

American Medical Association

Physicians dedicated to the health of America



Physician's Recognition Award



AMA PRA Category 1 Credit for Continuing Medical Education

Requirements for Accredited Providers

Version 3.2

Introduction

The Physician's Recognition Award (PRA) of the American Medical Association (AMA) has recognized physician participation in continuing medical education (CME) for over 30 years. In addition to the AMA, only organizations based in the United States (US), whose educational activities meet AMA standards, and who 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), may award United States licensed physicians AMA PRA category 1 credit toward the PRA.

In 1968 the AMA established the PRA certificate and the related AMA PRA credit system to recognize physicians who, by participating in CME activities, demonstrate their commitment to staying current with advances in medicine. In addition, since the 1960s the AMA had recognized CME programs in hospitals and other health care organizations, to encourage their development of quality CME. By 1977, in response to the growing number of accredited CME programs, the AMA invited other organizations to form a national accrediting body that evolved into the ACCME. Established in 1981, the ACCME includes seven member organizations: 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 indirectly accredits more than 2,500 US based organizations to provide CME for US licensed physicians. For accredited providers who choose to designate their activities for AMA PRA category 1 credit, high quality program content is expected, as is compliance with the standards outlined in this booklet. The ACCME essential elements complement these AMA requirements, which ensure the integrity and effectiveness of the AMA PRA category 1 credit system. Providers must satisfy both AMA and ACCME requirements, where these differ.

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The AMA definition of CME

Within the broader context of continuing physician professional development (CPPD)

CME consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. CME represents that 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.

Other definitions

For the purposes of this booklet, the AMA defines an **accredited provider** as a US based entity accredited by either the ACCME or a state medical society. Those **physicians eligible** for AMA PRA category 1 credit awarded by accredited providers, are MDs or DOs licensed in the US.

To **designate (or certify)** an activity for AMA PRA category 1 credit refers to the process by which an accredited provider, through compliance with AMA PRA rules, establishes that an activity meets AMA PRA standards.

The AMA delegates to accredited providers, who comply with all AMA PRA rules, the ability to award AMA PRA category 1 credit. An accredited provider may **award (or issue)** AMA PRA category 1 credit to those physicians who participate in their appropriately certified activities.

Educational content

CME providers must ensure that the content of the educational activities they designate for AMA PRA category 1 credit is scientifically based, accurate, current, and objectively presented. Educational needs — as identified by expert opinion, prior study, or an analysis of evaluations or examinations from earlier activities — should guide activities and the

development of learning objectives. Group needs can be determined from practice profiles, peer reviews, self-assessments or case audits. New medical knowledge, responsibly presented, can serve as a basis for sponsoring a program.

Providers may certify nonclinical subjects (eg, office management or physician-patient communication) for AMA PRA category 1 credit, so long as these are prepared specifically for a physician audience. In addition, CME programs may describe or explain alternative health care practices, provided they also discuss the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform such procedures, without evidence or general acceptance in the profession that supports their efficacy and safety, cannot be designated for AMA PRA category 1 credit.

Ethical considerations for providers of CME

The AMA expects CME providers to present physicians with commercially unbiased and objective information in all of their activities. Accredited providers must also meet all ACCME disclosure requirements and standards for commercial support.

Industry should fund CME activities only through educational grants. The AMA Council on Ethical and Judicial Affairs (CEJA) defines industry as “all proprietary health-related entities that might create a conflict of interest.”

Industry-supported activities, like all CME activities, must serve primarily to educate physicians. Promotional materials should feature a program’s educational content, with advertising for unrelated amenities playing a secondary role. Both physician and non-physician CME faculty should ensure the scientific accuracy of their presentations, and avoid influence by either industry or financial contributors. They must communicate any potential conflict of interest to providers and physician participants. Appendix B includes the text of the relevant CEJA ethical opinions, Gifts to Physicians from Industry (8.061) and Ethical Issues in CME (9.011).

