

Compliance training: challenges, effects, and opportunities for improvement

Issue:

Physicians are required by both employers and regulatory bodies to complete a variety of compliance training programs, often on an annual basis. Many physicians who practice or have privileges in multiple organizations must complete similar or duplicative training programs to fulfill the requirements for each organization. The amount of time dedicated to mandatory training can be burdensome, especially when it takes away from time spent on patient care, is completed during non-work hours, and is not compensated.

Background:

The [AMA Code of Medical Ethics](#) states that “physicians should strive to further their medical education throughout their careers, to ensure that they serve patients to the best of their abilities and live up to professional standards of excellence.” It acknowledges that participation in educational activities is critical to fulfilling this professional commitment to lifelong learning. Participation in compliance training activities may support this commitment; however, this also presents challenges.

Physicians are routinely required to complete annual compliance trainings that often do not qualify for continuing medical education (CME) credit. These requirements may originate from multiple sources, including employers, state licensing boards, specialty boards, and professional organizations, each with their own requirements. As a result, physicians may encounter overlapping or redundant content across trainings. For example, one physician may have to complete multiple trainings on infection control to satisfy the requirements of different entities. Those developing training programs may be unaware of redundancies beyond their institutional scope and may lack the tools or processes to assess external requirements and streamline content accordingly.

Completing compliance trainings consumes time that could otherwise be dedicated to patient care, education, other professional obligations, or even personal activities. For example, at one organization 32% of compliance training was completed after clinic hours or on the weekends ([Garvey, 2024](#)). Considering evidence showing that working outside of work hours is associated with higher risk of burnout and increased odds of intent to leave practice or reduce clinical hours ([Sinsky, 2024](#); [Sinsky, 2025](#)), the implications of this burden go beyond time spent and affect other important issues such as physician well-being and workforce retention.

Potential Strategies:

Compensation and CME credit

Time spent on mandatory compliance training could be compensated. Under the Fair Labor Standards Act, employers are required to pay employees for time spent on mandatory job-related training ([govinfo.gov](#); [dol.com](#)), which is relevant to the many physicians who are employed by a health system or other institution.

In addition to being paid for the time, compliance training activities, if demonstrated to meet the definition of CME, may help fulfill obligations toward maintaining licensure. CME credit, commonly recognized as *AMA PRA Category 1 credit™*, was first established by the AMA through its [Physician's Recognition Award \(PRA\) Credit System](#). Other professional bodies, such as the [American Academy of Family Physicians](#) and [American Osteopathic Association](#), also maintain distinct CME credit systems tailored to their respective audiences.

Required compliance training activities do not always offer CME credit. Reasons for lack of credit may include:

- Developers of compliance training programs may not be aware of the demand for physician-focused CME
- Developers may not be familiar with the mechanisms in place to attribute CME as structured by the [Accreditation Council for Continuing Medical Education](#) (ACCME)
- Programming offered may not meet the criteria required to qualify for CME credit

Health care organizations should offer, when possible, training programs that are available with CME credit. This small step may go a long way in supporting physicians' professional development as well as providing further incentives to complete the training.

Collaboration and reciprocity

Regulatory bodies and health care organizations can support and drive the creation of reciprocity programs that allow physicians to receive credit for compliance training completed at one entity toward requirements for other entities, provided the training meets established standards. Such parties are encouraged to coordinate and advocate for educational standards that meet multiple requirements for training needs.

In addition, physicians can raise their concerns with their leadership or compliance offices, pointing them to evidence showing the benefits of offering reciprocity across organizations. Physicians can also encourage employers and boards to collaborate with vendors and creators of compliance content to assess mechanisms for applying training across institutions.

Time allocation

Protecting physicians' time away from work is an important part of ensuring the health and well-being of the physician workforce. Health care organizations may require that mandatory training be completed during work hours and discourage physicians from completing training during personal time. Consideration should be given to build designated training time into physicians' schedules.

Moving Forward:

The AMA has several policies that promote compliance consolidation and physician lifelong learning. For example, the AMA:

- encourages reciprocity for corporate compliance curricula between institutions to minimize duplicate training and assessment of physicians ([H-300.944](#)).
- supports the concept of lifelong learning by recognizing the importance of continuing medical education as an integral part of medical education, along with undergraduate and graduate medical education ([H-300.958](#)).

- continues to support and promote the AMA Physician's Recognition Award (PRA) Credit system as one of the three major CME credit systems that comprise the foundation for continuing medical education in the U.S. ([H-275.917](#)).
- encourages state medical boards to accept for credit continuing education which relates directly to the professional activities of physicians, although each state with mandatory continuing medical education for reregistration of license has the prerogative of defining the continuing education it will accept for credit ([H-300.988](#)).

AMA Resources:

The AMA has published resources to support physicians and organizations in their efforts to streamline compliance training programs and requirements, such as:

- [Physicians now spend more "pajama time" on mandatory trainings](#)
- [Mountains of modules: reducing mandatory training burden for physicians](#)
- [Here's your one-stop shop to meet the DEA training requirement](#)
- [4 hospitals, 4 compliance trainings for the doctor? Not anymore](#)

The AMA provides a variety of information and related tools to assist physicians, including:

- [AMA EdHub™](#)
- [AMA STEPS Forward®](#)
- [AMA Organizational Biopsy](#)
- [Physician Health](#)
- [ChangeMedEd®](#)
- [AMA Council on Medical Education](#)
- [Health Care Advocacy](#)
- [AMA Policy Finder](#)