

SUBCHAPTER 32R – CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

SECTION .0100 – CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

21 NCAC 32R .0101 CONTINUING MEDICAL EDUCATION (CME) REQUIRED

(a) Continuing Medical Education (CME) is defined as education, training, and activities to increase knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public. The purpose of CME is to maintain, develop, or improve the physician's knowledge, skills, professional performance, and relationships a physician uses to provide services for his or her patients and practice, the public, or profession.

(b) A physician licensed to practice medicine in the State of North Carolina, except those physicians holding a residency training license, shall complete at least 60 hours of Category 1 CME relevant to the physician's current or intended specialty or area of practice every 3 years. Every physician who prescribes controlled substances, except those physicians holding a residency training license, shall complete at least 3 hours of CME from the required 60 hours of Category 1 CME designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CME that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for the purposes of this Rule. Physicians who complete the federally required training under the Medication Access and Training Expansion Act (MATE), 21 U.S.C. 823(l), shall be deemed in compliance with the controlled substance prescribing requirements of this Rule for the three-year CME period in which the MATE training was completed.

(c) The three-year period described in Paragraph (b) of this Rule begins on the physician's birthday following the issuance of his or her license.

History Note: Authority G.S. 90-5.1(a)(3); 90-5.1(a)(10); 90-14(a)(15); S.L. 2015-241, s. 12F.16(b) and 12F.16(c); Eff. January 1, 2000; Amended Eff. August 1, 2012; January 1, 2001; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. July 1, 2024; April 1, 2020; September 1, 2016.

21 NCAC 32R .0102 APPROVED CATEGORIES OF CME

(a) Category 1 CME providers are:

- (1) Institutions or organizations accredited by the Accreditation Council on Continuing Medical Education (ACCME) and reciprocating organizations;
- (2) The American Osteopathic Association (AOA);
- (3) A state medical society or association;
- (4) The American Medical Association (AMA);
- (5) Specialty boards accredited by the American Board of Medical Specialties (ABMS), the AOA, or Royal College of Physicians and Surgeons of Canada (RCPS); and
- (6) The Joint Accreditation for Interprofessional Continuing Education.

(b) Category 1 CME education shall be presented, offered, or accredited by a Category 1 provider as set forth in Paragraph (a) of this Rule and shall include:

- (1) Educational courses;
- (2) Scientific or clinical presentations or publications;
- (3) Printed, recorded, audio, video, online, or electronic educational materials for which CME credits are awarded by the provider;
- (4) Journal-based CME activities within a peer-reviewed, professional journal;
- (5) Skill development;
- (6) Performance improvement activities;
- (7) Interprofessional continuing education; or
- (8) Cultural competency or implicit bias training.

History Note: Authority G.S. 90-5.1; Eff. January 1, 2000;

Amended Eff. August 1, 2012; July 1, 2007; January 1, 2001;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
2016;
Amended Eff. January 1, 2022; September 1, 2020.

21 NCAC 32R .0103 EXCEPTIONS

(a) A physician shall be exempt from the requirements of Rule .0101 of this Section if the licensee is:

- (1) Currently enrolled in an AOA or Accreditation of Council of Graduate Medical Education (ACGME) accredited graduate medical education program and holds a residency training license;
- (2) In good standing with the Board and is either:
 - (A) serving in the armed forces of the United States or serving in support of such armed forces, and serving in a combat zone; or
 - (B) serving with respect to a military contingency operation as defined by 10 U.S.C.101(a)(13); or
- (3) Serving as a member of the General Assembly's House or Senate Health Committee.

(b) A physician who obtains initial certification from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for the three year cycle in which the physician obtains board certification. However, if the physician prescribes controlled substances, then the physician shall complete at least three hours of CME that is designed to address controlled substance prescribing practices as required in 21 NCAC 32R .0101 during that three year cycle. If the physician completed CME as part of their initial certification that satisfies the requirement in 21 NCAC 32R .0101, then the physician shall not be required to take controlled-substance prescribing CME beyond that included in their initial certification process.

(c) A physician who attests that he or she is engaged in a program of recertification or maintenance of certification from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for that three year cycle. However, if the physician prescribes controlled substances, then the physician shall complete at least three hours of CME that is designed to address controlled substance prescribing practices as required in 21 NCAC 32R .0101 during that three year cycle. If the physician completed CME as part of their program for recertification or maintenance of certification process that satisfies the requirement in 21 NCAC 32R .0101, then the physician shall not be required to take controlled-substance prescribing CME beyond that included in their recertification or maintenance of certification process.

History Note: Authority G.S. 90-14(a)(15); 90B-15;
Eff. January 1, 2000;
Amended Eff. August 1, 2012; January 1, 2001;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
2016;
Amended Eff. July 1, 2018.

21 NCAC 32R .0104 REPORTING

At the time of annual renewal, each Licensee shall report on the Board's annual renewal form compliance with, or exemption from, Rule .0101 of this Section. Records documenting compliance or exemption must be maintained for six consecutive years and may be inspected by the Board or its agents.

History Note: Authority G.S. 90-14(a)(15);
Eff. January 1, 2000;
Amended Eff. August 1, 2012; January 1, 2001;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
2016.

21 NCAC 32R .0105 WAIVER FOR LICENSEES SERVING ON ACTIVE DUTY IN THE ARMED SERVICES OF THE US

History Note: Authority G.S. 105-249.2; S. L. 2009-458; Section 7508 of the Internal Revenue Code; 10 U.S.C.
101;
Eff. August 1, 2010;
Repealed Eff. August 1, 2012.

