

Core requirements

- 1. Core requirement No. 4: Does removing "in advance of participation in the activity" from the requirement mean the objectives do not have to be communicated in advance, or that it is assumed?**

Yes—objectives do not have to be communicated in advance. The accredited CME provider determines when and if it is appropriate to the activity and learners.
- 2. Core requirement No. 4: Is the modification to "provide clear instructions on how to successfully complete the activity" meant to apply to all activities?**

Yes—the accredited CME provider determines when and if it is appropriate for the activity and learners.
- 3. What is meant by an assessment of the learner that measures achievement of the educational purpose and/or objective of the activity? Does it mean that there must be something along the lines of a post-test type of assessment?**

No—CME providers must assess learners to measure achievement of the educational purpose and/or objective(s), but a test is not required. This requirement is aligned with the ACCME's Criterion 11, so providers should continue to evaluate learners' change in terms of competence, performance or patient outcomes using the mechanism they have determined is appropriate.
- 4. Does the revision to the assessment core requirement indicate that CME providers will now have greater flexibility in designing their evaluation strategy?**

Yes.
- 5. Core requirement No. 8: "Document credits claimed by physicians for a minimum of six years", was not included in the survey. Does that mean it has been deleted?**

No—requirements related to credit were not part of the AMA-ACCME alignment, and no changes have been made to them. This specific requirement can be found under "Designating and Awarding *AMA PRA Category 1 Credit*™," the fifth bullet in the first section "EVERY ACTIVITY (regardless of format)." See also "CME ACTIVITY AND ATTENDANCE RECORDS RETENTION" of the ACCME.
- 6. What will accredited providers need to do to demonstrate compliance with the AMA's core requirements for *AMA PRA Category 1 Credit*™?**

Because of the alignment between the AMA and the ACCME, accredited providers will demonstrate their compliance with the AMA's core requirements by demonstrating compliance with the ACCME's accreditation requirements.

Enduring materials

- 7. Please define the intent for CME providers to "provide access" to bibliographic resources for enduring materials. For example, would providing a reference list/bibliography to learners be sufficient, or would direct access to those reference materials/bibliographic sources need to occur?**

There are several ways this could be accomplished. Providing a reference list/bibliography would be sufficient, as would including the reference with the relevant activity material. CME providers do not have to provide direct access to the source materials.
- 8. Do we understand correctly that enduring materials must now have both a pre-test and post-test with an analysis of change?**

No—there is no requirement for a pre- and post-test for enduring materials. As with all CME activities, the accredited provider must evaluate changes in learners achieved as a result of the activity, which is aligned with ACCME's Criterion 11. So, you may continue to use whatever evaluation mechanisms you choose to measure learner change.
- 9. Now that a graded post-activity assessment is no**

longer required for enduring materials, does this do away with the requirement for a minimum performance level?

Yes—although CME providers may continue to require a graded post-activity assessment with minimum performance level if they feel it adds value.

10. If the post-activity assessment for "Enduring materials" is deleted, how do we know if learners really participated?

Accredited CME providers must have a process in place to determine who participated in the activity to appropriately award *AMA PRA Category 1 Credits*[™]. Enduring materials are no different, and a provider needs to know whether the physician engaged in the activity. It is up to the provider to determine the appropriate way to meet this requirement.

Journal-based CME

11. What is meant by "peer-reviewed articles" for journal-based CME?

Peer review is defined by the International Committee of Medical Journal Editors as "the critical assessment of manuscripts submitted to journals by experts who are usually not part of the editorial staff."

"The basis of the peer-review process is the acceptance of written investigational findings from an author or group of authors that are then forwarded to a group of experts (referees) in the field for assessment of their quality, accuracy, relevance, and novelty." (Shuttleworth, 2009 as cited in Mayden, K, "Peer Review: Publication's Gold standard," *J Adv Pract Oncol*, 2012 Mar-Apr; 3(2): 117-122.)

