA Category 1 Credit, most recently performance improvement and Internet point of care learning (see pages 8-12).

The Physician's Recognition Award and credit system

Information for accredited providers and physicians

2006 revision



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Introduction

A. Brief history

The American Medical Association (AMA) Physician's Recognition Award (PRA) has recognized physician participation in continuing medical education (CME) for more than 35 years. Established in 1968, the AMA PRA certificate and the related AMA PRA credit system recognize physicians who, by participating in CME activities, have demonstrated their commitment to staying current with advances in medicine. AMA PRA credit offers a system to measure and track physician participation in certified CME activities. AMA PRA credit is recognized and accepted by hospital credentialing bodies, state medical licensure boards and medical specialty certifying boards.

When physicians have accumulated enough *AMA PRA Category 1 Credit*,TM they can then apply for an AMA PRA certificate. The AMA uniquely and exclusively awards the AMA PRA **certificate** to physicians who apply for it. AMA PRA **credit** may be awarded by accredited CME providers to physicians who participate in their appropriately developed and certified educational activities.

Within the United States, the AMA only authorizes organizations that are accredited by the Accreditation Council for Continuing Medical Education (ACCME) or by a state medical society recognized by the ACCME Committee for Review and Recognition (CRR) to designate and award AMA PRA Category 1 Credit to physicians. The AMA, on behalf of its physician constituency, also maintains international relationships for certain educational activities that meet AMA PRA standards.

In the 1960s, the AMA started to recognize CME programs in hospitals and other health care organizations for the purpose of encouraging quality CME. In 1977 the AMA responded to the rapidly growing number of accredited CME programs by inviting other organizations to form a national accrediting body, which eventually evolved into the ACCME in 1981. The ACCME currently includes seven member organizations: the AMA, American Board of Medical Specialties, American Hospital Association, Association for Hospital Medical Education, Association of American Medical Colleges, Council of Medical Specialty Societies, and Federation of State Medical Boards.

Today the ACCME directly, or through the recognized state medical societies, accredits more than 2,500 U.S.-based organizations to provide CME. For accredited providers who choose to designate their activities for AMA PRA Category 1 Credit, high quality program

content is expected, in compliance with the standards outlined in this booklet. The strength of the AMA PRA credit system depends on the complementary roles of the ACCME essential elements and standards for commercial support, and the AMA PRA requirements. Both organizations work diligently to coordinate the development of their respective systems in a manner that seamlessly serves providers' and physicians' educational needs. This effort ensures the integrity and effectiveness of the AMA PRA Category 1 Credit system.

In support of the AMA PRA and its credit system, staff for the AMA Division of Continuing Physician Professional Development (CPPD) are available to answer questions from physicians or providers about compliance with the AMA definition of CME, the relevant ethical opinions (see page 3), AMA PRA standards, requirements for content validity, or other questions about the AMA PRA or its credit system. **To remain up-to-date on the most current information about the AMA PRA, providers are strongly encouraged to sign up for the CPPD Report, a regular newsletter, and our e-mail distribution list at cppd@ama-assn.org.**

Finally, the AMA PRA program continuously evolves to meet physician learning needs. Consequently, the AMA will, from time to time, initiate pilot projects to evaluate and eventually recommend new ways for physicians to earn AMA PRA Category 1 Credit. We would like to thank the provider and physician communities, without whom the changes and improvements reflected in this booklet would not have been possible, and the patients who lend meaning to this work.

B. The AMA definition of CME

CME consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public [AMA House of Delegates policy #300.988].

Stay up to date: sign up for the *CPPD Report* and our e-mail distribution list at cppd@ama-assn.org

C. Frequently used terms

An **accredited provider** is a U.S.-based entity accredited by either the ACCME or an ACCME-recognized state medical society.

Physicians eligible to receive AMA PRA Category 1 Credit are individuals who have completed an MD, DO or equivalent medical degree from another country, or who have obtained a Fifth Pathway certificate.

To **designate (or certify)** an activity for AMA PRA Category 1 Credit is the process by which an accredited provider, through compliance with AMA PRA rules, establishes that an activity meets AMA PRA standards and assigns a maximum number of credits.

AMA PRA Category 1 Credit **is awarded (or issued)** by an accredited provider to physicians who participate in their certified activities and claim credit. The AMA delegates to accredited providers the ability to award AMA PRA Category 1 Credit, in accordance with AMA PRA guidelines.

D. Ethical considerations for physicians and providers of CME

The AMA Principles of Medical Ethics (see back page for full text) provide the grounding tenet for CME and medical education generally:

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.

Accredited providers and physicians must both know and comply with the two AMA Council on Ethical and Judicial Affairs (CEJA) opinions that address the ethical obligations that underpin physician participation in CME, 8.061, “Gifts to physicians from industry” and 9.011, “Ethical issues in CME” (for the full text, go to www.ama-assn.org/go/cme). Certain CME idioms have shifted since the CEJA opinions were approved in 1990 and 1993. So in the full text of the opinions, “sponsors” describes providers and “programs” refers to activities.

The AMA expects accredited CME providers to present physicians with commercially unbiased, independent and objective information in all of their activities. Accredited providers meet the substance of the CEJA opinion requirements through compliance with the ACCME Standards for Commercial Support.

Accredited provider information

I. General information

This section describes the expectations for educational content, the types of activities accredited providers may designate for AMA PRA Category 1 Credit,[™] the use of the Designation Statement and other guidelines. These guidelines are designed to encourage accredited providers to develop the most effective and transparent educational activities.

A. Educational content

Accredited CME providers should collaborate with their faculty, whenever possible, to ensure the content of the educational activities they designate for AMA PRA Category 1 Credit is accurate, current and objectively presented. Educational needs should guide activities and the development of their purpose and/or learning objectives. These needs may be driven and defined by individual physicians, groups of physicians and/or outside organizations.

Providers may certify non-clinical subjects (e.g., office management or physician-patient communication) for AMA PRA Category 1 Credit, so long as these are appropriate to a physician audience and benefit patient care or public health.

CME activities may describe or explain complementary and alternative health care practices. As with any quality CME activity, these need to include discussion of the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform associated procedures, without scientific evidence or general acceptance among the profession that supports their efficacy and safety, cannot be designated for AMA PRA Category 1 Credit.

B. Designating an activity for AMA PRA Category 1 Credit

To be designated for AMA PRA Category 1 Credit, educational activities must be planned by an accredited provider. Providers must assure that their activities:

- Conform to the AMA definition of CME (see page 2).
- Present content appropriate in depth and scope for a physician audience.

- Conform to both the relevant CEJA opinions (see page 3), as well as the ACCME Standards for Commercial Support, and are non promotional in nature.
- Address demonstrated educational needs.
- Communicate a clearly identified educational purpose and/or objectives.
- Use learning methodologies and format(s) appropriate to the activity's educational purpose and/or objectives.
- Use evaluation mechanisms to assess an activity's quality and relevance to its purpose and/or objectives.
- Include a means for the provider to record the actual credits claimed by each physician participant (physicians are ethically obligated to only claim credit consistent with the extent of their participation in a CME activity).
- Are designated for AMA PRA Category 1 Credit in advance; activities cannot be retroactively designated for Category 1 credit.
- Include the Designation Statement (see page 13) in any activity materials that reference CME, with the exception of "save the date" or similar notices (see page 13).

II. Types of provider designated *AMA PRA Category 1 Credit™* activities and how to assign them credit

Accredited providers may designate the following types of activities for AMA PRA Category 1 Credit. All activities must comply with the AMA PRA Category 1 Credit requirements detailed previously. In addition:

- Providers should be aware of those activities that are available to physicians on a direct credit basis; i.e., providers do not designate them for credit, physicians claim the credit directly from the AMA (see page 16).
- Accredited providers do not designate activities for *AMA PRA Category 2 Credit™* (see page 18).

