

**STATE BOARD OF OPTOMETRY**

2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov



March 19, 2015

Continuing Education

Background

The Board received a letter from Dr. Pam Miller, O.D., regarding the inability of optometrists to apply Continuing Medical Education (CME) courses to continuing education (CE) requirements. Dr. Miller specifically stated that she has taken CME courses in the past on diabetes and cardiology, but was unable to earn CE credit towards her renewal. Dr. Miller believes these courses are particularly valuable optometrists, as she frequently sees patients who are diabetic and/or have cardio-vascular problems. Dr. Miller has requested that the Board consider allowing any CE course approved for Category 1 CME credits by the American Medical Association (AMA) and Category 1-A CME credits by the American Osteopathic Association.

Pursuant to Business and Professions Code (BPC) §3059(e) and California Code of Regulations (CCR) §1536(b), the Board requires optometrists who are certified to use therapeutic pharmaceutical agents to complete 50 hours of CE every two years in order to renew their license. Thirty-five of the required 50 hours shall be on the diagnosis, treatment, and management of ocular disease.

In addition, CCR §1571(b) requires optometrists certified in the diagnosis and treatment of glaucoma to take 10 hours of glaucoma specific optometric CE. This glaucoma CE shall be part of the 35 hours on the diagnosis, treatment, and management of ocular diseases.

Further, per CCR §1536(c), up to 20 hours of CE may be accomplished by any or all of the following: documented and accredited self-study, teaching an optometric CE course, writing optometric articles that have been published, attendance at a Board meeting, and completing a CPR course.

CE programs approved as meeting the required standards of the Board per CCR §1536(e) include: CE officially sponsored or recognized by any accredited school or college of optometry, CE provided by any national or state affiliate of the American Optometric Association, American Academy of Optometry, or the Optometric Extension Program, and CE approved by Council on Optometric Practitioner Education.

Moreover, pursuant to CCR §1536(g), the Board may judge and approve CE if it determines: whether a program is likely to contribute to the advancement of professional skill and knowledge in the practice of optometry, whether the instructors are recognized by the Board as being qualified in their field, whether the course is open to all optometrists in the state, whether the provider agrees to maintain and furnish to the Board and/or licensee such records of course content and attendance as the Board requires, for a period of three years.

Research

I spoke with Lisa Fennell from the Association of Regulatory Boards of Optometry (ARBO), and asked her for information on other boards which accept CME. Ms. Fennell provided me with a spreadsheet which details the CE requirements of states which are members of ARBO. I also requested that she send emails to all Boards to inquire about their policies regarding the acceptance of CME, but have yet to receive a response. The spreadsheet did not specifically state that that CME was accepted by other Boards; however, it did indicate that Rhode Island and North Carolina might accept CME.

I called Julie Hopkins at the Institute for Medical Quality (IMQ) to find out more on the AMA CME credit system. The IMQ is a body under the California Medical Association, which accredits state level organizations to provide AMA PRA Category 1 credit. Ms. Hopkins did not see a reason why an optometrist would be prevented from taking CME, and stated that when AMA credit is given to non-physicians, a certificate is provided. She said that Category 1 credit is more desirable than Category 2, and from my research, it appears Category 1 is a structured, face-to-face form of CME, while Category 2 is more self-directed. She told me that there are other organizations besides the AMA which offer CME, such as the American Association of Family Physicians. However, the Accreditation Council for Continuing Medical Education (ACCME) sets the criteria for CME, which is mirrored by the IMQ. Ms. Hopkins provided a booklet on the AMA's Physician's Recognition Award (PRA) and Credit system, which is what IMQ accredits California organizations to issue.

I researched other licensing boards suggested by Ms. Hopkins, and found that there were others which accepted CME. For example, pharmacists and psychologists may apply CME towards their renewal, if it is relevant to the specific profession. Whereas, it appears the licensing agencies for physicians, nurses, chiropractors, physician assistants, and osteopathic physicians accept all CME.

I contacted the Rhode Island and North Carolina Optometry Boards, and was told that CME courses such as those mentioned by Dr. Miller (Diabetes and Cardiology) would be acceptable forms of CE. The Executive Director from North Carolina strongly asserted that it was hard for him to believe that CME would not be acceptable by other state boards, as the human body and diseases that affect it cannot be neatly separated and care assigned to one class of practitioner. He stated that there is a need to know and understand disease and disease processes that have a potential to impair vision or cause blindness, as the preservation of vision is an optometrist's primary responsibility.

I then emailed Dr. Jack Terry of the National Board of Examiners in Optometry, in order to gain input from someone familiar with the subject matter used in the national exam. Dr. Terry stated that he was very fortunate to attend many CE courses at an affiliated medical school which offered Category 1 CME for the majority of the CE. He specified that topics like diabetes, hyperthyroidism, hypercholesterolemia, amaurosis fugax, transient ischemic attacks, arthritis, ulcerative colitis, Crohn's Disease, Parkinson's Disease, sarcoidosis, systemic hypertension, leukemia, lymphoma, hyper-viscosity syndromes, Lyme Disease, Wilson's Disease, cirrhosis with jaundice, Pancoast Syndrome, other lung disease, COPD, STDs, CVA, MI, malignant melanoma metastasizing to the choroid, all have obvious optometric ramifications. In addition, he stated that allowing CME is very appropriate, applicable, and should be accepted by the California Board.

Action Requested

Please discuss the prospect and possible options of allowing CME to be applied to the CE requirements for the renewal of an optometry license to present to the Board.

Attachments

1. Letter from Dr. Miller
2. BPC §3059
3. CCR §1536
4. CCR §1571
5. E-mails to and from Lisa Fennell
6. CE spreadsheet from ARBO
7. E-mails to and from Julie Hopkins
8. AMA PRA Booklet
9. CE information from Ms. Hopkins and other professions
10. E-mails to and from Rhode Island Board of Optometry
11. E-mails to and from North Carolina Board of Optometry
12. E-mails to and from Dr. Jack Terry

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CALIFORNIA STATE BOARD OF
OPTOMETRY



**PRACTICE AND EDUCATION COMMITTEE TELECONFERENCE
MEETING NOTICE AND AGENDA
Thursday, March 19, 2015
10:00 a.m. - 2:00 p.m.**

**Department of Consumer Affairs
California State Board of Optometry
2420 Del Paso Road, Sequoia Room
Sacramento, CA 95834**

**140 C Tower Street
Beaconsfield, Quebec. H9W 6B2**

**Woodland Hills Medical Center - Kaiser Permanente
5601 De Soto Avenue, Room 1761
Department of Optometry
Woodland Hills, CA 91367**

**Starbucks
4545 Campus Dr.
Irvine, CA 92612**

ORDER OF ITEMS SUBJECT TO CHANGE

1. Call to Order – Roll Call of Committee Members
2. Discussion and Possible Action to Amend Business and Professions Code §3059, Continuing Education (CE) Requirements; and/or California Code of Regulations §1536, CE Education; Purpose and Requirements, to Allow the California State Board of Optometry to Accept Certifications of Medical Education Level 1 CE and Osteopathic CE to Meet the CE Requirements for an Optometrist License Renewal.
3. Public Comment for Items Not on the Agenda
Note: The Committee may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting [Government Code Sections 11125, 11125.7(a)]
4. Adjournment

The mission of the California State Board of Optometry is to protect the health and safety of California consumers through licensing, education, and regulation of the practice of Optometry

Meetings of the California State Board of Optometry are open to the public except when specifically noticed otherwise in accordance with the open meeting act. Public comments will be taken on agenda items at the time the specific item is raised. Time limitations will be determined by the Chairperson. The Board may take action on any item listed on the agenda, unless listed as informational only. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum.

NOTICE: *The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Lydia Bracco at (916) 575-7170 or sending a written request to that person at the California State Board of Optometry, 2450 Del Paso Road, Suite 105, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.*

Pamela J. Miller, OD, FAAO, JD, DPNAP

6836 Palm Ave, Highland, CA 92346-2513

909 862-4053 phone drpam@omnivision.com 603 816-9547 fax

January 10, 2013

Mona Maggio , Executive Officer

Alex Arredondo, OD, President

CALIFORNIA BOARD OF OPTOMETRY

Phone (916) 575-7170

2450 Del Paso Road, Suite 105

Sacramento, CA 95834

Dear President Arredondo and Executive Officer Maggio,

I am requesting time on the agenda on the upcoming State Board of Optometry Meeting on February 1, 2013, scheduled to be at Western in Pomona.

I wish to address the state board on the issue of expanding the approved sources for continuing education and those areas that are pre-approved for relicensure. Currently, optometrists in the state of California are limited in where they can obtain approved state board education. This limitation basically precludes licensees from obtaining CE that involves areas outside of optometry schools and optometric organizations.

As our profession has expanded, our licensure widened, and the needs of our patients and our knowledge of their medical problems has become more extensive, and as we continue to treat our patients within the medical model and become increasingly liable for expanded medical knowledge, it is imperative that California optometrists receive the latest information to better care for their patients.

As an example, in my area there are 2 excellent day long programs annually (one on diabetes and one on cardiology), for which I am unable to get CE credits, although I pay to attend them and receive a valid CE certificate. All physicians, nurses, osteopathic physicians, physical therapists, etc. receive approval, yet the optometry board does not approve these courses, given by physicians who are leading authorities in these specialized areas. The fact that I see patients routinely who are diabetic and/or have cardio-vascular problems makes these seminars valuable to me as a practitioner, a provider of health care, and I am seen as an equal to the physician attendees.

I am asking that the CA State Board of Optometry consider including as approved CE the following, in addition to the already existing providers. This would be in keeping with other state boards and would not be new or uncharted territory for this board. Certainly, the board could even limit the hours that a licensee could obtain from a non-optometric or non-COPE approved provider if they so desired.

1) Any CE course approved for Category 1 American Medical Association CME credits;

2) Any CE course approved for Category 1-A American Osteopathic Association CME credits

I firmly believe that this would be in keeping with the advancement of optometry, patient care and the overall medical model and responsibility optometry has fought for and achieved.

I am sure that Dr. Susy Yu, whose term recently expired, but who is still an ARBO Board Liaison, might be of assistance as a resource if you would require input from fellow state boards of optometry.

If I and my colleagues are expected to care for our patients, maintain competency, be knowledgeable about issues and diseases that affect our patient's lives and visual welfare, then it is reasonable that we should also be able to obtain continuing education credits from our professional medical colleagues as we deem appropriate and necessary.

I look forward to addressing you at the next state board meeting in Pomona. Please notify me of the scheduled item and time on the February 2013 agenda.

Sincerely,

Pamela J. Miller, OD, FAAO, JD, DPNAP

License 5569 TLG

§ 3059. Continuing education requirements

(a) It is the intent of the Legislature that the public health and safety would be served by requiring all holders of licenses to practice optometry granted under this chapter to continue their education after receiving their licenses. The board shall adopt regulations that require, as a condition to the renewal thereof, that all holders of licenses submit proof satisfactory to the board that they have informed themselves of the developments in the practice of optometry occurring since the original issuance of their licenses by pursuing one or more courses of study satisfactory to the board or by other means deemed equivalent by the board.

(b) The board may, in accordance with the intent of this section, make exceptions from continuing education requirements for reasons of health, military service, or other good cause.

(c) If for good cause compliance cannot be met for the current year, the board may grant exemption of compliance for that year, provided that a plan of future compliance that includes current requirements as well as makeup of previous requirements is approved by the board.

(d) The board may require that proof of compliance with this section be submitted on an annual or biennial basis as determined by the board.

(e) An optometrist certified to use therapeutic pharmaceutical agents pursuant to Section 3041.3 shall complete a total of 50 hours of continuing education every two years in order to renew his or her certificate. Thirty-five of the required 50 hours of continuing education shall be on the diagnosis, treatment, and management of ocular disease in any combination of the following areas:

- (1) Glaucoma.
- (2) Ocular infection.
- (3) Ocular inflammation.
- (4) Topical steroids.
- (5) Systemic medication.
- (6) Pain medication.

(f) The board shall encourage every optometrist to take a course or courses in pharmacology and pharmaceuticals as part of his or her continuing education.

(g) The board shall consider requiring courses in child abuse detection to be taken by those licensees whose practices are such that there is a likelihood of contact with abused or neglected children.

(h) The board shall consider requiring courses in elder abuse detection to be taken by those licensees whose practices are such that there is a likelihood of contact with abused or neglected elder persons.

