

**UT Health Science Center at San Antonio
School of Medicine**

Review and Approval of CME Ethics and/or Professional Responsibility Credit Policy

Continuing Medical Education Policy and Procedure Manual

Goal: To ensure that the context of continuing medical education activities requesting credit for ethics and/or professional responsibility is aligned with Texas Medical Board (TMB) requirements for ethics and professional responsibility CME credit and the American Medical Association (AMA) Principles of Medical Ethics.

The UTHSCSA Office of CME will use the TMB requirements and AMA Principles as guidelines in reviewing and approving CME activities for ethics and/or professional responsibility credit. They are as follows:

TMB Requirements (From TMB Rule 166.2; effective February 2011)

§166.2. Continuing Medical Education.

(a) As a prerequisite to the registration of a physician's permit a physician must complete 48 credits of continuing medical education (CME) every 24 months. CME credits must be completed in the following categories:

(1) At least 24 credits every 24 months are to be from formal courses that are:

(A) designated for AMA/PRA Category 1 credit by a CME sponsor accredited by the Accreditation Council for Continuing Medical Education or a state medical society recognized by the Committee for Review and Recognition of the Accreditation Council for Continuing Medical Education;

(B) approved for prescribed credit by the American Academy of Family Physicians;

(C) designated for AOA Category 1-A credit required for osteopathic physicians by an accredited CME sponsor approved by the American Osteopathic Association;

(D) approved by the Texas Medical Association based on standards established by the AMA for its Physician's Recognition Award; or

(E) approved by the board for medical ethics and/or professional responsibility courses only.

(2) At least two of the 24 formal credits of CME which are required by paragraph (1) of this subsection must involve the study of medical ethics and/or professional responsibility. Whether a particular credit of CME involves the study of medical ethics and/or professional responsibility shall be determined by the organizations which are enumerated in paragraph (1) of this subsection as part of their course planning.

TMB Considerations (from Application for TMB Designation of Continuing Medical Education as Medical Ethics or Professional Responsibility)

Ethics/Professional Responsibility courses are considered to be those that address the principles of proper professional conduct concerning the rights and duties of the physician, patients, and fellow practitioners, as well as the physician's actions/relations concerning patients and their families.

Given the large amount of subject matter that meets the definition above, there may be some confusion as to what the board will approve. Please consider the following two clarifications:

1. Courses on how a physician should defend themselves once sued will not generally be accepted. That said, courses on how to avoid being sued by improving the physician's practice in the areas of communication and disclosure will generally be accepted.
2. Courses that focus on personal values will generally not be accepted.

AMA Principles of Medical Ethics (Adopted by the AMA's House of Delegates June 17, 2001)

Preamble: The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

Principles of medical ethics:

1. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
2. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
3. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
4. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
5. 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.
6. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.
7. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.
8. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.
9. A physician shall support access to medical care for all people.

Mechanisms for CME Ethics Credit Approval:

1. **Request for ethics and/or professional responsibility credit:** Ethics and/or professional responsibility credit can be requested for any activity of a CME program that is being approved or has already been approved for credit. For example, individual presentations within a CME approved grand rounds series or conference can be approved for ethics and/or professional responsibility credit.
2. **Submission of CME Activity Content:** CME activity content (educational objectives, Power Point slides and/or handouts) should be submitted to the Office of CME for review 30 days prior to the presentation. Submission after this time may not provide sufficient time for review and approval. The CME staff will provide an administrative review of materials prior to forwarding to an expert content reviewer.

3. **Review by CME ethics and/or professional responsibility reviewer:** The activity materials will be forwarded to a CME ethics and/or professional responsibility reviewer. Subject matter expertise of reviewers on the CME Ethics and Professional Responsibility Review Committee are outlined in Table 2 of this policy. Other subject matter contents may be needed on occasion and can be designated by the Associate Dean for Quality & Lifelong Learning or members of the CME Ethics and Professional Responsibility Review Committee. .

Appeals: Faculty may appeal disapproval of ethics and/or professional responsibility credit to the Office of CME in writing. This written appeal should include a justification or submission of other relevant materials that can be forwarded to the reviewer. The decision regarding the appeal by the Associate Dean for Quality & Lifelong Learning will be final.

Disclosure to Learners: CME activities approved for ethics and/or professional responsibility credit will be disclosed to the audience verbally and/or in writing.

Monitoring: Faculty and conference planners will receive copies of evaluation summaries and comments.

Periodic Review: This policy will be reviewed periodically by the Associate Dean for Quality & Lifelong Learning, the CME Director, and/or the Ethics and Professional Responsibility Review Committee.