A. Live activities

CME activities that physicians must attend (in person or virtually) in order to claim credit can be offered in a variety of formats that range

from national conferences and live Internet teleconferences to local workshops, seminars, grand rounds or departmental scientific meetings.

Assigning credit for learner participation in live activities

- Sixty minutes of physician participation (i.e., formal interaction between faculty and the physician audience) in a certified live activity equals one (1) AMA PRA Category 1 Credit.
- Activities may be designated for, and credit awarded to physicians in, 15 minute or 0.25 credit increments; in both cases providers or physicians may round to the nearest quarter hour.
- Simultaneous certified sessions within a live activity can only be counted once toward the designated maximum.
- If sections of a designated activity do not fit the AMA definition of CME, and are non promotional, then these sections must be clearly identified in the activity materials and excluded from the designated maximum amount of credit.

Providers may also award AMA PRA Category 1 Credit to their faculty for teaching at the provider's designated live activities. This credit acknowledges the learning associated with the preparation for an original presentation.

Assigning credit for teaching at Category 1 live activities

- Faculty may be awarded two (2) AMA PRA Category 1 Credits for each hour they present at a live activity designated for such credit.
- Faculty may not claim simultaneous credit as physician learners for sessions at which they present; however, they may claim participant credit for other sessions they attend as learners at a designated live activity.
- Credit may only be claimed once for repeated presentations.

B. Enduring materials

Enduring materials include printed, recorded, audio, video and/or online/electronic activities that may be used over time at various locations, and that in themselves constitute a structured CME activity. To be designated for AMA PRA Category 1 Credit, enduring materials must:

- Provide clear instructions to the learner on how to successfully complete the activity.

- Provide access to appropriate bibliographic sources that allow for further study, and that reinforce and clarify specific activity topics.
- Provide for some type of learner interaction or self assessment; examples include patient-management case studies, a post-test, and/or application of new concepts in response to simulated problems.

Assigning credit for enduring materials

- Establish a good faith estimate (e.g., through a small focus group) of the amount of time a physician will take to complete the activity and satisfy its purpose and/or learning objectives.
- Sixty minutes equals one (1) AMA PRA Category 1 Credit. To calculate the Designation Statement's credit maximum, providers may round to the nearest quarter hour or credit.
- Providers **may** choose to make credit contingent on passing a post-test or completing an exercise, but it is not required.

C. Journal-based CME

Journal-based CME describes the process by which accredited providers identify an article, within a peer-reviewed, professional journal, that serves as a planned learning activity. To designate journal-based CME activities for AMA PRA Category 1 Credit, providers must incorporate a mechanism for physician reflection and/or interaction with the article content. The latter can be accomplished through an evaluation or examination that physicians return to the provider.

Assigning credit for journal-based CME

- Providers may designate individual articles for one (1) AMA PRA Category 1 Credit. If a provider wishes to designate an article for a higher amount of credit, they must use the process described in the previous section for enduring materials.

D. New procedures

Through new procedures and skills courses, providers can train physicians on topics that allow them to request new or expanded clinical privileges. For these activities, usually surgical or with new medical devices, a provider must assess whether a physician has acquired the knowledge and skills to carry out the new procedure.

The AMA PRA requirements for new skills and procedures training consists of four levels so that providers and participants can clearly identify the depth and complexity of the course, and accurately represent

the level of skill or knowledge acquired. After completing a new procedure educational activity, physicians can present their credit certificate to the appropriate credentialing authority as documentation of his or her education and training. The four levels are:

1. **Verification of attendance:** the physician attended and completed the course.
2. **Verification of satisfactory completion of course objectives:** the physician satisfied all specified learning objectives.
3. **Verification of proctor readiness:** the physician can successfully perform the procedure under proctor supervision. A physician proctor can competently oversee another physician performing a given procedure.
4. **Verification of physician competence:** the physician can successfully perform the procedure without further supervision.

New procedures and skills education as a certified activity involves a detailed set of expectations, for either formal courses or clinical preceptorships. For complete information including appropriate certificate language, providers who certify new procedure activities for AMA PRA Category 1 Credit should refer to www.ama-assn.org/go/prc.

E. Test item writing

Test item writing activities describe a learning process wherein physicians contribute to the development of high stakes examinations, or certain self-assessment modules, by researching, drafting and defending potential questions. Additionally:

- The questions must be developed for examinations given by the National Board of Medical Examiners or a member board of the American Board of Medical Specialties (ABMS), or for peer reviewed, published, self-assessment educational activities from a national medical specialty society.
- The process for this activity must document guidance for the physician question writers on how to use evidence for writing quality questions.
- The assignments must be at a depth and scope that require a review of the literature and a knowledge of the evidence base for the questions. Physician question writers should document their review of evidence based literature.

- The physician question writers must personally participate in a group peer review of the questions. The question writers should revise their questions, when necessary, based on feedback from the peer group.

Assigning credit for test item writing

- Providers may designate each test item writing activity (the cycle described above) for a maximum of ten (10) AMA PRA Category 1 Credits.

F. Manuscript review (for journals)

Manuscript review activities describe a learning process in which physicians, under the collaborative direction of a journal editor and an accredited provider, critically review assigned journal manuscripts. Additionally:

- The texts to be reviewed must be original contributions to the medical literature that require multiple reviewers, e.g., not book reviews.
- The journal editor, working with the accredited provider, will need to educate reviewers about the CME process: establish objectives and criteria for content review, and provide all needed instructions.
- Manuscript review assignments must be at a depth and scope that require a review of the literature and a knowledge of the evidence base for the manuscripts reviewed. To the extent possible, this review of the evidence base should be documented.
- The accredited provider, working with the journal editor, should have an oversight mechanism to evaluate the quality of reviews submitted. This process should assure that physicians who submit substandard reviews do not continue to participate or receive credit for subsequent activities.
- Organizations that are not accredited providers, but that publish journals indexed by MEDLINE, may arrange joint sponsorship agreements with an accredited provider so that their manuscript reviewers can obtain AMA PRA Category 1 Credit.

Assigning credit for manuscript review

- Providers may designate each accepted manuscript review, as documented by the journal editor, for a maximum of three (3) AMA PRA Category 1 Credits.

G. Performance improvement

Performance improvement (PI) activities describe structured, long-term processes by which a physician or group of physicians can learn about specific performance measures¹, retrospectively assess their practice, apply these measures prospectively over a useful interval, and re-evaluate their performance. To award AMA PRA Category 1 Credit for PI activities, providers must:

- Establish an oversight mechanism that assures content integrity of the selected performance measures. These measures **must** be evidence based² and well designed (e.g., clearly specify required data elements, data collection is feasible). PI activities may address any facet (structure, process or outcome) of a physician's practice with direct implications for patient care.
- Provide clear instructions to the learner that define the educational process of the PI activity (documentation, timelines, etc.) and establish how they can claim credit.
- Validate the depth of physician participation by a review of submitted PI activity documentation. Providers may award credit to physicians for completing defined stages of the PI activity. When requested, supply specific documentation of such credit to participating physicians.
- Provide adequate background information so that physicians can identify and understand the performance measures that will guide their PI activity, and the evidence base behind those measures. Providers may deliver this education through live activities, enduring materials or other means.

Providers must ensure that participating physicians integrate all three stages described below to develop a complete, structured performance improvement activity.

Stage A: Learning from current practice performance assessment

Assess current practice using identified performance measures, either through chart reviews or some other appropriate mechanism. Participating physicians should be actively involved in data collection and analysis.

Stage B: Learning from the application of PI to patient care

Implement an intervention based on the performance measures selected in Stage A, using suitable tracking tools (e.g., flow sheets). Participating physicians should receive guidance on appropriate parameters for applying an intervention and assessing performance change, specific to the performance measure and the physician's

patient base (e.g., how many patients with a given condition, seen for how long, will produce a valid assessment?).