Added Stats 1971 ch 1791 § 10. Amended Stats 1972 ch 1278 § 1; Stats 1974 ch 403 § 1; Stats 1987 ch 770 § 1; Stats 1990 ch 1382 § 1 (AB 881); Stats 1994 ch 578 § 1 (AB 2943); Stats 1996 ch 13 § 10 (SB 668), effective February 20, 1996; Stats 1997 ch 556 § 2 (SB 461). Stats 2000 ch 676 § 5 (SB 929); Stats 2001 ch 159 § 11 (SB 662). Stats 2004 ch 426 § 40 (AB 2464); Stats 2006 ch 302 § 3 (SB 579), effective January 1, 2007.

California Code of Regulations

§ 1536. Continuing Optometric Education; Purpose and Requirements.

(a) Except as otherwise provided in Section 1536(b), each licensee shall complete 40 hours of formal continuing optometric education course work within the two years immediately preceding the license expiration date. Such course work shall be subject to Board approval. Up to eight hours of course work may be in the area of patient care management or ethics in the practice of optometry. Business management courses are not accepted by the Board.

(b) An optometrist certified to use therapeutic pharmaceutical agents pursuant to Business and Professions Code Section 3041.3 shall complete a total of 50 hours of continuing optometric education every two years in order to renew his or her license. Thirty-five of the required 50 hours of continuing optometric education shall be on the diagnosis, treatment and management of ocular disease and consistent with Business and Professions Code section 3059, subdivision (e).

(c) Up to 20 hours of required biennial course work may be accomplished by using any or all of the following alternative methods:

(1) Documented and accredited self study through correspondence or an electronic medium.

(2) Teaching of continuing optometric education courses if attendance at such course would also qualify for such credit, providing none are duplicate courses within the two-year period.

(3) Writing articles that have been published in optometric journals, magazines or newspapers, pertaining to the practice of optometry (or in other scientific, learned, refereed journals on topics pertinent to optometry), providing no articles are duplicates. One hour of credit will be granted for each full page of printing or the equivalent thereof.

(4) A full day's attendance at a California State Board of Optometry Board meeting. Up to two credit hours shall be granted for a full day.

(5) Completion of a course to receive certification in cardiopulmonary resuscitation (CPR) from the American Red Cross, the American Heart Association, or other association approved by the Board. Up to four credit hours shall be granted for this course.

(d) A credit hour is defined as one classroom hour, usually a 50-minute period, but no less than that.

(e) Continuing optometric education programs which are approved as meeting the required standards of the Board include the following:

(1) Continuing optometric education courses officially sponsored or recognized by any accredited school or college of optometry.

(2) Continuing optometric education courses provided by any national or state affiliate of the American Optometric Association, the American Academy of Optometry, or the Optometric Extension Program.

(3) Continuing optometric education courses approved by the Association of Regulatory Boards of Optometry committee known as COPE (Council on Optometric Practitioner Education).

(f) Other continuing optometric education courses approved by the Board as meeting the criteria set forth in paragraph (g) below, after submission of a course, schedule, topical outline of subject matter, and curriculum vitae of all instructors or lecturers involved, to the Board not less than 45 days prior to the date of the program. The Board may, upon application of any licensee and for good cause shown, waive the requirement for submission of advance information and request for prior approval. Nothing herein shall permit the Board to approve a continuing optometric education course which has not complied with the criteria set forth in paragraph (g) below.

(g) The criteria for judging and approving continuing education courses by the Board for continuing optometric education credit will be determined on the following basis:

(1) Whether the program is likely to contribute to the advancement of professional skill and knowledge in the practice of optometry.

(2) Whether the instructors, lecturers, and others participating in the presentation are recognized by the Board as being qualified in their field.

California Code of Regulations

(3) Whether the proposed course is open to all optometrists licensed in this State.
(4) Whether the provider of any mandatory continuing optometric education course agrees to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation.

(h) Proof of continuing optometric education course attendance shall be provided in a form and manner specified in writing by the Board and distributed to all licensed optometrists in this State. Certification of continuing optometric education course attendance shall be submitted by the licensee to the Board upon request, and shall contain the following minimal information:

- (1) Name of the sponsoring organization.
 - (2) Name, signature, practice address, and license number of the attending licensee.
 - (3) Subject or title of the course.
 - (4) Number of continuing optometric education hours provided for attending the course.
 - (5) Date the course was provided.
 - (6) Location where the course was provided.
 - (7) Name(s) and signatures of the course instructor(s).
 - (8) Such other evidence of course content or attendance as the Board may deem necessary.
- Use of a certificate of course completion provided by the Board is recommended for any continuing optometric education course approved by the Board pursuant to the above. Such forms will be furnished by the Board upon request.

The Board will also recognize and utilize the Association of Regulatory Boards in Optometry's online Optometric Education (OE) Tracker system as proof of continuing education course attendance.

(i) The following licensees shall be exempt from the requirements of this section:

- (1) Any licensee serving in the regular armed forces of the United States during any part of the two years immediately preceding the license expiration date.
- (2) Those licensees as the Board, in its discretion, determines were unable to complete sufficient hours of continuing optometric education courses due to illness, incapacity, or other unavoidable circumstances. An extension may be granted if the Board, in its discretion, determines that good cause exists for the licensee's failure to complete the requisite hours of continuing optometric education.
- (3) Any licensee who is renewing an active license for the first time, if he or she graduated from an accredited school or college of optometry less than one year from the date of initial licensure.

(j) The Board may conduct an audit of any licensee's attendance of a continuing optometric education course as a means of verifying compliance with this section.

Authority cited: Section 3059, Business and Professions Code. Reference: Section 3059, Business and Professions Code.

History

1. New section filed 2-21-89; operative 3-23-89 (Register 89, No. 10).
2. Amendment of subsections (a) and (d), new subsection (d)(3), and amendment of subsections (e), (f), (f)(2), (f)(4), (g), (g)(8), (h)(2), (h)(3) and (i), and new subsection (j) and amendment of Note filed 5-8-96; operative 6-7-96 (Register 96, No. 19).
3. Amendment filed 12-22-2004; operative 1-21-2005 (Register 2004, No. 52).
4. Amendment of section and Note filed 5-18-2011; operative 6-17-2011 (Register 2011, No. 20).

§ 1571. REQUIREMENTS FOR GLAUCOMA CERTIFICATION

(a) Only optometrists meeting the requirements of this Article may apply for certification for the treatment of glaucoma as described in subdivision (j) of Section 3041, in patients over 18 years of age. The optometrist shall:

(1) Hold an active license as an optometrist in California in good standing with the State Board of Optometry (Board);

(2) Be certified to use Therapeutic Pharmaceutical Agents (TPA) pursuant to Section 3041.3;

(3) Complete a didactic course of no less than 24 hours in the diagnosis, pharmacological and other treatment and management of glaucoma. The following topics may be covered in the course:

(A) Anatomy and physiology of glaucoma

(B) Classification of glaucoma

(C) Pharmacology in glaucoma therapy

(D) Diagnosis of glaucoma including risk factors analysis

(E) Medical and surgical treatment

(F) Participant performance assessment; and

(4) Complete a Case Management Requirement where a minimum of 25 individual patients are each prospectively treated for a minimum of 12 consecutive months. For purposes of this section, "treat" means properly evaluating the patient, performing all necessary tests, diagnosing the patient, recognizing the type of glaucoma within a licensee's scope of practice, creating a treatment plan with proposed medications and target pressures, ongoing monitoring and reevaluation of the patient's condition, and making timely referrals to an ophthalmologist when appropriate. The following options may be chosen in any combination to fulfill this requirement:

(A) Case Management Course: Completion of a 16-hour case management course developed cooperatively by the accredited California schools and colleges of optometry and approved by the Board, with at least 15 cases of moderate to advanced complexity. The course may be conducted live, over the Internet, or by use of telemedicine. One hour of the program will be used for a final competency examination. Although the Case Management Course does not involve treatment of patients, completion of the 16-hour Case Management Course is equivalent

to prospectively treating 15 individual patients for 12 consecutive months. Therefore, completion of the 16-hour Case Management Course will count as a 15-patient credit towards the Case Management Requirement. The full course must be completed to receive the 15-patient credit. The course must include the following topics/conditions:

1. Presentation of conditions/cases that licensees may treat:

- a. All primary open-angle glaucoma;
- b. Exfoliation and pigmentary glaucoma.

2. Presentation of conditions/cases that licensees may not treat, but must recognize and refer to the appropriate physician and/or surgeon such as:

- a. Pseudoglaucoma with vascular, malignant, or compressive etiologies;
- b. Secondary glaucoma;
- c. Traumatic glaucoma;
- d. Infective or inflammatory glaucoma;
- e. Appropriate evaluation and analysis for medical or surgical consultation;

California Code of Regulations

f. In an emergency, if possible, stabilization of acute attack of angle closure and immediate referral of the patient.

(B) Grand Rounds Program: Completion of a 16-hour grand rounds program developed cooperatively by the accredited California schools and colleges of optometry and approved by the Board, wherein participants will evaluate and create a management plan for live patients. Completion of the 16-hour Grand Rounds Program is equivalent to prospectively treating 15 individual patients for 12 consecutive months. Therefore, the 16-hour Grand Rounds Program will count as a 15-patient credit towards the Case Management Requirement. The full program must be completed to receive the 15-patient credit. Patients must be evaluated in person. The program must include the following:

1. Presentation of various patient types such as: glaucoma suspects; narrow angle, primary open angle glaucoma (early, moderate, late); and secondary open angle glaucoma such as pigment dispersion and pseudoexfoliation. Patient data, including but not limited to, visual acuities, intra-ocular pressures, visual fields, imaging, and pachymetry, will be available on-site and presented upon request;
2. Examination of patients, evaluation of data and test results, and commitment to a tentative diagnosis, treatment, and management plan;
3. Participation in group discussion of the cases with instructor feedback;
4. Attendance of follow-up meetings (within the 16hour program requirement) where the same or different patients will be reviewed via serial data, including but not limited to visual fields and imaging photos.

(C) Preceptorship Program: Completion of a preceptorship program where each patient must be initially evaluated by the licensee and co-managed with a preceptor. Each patient must be prospectively treated for a minimum of 12 consecutive months. A preceptor for purposes of this section is defined as:

1. A California licensed, Board certified ophthalmologist in good standing; or
2. A California licensed optometrist in good standing, who has been glaucoma certified for two or more years.

Preceptors shall confirm the diagnosis and treatment plan, and then approve the therapeutic goals and management plan for each patient. Consultation with the preceptor must occur at appropriate clinical intervals or when the therapeutic goals are not achieved. Clinical data will be exchanged at appropriate intervals determined by the preceptor and the licensee. Telemedicine and electronic exchange of information may be used as agreed upon by the preceptor and the licensee. Each patient that is seen by the optometrist in the program will count as a 1patient credit towards the Case Management Requirement.

(b) Licensees that are glaucoma certified pursuant to this Section shall be required to complete 10 hours of glaucoma specific optometric continuing education every license renewal period. These 10 hours shall be part of the required 35 hours on the diagnosis, treatment and management of ocular disease.

(c) Licensees who completed their education from an accredited school or college of optometry on or after May 1, 2008, are exempt from the didactic course and case management requirements of this Section, provided they submit proof of graduation from that institution to the Board.

California Code of Regulations

(d) Licensees who graduated from an accredited school or college of optometry prior to May 1, 2000, and who have not completed a didactic course of no less than 24 hours will be required to take the 24-hour course indicated in subsection (a). Licensees who graduated from an accredited school or college of optometry after May 1, 2000, are exempt from the didactic course requirement of this Section.

(e) Licensees who graduated from an accredited school or college of optometry prior to May 1, 2008, and who have taken a didactic course of no less than 24 hours, but not completed the case management requirement under SB 929 [Stats. 2000, ch. 676, § 3], will be required to complete the Case Management Requirement indicated in subsection (a).

(f) Licensees who started the process for certification to treat glaucoma under SB 929 [Stats. 2000, ch. 676, § 3] but will not complete the requirements by December 31, 2009, may apply all patients who have been co-managed prospectively for at least 12 consecutive months towards the Case Management Requirement indicated in subsection (a).

Authority cited: Sections 3025, 3041, 3041.10 and 3059, Business and Professions Code. Reference: Sections 3041 and 3041.3, Business and Professions Code.

History

1. New section filed 12-9-2010; operative 1-8-2011 (Register 2010, No. 50).

From: Stephanopoulos, Robert@DCA
Sent: Thursday, March 12, 2015 10:04 AM
To: 'Lisa Fennell'
Subject: RE: Continuing Education

Hi Lisa,

Our meeting is Thursday. I appreciate your help in gathering this information.

Thank you,

Rob

From: Lisa Fennell [mailto:LFennell@arbo.org]
Sent: Thursday, March 12, 2015 7:30 AM
To: Stephanopoulos, Robert@DCA
Subject: RE: Continuing Education

Hi Robert,

I'm happy to send out a query to the other Boards. When is your meeting next week? I can't promise that I'll get many responses in such a short time, but I'll let you know who I hear back from.

