**Section 1285.110 Continuing Medical Education (CME)**

*The Division shall promulgate rules of continuing education for persons licensed under the Act that require* *150* *hours of continuing education* *per license renewal cycle.* *This Part shall be consistent with requirements of relevant professional associations, specialty societies, or boards. This Part will also address variances for illness or hardship. In establishing this Part, the Division shall consider educational requirements for medical staffs, requirements for specialty society board certification or for continuing education requirements as a condition of membership in societies representing the 2 categories of licensee* (physicians licensed to practice medicine in all of its branches and chiropractic physicians) *under the Act. This Part shall assure, but not be limited to, that licensees are given the opportunity to participate in those programs sponsored by or through their professional associations or hospitals that are relevant to their practice. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Division.* (Section 20 of the Act)

a) Continuing Medical Education (CME) Hours Requirements

1) In order to renew a license, a licensee shall be required to complete 150 hours of CME per prerenewal period.

2) A prerenewal period is the 36 months preceding July 31 in the year of the renewal.

3) One CME hour shall equal 60 minutes. After completion of the initial CME hour, credit may be given in 30-minute increments.

4) A renewal applicant shall not be required to comply with CME requirements for the first renewal of an Illinois license. A renewal applicant shall not be required to comply with CME requirements for the renewal of an Illinois license that has been reinstated to active status during the pre-renewal period.

5) Individuals licensed in Illinois but residing and practicing in other states shall comply with the CME requirements set forth in this Section.

6) CME credit hours used to satisfy the CME requirements of another jurisdiction may be applied to fulfill the CME requirements of the State of Illinois if the CME required by the other jurisdiction is verified as approved by the jurisdiction in which the CME was completed. Licensees may only claim hours that are documented consistent with the requirements in subsection (c)(7).

7) The Division, upon recommendation of the Medical Board, will accept the American Medical Association Physician Recognition Award (AMA PRA) certificate awarded to physicians licensed to practice medicine in all of its branches as documentation of compliance with the 150 CME hours set forth in this Part. The hours shall be earned consistently with the prerenewal period set forth in subsection (a)(2).

8) CME used to satisfy the requirements for renewal of a license may not be used to satisfy the CME requirements for another renewal period.

9) The CME requirements set forth in this Section apply to both physicians licensed to practice medicine in all of its branches and chiropractic physicians licensed in Illinois.

b) CME hours for both physicians licensed to practice medicine in all of its branches and chiropractic physicians in Illinois shall be earned by, but not limited to, verified attendance at (e.g., certificate of attendance or certificate of completion) or participation in a program or course (program) as follows:

1) CME hours shall be earned as follows:

A) A minimum of 60 hours of required CME shall be obtained in formal CME programs set forth in subsection (b)(2); and

B) A maximum of 90 hours of the required CME shall be obtained in informal CME programs or activities as set forth in subsection (b)(3).

2) Formal CME Programs:

A) Formal programs conducted or endorsed by hospitals, specialty societies, and facilities, and other programs offered by other organizations approved to offer CME credit as set forth in subsection (c).

B) Formal CME programs conducted by medical, chiropractic or osteopathic colleges, schools, or education programs. A maximum of 12.5 hours of CME may be claimed for each month of postgraduate clinical training completed in a program approved by the Division in accordance with Section 1285.40.

C) CME programs required for certification or recertification by specialty boards and professional associations.

D) Activities conducted by sponsors approved in accordance with this Section:

i) CME activities utilizing enduring materials such as podcasts, CD-ROMs, DVDs, archived, webinars, printed educational materials, audiotapes, video cassettes, films, slides, and computer assisted instruction that provide a clear, concise statement of the educational objectives and indicate the intended audience. These programs shall also have a method of verifying physicians' participation;

ii) Live activities, such as specialty society annual meeting and conferences, workshops, seminars, journal clubs, and live Internet webinars;

iii) Internet point-of-care learning – Structured CME activities using online databases to engage in self-directed learning on topics relevant to clinical practice; and

iv) Journal-based CME.