Stage C: Learning from the evaluation of the PI effort

Re-evaluate and reflect on performance in practice (Stage B), by comparing to the assessment done in stage A. Summarize any practice, process and/or outcome changes that resulted from conducting the PI activity.

Assigning credit for PI activities

Physicians may be awarded incremental AMA PRA Category 1 Credit for completing each successive stage of a PI activity. Incremental credit for PI activities should be awarded as follows:

- Five (5) AMA PRA Category 1 Credits can be awarded for the completion of each of the three stages (A, B and C). Completion of the full PI cycle is not required.
- Providers may design PI activities so that physicians can enter at any of the three stages. Providers that do so must design a mechanism by which physicians who enter after stage A can document their completion of work equivalent to that described for the earlier stages.
- Physicians completing, in sequence, all three stages (A – C) of a structured PI activity may receive an additional five (5) AMA PRA Category 1 Credits, for a maximum of twenty (20) AMA PRA Category 1 Credits. This credit allocation acknowledges the best learning is associated with completing a well conceived PI activity.

¹ A clinical performance measure is a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion. (Institute of Medicine, 2000)

² Evidence based medicine is “the integration of best research evidence with clinical expertise and patient values.” Sackett DL, Strauss SE, Richardson WS, et al. “Evidence-based medicine: How to practice and teach EBM.” Second edition. London: Churchill Livingstone; 2000.

H. Internet point of care learning

Internet point of care (PoC) CME describes structured, self-directed, online learning by physicians on topics relevant to their clinical practice. Learning for this activity is driven by a reflective process in which physicians must document their clinical question, the sources consulted and the application to practice. To award AMA PRA Category 1 Credit for this activity, accredited providers must assure that they:

- Establish a process that oversees content integrity, with responsibilities that include, but are not limited to, the appropriate use and selection of professional, peer-reviewed literature, and keeping search algorithms unbiased.
- Provide clear instructions to the physician learner on how to access the portal/database, how their online activities will be tracked, and how the provider will award credit for their participation.
- Verify physician participation by tracking the topics and sources searched. Implement reasonable safeguards to assure appropriate use of this information.
- Provide access to some mechanism by which participants can give feedback on overall system effectiveness, **and** evaluate whether the activity met the participant's learning objectives, or resulted in a change in knowledge, competence or performance as measured by physician practice application or patient health status improvement.
- Establish a mechanism by which participating physicians may claim AMA PRA Category 1 Credit for this learning cycle, **if** they:
 - > Review original clinical question(s).
 - > Identify the relevant sources from among those consulted.
 - > Describe the application of their findings to practice.

Assigning credit for Internet PoC learning

AMA PRA Category 1 Credit for Internet PoC learning should be awarded as follows:

- Physicians conducting structured online searches on clinical topics may claim a half (0.5) AMA PRA Category 1 Credit for documented completion (either at the point of care or later) of the three step learning cycle defined above.

I. Other activities

Providers may designate other appropriately structured activities for AMA PRA Category 1 Credit. For example, committee work, learning plans/contracts, etc. that are developed in accordance with all the requirements for designated live activities (see page 5) can be eligible for AMA PRA Category 1 Credit.

III. General provider requirements and information

A. Designation Statement

Providers who designate activities for AMA PRA Category 1 Credit **must** use the following language in both announcement and activity materials:

The [name of accredited provider] designates this educational activity for a maximum of [number of credits] *AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AMA PRA Category 1 Credit is a trademark of the American Medical Association. Accredited providers are required to use “AMA PRA Category 1 CreditTM” whenever the complete phrase is first used in any publication, and periodically through the publication. This standard language, along with the Designation Statement, benefits both providers and physicians by clearly communicating the provider’s privilege to award AMA PRA Category 1 Credit on behalf of the AMA.

B. Activity announcements

Activity announcements describe all materials (such as brochures), in both print and electronic formats, that are designed to build awareness of the activity among the target physician audience. These should feature an activity’s educational content, with advertising for unrelated amenities playing a secondary role. Any announcement, if it references the maximum number of credits for which the provider has designated the activity, must clearly include the complete Designation Statement exactly as it is stated above.

A “save the date” announcement (such as a card mailer with limited space) may indicate that AMA PRA Category 1 Credit will be provided without stating an exact amount, but only if the provider has already certified the activity for AMA PRA Category 1 Credit. This announcement may read, “This activity has been approved for AMA PRA Category 1 Credit.”

Providers may **never** publish or announce that “AMA PRA credit has been applied for.”

C. Recording credit

Providers must record the actual number of AMA PRA Category 1 Credits claimed by each of their physician participants. These records

must be retained by providers, for each of their certified activities, for a minimum of six years. Providers may choose any system to accomplish this.

Providers should note that although it is necessary to uniquely identify the physicians who claim CME credit, AMA House of Delegates policy opposes the use of Social Security numbers to do so. An alternative available to providers is the Medical Education number, a unique 11 digit proprietary identifier assigned by the AMA to every U.S. physician.

D. Credit certificates for physicians

Only physicians may be awarded AMA PRA Category 1 Credit by accredited providers. Providers are not required to issue printed credit certificates to physicians, but must be able to provide a record of the credit awarded upon request (e.g., with a transcript). If providers choose to produce certificates, they should do so only at the conclusion of the educational activity, so that those physicians can accurately claim their credit for participating.

When issuing credit certificates, providers must base these on the actual credit claimed by the physician. Providers can achieve this in multiple ways. One procedure begins with the physician first claiming their amount of participation to the provider, continues with the provider recording these credits, and concludes with the provider producing a credit certificate that accurately reflects those credits. AMA PRA Category 1 Credit certificates for physicians should read as follows:

The [name of accredited provider] certifies that [name of physician] has participated in the educational activity titled [title of activity] at [location, when applicable] on [date] and is awarded [number of credits] AMA PRA Category 1 Credit(s).™

Credit certificates for activities not conducted in a specified setting, such as enduring material or journal CME, do not need to include the location. For ongoing activities, such as PI, the date should reflect the date of completion. Different credit statements apply for new procedures and skills activities (see www.ama-assn.org/go/pr). Whether providers issue individual credit certificates or transcripts for their participant physicians, these should accurately reflect all pertinent details for each activity. **Providers must document, at regular intervals or when the physician requests it, the credit awarded to their participating physicians.**

E. Certificates of attendance for non-physicians

Providers may choose to issue non-physician health professionals a certificate of attendance that references AMA PRA Category 1 Credit, to help them document their attendance at certified educational activities. Attendance certificates for non-physician participants can read:

The [name of accredited provider] certifies that [name of participant] has participated in the educational activity titled [title of activity] at [location, when applicable] on [date]. This activity was designated for [number of credits] AMA PRA Category 1 Credit(s)TM

F. Joint and co-sponsorship

If a certified activity is either jointly sponsored or co-sponsored, then the accredited provider reporting the activity through the ACCME or their CRR recognized state medical society must take full responsibility to designate the activity for credit and keep a record of the AMA PRA Category 1 Credit claimed for that activity. Where applicable, they may also issue credit certificates.

G. Provider monitoring

In addition to the ACCME accreditation process, the AMA monitors accredited providers' activity brochures and announcements on a regular basis for compliance with AMA PRA credit system requirements. Whenever warranted, the AMA will proceed with follow-up inquiries to ascertain and address provider compliance with AMA PRA credit system requirements. In most cases, the AMA is able to assist providers with finding strategies that will bring their program and activities back into compliance with AMA PRA standards.

H. Withdrawal of privilege to designate credit

If an accredited provider refuses or fails to comply with the standards and requirements outlined in this booklet, the AMA will initiate a formal review process. Based on this review, the AMA reserves the right to withdraw a provider's privilege to designate activities for AMA PRA Category 1 Credit. Decisions may be appealed to the AMA Council on Medical Education.