Regards,
Lisa

From: Stephanopoulos, Robert@DCA [mailto:Robert.Stephanopoulos@dca.ca.gov]
Sent: Wednesday, March 11, 2015 5:08 PM
To: Lisa Fennell
Subject: RE: Continuing Education

Lisa,

Thank you very much for the spreadsheet, it provides some great information about the other states' CE requirements. I was also wondering if you would be able to forward my questions to the other state boards? I would like to get a better feel for how they accept medical CE, if they do. It would also be nice to get a feel for how often the Boards who have discretion over CE come have medical CE submitted for approval.

Thank you,

Robert Stephanopoulos

From: Lisa Fennell [mailto:LFennell@arbo.org]
Sent: Wednesday, March 11, 2015 1:16 PM
To: Stephanopoulos, Robert@DCA
Subject: RE: Continuing Education

Hi Robert,

I've attached a spreadsheet I put together that lists the CE requirements of all the optometry boards in the US. A couple of them mention AMA or ACCME, but none go into the details that you're looking for. This query was done a little over a year ago so it's possible that some of the states have changed

their requirements, however, in my experience very few states even address medical CE in their rules unless it's given at a medical school.

Regards,
Lisa

Lisa Fennell
Executive Director
Association of Regulatory Boards of Optometry
200 South College Street, Suite 2030
Charlotte, NC 28202
Main Phone: 704-970-2710
Direct Dial: 704-970-2755
Fax: 704-970-2720
www.arbo.org

Mark your calendar for the 96th ARBO Annual Meeting!
June 21-23, 2015
The Sheraton Hotel
Seattle, Washington

From: Stephanopoulos, Robert@DCA [mailto:Robert.Stephanopoulos@dca.ca.gov]
Sent: Wednesday, March 11, 2015 3:37 PM
To: Lisa Fennell; Sierra Rice
Subject: Continuing Education

Hello,

My name is Robert Stephanopoulos and I am one of the analysts at the California State Board of Optometry (Board). My Executive Officer, Mona Maggio, requested that I contact you in order to obtain more information regarding a proposed change to our continuing education (CE).

Next week, there is a committee meeting to discuss the prospect of the Board accepting medical CE in addition to its currently recognized forms. I was hoping you would be able to provide me with some information regarding the CE requirements of other state boards.

Specifically:

- * How many CE hours are required by other states, and what are the specific areas that those CE hours must come from?
- * Do other states accept medical CE to fulfill their CE requirements, and if so, is there a maximum amount medical CE which can be used?
- * If there are states that do allow medical CE, how related or unrelated to the practice of optometry may the education be, e.g., diabetes, cardiology.
- * If other states allow medical CE hours, must they be at least category 1, as defined by the AMA?

Any information you can provide regarding this topic would be of great use during the committee meeting.

Thank you,

Robert Stephanopoulos
Enforcement Analyst
California State Board of Optometry
2450 Del Paso Rd., Suite 105
Sacramento, CA. 95834
Phone: 916-575-7185 | Fax: 916-575-7292

COPE Jurisdiction Usage Report

Jurisdiction	Required CE hours	Renewal Period	Pharmacology/ Ocular Disease	Internet/ Correspondence	Practice Mgmt.	Jurisprudence	CPR	State CE Requirements				COPE	Optometry Schools	Other		
								Other Req 1	Other Req 2	AOA	AAO				State Assoc	
AL	20 TPA 14 non-TPA	1 year	TPA 10 hours	Up to 3 hours	Up to 3 hours							yes		All Non-COPE CE must be approved by the state Board		
AK	36 TPA 24 non-TPA	2 years	TPA 24 hours Non-TPA 12 hours	Up to 9 hours	Up to 3 hours			7 hours of Injection education every 4 years. 8 hours of Use and Prescription of Pharmaceutical Agents every 4 years. Can be included in the 36 hours of CE.					yes	yes	Local, Regional, or National Optometric Association	
AR	20 TPA 12 non-TPA	1 year		Up to 8 hours, only 4 hours allowed from magazines	Up to 4 hours	Up to 1 hour							yes, for all out of state CE		State board reviews all in-state courses and courses given by school of Optometry, Medicine or Pharmacy	
AZ	32	2 years	Pharmacology or Ocular Disease 4 hours	Up to 12 hours	up to 4 hours	No jurisprudence or practice management courses are accepted that are "state specific" to a state that is not Arizona.		Licensee may claim one credit hour of continuing education for each day of instruction in a full-time program approved under R4-21-207, or for less than a full-time program on a pro-rata basis.					yes			
CA	50 TPA 40 non-TPA	2 years	Pharmacology, Ocular Disease or Glaucoma 35 hours TPA	Up to 20 hours	Not accepted.					yes	yes		yes	yes	Optometric Extension Program	
CO	24	2 years		Up to 8 hours	Not accepted.			One hour of CE credit may be obtained for every two hours of observation at a clinical facility which specializes in eye care that is staffed by professors or adjunct professors from optometry or ophthalmology at accredited optometry or medical schools. Only 4 hours of CE may be earned by this method in each 24-month cycle. Drug companies sales pitches are not acceptable, study groups are also not acceptable.		yes	yes	yes, any AOA recognized State Association.	yes	yes	clinical facilities specializing in eye care that are staffed by professors or adjunct professors of optometry or ophthalmology at accredited optometry or medical schools.	
CT	14	1 year	Optometrists engaged in the use of ocular agents are required to complete a minimum of 4 hours in pathology detection and a minimum of 4 hours in treatment as it applies to the use of ocular agents.		Up to 4 hours			Self-study courses, audio-visual presentations and other mechanisms of self-instruction do NOT qualify for the purpose of fulfilling the CE requirements. CE credit is not granted for serving as the instructor of educational or CE course.					yes		Non-COPE course must be reviewed by the State Board.	
DC	30 TPA 24 non-TPA	2 years	Ocular Therapy 6 hours TPA	Up to 6 hours	Up to 2 hours			The Board may approve the following as CE serving as an instructor or speaker at a conference, seminar, workshop, or in-service training and publishing a book or a chapter in a book, or publishing a book review, article or abstract in a professional journal or bulletin.					yes		CE must be approved by the Board.	
DE	24 TPA 12 non-TPA	2 years	TPA 24 hours		Not accepted.		TPA: CPR must be kept current	COPE-Accredited Self-Reported Study may include: Reading of Optometric Journals Optometric tape journals. Optometric audiovisual material. Other materials given prior approval by the Board. Proof of completion from the sponsoring agency is required for credit. Maximum of 2 hours non-TPA, 4 hours TPA			yes	yes	yes, Delaware Optometric Association	yes	yes	State Regional or National Optometric Societies
FL	30	2 years	6 hours CEE - Ocular Disease or Pharmacology or Ocular Pharmacology		Up to 2 hours	2 hours in medical errors and 2 hours in Florida laws and rules	Up to 2 hours	Practitioner may earn 2 hours in Florida Jurisprudence by attending a meeting of the Board for no less than 4 continuous hours.					yes		CE must be approved by the Board.	
GA	36	2 years	18 hours required for pharmacology and pathology as related to ophthalmologic conditions.	Up to 10 hours	Up to 4 hours	1 hour		Grand Rounds CE not to exceed 8 hours, 2 hours for 1 hour credit. Medical Colleges in GA - up to 10 hours for Ophthalmologic related courses.	All CE hours must be registered on the ARBO OE Tracker program	yes		yes	yes	yes	Society of Professional Optometrist of Georgia	
HI	36 TPA 32 non-TPA	2 years	TMDD Up to 36 hours TPA	Up to 9 hours TPA Up to 8 hours non-TPA							yes	yes	yes	yes	Regional and National Optometric Societies and Councils: International Optometric Extension Program Foundation	
ID	18 TPA 12 non-TPA	1 year	6 hours TPA	Up to 6 hours				Excess continuing education hours, not to exceed 6 hours, accumulated during the 12 months immediately preceding a license renewal may be applied toward meeting the continuing education requirement for the following license renewal. Excess hours may be used only during the next renewal period and may not be carried forward more than one year.					yes	yes		
IL	30	2 years		Up to 4 hours	Up to 4 hours		Up to 2 hours	12 hours CEE	Up to 12 hours Verified Teaching of students at an approved Optometry School.				yes, for out of state CE		Sponsors must be approved by the board.	
IN	20	2 years	Up to 20 hours	Up to 20 hours	Not accepted			Self-study CE limited to 3 hours biennially.		yes	yes	yes	yes	yes	The American Academy of Ophthalmology; Regional Optometric Associations	

COPE Jurisdiction Usage Report

State CE Requirements																
IA	50 TPA	2 years	20 hours ocular disease 20 hours related systemic disease	Up to 10 hours	6 hours		Current CPR certification offered in person by the American Heart Association, American Red Cross, or an equivalent. At least 2 hours per biennium is required, but credit will be granted for 4 hours.	Up to 2 hours in Dependent Adult and Child Abuse Identification. Proof of current CELMO certification OR 20 hours from COPE Category B and 20 hours from COPE Category C and 10 additional hours required from any of the COPE Categories A, B, C, and D. Hours obtained in Category D may not exceed 6 hours of the total continuing education hours requirement.			yes	yes	yes	yes		
KS	48*	2 years	Ocular pharmacology 5 hours	Up to 8 hours	Up to 2 hours			*24 hours required each year.						Board recognizes the course category definitions as defined by COPE.	The board prefers that an ophthalmic association, school, institute or other organization sponsor the continuing education event.	
KY	15 TPA, 20 if ETP 8 non-TPA	1 year		Up to 5 hours				A one-hour HIV-AIDS course, approved by the KY Cabinet for Health and Family Services, is required prior to the 1st renewal of a license. An approved one-hour HIV-AIDS course will be required of all licensees for 2020 license renewal.	All optometrists that have a DEA number, must register with KASPER (KY All Scheduled Prescriptions Electronic Reporting) and take a 2 hour course annually in pain management/addiction disorders.		yes	yes	yes	yes	All CE must be sponsored by a state, regional (multi state like SECO) or national optometric association.	
LA	16	1 year		Up to 2 hours	Not accepted.						yes	yes	yes	yes	yes	Great Western Council of Optometry, Mountain West Council of Optometrist, New England Council of Optometrist, North Central State Optometric Council, North East Regional Council of Optometry, Optometric Council of the National Capital Region, Southern Council of Optometrist and Southwest Council of Optometry.
ME	25	1 year	Pharmacology or Ocular Disease hours 15	Up to 5 hours	Up to 2 hours							yes	yes	yes	yes	American academy of Ophthalmologists
MD	50 TPA 36 non-TPA	2 years		Up to 20 hours	Up to 4 hours	Optometric Ethics, Maryland Optometric Jurisprudence: up to 4 hours		Up to 6 hours clinical observation	Presenters of courses, seminars and lectures: up to 9 hours, Published Papers: Up to 9 hours					yes	All Courses must be approved by either COPE or the Maryland State Board	
MA	18	1 year		Up to 4 hours	6 hours maximum			MA allows 6 hours maximum of practice management (includes AIDS education and CPR).						yes, for Live CE offered outside of MA	Harvard and New England College of Optometry Tufts	
MI	40	2 years	20 hours	Up to 20 hours	Up to 9 hours			Pain and symptom management: 1 Hour							yes	Board sponsored CE
MN	40	2 years		Up to 15 hours	Up to 6 hours						yes	yes	yes	yes	yes	
MS	20	1 year	10 hours	Up to 4 hours (also includes self-study)	Up to 4 hours			16 of the 20 hours reported must be accredited by COPE.						yes	yes	National, Regional, or state Conference
MO	32	2 years									yes	yes		yes	yes	National Optometric Association. Must be COPE approved for local society meetings or approved by the state board
MT	36	2 years		Up to 12 hours	Up to 4 hours						yes	yes	yes	yes	yes	any other course must be submitted by the licensee for approval by the board. CE course offered on line must be affiliated by the approved providers.
NE	32	2 years		Up to 4 hours	Not accepted			16 hours must be earned in each year of the 2-year renewal period.	Education provided by a business entity for the purpose of promotion of their products or services is not acceptable.		yes	yes		yes	yes	Board approved CE programs
NV	30 TPA 18 non-TPA	1 year	15 hours		Up to 5									yes	yes	Mountain West Council of Optometrists, New England Council of Optometrists North Central Optometric Council Optometric Council of the National Capital Region Southern Council of Optometrists Southern Council of Optometry Great Western Council of Optometry
NH	50 TPA 15 non-TPA	1 year	Ocular Disease TPA 20 hours Class I, remainder Class II. Total hours Non-TPA=15 Class I.													
NJ	50	2 years	30 hours Topical TPA, 10 hours Oral TPA.	Up to 20 hours				Glaucoma 10 hours TPA			yes	yes	yes	yes	yes	

