AMA PRA Frequently Asked Questions for CME Providers

#	Question	Page
	General Questions	
1.	What must an organization do in order to certify and award *AMA PRA Category 1 Credit*™ for educational activities?	1
2.	We are accredited by the ACCME and will be inviting European physicians to an upcoming conference. How can we let the European physicians know about the AMA agreement with the European Union of Medical Specialists?	1
3	What is certified CME?	1
4	How does the AMA monitor compliance with the AMA PRA Credit System requirements?	2
5	How Is *AMA PRA Category 1 Credit*™ calculated for each activity format?	2
	Eligibility for Credit	
6.	What content may be certified for *AMA PRA Category 1 Credit*™?	3
7.	Who can be awarded *AMA PRA Category 1 Credit*™?	3
8.	May a physician that is not licensed in the U.S. be awarded *AMA PRA Category 1 Credit*™?	3
9.	May non-physicians be awarded *AMA PRA Category 1 Credit*™?	3
10.	May physicians claim *AMA PRA Category 1 Credit*™ more than once for the same activity?	4
11.	May non-physicians receive documentation that states the amount of time they participated in a live activity?	4
12.	What types of activities may not be claimed for AMA PRA credit?	4
	Core Requirements	
13.	What are the AMA core requirements to certify any activity for *AMA PRA Category 1 Credit*"?	4
14.	Does an activity have to be certified for *AMA PRA Category 1 Credit*™ prior to the activity?	5
15.	What are CME providers' responsibilities with regard to record keeping for AMA PRA credit?	5
16.	Can an activity be certified for *AMA PRA Category 1 Credit*™ if it isn't developed as one of the AMA approved learning formats?	5
	Learning Formats – General	
17.	We want to address an identified practice gap using multiple educational formats. Can we do that?	5
	Learning Formats – Live Activity	
18.	How do you determine the amount of credit for certified live activities that are not in one hour increments?	6

#	Question	Page
19.	What if there are segments within an otherwise certified live activity that aren't planned in accordance with the requirements to be certified for *AMA PRA Category 1 Credit*™?	6
20.	May committee work be certified for *AMA PRA Category 1 Credit*™?	6
21.	Can an accredited CME provider certify a prepared course (i.e. ACLS, PALS, etc) for *AMA PRA Category 1 Credit*™?	6
	Learning Formats – Live Activity, Faculty Credit	
22.	May an accredited CME provider award a faculty member *AMA PRA Category 1 Credit*™ for preparing and presenting an original presentation at a live activity that it certifies for credit?	7
23.	Is there another mechanism for a physician who serves as faculty to receive credit if a CME provider does not award credit for serving as faculty at their live *AMA PRA Category 1 Credit*™ activities?	7
24.	Are faculty eligible for *AMA PRA Category 1 Credit*™ for learning associated with teaching medical students and residents?	7
25.	What are the AMA requirements for certifying a live activity for the learning associated with teaching medical students and residents?	7
26.	Are faculty eligible for *AMA PRA Category 1 Credit*™ for enduring materials?	8
27.	May a physician faculty member be awarded *AMA PRA Category 1 Credit*™ for a live presentation outside the US during a certified CME activity sponsored by a U.S.-based accredited CME provider?	8
28.	May physicians be awarded credit if they prepare a presentation but do not actually do the presenting? If they present, but did not prepare the materials?	8
29.	If a physician gives a one hour lecture more than once, how many credits may be claimed?	8
30.	Can you provide examples of how to calculate credit for the learning associated with teaching medical students and residents?	9
	Learning Formats – Enduring Materials	
31.	How is credit determined for an enduring material?	9
32.	How is credit claimed for an enduring material?	9
33.	What type of assessment must be included as part of an enduring material?	9
24.	What is the minimum performance level that must be achieved in the assessment portion of enduring materials?	10
35.	If an accredited CME provider uses a post-test as the assessment method for enduring materials, how many questions must be included?	10
	Learning Formats – Journal-based CME	
36.	What is the difference between Journal-based CME and journal clubs?	10
37.	How is credit determined for journal-based CME?	10
38.	What is the minimum performance level that must be achieved in the assessment portion of journal-based CME activities?	10

#	Question	Page
39.	If an accredited CME provider uses a post-test as the assessment method for journal-based CME, how many questions must be included?	11
	Learning Formats – Test Item Writing	
40.	What types of activities qualify for test item writing?	11
41.	What is required for an accredited CME provider to certify a test item writing activity?	11
42.	Does writing questions for an enduring material or other CME activity pre-or post-tests qualify as a Test-Item Writing activity?	11
	Learning Formats – Manuscript Review	
43.	In a manuscript review activity, what happens if a physician's review is deemed unacceptable by the journal editor?	11
	Learning Formats – PI CME	
44.	What is considered to be an appropriate performance measure for a PI CME activity?	12
45.	Where can developed performance measures be found that might be used in a PI CME activity?	12
46.	If evidence-based performance measures do not currently exist for the clinical condition or patient care area that needs improvement, can an accredited CME provider develop evidence-based performance measures to be used in a PI CME activity?	12
47.	How many performance measures must be used in a PI CME activity?	12
48.	How many charts/patients/episodes of care have to be assessed during Stage A?	12
49.	If our system captures the data that is to be used for Stage A, how would we involve physicians in Stage A?	12
50.	Can a physician start a Performance Improvement CME activity (PI CME) during Stage B or Stage C?	13
51.	Could interventions used in Stage B of a PI CME activity include systems improvements such as record-keeping in the office or a tickler system for tracking patients needing the flu vaccine?	13
52.	What is the typical length of each stage of the activity?	13
53.	If a physician completes a PI CME activity but determines that there is still room for improvement based on the data gathered in Stage C, can they extend the PI CME activity and earn additional credit?	13
54.	Can just one physician participate in an activity, or does it have to be done in groups?	13
55.	How does a physician get credit for working on a performance improvement initiative?	13
	Learning Formats – Internet Point of Care (PoC)	
56.	What's the difference between Internet PoC and online searching and learning?	14
57.	What is the AMA's expectation of accredited CME providers regarding the vetting of databases for use in PoC?	14