Physician information

I. Direct *AMA PRA Category 1 Credit™* activities

In addition to provider designated activities, physicians may claim *AMA PRA Category 1 Credit™* directly from the AMA for learning that occurs in relationship to the activities defined in this section. To obtain credit from the AMA for these activities, physicians can either claim them on their AMA PRA certificate application or apply to the AMA for an AMA PRA Category 1 Credit certificate specific to that activity. (see back cover for directions and contact information).

These activities include:

A. Publishing articles

Publishing, as a lead author, an article in a journal included in the MEDLINE bibliographic database.

Documentation: a reprint or copy of the article's first page.

Credit assignment: ten (10) AMA PRA Category 1 Credits per article.

B. Poster presentation

Preparing a poster presentation, which is also included in the published abstracts, for a conference designated for AMA PRA Category 1 Credit.

Documentation a copy of the page in the conference proceedings that lists the poster abstract and identifies the presenter.

Credit assignment: five (5) AMA PRA Category 1 Credits per poster.

C. Medically related advanced degrees

Obtaining a medically related advanced degree, such as a masters in public health, is eligible for AMA PRA Category 1 Credit (not available if the academic program certified individual courses for AMA PRA Category 1 Credit).

Documentation: a copy of the diploma or final transcript.

Credit assignment: twenty-five (25) AMA PRA Category 1 Credits.

Please note, the following two activities can be claimed for either an AMA PRA Category 1 Credit certificate **or** an AMA PRA certificate.

D. ABMS member board certification and Maintenance of Certification (MoC®)

Recognizes the educational effort associated with successfully completing an ABMS board certification process.

Documentation: a copy of the initial certificate, MoC certificate or the specialty board notification letter.

Credit assignment: twenty-five (25) AMA PRA Category 1 Credits; or

AMA PRA: a three-year AMA PRA certificate.

E. Accreditation Council for Graduate Medical Education accredited education

Recognizes the educational effort associated with successful participation in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program.

Documentation: confirmed through the national graduate medical education census.

Credit assignment: twenty (20) AMA PRA Category 1 Credits per year (up to three years); or

AMA PRA: a one, two or three-year AMA PRA certificate; each year of completed training is accepted for one year of the AMA PRA (up to three years).

F. Independent learning

The AMA may award AMA PRA Category 1 Credit in recognition of exceptional learning experiences that physicians pursue independently of an accredited provider. Physicians seeking credit from the AMA for an independent learning activity must obtain approval well in advance. Proposals (send to CPPD) must define the educational need, learning objectives, content and learning methodology, timelines, and evaluation mechanism. Any faculty or educational institution involvement should be identified.

At the project's conclusion, the physician learner is expected to submit a final report that includes the actual time spent on the project. Based on the work and results captured by this report, the AMA will calculate and award AMA PRA Category 1 Credit. The AMA will approve projects at its discretion.

G. International Conference Recognition program

In 1990, the AMA House of Delegates asked the AMA to initiate a process to recognize international congresses that present quality educational opportunities for U.S. physicians. In response, the International Conference Recognition (ICR) program was instituted. Through the ICR program, the AMA approves a small number of events each year, providing physicians with an opportunity to claim AMA PRA Category 1 Credit for their participation at these international conferences (see back page for further information).

H. AMA PRA Category 2 Credit™ activities

AMA PRA Category 2 Credit is defined as all educational activities not designated for Category 1 that: comply with the AMA definition of CME; comply with the AMA ethical opinions on Gifts to Physicians from Industry and on Ethical Issues in CME (i.e., are not promotional); and a physician finds to be a worthwhile learning experience related to his/her practice. Accredited providers do not designate activities for AMA PRA Category 2 Credit.

Physicians may claim AMA PRA Category 2 Credit for such learning activities as: teaching residents, medical students or other health professionals; unstructured online searching and learning (i.e., not Internet PoC); reading authoritative medical literature; or participating in live activities not designated for AMA PRA Category 1 Credit. Other examples include:

- Consultation with peers and medical experts
- Small group discussions
- Self assessment activities
- Medical writing
- Preceptorships
- Research

In each case, the physician individually determines the educational value of those AMA PRA Category 2 activities in which he or she participates.

Documentation: self documented; physicians should self claim credit for appropriate AMA PRA Category 2 activities on their AMA PRA certificate application form.

Credit assignment: as with live activities, physicians may self claim one (1) AMA PRA Category 2 Credit for each 60-minute hour engaged in the learning activity. Physicians may claim credit in 15 minute, or 0.25 credit increments, and round to the nearest quarter hour.

II. The AMA Physician's Recognition Award certificate

A. Professional recognition of accomplishments in CME

Since 1968, patients and colleagues have recognized the AMA PRA certificate as evidence of a physician's commitment to keeping current with the advances in biomedical science, as well as other developments in medicine.

The AMA encourages all physicians to become involved in a program that honors them as professionals who participate in CME in order to better meet the expectations and needs of their patients.

In addition, the AMA PRA certificate is widely accepted by multiple entities as proof of participation in CME. Most state licensing boards and hospitals will accept the AMA PRA certificate as proof of having met CME requirements.

B. AMA PRA certificate requirements

Eligibility

Physicians may apply for the PRA if they hold a **valid and current license** issued by one of the United States', Canadian, or Mexican licensing jurisdictions or are engaged in an ACGME accredited residency training program in the United States.

Physicians participating in certified CME are expected to comply with **AMA ethical requirements**, such as choosing activities for their educational value and not for any unrelated amenities (see page 3).

Credit requirements for the AMA PRA

In order to apply for an AMA PRA certificate, physicians must earn AMA PRA Category 1 Credit, either through provider designated activities (e.g., conferences, enduring materials, etc.) or from the AMA for direct credit activities (e.g., journal authorship, poster presentations, etc.).

In contrast, Category 2 activities are not designated by accredited providers and do not require documentation. Category 2 activities represent the range of learning an engaged physician undertakes in support of his or her formal educational efforts (e.g., research, consulting with colleagues, community based teaching, etc.). These activities serve as an important piece of the educational framework by which individual physicians prepare to maintain, change and/or improve the care they provide their patients.

The AMA offers one, two and three-year AMA PRA certificates (see back cover for links and contact information to obtain an application). The requirements for each are as follows:

One-year certificate

- Twenty (20) Category 1 credits **and** thirty (30) Category 1 or 2 credits (50 credits total)
- **Or** one year ACGME residency training

Two-year certificate

- Forty (40) Category 1 credits **and** sixty (60) Category 1 or 2 credits (100 credits total)
- **Or** two years ACGME residency training

Three-year certificate

- Sixty (60) Category 1 credits **and** ninety (90) Category 1 or 2 credits (150 credits total)
- **Or** three years ACGME residency training
- **Or** ABMS board certificate or MoC

In recognition of those physicians who consistently participate in CME at a higher level, the AMA PRA certificate with commendation is also available. Requirements are:

One-year certificate with commendation: ninety (90) credits total

- Sixty (60) credits Category 1
- Thirty (30) credits Category 1 or 2

Two-year certificate with commendation: one hundred and eighty (180) credits

- One hundred and twenty (120) credits Category 1
- Sixty (60) credits Category 1 or 2

Three-year certificate with commendation: two hundred and seventy (270) credits

- One hundred and eighty (180) credits Category 1
- Ninety (90) credits Category 1 or 2

The AMA requires that at least half of the credit applied toward the AMA PRA be within the physician's specialty or area of practice. Ethics, office management and physician-patient communication can serve as appropriate topics for CME, but are not considered specialty-specific education.

Award duration

The AMA PRA certificate is a prospective award, thus acknowledging past involvement in CME while, more importantly, **signaling a commitment to ongoing participation in CME**. The AMA awards the certificate based on the prior one to three years of CME attainment. The AMA PRA functions on the assumption that a physician will continue to participate in certified CME activities during the time their AMA PRA is current and valid. In this manner, physicians can both stay current with the field and document CME participation on their next AMA PRA application cycle.

