Chapter 7

CONTINUING MEDICAL EDUCATION

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Introduction

Continuing medical education (CME) “consists of clinical and professional education activities that maintain, develop or increase the knowledge, skills, and professional performance and relationships that a physician assistant (PA) uses to provide services for patients, the public and the profession.” Upon passing the Physician Assistant National Certifying Exam (PANCE), PAs are required to maintain their certification by completing and logging CME credits. Maintenance cycles last approximately 2 years, beginning after the initial certification date and leading up to the Physician Assistant National Recertifying Exam (PANRE).

Categories of Continuing Medical Education

There are two categories of CME. Category 1 CME includes certification and recertification courses preapproved and classified by the American Academy of Physician Assistants (AAPA), such as seminars, journal post-tests, conferences, and online resources. Category 1 is offered by the following sponsors:

• AAPA
• American Medical Association, with providers accredited by Accreditation Council for Continuing Medical Education
• American Academy of Family Physicians
• American Osteopathic Association
• Royal College of Physicians and Surgeons of Canada
Category 1 CME may be further divided into regular, certificate program, self-assessment (SA-CME), and performance improvement (PI-CME). (As with all category 1 CME, SA-CME and PI-CME credits must be activities that are pre-approved by AAPA to meet requirements.) Regular CME refers to any programs or certificate-producing courses that are preapproved by one of the previously mentioned sponsors. Certificate programs are predefined courses that are preloaded into the NCCPA website for ease of access and standardization. SA-CME activities are designed to provide a more active process of conducting a systematic review of each PA’s performance, knowledge base, and skill set. In these CME activities, students typically take a pre-test, then review current evidence-based material on the topic, then take a written or multiple-choice test to assess learning. For example, a PA chooses exercise-induced asthma (EIA) as an SA-CME subject. The module begins with a quiz on the PA’s current understanding of the disease process and treatment. Secondly, the PA receives evidence-based medicine information about EIA. After reading the information, the PA takes a multiple-choice test to assess their knowledge. This final step completes the SA-CME activity, and the PA is given a category 1 CME credit for the module.

PI-CME activities, in contrast, compare the PA’s clinical practice against clinical practice guidelines and other established metrics. PAs apply what they have learned in these activities to improve their practice. PI-CME is conducted alone or in partnership with a physician or others in the practice. Each clinician working on these CME projects can receive credit for PI-CME. Each PI-CME activity follows the three-stage model:

**Stage I, performance measurement.** Compare your practice to an established evidence-based metric or standard.

**Stage II, intervention and improvement plan.** Develop and implement a plan to improve your practice based on the standards.

**Stage III, re-measurement.** Evaluate the impact of the improvement plan on your practice.

For example, a PA chooses a PI-CME activity focused on asthma. The
PA begins by recording key data such as disease duration, exacerbations, levels of control, current medication, and other information for the current asthma patients. The PA can then measure their current practice against the current standard of medical care, in this case, comparing patient data to the National Asthma Education and Prevention Program’s *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma,*\(^4\) using the Asthma Specific Tool to Help Manage Asthma and Improve Quality.\(^5\) In stage II, the PA makes corrections to the existing clinical practice based on the current standard of care. Stage III allows the PA to evaluate the improvements based on the adjustments. This final step completes the PI-CME activity, and the PA receives category 1 CME credit for the module. As of August 2016, NCCPA will award 50% additional credit for SA-CME and PI-CME.\(^6\) For example, an SI-CME course worth 10 credits will be converted to 15 credits. Additionally, the first 20 PI-CME credits logged during each cycle will be doubled.\(^6\)

Category 2 CME is defined as “any medical-related activity that enhances the role of the PA.”\(^2\) This type of CME includes, but is not limited to, journal reading, studying for the PANRE, medical writing, and attending medical lectures.\(^1\)

**The Continuing Medical Education Cycle**

Each cycle, which is the period when PAs can earn CME, is 32 months. The cycle opens May 1 and continues through December 31.