#	Question	Page
	Awarding Credit	
58.	Does the AMA place a limit on the amount of time physicians have to claim *AMA PRA Category 1 Credit*™ after participation in an educational activity?	14
59.	May providers award additional credit for time spent completing surveys/evaluations/ commitments to change, etc., that are not integrated with a certified CME activity, e.g., at three or six months?	14
60.	Are there limits to the amount of *AMA PRA Category 1 Credit*™ that physicians can earn during a year for specific learning formats, such as Journal-based CME or Manuscript Review?	14
	Credit Designation Statement	
61.	What is the correct AMA Credit Designation Statement?	15
62.	What does the AMA mean when it says the credit designation statement should be listed separately from accreditation and other statements?	15
63.	May accredited CME providers modify the required AMA Credit Designation Statement?	15
64.	When must the AMA Credit Designation Statement be used?	15
65.	What are the learning formats that must be included in the AMA credit designation statement?	16
66.	Why must we include the learning format in the AMA credit designation statement?	16
67.	We have a web page that lists several different CME activities. Is there a way to combine things into one credit designation statement?	16
	Credit Phrase	
68.	Must the credit phrase (*AMA PRA Category 1 Credit*™) always be italicized and include the trademark symbol?	17
	Documentation Requirements	
69.	Must CME providers use specific language on certificates, transcripts or documentation issued to the physician?	17
70.	What elements must be included on documentation provided to participating physicians?	17
71.	Is the AMA credit designation statement required on certificates and/or transcripts?	17
72.	If our organization produces both certificates and transcripts, must both of these include all of the required elements?	17
	***AMA PRA Category 2 Credit*™**	
73.	May accredited CME providers certify activities for *AMA PRA Category 2 Credit*™?	18
74.	What are the requirements for *AMA PRA Category 2 Credit*™*?*	18
75.	What activities may a physician claim for *AMA PRA Category 2 Credit*™?	18
	Direct Credit	
76.	What are direct credit activities?	19

AMA PRA Frequently Asked Questions for CME Providers

General Questions

1. What must an organization do in order to certify and award *AMA PRA Category 1 Credit*™ for educational activities?

In order to certify activities for *AMA PRA Category 1 Credit*™ and award credit to physicians that complete the certified activities the organization must:

a. Plan and implement educational activities that meet all of the AMA PRA core requirements and the format-specific requirements for the chosen AMA approved learning format (for information on these requirements refer to the AMA PRA informational booklet; and

b. Be accredited by either the Accreditation Council for Continuing Medical Education (ACCME) or an ACCME-recognized state medical society (SMS).

If your organization is not an accredited CME provider, you would either have to become accredited or work with an accredited CME provider in a joint-providership relationship. To learn more about becoming accredited and/or to find a list of accredited CME providers, please visit the ACCME Web site.

2. We are accredited by the ACCME and will be inviting European physicians to an upcoming conference. How can we let the European physicians know about the AMA agreement with the European Union of Medical Specialists?

You should include the following language in your promotional materials:

> The American Medical Association has an agreement of mutual recognition of Continuing Medical Education (CME) credits with the European Union of Medical Specialists (UEMS), the accreditation body for European countries. Physicians interested in converting *AMA PRA Category 1 Credit*™ to UEMS-European Accreditation Council for Continuing Medical Education CME credits (ECMECs) should contact the UEMS at mutualrecognition@uems.eu

Activities certified for *AMA PRA Category 1 Credit*™ that take place within a member country of the UEMS are not eligible for conversion to ECMECs under this agreement.

3. What is certified CME?

Certified CME is defined as:

a. Non-promotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or

b. Non-promotional learning activities for which the credit system owner directly awards credit

Certified CME encompasses all activities certified for *AMA PRA Category 1 Credit*™ by ACCME/SMS accredited CME providers, activities certified through the American Academy of Family Physicians (AAFP) or American Osteopathic Association (AOA) credit systems, and activities certified directly by the AMA for *AMA PRA Category 1 Credit*™ or through one of the AMA's international agreements.

4. How does the AMA monitor compliance with the AMA PRA Credit System requirements?

The AMA monitors for compliance with AMA PRA credit system requirements through the ACCME/SMS accreditation self-study process, the investigation of complaints received and the review of information found in the public domain. Whenever warranted, the AMA will proceed with follow-up inquiries to ascertain and address compliance with AMA PRA credit system requirements. In most cases, the AMA is able to assist accredited CME providers with finding strategies that will bring their program and activities into compliance with AMA PRA standards.

The AMA reserves the right to withdraw an accredited CME provider's privilege to certify activities for *AMA PRA Category 1 Credit*™, regardless of accreditation status, should the accredited CME provider fail to bring the program and activities into compliance with AMA PRA policies.

5. How Is *AMA PRA Category 1 Credit*™ calculated for each activity format?

Live Activities

- Credit designation: Credit for live activities is calculated based on the length of time of the activity (excluding non-educational portions such as breaks). Credit is designated in 15 minute, or 0.25 credit increments, rounded to the nearest quarter hour. The minimum number of credits is 0.25, but there is not a maximum limit to the number of credits for which live activities can be designated.
- Claiming credit: Physicians claim credit based on their individual participation time, up to the designated maximum for the activity, and should do so in 15 minute, or 0.25 credit, increments and round to the nearest quarter hour.

Enduring Materials

- Credit designation: Credit for enduring materials is calculated based on a legitimate estimate of the amount of time it will take a physician to complete the activity and satisfy its objectives and/or purpose. Credit is designated in 15 minute, or 0.25 credit, increments, rounded to the nearest quarter hour. The minimum number of credits is 0.25 but there is not a maximum limit to the number of credits for which enduring materials can be designated.
- Claiming credit: Physicians who successfully complete the activity may claim the full amount of credit for which the activity is designated, regardless of the amount of time it took them to complete the activity.

Other Five Learning Formats

Credit for the other five AMA approved learning formats is value-based rather than time-based.

- Credit Designation: Each learning format has a specified number of credits for which it is designated and can be found in the table below, as well as in the AMA PRA booklet.
- Claiming credit: Physicians who successfully complete the activity claim the number of credits appropriate to the learning format. There is no partial credit.
- Table summarizing credit designation for these five formats:

Journal-based CME	1 *AMA PRA Category 1 Credit*™ per article
Test Item Writing	10 *AMA PRA Category 1 Credits*™ per test item writing activity
Manuscript Review	3 *AMA PRA Category 1 Credits*™ per acceptable manuscript review
Performance Improvement CME	20 *AMA PRA Category 1 Credits*™ per PI CME activity (5 credits per stage if physician completes only one or two stages (Stage A or Stages A and B))
Internet Point-of-Care	0.5 *AMA PRA Category 1 Credit*™ per three-step PoC cycle

Eligibility for Credit

6. What content may be certified for *AMA PRA Category 1 Credit™*?

The content of all activities certified for *AMA PRA Category 1 Credit™* must meet the AMA's definition of CME, be non-promotional and be appropriate in depth and scope for the intended physician audience. The AMA's definition of CME is:

> 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 HOD policy #300.988)

Accredited CME providers may certify nonclinical subjects (e.g. office management, patient-physician communications, faculty development) for *AMA PRA Category 1 Credit™* as long as these are appropriate to a physician audience and benefit the profession, patient care or public health.