COPE Jurisdiction Usage Report

State CE Requirements

NM	22	1 year	10 hours	Up to 2 hours														Optometric councils: mid-west, mountain west, southern, New England, southwest (SWCO). Optometric contact lens societies: southwest, southern, heart of America. Optometric congresses: southern, mountain states.	
NY	36	3 years		Up to 9 hours if interactive										yes	yes	yes	yes	yes	AMA
NC	25	1 year	Minimum 12 hours, must be deemed "Certified" by the Board.	All correspondence and internet courses must meet the standards and criteria set by COPE or the ACCME.											yes		yes		Health Related Profession
ND	50	3 years	30 hours	Up to 10 hours	Up to 10 hours			Current CPR certificate required. 1 hour of CE granted per year for CPR.									yes	yes	
OH	25	1 year	10 hours	Up to 10 hours	Up to 2 hours	Up to 2 hours			Up to 8 hours grand rounds or surgery observation.					yes	yes	yes	yes	yes	OEP
OK	18	1 year	5 hours	Up to 3 hours	Up to 3 hours				1 hour judicious prescribing					yes	yes			yes	OEP
OR	18	1 year	9 hours	Up to 9 hours	None accepted	None accepted			One hour of 'ethics' or 'Oregon Law & Administrative Rules' due every other year. Ethics courses must be approved by the Oregon Board.								yes		
PA	30	2 years		Up to 7.5					Licensed for therapeutics only "T" license: at least 6 hours must be in therapeutics. "Licensed for therapeutics and glaucoma" "G" license: at least 4 hours must be in glaucoma, and at least an additional 2 hours must be TPA.					yes	yes	yes			COVD OEP AMA
RI	20 TPA 16 non-TPA	1 year	10 hours											yes	yes	yes	yes	yes	ACCME ACPE
SC	40	2 years	16 hours											yes	yes	yes	yes	yes	
SD	45	3 years	5 hours per year	Up to 4 hours	Up to 4 hours				Surgical Ophthalmologist Observation-1 hour for every 2 hours with a maximum of 4 hours	Video/Recorded Webinars/ Teleconference-2 hours max certificate-4 hours max	Live Webinars-must state "live" on			yes	yes	yes	yes	yes	
TN	30	2 years	20 hours	Up to 12 hours	Up to 6 hours			For optometrists who have approval to use pharmaceutical agents by injection current certification in CPR is required.	Optometrists who are therapeutically certified must have at least 1 hour in a course designed specifically to address prescribing practices.	CE courses may include: lecture courses; multi-media courses (must be submitted to the Board for review, limited to a maximum of 6 credit hours); grand clinical rounds (clinical optometric education performed in clinical treatment facilities) shall be credited for every 2 hours of attendance will receive 1 hour of credit and must be submitted for Board review and are limited to a maximum of 3 credit hours.			yes	yes	yes	yes	yes	yes	SECO and TN Academy of Opt. also approved CE vendors
TX	16	1 year	6 hours	Up to 8 hours					A one hour course in professional responsibility is required to renew.										All courses must be approved by the board.
UT	30	2 years															yes		Council on Medical Education
VT	40	2 years	20 hours	Up to 2 hours					Total of 14 hours directly related to Patient care. 2 Hours can be record keeping for patient care and up to 2 hours in CPR 18VAC105-20.70.A										The board approves all CE
VA	16	1 year	2 hours	Up to 16 hours	Not accepted			Up to 2 hours	Total of 14 hours directly related to Patient care. 2 hours can be record keeping for patient care.					yes	yes	yes	yes	yes	Va Academy of Optometry, Optom Vision Development, Academy of Ophthalmology
WA	50	2 years		Up to 25 hours	Up to 10 hours				HIV/AIDS training - 4hrs	Jurisprudence questionnaire required				yes	yes	yes	yes	yes	Optometric Physicians of Washington, OEP, COVD, National Eye Research Foundation, Council on Post-Graduate Education
WV	40	2 years	12 hours	Up to 10 hours	Up to 6 hours									yes	yes	yes	yes	yes	SECO Meeting, Medical schools, pre approval by the board
WI	30	2 years			Up to 6 hours*				A minimum of 7 of the 30 hours must be in glaucoma education.	*No more than 6 hours total per biennium may be claimed for courses related to contact lens, functional vision, general optometry, low vision, jurisprudence and practice management.				yes	yes	yes	yes	yes	
WY	40	2 years	15 hours Systemic therapies	Up to 6 hours internet, correspondence not accepted	Up to 6 hours									yes	yes	yes	yes	yes	

From: Stephanopoulos, Robert@DCA
Sent: Thursday, March 12, 2015 1:19 PM
To: 'Julie Hopkins'
Subject: RE: Continuing Education

Thanks, again.

From: Julie Hopkins [mailto:jhopkins@imq.org]
Sent: Thursday, March 12, 2015 12:27 PM
To: Stephanopoulos, Robert@DCA
Subject: RE: Continuing Education

Hi Richard, see comments below in red. Hope they answer your questions. Julie

From: Stephanopoulos, Robert@DCA [mailto:Robert.Stephanopoulos@dca.ca.gov]
Sent: Thursday, March 12, 2015 11:23 AM
To: Julie Hopkins
Subject: RE: Continuing Education

Is there a general definition of Category 1 CME as the Medical Board references it:

“Courses approved by the Licensing Program for Category 1 CME include programs that are approved by the California Medical Association and the American Medical Association and programs that qualify for prescribed credit from the American Academy of Family Physicians.” What you listed is only part of what the MBC considers for Category 1 currently. They also have proposed a modification that would recognize credits related to physicians’ board certification.

I see that the AMA PRA specifically states that Category 1 should not be used when referring to AMA PRA Category 1 credit, but it seems contrary to how the MBC has it listed above. This is an example of the confusion. MBC uses Category 1, as do other organizations, as an all encompassing term for continuing medical education that covers more than just AMA.

Also, does the IMQ only accredit organizations that to provide AMA PRA Category 1 credit? Yes, as modified.

Thank you,

Rob

From: Julie Hopkins [mailto:jhopkins@imq.org]
Sent: Thursday, March 12, 2015 10:33 AM
To: Stephanopoulos, Robert@DCA
Subject: RE: Continuing Education

Hi Robert, I have attached the AMA PRA booklet. I forgot that they now require a login but you do not have to be an AMA member to set up an account that lets you access their website materials. As you will read in the booklet, the AMA is very specific about their credit statement and their trademark and require the use of italics and the TM symbol. Some organizations inappropriately abbreviate as you have shown or will just state Category 1, however, the latter may refer to the AMA’s and other types of credit, as you can see in the definition of continuing medical education on the Medical Board of California’s website.

Hope this helps,
Julie

From: Stephanopoulos, Robert@DCA [mailto:Robert.Stephanopoulos@dca.ca.gov]
Sent: Thursday, March 12, 2015 9:34 AM
To: Julie Hopkins
Subject: Continuing Education

Ms. Hopkins,

Thank you for taking the time to speak to me yesterday. It was very informative. I tried to download the AMA PRA booklet from the Web site, but it requires login information to do so. I was wondering if you could tell me whether AMA credits are different than AMA PRA credits. It seems that the PRA is given when a physician completes a requisite amount of CME; however, I wanted to make sure this was accurate. It appears that some boards (psychology) reference AMA PRA Category 1 credits as acceptable CE, while others (physician assistant) reference AMA Category 1.

Thank you,

Robert Stephanopoulos
Enforcement Analyst
California State Board of Optometry
2450 Del Paso Rd., Suite 105
Sacramento, CA. 95834
Phone: 916-575-7185 | Fax: 916-575-7292

The Physician's Recognition Award and credit system

Information for accredited providers and physicians

2010 revision





Modifications in the 2010 revision

Effective July 1, 2011

Enduring materials—must include an assessment of the learner's performance; credit may be awarded only to those that meet a minimum performance level. (pg. 5)

Journal-based CME activities—must include an assessment of the learner's performance; credit may be awarded only to those that meet a minimum performance level. (pg. 5)

Manuscript review activities—credit may be awarded only to physicians that submit reviews deemed to be acceptable by the editor. (pg. 6)

Performance Improvement CME—a physician must begin a PI CME activity with Stage A. (pg. 6)

AMA Credit Designation Statement—has been modified to indicate the learning format for the activity. (pg. 7)

Effective September 1, 2010

ABMS member board certification and Maintenance of Certification—the number of credits that physicians may be awarded directly by the AMA for the completion of ABMS certifications has been increased. (pg. 9)



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The American Medical Association Physician's Recognition Award and continuing medical education credit system

This document describes the requirements that must be followed by accredited continuing medical education (CME) providers in order to certify activities for *AMA PRA Category 1 Credit™* and award credit to physicians. It also describes *AMA PRA Category 2 Credit™*, requirements for physicians wishing to obtain the American Medical Association's (AMA) Physician's Recognition Award (PRA) and other important related information. The AMA PRA has recognized physician participation in CME for more than 40 years. AMA PRA credit is recognized and accepted by hospital credentialing bodies, state medical licensure boards and medical specialty certifying boards, as well as other organizations.

Brief history

The AMA was founded by Nathan Davis, MD, in 1847 in Philadelphia. The first two committees constituted by the new organization were the Committee on Medical Education and the Committee on Ethics, emphasizing the importance the association and the medical profession placed on these two areas. The AMA reorganized in 1901 at which time the Committee on Medical Education became the Council on Medical Education as it continues to be known today. This elected body of physicians formulates policy on medical education by making recommendations to the AMA House of Delegates (HOD) through the AMA Board of Trustees.

Due to the state of undergraduate and graduate education at the time, the organization's early efforts focused primarily on these areas. A major accomplishment of the Council on Medical Education in its early history was laying much of the ground work for, and participating in, the Carnegie Foundation for the Advancement of Teaching's national study of existing medical schools. The study began in 1909 and resulted in what is known today as the Flexner Report, named for its author, Abraham Flexner of the Carnegie Foundation. N. P. Colwell, MD, Secretary to the Council on Medical Education, and Arthur D. Bevan, MD, Chairman of the Council on Medical Education, were major contributors to the work that went into the report. This report had a major effect on the medical school education of physicians and essentially

established the model for medical education in the United States until the present, more than 100 years later.

In the 1940s and 1950s the Council on Medical Education increased its focus on postgraduate medical education (PGME). The AMA surveyed practicing physicians to determine how many of them participated in PGME after completion of residency and/or pursued self-directed learning. The Council on Medical Education reported to the HOD in 1955 that almost a third of the 5,000 physicians responding to this survey reported no participation in formal PGME for at least the past five years. The Council on Medical Education declared that PGME (later changed to "continuing" medical education by the HOD) "lacked direction and was suffering from a lack of clearly defined objectives." As a result of the report, the HOD took many actions to support CME in the 1960s, one of which was to establish a standing Advisory Committee on Continuing Medical Education which, by 1967, had developed a nationwide accreditation system for CME providers. In 1968, the AMA established the AMA PRA. The related AMA PRA credit system for physicians was developed as the metric to be used in determining qualifications for the AMA PRA.

Over the next two decades the AMA created other entities to make accreditation decisions. In 1981, the AMA and six other national organizations formed the Accreditation Council for Continuing Medical Education (ACCME). The seven member organizations of the ACCME are: the AMA, American Board of Medical Specialties, American Hospital Association, Association for Hospital Medical Education, Association of American Medical Colleges, Council of Medical Specialty Societies and Federation of State Medical Boards.

Within the United States, the AMA only authorizes organizations that are accredited by the ACCME or by a state medical society recognized by the ACCME, referred to as "accredited CME providers," to designate and award *AMA PRA Category 1 Credit™* to physicians. With the exception of those activities directly certified by the AMA, individual educational activities *must* be offered only by accredited CME providers, in accordance with AMA PRA credit system requirements, to be certified for *AMA PRA*

The AMA PRA program continually evolves to meet physicians' learning needs. The Council on Medical Education welcomes input from physicians, accredited CME providers, and consumers of CME credit on recommendations for revisions and/or additions to the AMA PRA credit system. These recommendations should be communicated to the AMA Division of Continuing Physician Professional Development (CPPD). We would like to thank the accredited CME provider and physician communities, without whom the changes and improvements reflected in this booklet would not have been possible, and the patients who lend meaning to this work.

