



# MEETING SUMMARY

## CPD Directors Component Group

Date November 20, 2015  
Time 9:00-11:45 AM; 2:00-5:00 PM  
Location The Washington Court Hotel

### Attendees

Patrice Gabler Blair, American College of Surgeons  
Margaret Bogie, American Society of Hematology  
Nancy Bowers, American Society for Reproductive Medicine  
Lynn Brown, American Society for Radiation Oncology  
Julie Bruno, American Academy of Hospice & Palliative Medicine  
Sandra Ann Carson, American College of Obstetricians and Gynecologists  
Julie Orlando Castro, American Society of Hematology  
Charles Clayton, American Society of Hematology  
Julie Cwik, American College of Surgeons  
Ed Dellert, American Society of Anesthesiology  
Laura Kendall-Ellis, Alliance for Continuing Education in the Health Professions  
Dale Fajardo, American Academy of Ophthalmology  
Steve Folstein, American Academy of Allergy, Asthma & Immunology  
Debra Gist, American Epilepsy Society  
Kathleen Goldsmith, American College of Surgeons  
Tristan Gorrindo, American Psychiatric Association  
Anne Grupe, American Society of Clinical Oncology  
Carly Harrington, American Academy of Family Physicians

Bobby Heard, American College of Emergency Physicians  
Jin Soo Kim, American Society of Nephrology  
Clif Knight, American Academy of Family Physicians  
Damon Marquis, The Society of Thoracic Surgeons  
Nicholas Marzano, Society of Hospital Medicine  
Kristen Moeller, American Psychiatric Association  
Vanita Murray, American College of Obstetricians and Gynecologists  
Alisa Nagler, American College of Surgeons  
Robert Perelman, American Academy of Pediatrics  
Jane Radford, American College of Medical Genetics and Genomics  
Deborah Samuel, American Academy of Pediatrics  
Jose Segarra, American College of Medical Genetics  
Audrey Shively, American Academy of Otolaryngology — Head and Neck Surgery  
Diane Simmons, American Academy of Dermatology  
Johnnie White, American Academy of Otolaryngology — Head and Neck Surgery  
Beth Wilson, American Academy of Ophthalmology  
Elizabeth Yarboro, American College of Radiology  
Suzanne Ziemnik, American Society for Clinical Pathology

**Guests:** Tom Granatir, ABMS; Heather Pierce, AAMC; Kate Regnier, ACCME

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## Meeting Minutes/Summary

### Welcome and Introductions

Steve Folstein welcomed participants and gave a brief introduction to the day's events. Members introduced themselves and provided reports of efforts to improve PI/QI within their organizations.

### ABMS Part III update – Tom Granatir, ABMS

Tom provided an update on MOC Part III and the ABMS Assessment Pilot. The program aims to discuss developments in the assessment process of MOC part III and ensure open dialog and collaboration with medical societies.

Feedback from physicians over the past 2 years includes complaints of burden, need for evidence of effectiveness and relevance to practice, high cost and lack of buy-in from participants, and need to work more closely with societies. In addition, feedback indicates that exams are high stake, with fixed content, and need to be practice-relevant, more frequent, and provide a different learning experience that incorporates learning psychology. Two current pilots are: ABA's MOCA Minute™ and offerings from the American Board of Pediatrics.

The ABMS Assessment 2020 <http://assessment2020.abim.org/final-report/> indicated 3 recommendations:

1. Replacing the 10-year MOC exam with more meaningful, less burdensome assessments.
2. Focusing assessments on cognitive and technical skills.
3. Exploring the need for certification in specialized areas, without the requirement to maintain underlying certifications, while being transparent about specialization to the public.

Group feedback followed, including discussion about security for exam questions, validation/authentication of users, platform hosting and maintenance, potential impact on existing self-assessment products (Part II) and the initial exam process; and implications of changes for multi-board certification and state licensure requirements.

Also discussed were changes in improvement in practice requirements at the systems level and how quality improvement applies to the individual physician. Three areas of focus: engagement of learner; performance assessment/gap analysis on individual level; involvement in systems change. Suggested reading: "What are the implications of implementation science for medical education?"