![Figure 7-1](image-url)
of the following year. For example, a PA whose certification expired in 2016 must have earned the qualifying CME between May 1, 2014, and December 31, 2016. There is approximately an 8-month overlap between cycles to allow PAs to apply CME credit to either cycle (Figure 7-1).¹

**New Certification Holders**

When PA students graduate, their first CME cycle may have some specific differences depending on the time of year they graduate and when they successfully pass the PANCE (oral correspondence, Kasey White, Certification Maintenance Coordinator, 2014, Johns Creek, GA). For example, a PA student may graduate on January 24, 2014; take the PANCE 8 days later; and receive the PANCE score February 15, 2 weeks after the examination. This PA’s CME earning cycle will begin on February 15, 2014, and last through December 31, 2016 (Figure 7-2).

**Six-Year Certification Cycle**

PAs who graduated from an accredited PA program and passed the PANCE prior to the beginning of 2014 and who have already begun their certification maintenance cycle will fall under the auspices of the 6-year certification period. Each 6-year certification period is broken down into three 2-year certification maintenance cycles. All PAs are required to log 100 CME credits per cycle, including a minimum of 50 category 1 CME credits. The remaining credits can be category 2 or a combination of both types. A certification maintenance fee of $130 is required to finalize the process and maintain certification.¹

**Figure 7-2.** Detailed example of first-time continuing medical education cycle.
Ten-Year Certification Cycle

Beginning in 2014, PAs who pass the PANCE or PANRE will enter the 10-year certification period. This cycle consists of five 2-year certification maintenance cycles. The 2-year maintenance cycles are the same as in the 6-year plan (including the same fee). Table 7-1 shows an example of the 10-year certification cycle. For category 2 CME, there is no difference between the 6- and 10-year cycles.

**NOTE:** If a PA fails to log the appropriate 100 hours of CME and pay the maintenance fee by the due date at the end of the 2-year maintenance period, the PANCE or PANRE must be taken to regain certification (oral correspondence, Kasey White, Certification Maintenance Coordinator, 2014, Johns Creek, GA).

Audits

PAs should keep their category 1 CME documentation for the current and previous CME cycles (for example, if a PA is currently on a

Table 7-1. Example of the 10-year certification cycle.

<table>
<thead>
<tr>
<th>CME Cycle Window</th>
<th>SA-CME (Cat 1)</th>
<th>PI-CME (Cat 1)</th>
<th>Regular Cat 1 CME</th>
<th>Cat 2 CME</th>
<th>Total CME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 May 2014–31 Dec 2016</td>
<td>20</td>
<td>0</td>
<td>30</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>1 May 2016–31 Dec 2018</td>
<td>0</td>
<td>20</td>
<td>50</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>1 May 2018–31 Dec 2020</td>
<td>5</td>
<td>15</td>
<td>80</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>1 May 2020–31 Dec 2022</td>
<td>15</td>
<td>5</td>
<td>30</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total Goal:</strong> 40 of each SA/PI in first 4 cycles</td>
<td><strong>40</strong></td>
<td><strong>40</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 May 2022–31 Dec 2024</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td>100</td>
</tr>
</tbody>
</table>

Cat: category; CME: continuing medical education; PI-CME: performance improvement CME; SA-CME: self-assessment CME
2014–2016 cycle, it is recommended that they keep that documentation and the 2012–2014 CME cycle documentation). For quality control purposes, the National Commission on Certification of Physician Assistants (NCCPA) randomly conducts audits of category 1 CME after the completion of the previous year’s cycle. PAs selected to participate in the audits have 6 weeks from receipt of the written notification to provide NCCPA with completion certificates for all category 1 CME performed during the audit timeframe. If an audited PA cannot provide this documentation, he or she retains certification but is subjected to a re-audit the following certification period and must pay a $100 re-audit fee. The PA must also complete any additional unsubstantiated category 1 CME from the previous audit timeframe. These PAs may face additional random audits over the next three certification maintenance cycles, and failure to comply adequately within 6 weeks of notification in these additional audits results in immediate loss of certification. NCCPA does not audit category 2 CME.

**Summary**

Obtaining and logging CME is a regulatory requirement for maintaining PA certification. Understanding the CME process is vital to avoid losing certification. It is the PA’s responsibility to maintain certification as a manner of principle and accountability. Maintaining the “C” (certification) in PA-C is a required duty according to Army Regulation 40-68, *Clinical Quality Management*, and Health Affairs Policy 04-002, *Waivers of Licensure Requirement for Qualified Military Physician Assistants*.

**References**