Designating an activity for AMA PRA category 1 credit

Formally planned AMA PRA category 1 educational activities must be developed by organizations that satisfy all accreditation standards, and cover specific and scientifically valid topics. More specifically, the activity must:

- address a physician audience in both the depth and scope of its content;
- be sponsored by a US based, ACCME accredited provider or by a state medical society accredited provider or, in Canada, where special rules apply, by a medical school accredited by the Council on Accreditation of Canadian Medical Schools (CACMS);
- conform to the AMA definition of CME;
- conform to AMA ethical opinions on Gifts to Physicians from Industry and on Ethical Issues in CME, as well as the ACCME Standards for Commercial Support of CME;
- address demonstrated educational needs;
- include clearly stated educational objectives;
- present content which will help physician learners meet the stated objectives;
- use learning methodologies appropriate to the activity's content and format;
- define evaluation mechanisms with which to assess program quality and relevance to the stated objectives of the activity; and
- include a means for the provider to record the actual credits claimed by each physician participant.

Additional requirements include:

Accredited providers designating activities for AMA PRA category 1 credit must keep a record, for six years, of the actual number of credits awarded to individual physician participants in the activities they sponsor.

Physician participants are ethically obligated to claim credit only to the extent to which they actually participated in a CME activity.

The AMA strongly encourages providers not to designate individual activities for more than 50 AMA PRA category 1 credits, unless doing so would demonstrably compromise the program's learning objectives and educational content. The AMA encourages physicians to obtain their CME from multiple sources.

Institutional oversight of CME

The AMA urges each provider to have a CME oversight structure, that includes a sufficient number of physicians, to take responsibility for activities designated for AMA PRA category 1 credit. This oversight mechanism should resolve conflicts regarding CME activities, ensure the provider maintains quality standards for the CME they develop, and determine the appropriate number of credits for each activity.

Promotional materials

Providers must designate activities for AMA PRA category 1 credit in advance; no activity can be so designated retroactively. Brochures and announcements must state the educational objectives and the intended physician audience. The final announcement must clearly state the number of credits the provider has judged the activity to be worth (see assigning credits on page 14, and appropriate use of “save the date” announcements on page 9).

Designation statement

The designation statement for AMA PRA credit must be worded as follows (italics not required):

The [name of accredited provider] designates this educational activity for a maximum of [number of credits] category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

A “save the date” announcement (such as on a card mailer with limited space) may indicate that AMA PRA credit will be provided without stating the exact amount, but only if the provider (program committee) has already certified the activity for AMA PRA category 1 credit. It may read, “This activity has been approved for AMA PRA credit.” Providers may not indicate in any brochure or announcement that “AMA PRA credit has been applied for.”

Medical education numbers

In June 2000, the AMA House of Delegates adopted a policy to oppose the use of social security numbers to identify physicians claiming CME credit. The medical education number – a unique proprietary identifier assigned by the AMA to every US physician – is one alternative, but providers may track their physician participants by any system they choose.

Credit certificates for physicians

Only US licensed physicians may be awarded AMA PRA category 1 credit by accredited providers (for international physicians, see page 16). Providers should produce certificates only at the conclusion of the educational activity, so that those physicians can accurately claim their credit for participating. As with live activities, when physicians submit either completed journal or enduring material evaluations, providers must record the credit awarded and if requested, document such for the physician.

When issuing credit certificates, providers must base these on the actual credit claimed by the physician: this three-part process starts 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 (as requested) a credit certificate that accurately reflects those credits.

AMA PRA category 1 certificates for physicians should read as follows (italics not required):

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] category 1 credit(s) toward the AMA Physician's Recognition Award.

Including the location is not relevant for enduring material or journal CME. Different credit statements apply for new procedures and skills activities (see page 26 in Appendix A).

Attendance certificates for non-physicians

Attendance certificates may be provided to all health professionals, but only US licensed physicians (MDs or DOs) may receive certificates that reflect AMA PRA category 1 credit. Providers may give non-physician health care professionals, who participate in an educational activity designated for AMA PRA category 1 credit, a certificate that documents attendance.