David W. Price, Dianne P. Wagner et al., Med Educ Online 2015, 20: 27003 - <http://dx.doi.org/10.3402/meo.v20.27003>

### AAMC Convey Global Disclosure System – Heather Pierce, AAMC

Convey is a secure online system designed to reduce the amount of time that physicians, researchers, and scientists spend making required disclosures of financial interests. This system will simplify the process of disclosing required information by providing a repository in which individuals can enter and maintain a record of their financial interests. Organizations subscribe to Convey via an annual license fee. Individuals are not charged to enter disclosure information.

Heather provided a demonstration of the system, which is not yet launched.

From discloser (user) side: Dashboard showing recent disclosures and a search function for an organization from a dropdown list. Disclosure entry is a 4-step process: 1) Policy Details 2) Enter Interests 3) Additional Questions 4) Review and Send.



# Council of Medical Specialty Societies

An organization can personalize the Policy Details page to explain its policies re: disclosure and can provide disclosers a unique URL that links to a pre-populated event-specific page.

An organization also can personalize the fields that will need to be populated to meet ACCME rules and requirements within a template. ACCME was involved in the planning and development of the system.

Currently the system cannot tell if a disclosed relationship is related to the event, but can populate/sort on the type of interest or amount of dollars, and by discloser/spouse/dependent. What is included in the disclosure is always up to the discloser.

Users login to the AAMC site (not through the organization's site). The user must attest that the information is correct. The system will have a reminder mechanism for the user.

Receipt of information by organization includes date stamp. There are ongoing plans for integrative capabilities with AMS via csv, xml, pdf. Clarifications and updates are the responsibility of the organization.

Cost is variable based on tiers of complexity and volume of information needed. A business analysis and determining the per-disclosure cost are currently being done.

Convey would like to have volunteers from the CPD-Directors group for a task force to provide input from medical specialty societies. Send feedback and requests to [convey@aamc.org](mailto:convey@aamc.org)

## **International CME – Sean McKinney**

Results from an October 2015 survey of CPD members is attached as an appendix. Of the responding societies, approximately 90% provide CME for internationals, 25% provide local international CPE credits; 90% are live activities. The highest amount of participation is in the Middle East and Latin America. Next steps include: consider developing a resource on international CME, establish an ongoing projects, review the most effective modalities, and conduct periodic spotlight presentations. In other countries, often the physicians do not pay for their own education fees but rather have these covered by industry. This trend is changing as more countries adopt restrictions on commercial support. The group expressed an interest in furthering international CME and in partnering with the Member Services component group to explore this. Suggested organizations for collaboration include the Alliance, GAME, and SACME.

## **Task Force Follow-up on Professionalism**

A task force provided results of a survey of CPD Directors on how their societies are handling MOC requirements for professionalism education; there were 14 respondents. The majority indicate that their Boards are not currently providing professionalism education; but some Societies are.

Respondents indicated that they do intend to offer this in the future. It remains an undefined topic by most specialty Boards, with most of focus on ethics and patient safety and for maintaining licensure.

The AMA's Professionalism Education Declaration from 2001 was reviewed. The topic was tabled until direction is clearer and Jose Segarra will take the topic back to the ABMS for comment.

## **Simulation Summit Review**

The group offered takeaways from the Simulation Summit, including a safe learning environment, cost issues, return on investment vs. return on value. Recommendations: have speakers at future summits that are those actually doing simulations in non-hospital teaching/GME environment; establish clear definitions of simulation, especially in cognitive specialties (experiential learning may be a better term); focus on use with practicing physicians vs. physicians in training; importance of feedback. It was suggested that the CPD Directors Group conduct an in-depth survey of its members on simulation use. Another issue is how to interact with industry, which is already doing extensive simulation training.



Important that this group is intimately involved in defining simulation as an educational process. Elizabeth Yarboro, Vanita Murray, Damon Marquis, and Debbie Gist volunteered to work on the task force; Lynn Brown will be the leadership representative.