The certificate's term begins on the date the physician reports on the application, expiring on the first day of the following month, one, two or three years in the future. For example, a physician applying for a three-year certificate on May 1, 2006, will be issued a certificate valid until May 1, 2009. If needed, physicians can request specific expiration dates with their AMA PRA applications.

Activity-specific credit limits for the AMA PRA

For the purpose of applying for an AMA PRA certificate, certain activities include specific limits on the amount of credit a physician can claim, per year, toward their AMA PRA:

Teaching at Category 1 live activities: Limit of ten (10) AMA PRA Category 1 Credits per year.

Internet PoC: Limit of twenty (20) AMA PRA Category 1 Credits per year.

Manuscript review: Limit of five (5) reviews—or fifteen (15) AMA PRA Category 1 Credits per year.

Poster presentation: Limit of one (1) poster—or five (5) AMA PRA Category 1 Credits per year.

Publishing articles: Limit of one (1) article—or ten (10) AMA PRA Category 1 Credits per year.

Transferable credit

Physicians may claim and identify on their AMA PRA application, credit earned within the following CME credit systems:

- American Academy of Family Physicians' prescribed credit; claim on a one-to-one basis for AMA PRA Category 1 Credit
- American College of Obstetricians and Gynecologists' formal learning cognates; claim on a one-to-one basis for AMA PRA Category 1 Credit

III. AMA PRA certificate reciprocity relationships

A. Reciprocity with professional organizations

An AMA PRA certificate can be issued to any physician who has met the certificate or CME requirements of the following organizations:

National professional organizations

National Medical Association (NMA)

National medical specialty societies

American Academy of Dermatology (AAD)

American Academy of Family Physicians (AAFP)

American Academy of Ophthalmology (AAO)

American Academy of Otolaryngology Head and Neck Surgery (AAOHNS)

American Academy of Pediatrics (AAP)

American College of Emergency Physicians (ACEP)

American College of Obstetricians and Gynecologists (ACOG)

American College of Preventive Medicine (ACPM)

American Psychiatric Association (APA)

American Society of Anesthesiologists (ASA)

College of American Pathologists (CAP)

American Society of Plastic Surgeons (ASPS)

American Urological Association Education and Research (AUA ER)

State medical societies

California Medical Association (CMA)

Medical Society of New Jersey (MSNJ)

Medical Society of Virginia (MSV)

Physicians may use correspondence that confirms they have met any of these organizations' certificate (or CME) requirements to apply for their AMA PRA. Unless otherwise arranged by the physician or their member organization:

- These reciprocities function on a three-year cycle.
- The AMA PRA certificate will share the expiration date of the physician's source document or certificate.

B. Jurisdictions that accept the AMA PRA certificate for licensing purposes

Although all U.S. jurisdictions requiring CME recognize the AMA PRA Category 1 Credit system, at this time the following state licensure boards will also accept a current and valid AMA PRA certificate as documentation of having met their CME requirements:

Alaska	Maine	Pennsylvania
Arkansas	Maryland	Puerto Rico
California	Massachusetts	Rhode Island
Delaware	Minnesota	Tennessee
Florida	Nebraska	Texas
Guam	Nevada	Utah
Hawaii	New Hampshire	Virgin Islands
Idaho	New Mexico	Washington
Illinois	North Dakota	West Virginia
Kansas	Ohio	Wisconsin
Kentucky	Oklahoma	Wyoming
Louisiana		

States that accept an AMA approved, original AMA PRA certificate application for licensing:

Arizona

Iowa

Mississippi

For the most current information on states with CME requirements for licensure, always contact that jurisdiction directly. Contact information and additional data may be found online (www.ama-assn.org/ama1/pub/upload/mm/455/licensurerereg-06.pdf) or in the AMA's annual publication, "State Medical Licensure Requirements and Statistics."

C. JCAHO compliance

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires that, at hospitals and health care organizations it accredits, physicians with clinical privileges document their CME. JCAHO will accept, subject to their review, correctly completed AMA PRA applications stamped "approved" by the AMA as documented physician compliance with JCAHO CME requirements. JCAHO, like the AMA PRA, requires that physicians conduct at least half of their reported CME in their specialty or area of clinical practice.

D. Disclaimer

Physicians should note that the AMA PRA does not serve as a direct measure of physician competency and should not be used for that purpose. Physician competency represents the assessment of many complex measures, of which CME participation is only one.

Principles of medical ethics**

Preamble

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Principles of medical ethics

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- 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.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
- VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
- VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
- IX. A physician shall support access to medical care for all people.

** Revisions adopted by the AMA House of Delegates on June 17, 2001.

Professional resources

The AMA Physician's Recognition Award information booklet is available free online in Adobe Acrobat (PDF) format. Please visit our Web site at www.ama-assn.org/go/pr for more information about the AMA PRA and other topics of interest to the CME community.

To obtain an AMA PRA booklet, application (print or online), or for other information:

Web: www.ama-assn.org/go/pr

E-mail: pra@ama-assn.org

Phone: (312) 464-4672

To obtain an application (print or online) for AMA PRA direct credit activities:

Web: www.ama-assn.org/go/cme

E-mail: pra@ama-assn.org

Phone: (312) 464-5296

To order AMA PRA booklets in bulk (minimum order of 10):

AMA Order Department

Phone: (800) 621-8335

For questions regarding conferences sponsored by international organizations (the International Conference Recognition program):

E-mail: cme@ama-assn.org

Phone: (312) 464-5196

To subscribe to the CPPD Report, an AMA newsletter for the CME community, and/or our e-mail distribution list:

E-mail: cppd@ama-assn.org

Phone: (312) 464-4668

For more information on CEJA ethical opinions:

Web: www.ama-assn.org/go/ceja

Phone: (312) 464-5223

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www.ama-assn.org/go/cme

E-8.061 Gifts to Physicians from Industry

Many gifts given to physicians by companies in the pharmaceutical, device, and medical equipment industries serve an important and socially beneficial function. For example, companies have long provided funds for educational seminars and conferences. However, there has been growing concern about certain gifts from industry to physicians. Some gifts that reflect customary practices of industry may not be consistent with the Principles of Medical Ethics. To avoid the acceptance of inappropriate gifts, physicians should observe the following guidelines: (1) Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members. (2) Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (eg, pens and notepads). (3) The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made. (4) Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference. (5) Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses. (6) Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional, or specialty medical associations. (7) No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures. (II)

Issued June 1992 based on the report "Gifts to Physicians from Industry," adopted December 1990 (JAMA. 1991; 265: 501); Updated June 1996 and June 1998.

Clarification of Opinion 8.061

Scope Opinion 8.061, "Gifts to Physicians from Industry," is intended to provide ethical guidance to physicians. Other parties involved in the health care sector, including the pharmaceutical, devices, and medical equipment industries and related entities or business partners, should view the guidelines as indicative of standards of conduct for the medical profession. Ultimately, it is the responsibility of individual physicians to minimize conflicts of interest that may be at odds with the best interest of patients and to access the necessary information to inform medical recommendations.

The guidelines apply to all forms of gifts, whether they are offered in person, through intermediaries, or through the Internet. Similarly, limitations on subsidies for educational activities should apply regardless of the setting in which, or the medium through which, the educational activity is offered.

General Questions (a) Do the guidelines apply only to pharmaceutical, device, and equipment manufacturers?

"Industry" includes all "proprietary health-related entities that might create a conflict of interest."

Guideline 1 Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or for use by family members.

(a) May physicians accept gram stain test kits, stethoscopes, or other diagnostic equipment?

Diagnostic equipment primarily benefits the patient. Hence, such gifts are permissible as long as they are not of substantial value. In considering the value of the gift, the relevant measure is not the cost to the company of providing the gift. Rather, the relevant measure is the cost to the physician if the physician purchased the gift on the open market.

(b) May companies invite physicians to a dinner with a speaker and donate \$100 to a charity or medical school on behalf of the physician?