CME activities may describe or explain complementary and alternative health care practices. As with any 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 certified for *AMA PRA Category 1 Credit™*.

In addition to ensuring that the content meets the AMA's definition of CME, activities certified for *AMA PRA Category 1 Credit™* must also comply with all AMA PRA core and format-specific requirements.

7. Who can be awarded *AMA PRA Category 1 Credit™*?

Only physicians are eligible to be awarded *AMA PRA Category 1 Credit™*. For the purpose of awarding and claiming AMA PRA credit, the AMA defines physicians as those individuals who have obtained an MD, DO or equivalent medical degree from another country. A list of equivalent medical degrees may be found on the website of the Educational Commission for Foreign Medical Graduates. No other healthcare providers may be awarded *AMA PRA Category 1 Credit™.*

8. May a physician that is not licensed in the U.S. be awarded *AMA PRA Category 1 Credit™*?

Yes. *AMA PRA Category 1 Credit™* may be awarded to any physician (defined by the AMA as MDs, DOs, or international physicians with equivalent degrees from other countries). The requirements for awarding *AMA PRA Category 1 Credit™* to US and non-US licensed physicians are the same.

9. May non-physicians be awarded *AMA PRA Category 1 Credit™*?

No. Non-physician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit™*. However, accredited CME providers may issue documentation of participation to non-physicians that states that the activity was certified for *AMA PRA Category 1 Credit™.* (See question 69 for additional information.)

AMA PRA Category 1 Credit™ may only be awarded to MDs or DOs (or physicians with equivalent degrees from other countries).

10. May physicians claim *AMA PRA Category 1 Credit*™ more than once for the same activity?

It is each physician's ethical responsibility to only claim credit for activities in which they have learned something that will help their practice, i.e. physicians who complete PALS or ACLS on an annual basis and feel that it benefits their patient care to do so may claim credit for it each time.

11. May non-physicians receive documentation that states the amount of time they participated in a live activity?

Yes. Accredited CME providers may document the amount of time a non-physician participated in one of their live *AMA PRA Category 1 Credit*™ activities. However, it should be listed as hours, not credits, as in the example below:

> The [name of accredited CME provider] certifies that [name of non-physician participant] has participated in the live activity titled [title of activity] [at location, when applicable] on [date]. This activity was designated for [number of credits] *AMA PRA Category 1 Credits*™. [Name of non-physician participant] participated for [amount of time] hours.

12. What types of activities may <u>not</u> be claimed for AMA PRA credit?

CME credit may not be claimed for learning which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from:

- Clinical experience
- Charity or mission work
- Surveying
- Serving on a committee, council task force, board, house of delegates or other professional workgroup
- Passing examinations that are not integrated with a certified activity

Core Requirements

13. What are the AMA core requirements to certify any activity for *AMA PRA Category 1 Credit*"?

The AMA's Core Requirements for all activities that are certified for *AMA PRA Category 1 Credit*™ are that each activity must:

1. Conform to the AMA's definition of CME.
2. Address demonstrated educational needs.
3. Communicate to prospective participants a clearly identified educational purpose and/or objectives in advance of participation in the activity.
4. Be designed using AMA approved learning formats and learning methodologies appropriate to the activity's educational purpose and/or objectives; credit must be based on AMA guidelines for the type of learning format used.
5. Present content appropriate in depth and scope for the intended physician audience.
6. Be planned in accordance with the relevant CEJA opinions and the ACCME Standards for Commercial Support℠, and be non-promotional in nature.
7. Evaluate the effectiveness in achieving its educational purpose and/or objectives.
8. Document credits claimed by physicians for a minimum of six years.
9. Be certified for *AMA PRA Category 1 Credit*™ in advance of the activity; i.e. an activity may not be retroactively approved for credit.
10. Include the AMA Credit Designation Statement in any activity materials that reference CME credit with the exception of "save the date" or similar notice.

In addition, activities must comply with specific requirements for the AMA approved learning formats.

14. Does an activity have to be certified for *AMA PRA Category 1 Credit*™ prior to the activity?

Yes. Educational activities must be certified for *AMA PRA Category 1 Credit*™ before physicians begin participating in the activity. Activities may not be retroactively certified for AMA PRA credit.

15. What are CME providers' responsibilities with regard to record keeping for AMA PRA credit?

The AMA requires that accredited CME providers must be able to provide documentation to participating physicians of the credit awarded, at the request of the physician, for at least six years after completion of each activity. When an accredited CME provider issues a certificate, transcript or other means of documentation, it must reflect the actual number of credits claimed by the physician for live and PI CME activities, and not just automatically record the designated maximum credits for the activity.

Documentation provided to participating physicians must accurately reflect, at a minimum, the following:

- Physician's name
- Name of accredited CME provider
- Title of activity
- Learning format of the activity
- Location of activity (if applicable)
- Date(s) of the live activity or date that the physician completed the activity
- Number of *AMA PRA Category 1 Credits*™ awarded

Accredited CME providers also need to check with their accreditor (either the ACCME or SMS) for additional record keeping requirements.

16. Can an activity be certified for *AMA PRA Category 1 Credit*™ if it isn't developed as one of the AMA approved learning formats?

No. All activities certified for *AMA PRA Category 1 Credit*™ must meet all requirements for one of the seven AMA approved learning formats.

Learning Formats – General

17. We want to address an identified practice gap using multiple educational formats. Can we do that?

Yes, and you can promote it to physicians as a comprehensive program that combines more than one (or several) learning formats. You must meet all format specific requirements for each of the formats used.

You will need separate credit designation statements and list the credit per format on the certificate, transcript or other documentation provided to physician participants. Physicians deserve to know what they will be doing, how they will be doing it, and how will credit be awarded if they can only participate in some components and not others.

