

APPLICATION FOR RETURN TO ACTIVE STATUS

Prior to returning to Active Status, a licensee must:

- complete 50 hours of Continuing Medical Education (CME) Credits pursuant to Board Policy 17-05 (attached); and
- obtain professional liability insurance coverage. The requirement for professional liability insurance coverage applies only to physicians engaging in any direct or indirect patient care in Massachusetts.

1. NAME: _____
(Print Name)

2. MAILING ADDRESS: _____

(City) (State) (Zip Code)

3. LICENSE REGISTRATION NUMBER: _____

4. HAVE YOU COMPLETED THE CME REQUIREMENTS AS REQUIRED BY BOARD POLICY 17-05:

Check one: YES NO

Please provide the number of CME credits completed in each category:

Category 1 credits _____ Risk Management Category 1 credits _____

Category 2 credits _____ Risk Management Category 2 credits _____

5. DEMONSTRATING EHR PROFICIENCY:

a) I have demonstrated proficiency in the use of EHR by:

Check one:

- Participation in a Meaningful Use program as an eligible professional;
- Employment with, credentialed to provide patient care at, or in a contractual agreement with an eligible hospital or critical access hospital with a CMS Meaningful Use program;
- Participation as either a Participant or an Authorized User in the Massachusetts Health Information Highway; or
- Completion of 3 hours of a Category 1 EHR-related CPD course that discusses, at a minimum, the core and menu objectives and the Clinical Quality Measures for Meaningful Use.

b) I am exempt from the EHR Proficiency requirement, during this licensing cycle because:

Check one:

- I will not be engaged in the practice of medicine as defined in 243 CMR 2.01(4); or
- I am on active duty as a member of the National Guard or of a uniformed service called into service during a national emergency or crisis.

6. PROFESSIONAL LIABILITY INSURANCE: As a condition of rendering any direct or indirect patient care in the Commonwealth, a physician is required to obtain medical malpractice insurance. Please provide the following information:

Name of Carrier _____

Policy Start Date: _____

Policy End Date: _____

Coverage Type:

- Claims with tail coverage
- Occurrence Policy

Letter of Credit: YES NO (If “yes”, you must provide documentation.)

I am exempt from the requirement to obtain medical malpractice insurance for the following reasons:

I am not involved in any direct or indirect patient care

I am otherwise exempt (please specify below)

APPLICANT’S STATEMENT

I hereby certify under the penalties of perjury that all information on this application is true.

SIGNATURE: _____

DATE: ____/____/____

EMAIL ADDRESS: _____

Please fax the completed form to the attention of the Renewals Coordinator at the Board of Registration in Medicine at (781) 876-8383.

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

A CME PILOT PROGRAM

POLICY 2017- 05

Adopted October 26, 2017
Amended November 22, 2017

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

The Board's CME Pilot Program, covering one biennial period, will begin on January 1, 2018. Each licensee shall obtain no fewer than 50 continuing medical education (also referred to as continuing professional development or CPD) credits. Credits shall be earned from an organization accredited by the Accreditation Council for Continuing Medical Education (ACCME), the American Osteopathic Association (AOA), the American Academy of Family Physicians (AAFP) or a state medical society recognized by the ACCME or from material used for point of care.

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

- 2 CME credit in End-of-Life Care issues, as a one-time requirement;
- 3 CME credits in opioid education and pain management if the physician prescribes controlled substances;
- 10 CME credits in Risk Management, which may be Category 1 or 2;
- 2 CME credits for studying each chapter of the Board's regulations, 243 CMR 1.00 – 3.00 and these credits may be applied to the Risk Management requirement;
- 3 CME credits in electronic health records as required under M.G.L. c. 112, § 2, a one-time requirement;
- The child abuse and neglect training required under M.G.L. c. 51A(k), a one-time requirement;
- The domestic violence and sexual violence training required under M.G.L. c. 112, § 264, a one-time requirement.

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

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

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

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

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

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