There are positive aspects to the proposal. The donations would be used for a worthy cause, and the physicians would receive important information about patient care. There is a direct personal benefit to the physician as well, however. An organization that is important to the physician—and one that the physician might have ordinarily felt obligated to make a contribution to—receives financial support as a result of the physician's decision to attend the meeting. On balance, physicians should make their own judgment about these inducements. If the charity is predetermined without the physician's input, there would seem to be little problem with the arrangement.

(c) May contributions to a professional society's general fund be accepted from industry?

The guidelines are designed to deal with gifts from industry which affect, or could appear to affect, the judgment of individual practicing physicians. In general, a professional society should make its own judgment about gifts from industry to the society itself.

(d) When companies invite physicians to a dinner with a speaker, what are the relevant guidelines?

First, the dinner must be a modest meal. Second, the guideline does allow gifts that primarily benefit patients and that are not of substantial value. Accordingly, textbooks and other gifts that primarily benefit patient care and that have a value to the physician in the general range of \$100 are permissible. When educational meetings occur in conjunction with a social event such as a meal, the educational component must have independent value, such as a presentation by an authoritative speaker other than a sales representative of the company. Also, the meal should be a modest one similar to what a physician routinely might have when dining at his or her own expense. In an office or hospital encounter with a company representative, it is permissible to accept a meal of nominal value, such as a sandwich or snack.

(e) May physicians accept vouchers that reimburse them for uncompensated care they have provided?

No. Such a voucher would result directly in increased income for the physician.

(f) May physicians accumulate "points" by attending several educational or promotional meetings and then choose a gift from a catalogue of education options?

This guideline permits gifts only if they are not of substantial value. If accumulation of points would result in physicians receiving a substantial gift by combining insubstantial gifts over a relatively short period of time, it would be inappropriate.

(g) May physicians accept gift certificates for educational materials when attending promotional or educational events?

The Council views gift certificates as a grey area which is not per se prohibited by the guidelines. Medical textbooks are explicitly approved as gifts under the guidelines. A gift certificate for educational materials, ie, for the selection by the physician from an exclusively medical textbook catalogue, would not seem to be materially different. The issue is whether the gift certificate gives the recipient such control as to make the certificate similar to cash. As with charitable donations, preselection by the sponsor removes any question. It is up to the individual physician to make the final judgment.

(h) May physicians accept drug samples or other free pharmaceuticals for personal use or use by family members?

The Council's guidelines permit personal or family use of free pharmaceuticals (i) in emergencies and other cases where the immediate use of a drug is indicated, (ii) on a trial basis to assess tolerance, and (iii) for the treatment of acute conditions requiring short courses of inexpensive therapy, as permitted by Opinion 8.19, "Self-Treatment or Treatment of Immediate Family Members." It would not be acceptable for physicians to accept free pharmaceuticals for the long-term treatment of chronic conditions.

(i) May companies invite physicians to a dinner with a speaker and offer them a large number of gifts from which to choose one?

In general, the greater the freedom of choice given to the physician, the more the offer seems like cash. A large number of gifts presented to physicians who attend a dinner would therefore be inappropriate.

There is no precise way of deciding an appropriate upper limit on the amount of choice that is acceptable. However, it is important that a specific limit be chosen to ensure clarity in the guidelines. A limit of eight has been chosen because it permits flexibility but prevents undue freedom of choice. Each of the choices must have a value to the physicians of no more than \$100.

(j) May physicians charge for their time with industry representatives or otherwise receive material compensation for participation in a detail visit?

Guideline 1 states that gifts in the form of cash payments should not be accepted. Also, Guideline 6 makes clear that, in the context of the industry-physician relationship, only physicians who provide genuine services may receive reasonable compensation. When considering the time a physician spends with an industry representative, it is the representative who offers a service, namely the presentation of information. The physician is a beneficiary of the service. Overall, these guidelines do not view that physicians should be compensated for the time spent participating in educational activities, nor for time spent receiving detail information from an industry representative.

Guideline 2 Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (eg, pens and notepads).

(a) May physicians, individually or through their practice group, accept electronic equipment, such as hand held devices or computers, intended to facilitate their ability to receive detail information electronically?

Although Guideline 2 recognizes that gifts related to a physician's practice may be appropriate, it also makes clear that these gifts must remain of minimal value. It is not appropriate for physicians to accept expensive hardware or software equipment even though one purpose only may pertain to industry-related activities of a modest value.

Guideline 3 The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

Guideline 4 Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's sales representative may create a relationship which could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

(a) Are conference subsidies from the educational division of a company covered by the guidelines?

Yes. When the Council says "any subsidy," it would not matter whether the subsidy comes from the sales division, the educational division, or some other section of the company.

(b) May a company or its intermediary send physicians a check or voucher to offset the registration fee at a specific conference or a conference of the physician's choice?

Physicians should not directly accept checks or certificates which would be used to offset registration fees. The gift of a reduced registration should be made across the board and through the accredited sponsor.

Guideline 5 Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.

(a) If a company invites physicians to visit its facilities for a tour or to become educated about one of its products, may the company pay travel expenses and honoraria?

This question has come up in the context of a rehabilitation facility that wants physicians to know of its existence so that they may refer their patients to the facility. It has also come up in the context of surgical device or equipment manufacturers who want physicians to become familiar with their products.

In general, travel expenses should not be reimbursed, nor should honoraria be paid for the visiting physician's time since the presentations are analogous to a pharmaceutical company's educational or promotional meetings. The Council recognizes that medical devices, equipment, and other technologies may require, in some circumstances, special evaluation or training in proper usage which can not practicably be provided except on site. Medical specialties are in a better position to advise physicians regarding the appropriateness of reimbursement with regard to these trips. In cases where the company insists on such visits as a means of protection from liability for improper usage, physicians and their specialties should make the judgment. In no case would honoraria be appropriate and any travel expenses should be only those strictly necessary.

(b) If the company invites physicians to visit its facilities for review and comment on a product, to discuss their independent research projects, or to explore the potential for collaborative research, may the company pay travel expenses and an honorarium?

If the physician is providing genuine services, reasonable compensation for time and travel expenses can be given. However, token advisory or consulting arrangements cannot be used to justify compensation.

(c) May a company hold a sweepstakes for physicians in which five entrants receive a trip to the Virgin Islands or airfare to the medical meeting of their choice?

No. The use of a sweepstakes or raffle to deliver a gift does not affect the permissibility of the gift. Since the sweepstakes is not open to the public, the guidelines apply in full force.

(d) If a company convenes a group of physicians to recruit clinical investigators or convenes a group of clinical investigators for a meeting to discuss their results, may the company pay for their

travel expenses?

Expenses may be paid if the meetings serve a genuine research purpose. One guide to their propriety would be whether the National Institute of Health (NIH) conducts similar meetings when it sponsors multi-center clinical trials. When travel subsidies are acceptable, the guidelines emphasize that they be used to pay only for "reasonable" expenses. The reasonableness of expenses would depend on a number of considerations. For example, meetings are likely to be problematic if overseas locations are used for exclusively domestic investigators. It would be inappropriate to pay for recreation or entertainment beyond the kind of modest hospitality described in this guideline.

(e) How can a physician tell whether there is a "genuine research purpose?"

A number of factors can be considered. Signs that a genuine research purpose exists include the facts that there are (1) a valid study protocol, (2) recruitment of physicians with appropriate qualifications or expertise, and (3) recruitment of an appropriate number of physicians in light of the number of study participants needed for statistical evaluation.

(f) May a company compensate physicians for their time and travel expenses when they participate in focus groups?

Yes. As long as the focus groups serve a genuine and exclusive research purpose and are not used for promotional purposes, physicians may be compensated for time and travel expenses. The number of physicians used in a particular focus group or in multiple focus groups should be an appropriate size to accomplish the research purpose, but no larger.

(g) Do the restrictions on travel, lodging, and meals apply to educational programs run by medical schools, professional societies, or other accredited organizations which are funded by industry, or do they apply only to programs developed and run by industry?