12. What about textbook-based or other non-journal materials?

Textbook-based materials do not fit the definition for journal-based CME. A provider could certify it as an enduring material if it fits that definition. However, if it does not fit that definition, yet meets all of the AMA core requirements and applicable ACCME requirements, the activity could be certified for *AMA PRA Category 1 Credit*[™] using the "Other" learning format.

13. Do these changes mean that CME providers no longer have to develop post-activity assessments

for journal-based CME, which would also do away with the need for a minimum performance level?

Yes—CME providers are no longer required to develop a graded post-activity assessment or the associated minimum performance level, although they may continue to do so if they feel it adds value.

14. Can a CME provider certify multiple peer-reviewed articles in a single issue of a journal?

Yes—multiple peer-reviewed articles can be certified per issue. *AMA PRA Category 1 Credit*[™] is claimed and awarded on a per-article basis.

15. With these changes, will credit for journal-based CME activities still be one credit per article?

Yes.

16. The simplified requirements state "include one or more peer-reviewed articles;" however, ACCME guidelines are that "each article is counted as one activity." Can multiple peer-reviewed articles be considered one activity?

Yes—providers have the flexibility to plan/present journal-based CME as one or more peer-reviewed articles. The ACCME will be modifying its PARS reporting instructions to allow this flexibility.

Test-item writing

17. Are there any format-specific requirements regarding test-item writing?

No—as with any activity, it must meet all AMA PRA core requirements. If the activity meets the definition, *AMA PRA Category 1 Credit*[™] is awarded as described in the "Requirements for Designating and Awarding *AMA PRA Category 1 Credit*[™]" section of the PRA booklet.

18. Does this mean that writing questions for any type of quizzes/exams will qualify under the "Test-item writing" format?

Yes.

- 19. This change will allow a broad set of accrediting bodies and CME providers to offer tangible incentives to faculty for developing well-crafted assessment questions. Ideally, test item writing activities will be supported by training in best practices and involve a review process and, if warranted, an expectation that revisions will be reasonably made in response to feedback. Will there be no requirements in this area?**

AMA PRA Category 1 Credit™ is not to be offered as an incentive. *AMA PRA Category 1 Credit™* recognizes the participation in “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.”

While there are no specific requirements in this area, training in best practices and involvement in a review process and, if warranted, an expectation that revisions will be reasonably made in response to feedback can certainly enhance the educational experience as well as improve the questions being written. An accredited CME provider can choose to include them as part of a test-item writing activity certified for credit.

- 20. If there are no longer any format-specific requirements, will the format title still be used or will it be considered “Other”?**

Provided all AMA PRA Core Requirements and applicable ACCME requirements are met, and if the activity fits within the format definition, the format “Test-item writing” would be used.

Manuscript review

- 21. By removing all of the format-specific criteria for manuscript review, does this mean this is not a learning activity?**

No—reviewing a manuscript of a journal article or an AHRQ (Agency for Healthcare Research and Quality) report to decide whether it merits publication and improve the content prior to its publication has been, and can still be, an educational activity. A physician can learn through critical review of an assigned manuscript, particularly when it is at a depth and scope that requires a review of the literature and a knowledge of the evidence base for the manuscript reviewed.

- 22. Does this mean the CME provider no longer needs to account for any of these things (learning format-specific requirements) in relation to manuscript review activities?**

Yes—the CME provider does not need to account for any of the manuscript review requirements that have been deleted as long as the activity meets the definition provided for Manuscript Review. The CME provider is free to retain some or all of the deleted requirements in the development of their activities if the provider believes these add educational value to the activity.

- 23. What if we, as a CME provider, think an oversight mechanism to evaluate the quality of reviews should remain in place to award credit?**

The CME provider is able to maintain an oversight mechanism to evaluate the quality of reviews and use it to award credit. The practice provides feedback to the learner and helps to improve their skills. Some CME providers contribute to the reviewer’s development by sharing, anonymously, the report of other reviewers in combination with the evaluation.