An example of promotional language that could be used:

> The XYZ activity has two components: an enduring material (self-study completed on your own time) and a live activity (the conference scheduled for xxxx date that will take place at xxxx). Physicians who complete both parts can earn a maximum of 15 *AMA PRA Category 1 Credits*™.

The ABC Hospital designates this enduring material for a maximum of 10 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The ABC Hospital designates this live activity for a maximum of 5 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learning Formats – Live Activity

18. How do you determine the amount of credit for certified live activities that are not in one hour increments?

The credit for live activities may be designated in 15 minute or 0.25 credit increments; rounded to the nearest quarter hour. Credit is only designated for the educational portions of an activity, i.e. time for breaks and lunches is not included when calculating credit.

19. What if there are segments within an otherwise certified live activity that aren't planned in accordance with the requirements to be certified for *AMA PRA Category 1 Credit*™?

There may be segments in a conference that is otherwise a certified CME activity that do not meet the requirements for *AMA PRA Category 1 Credit*™, e.g. segments that are promotional in nature, those targeted at non-physicians, or that do not meet the definition of CME. In such cases, accredited CME providers must clearly differentiate in activity materials between segments that are designated for *AMA PRA Category 1 Credit*™ and those that are not.

20. May committee work be certified for *AMA PRA Category 1 Credit*™?

No. Participation in the work of a committee does not qualify for *AMA PRA Category 1 Credit*™.

However, CME providers may structure a live learning activity that occurs during a committee meeting and certify that portion for *AMA PRA Category 1 Credit*™.

As an example, a CME Committee may need to be educated about revisions to AMA requirements in order to perform the task of certifying activities for AMA PRA credit. An educational session to meet this need can be developed following all the requirements for any live activity certified for *AMA PRA Category 1 Credit*™. This educational portion of the meeting may be certified for credit, but the work of the committee involved in certifying activities using the updated requirements would not be not eligible for credit.

When certifying committee education for *AMA PRA Category 1 Credit*™, a provider must comply with all of the requirements for certifying a live activity for *AMA PRA Category 1 Credit*™.

21. Can an accredited CME provider certify a prepared course (i.e. ACLS, PALS, etc.) for *AMA PRA Category 1 Credit*™?

Yes. ACLS and similar forms of training that are at a depth and scope for a physician audience may be certified for *AMA PRA Category 1 Credit*™ by an accredited CME provider. The provider is still required to document that all of the core and format-specific requirements for certifying the activity have been met.

Learning Formats – Live Activity, Faculty Credit

22. May an accredited CME provider award a faculty member *AMA PRA Category 1 Credit*™ for preparing and presenting an original presentation at a live activity that it certifies for credit?

Yes. Accredited CME providers may certify a live activity to award *AMA PRA Category 1 Credit*™ to their physician faculty for original presentations at live *AMA PRA Category 1 Credit*™ activities. This recognizes the learning associated with the preparation and teaching of an original presentation.

Credit is awarded to physician faculty for a live activity that is certified for *AMA PRA Category 1 Credit*™ in the following manner:

- Physician faculty may be awarded credit based on a 2-to-1 ratio to presentation time. For example, faculty may be awarded 2 *AMA PRA Category 1 Credits*™ for an original one-hour presentation or 1.5 *AMA PRA Category 1 Credits*™ for a an original 45-minute presentation for sessions that were designated for *AMA PRA Category 1 Credit*™. Credit should be rounded to the nearest one-quarter credit.
- Credit may only be claimed once for an original presentation; credit may not be claimed for subsequent presentations of the same material.
- Physician faculty may not claim credit as a participant for their own presentations; however, they may claim credit for other segments they attend as a participant at a certified live activity.

23. Is there another mechanism for a physician who serves as faculty to receive credit if a CME provider does not award credit for serving as faculty at their live *AMA PRA Category 1 Credit*™ activities?

Yes. A physician who prepares and presents an original presentation at a live activity that has been certified for *AMA PRA Category 1 Credit*™ may apply directly to the AMA for credit if the accredited CME provider for the activity did not award faculty credit. Information about direct credit can be found on the AMA website.

24. Are faculty eligible for *AMA PRA Category 1 Credit*™ for learning associated with teaching medical students and residents?

Yes. In March of 2013 the AMA Council on Medical Education approved teaching medical students and residents as a type of live activity that can be certified for *AMA PRA Category 1 Credit*™. **The credit is to recognize the learning that occurs as physicians prepare to teach, but the credit is calculated based on the time spent using what was learned in the preparation phase**. If there is no learning, or no presentation, then it is not appropriate for physicians to claim credit.

25. What are the AMA requirements for certifying a live activity for the learning associated with teaching medical students and residents?

To be certified for *AMA PRA Category 1 Credit*™, this type of live activity must:

- Be certified by an institution that, in addition to being an accredited CME provider (or working in joint sponsorship with an accredited CME provider), is accredited by the LCME (to certify teaching medical students), the ACGME (to certify teaching residents/fellows) or both.
- Provide clear instructions to the physicians that define the educational process of the activity (documentation, timelines, etc.)

Designating and awarding credit for participation in this type of live activity:

- Physician faculty may be awarded credit based on a 2-to-1 ratio to teaching time that uses what was learned in preparation for it. For example, faculty may be awarded 2 *AMA PRA Category 1 Credits*™ for one hour spent teaching or 1.5 *AMA PRA Category 1 Credits*™ for 45 minutes spent teaching. Credits should be rounded to the nearest one-quarter credit.

- *AMA PRA Category 1 Credit*™ should only be awarded for teaching that is verified by the UME and/or GME office. (Faculty may not receive credit more than once for the same time period, even if the audience involves residents and students from more than one program.) Examples of a mechanism to accomplish this include, but are not limited to, a list of faculty approved for credit from the UME and/or GME office, or a co-signature by a UME/GME authority on credit documentation/claim forms provided by physician participants.
- In addition to the institution being ACGME accredited, the residency/fellowship program itself must also be ACGME accredited in order for faculty to be awarded *AMA PRA Category 1 Credit*™ for the learning associated with teaching residents/fellows in that program.
- Physicians may claim credit for a variety of interactions if they learned something in preparation for those interactions. Types of teaching activities include, but are not limited to, formal presentations to medical students, residents; review of cases, clinical problems; supervising clinical or simulated activities; instruction on clinical or other skills; assessing learner performance (clinical or simulation settings); mentoring QI or PI projects; and mentoring of scholarly activities.

