



AMA PRA Credit System

Frequently Asked Questions

Related to learning associated with teaching medical students and residents

1. Are physicians able to earn *AMA PRA Category 1 Credit™* for learning associated with teaching medical students and residents?

Yes. In March of 2013 the AMA Council on Medical Education approved teaching medical students and residents as a type of live activity that can be certified for *AMA PRA Category 1 Credit™*. **The credit is to recognize the learning that occurs as physicians prepare to teach, but the credit is calculated based on the time spent using what was learned in the preparation phase.** More information can be found on the [AMA website](#) and in the [AMA PRA booklet](#).

A key concept is that the CME credit being discussed is for learning, learning that is used to teach, not credit for teaching. If there is no learning, or the learning is not used to teach, then it is not appropriate for physicians to claim credit. CME credit is not a reward or payment, it is a recognition/acknowledgement metric intended to note that the physician has engaged in an educational activity which serves 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.

2. What are the AMA eligibility and credit requirements for certifying a live activity for the learning associated with teaching medical students and residents?

Accredited CME providers that are also accredited by either the LCME (for faculty teaching medical students) and/or the ACGME (for faculty teaching residents/fellows) are eligible to certify a live activity that recognizes the learning associated with teaching medical students and residents. Organizations that are LCME- and/or ACGME-accredited may work in a joint-providership relationship with a CME provider accredited through the ACCME system to certify this type of live activity for *AMA PRA Category 1 Credit™*.

Designating and awarding credit for participation in this type of live activity:

- Credit for faculty is calculated on a 2-1 ratio to time spent teaching what was learned in

preparation for it, rounded to the nearest quarter credit.

- Credit should only be awarded for teaching that is verified by the UME and/or GME office.
- In addition to the institution being ACGME accredited, the residency/fellowship program itself must also be ACGME accredited for faculty to be awarded *AMA PRA Category 1 Credit™* for the learning associated with teaching residents/fellows in that program.
- Physicians may claim credit for a variety of interactions if they learned something in preparation for those interactions. Types of teaching activities include, but are not limited to, formal presentations to medical students, residents; review of cases, clinical problems; supervising clinical or simulated activities; instruction on clinical or other skills; assessing learner performance (clinical or simulation settings); mentoring QI or PI projects; and mentoring of scholarly activities.

As with any activity certified for *AMA PRA Category 1 Credit™*, this type of live activity must also meet all of the AMA core requirements, in addition to the credit designation requirements listed above. Due to the nature of faculty credit for teaching medical students and residents/fellows, the standard credit designation statement needed adjustment as the number of credits will not be known in advance. The following credit designation statement should be used in its place for this type of activity only:

The «name of accredited CME provider» designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits™* per 1 hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

3. What does the AMA mean when it states that the teaching must be verified by the UME and/or GME office?

There must be a mechanism for the UME and/or

GME office(s) to verify that physicians actively teach medical students and/or residents during the time period for which the activity is certified for credit. A list of all faculty members is not sufficient if it includes physicians who have participated as faculty at some point in time, but not necessarily during the time period of the activity.

4. Are there examples of forms or other documentation to help with certifying this as an AMA PRA Category 1 Credit™ activity?

The AMA does not require that any specific form be used.

Learning from the preparation for teaching medical students and residents is similar to the other type of faculty credit where, as noted on page 5 of the [AMA PRA booklet](#), 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™.” That particular type of faculty credit has been available for providers to award since 2006. Forms and documentation used for that type of live activity may also assist you with the documentation required for the learning associated with teaching medical students and residents.

5. What should my activity file look like? Can you provide any guidance on meeting accreditation requirements?

Accreditation requirements are not within the purview of the AMA to address. However, the ACCME has information on its website related to Learning from Teaching:

- [Applying the ACCME Requirements to CME Activities Based on Teaching Medical Students and Residents](#)
- [Linking a “Learning from Teaching” CME Activity to the ACCME Accreditation Criteria](#)

6. What documentation is required from physicians?

From the AMA’s perspective, physicians must claim credit appropriate to the time spent teaching what they learned in preparation for it. Since physicians must have learned in order to claim credit, and they are self-directed in their learning in this particular format, there must be some way of capturing that they do so. Please contact your accreditor to determine what documentation requirements they may have.

7. Is there a maximum number of credits that can be awarded to a physician in a year with this type of activity?

The AMA has not set a limit on the number of *AMA PRA Category 1 Credits™* a physician may earn for this type of CME activity; the AMA has not set limits for any of the approved learning formats. If there is demonstrated learning involved, then the credit remains legitimate and appropriate regardless of the number. Licensing boards, other consumers of credit and CME providers may set limits if they so choose. As an example, the AMA, for the purpose of qualifying for the Physician Recognition Award, does set maximums for some categories in an effort to encourage physicians to participate in multiple modes of learning in order to further enhance their professional development.

8. What if my state licensing board places a limit on the number of credits for teaching medical students or residents that can be used for license renewal?

Each entity that requires physicians to obtain CME credit can stipulate what will be accepted to meet that requirement. While the AMA doesn’t place a limit on the number of credits that a physician can earn under any format, we do understand that there are state licensing board, certifying board, and other regulations that physicians need to take into account.