Attendance certificates for non-physician participants can read (italics not required):

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]. The activity was designated for [number of credits] AMA PRA category 1 credit(s).

AMA PRA Category 1 activities and credits

Accredited providers may designate the following types of activities for AMA PRA category 1 credit.

Live or attendance-based activities

CME activities which physicians must attend in order to receive credit may range from national conferences to local workshops, seminars, grand rounds, or departmental scientific meetings. Regardless of venue or format, compliance with AMA PRA rules is expected.

Enduring materials

Enduring materials are printed, recorded, audio, video, and electronic activities that may be used over time at various locations, and that in themselves constitute a planned CME activity. To be designated for AMA PRA category 1 credit, enduring materials must:

- Comply with all standards for AMA PRA category 1 activities.
- Provide clear instructions to the learner, including a determination of how long most physicians will take to complete the activity (the credits US licensed physicians can claim for the activity, also reflected in the designation statement).
- Provide access, where appropriate, to bibliographic sources that allow for further study, and that reinforce and clarify specific program topics.
- Provide for some type of learner interaction, such as a patient-management situation or a series of thematically relevant questions. This can be done by testing the physician's recall of program content, and/or ability to apply new concepts in response to simulated problems.
- Verify physician participation. Providers typically accomplish this through the examination or activity evaluation. Whatever mechanism a provider chooses must include a place for physicians to record the actual time spent on the activity, up to the maximum for which it is designated (see assigning credits on page 14).

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- As with live activities, providers may award credit to US licensed physicians who submit materials that verify their participation in the activity. Providers may issue credit certificates that recognize the extent to which US physicians claim they participated in an activity.
 - If examinations are used, then providers should score these confidentially and return them to the physician along with his or her credit certificate.
 - If a group of physicians chooses to use AMA PRA category 1 enduring materials, then a facilitator needs to be assigned in order to lead discussion.

Journal-based CME

Accredited providers who also publish peer-reviewed, professional journals may designate journal activities for AMA PRA category 1 credit. To do so, providers must ensure that:

- Their activity meets the criteria for formal (live) CME activities; ie, clearly identifies learning objectives and target audience, offers physician-oriented content in both depth and scope, verifies physician participation, and assesses compliance with its stated objectives. The latter can be accomplished through an evaluation or examination that US physicians return to the provider for AMA PRA category 1 credit.
- Their material (article content) is published in a peer-reviewed journal. By design, and as part of the needs assessment, the topics selected for journal-based CME should fit logically within the community of professional interests represented by the journal's physician readership.
- They develop an overall educational plan that defines both the topics and educational objectives their appropriately designated journal activities will address over a specific time period. The plan will also identify how, at the end of this period, the provider will evaluate the program's success in meeting these objectives.

New procedures

Through new procedures and skills courses, providers train physicians on topics that allow them to request new or expanded clinical privileges. For these activities, a provider must assess whether a physician has acquired the knowledge and skills to carry out the new procedure. The AMA has established a system of four levels so that providers and participants can clearly identify the depth and complexity of the course. 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: “Proctor ready,” which subsumes levels 1 and 2, asserts 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 to perform the procedure: Competence asserts the physician can successfully perform the procedure without further supervision.

For providers who certify this specific form of CME, please see Appendix A (page 19) for more detailed information about sponsoring new procedures and skills activities.