As with any activity certified for *AMA PRA Category 1 Credit*™, this type of live activity must also meet all of the AMA core requirements (in addition to the format specific requirements listed above).

Due to the nature of faculty credit for teaching medical students and residents/fellows, the standard credit designation statement needed adjustment as the number of credits will not be known in advance. The following credit designation statement should be used in its place for this type of activity only:

> The [name of accredited CME provider] designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits*™ per 1 hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

26. Are faculty eligible for *AMA PRA Category 1 Credit*™ for enduring materials?

No. The AMA has not approved the awarding of *AMA PRA Category 1 Credit*™ for serving as faculty/author for enduring materials. A physician may choose to claim *AMA PRA Category 2 Credit*™ for other types of teaching or for medical writing if he/she determines that it meets the requirements See the AMA PRA booklet for more information on *AMA PRA Category 2 Credit*™.

27. May a physician faculty member be awarded *AMA PRA Category 1 Credit*™ for a live presentation outside the US during a certified CME activity sponsored by an accredited CME provider?

Yes. If the CME provider is accredited by the ACCME or an ACCME-recognized state medical society, the location of the activity has no bearing on the credit given to faculty or learners. These activities have the same requirements as if the activity took place within the United States.

28. May physicians be awarded credit if they prepare a presentation but do not actually do the presenting? If they present, but did not prepare the materials?

No. Faculty credit is a two-part process. The physician must learn in the process of preparing the original material and present it in order to be awarded faculty credit.

29. If a physician gives a one hour lecture more than once, how many credits may be claimed?

Provided the live activity itself is certified for 1.0 *AMA PRA Category 1 Credit*™, the physician may only claim 2.0 *AMA PRA Category 1 Credits*™ as faculty the first time the presentation is given. The credit is for the learning that occurs as the physician prepares the lecture, and may only be claimed once regardless of the number of times it is repeated.

30. Can you provide examples of how to calculate credit for the learning associated with teaching medical students and residents?

There are two steps needed for physicians to claim *AMA PRA Category 1 Credit*™ for learning associated with teaching medical students and residents. The first step is that there must be learning involved in the preparation for teaching (although preparation time is not included when calculating the number of credits). The second step is for physicians to document the time spent teaching, using what was learned in the preparation phase. Credit is then calculated based on a 2:1 ratio of the time the physician spends teaching in the second step. Here are some examples:

a. A physician prepares a one hour lecture for a group of residents. This is the first time this lecture will be given, and the physician does some research and other learning in order to prepare the lecture. The physician may claim two *AMA PRA Category 1 Credits*™ because one hour was spent teaching residents based on the learning that took place.

b. A physician has a one hour session with a resident to teach how to appropriately perform a physical exam, and will give feedback to the resident after observing the resident in action. The faculty member has taught how to perform the physical exam many times, and doesn't need to do any additional preparation for that part of the session, but seeks out information about effective methods for giving feedback. The physician then spends 15 minutes of the one hour session giving feedback to the resident. The physician may claim 0.5 *AMA PRA Category 1 Credits*™ because .25 hours was spent providing feedback to the resident using the tools and techniques learned in preparation for the activity.

c. A physician teaches students how to perform a procedure, and has done so many times in the past. The faculty member does not need to do any additional preparation this time around, and is able to handle all of the student questions based on accumulated experience over the years. As there was no additional learning involved on the part of the faculty member, it would not be appropriate to claim *AMA PRA Category 1 Credit*™ in this instance.

Learning Formats – Enduring Materials

31. How is credit determined for an enduring material?

Credit designation for each enduring material must be determined by a mechanism developed by the accredited CME provider to establish a good faith estimate of the amount of time a physician who is part of the intended audience will take to complete the activity, such as the average time it takes a small sample group of the target audience to complete the material. While other methods may be used to estimate the average time, the resulting amount of credit should be the same as what would be achieved by the small sample group method. Credit is designated in 15 minute or 0.25 credit increments; accredited CME providers must round to the nearest quarter hour.

32. How is credit claimed for an enduring material?

Physicians who successfully complete the enduring material may claim the full amount of credit designated for the activity, regardless of the amount of time it took the physician to complete the activity.

33. What type of assessment must be included as part of an enduring material?

The AMA requires that an enduring material provide an assessment of the learner that measures achievement of the educational purpose and/or objective(s) of the activity with an established minimum performance level. Examples include, but are not limited to, patient-management case studies, a post-test, and/or application of new concepts in response to simulated problems. Whatever type of assessment is chosen, the accredited CME provider must be able to determine if the physician met an established performance level before awarding credit. Accredited CME providers may structure an enduring material so that physicians must correctly complete one portion before moving on to the next.

34. What is the minimum performance level that must be achieved in the assessment portion of enduring materials?

The AMA doesn't specify what the minimum performance level must be, but the intent is that physician participants demonstrate a mastery of the activity content by meeting the objectives. It is the responsibility of the accredited CME provider to determine what is appropriate for the activity and implement a mechanism to ensure that credit is only awarded to physicians who achieve at least the minimum performance level.

Just completing the activity does not constitute an assessment of the learner that measures achievement of the educational purpose and/or objective(s) of the activity.

35. If an accredited CME provider uses a post-test as the assessment method for enduring materials, how many questions must be included?

The AMA does not have a requirement for a specific number of questions. The expectation of the AMA is that the assessment will include sufficient questions to demonstrate physician participants have met the objectives of the activity. The number of questions will vary depending on the content and the objectives/purpose of the activity.

Learning Formats – Journal-based CME

36. What is the difference between Journal-based CME and journal clubs?

A Journal-based CME activity is a certified CME activity in which an article, within a peer-reviewed, professional journal is certified for *AMA PRA Category 1 Credit*™ prior to the publication of the journal. Each article is designated for one (1) *AMA PRA Category 1 Credit*™.

A journal club is an activity structured around the discussion of a published journal article(s) that does not have to be certified as journal-based CME. Generally physicians will read the article(s) prior to the activity and discuss the article(s) during the journal-club meeting. If the journal club meets all AMA core requirements, as well as live format specific requirements, the activity may be certified for *AMA PRA Category 1 Credit*™ for the discussion and learning that occurs at the live activity, not for reading the article(s). The accredited CME provider must comply with all core and live activity format-specific requirements in order to certify the activity for *AMA PRA Category 1 Credit*™.