### **ACCME Presentation on ABIM MOC Changes, Kate Regnier, ACCME**

ACCME has had a very successful transition of CEOs, with Graham McMahon now in place. The next Board Meeting in December will have representatives from the CMSS CPD Directors, the Alliance, SACME, NAMEC, and AHME. A draft of the revised Commendation Criteria will be reviewed at this meeting that will include clearer language. The theme of the criteria is consistent with the current criteria, except the addition of communication skills, as it is related to competencies in patient safety and professionalism. Measurement will likely be related to percentage of learners and/or activities involved in a particular criterion. If the board approves the draft, it will go out for comment again in early 2016. Implementation will most likely be across a 2-year period.

Alignment of accredited CME with the MOC process by ACCME and ABIM is moving forward. The PARS system already included many of the fields required for MOC criteria and supplemental fields requested by ABIM were added. In September, activities that were already approved by ABIM were added to PARS. Providers can enter new activities with an attestation that the activity was developed in compliance with the policies of the ABIM (<http://accme.org/cme-counts-abim-moc>). Those activities that are registered are then made available via a sortable list on the ACCME's website. Uploads will be possible via xml and web services push connections for all PARS data, including non-MOC activities.

Using a separate system for review/approval by member boards, the ABMS also has a registry of MOC-approved activities hosted by the AAMC's MedEd Portal.

### **CMSS Sunshine Act Update**

A called meeting that included Audrey Shively, Steve Folstein and Sandra Carson from the CPD Directors Group, representatives from the CMSS General Counsels, Tom Sullivan and Abraham Gitterman from the CME Coalition, in addition to representatives from PhRMA and AdvaMed, indicated a need to educate physician members that over-reporting of financial transactions between industry and physicians may occur and there may be discrepancies in published reportable/non-reportable activities in Sunshine Act reports.

### **New CMSS Website**

The new web site is up but not functioning completely yet. A webinar to demonstrate the site was recommended.

### **Elections of 2016 Officers**

Nominations were from the floor, and it was unanimously voted that the current leadership will remain in place. It was also suggested that the group have another conference call late Spring 2016 with an appeal to participation by new voices.

### **New Topics**

ABMS-proposed Criteria for focused expertise are now open for public comment. The criteria will be sent out to the CPD Directors for comment back to CMSS. The ACCME Board of Directors will meet December 2, 2015.

**Meeting was adjourned at 4:45 p.m.**



## APPENDIX

# International CME Survey 2015

**CPD Component**

November 20, 2015



## Development Team

Deborah A. Samuel, MBA  
Director, Division of CME  
American Academy of Pediatrics

Damon K. Marquis, MA, MS  
Director of Education  
The Society of Thoracic Surgeons

Sean McKinney  
Vice President  
Medical Education Division  
American College of Physicians

Jane Radford, MHA, CHCP  
Associate Director of Education  
American College of Medical Genetics  
and Genomics

Suzanne Ziemnik, MEd  
Vice President, Continuing Professional  
Development  
American Society for Clinical Pathology

Amy Smith, MBA | Manager, CME  
Credit Systems and Compliance  
American Academy of Family  
Physicians

Survey Launched: Oct 3, 2015  
Terminated: Monday, October 22, 2015





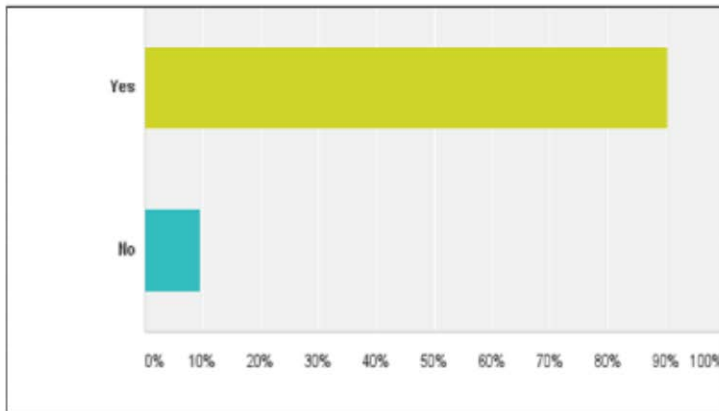
## Respondents:

- Suzanne Ziemnik, American Society for Clinical Pathology
- Sean McKinney, American College of Physicians
- Carly Harrington, American Academy of Family Physicians
- Julie Orlando-Castro, American Society of Hematology
- Dina Gonzales, American College of Emergency Physicians
- Elizabeth Yarboro, American College of Radiology
- Ed Dellert, American Society of Anesthesiologists
- Doug Pyle, ASCO
- Jerry Price CHCP, Society of Critical Care Medicine
- Rhonda Metzler, American Society for Clinical Pathology
- Gina McClure, American Society of Plastic Surgeons
- Jane Radford, MHA, CHCP, American College of Medical Genetics and Genomics

- Beth Sartore, AAPM&R
- Nancy Bowers, American Society for Reproductive Medicine
- Steve Folstein, AAAAI
- Lisa Amaker, American College of Rheumatology
- Audrey Shively, American Academy of Otolaryngology-Head and Neck Surgery
- Charlie Clayton, American Society of Hematology
- Deborah Samuel, AAP
- Elizabeth Lepkowski, American Society of Anesthesiologists
- Lynn Padgett Brown, ASTRO
- Julie Bruno, American Academy of Hospice and Palliative Medicine

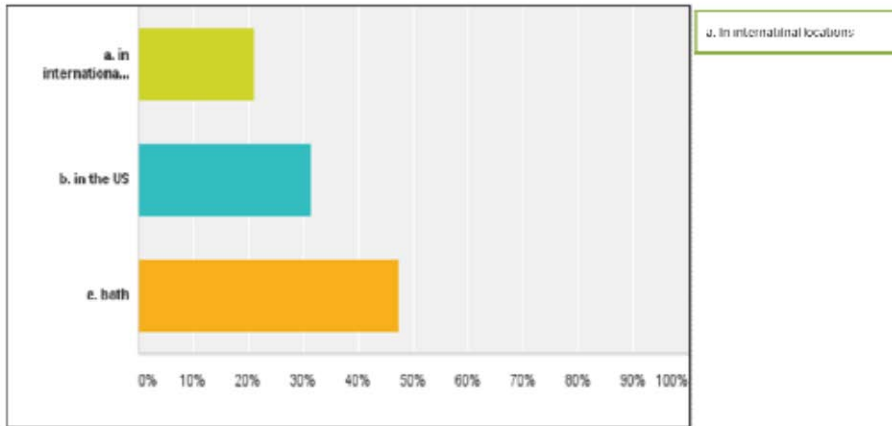


**Q1: Does your medical specialty society develop and deliver educational/CPD activities for international audiences?**

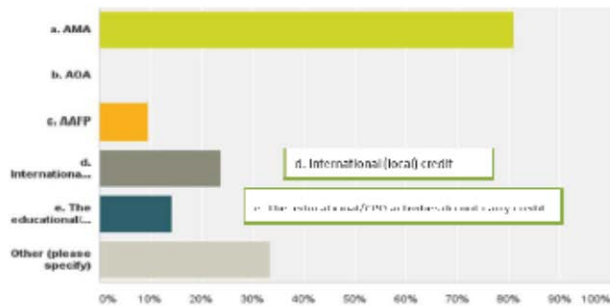




Q2: If yes, and if any of these activities are live events, are they held:



Q3: Please identify the types of credit offered, as appropriate. Check all that apply.

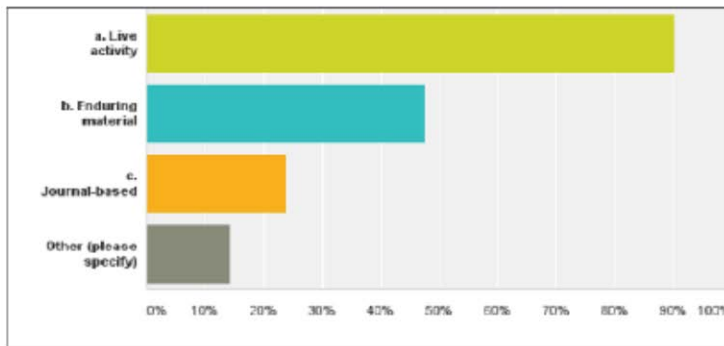


Other:  
FHO, Primary Mini Courses, ACP, RN, CME, Calif. Board of Registered Nursing,  
Certified Medical Director