In support of the AMA PRA and the credit system, staff from the AMA Division of CPPD is available to answer questions from physicians, accredited CME providers or the public about compliance with the AMA PRA requirements, standards and policies. Questions may be directed to cme@ama-assn.org. Resources are also available online at www.ama-assn.org/go/prc. Anyone who is involved in planning or implementing CME activities is urged to subscribe, free of charge, to the CPPD Informational Network to receive the newsletter, CPPD Report, and other items of interest.

Category 1 Credit™. The AMA, on behalf of its physician constituency, also maintains international relationships for certain educational activities that meet AMA standards.

Ethical underpinnings of CME

The AMA Principles of Medical Ethics, which are part of the more extensive AMA Code of Medical Ethics (Code), are standards of conduct that define the essentials of honorable physician behavior. These ethical statements were developed primarily for the benefit of the patient and recognize the physician's responsibility to patients first and foremost, as well as to society, to other health professionals and to him/herself.

Recognizing the central role of education for the continuing professional development of physicians, Principle V of the Code provides the grounding tenet for CME and medical education, in general:

V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

In addition, physicians have certain ethical responsibilities when participating in CME activities, either as a learner, faculty or planner. Accredited CME providers must understand the relevant ethical issues for physicians and ensure that participation in certified CME activities will not encourage or require physicians to violate the AMA ethical guidance. As of the time of this writing, the relevant ethical opinions include 8.061 "Gifts to Physicians from Industry," and 9.011 "Continuing Medical Education" which can be found in full at www.ama-assn.org/go/ceja. Questions regarding the interpretation of these opinions should be addressed to ceja@ama-assn.org.

The AMA expects accredited CME providers to present physicians with commercially unbiased, independent and objective information in all of their activities. Accredited providers must meet the substance of the CEJA opinion requirements and be in compliance with the ACCME Standards for Commercial Support™.

AMA definition of CME

The AMA HOD and the Council on Medical Education have defined continuing medical education as follows:

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. (HOD policy #300.988)

Educational content of certified CME

Certified CME is defined as:

1. Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or
2. Nonpromotional learning activities for which the credit system owner directly awards credit

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™*.

Activities ineligible 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
- Mentoring
- 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

Categories of AMA PRA credit

There are two categories of AMA PRA credit: *AMA PRA Category 1 Credit™* and *AMA PRA Category 2 Credit™*.

Earning *AMA PRA Category 1 Credit™*

There are three ways for physicians to earn *AMA PRA Category 1 Credit™*.

1. By participating in certified activities sponsored by accredited ACCME or SMS CME providers. Information for accredited CME providers to certify activities for *AMA PRA Category 1 Credit™* can be found on pages 4–8 and at www.ama-assn.org/go/cmeprovder.
2. By participating in activities recognized by the AMA as valid educational activities. Information about these activities

can be found on page 9 and at www.ama-assn.org/go/directcredit.

3. By participating in certain international activities recognized by the AMA. Information regarding these activities can be found on page 9 and at www.ama-assn.org/go/internationalcme.

Earning *AMA PRA Category 2 Credit*[™]

AMA PRA Category 2 Credit[™] is self-claimed and documented by physicians for participating in activities that are not certified for *AMA PRA Category 1 Credit*[™]. More information about *AMA PRA Category 2 Credit*[™] can be found on page 10 or at www.ama-assn.org/go/cme.

Eligibility for *AMA PRA* credit

AMA PRA credit may only be claimed by, and awarded to, physicians, defined by the AMA as individuals who have completed an allopathic (MD), osteopathic (DO) or an equivalent medical degree from another country.

AMA monitoring of accredited CME providers

To assure the integrity of the *AMA PRA* credit system, the AMA monitors for compliance with *AMA PRA* credit system requirements in several ways including through the ACCME 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.

Withdrawal of privilege to designate credit

The AMA reserves the right to withdraw an accredited CME provider's privilege to certify activities for *AMA PRA Category 1 Credit*[™] should the accredited CME provider fail to bring the program and activities into compliance with *AMA PRA* policies, regardless of accreditation status. Accredited CME providers have appropriate recourse through a due process system that has been established for the investigation of any issue related to the *AMA PRA* requirements. Information about this process can be found at www.ama-assn.org/go/cppd.

Requirements for educational activities eligible for *AMA PRA Category 1 Credit™*

Certification of activities for *AMA PRA Category 1 Credit™* by accredited CME providers

Accredited CME providers must ensure that activities that are certified for *AMA PRA Category 1 Credit™* meet all AMA requirements which include the core requirements and format-specific requirements.

Core requirements for certifying activities for *AMA PRA Category 1 Credit™*

Every activity that is certified for *AMA PRA Category 1 Credit™* 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 SupportSM, and be nonpromotional 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 (see page 7) in any activity materials that reference CME credit with the exception of "save the date" or similar notices (see page 8).

Learning formats and format-specific requirements for certifying activities for *AMA PRA Category 1 Credit™*

The Council on Medical Education currently has approved seven learning formats that accredited CME providers may certify for *AMA PRA Category 1 Credit™*.

1. Live activities

A live activity is a certified CME activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remotely as is the case of teleconferences or live Internet webinars. These may be offered through a variety of delivery mechanisms; examples include, but are not limited to, national, regional or local conferences, workshops, seminars, regularly scheduled conferences, journal clubs, simulation workshops, structured learning activities presented during a committee meeting and live Internet webinars.

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

- Meet all core requirements for certifying an activity.

Designating, claiming and awarding credit for participation in a live activity

- Credit designation for each live activity is determined by measuring formal interaction time between faculty and the physician audience; 60 minutes of physician participation in a certified live activity equals one (1) *AMA PRA Category 1 Credit™*; credit is designated in 15 minute or 0.25 credit increments; accredited CME providers must round to the nearest quarter hour.
- Physicians should claim credit based on their participation time in 15 minute or 0.25 credit increments; physicians must round to the nearest quarter hour.
- The time for simultaneous certified sessions within a live activity can only be counted once toward the designated maximum.
- Only segments of the live activity that comply with the AMA core requirements may be certified for *AMA PRA Category 1 Credit™*. These certified segments must be clearly identified in the activity materials and included in the designated maximum amount of credit.

Faculty credit

Accredited CME providers may also award *AMA PRA Category 1 Credit™* to their physician faculty to recognize the learning associated with the preparation and teaching of an original presentation at the accredited CME provider's live activities that are certified for *AMA PRA Category 1 Credit™*.

Awarding credit to physician faculty for a live activity that is certified for *AMA PRA Category 1 Credit™*

- 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 a one-hour presentation or 1.5 *AMA PRA Category 1 Credits™* for a 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.

2. Enduring materials

An enduring material is a certified CME activity that endures over a specified time. These include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities.

To be certified for *AMA PRA Category 1 Credit™*, an enduring material activity must:

- Meet all AMA core requirements for certifying an activity.
- Provide clear instructions to the learner on how to successfully complete the activity.
- 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.
- Communicate to the participants the minimum performance level that must be demonstrated in the assessment in order to successfully complete the activity for *AMA PRA Category 1 Credit™*.
- Provide access to appropriate bibliographic sources to allow for further study.

Designating and awarding credit for participation in 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 will take to complete the activity to achieve its purpose and/or learning objectives (e.g. the average time it takes a small sample group of the target audience to complete the material); credit is designated in 15 minute or 0.25 credit increments; accredited CME providers must round to the nearest quarter hour.
- Credit should be awarded only to physicians who meet at least the minimum performance level on the assessment as established by the accredited CME provider.

3. Journal-based CME

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 publication of the journal.

To be certified for *AMA PRA Category 1 Credit™*, a journal-based CME activity must:

- Meet all AMA core requirements for certifying an activity.
- Be a peer-reviewed article.
- 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; this may include, but is not limited to, patient-management case studies, a post-test and/or application of new concepts in response to simulated problems.
- Communicate to the participants the minimum performance level that must be demonstrated in the assessment in order to successfully complete the activity for *AMA PRA Category 1 Credit™*.

Designating and awarding credit for participation in a journal-based CME activity

- Accredited CME providers should designate individual articles for one (1) *AMA PRA Category 1 Credit™*.
- Credit should be awarded only to physicians who meet at least the minimum performance level on the assessment as established by the accredited CME provider.

4. Test item writing

A test item writing activity is a certified CME activity wherein physicians learn through their contribution to the development of high stakes examinations, or certain peer-reviewed self-assessment activities, by researching, drafting and defending potential questions.

To be certified for *AMA PRA Category 1 Credit™*, a test-item writing activity must:

- Meet all AMA core requirements for certifying an activity.
- Be developed only for:
 - The National Board of Medical Examiners examinations.
 - American Board of Medical Specialties (ABMS) member board certification examinations.
 - National medical specialty society peer-reviewed, published, self-assessment activities.
- Document that guidance was given to the physician question writers on how to use evidence for writing quality questions.

- Be at a depth and scope that require a review of the literature and a knowledge of the evidence base for the questions.
- Include a group peer review of the questions in which the physician question writers personally participate.

Designating and awarding credit for participation in a test item writing activity

- Accredited CME providers should designate each test item writing activity for ten (10) *AMA PRA Category 1 Credits™*.

5. Manuscript review (for journals)

Manuscript review is a certified CME activity in which a physician learns through the critical review of an assigned journal manuscript.

To be certified for *AMA PRA Category 1 Credit™*, a manuscript review activity must:

- Meet all AMA core requirements for certifying an activity.
- Involve a review of an article that has been submitted for publication in a journal that is included in the MEDLINE bibliographic database.
- Involve a review of a manuscript that is an original contribution to the medical literature that requires multiple reviewers.
- Provide clear instructions to the physician on how to successfully complete the activity
- Be at a depth and scope that require a review of the literature and a knowledge of the evidence base for the manuscript reviewed.
- Have an oversight mechanism to evaluate the quality of reviews submitted.

Designating and awarding credit for participation in a manuscript review activity

- Accredited CME providers should designate each accepted manuscript review, as documented by the journal editor, for three (3) *AMA PRA Category 1 Credits™*.
- *AMA PRA Category 1 Credit™* should only be awarded for a review that is deemed acceptable by the editor.

6. Performance Improvement Continuing Medical Education (PI CME)

PI CME is a certified CME activity in which an accredited CME provider structures a long-term three-stage process by which a physician or group of physicians learn about specific performance measures¹, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures. A PI CME activity may address any facet (structure, process or outcome) of a physician's practice with direct implications for patient care.

To be certified for *AMA PRA Category 1 Credit™*, a PI CME activity must:

- Meet all AMA core requirements for certifying an activity.
- Have an oversight mechanism that assures content integrity of the selected performance measures. These measures must be evidence based² and well designed (e.g., clearly specify required data elements, ensure that data collection is feasible).
- Provide clear instructions to the physicians that define the educational process of the PI CME activity (documentation, timelines, etc.).
- Provide adequate background information so that physicians can identify and understand the performance measures that will guide their PI CME activity, and the evidence base behind those measures.
- Validate the depth of physician participation by a review of submitted PI CME activity documentation.
- Consist of the following three stages:

Stage A: Learning from current practice performance assessment

Assess current practice using the identified performance measures, either through chart reviews or some other appropriate mechanism. Participating physicians must be actively involved in the analysis of the collected data to determine the causes of variations from any desired performance and identify appropriate intervention(s) to address these.

Stage B: Learning from the application of PI to patient care

Implement the intervention(s) based on the results of the analysis in Stage A, using suitable tracking tools. Participating physicians should receive guidance on appropriate parameters for applying the intervention(s).

¹ 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)

² 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.

Stage C: Learning from the evaluation of the PI CME effort

Re-assess and reflect on performance in practice measured after the implementation of the intervention(s) in Stage B, by comparing to the assessment done in Stage A and using the same performance measures. Summarize any practice, process and/or outcome changes that resulted from conducting the PI CME activity.

Designating and awarding credit for participation in a PI CME activity

- Accredited CME providers should designate each PI CME activity for twenty (20) *AMA PRA Category 1 Credits™*.
- Physicians that complete only one or two stages should be awarded five (5) *AMA PRA Category 1 Credits™* for each stage that was completed. Completion of the full PI CME cycle should be encouraged.
- Physicians completing, in sequence, all three stages (A – C) of a structured PI CME activity should be awarded twenty (20) *AMA PRA Category 1 Credits™*. This acknowledges that the best learning is associated with completing the entire three-stage PI CME activity.

7. Internet point-of-care learning (PoC)

An Internet PoC learning activity is a certified CME activity structured by an accredited CME provider in which a physician engages in self-directed, online learning on topics relevant to their clinical practice. Learning for this activity includes a reflective process in which a physician must document their clinical question, the sources consulted and the application to practice.