37. How is credit determined for journal-based CME?

Accredited CME providers must designate individual articles certified as Journal-based CME for one (1) *AMA PRA Category 1 Credit*™. The credit for this type of activity is value-based rather than time based. If a CME provider wishes to designate journal-based CME for a different amount of credit, then it must be designed as an enduring material instead of journal-based CME and must comply with all requirements for an enduring material.

38 What is the minimum performance level that must be achieved in the assessment portion of journal-based CME activities?

The AMA doesn't specify what the minimum performance level must be, but the intent is that physician participants demonstrate a mastery of the activity content by meeting the objectives. It is the responsibility of the accredited CME provider to determine what is appropriate for the activity and implement a mechanism to ensure that credit is only awarded to physicians who achieve at least the minimum performance level.

Just completing the activity does not constitute an assessment of the learner that measures achievement of the educational purpose and/or objective(s) of the activity.

39. If an accredited CME provider uses a post-test as the assessment method for journal-based CME, how many questions must be included?

The AMA does not have a requirement for a specific number of questions. The expectation of the AMA is that the assessment will include sufficient questions to demonstrate physician participants have met the objectives of the activity. The number of questions will vary depending on the content and the objectives/purpose of the activity.

Learning Formats – Test Item Writing

40. What types of activities qualify for test item writing?

Test Item Writing activities may **only** be certified for credit if the questions are developed for:

- National Board of Medical Examiners (NBME) examinations
- American Board of Medical Specialties (ABMS) member board certification examinations
- National medical specialty society peer-reviewed, published, self-assessment activities

Activities designed to write other types of test questions (i.e. ARS, enduring material, journal-based CME questions) are not eligible to be certified for *AMA PRA Category 1 Credit*™ Please see question 41 for more information on test-item writing requirements.

41. What is required for an accredited CME provider to certify a test item writing activity?

The following are required in order for an accredited CME provider to certify a test-item writing activity and award credit to physician participants:

- The activity must have been developed to meet all of the AMA PRA core requirements
- The questions being developed must only be for NBME examinations, ABMS member board certification examinations or national specialty society peer-reviewed, published, self-assessment activities
- Writers must be given guidance on how to use evidence for writing quality questions
- The assigned questions must be at a depth and scope that require a review of the literature and a knowledge for the evidence base for the questions
- Physician question writers must personally participate in a group peer review of the questions.

42. Does writing questions for an enduring material or other CME activity pre- or post-tests qualify as a Test-Item Writing activity?

No. Writing questions for enduring materials or other CME activity pre- or post-tests does not qualify as a Test-Item Writing activity and *AMA PRA Category 1 Credit*™ may not be awarded for these.

Learning Formats – Manuscript Review

43. In a manuscript review activity, what happens if a physician's review is deemed unacceptable by the journal editor?

If a manuscript review is deemed to be unacceptable by the journal editor, a physician may not be awarded *AMA PRA Category 1 Credit*™ for that review since the physician has not demonstrated successful completion of the learning activity.

Learning Formats – PI CME

44. What is considered to be an appropriate performance measure for a PI CME activity?

PI CME activities must be based on evidence-based performance measures, defined by the Institute of Medicine as "a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion." A fully developed performance measure will have three parts: a) numerator statement, b) denominator statement, and c) a list of any denominator exclusions. The performance measures for PI CME activities must address a facet of the physician's practice with direct implication for patient care.

45. Where can developed performance measures be found that might be used in a PI CME activity?

For many common health problems, evidence-based performance measures have already been developed by several organizations and are available for use. One such organization, the PCPI) has developed measures and worksheets for many clinical conditions. Royalty-free permission is available to CME providers to use these measures. Performance measures are also available from the National Committee for Quality Assurance, National Quality Measures Clearinghouse, Physician Quality Reporting Initiative, and The Joint Commission.

46. If evidence-based performance measures do not currently exist for the clinical condition or patient care area that needs improvement, can an accredited CME provider develop evidence-based performance measures to be used in a PI CME activity?

Yes. Accredited CME providers may develop an evidence-based performance measure if one does not already exist for the clinical condition or patient care area that needs improvement. Key points to remember are that they must be evidence-based and well designed, with clearly specified required data elements for feasible data collection; address something with direct implication for patient care; and the numerical expression of the measurement must be developed to include well-defined numerator and denominator statements, and identify any denominator exclusions.

Ideally you would have the measures vetted by an individual or group that has expertise in performance measures.

47. How many performance measures must be used in a PI CME activity?

The AMA does not specify how many performance measures must be used in a PI CME activity; the number of measures would depend on the purpose of the activity, the identified clinical condition or patient care area that needs improvement, the physician's practice and the patient population. Accredited CME providers may develop a PI CME activity around one or more measures. However, the higher the number of measures, the more complex the activity becomes.

48. How many charts/patients/episodes of care have to be assessed during Stage A?

This is determined by the accredited CME provider but should be sufficient to gather a good sampling of data.

49. If our system captures the data that is to be used for Stage A, how would we involve physicians in Stage A?

Physicians could analyze the data compared to their perceived performance. It is also a good idea to provide physicians with reference/comparison data from larger populations, such as regional, state and/or national to determine where they fall within that spectrum. Physicians also need to be involved in analyzing the data to determine where improvements can/should be made.

50. Can a physician start a Performance Improvement CME activity (PI CME) during Stage B or Stage C?

No. Physicians must start a PI CME activity with Stage A. This ensures that a physician has done an assessment of his/her practice to determine the baseline performance that will be reassessed in Stage C. However, there may be times when a PI CME activity will be extended beyond one cycle; please see question 53.

51. Could interventions used in Stage B of a PI CME activity include systems improvements such as record-keeping in the office or a tickler system for tracking patients needing the flu vaccine?

Yes. Stage B of the PI CME activity can, and often will, include a variety of different interventions intended to improve performance, depending on the evidence-based performance measure(s) addressed and identified need for improvement of the participants. Examples of interventions include developing a tickler file to remind staff to give the flu vaccine to appropriate patients, tracking forms in patient records, patient education materials or, if the reason for the deficient performance is a lack of knowledge or strategies, etc., skill-workshops, live activities or enduring materials.

52. What is the typical length of each stage of the activity?

Each activity will vary depending on the performance measures chosen, interventions implemented, the physician patient population, etc. Normally, Stage B is the stage that lasts the longest since it requires that there be time to apply the interventions to a sufficient number of patients and for a sufficient amount of time in order to be able to evaluate the impact of the intervention(s).