As an example, the AMA, for the purpose of qualifying for the Physician’s Recognition Award, does set maximums for some categories, i.e., physicians are limited to using 10 *AMA PRA Category 1 Credits™* obtained for teaching at live *AMA PRA Category 1 Credit™* activities per year of the award. These limits are in place to encourage physicians to participate in multiple modes of learning in order to further enhance their professional development. For a full list of the categories and limits per category, please see page 12 of the [AMA PRA booklet](#).

For specific information on what limits your state licensing board may have in place, please contact the licensing board directly.

9. During the pilot for learning associated with teaching medical students and residents, the emphasis was on *preparing* for teaching by literature searching, cases, etc., but the [AMA website](#) references other types of teaching. Is all time spent teaching included? Does it include the time a student is with the preceptor in the office seeing patients?

The emphasis is the same. The phrase “preparation and teaching” means that the learning is taking place in the preparation stage for the purpose of teaching. Neither preparation nor teaching, by itself, is sufficient for the purpose of claiming CME credit. The time spent with the student, utilizing what they (the faculty)

learned, is the metric used for determining credit. If the physician does not prepare to teach, and therefore does not learn anything, spending time with students or residents by itself is not sufficient to receive credit. Bottom line, if there is no learning that can be identified in the preparation stage, there is no credit for spending time with students or residents. This is similar to the concept of CME credit for faculty at *AMA PRA Category 1 Credit™* activities that has been in place for CME providers since 2006.

As an example, let's say a physician has students and/or residents in his or her office and sets some time aside for discussion of a topic related to a special interest on the part of the student, or to a patient seen at a previous visit. If the physician spends time preparing for that conversation by researching the topic and learns in the process, then the physician can claim credit under this new guidance for the time spent discussing that with the student/resident. Physicians may not claim credit for students following them around and observing for several hours, or for providing the students with feedback on the way to conduct an interview or perform a part of the physical exam if it is all based on accumulated experience over the years.

10. A medical school utilizes a local community hospital as a teaching site for students. Both the medical school and the community hospital are accredited by either the ACCME or an ACCME-recognized state medical society. If a faculty member wants to utilize the new Learning from Teaching to earn *AMA PRA Category 1 Credit™*, should the paperwork be submitted through the school of medicine CME office, or from the CME office within the community hospital?

It should be submitted through the school of medicine. The guidance for this format states that the activity "Be certified by an institution that, in addition to being an accredited CME provider (or working in joint sponsorship with an accredited CME provider), is accredited by the LCME (to certify teaching medical students), the ACGME (to certify teaching residents/fellows) or both." The concept is that faculty is working in an academic environment that is supportive of their role as faculty. The option for a joint sponsor is a recognition by the AMA Council on Medical Education that new medical schools, and perhaps some hospitals accredited by the ACGME, may not be accredited CME providers.

Since, as stated in the guidance, "*AMA PRA Category 1 Credit™* should only be awarded for teaching that is verified by the UME and/or GME office," if faculty is

doing clinical teaching of students and is also teaching residents in other occasions at the same institution, and the UME and GME programs are sponsored by different CME providers, then the credits will have to be processed by the appropriate CME provider. CME credit associated with teaching medical students is to be awarded by the CME provider accredited by LCME and CME credit associated with teaching residents/fellows is to be awarded by the CME provider accredited by the ACGME. If a faculty member teaches medical students and residents together, it should be made very clear that they can only claim credit through one of the programs. Since when students and residents are together it is because the vast majority of the time the students are added to the resident's activities and not the other way around, it would seem that the CME provider accredited for the GME program should be the one responsible for the CME credit.

11. Can you provide examples of how to calculate credit for the learning associated with teaching medical students and residents?

There are two steps needed for physicians to claim *AMA PRA Category 1 Credit™* for learning associated with teaching medical students and residents. The first step is that there must be learning involved in the preparation for teaching (although preparation time is not included when calculating the number of credits). The second step is for physicians to document the time spent teaching, using what was learned in the preparation phase. Credit is then calculated based on a 2-1 ratio of the time the physician spends teaching in the second step. Here are some examples:

- a. A physician prepares a one-hour lecture for a group of residents. This is the first time this lecture will be given, and the physician does some research and other learning in order to prepare the lecture. The physician may claim two *AMA PRA Category 1 Credits™* because one hour was spent teaching residents based on the learning that took place.
- b. A physician has a one-hour session with a resident to teach how to appropriately perform a physical exam, and will give feedback to the resident after observing the resident in action. The faculty member has taught how to perform the physical exam many times, and doesn't need to do any additional preparation for that part of the session, but seeks out information about effective methods for giving feedback. The physician then spends 15 minutes of the one-hour session giving feedback to the resident. The physician may

claim 0.5 *AMA PRA Category 1 Credits™* because .25 hours was spent providing feedback to the resident using the tools and techniques learned in preparation for the activity.

- c. A physician teaches students how to perform a procedure, and has done so many times in the past. The faculty member does not need to do any additional preparation this time around, and is able to handle all of the student questions based on accumulated experience over the years. As there was no additional learning involved on the part of the faculty member, it would not be appropriate to claim *AMA PRA Category 1 Credit™* in this instance.

12. May physicians claim *AMA PRA Category 1 Credit™* for teaching medical students and residents directly from the AMA?

No—physicians may not claim *AMA PRA Category 1 Credit™* for teaching medical students and residents directly from the AMA. This type of live activity must be certified for *AMA PRA Category 1 Credit™* by an accredited CME provider.