

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

A CME PILOT PROGRAM

POLICY 2017- 05

Adopted October 26, 2017
Amended November 22, 2017
Amended December 19, 2019

Many physicians have told the Board of Registration in Medicine (Board) that Continuing Medical Education (CME) courses do not address issues related to the day-to-day practice. A large majority of physician learning is targeted to the specific types of patients the physician sees, and this involves point of care learning. When the CME requirements were put in place, many physicians did not have access to advanced technology, smart phones and other alternative ways to learn. In addition, the Board has examined its CME requirements and has learned that Massachusetts has among the highest number of CME requirements in the country.¹ In an effort to improve our physicians' educational experience, and thereby improve patient safety, the Board is implementing a CME Pilot Program that enables physicians to target their learning around the patients they see.

The Board's CME Pilot Program that began on January 1, 2018 will be in effect until the Board promulgates a new regulation incorporating the subject matter of this Policy into 243 CMR 2.00. Each licensee shall obtain no fewer than 50 continuing medical education (also referred to as continuing professional development or CPD) credits. Credits shall be earned from an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association (AOA), the American Academy of Family Physicians (AAFP) or a state medical society recognized by the ACCME or from material used for point of care.

Under the CME Pilot Program, licensees are still required to take the existing specialized CME requirements, but with the following changes:

- 2 CME credit in End-of-Life Care issues, as a one-time requirement;
- 3 CME credits in opioid education and pain management if the physician prescribes controlled substances;
- 10 CME credits in Risk Management², which may be Category 1 or 2;
- 2 CME credits for studying *each* chapter of the Board's regulations, 243 CMR 1.00 – 3.00 and these credits may be applied to the Risk Management requirement;
- 3 CME credits in electronic health records as required under M.G.L. c. 112, § 2, a one-time requirement;
- The child abuse and neglect training required under M.G.L. c. 51A(k), a one-time requirement;

¹ Federation of State Medical Boards, U.S. Medical Regulatory Trends and Actions, Continuing Medical Education Requirements, (2016).

² *See* Board Policy 19-02 (Oct. 24, 2019), Risk Management CME Credits and Physician Burnout. This policy allows a licensee to count up to 7 CME credits in physician wellness or physician burnout toward his/her 10 CME credits requirement.

- The domestic violence and sexual violence training required under M.G.L. c. 112, § 264, a one-time requirement;
- The Alzheimer's and Related Dementias training requirement³, required under M.G.L. c. 112, § 2, a one-time requirement.

During the Pilot Program, biennial CME credits required may be in alternative learning formats such as quality assurance, self or practice audits, HEDIS® reports, meeting MACRA measures, etc. In addition, licensees may claim 1.00 credit for every hour of reading a journal or a point of care (POC) resource accessed in the process of delivering patient care or updating clinical knowledge.

Licensees will attest, under the pains and penalties of perjury, that they have completed each activity during their biennial licensing period.

This Policy sets the minimum mandatory CME requirement as 50 credits for a biennial licensing period. Many physicians will do more, and the Board encourages and supports that. There is no restriction on the amount of continuing medical education credits that licensees may voluntarily obtain during the Pilot Program. The goal of this program is to allow physicians to target CME studies that will expand their knowledge and improve their weaknesses, while enhancing patient safety efforts.

During the Pilot Program, the Board will be gathering physicians' opinions and experience, with the goal of making some permanent regulatory amendments. We will consider the content of successful CME programs and evaluate different methods of CME that go beyond the traditional lecture or grand rounds formats.

The Board will issue additional guidelines further explaining the new CME requirements in the near future.

³ *See* Board Policy 18-02, Interim Policy on Temporary Waiver of the Alzheimer's and Related Dementias Training Requirement.