The restrictions apply to all conferences or meetings which are funded by industry. The Council drew no distinction on the basis of the organizer of the conference or meeting. The Council felt that the gift of travel expenses is too substantial even when the conference is run by a non-industry sponsor. (Industry includes all "proprietary health-related entities that might create a conflict of interest.")

(h) May company funds be used for travel expenses and honoraria for bona fide faculty at educational meetings?

This guideline draws a distinction between attendees and faculty. As was stated, "[i]t is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses."

Companies need to be mindful of the guidelines of the Accreditation Council on Continuing Medical Education. According to those guidelines, "[f]unds from a commercial source should be in the form of an educational grant made payable to the CME sponsor for the support of programming."

(i) May travel expenses be reimbursed for physicians presenting a poster or a "free paper" at a scientific conference?

Reimbursement may be accepted only by bona fide faculty. The presentation of a poster or a free paper does not by itself qualify a person as a member of the conference faculty for purposes of

these guidelines.

(j) When a professional association schedules a long-range planning meeting, is it appropriate for industry to subsidize the travel expenses of the meeting participants?

The guidelines are designed to deal with gifts from industry which affect, or could appear to affect, the judgment of individual practicing physicians. In general, a professional society should make its own judgment about gifts from industry to the society itself.

(k) May continuing medical education conferences be held in the Bahamas, Europe, or South America?

There are no restrictions on the location of conferences as long as the attendees are paying their own travel expenses.

(l) May travel expenses be accepted by physicians who are being trained as speakers or faculty for educational conferences and meetings?

In general, no. If a physician is presenting as an independent expert at a CME event, both the training and its reimbursement raise questions about independence. In addition, the training is a gift because the physician's role is generally more analogous to that of an attendee than a participant. Speaker training sessions can be distinguished from meetings (See 5d) with leading researchers, sponsored by a company, designed primarily for an exchange of information about important developments or treatments, including the sponsor's own research, for which reimbursement for travel may be appropriate.

(m) What kinds of social events during conferences and meetings may be subsidized by industry?

Social events should satisfy three criteria. First, the value of the event to the physician should be modest. Second, the event should facilitate discussion among attendees and/or discussion between attendees and faculty. Third, the educational part of the conference should account for a substantial majority of the total time accounted for by the educational activities and social events together. Events that would be viewed (as in the succeeding question) as lavish or expensive should be avoided. But modest social activities that are not elaborate or unusual are permissible, eg, inexpensive boat rides, barbecues, entertainment that draws on the local performers. In general, any such events which are a part of the conference program should be open to all registrants.

(n) May a company rent an expensive entertainment complex for an evening during a medical conference and invite the physicians attending the conference?

No. The guidelines permit only modest hospitality.

(o) If physicians attending a conference engage in interactive exchange, may their travel expenses be paid by industry?

No. Mere interactive exchange would not constitute genuine consulting services.

(p) If a company schedules a conference and provides meals for the attendees that fall within the guidelines, may the company also pay for the costs of the meals for spouses?

If a meal falls within the guidelines, then the physician's spouse may be included.

(q) May companies donate funds to sponsor a professional society's charity golf tournament?

Yes. But it is sensible if physicians who play in the tournament make some contribution themselves to the event.

(r) If a company invites a group of consultants to a meeting and a consultant brings a spouse, may the company pay the costs of lodging or meals of the spouse? Does it matter if the meal is part of the program for the consultants?

Since the costs of having a spouse share a hotel room or join a modest meal are nominal, it is permissible for the company to subsidize those costs. However, if the total subsidies become substantial, then they become unacceptable.

Guideline 6 Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific, or policy-making meetings of national, regional, or specialty medical associations.

(a) When a company subsidizes the travel expenses of residents to an appropriately selected conference, may the residents receive the subsidy directly from the company?

Funds for scholarships or other special funds should be given to the academic departments or the accredited sponsor of the conference. The disbursement of funds can then be made by the departments or the conference sponsor.

(b) What is meant by "carefully selected educational conferences?"

The intent of Guideline 6 is to ensure that financial hardship does not prevent students, residents, and fellows from attending major educational conferences. For example, we did not want to deny cardiology fellows the opportunity to attend the annual scientific meeting of the American College of Cardiology or orthopedic surgery residents the opportunity to attend the annual scientific meeting of the American Academy of Orthopedic Surgeons. However, it was not the intent of the guideline to permit reimbursement of travel expenses in other circumstances, such as when conferences or symposia are designed specifically for students, residents, or fellows.

Funds are limited to travel and lodging expenses for attendance at major educational, scientific, or policy-making meetings of national, regional, or specialty medical associations.

Guideline 7 No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures.

(a) May companies send their top prescribers, purchasers, or referrers on cruises?

No. There can be no link between prescribing or referring patterns and gifts. In addition, travel

expenses, including cruises, are not permissible.

(b) May the funding company itself develop the complete educational program that is sponsored by an accredited continuing medical education sponsor?

No. The funding company may finance the development of the program through its grant to the sponsor, but the accredited sponsor must have responsibility and control over the content and faculty of conferences, meetings, or lectures. Neither the funding company nor an independent consulting firm should develop the complete educational program for approval by the accredited sponsor.

(c) How much input may a funding company have in the development of a conference, meeting, or lectures?

The guidelines of the Accreditation Council on Continuing Medical Education on commercial support of continuing medical education address this question.

Issued 1992. Updated December 2000, June 2002, and June 2004 (Food and Drug Law Journal, 2001;56(1):27-40).

E-9.011 Continuing Medical Education

Physicians should strive to further their medical education throughout their careers, for only by participating in continuing medical education (CME) can they continue to serve patients to the best of their abilities and live up to professional standards of excellence. Fulfillment of mandatory state CME requirements does not necessarily fulfill the physician's ethical obligation to maintain his or her medical expertise.

Attendees. Guidelines for physicians attending a CME conference or activity are as follows: (1) The physician choosing among CME activities should assess their educational value and select only those activities which are of high quality and appropriate for the physician's educational needs. When selecting formal CME activities, the physician should, at a minimum, choose only those activities that (a) are offered by sponsors accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Academy of Family Physicians (AAFP), or a state medical society; (b) contain information on subjects relevant to the physician's needs; (c) are responsibly conducted by qualified faculty; (d) conform to Opinion 8.061, "Gifts to Physicians from Industry." (2) The educational value of the CME conference or activity must be the primary consideration in the physician's decision to attend or participate. Though amenities unrelated to the educational purpose of the activity may play a role in the physician's decision to participate, this role should be secondary to the educational content of the conference. (3) Physicians should claim credit commensurate with only the actual time spent attending a CME activity or in studying a CME enduring material. (4) Attending promotional activities put on by industry or their designees is not unethical as long as the conference conforms to Opinion 8.061, "Gifts to Physicians from Industry," and is clearly identified as promotional to all participants.

Faculty. Guidelines for physicians serving as presenters, moderators, or other faculty at a CME conference are as follows: (1) Physicians serving as presenters, moderators, or other faculty at a CME conference should ensure that (a) research findings and therapeutic recommendations are based on scientifically accurate, up-to-date information and are presented in a balanced, objective manner; (b) the content of their presentation is not modified or influenced by representatives of industry or other financial contributors, and they do not employ materials whose content is shaped by industry. Faculty may, however, use scientific data generated from industry-sponsored research, and they may also accept technical assistance from industry in preparing slides or other presentation materials, as long as this assistance is of only nominal monetary value and the company has no input in the actual content of the material. (2) When invited to present at non-CME activities that are primarily promotional, faculty should avoid participation unless the activity is clearly identified as promotional in its program announcements and other advertising. (3) All conflicts of interest or biases, such as a financial connection to a particular commercial firm or product, should be disclosed by faculty members to the activity's sponsor and to the audience. Faculty may accept reasonable honoraria and reimbursement for expenses in accordance with Opinion 8.061, "Gifts to Physicians from Industry."

