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

Amended April 11, 2024

**The Need for Targeted, Practical, Non-burdensome CME**

In 2017, the Board examined its CME requirements and learned that Massachusetts had among the highest number of CME requirements in the country.[[1]](#footnote-1) Many physicians told the Board of Registration in Medicine (Board) that Continuing Medical Education (CME) courses did not address issues related to their day-to-day practice. Clinicians stressed that they needed physician learning that is targeted to the specific types of patients the physician sees, and this should include point-of-care learning. In an effort to improve our physicians’ educational experience, and thereby improve patient safety, the Board implemented 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 credits, which may be Category 1 or Category 2. In the case of Category 1, credits can[[2]](#footnote-2) 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), the American Medical Association (AMA) or a state medical society recognized by the ACCME, such as the Mass. Medical Society or from material used for point-of-care.

**Specialized CME and Educational Trainings Requirements – “One and Done”**

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

* + 2 CME credit in End-of-Life Care issues, as a one-time 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;
  + The domestic violence and sexual violence training (also called Chapter 260 training) required under M.G.L. c. 112, § 264, a one-time requirement;
  + 1 credit for he Alzheimer’s and Related Dementias training required under M.G.L. c. 112, § 2, a one-time requirement.
  + The Implicit Bias in Healthcare training, required under Board Policy 21-04 (11/18/2021), a one-time requirement.

**Biennial Requirements – Every Licensing Cycle**

* + 3 CME credits in opioid education and pain management if the physician prescribes controlled substances;
  + 10 CME credits in Risk Management[[3]](#footnote-3), 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;

**Learning Formats, Reading Journals and Voluntary CME**

During the Pilot Program, biennial CME credits required may be in alternative learning formats such as quality assurance, self or practice audits, Healthcare Effectiveness Data and Information Set (HEDIS®) reports, meeting Medicare Access and Chip Reauthorization Act (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.

1. Federation of State Medical Boards, U.S. Medical Regulatory Trends and Actions, Continuing Medical Education Requirements, (2016). In 2017, the Board of Medicine required 100 CME credits biennially. [↑](#footnote-ref-1)
2. The phrase “which may be Category 1 or Category 2. In the case of Category 1, credits can” is added on 5/23/2024 for clarification and to correct a scrivener’s error. At the same time, the words “Credits shall” was deleted. [↑](#footnote-ref-2)
3. *See* Board Policy 19-06 (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. [↑](#footnote-ref-3)