Table 1. Examples of Ethics and Professional Responsibility Topics

- Academic integrity
 - Plagiarism
 - Honesty
- Beginning of life issues
 - Abortion
 - Contraception
 - Maternal-fetal conflicts
 - Assisted Reproduction
 - Gamete Donation
 - Artificial Reproductive Technologies
 - Reproductive Cloning
 - Baby Doe rules
 - Anencephalic infants
 - Premies
- Genetics
 - Prenatal genetic testing
 - Paternity testing
 - Genetic testing for diseases/conditions
 - Genetic engineering
 - Genetic selection
 - Cloning
- Neuroethics
 - fMRI scans/lie detectors
- Social Justice
 - Access to health care
 - Health economics
 - Paying for healthcare
 - Health insurance
 - Social insurance programs
 - Social determinants of health
 - Allocating scarce resources
 - Triage
 - Health care right vs. privilege
 - Risk & responsibility
 - Public health approaches to decision making
 - Emergency preparedness
 - Mandatory reporting
- Organ Transplantation
 - Allocation of transplants
 - Organ procurement
 - Cadaver organs
 - Live organ donors
 - Non-heart beating donors

- Clinical translational research
 - Nuremburg
 - Belmont Report
 - Common Rule
 - Research subject rights/abuses
 - Pharmaceutical testing in 3rd world countries
 - Institutional Review Boards
- Anti-aging
 - Hormone treatment
 - Calorie restrictive diets
 - Cosmetic surgery
- End of life issues
 - Defining death
 - Decisional capacity
 - Competency
 - Right to refuse treatment
 - Advance Directives
 - Directive to physicians
 - Medical power of attorney
 - Do Not Resuscitate (DNR)
 - Out of hospital DNRs
 - Mental health Advanced Directives
 - Surrogate Decision Making
 - Physician Assisted Suicide
 - Euthanasia
 - Withholding or withdrawing technology
 - Pain management
- Bases of medical ethics
 - Deontology
 - Virtue ethics
 - Principlism (4 principles)
 - Autonomy
 - Beneficence
 - Non-maleficence
 - Justice
- Giving bad news
 - 6-point protocol
- Completing advance directives
 - Directive to Physician
 - Power of Attorney for Health Care
 - DNAR
 - Out of hospital DNAR
- Clinical Ethics
 - Identification of ethical issues
 - Ethical decision making
 - Ethics committees

- Narrative medicine
 - Patient's perspective on illness
 - Illness narratives
- Professionalism
 - Humanism
 - Accountability
 - Altruism
 - Conduct
 - Engaging the doctor-patient relationship
 - Provider attitudes and behaviors
 - Dress
 - Hippocratic Oath
 - AMA Code of Ethics
 - Informed Consent
 - Truth-telling
 - Confidentiality
 - Conscientious Objection
 - Conflicts of interest Conflicts (provider/provider, provider/patient, multiple allegiances, fiscal)
 - Personal relationships in a professional setting
 - Industry (pharmaceutical company) and providers/patients interactions
 - Impairment/Addiction
 - Physician suicide
 - Patient Safety
 - Disclosure of Medical Errors
 - Social obligations
 - Leadership
 - Role Modeling
 - Physician/provider virtues
 - Cultural competencies
 - Patient's rights & abuses
 - Malpractice & other medicolegal issues

**Table 2. CME Ethics and Professional Responsibility Review Committee
and Subject Matter Expertise**

Name		Review Area
Craig	Klugman, PhD, MA, Chair	Ethics, Professional responsibility
Deb	Baruch-Bienen, MD, MA – as available	Ethics, Professional responsibility
Charles	Bauer, MD	Emergency preparedness, Professional responsibility
Lois	Bready, MD	Professional responsibility, Quality & Patient Safety
Dennis	Conrad, MD	Pediatric issues, Professional responsibility
George	Crawford, MD	Professional responsibility, Infectious diseases issues
Dave	Dooley, MD, FACP	Professional responsibility, Quality & Patient Safety
Richard	Holt, MD, MSE, MPH, MABE	Ethics, Professional responsibility
Luci	Leykum, MD, MS, MBA	Professional responsibility, Quality & Patient Safety
Glen	Medellin, MD	Ethics, Palliative care, Pediatric issues
Robert	Nolan, MD	Professional responsibility, Pediatric issues, Quality & Patient Safety
Jennifer	Peel, PhD, MS	Ethics, Professional responsibility
Sandra	Sanchez-Reilly, MD	Ethics, Palliative care
Brigid	Sheridan, JD	Ethics, Professional responsibility, Medicolegal issues
Jim	Tysinger, PhD, MA	Professionalism, Professional responsibility
Jan	Patterson, MD, MS <i>ex officio</i>	