ACCME at the 3rd National CPD Accreditation Conference

September 2011
Nothing to Disclose
“The challenges of our age are problems without passports; to address them, we need blueprints without borders.”

Kofi A. Annan, 1998
In the global CME enterprise, shared values constitute the “blueprint without borders”.
Values

Continuing medical education and lifelong learning which,

• Enhances physician performance and thereby improves the health of people.

• Is based on information concerning the educational needs of physicians with the ultimate aim of helping them improve health.
Why care about a borderless CME world?

Reasonable uniformity in the principles and outcomes of CME accreditation would be valuable

- Physicians, could obtain **credits** for different local, national and international organizations that require CME for maintenance of status purposes.

- Assurance that educational programs are of good and predictable **quality** which is important to,
  - *Physicians attending CME activities*
  - *Organizations that value accredited CME*
A range exists in the possible degrees of uniformity among systems

One way...

“Same as...”

Or another way could be ...

Substantial equivalency

• Shared principles and values
• A significant amount of commonality
• Differences would also be expected and accepted
Substantial Equivalency

AFMC and ACCME
The Criteria to Determine Substantial Equivalency -
“A Framework for Establishing Substantial Equivalency Between Continuing Medical Education Accreditation Organizations”

Rome Group
“Furthering Globalization, Reciprocity and the Substantial Equivalency of Systems of Accreditation and Credit in Continuing Medical Education and Continuing Professional Development”

March 2002
April 2004
“The Accreditation Council for Continuing Medical Education and the Committee on the Accreditation of Continuing Medical Education of the Association of Canadian Medical Colleges offer this document to facilitate discussion among and between those who are concerned with the effectiveness of CME accreditation and who are interested in finding ways to improve the efficiency of the overall system.”
History

1980  Canadian and US CME accreditation systems began
1984  Agreement between ACCME and “ACMC”
1993  Re-Affirmed
1998  Revisited
2002  Evolved: New Framework
2011  Affirmed by Updating the ACCME
The Global Expectations

The accreditor would be considered substantially equivalent if,

1. An explicit set of performance requirements existed.
2. Decision-making is implemented and based on data and information.
3. Collection, storage and retrieval of the data and information.
Some values supporting ‘equivalence’

When an accreditor supports and recognizes continuing medical education and life-long learning that,

- Enhances physician performance and thereby improves the healthcare of people,
- Is based on data describing physicians’ educational needs,
- A commitment to education that helps them meet the health care needs of their patients and communities,
- Has its effectiveness assessed as it relates to physician performance or health status improvements,
- Is developed with the control for the content, quality and scientific integrity being the responsibility of the provider.
Learner

Accrediting Body

Provider / Organizer
Responsibilities of CME/CPD Accrediting Bodies

- Fairness, validity, innovation, honesty and consistency
- Reasonable standards and criteria
- Accountability, responsiveness, and leadership
- A process for verification
- The continuous quality improvement of the accreditation process
- Collaboration and partnership between and among accreditation bodies, and between accreditation bodies and providers/organizers
Responsibilities of the learner --- to be fulfilled in order to claim credit,

Learners have responsibility for,

- Participating in CME/CPD that is based on their individual educational needs
- Ensuring that the needs are relevant to their professional practice and development
- Evaluating the extent to which their needs have been met
- Participating in verifying that mechanisms are in place to keep educational activities free of commercial bias.
Responsibilities in the System

The **provider / organizer must**,

- Ensure there are **outcome measures of education effectiveness** (knowledge, competence or performance).
- Be able to make available a **confirmation of participation**.
- Ensure that the **learning objectives** are appropriate for the target audience
- Ensure that the **teaching methods used** are appropriate to the stated learning objectives
Special Responsibilities of the provider/organizer of CME/CPD activities,

Any commercial sponsorship or interests of the activity planner, presenters, or facilitators,

- must be disclosed to the provider/organizer, the learners and the accrediting bodies.

- must not influence the structure or content of the educational activity.
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SHARED VALUES
- Medicine
- Pharmacy
- Nursing
- Dentistry
- Optometry
- Osteopathic Medicine

Responsibilities in the System
In some jurisdictions...

- Accredits local institutions and organizations
- A process connects existing and emerging accreditation systems
- Accredits individual CME activities
WHAT OTHER FACTORS ARE RELEVANT TO THE NATIONAL AND INTERNATIONAL LANDSCAPE?
A Model of Population Health
University of Wisconsin Population Health Institute

Health behaviors (30%)
- Tobacco use
- Diet & exercise
- Alcohol use
- Unsafe sex

Clinical care (20%)
- Access to care
- Quality of care

Social and economic factors (40%)
- Education
- Employment
- Income
- Family & social support
- Community safety

Physical environment (10%)
- Environmental quality
- Built environment
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CME AS A BRIDGE TO QUALITY

Accredited CME is linked to practice and focused on quality gaps.

- **Using** practice-based needs
- **Matching** content to learner’s scope of the practice
- **Measuring** change in competence or performance or patient outcomes as part of the process

Regulator as the Customer in CME

Sept 2006 – Change in Emphasis
Continuing education is effective in assisting professionals to modify and improve their practice.

Cervero and Umble, 1996
Promoting Change in the Real World

“Without a practical understanding of the real world context in which clinical practice is embedded...the degree of change which can be achieved will always be marginal.”

“Attempts to change clinical practice tend to be successful only to the extent that they recognize and engage actively with the real world in which the clinician operates”

Eve et al, J Management in Medicine 10(1)16-25 1996
Probability of a Behavior

Triandis’ **Theory of Social Behavior** in Winzenberg, T and NHigginbotham, BMC Education, 14 December 2003
Approaches to Changing Clinical Behavior

Not Voluntary

Voluntary

External Motivation

Internal Motivation

Financial Stimulus

Influencing Practice Setting

Structural Arrangements

Social Pressure

Performance Oriented

Competence Oriented

Rules Laws Obligations

Incentives & Sanctions

Resources Provisions Supports

Peer Review & Patient Influence

Monitoring Performance Reminders

Education Instruction Information Counseling Encouragement

From Eve et al, J Management Med 10, 1, 1996
Accountable one person at A time....

This is CPD

Physician Performance

A Question in Practice

In Practice

Physician Competence

Data

Analysis

Synthesis

Information

Judgment

Knowledge

Wisdom

Strategy

Regnier et al, J CEHP, Fall 2005

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This is CME

Regnier et al, JCEHP, Fall 2005
The ACCME “Model”

Content

Competencies

Expected Result

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Intervening variables...

All Adults in the US

Number of Intervening Variables

Variation for Colonoscopy

Readmission Rates

Hand washing

“My personal approach to...”

Likelihood of success...
Age and stage .......

Time

Fitting in  ➔  Breaking in  ➔  Getting out

(First 5 years)  (Last 5 years)
The Undesirable Outcome

Through their implicit or explicit, control of, or influence on, CME content, commercial interests could create commercial bias in CME (favoritism) that could result in a learner’s inclination towards, or actual, use of a product or service that is more than is necessary.
The Pathway

Control

Bias

Over Use
CPD as a Scholarly Pursuit

CME as the Academy

- Discovery
- Integration
- Application

Scholarship Reconsidered
P Priorities of the Professoriate

Ernest L. Boyer

THE CARNEGIE FOUNDATION
FOR THE ADVANCEMENT OF TEACHING

1997
Thank You