PI CME

- 24. We understand that the PI CME format remains, but we assume that other performance/quality improvement activities are now permissible under this new flexible system. Is that correct?**

Yes—an accredited CME provider is now able, under the new AMA CME Credit Standards, to certify for *AMA PRA Category 1 Credit™* other “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” (AMA and ACCME definition of CME). Activities that do not fall under the definition of one of the current seven learning formats, including quality improvement activities, must meet all the AMA PRA core requirements as well as the applicable ACCME requirements, and are certified using the “Other” format.

25. With respect to the prohibition against “retroactive approval,” how far along can a potential PI CME activity progress before a decision is needed on whether it should be certified for AMA PRA Category 1 Credit™?

Ideally, a PI CME activity should be planned before the start of Stage A. However, there are times in a clinical practice or other clinical setting that an opportunity for improvement is identified only after a measurement has taken place. If the physician(s) was/were involved and participated in the measurement and/or evaluation of the data, then the activity can be certified for *AMA PRA Category 1 Credit™* before the start of Stage B.

26. What is a clinical performance measure?

“A clinical performance measure is a mechanism that enables the user to quantify the quality of a selected aspect of care by comparing it to a criterion” (Institute of Medicine, 2000). However, not all performance measures used in PI CME need be clinical in nature. They may also address the structure, processes, or outcomes of the clinical setting (physician practice, hospital, etc.) with direct implications for patient care.

27. What are “evidence-based” performance measures?

Evidence-based medicine is “the integration of best research evidence with clinical expertise and patient values.” (Sackett DL, Strauss SE, Richardson WS, et al. “Evidence-based medicine: How to practice and teach EBM.” Second edition. London: Churchill Livingstone; 2000). Evidence-based performance measures are those that are developed by adhering to the best research evidence, clinical expertise in the case of a clinical measure, and patient values.

28. What type of background information will be required to enable physicians to identify the performance measures for an AMA PI CME activity?

The AMA has maintained the format-specific requirements for performance improvement (PI CME) activities which are contained in their entirety in the “Requirements for educational activities eligible for *AMA PRA Category 1 Credit™*” section of the updated AMA PRA booklet. It is up to the provider to identify appropriate performance measures that are relevant to the practice of the physician learners and to have in place an oversight mechanism that assures content integrity of the selected performance measures.

29. What is meant by “validate the depth of physician participation” in a PI CME activity?

For any certified CME activity, an accredited CME provider has a process in place to determine who participated in the activity to appropriately award *AMA PRA Category 1 Credits™*. PI CME is no different, and a provider needs to know whether the physician engaged in the activity in the expected ways in all three stages (A, B and C).

30. Is it still expected that PI CME must begin with Stage A?

Yes.

31. Does Stage C of PI CME imply a pre-/post-test analysis?

While there is pre/post analysis of data as part of a PI CME activity, it is not a test. Stage C is the stage where the measurement used in Stage A (to quantify the quality of a selected aspect of care or the structure, processes, or outcomes of the clinical setting) is repeated in order to quantify whether improvement has taken place after implementation of the intervention(s) in Stage B.

32. Would PI CME activities meeting these format requirements still be certified for 20 credits for completion of all 3 stages?

Yes.

Internet point-of-care

33. What will replace the “Internet point-of-care” format specific requirements to ensure active participation by the physician?

Accredited CME providers must have a process in place to determine who participated in the activity to appro-

priately award *AMA PRA Category 1 Credits™*. Internet point-of-care is no different, and a provider needs to know whether the physician engaged in the activity. It is up to the provider to determine the appropriate way to meet this requirement.

Additional questions

34. Three AMA Council on Ethical and Judicial Affairs opinions were previously referenced in the "Core Requirements"—are these opinions equivalent to the AMA Code of Medical Ethics?

The AMA Council on Ethical and Judicial Affairs opinions are part of the AMA Code of Medical Ethics. The AMA, along with many other professional organizations and some state licensing boards, continues to expect that physicians will abide by the Code of Ethics of the profession.

35. When do the changes related to the AMA PRA Category 1 Credit™ system go into effect?

The changes are effective Sept. 29, 2017.