Assigning credits

Sixty minutes of physician participation in a certified learning activity generally equals one credit. Specific guidelines follow:

- For live activities, the credits should match the period of formal interaction between faculty and the physician audience. For concurrent certified sessions within a live activity, providers must count the time of interaction only once toward the designated maximum.
- For enduring materials, providers should establish a good faith estimate (eg, through a small focus group) of the amount of interaction a physician can reasonably expect to dedicate to completing the activity and satisfying its learning objectives.
- For journal-based CME, providers may designate individual activities for up to one credit. Providers with good reason to exceed that limit must take the extra steps described for enduring materials (see page 11), to establish the higher number of credits.
- For any designated activity, in any venue, physicians should be instructed to claim only their actual participation in the activity.
- Providers may designate activities and award credits to US licensed physicians in fifteen-minute or 0.25 credit increments. Both providers, in the designation statement, and US licensed physicians, when claiming credit from the provider, can round up to the nearest quarter hour or credit.

If sections of a designated activity do not satisfy all the requirements for AMA PRA category 1 credit, then these sections must be clearly identified and excluded from the designation statement.

AMA PRA Category 1 activities providers do not designate

US licensed physicians may also earn AMA PRA category 1 credit for certain specific activities that providers cannot so designate. To obtain credit for these activities, physicians must apply to the AMA Physician's Recognition Award department (see back cover for contact information). These activities include:

- Articles physicians publish, as first or second lead author, in journals indexed by the *Index Medicus*;
- Teaching at a live activity approved for AMA PRA category 1 credit;
- Preparing a poster presentation, which is also included in the published abstracts, for a live activity approved for AMA PRA category 1 credit;
- American Board of Medical Specialties (ABMS) member board certification and recertification;
- Medically related advanced degrees, such as a masters in public health; and
- Participation in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program.

In addition, US licensed physicians can earn credit for attending international conferences approved for AMA PRA category 1 credit, or by undertaking an independent learning program which has been approved well in advance by the AMA. Additional details can be found in the AMA PRA information booklet for physicians.

The PRA program continuously evolves to meet physician learning needs. Therefore, 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.

International physicians

The AMA actively participates in the establishment of global standards for the designation of CME credit. Consequently, the AMA is establishing multiple agreements, with appropriate entities, in various regions of the world. In an effort not to compromise or confuse these ongoing efforts, all US based accredited providers who wish to award AMA PRA category 1 credit to non-US licensed physicians **must** formally contact the AMA for written approval of each activity and, where appropriate, referral to the correct international authority (see back cover for contact information).

Category 2 activities

Physicians may claim Category 2 credit toward the PRA for such physician directed learning activities as: the teaching of residents, medical students, or other health professionals; online study; reading authoritative medical literature; or attending live activities not designated for AMA PRA category 1 credit. In each case, the physician individually determines the educational value of those AMA PRA category 2 activities he or she participates in. Accredited providers do not designate activities for AMA PRA category 2 credit. Physicians should claim credit for appropriate AMA PRA category 2 activities on the PRA application form.

Joint and co-sponsorship

An accredited provider may jointly sponsor with a non-accredited entity, or co-sponsor with another accredited provider, a CME activity designated for AMA PRA category 1 credit. The activity must satisfy all accreditation and AMA (PRA credit system) requirements. The accredited provider must take full responsibility for the certified activity, which includes but is not limited to planning, implementing and evaluating the activity. The accredited provider's name must appear prominently on all promotional materials. If more than one accredited provider sponsors an activity, then one provider should assume responsibility for the activity and designate the credit.

Joint Commission on Accreditation of Healthcare Organizations 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 accepts, subject to their review, correctly completed PRA applications (and stamped “Approved” by the AMA) as viable evidence of physician compliance with JCAHO’s CME requirements. JCAHO, like the PRA, requires that physicians conduct more than half their reported CME in their specialty or area of clinical practice.

Provider consultation and regulation

AMA PRA staff regularly consults with providers about whether an activity complies with the AMA definition of CME, and on relevant ethical opinions, PRA standards, the scientific validity of a proposed activity’s content, how to frame appropriate learning objectives and determining the number of credits.

PRA staff also monitors accredited providers’ brochures, announcements and program activities. Whenever warranted, staff proceeds with follow-up inquiries to ascertain provider compliance with AMA PRA category 1 credit system requirements. In most cases, providers can correct minor discrepancies through informal consultation with PRA staff.