53. If a physician completes a PI CME activity but determines that there is still room for improvement based on the data gathered in Stage C, can they extend the PI CME activity and earn additional credit?

Yes. In reviewing Stage C data a physician may determine that there is still further room for improvement that needs to be addressed. The Stage C data already collected would be used as Stage A data for the next cycle. In this situation, the physician has already been awarded 5 credits for Stage C so it would not be appropriate to receive credit for Stage A in the second cycle. Different intervention(s) would be utilized in Stage B, and another Stage C would be completed after an appropriate interval. A maximum of 10 credits (for Stages B and C) could be awarded for the second cycle of the PI CME activity.

54. Can just one physician participate in an activity, or does it have to be done in groups?

PI CME activities can be done by individual physicians or a group. Often, the involvement of other members of the health care team or physician's practice will be necessary or indispensable to the success of the PI CME activity.

55. How does a physician get credit for working on a performance improvement initiative?

PI CME must be structured through an accredited CME provider prior to beginning the activity. A physician may not come to the accredited provider and ask to be awarded credit for doing a performance improvement initiative after the fact. However, a performance improvement activity being planned by an institution may very well meet the requirements to being certified as a PI CME activity prior to it being initiated.

Learning Formats – Internet Point of Care (PoC)

56. What's the difference between Internet PoC and online searching and learning?

An Internet Point-of-Care (PoC) activity is a certified CME activity that is structured by an accredited CME provider and credit is only awarded for completion of each learning cycle. Internet PoC activities only utilize databases that have been vetted by the accredited CME provider as meeting the requirement for professional, peer-reviewed literature using unbiased search algorithms. The accredited provider must provide clear instructions to the physician on how to access the portal/database, which databases have been vetted for use, how participation will be tracked and how credit will be awarded.

Online searching and learning is not structured by an accredited CME provider as a learning activity and may involve the use of sources that are not professional, peer-reviewed literature. Unstructured searching of the internet is not an AMA approved learning format and therefore may not be certified for *AMA PRA Category 1 Credit™.* Physicians may determine that it is appropriate to self-claim *AMA PRA Category 2 Credit™* for unstructured searching of the internet.

57. What is the AMA's expectation of accredited CME providers regarding the vetting of databases for use in PoC?

Accredited CME providers must ensure the databases used in a PoC activity are peer reviewed and scientifically valid. It is the responsibility of the accredited CME provider to oversee the appropriate selection and use of professional, peer-reviewed literature, and ensure that search algorithms are unbiased. Providers should periodically review the chosen databases to ensure that they are still valid.

Claiming/Awarding Credit

58. Does the AMA place a limit on the amount of time physicians have to claim *AMA PRA Category 1 Credit™* after participation in an educational activity?

The AMA does not set a limit on the amount of time accredited CME providers can give physicians to claim credit for an activity. The accredited CME provider has the authority to set a limit, but if you do physicians should be made aware of what the time limit is prior to participation in the activity.

59. May providers award additional credit for time spent completing surveys/evaluations/ commitments to change, etc., that are not integrated with a certified CME activity, e.g., at three or six months?

No. The completion of surveys, evaluations, commitments to change, etc. that are not included as part of an educational activity, are not an approved AMA learning format and may not be certified for *AMA PRA Category 1 Credit™*.

60. Are there limits to the amount of *AMA PRA Category 1 Credit™* that physicians can earn during a year for specific learning formats, such as Journal-based CME or Manuscript Review?

No. The AMA places no limits on the amount of CME credit a physician may earn in any format. There are limits to the number of CME credits that may be reported from some of the learning format categories when using the credit earned to apply for the AMA Physician's Recognition Award. These limits may be found in the AMA PRA booklet.

Other organizations that require CME credits for membership, recredentialing, relicensure, recertification or Maintenance of Certification, etc., may choose to limit the number of credits obtained through a particular format.

Credit Designation Statement

61. What is the correct AMA Credit Designation Statement?

The correct AMA Credit Designation Statement, which must be written without paraphrasing and be listed separately from accreditation or other statements, is:

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

See also questions 25 and 63

62. What does the AMA mean when it says the credit designation statement should be listed separately from accreditation and other statements?

The AMA credit designation statement should be in a separate paragraph from any other statements.

63. May accredited CME providers modify the required AMA Credit Designation Statement?

No. The AMA Credit Designation Statement must be written without paraphrasing and be listed separately from accreditation or other statements:

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

Due to the nature of faculty credit for teaching medical students and residents/fellows, the standard credit designation statement needed adjustment as the number of credits will not be known in advance. The following credit designation statement should be used in its place for this type of activity only:

> The [name of accredited CME provider] designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits*™ per 1 hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The (s) at the end of *AMA PRA Category 1 Credit(s)*™ is intended to indicate that providers should make the sentence grammatically correct, e.g. activities would be designated for 1 *AMA PRA Category 1 Credit*™, 2.5 *AMA PRA Category 1 Credits*™, etc.

64. When must the AMA Credit Designation Statement be used?

The AMA Credit Designation Statement must be used in both activity announcements* and any program materials, in both print and electronic formats (e.g. a course syllabus, enduring material publication, landing page of an internet activity), that reference CME credit, and any document that references the number of credits for which the activity has been designated.

*Activity announcements include all materials, in both print and electronic formats, that are designed to build awareness of the activity's educational content among the target physician audience. The complete AMA Credit Designation Statement must always be used on any document or publication that references the number of *AMA PRA Category 1 Credit*s™ designated for the activity.

A "save the date" announcement (such as a card mailer with limited space) may indicate that the activity has been approved for *AMA PRA Category 1 Credit*™ without stating an exact number of credits if the accredited CME provider has already certified the activity. This announcement may read, "This activity has been approved for *AMA PRA Category 1 Credit*™" or similar language. Accredited CME providers or potential joint sponsors may never indicate that "*AMA PRA Category 1 Credit*™ has been applied for", is pending, or any similar wording.

65. What are the learning formats that must be included in the AMA credit designation statement?

The AMA Credit Designation Statement is required to include the learning format of the activity that is designated for credit. The seven approved learning formats are:

1. Live Activity
2. Enduring Material
3. Journal-based CME activity
4. Test Item Writing activity
5. Manuscript Review activity
6. Performance Improvement CME
7. Internet Point-of-Care activity

All activities certified for *AMA PRA Category 1 Credit*™ must meet all the requirements for one of these AMA learning formats.