3) Informal CME programs or activities shall consist of, but not be limited to, any of the following activities that the licensee must document, including the dates and a brief description of the activity:

A) Unstructured online searching and learning;

B) Use of electronic databases in patient care;

C) Consultation with peers and medical experts;

D) Teaching health professionals;

E) Medical writing;

F) Self-assessment activities;

G) Preceptorship participation;

H) Participating in formal peer review and quality assurance activities;

I) Preparation of educational exhibits; or

J) Journal reading including reading authoritative medical literature.

c) CME Sponsors and Formal Programs

1) Sponsor, as used in this Section, shall mean:

A) For physicians licensed to practice medicine in all of its branches:

i) Accreditation Council on Continuing Medical Education and organizations accredited by ACCME as sponsors of CME;

ii) Illinois State Medical Society, or its affiliates;

iii) Council on Continuing Medical Education for the American Osteopathic Association and the Illinois Osteopathic Medical Society or its affiliates; or

iv) Any other organization that has been approved by the Division pursuant to subsection (c)(2) to provide CME in accordance with this Section (e.g., ambulatory procedure centers, blood banks, government or military agencies, group medical practices health law firms, health professional membership organizations, infusion centers, insurance or managed care companies, nursing homes, publishing or education companies, rehabilitation centers, software developers). Organizations eligible to be approved by the Division are those whose mission and function are:

● Providing clinical services directly to patients;

● The education of healthcare professionals; or

● Serving as fiduciary to patients, the public, or population health.

B) For chiropractic physicians:

i) Illinois Chiropractic Society, or its affiliates;

ii) Illinois Prairie State Chiropractic Association, or its affiliates;

iii) Commission on Accreditation the Council on Chiropractic Education;

iv) International Chiropractic Association, or its affiliates;

v) American Chiropractic Association, or its affiliates; or

vi) Any other accredited school, college or university, State agency, or any other person, firm, or association that has been approved and authorized by the Division pursuant to subsection (c)(2) to coordinate and present continuing medical education courses and programs in conjunction with this Section.

C) Physicians licensed to practice medicine in all of its branches or chiropractic physicians may earn CME hours from the sponsors set forth in subsections (c)(1)(A) and (B).

2) An organization, not listed in subsections (c)(1)(A) and (B), seeking approval as a CME sponsor for formal programs shall submit an application, on forms supplied by the Division, along with a $2000 nonrefundable application fee. (State agencies, State colleges and State universities in Illinois shall be exempt from paying this fee.) The application shall include:

A) Certification:

i) The provider has a CME mission statement that includes expected results described in terms of changes in competence, performance, or patient outcomes that will be the result of the CME programs;

ii) The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the program has been met through the conduct of CME activities;

iii) The provider identifies, plans, and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission;

iv) The provider incorporates into CME activities the educational needs (knowledge, competences, or performance) that underlie the professional practice gaps of their program participants;

v) The provider generates activities that are designed to change competence, performance, or patient outcomes as described in its mission statement;

vi) The provider chooses educational formats for activities that are appropriate for the setting, objectives, and desired results of the activity;

vii) The provider develops activities in the context of desirable physician attributes (competencies);

viii) The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities;

ix) All programs offered by the provider comply with the criteria for Continuing Medical Education (CME) in Section 1285.110;

x) The provider is responsible for verifying participants' completion of its programs and providing a certificate of attendance as described in subsection (c)(7); and

xi) Upon request by the Division, the provider shall submit evidence (e.g., certificate of attendance, course materials) as is necessary to establish compliance with this Section. Evidence shall be required when the Division has reason to believe that there is not full compliance with the statute and this Part and that the information is necessary to ensure compliance.

B) A copy of a sample program including course materials, syllabi, and a list of faculty.