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 unilaterally reserves the right to withdraw a provider’s privilege to designate activities for AMA PRA category 1 credit. AMA PRA staff decisions may only be appealed to the AMA Council on Medical Education.

Appendix A: Guidance on new procedures for CME, including the credit statements

These requirements only apply to providers doing new procedures and skills training.

Requirements for designating new procedures and skills training for credit

This appendix will provide credit certificate language for all four levels (see page 13) of new procedures and skills training, and guide provider development of formal instruction (courses) and defined clinical preceptorships for this type of education. Ideally, providers will use both learning modalities and, further, arrange for post-course observation of the physician in his or her own practice setting as a means to evaluate both overall program effectiveness and the individual physician's mastery of the new skills.

Providers offering new procedures training will need to assess, at the activity's conclusion, the participant physician's level of achievement. The credit certificates for these four levels can be used by relevant credentialing bodies to determine physician eligibility for new or expanded clinical privileges that recognize this training.

Formal courses

Formal courses designated for AMA PRA category 1 credit in new procedure training must meet the following requirements:

1. Learning objectives

Each activity must meet the AMA definition of CME, include stated learning objectives that conform to accepted specialty or subspecialty practice, and be clearly designated for a specific level classification. The provider will define the skills to be taught beforehand and assess the physician's skill acquisition at the course's conclusion, prior to awarding a credit certificate.

2. Facilities

The site of the educational activity must be physically adequate to meet the program's stated objectives. Likewise, providers will ensure that participants work in facilities and with teaching materials appropriate to accomplishing the activity's learning objectives.

3. Faculty

The director and the faculty for the educational activity must:

- Know educational methodology and command the necessary clinical or laboratory expertise necessary to teach the course's subject matter.
- Present qualifications that meet specialty and subspecialty society specifications.
- Provide a ratio of clinical faculty to trainees small enough to satisfy course objectives, and to accurately document whether each participant physician achieves these objectives.
- Disclose to participants any prior or existing relationship with industry.

The faculty director alone, under the provider's guidance, must take responsibility for setting course objectives, developing the curriculum, overseeing faculty, and determining the criteria by which to evaluate trainees.

4. Qualifications of trainees

The trainees will be expected to demonstrate sufficient background knowledge, skills, and experience to successfully participate in the course. Physicians may be asked to document their qualifications or to complete a pretest to enroll in the course.

5. Curriculum

The providers will develop a written curriculum which lists the skills to be acquired, defines the skill levels, describes the incremental skill levels by which trainees will advance, and includes supplemental resources (reprints, citations, etc). These materials will be included in a syllabus given to all participants.

The activity must feature didactic instruction, supported by peer-reviewed data, in the following areas:

- Patient selection;
- Indications and contraindications;
- Instrumentation;
- Techniques and adjunctive techniques;
- Content validity;
- Cost considerations;
- Managing complications;
- Documenting methodology;
- Pre- and post-procedural care;
- Follow-up policies; and
- Outcome analysis.

To better frame the learning experience for the physician trainees, providers may want to address historical considerations and current research as topics for instruction.

Appropriate methodologies for teaching may include:

- Reading articles;
- Didactic sessions;
- Practice with inanimate models;
- Animate laboratory instruction and practice;
- Learning control and appropriate use of equipment;
- Video and computer instruction;
- Observing procedures;
- Simulated and virtual reality models;
- Interactive computer programs; and
- Self-assessment exercises.

6. Duration of training

The formal educational activity should allow enough time for the trainee to learn the skills, to demonstrate he or she has achieved the defined objectives, and to develop good working knowledge of the pathology that the procedure mediates.

7. Documentation

The director of the educational activity must provide each trainee with a written summary that verifies attendance and the physician's achievement of course objectives. This summary must detail how the physician's attainment of program objectives was evaluated. Providers will retain, for no less than six years, records for each physician and share these, as requested, with appropriate credentialing bodies.