36. For which activity types are there AMA format-specific requirements?

AMA format-specific requirements exist for enduring materials, journal-based CME, and AMA PI CME (for more detail, please see "Requirements for educational activities eligible for AMA PRA Category 1 Credit™" in the updated AMA PRA booklet).

37. Can I develop CME activities that do not fit into the AMA's established format categories?

Yes—the AMA has expanded the types of activities for which AMA PRA Category 1 Credit™ can be awarded to include "other." The "Other" format is used if an activity does not fall into one of the established AMA learning formats, but does meet all AMA core requirements and applicable ACCME requirements.

38. Does this simplification and alignment alter credit designation for existing formats?

The designation and awarding of credit for the previously existing formats has not changed.

39. How do I designate AMA PRA Category 1 Credit™ for an activity that is designated as "Other"?

For activities in the "Other" format, providers designate credit on a credit-per-hour basis, using their best reasonable estimate of the time required to complete the activity.

40. How is AMA PRA Category 1 Credit™ calculated for each activity format?

See table below.

Summary table: Instructions for designating and awarding AMA PRA Category 1 Credit™*

Activity type	Credit	
	Calculating/Designating	Claiming/Awarding
Live activity	1 per hour (in 0.25 increments)	Participation time
Faculty (learning from teaching)	2:1 ratio to presentation time	Based on time spent teaching, using what was learned
Enduring material	1 per hour (in 0.25 increments)	Designated amount
Journal-based	1 per article	Designated amount
Test-item writing	10 per test	Designated amount
Manuscript review	3 per review	Designated amount
Performance improvement	20 per activity	20 for full activity, or 5 per stage if only complete A or A&B
Internet point-of-care	0.5 per question	Designated amount
Other activity	1 per hour (in 0.25 increments)	Designated amount

* Full instructions on credit calculation/awarding can be found on pages 5–6 of the revised AMA PRA booklet.

41. Will an “Other” format be added to PARS?

Yes—the ACCME is in the process of adding “Other” as an activity type in PARS.

42. When will accredited providers be able to report activities as “Other” in PARS?

Modifications to PARS are underway; activities can be reported as “Other” in late 2017. In addition to adding “Other” as an activity type, providers will be asked to share a short description of the activity so that examples and educational innovations can be shared.

43. It seems that some of the format labels are being kept and others completely eliminated. How will this impact the credit designation statement provided to learners?

Although some of the format-specific requirements have been eliminated, no learning format has been eliminated. If an activity falls within the definition of a format, that name would still be used in the AMA Credit Designation Statement.

44. Do we still need to communicate to attendees about AMA PRA Category 1 Credit™?

Yes—requirements related to credit have not changed and are located in the “Designating and Awarding AMA PRA Category 1 Credit™” section of the updated AMA PRA booklet.

45. If formats will continue to be specified in the AMA credit designation statement, how would an “Other” activity be listed?

It will be listed as “Other,” followed by a short description of the activity in parentheses:

The «name of accredited CME provider» designates this Other activity («provide short description») 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.

The description should be a brief phrase or terminology that best describes the format of learning for the activity.

46. What is the distinction between AMA PRA Category 1 Credit™ and AMA PRA Category 2 Credit™, and how might this be impacted with the new “Other” format?

The requirements to certify activities for AMA PRA Category 1 Credit™ are outlined in the revised standards. AMA PRA Category 2 Credit™ is still self-claimed and self-documented by physicians for activities not certified for AMA PRA Category 1 Credit™ that physicians individually determine meet the criteria. Some activities that previously did not fit within approved AMA learning formats can now be certified for AMA PRA Category 1 Credit™ using the “Other” format, provided that all AMA PRA core requirements and applicable ACCME requirements are met.

47. The AMA PRA booklet has not been updated for many years. Does the AMA plan to update it soon?

Yes—a partial update has been released as part of the alignment process. Those pages related to requirements for educational activities to be certified for AMA PRA Category 1 Credit™ by accredited CME providers have been revised. The rest of the booklet is scheduled to be updated by the end of 2018.