3) All formal programs shall:

A) Be educational activities that meet the standards of this Section and that service to maintain, develop, or increase the knowledge, skills, and professional performance that a physician uses to provide care, or to improve the quality of care provided to patients. These may include, but are not limited to, educational activities that meet any of the following criteria:

i) Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine.

ii) Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine.

iii) Concern bioethics or professional ethics.

iv) Are designed to improve the physician-patient relationship;

B) Be learning and development activities that are trustworthy and based on best practices and high-quality evidence;

C) Be developed and presented by persons with education and/or experience in the subject matter of the program;

D) Specify the course objectives, course content and teaching methods to be used; and

E) Specify the number of CME hours that may be applied to fulfilling the Illinois CME requirements for license renewal.

4) Each CME formal program shall provide a mechanism for evaluation of the program and instructor by the participants. The evaluation may be completed on-site immediately following the program presentation or an evaluation questionnaire may be distributed to participants to be completed and returned by mail. The sponsor and the instructor, together, shall review the evaluation outcome and revise subsequent programs accordingly.

5) An approved sponsor may subcontract with individuals and organizations to provide approved programs. All advertising, promotional materials, and certificates of attendance must identify the licensed sponsor and the sponsor's license number. The presenter of the program may also be identified but should be identified as a presenter. When a licensed sponsor subcontracts with a presenter, the licensed sponsor retains all responsibility for attendance, providing certificates of attendance and ensuring the program meets all of the criteria established by the Act and this Part, including the maintenance of records.

6) To maintain approval as a sponsor, each shall submit to the Division by July 31 in the year of renewal a renewal application, and a $2000 fee.

7) Certification of Attendance. It shall be the responsibility of a sponsor to provide each participant in a program with a certificate of attendance or participation. The sponsor's certificate of attendance shall contain:

A) The name, address, and license number of the sponsor;

B) The name and address of the participant;

C) A brief statement of the subject matter;

D) The number of hours attended in each program;

E) The date and place of the program; and

F) The signature of the sponsor.

8) The sponsor shall maintain attendance records for not less than 5 years.

9) The sponsor shall be responsible for assuring that no individual shall receive CME credit for nonparticipation in a program.

10) Upon the failure of a sponsor to comply with any of the preceding requirements of this Section, the Division, after notice to the sponsor shall thereafter refuse to accept for CME credit attendance at or participation in any of that sponsor's CME programs until such time as the Division receives evidence of compliance with this Section.

11) Notwithstanding any other provision of this Section, the Division or Board may evaluate any sponsor of any approved CME program at any time to ensure compliance with requirements of this Section.

d) Certification of Compliance with CME Requirements

1) Each renewal applicant shall certify, on the renewal application, full compliance with the CME requirements set forth in subsections (a) and (b).

2) The Division may require additional evidence demonstrating compliance with the CME requirements (e.g., certificate of attendance). It is the responsibility of each renewal applicant to retain or otherwise produce evidence of compliance.

e) Waiver of CME Requirements

1) Any renewal applicant seeking renewal of a license without having fully complied with these CME requirements shall file with the Division a renewal application along with the required fee set forth in Section 21(e)(4) of the Act, a statement setting forth the facts concerning non-compliance and a request for waiver of the CME requirements on the basis of these facts. A request for waiver shall be made prior to the renewal date. If the Division, upon the written recommendation of the Medical Board, finds from such affidavit or any other evidence submitted that extreme hardship has been shown for granting a waiver, the Division shall waive enforcement of CME requirements for the renewal period for which the applicant has applied.

2) Hardship shall be determined on an individual basis by the Medical Board and be defined as an inability to devote sufficient hours to fulfilling the CME requirements during the applicable prerenewal period because of:

A) Full-time service in the armed forces of the United States of America during a substantial part of the prerenewal period;

B) A temporary incapacitating illness documented by a statement from a currently licensed physician;

C) Temporary undue hardship (prolonged hospitalization, family illness); or

D) Any other similar extenuating circumstances.

3) Any renewal applicant who, prior to the expiration date of the license, submits a request for a waiver, in whole or in part, pursuant to the provisions of this Section shall be deemed to be in good standing until the final decision on the application is made by the Division.

(Source: Amended at 48 Ill. Reg. 18129, effective December 13, 2024)