Sponsors. Guidelines for physicians involved in the sponsorship of CME activities are as follows: (1) Physicians involved in the sponsorship of CME activities should ensure that (a) the program is balanced, with faculty members presenting a broad range of scientifically supportable viewpoints related to the topic at hand; (b) representatives of industry or other financial contributors do not exert control over the choice of moderators, presenters, or other faculty, or modify the content of faculty presentations. Funding from industry or others may be accepted in accordance with Opinion 8.061, "Gifts to Physicians from Industry." (2) Sponsors should not promote CME activities in a way that encourages attendees to violate the guidelines of the Council on Ethical and Judicial Affairs, including Opinion 8.061, "Gifts to Physicians from Industry," or the principles established for the AMA's Physician Recognition Award. CME activities should be developed and promoted consistent with guideline 2 for Attendees. (3) Any non-CME activity that is primarily

promotional must be identified as such to faculty and participants, both in its advertising and at the conference itself. (4) The entity presenting the program should not profit unfairly or charge a fee which is excessive for the content and length of the program. (5) The program, content, duration, and ancillary activities should be consistent with the ideals of the AMA CME program. (I, V) Issued December 1993; Updated June 1996.

Outcome Survey Tool

“Teacher Credit” Learning from Original Presentation Preparation

- Teaching faculty may claim up to 2 credits for each hour of presentation as recognition of the learning from preparation for the presentation (a 2:1 ratio for each quarter hour)
- Credit may only be claimed one time for presentations given multiple times.
- Teaching faculty should ensure that they do not seek “learner” credit for their presentations whether or not they seek Teacher credit

Physician Yes_____ No_____

Assessment of instructional design

I reviewed published material from (check all that apply);

- _____ Medical journals
_____ Lay Press
_____ Textbooks
_____ Online resources (e.g. up-to-date, MD Consult)
_____ Evidence-based databases (e.g. Cochrane)
_____ Meeting abstracts
_____ Other Please

explain:_____

Rank the quality of the information found (1-5, 5 being highest quality)

- _____ Medical journals
_____ Lay Press
_____ Textbooks
_____ Online resources (e.g. up-to-date, MD Consult)
_____ Evidence-based databases (e.g. Cochrane)
_____ Meeting abstracts
_____ Other

Rank the utility (for said presentation) of the information found (1-5, 5 being highest utility)

- _____ Medical journals
_____ Lay Press
_____ Textbooks
_____ Online resources (e.g. up-to-date, MD Consult)
_____ Evidence-based databases (e.g. Cochrane)
_____ Meeting abstracts
_____ Other

I spent approximately the following amount of time performing my review;

_____ < 30 minutes

_____ 31-60 minutes

_____ 61-120 minutes

_____ 121-180 minutes

_____ 181-240 minutes

_____ 241-300 minutes

_____ > 300 minutes

Note that teaching faculty may claim up to two credits for each hour of presentation (2:1 ratio for each quarter hour); it is not based on the amount of preparation time

As a result of this review, I

_____ **Reinforced my existing knowledge**

_____ **Improved my knowledge through--**

Identifying additional or more current evidence

Filling in gaps in existing knowledge

Investigating a new aspect of the topic

Other: _____

_____ **None of the above**

Based upon my review;

_____ **I will implement changes in my practice**

Describe: _____

_____ **I will implement changes to what I will present as compared to plan before the review**

Describe: _____

_____ **I will implement changes to how I will present the material**

Describe: _____

Name:

Activity name:

Lecture title:

_____ **I am claiming teaching credit for the learning that occurred during my preparation for this original presentation.**

_____ I attest that I have not sought teaching credit for this presentation before from any organization

_____ I attest that I have not claimed credit as a learner for the time encompassed by this lecture

Instructional Design:

1. Speakers will review published materials from as wide a scope as is appropriate for the topic. Examples of such resources include but are not limited to the following:
 - a. Web search tools such as Pubmed
 - b. Hand review of print material (e.g. medical journals, lay press, textbooks)
 - c. Use of online resources (e.g. up-to-date, MD Consult)
 - d. Review of published abstracts from national meetings
 - e. Review of online evidence-based database such as Cochrane

CME consists of educational activities which serve to maintain, develop or increase the knowledge, skills and professional performance and relationships that a physician uses to provide services for patients, the public and/or the profession. To ensure that the educational materials are up to date and evidence based physicians must do extensive literature reviews and reviews of other available materials and it is during this review process and during the construct of an original presentation that the physician solidifies or enhances their own knowledge and ability. The AMA and the ACCME have approved such an approach to education by the faculty as can be seen the supporting documents from these two august bodies. These activities must be conducted in accord with the aforementioned regulatory approaches while also meeting all standards established through the Council of Judicial Affairs (CEJA) from the AMA (see attached documents). Finally, this activity has been determined to be needed based upon a review and analysis of previous held activities and examples of these are also attached.

Disclosure of Relationships for Activity Directors and Planners

Identifying and Resolving Conflicts of Interest in Continuing Medical Education

Teaching Credit: Learning from Original Presentation Preparation

April 1, 2009 - March 31, 2010

Todd Dorman

As a provider approved by the Accreditation Council for Continuing Medical Education (ACCME), Johns Hopkins University School of Medicine Office of Continuing Medical Education (OCME) requires written, signed disclosure of the existence of financial interests or relationships with commercial interest from any individual in a position to control the content of a CME activity sponsored by OCME. Individuals who refuse to disclose financial relationships will be disqualified from all aspects of associated CME activities.

Definitions

- ▲ Financial interests or relationships are defined as receipt of funds or "gifts-in-kind" by the individual (and his/her spouse, partner or immediate family) in any amount over the past 12 months, or for a Principal Investigator or an individual named in grant/research support to that individual's institution, directly from a commercial interest whose products or services are discussed in or pertain to the content of the individual's specific lecture or contribution to this activity.
- ▲ "Commercial interests" are defined as any proprietary entity producing health care goods or services consumed by, or used on patients, with the exemption of non-profit or government organizations or non-health care related companies.
- ▲ "Gifts-in-kind" are defined as any gift of material value given in lieu of financial remuneration for your services by a commercial interest (i.e. mailing labels, audio equipment, travel, etc)

Section A

Financial Relationship

Have you or your spouse/partner or immediate family member received in the last 12 months or do you expect to receive in the upcoming months any financial remuneration or gifts-in-kind, or are you a Principal Investigator or named in grant/research support received by your institution ?

Yes

No (If No, go to Section D)

Section D

Note: You may be required to sign a separate, lecture-specific disclosure form if you are speaking at this activity and intend to request teaching credit for preparing and delivering an original presentation.

Content Validation: My recommendations involving clinical medicine in this CME activity will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

Application Review – Teaching Credit: Learning from Original Presentation Preparation

Review By Paul Wheeler

Comments

Statement of Need

The statement of need should reflect a deficit in knowledge, skill, attitudes and/or behavior among prospective participants. Evaluate how well the statement reflects the need for this activity, how it relates to the target audience and how it links to the supporting documents identifying need.

Satisfactory

Comments

None

Sponsor(s)

Satisfactory

Comments

None

Program Objectives

Objectives should be written in behavioral terms so that each objective can be statistically evaluated and measured at the programs's conclusion.

Satisfactory

Comments

None

Topics and Faculty

The program should adequately cover the topics implied by the course title; also, faculty credentials should be appropriate to their presentation.

Satisfactory

Comments

None

Evaluations

Does the end-of-course evaluation and the "outcomes" survey (sent to the registrants three months after activity) adequately measure the success of this activity (i.e. whether the objectives are being met).

Satisfactory

Comments

None

Methodology

The course teaching method must be appropriate to the goals of this activity (e.g. lecture, workshop, internet, audiotape, etc.)

Satisfactory

Comments

None

This application has been approved.