To be certified for *AMA PRA Category 1 Credit™*, Internet PoC activities must:

- Meet all AMA core requirements for certifying an activity.
- Have an established process for the accredited CME provider to oversee content integrity, with responsibilities that include, but are not limited to, the appropriate selection and use of professional, peer-reviewed literature, and ensuring that search algorithms are unbiased.
- 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 the accredited CME provider will award credit.
- Verify physician participation by tracking the topics and sources searched. Implement reasonable safeguards to assure appropriate use of this information.
- Provide access to some mechanism by which physicians can give feedback on overall system effectiveness.
- Establish a mechanism by which physicians may claim *AMA PRA Category 1 Credit™* for this learning activity, by completing and documenting the required three-step cycle:

1. Review original clinical question(s).
2. Identify the relevant sources from among those consulted.
3. Describe the application of their findings to practice and whether it resulted in a change in knowledge, competence or performance as measured by physician practice application or patient health status improvement.

Designating and awarding credit for participation in Internet PoC

- Accredited CME providers should designate each structured Internet PoC cycle for one-half (0.5) *AMA PRA Category 1 Credit™*.

Additional information for accredited CME providers

AMA Credit Designation Statement

The AMA Credit Designation Statement indicates to physicians that the activity has been certified by an accredited CME provider as being in compliance with *AMA PRA Category 1 Credit™* requirements. The AMA Credit Designation Statement must be written without paraphrasing and be listed separately from accreditation or other statements.

The following AMA Credit Designation Statement must be included in relevant announcement and activity materials (see page 8):

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.

The learning format listed in the Credit Designation Statement must be one of the following AMA approved learning formats:

1. Live activity
2. Enduring material
3. Journal-based CME activity
4. Test-item writing activity
5. Manuscript review activity
6. PI CME activity
7. Internet point-of-care activity

Use of phrase “AMA PRA Category 1 Credit™”

The phrase “*AMA PRA Category 1 Credit™*” is a trademark of the American Medical Association. Accredited CME providers must always use the complete italicized, trademarked phrase. The phrase “Category 1 Credit” must never be used when referring to *AMA PRA Category 1 Credit™*.

Use of the AMA Credit Designation Statement in program materials and activity announcements

Program materials

The AMA Credit Designation Statement must be used in 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.

Activity announcements

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 Credits™* 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 may never indicate that "*AMA PRA Category 1 Credit™* has been applied for" or any similar wording.

Recording credit

Accredited CME providers must have a mechanism for physicians to claim credit and must award the actual number of *AMA PRA Category 1 Credits™* claimed by each physician. The records documenting the credit awarded must be retained by accredited CME providers, for each certified activity, for a minimum of six years after the completion date of the activity.

Although it is necessary to uniquely identify the physicians who claim CME credit, AMA HOD policy opposes the use of Social Security numbers to do so. An alternative that might be used is the physician's Medical Education number, a unique 11 digit proprietary identifier assigned by the AMA to every US physician.

Credit certificates, transcripts or other documentation available to physicians

Only physicians (MDs, DOs and those with equivalent medical degrees from another country) may be awarded *AMA PRA Category 1 Credit™* by accredited CME providers. Accredited CME providers must be able to provide documentation to participating physicians of the credit awarded at the request of the physician. When an accredited CME provider issues a certificate, transcript or another means of documentation, it must reflect the actual number of credits claimed by the physician. An example of wording that might be used on certificates awarding *AMA PRA Category 1 Credit™* to physicians follows:

The [name of accredited CME provider] certifies that [name of physician][degree] has participated in the [learning format] titled [title of activity] [at location,

when applicable] on [date] and is awarded [number of credits] *AMA PRA Category 1 Credit(s)™*.

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)
- Date(s) of live activity or date that physician completed the activity
- Number of *AMA PRA Category 1 Credits™* awarded

Designation of new procedures and skills training

Through new procedures and skills courses, accredited CME providers can train physicians on topics that may allow them to request new or expanded clinical privileges. The AMA PRA requirements for new skills and procedures training consists of four levels so that accredited CME providers and physicians can clearly identify the depth and complexity of the training. Accredited CME providers will need to assess, at the activity's conclusion, the participant physician's level of achievement. This is in addition to planning and implementing the activities to meet the AMA core requirements and the format-specific requirements for the activity to be certified for *AMA PRA Category 1 Credit™*. The requirements for designation of new procedures and skills training and the certificate wording for each of the levels may be found at www.ama-assn.org/go/cmeprovider.

Credit certificates, transcripts or other documentation available to nonphysician participants

Nonphysician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit™*. However, accredited CME providers may choose to issue documentation of participation to nonphysicians that states that the activity was certified for *AMA PRA Category 1 Credit™*. An example of wording that might be used on documentation for a nonphysician participant follows:

The [name of accredited CME provider] certifies that [name of nonphysician participant] has participated in the [learning format] titled [title of activity] [at location, when applicable] on [date]. This activity was designated for [number of credits] *AMA PRA Category 1 Credit(s)™*.

Joint and co-sponsorship

If a certified activity is either jointly sponsored (by an accredited CME provider and a non-accredited organization) or co-sponsored (by two or more accredited CME providers), then the accredited CME provider certifying the activity must keep a record of the *AMA PRA Category 1 Credit™* claimed for each physician participating in that activity.

Activities for which *AMA PRA Category 1 Credit™* is awarded directly by the AMA

Some activities do not occur under the auspices of an accredited CME provider. The Council on Medical Education recognizes the learning that occurs in completing these activities and allows physicians to claim *AMA PRA Category 1 Credit™* directly from the AMA for the activities defined in this section.

To claim credit for these activities the physician should apply to the AMA for a certificate indicating the *AMA PRA Category 1 Credit™* awarded for completion of each activity. Information and the direct credit application can be found at www.ama-assn.org/go/directcredit. These activities include:

Teaching at a live activity

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).

Documentation: a copy of the page(s) used by the provider to announce or describe the activity which includes the name of the speaker, accredited CME provider, AMA Credit Designation Statement, date and location of the activity.

Credit assignment: two (2) *AMA PRA Category 1 Credits™* per one (1) hour of presentation time.

Publishing articles

Publishing, as the lead author (first listed), a peer-reviewed article in a journal included in the MEDLINE bibliographic database.

Documentation: a reprint or copy of the page(s) of the journal, which include the name of the author listed first, the name of the journal and date published.

Credit assignment: ten (10) *AMA PRA Category 1 Credits™* per article.

Poster presentations

Preparing a poster presentation, as the first author, which is included in the published abstracts, at an activity certified for *AMA PRA Category 1 Credit™*.

Documentation: a copy of the page(s) in the published activity documents that lists the author and poster abstract, accredited CME provider, AMA Credit Designation Statement, title and date of activity.

Credit assignment: five (5) *AMA PRA Category 1 Credits™* per poster.

Medically related advanced degrees

Obtaining a medically related advanced degree, such as a masters in public health (not available if the academic program certified individual courses for *AMA PRA Category 1 Credit™*).

Documentation: a copy of the diploma or final transcript.

Credit assignment: twenty five (25) *AMA PRA Category 1 Credits™*.

ABMS member board certification and Maintenance of Certification (MoC®)

Successfully completing an ABMS board certification or MoC process.

Documentation: a copy of the board certificate or the specialty board notification letter.

Credit assignment: sixty (60) *AMA PRA Category 1 Credits™*.

Accreditation Council for Graduate Medical Education accredited education

Successfully participating in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program.

Documentation: a copy of the certificate or letter of completion from the approved residency/fellowship program

Credit assignment: twenty (20) *AMA PRA Category 1 Credits™* per year

The successful completion of an ABMS member board certification process or an ACGME accredited residency or fellowship program also qualifies a physician for the AMA PRA. Please see the section regarding the AMA PRA or visit www.ama-assn.org/go/pr for more information.

International activities for *AMA PRA Category 1 Credit™*

Physicians may earn *AMA PRA Category 1 Credit™* for participation in some international activities. As of this writing, the AMA has agreements with the European Union of Medical Specialists and the Royal College of Physicians and Surgeons of Canada. Information about the different ways to earn AMA PRA credit through international activities can be found on the AMA website at www.ama-assn.org/go/internationalcme.

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 8.061 “Gifts to Physicians from Industry” and 9.011 “Continuing Medical Education,” 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

Organizations may not certify activities for *AMA PRA Category 2 Credit™* or advertise that an activity qualifies for *AMA PRA Category 2 Credit™*. 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™*.

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™*.

Claiming *AMA PRA Category 2 Credit™*

Documentation: the physician should self claim credit for appropriate *AMA PRA Category 2 Credit™* activities and document activity title or description, subject or content area, date(s) of participation and number of credits claimed. Physicians may not claim *AMA PRA Category 2 Credit™* for an activity for which the physician has claimed *AMA PRA Category 1 Credit™*. Each physician is responsible for claiming and maintaining a record of their *AMA PRA Category 2 Credit™*.

Credit calculation: as with live activities, physicians should claim credit based on their participation time with 60 minutes of participation equal to one (1) *AMA PRA Category 2 Credit™*; credit is claimed in 15 minute or 0.25 credit increments; physicians must round to the nearest quarter hour.

The AMA Physician's Recognition Award

Professional recognition of accomplishments in CME

Since 1968, patients and colleagues have recognized the AMA PRA as evidence of a physician's commitment to keeping current with the advances in biomedical science, as well as other developments in medicine. The goals of this award remain the same as established more than 40 years ago:

- To provide recognition for the many thousands of physicians who regularly participate in CME
- To encourage all physicians to keep up-to-date and to improve their knowledge and judgment by CME
- To provide reassurance to the public that America's physicians are maintaining their competence by regular participation in CME
- To emphasize the AMA's position as a leader in CME
- To emphasize the importance of developing more meaningful continuing education opportunities for physicians
- To strengthen the physician's position as the leader of the health service team by focusing attention on his or her interest in maintaining professional competence.

The AMA encourages all physicians to become involved in a program that honors them as professionals who participate in CME in order to better meet the needs of their patients.

In addition, the AMA PRA is widely accepted by multiple entities as proof of participation in CME. Most state licensing boards and hospitals will accept the AMA PRA or the AMA approved application as proof of having met CME requirements.

AMA PRA requirements

Eligibility

Physicians may apply for the AMA PRA if they hold a valid and current license issued by one of the United States, Canadian or Mexican licensing jurisdictions, or are engaged in an ACGME-accredited residency training program in the United States.

Credit requirements for the AMA PRA

In order to apply for an AMA PRA, physicians must earn a specified number of *AMA PRA Category 1 Credits™*, either through accredited CME provider certified activities, from the AMA for direct credit activities, or international activities. The rest of the credits required for the award may be either *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*.

The AMA offers one-, two- and three-year AMA PRAs. The requirements for each are as follows:

One-year award

- Twenty (20) *AMA PRA Category 1 Credits™* and thirty (30) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (50 credits total)
- Or one year ACGME residency/fellowship training

Two-year award

- Forty (40) *AMA PRA Category 1 Credits™* and sixty (60) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (100 credits total)
- Or two years ACGME residency/fellowship training

Three-year award

- Sixty (60) *AMA PRA Category 1 Credits™* and ninety (90) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™* (150 credits total)
- Or three years ACGME residency/fellowship training
- Or ABMS board certification or MoC

The AMA PRA with commendation is available for physicians who meet the following requirements:

One-year award with commendation: ninety (90) credits total

- Sixty (60) *AMA PRA Category 1 Credits™* and thirty (30) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*

Two-year award with commendation: one hundred and eighty (180) credits

- One hundred and twenty (120) *AMA PRA Category 1 Credits™* and sixty (60) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*

Three-year award with commendation: two hundred and seventy (270) credits

- One hundred and eighty (180) *AMA PRA Category 1 Credits™* and ninety (90) *AMA PRA Category 1 Credits™* or *AMA PRA Category 2 Credits™*

The AMA requires that at least half of the credit applied toward the AMA PRA be within the physician's specialty or area of practice. Ethics, office management and physician-patient communication can serve as appropriate topics for CME, but are not considered specialty specific education.

Award duration

The AMA PRA signals a commitment to ongoing participation in CME and acknowledges past participation in CME activities. The AMA grants the award based on the prior one to three years of CME credit attainment. The award's term begins on the first of the month following the completion date of the latest CME activity listed on the application for which the physician claimed *AMA PRA Category 1 Credit™*. For example, a physician applying for a three-year award whose last activity was on May 21, 2010, will be issued a certificate valid from June 1, 2010 until June 1, 2013. If a physician is renewing his/her AMA PRA the renewal date will be the same as the expiration date of his/her last AMA PRA if he/she earned the allotted credits in the time period of his/her expiring AMA PRA.