Preceptorship in a clinical setting

1. Learning objectives

The clinical preceptorship must start with a program outline that states the learning objectives and details the tasks and skills to be covered during the training period.

2. Facilities

Preceptorship site facilities, and patient volume, must meet trainee learning needs. The preceptorship must be sponsored by an appropriately accredited (eg, JCAHO) health care organization, a Liaison Committee on Medical Education (LCME) accredited medical school or a recognized medical society accredited by the ACCME.

3. Preceptor

The physician preceptor must present appropriate credentials and verifiable clinical experience in the procedure to be taught. The preceptor sets objectives, develops the curriculum, oversees instruction and practice of skills, demonstrates technique and clinical procedures, and evaluates the trainee, all under the aegis of the accredited provider. In addition,

- The preceptor must disclose, in advance and directly to the trainee, any relationship with industry.
- The preceptor must exercise primary responsibility for patient care, not only supervising procedures in which the trainee participates but also overseeing the appropriate peri-procedure care.
- The provider must keep written evidence on file of patients' specific informed consent or an institutional review board's research approval, which allows trainee involvement in patient care.

4. Qualifications of the trainee

The trainee must command the background knowledge, skills and experience necessary to learn the assigned tasks. Trainees should be required to document their qualifications, including:

- A current and valid license to practice medicine or meet local requirements for waiver of licensure.
- Evidence of both current liability coverage and current clinical privileges in an accredited health care institution (unless this is impossible for legitimate reasons).
- Successful completion of an accredited residency training program or its equivalent as determined by the provider of the activity, or verifiable evidence of ABMS member board certification.

5. Curriculum

Providers must base preceptorship training on clinical experience, with both didactic and technical components. Of vital importance, the preceptorship needs to include an appropriate number of opportunities for the trainee to assist and serve as the primary operator in the procedure under instruction.

6. Duration of preceptorship

Training should be long enough for the trainee to develop and then demonstrate that he or she has achieved the program's defined objectives, including familiarity with the disease requiring the procedure.

7. Documentation

The preceptor must document qualitative and quantitative descriptions of the trainee's experiences. This documentation should detail the skills acquired and the number of procedures in which the trainee assisted or served as primary operator.

Providers must document, for the trainee, that the procedures were satisfactorily performed. Upon the physician's written request, this information may be provided to the credentials committee of a health care organization. A log of activities kept by the trainee, and reviewed by the preceptor or credentialing body, can assist in the privileging process.

Providers must maintain permanent records of preceptees and make these available, on request, to appropriate credentialing bodies. If appropriate, providers may issue a continuing medical education credit certificate.

8. Indemnity

Both the preceptor and the trainee share responsibility for securing appropriate authorization from the host institution, and any necessary indemnity coverage.

9. Quality assurance

Health care institutions awarding new or expanded privileges to physicians on the basis of newly acquired skills should establish a program that continuously reviews physician performance as part of their overall quality assurance program.

10. Evaluations

To ensure their educational activity prepares qualified practitioners, providers should document their evaluations. For example, providers can request that the preceptee report the number of procedures performed and what the outcomes were. The assessment process must include the trainees' evaluation of the course and its faculty.

11. Overall program assessment

Every provider who certifies new skill and procedure educational activities for AMA PRA category 1 credit must regularly evaluate whether their overall outcomes meet program goals. They must also report this data, on request, to appropriate organizations, such as the AMA or ACCME.

12. Assigning credits

The provider can designate the preceptorship for that number of AMA PRA category 1 credits that represents their best and most reasonable estimate of those hours the preceptee will spend in meeting the activity's learning objectives.

PRA credit certificate language for new procedures

The AMA established a system of four levels of new procedure education (see page 13), to reflect the level of training a physician has accomplished in an individual program. To verify the physician's level of achievement in the new procedure or skill, providers may use the following language for credit certificates issued to US licensed physicians. The physician can present this certificate to appropriate credentialing authorities as documentation of his or her education and training. The four levels are:

1. Verification of attendance

The physician attended and completed the course (*italics not needed*).

