FAQs on the Board of Registration in Medicine’s CME Pilot Program

What is the CME Pilot Program?

This new Continuing Medical Education, “CME,” (and Continuing Professional Development) Program will enable physicians to target their learning experiences to the patients that they care for.

Why is the Board undertaking this Pilot Program?

The Board intends this program to improve and enrich a physician’s educational experiences, while reducing a physician’s administrative burden. The new program will expand a physician’s knowledge and, by doing so, will enhance patient safety.

When does the CME Pilot Program begin?

January 1, 2018.

Who will this program affect?

The Pilot Program applies to all active licensees who have a CME requirement. It does not apply to inactive licensees. It does not apply to limited licensees.

Starting January 1, 2018, whenever a licensee’s next license renewal is due, the new Pilot Program CME requirements will be in effect.

Full licensees serving active military duty in a uniformed service or the National Guard during a national emergency or crisis may be eligible for an exemption from the CME requirement.

What Learning Formats can Physicians use?

A physician may use traditional lecture formats, including Grand Rounds. Physicians may also use quality assurance, self-audits or practice audits, HEDIS® reports, meeting MACRA measures and point of care learning.

Physicians may claim 1 credit for each hour of reading a journal or a point of care resource accessed in the process of delivering patient care or updating clinical knowledge.

How will the Pilot Program work?

The following chart lists the current Board requirements that are due on a biennial basis and the new requirements that will be due under the CME Pilot Program. Please note, if a licensee has
already satisfied a one-time-only requirement prior to Jan. 1, 2018, there is no need to retake the requirement.

<table>
<thead>
<tr>
<th>Existing Biennial Requirement</th>
<th>Jan. 1, 2018 Requirement</th>
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<tbody>
<tr>
<td>100 CME Credits, 40% in Category 1</td>
<td>50 CME Credits</td>
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<tr>
<td><strong>Specialized Credits Included in the 100</strong></td>
<td><strong>Specialized Credits Included in the 50</strong></td>
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<tr>
<td>2 Credits in End of Life Care* issues</td>
<td>2 Credits in End of Life Care* Issues</td>
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<tr>
<td>3 Credits in Opioid Education and Pain Management, if the physician prescribes controlled substances</td>
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<tr>
<td>10 Credits in Risk Management of which 4 credits in Cat. 1</td>
<td>10 Credits in Risk Management, Cat. 1 or 2</td>
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<tr>
<td>3 Credits in Electronic Health Records*</td>
<td>3 Credits in Electronic Health Records*</td>
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<tr>
<td>2 Hours Studying 243 CMR 1.00-3.00</td>
<td>2 Credits Per Chapter for Reading the Board’s Regulations, 243 CMR 1.00-3.00</td>
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**Educational Requirements that are Separate From the CME Requirements**

- Child Abuse and Neglect Training*                                                        - Child Abuse and Neglect Training*
- Domestic Violence and Sexual Violence Training*                                          - Domestic Violence and Sexual Violence Training*

*means this is a one-time-only requirement

Should a physician still keep documentation of the CME credits earned?

Yes. You must maintain your records for at least one full license renewal cycle after the cycle in which the credits were earned. You should keep the sources for the statutorily mandated CME’s and record the hours for the remainder of the 50 CME’s. The CME requirement is still a condition of licensure, and the licensee must state under oath that he or she has obtained the requisite number of credits.

Questions?

Please call the Board at 781-876-8200 or email borim.info@state.ma.us.