Activity-specific credit limits for the AMA PRA

For the purpose of applying for an AMA PRA certificate, certain activities include specific limits on the amount of credit a physician can claim, per year, toward their AMA PRA:

- Teaching at live activities certified for *AMA PRA Category 1 Credit™*: Limit of ten (10) *AMA PRA Category 1 Credits™* per year.
- Internet PoC: Limit of twenty (20) *AMA PRA Category 1 Credits™* per year.
- Manuscript review: Limit of five (5) reviews—or fifteen (15) *AMA PRA Category 1 Credits™* per year.
- Poster presentation: Limit of one (1) poster—or five (5) *AMA PRA Category 1 Credits™* per year.
- Publishing articles: Limit of one (1) article—or ten (10) *AMA PRA Category 1 Credits™* per year.

Other types of credit that may be used for the AMA PRA

For the purpose of obtaining an AMA PRA application physicians may identify credit earned within the following CME systems on a one-to-one basis for *AMA PRA Category 1 Credit™*

- American Academy of Family Physicians' prescribed credit
- American College of Obstetricians and Gynecologists' formal learning cognates

AMA PRA agreements with other organizations

The AMA has agreements with specialty societies, state medical societies, medical staff groups and other organizations whereby an AMA PRA can be issued to any US licensed physician as established by an agreement between the AMA and the organization. A list of the organizations with which the AMA currently has this type of agreement can be found at www.ama-assn.org/go/pr.

Organizations that are interested in developing a similar agreement should contact the AMA at cme@ama-assn.org for more information.

Jurisdictions that accept the AMA PRA certificate for licensing purposes

All US licensing jurisdictions requiring CME recognize the AMA PRA credit system. Some of these licensure boards will also accept a current and valid AMA PRA or the AMA approved AMA PRA application as documentation of having met their CME requirements.

Information about the state licensing requirements and what each accepts may be found online (www.ama-assn.org/go/pr) or in the AMA's annual publication, "State Medical Licensure Requirements and Statistics." For the most current information on states with CME requirements for licensure, we suggest that the particular jurisdiction be contacted directly.

The Joint Commission compliance

The Joint Commission (TJC) requires that, at hospitals and health care organizations it accredits, physicians with clinical privileges document their participation in CME. TJC will accept, subject to their review, correctly completed AMA PRA applications stamped "approved" by the AMA as documented physician compliance with TJC CME requirements. TJC requires that physicians conduct at least half of their reported CME in their specialty or area of clinical practice.

Disclaimer

Physicians should note that the AMA PRA does not serve as a direct measure of physician competency and should not be used for that purpose. Physician competency represents the assessment of many complex measures, of which CME participation is only one.

Continuing Education Information

I spoke with Julie Hopkins at the Institute of Medical Quality in order to obtain additional information regarding continuing medical education (CME). Ms. Hopkins explained that the Accreditation Council for Continuing Medical Education (ACCME) sets the criteria for program compliance regarding CME. Further, state level accrediting organizations, such as the IMQ, are responsible for accrediting state health care organizations to provide American Medical Association (AMA) Physician Recognition Award (PRA) Category 1 Credit. Ms. Hopkins indicated that whether it is the state society or the ACCME accrediting the organization, the criteria are the same.

Ms. Hopkins stated that CME courses can be completed by non-physicians, although only M.D.'s and D.O.'s will receive AMA PRA Category 1 credit, while non-physicians receive a certificate of completion. Ms. Hopkins said that many other professionals take these CME courses and there isn't anything preventing them from doing so. She mentioned that Nurses, Pharmacists, Chiropractors, psychologists, and nurse and physician assistants are just some of the non-physicians who take these courses. The CE and CME requirements of some of these licensed medical providers can be found below.

Optometrists:

LICENSED OPTOMETRIST (NON-TPA) In order to renew an "active" license, the law requires licensed optometrists who are non-TPA certified to complete 40 hours of Board approved CE every two-year renewal period to renew their license to an "active" status.

LICENSED OPTOMETRIST (TPA CERTIFIED) In order to renew an "active" license, the law requires licensed optometrists who are TPA certified to complete 50 hours of CE, 35 of which must be in the diagnosis, treatment and management of ocular disease in any combination of the following areas:

- glaucoma, ocular infection,
- ocular inflammation,
- topical steroids,
- systemic medication, or
- pain medication.

Pursuant to California Code of Regulations (CCR) section 1571 (b), licensed optometrists

LICENSED OPTOMETRIST (GLAUCOMA (TPG, TLG) CERTIFIED) In order to renew an "active" license, the law requires licensed optometrists who are TPG or TLG certified to follow the same continuing education requirements as a TPA certified optometrist, with one additional requirement. Pursuant to California Code of Regulations (CCR) section 1571 (b), licensed optometrists that are glaucoma certified are required to complete 10 hours of glaucoma specific continuing education every license renewal period. These 10 hours shall be part of the 35 hours on the diagnosis and treatment and management of ocular disease.

SELF STUDY/CORRESPONDENCE COURSES The California State Board of Optometry will accept a maximum of 20 hours of CE earned through the completion of acceptable documented and accredited self-study courses. Credit for self study courses (i.e., review of written, audio, video material, or a combination) is given at the ratio of one hour of credit for one hour of self study earned.

Registered Nurses:

Registered nurses, in the State of California, are required by law (Section 1451, Article 5, of the California Code of Regulations) to complete thirty (30) hours of continuing education (CE) every two years (in addition to paying the renewal fee), to maintain an active license.

Continuing Medical Education (CME Category 1)

Continuing Medical Education is acceptable for meeting RN continuing education requirements, as long as the course is Category 1, and has been taken within the appropriate time frames.

Chiropractors:

24 hours of Continuing Education is required for licensees expiring **on or after** June 8, 2013

(e) On or after June 8, 2013, licensees shall complete a minimum of two (2) hours in 1 subdivision (g)(11) - Ethics and Law, a minimum of four (4) hours in any one of, or a combination of, the subject areas specified in subdivision (g)(3) – History Taking and Physical Examination Procedures, subdivision (g)(5) – Chiropractic Adjustive Techniques or Chiropractic Manipulation Techniques, or subdivision (g)(10) – Proper and Ethical Billing and Coding.

(f) With the exception of the mandatory hours referenced in subdivision (e), the remaining eighteen (18) hours of additional continuing education requirements may be met by taking courses in any of the subject areas listed in subdivision (g) or courses taken pursuant to subdivision (h). The eighteen (18) hours may include any combination of continuing education courses in subject areas specified in either subdivision (g) or approved by agencies specified in subdivision (h). By way of example, a licensee may take eight (8) hours of continuing education courses in subject areas listed in subdivision (g), that are approved by the board, and ten (10) hours of continuing education courses that are approved by the California Department of Industrial Relations, Division of Workers Compensation pursuant to subparagraph (1) of subdivision (h).

(h) With the exception of the mandatory courses specified in subdivision (e), the remaining continuing education requirements may be met by taking continuing education courses, including distance learning, that are approved by either of the following: 1) The California Department of Industrial Relations, Division of Workers Compensation. 2) Any Healing Arts Board or Bureau within Division 2 of the Business and Professions Code or approved by any organization authorized to approve continuing education by any Healing Arts Board or Bureau in Division 2 of the Business and Professions Code.

(i) The continuing education providers and courses referenced in subdivision (h) do not need to be approved by the Board for credit to be granted nor do they need to meet the requirements contained in Sections 362, 363, and 363.1.

Psychologists:

36 hours of Continuing Education (CE) are required for each 2-year renewal period (please see below for information regarding pro-ration for first-time renewals).

- A minimum of 25% (9 hours) must be "live."
 - Webinars in which there is interaction with the instructor in real time (via instant messaging, for example), are considered "live".

Psychologists self-certify the number of hours they have completed on their renewal form (whether online or paper).

Courses or presentations less than one hour in length are not acceptable.

Approval requirements

The Board of Psychology recognizes and accepts for continuing education credit courses that are provided by entities approved by:

- APA (American Psychological Association),
- CPA (California Psychological Association), or
- CMA (California Medical Association)/ACCME (Accreditation Council for Continuing Medical Education)
 - CME (Continuing Medical Education) courses must be specifically applicable and pertinent to the practice of psychology.
 - "AMA [American Medical Association] PRA [Physician's Recognition Award] Category 1 Credit™" is acceptable¹

Physician Assistants:

Continuing Medical Education Requirements

Unless exempted, continuing medical education is required for physician assistants by Title 16, California Code of Regulations, Section 1399.615. Physician assistants may demonstrate their compliance by verifying **either**:

- 1) Completion of 50 hours of approved Category 1 (preapproved) medical education. The CME must have been obtained from providers that are designed Category 1 (preapproved) by one of the following:
 - American Academy of Physician Assistants (AAPA).
 - American Medical Association (AMA).
 - American Osteopathic Association Council on Continuing Medical Education (AOACCME).
 - American Academy of Family Physicians (AAFP).
 - Accreditation Council for Continuing Medical Education (ACCME).
 - A state medical society recognized by the ACCME.

Osteopathic Physicians:

Required Continuing Medical Education (CME)

(a) Each physician shall submit satisfactory proof of CME to the Board upon the conclusion of the three-year reporting period.

(b) A physician shall complete 150 credit hours within the three-year period.

(c) Minimum of sixty (60) hours of the 150 hours must be American Osteopathic Association (AOA) Category 1A or 1B.

The following CME programs are approved for credit:

(a) Those programs certified by AOA as Category 1 or 2 credit and those certified by the AMA and approved by the California Medical Association (CMA) as Category 1.

(b) Those programs which qualify for prescribed credit from the AOA specialty groups.

(c) Those programs offered by Board approved organizations and institutions.

Physicians:

Under California law, physicians and surgeons must complete at least 50 hours of approved CME during each biennial renewal cycle.

Courses approved by the Licensing Program include:

- Programs accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA), the American Medical Association (AMA), and the Accreditation Council for Continuing Medical Education (ACCME) that qualify for *AMA PRA Category 1 Credit(s)[™]*;
- Programs which qualify for prescribed credit from the American Academy of Family Physicians (AAFP); and
- Other programs offered by other organizations and institutions acceptable to the Division.

Courses approved by the Licensing Program for Category 1 CME include programs that are approved by the California Medical Association and the American Medical Association and programs that qualify for prescribed credit from the American Academy of Family Physicians.

Most California-licensed physicians are required to take, as a one-time requirement, 12 hours of CME on pain management and the appropriate care and treatment of the terminally ill. Pathologists and radiologists are exempted from this requirement. The courses or programs must be presented by an organization accredited to provide CME by the ACCME, the AMA, the IMQ/CMA, or the AAFP. In addition to accrediting CME providers, AMA, IMQ/CMA, and AAFP may also present CME programs that will be accepted.

Ophthalmologists (American Board of Ophthalmology):

By the end of the 10-year cycle, all diplomates must earn a total of 250 CME credits; however, diplomates in Track 2 complete MOC CME activities on an annual basis in increments of 25 credits per year. Specific criteria also applies to the type of CME that must be obtained in Track 2.

CME credit acceptable for ABO MOC must be AMA PRA Category 1 credit obtained from ACCME-accredited CME providers.

At least 80 percent of all CME credits submitted for ABO MOC must be relevant to the practice of ophthalmology; the remainder of CME credit hours may be focused on general medicine topics.

Pharmacists

CE: 30 hours of continuing pharmacy education every 2 years.

1732.2. Board Accredited Continuing Education. (a) Individuals may petition the board to allow continuing education credit for specific coursework which is not offered by a provider but meets the standards of Section 1732.3. (b) Notwithstanding subdivision (a) of this section, coursework which meets the standard of relevance to pharmacy practice and has been approved for continuing education by the Medical Board of California, the California Board of Podiatric Medicine, the California Board of Registered Nursing or the Dental Board of California shall, upon satisfactory completion, be considered approved continuing education for pharmacists.

1732.3. Requirements for Continuing Education Courses. (a) Unless denied by the accreditation agency upon audit, all coursework offered by providers may be used to satisfy the continuing education required by section 1732.5 of this Division. (b) On a random basis or in response to a request by the board, the accreditation agency shall review selected coursework. The material shall be forwarded to a reviewer to judge the quality of the program on the basis of factors established by the accreditation agency in addition to the requirements of this section. (c) A recognized provider's coursework shall be valid for up to three years following the initial presentation provided that the information is still current. (d) Continuing education courses shall comply with the following: (1) Courses shall have specific, measurable learning objectives which serve as a basis for an evaluation of the program's effectiveness. (2) Speakers, or those developing the content of the course, shall be competent in the subject matter and shall be qualified by education, training and/or experience. (3) Courses shall have a syllabus which provides a general outline of the course. The syllabus shall contain at a minimum, the learning objectives for each course and a summary containing the main points for each topic. (4) Courses shall include a mechanism that allows all participants to assess their achievement in accordance with the program's learning objectives. (e) (1) Continuing education courses shall be relevant to the practice of pharmacy as provided in this section and in section 4232 of the Business and Professions Code and related to one or more of the following: (A) The scientific knowledge or technical skills required for the practice of pharmacy. (B) Direct and/or indirect patient care. (C) The management and operation of a pharmacy practice. (2) Continuing education courses shall not reflect the commercial views of the provider or of any person giving financial assistance to the provider.