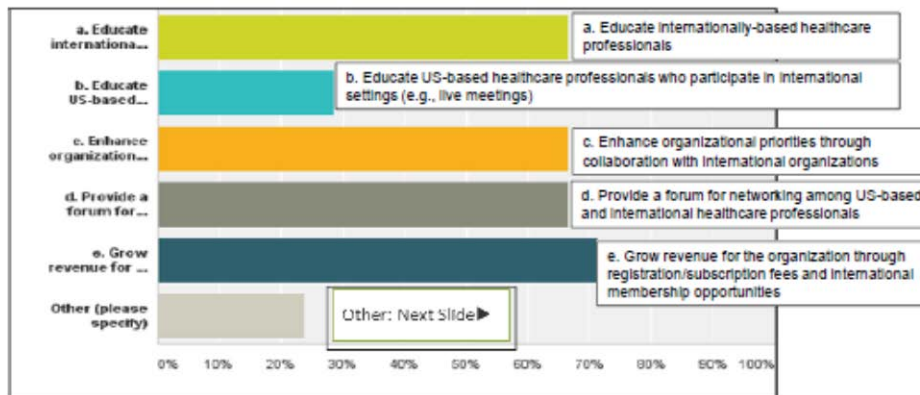
**Q4: Please identify the formats of the educational/CPD activities you develop/deliver for International audiences. Check all that apply.**



- Other:**
- Many of our enduring materials and journal based CPD activities have international participants but they are not developed specifically for international audiences.
  - We do not specifically develop CME for international audiences, although some learners who participate in our CME may be based outside of the U.S.
  - None intentionally



**Q5: What is your organization's goal when developing/delivering educational/CPD activities for international audiences? Check all that apply.**







**Q5: What is your organization's goal when developing/delivering educational/CPD activities for international audiences?**

**OTHER:**

- Expand membership and chapters
- We have one annual activity focused on Global Health issues (b), we expand our ALSO program to international audiences, and we value collaboration with both national and international organizations.
- Help train the next generation of healthcare professionals (residents). Build capacity and improve care at participant practice settings
- Any of these we do are joint providership arrangements with other societies. This helps build our organizational relationships with these groups.



**Q6: On a scale of 1 to 5, with 5 representing highest level, where do you deliver the most educational programs?**

	1	2	3	4	5	Total	Weighted Average
a. Europe/UK	47.06% 8	5.88% 1	17.65% 3	11.76% 2	17.65% 3	17	2.47
b. Eastern Europe	61.11% 11	11.11% 2	11.11% 2	5.56% 1	11.11% 2	18	1.94
c. Southeast Asia	52.63% 10	5.26% 1	10.53% 2	21.05% 4	10.53% 2	19	2.32
d. South Pacific	86.67% 13	0.00% 0	0.00% 0	6.67% 1	6.67% 1	15	1.47
e. China	56.25% 9	25.00% 4	0.00% 0	6.25% 1	12.50% 2	16	1.94
f. Latin America	33.33% 7	14.29% 3	28.57% 6	0.00% 0	23.81% 5	21	2.67
g. North Africa/South Africa	81.25% 13	6.25% 1	0.00% 0	12.50% 2	0.00% 0	16	1.44
h. Middle East	52.63% 10	10.53% 2	5.26% 1	5.26% 1	26.32% 5	19	2.42
i. Other	75.00% 6	0.00% 0	12.50% 1	0.00% 0	12.50% 1	8	1.75

Other: Next Slide ▶





Q6: On a scale of 1 to 5, with 5 representing highest level, where do you deliver the most educational programs?

**OTHER:**

- Switzerland, Canada, Australia, New Zealand
- ALSO International
- South Asia (India, Bhutan, Nepal, Sri Lanka, etc.)
- The majority of our international education is online, which draws from 80+ countries
- Currently, we only offer live activities in the US
- We do not offer programs outside the US



## Next Steps?

1. **Solicit input** and questions from CPD Directors.
2. **Establish an ongoing project**, which could include the development of a resource on CME (listing accrediting bodies, contacts, countries with compulsory credits, categories of CME, etc.).
3. **Review most effective modalities.**
4. **Conduct periodic spotlight presentations** by two or three organizations on how they handle international CME.
5. **Other?**

