

# Medical Journals Start Granting CME Credit for Peer Review

**Jamie De Gregory**

Peer review has long provided intangible rewards, but medical journals in the United States are starting to add some tangible benefits as well. Several journals have begun programs to provide peer reviewers with continuing medical education (CME) credit for their work.

Most physicians in the United States must complete a specified amount of continuing education to maintain their licenses. Requirements for CME vary by state. Some states require no CME; others require as many as 50 credits per year. Murray Kopelow, chief executive of the Accreditation Council for Continuing Medical Education (ACCME), said that traditionally CME has consisted of attending discussion groups and conferences or of completing an educational activity on paper or, more recently, the Internet.

Peer reviewing is a new form of CME. Among the journals that have programs are the *Journal of the American Medical Association (JAMA)*, the *New England Journal of Medicine (NEJM)*, *Academic Emergency Medicine*, and *Annals of Internal Medicine*.

Richard M Glass, a deputy editor of *JAMA*, said that the program was established because “doing a good peer review obviously takes a lot of energy and expertise. And reviewers often comment that they learn a lot doing it. And since they don’t get a lot of other compensation, it seemed like a reasonable thing to do.”

All CME programs must follow American Medical Association (AMA) guidelines for category 1 credit (see sidebar). Category 1 credit is given for activities that have been designated beforehand by an accredited provider. Examples of activities that can count for category 1 credit are attending

or presenting at conferences and publishing articles in scholarly journals. The credit goes toward the AMA Physician’s Recognition Award (PRA), which can help physicians to maintain licensure. In addition, an ACCME-accredited provider must oversee the program. In the case of *JAMA*, the AMA is the sponsoring accredited provider. The Massachusetts Medical Society fulfills that role for *NEJM*.

Reviews must be done promptly and be thorough and specific to receive credit. Each journal, however, can handle the process in its own way. At *Annals of Internal Medicine*, Managing Editor Mary Beth Schaeffer said its program specifies that “to get credit reviewers would have to complete the review on time. It would have to be a good quality review [with] . . . multiple page[s] . . . [and] specific instructions to authors”.

Reviewers can request zero to three credits for each review. Individual journals will determine how many credits are awarded. Physicians can register a maximum of five reviews a year for a total of 15 CME credits.

Although programs to provide CME credit to physician peer reviewers are still in their infancy, some of the initial results are promising. *NEJM* began providing CME credit on 1 January 2004. Pam Miller, assistant to the editor at *NEJM*, said that of the 2200 reviews done by early June 2004, 1160 were submitted for credit. A total of 1302 category 1 credits were awarded to 1070 people in the first 6 months of the program.

It is unknown whether and how a program like this will affect the number of physicians willing to be peer reviewers and the quality of their reviews. Because CME credit for peer reviewers is such a new idea, no data are yet available to track trends among participating physicians.

There does seem to be agreement that recognizing the hard work of peer review-

## Starting a Program to Award Continuing Medical Education Credit to Peer Reviewers: The Administrative Side

The Accreditation Council for Continuing Medical Education accredits organizations that want to have programs to award credit for continuing medical education (CME). The American Medical Association (AMA), however, ultimately regulates the category 1 credit that is awarded for CME activities. Therefore, accredited organizations are those which have proved that their programs meet AMA standards for category 1 credit. Journals can work with accredited organizations to establish programs to award credit for peer reviewing.

A journal that is considering instituting a program to provide credit for peer reviewing needs an accredited provider to sponsor it. In most cases, that will be the society that oversees the journal. For example, the American College of Physicians oversees *Annals of Internal Medicine* and is the accredited provider.

If a journal does not have an immediate medical society or other body that is accredited to sponsor a program, the sponsoring organization can apply for joint sponsorship with an accredited organization.

ers is important. But people’s views on the nuts and bolts of the situation and whether credit will change physicians’ attitudes toward peer review are more varied.

Michelle Biros, a peer reviewer and editor-in-chief of *Academic Emergency Medicine*, said, “Most of our reviewers are academicians and they really do need the credit. And it’s important for them to be

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## Standards for Designating Manuscript Review for AMA PRA Category 1 Credit\*

The manuscript review activity must meet the guidelines for AMA PRA category 1 credit as detailed in the *AMA Physician's Recognition Award: Requirements for Accredited Providers* booklet (version 3.2). Additionally:

- Manuscript review activities must be sponsored by an accredited provider working collaboratively with a medical journal indexed by the *Index Medicus*.
- The texts to be reviewed must be original contributions to the medical literature that require multiple reviewers, e.g., not book reviews.
- The journal editor, working with the accredited provider, will need to educate reviewers about the CME process — establish objectives and criteria for content review, and provide all needed instructions.
- Manuscript review assignments must be at a depth and scope that require a review of the literature and a knowledge of the evidence base for the manuscripts reviewed. To the extent possible, this review of the evidence base should be documented.
- Providers may designate each accepted manuscript review, as documented by the journal editor, for a maximum of three credits. Physicians may claim credit for a maximum of five reviews per year.
- The accredited provider, working with the journal editor, should have an oversight mechanism to evaluate the quality of reviews submitted. This process should assure that physicians who submit substandard reviews do not continue to participate or receive credit for subsequent activities.
- Organizations that are not accredited providers, but that publish journals indexed by the *Index Medicus*, may arrange joint sponsorship agreements with an accredited provider so that their manuscript reviewers can obtain AMA PRA category 1 credit.

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reviewers and [be] involved in the academic process.”

Some physicians with less need for credit have a different opinion. Benjamin Druss, peer reviewer and a member of the editorial board of *Psychiatric Services*, said, “I’m sure it’s more neuron-intensive to do a review than to sit in a lecture. I have no concerns about [awarding credit]. [Receiving credit] wouldn’t make that much difference to me. I would do it anyway.”

Other people are concerned about whether credit will go where it is due. Kopelow points out that how journals structure the credit mechanism will be important in determining how effective the programs are as a vehicle for CME. “If changing and learning are emphasized”, Kopelow said, “[and] if a participatory sys-

tem of these manuscript reviews is actually being [constructed] to expand [physicians’] knowledge . . . there could be a lot of learning. If an expert reads an article, learns nothing new, and doesn’t need to review the literature, . . . where are the changing and learning?”

Long-time peer reviewer John Bailar is skeptical about whether the credit will truly go to physicians who need it. “Would it help more potential reviewers to say yes?” he asked. “I’m pretty doubtful. The ones that journals would like to get are probably not in need of extra CME credit.”

Despite the uncertain outcome of a program to award CME credit for peer reviewing, physicians are showing interest in it. Schaeffer said that *Annals of Internal Medicine* decided to start its program

because the journal “had a lot of requests from reviewers. There’s a lot of desire for various ways to get CME credit.”

The idea seems to be gaining momentum. At least four journals are beginning programs in 2004, and Glass thinks this model will become common. Whether it will ultimately affect the number of physicians who agree to review or the quality of reviews remains to be seen. One thing is certain, Glass said: “The main incentive for peer reviewers to do reviews is their interest in the topic of the article and their interest in the quality of information in their own field of interest. That won’t change. This is a little bit of icing on the cake.” 