4232. Content of Courses (a) The courses shall be in the form of postgraduate studies, institutes, seminars, lectures, conferences, workshops, extension studies, correspondence courses, and other similar methods of conveying continuing professional pharmacy education. (b) The subject matter shall be pertinent to the socioeconomic and legal aspects of health care, the properties and actions of drugs and dosage forms and the etiology, and characteristics and therapeutics of the disease state. (c) The subject matter of the courses may include, but shall not be limited to, the following: pharmacology, biochemistry, physiology, pharmaceutical chemistry, pharmacy administration, pharmacy jurisprudence, public health and communicable diseases, professional practice management, anatomy, histology, and any other subject matter as represented in curricula of accredited colleges of pharmacy.

Physical Therapists:

CE: 30 hours every 2 years. Continuing competency hours must be obtained in subjects related to either the professional practice of physical therapy or patient/client management.

(a) The professional practice of physical therapy includes but is not limited to professional accountability, professional behavior and professional development.

(b) Patient/client management includes but is not limited to examination, evaluation and diagnosis and prognosis; plan of care; implementation; education; and discharge.

From: Stephanopoulos, Robert@DCA
Sent: Friday, March 13, 2015 1:06 PM
To: 'Peter Ragosta'
Subject: RE: Continuing Education for Renewal of Optometry License

Thank you.

From: Peter Ragosta [mailto:Peter.Ragosta@health.ri.gov]
Sent: Friday, March 13, 2015 12:39 PM
To: JMichel Martineau; Stephanopoulos, Robert@DCA
Subject: Re: Continuing Education for Renewal of Optometry License

Dear Robert,

In my opinion, I believe it would.

Best regards,

Peter

Peter J. Ragosta, RPh.
Chief Administrative Officer
Board of Pharmacy
Board of Optometry
Board of Veterinary Medicine
Rhode Island Department of Health
Suite 205
3 Capitol Hill
Providence, RI 02908

>>> JMichel Martineau 3/13/2015 7:45 AM >>>
Hello Robert:

I have Forwarded your inquiry to Peter Ragosta, R.Ph., the board administrator.

Regards,
Mike Martineau
Health Policy Analyst

>>> "Stephanopoulos, Robert@DCA" <Robert.Stephanopoulos@dca.ca.gov> 03/12/2015 4:52 PM >>>
Hello,

I'm an analyst at the California State Board of Optometry, and I am doing some research into the continuing education requirements of other state optometry licensing agencies. I looked at your Web site and saw that TPA and non-TPA licenses require X amount of "hours of continuing education in optometry or other related health fields;" however, I am unsure if continuing medical education (CME) would count as "other related health fields."

For example would a CME program on diabetes or cardiology count as "other related health fields,"

given the fact that optometrists will examine patients with diabetes and/or cardio-vascular problems?

Thank you for your assistance in this matter.

Robert Stephanopoulos
Enforcement Analyst
California State Board of Optometry
2450 Del Paso Rd., Suite 105
Sacramento, CA. 95834
Phone: 916-575-7185 | Fax: 916-575-7292

From: Stephanopoulos, Robert@DCA
Sent: Friday, March 13, 2015 1:06 PM
To: 'John D. Robinson, O.D.'
Subject: RE: Continuing Education for Renewal of Optometry License

Thank you doctor.

From: John D. Robinson, O.D. [mailto:exdir@ncoptometry.org]
Sent: Friday, March 13, 2015 12:53 PM
To: Stephanopoulos, Robert@DCA
Cc: exdir@ncoptometry.com
Subject: RE: Continuing Education for Renewal of Optometry License

Mr. Stephanopoulos:

It is hard for me to believe that today most boards do not accept ACME accredited courses as meeting their annual CE requirement. In years past I was aware that in some states credit for CE was limited to 'optometric associations' in order to favor their own state organization, regional councils and the AOA, but I thought those days were gone. Such is not the case in our state nor has it been during the years I have served as either a Member of the Board or its' Executive Director. For years now In North Carolina both Duke and UNC (Chapel Hill) Departments of Ophthalmology (and occasionally Wake Forest's Bowman Grey) have invited optometrists to attend their educational seminars for which they are granted ACME credit which in turn is accepted by the Board for CE credit toward the annual renewal of their license. I would be interested in knowing which states do not accept ACME accredited courses toward their annual CE requirement so that I could ask the question 'Why not?'

It only takes inserting "and/or ACME (acronym for 'Alliance for Continuing Medical Education')" following the acronym "COPE" and before the words "approved education" in your state's criteria for approval of CE to solve the problem (so that the criteria reads "COPE and/or ACME approved education").

John D. Robinson, O.D.
Executive Director
North Carolina State Board of Optometry
109 N. Graham St.
Wallace, NC 28466
(910) 285-3160 or (800) 426-4457
Fax: (910) 285-4546
exdir@ncoptometry.org

From: Stephanopoulos, Robert@DCA [mailto:Robert.Stephanopoulos@dca.ca.gov]
Sent: Friday, March 13, 2015 2:26 PM
To: 'John D. Robinson, O.D.'
Subject: RE: Continuing Education for Renewal of Optometry License

Dr. Robinson,

Thank you for the information. The acceptance of Continuing Medical Education (CME) in order to fulfill the Board's Continuing Education (CE) requirements is a prospect we are looking into. I realize that the practice of optometry has grown, and its scope has expanded and will continue to expand, given the current state of the health care industry. However, it appears that most Boards specifically state that CE should be COPE approved or tailored specifically to optometrists.

Many of our optometrists take non-COPE CME, in subjects such as diabetes and cardiology, which can't be applied to the Board's CE requirements. I am currently attempting to locate other state optometry boards which would accept CME of this type to fulfill its CE requirements. Based on the information I have obtained, your board appeared to be one of the few which might accept the aforementioned CME to fulfill CE requirements.

Please let me know if this is the case.

Thank you,

Robert Stephanopoulos

From: John D. Robinson, O.D. [mailto:exdir@ncoptometry.org]
Sent: Friday, March 13, 2015 9:23 AM
To: Stephanopoulos, Robert@DCA
Cc: Janice Peterson; exdir@ncoptometry.com; LFennell@arbo.org
Subject: RE: Continuing Education for Renewal of Optometry License

Mr. Stephanopoulos:

Your inquiry concerning approval of continuing education courses/programs for North Carolina licensed optometrists has been forwarded to me for response. I am 'struck' by the last sentence in your message below in which you state "boards which accept continuing education toward license renewal, which is not optometry related (emphasis mine)" The practice of optometry today is not the same as that of some three or four decades ago. North Carolina led the way by amending its optometry practice act in 1977 – 38 years ago come July 1, 2015 - to include the use and prescribing of pharmaceutical agents for the diagnosis, treatment and management of diseases of the eye and its' adnexa. By the end of the last century optometrists in every jurisdiction within the United States had 'prescribing authority' (some more limited than others).

The human body and disease that affect it cannot be neatly separated and care assigned to one class of practitioner. Diabetes is a good example since it is the leading cause of blindness today (the same happens to be true for the loss of feet and legs by patients with long standing diabetes). Counseling patients who are diabetic in the importance/criticality of the proper management of their disease in order to avoid the consequences of diabetic retinopathy is the responsibility of their 'Primary Eye Care Provider'. Further, early detection and diagnosis of diabetic retinopathy is key to preserving vision, so it is here that the optometrist plays a critical role. Plaque, a frequent cause of heart disease and heart attacks, is often seen in the arterial and venous vessels within the eye. And we could go on, brain tumors, etc.

For over three decades our Board has looked upon its' licensees as being 'Primary Eye Care Providers' who work with and alongside other healthcare professionals in the care of patients. It is our opinion that the purpose of continuing education is to keep the practitioner – no matter the specialty – current in the knowledge necessary for the proper care of their patients. How could anyone not understand the need for optometrists to 'gain and retain' current knowledge in diseases that can impair vision or cause blindness? There is more to the practice of optometry today than refractions, eyeglasses and fitting of contact lens. Preservation of vision is their primary responsibility, thus the need to know and understand disease and disease processes that have a potential to impair vision or cause blindness.

I hope I have been helpful.

John D. Robinson, O.D.
Executive Director

North Carolina State Board of Optometry
109 N. Graham St.
Wallace, NC 28466
(910) 285-3160 or (800) 426-4457
Fax: (910) 285-4546
exdir@ncoptometry.org

From: Stephanopoulos, Robert@DCA [mailto:Robert.Stephanopoulos@dca.ca.gov]
Sent: Thursday, March 12, 2015 5:00 PM
To: 'info@ncoptometry.org'
Subject: Continuing Education for Renewal of Optometry License

Hello,

I'm an analyst at the California State Board of Optometry, and I am doing some research into the continuing education requirements of other state optometry licensing agencies.

I looked at your Web site and saw that continuing education subject matter can be:

- Ocular side effects of systemic diseases
- Ocular side effects of systemic medications

Would your board then accept a Continuing Medical Education (CME) program on diabetes, given the ocular side effects linked to the disease, or cardiology CME?

Quite basically, I would like to find other boards which accept continuing education towards license renewal, which is not optometry related.

Thank you for your assistance in this matter.

Robert Stephanopoulos
Enforcement Analyst
California State Board of Optometry
2450 Del Paso Rd., Suite 105
Sacramento, CA. 95834
Phone: 916-575-7185 | Fax: 916-575-7292

From: Stephanopoulos, Robert@DCA
Sent: Friday, March 13, 2015 1:13 PM
To: 'Jack E. Terry'
Subject: RE: Continuing Education

Thank you very much Dr. Terry!

From: Jack E. Terry [mailto:terry@optometry.org]
Sent: Friday, March 13, 2015 1:18 PM
To: Stephanopoulos, Robert@DCA
Subject: RE: Continuing Education
Importance: High

Hi Robert,

I was very fortunate over the years to attend many CE courses at a medical school that was affiliated with the VA and the Optometry Service where I worked. They offered Category 1 CME for the vast majority of this CE.

As a member of the healthcare team, I universally found the CME to be of significant value! Most of the courses included pertinent basic science information before segueing into more clinical case presentations. Obviously, some topics like diabetes, hyperthyroidism, hypercholesterolemia, amaurosis fugax, transient ischemic attacks, arthritis, ulcerative colitis, Crohn's Disease, Parkinson's Disease, sarcoidosis, systemic hypertension, leukemia, lymphoma, hyper-viscosity syndromes, Lyme Disease, Wilson's Disease, cirrhosis with jaundice, Pancoast Syndrome, other lung disease, COPD, STDs, CVA, MI, malignant melanoma metastasizing to the choroid, etc, etc, etc (to name just a few) all have obvious optometric ramifications!

My experience has been that allowing CME is very appropriate, applicable, and should be accepted by the California Board.

If I can be of any additional assistance, please let me know.

Thanks,

Jack

From: Stephanopoulos, Robert@DCA [mailto:Robert.Stephanopoulos@dca.ca.gov]
Sent: Friday, March 13, 2015 3:02 PM
To: Jack E. Terry
Subject: Continuing Education

Hello Dr. Terry,

There is a committee meeting next week regarding continuing education (CE), and I was hoping I could get your input on the subject. I know that you have a lot of knowledge regarding the content of the NBEO exams, and I believe that it is applicable.

The purpose of the committee meeting is to consider accepting Category 1 Continuing Medical Education (CME) towards the CE requirements for license renewal. For example, optometrists who take CME on diabetes, cardiology, etc., can't apply this CME toward their 50 hour CE requirement. These optometrists assert that courses in diabetes and cardiology, cover diabetic retinopathy and cardio-

vascular conditions, which optometrists encounter daily. Therefore this education should be applicable to the practice of optometry.

Based on your experience and the subject matter of the NBEO exams, how heavily are diabetes and cardiovascular conditions focused on?

Would you agree with the assertion of optometrists who believe CME should be applicable?

If this were considered, do you have an opinion on what CME should and shouldn't be permitted? - For example, CME on podiatry, cancer, etc.

I would appreciate any information and comments you have regarding this topic.

Thank you for your assistance,

Robert Stephanopoulos
Enforcement Analyst
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