The [name of provider] verifies that this physician has earned [number of credits] Category 1 credits toward the AMA PRA by attending and completing the level 1 classification [name of course] course, in accordance with the AMA guidelines for Continuing Medical Education on New Procedures and Skills.

2. Verification of satisfactory completion of course objectives

The physician satisfactorily met all specified learning objectives.

The [name of provider] verifies that this physician has earned [number of credits] Category 1 credits toward the AMA PRA by satisfactorily meeting all specified learning objectives for the level 2 classification [name of course] course, in accordance with the AMA guidelines for Continuing Medical Education on New Procedures and Skills.

3. Verification of proctor readiness

The physician is “proctor ready,” which subsumes levels 1 and 2 and asserts the physician can successfully perform the procedure under proctor supervision.

The [name of provider] verifies that this physician has earned [number of credits] Category 1 credits toward the AMA PRA by completing the level 3 classification [name of course] course and is able to perform the procedure under proctor supervision, in accordance with the AMA guidelines for Continuing Medical Education on New Procedures and Skills.

4. Verification of physician competence to perform the procedure

Competence asserts the physician can successfully perform the procedure without further supervision.

The [name of provider] verifies that this physician has earned [number of credits] Category 1 credits toward the AMA PRA by completing the level 4 classification [name of course] course and is competent to perform the procedure without further supervision, in accordance with the AMA guidelines for Continuing Medical Education on New Procedures and Skills.

Appendix B: AMA Council on Ethical and Judicial Affairs (CEJA) Opinions

Providers should identify opportunities, such as on activity brochures (and if possible, actually citing them), to remind participating physicians that the AMA developed these Ethical Opinions, as part of the Principles of Medical Ethics, to protect the integrity and quality of the CME enterprise and to support the autonomy of physicians as voluntary participants in CME activities.

Gifts to physicians from industry

The following CEJA opinion was issued in December 1990 and has been reaffirmed through a national awareness campaign in 2002-03. An addendum, addressing specific questions, accompanies the opinion (see www.ama-assn.org/go/ethicalgifts, updated in 2002).

Opinion 8.061¹

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,

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

The main incentive of 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 conference or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to the physician by a company 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 physician's 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 of 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 policymaking meetings of a 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.

¹ The report, "Gifts to Physicians from Industry," was adopted in December 1990 (JAMA, 1991, 265: 501; *Food and Law Drug Journal*, 1992, 47: 445-458; Principles of Medical Ethics, June 2001 revisions).

Ethical Issues in CME

The AMA House of Delegates, at its 1991 Annual Meeting, directed the AMA to "develop and publish guidelines to assist physicians in identifying CME of high quality, responsive to their needs, and promulgate ethical principles regarding the responsibilities of physicians to participate in CME programs which they claim for CME recognition, credit, or other purposes." CEJA responded with the following opinion, derived largely from principles I and V of the Principles of Medical Ethics (see page 33 for the full text of the Principles).

Opinion 9.011²

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 of 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; and
 - (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 only claim credit commensurate with the actual time spent attending a CME activity or in studying a CME enduring material.

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- (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; and
 - (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 by 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 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 firm or product should be disclosed by faculty members to the activity's sponsors 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 insure that:
 - (a) The program is balanced, with faculty members presenting a broad range of scientifically supportable viewpoints related to the topic at hand; and
 - (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 American Medical Association'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.

² CEJA Ethical Opinion 9.011 was adopted by the AMA House of Delegates in December 1993 and updated June 1996.

Principles of Medical Ethics³

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.

³ Revisions adopted by the AMA House of Delegates on June 17, 2001.

The AMA Physician's Recognition Award booklets are available in physician and provider versions online in Adobe Acrobat (PDF) format. Please visit our website at www.ama-assn.org/go/pr for more information about the PRA and other topics of interest to the CME community.

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