66. Why must we include the learning format in the AMA credit designation statement?

The use of the learning format in the AMA Credit Designation Statement clarifies to physicians and consumers of credit that the activity was planned to meet the AMA's requirements for that specific activity type.

67. We have a web page that lists several different CME activities. Is there a way to combine things into one credit designation statement?

Yes. Here are examples of approved variations:

Same format, same amount of credit:

> The ABC Hospital designates each live activity for a maximum of 2 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

Same format, different amounts of credit:

> The ABC Hospital designates each enduring material for the number of *AMA PRA Category 1 Credits*™ listed below. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Different format, same or different amounts of credit (you will have to include the format by the listing for the activity:

> The ABC Hospital designates each activity for the number of *AMA PRA Category 1 Credits*™ listed below. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
>
> Activity 1 title
> Live activity, 2.0 *AMA PRA Category 1 Credits*™
>
> Activity 2 title
> Enduring material, 1.5 *AMA PRA Category 1 Credits*™

Credit Phrase

68. Must the credit phrase (*AMA PRA Category 1 Credit*™) always be italicized and include the trademark symbol?

Yes. Accredited CME providers must always use the complete italicized, trademarked phrase. Variations or parts of the phrase must never be used when referring to *AMA PRA Category 1 Credit*™.

Documentation Requirements

69. Must CME providers use specific language on certificates, transcripts or documentation issued to the physician?

No. The AMA requires that an accredited CME provider must provide documentation to participating physicians of the credit awarded at the request of the physician. The documentation must reflect the number of credits claimed by the physician as well as other required elements but the AMA does not specify the wording that must be used. Please see the next question for a list of the required elements for this documentation.

The AMA does not require that accredited CME providers issue certificates. The AMA does provide certificate language in the AMA PRA booklet that serves as an example but this language is not mandatory.

CME providers must ensure they do not give non-physicians certificates or transcripts that state or imply the non-physician has been awarded *AMA PRA Category 1 Credit*™. However, accredited CME providers may provide documentation of participation in an activity certified for *AMA PRA Category 1 Credit*™ to non-physicians and, in the case of live activities, specify the number of hours of participation (see questions 9 and 11 for additional information).

70. What elements must be included on documentation provided to participating physicians?

Documentation provided to participating physicians must accurately reflect, at a minimum, the following:

- Physician's name
- Name of accredited CME provider
- Title of activity
- Learning format
- Location of activity (if applicable, e.g. live activities)
- Date(s) of live activity or date that physician completed the activity
- Number of *AMA PRA Category 1 Credit*s™ awarded

71. Is the AMA credit designation statement required on certificates and/or transcripts?

No. The AMA credit designation statement is not required on certificates or transcripts. The physician has already claimed credit, and the documentation provided should reflect the number of credits claimed/awarded, rather than just automatically including the designated maximum for the activity.

72. If our organization produces both certificates and transcripts, must both of these include all of the required elements?

Yes. Any documentation provided to physicians with *AMA PRA Category 1 Credits*™ awarded must include all of the required elements.

AMA PRA Category 2 Credit™

73. May accredited CME providers certify activities for *AMA PRA Category 2 Credit™*?

No. Providers may not certify any activities for *AMA PRA Category 2 Credit™*, nor may they provide documentation or otherwise indicate to a physician that an activity qualifies for such credit. *AMA PRA Category 2 Credit™* activities are entirely self-claimed and self-documented by a physician.

Organizations may choose to maintain records of physician participation in activities that have not been certified for *AMA PRA Category 1 Credit™* but, since they may not certify or award such credit, should not record them as *AMA PRA Category 2 Credit™*.

74. What are the requirements for *AMA PRA Category 2 Credit™?*

AMA PRA Category 2 Credit™ is self-designated and claimed by individual physicians for participation in activities not certified for *AMA PRA Category 1 Credit™* that:

- Comply with the AMA definition of CME, and
- Comply with the relevant AMA ethical opinions; at the time of this writing this includes 6.2.6 *Continuing Medical Education*, 9.2.7 *Financial Relationships with Industry in CME* and 9.6.2 *Gifts to Physicians from Industry* and
- Are not promotional, and
- A physician finds to be a worthwhile learning experience related to his/her practice.

75. What activities may a physician claim for *AMA PRA Category 2 Credit™?*

AMA PRA Category 2 Credit™ is self-designated and claimed by individual physicians for participation in activities not certified for *AMA PRA Category 1 Credit™* that:

- Comply with the AMA definition of CME; and
- Comply with the relevant AMA ethical opinions; at the time of this writing this includes 9.2.6 *Continuing Medical Education*, 9.2.7 *Financial Relationships with Industry in CME* and 9.6.2 *Gifts to Physicians from Industry*, and
- Are not promotional; and
- A physician finds to be a worthwhile learning experience related to his/her practice.

Examples of learning activities that might meet the requirements for *AMA PRA Category 2 Credit™* include, but are not limited to:

- Participation in activities that have not been certified for *AMA PRA Category 1 Credit™*
- Teaching physicians, residents, medical students or other health professionals
- Unstructured online searching and learning (i.e., not Internet PoC)
- Reading authoritative medical literature
- Consultation with peers and medical experts
- Small group discussions
- Self-assessment activities
- Medical writing
- Preceptorship participation
- Research
- Peer review and quality assurance participation

A physician must individually assess the educational value for each learning experience in which he or she participates to determine if it is appropriate to claim *AMA PRA Category 2 Credit™*.

Direct Credit

76. What are direct credit activities?

The AMA awards credit directly to physicians for participation in certain activities that have not been developed by an accredited CME provider but that the AMA Council on Medical Education has judged to be valuable learning experiences. These include:

- Preparing and presenting an original presentation at a live activity that has been certified for *AMA PRA Category 1 Credit*™ (if the accredited CME provider has not already awarded credit for this)
- Publishing, as the lead author (first listed), a peer-reviewed article in a journal indexed in the MEDLINE bibliographic database
- Preparing a poster presentation, as the first author, which is included in the published abstracts, at a live activity that is certified for *AMA PRA Category 1 Credit*™
- Obtaining a medically-related advanced degree, such as a master's in public health
- Successful completion of an ABMS member board certification or maintenance of certification process.
- Successful participation in an ACGME accredited residency or fellowship program

With the exception of faculty credit, accredited CME providers must not award *AMA PRA Category 1 Credit*™ to physicians for these types of activities; the physician must apply directly to the AMA to be awarded credit for these activities. More information about direct credit can be found on the AMA website.