



Council of Medical
Specialty Societies

Continuing Professional Development Component Group
November 16, 2018 Meeting Minutes

Joint meeting with General Counsels, Managing Editors, and Guidelines Component Groups

Discussion regarding conflicts of interest. Rebecca Spence, JD, MPH, Ethics Counsel, at the American Society of Clinical Oncology led the discussion which centered around the following question: Is a group of stakeholders prepared to adopt a common form and parameters for individual disclosure of industry interactions?

Slides – Attachment A

Following the joint meeting, the CPD CG continued this discussion in our breakout room. The CPD group agreed that harmonizing the terms is a very positive and practical idea; however, the group agreed that a single system would not be something to pursue; everyone would update their own systems voluntarily. We also agreed to invite Convey to host a webinar for those interested so we could include our IT team or other colleagues involved at our societies.

ACTION ITEMS:

1. *Reported to larger group that the CPD CG supports work on a standard set of terms for COI reporting – done*
2. *Let Convey know that instead of coming to the CPD CG meeting, the group recommends them hosting a webinar to update those interested in the system.*

Environmental Updates

- ACCME Update from Kate Regnier

Kate Regnier reviewed the highlights of new report she prepared for our group (Attachment B). The top line data points from 2017 included: 43 members at CMSS; 160K activities reported total/annually; 8,759 (5%) are our activities; and 15% reach the physician learners/4% of other healthcare providers – it's impressive. In addition, 2.3 million are with CMSS member societies. This information helps us learn who we are reaching and how are we doing. Kate will share the full report and offered to share 2018 data at the Spring Meeting which was enthusiastically met by the CPD CG.

There was interest from the group to also see what kind of commercial support is being provided for simulation-based education. If we reach out to Kate and share which activities from 2017, they can tag it and analyze the data to share.

ACCME accredits 320 that are not CMSS members (out of the 43). 130 activities that were reported as "Other" – blended learning (reading, videos, live interaction – was typical).

Reaccreditation through PARS: Kate is happy to answer any questions. When you engage in reaccreditation; the first cohort is online; everything is in PARS. Nick Marzano (SHM) shared the new system is easy to use and they are learning how to document things; Carrie Smith (ASH) – the only issue is the size of the data; ftp folder was created; learning to be more succinct with shorter word requirements; Suzanne Ziemnik (ASCP) - they are also participating as a cohort. It was shared with the group this new process will change the way you do things – long gone is the big binder; dividing up roles in responsibilities; training; and establishing a timeline.



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ACTION ITEMS:

1. *Group members to send Kate information on which of their 2017 activities would be considered simulation activities so she can pull that information for the spring meeting.*
 2. *Add Kate to spring meeting agenda to continue discussion on data and looking at examples of those activities identified as "other".*
- ABMS & Continuing Board Certification Commission Update from Tom Granatir
Several members of the group stated that the education at the ABMS meeting was outstanding. It was great to see there was collaboration between medical societies and the Boards. Steve Folstein shared a pilot he did on journal CME for allergy. Ways to engage millennials professionals was highly valuable. CERTLINK examples were shared.

Spring topic suggestion – Board mission creep into CME

- Meeting Updates
 - AMA meeting on October 9th focusing on the Impact of Open Payments Reporting on CME Activities – Anne Grupe to provide update
The AMA held a meeting in October – there is currently a draft CMS Call for Comments on Open Payment (payments related to meetings, CME events, enduring materials). Kate at ACCME shared has had lots of conversations around reporting. There is conflicting perspectives on the industry side. ACCME wants simplification, definitions. The plea to the CPD group is to not let the issue to get lost – Open Payments is direct payment from industry; for example, when honorarium comes from the medical society that we are paying is not the same as direct payments. The independence could get muddled so be aware.

Anne Grupe from ASCO stated that they are seeing a difference in what members are disclosing versus what is on open payments.

Amy Smith from AAFP disclosed that they have made the decision to remove all food and beverage expenses from their funded budgets. In addition, they have a standard response they send to funders addressing issues associated with the Sunshine Act. Amy's colleague, Vince Loffredo sent an email on Monday, Nov. 19 providing the CPD listserve with all of the AAFP resources.

- Final Item
 - AAMC would like to update the group on the Convey system. Should we invite for Spring meeting?
We agreed to invite Convey to host a webinar for those interested so we could include our IT team or other colleagues involved at our societies.

CMSS Strategic Planning

- CPD Component Group Description – Is this still accurate?
Provides an opportunity to network, exchange ideas and share concerns on key issues related to CPD and serve as a recognized forum for the CME/CE directors to voice their positions and concerns on issues impacting the delivery and conduct of CME and CE.



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Yes, this is correct. Group discussed the value of this CG is helping each other stay abreast of what other stakeholders in this area are doing. The best value is the listserve.

CPD CG would like the leadership of CMSS to include this group in discussions associated with education (example the development of the Future of Education summit). We would like to offer our expertise to CMSS to help plan CMSS education offerings. If we are discussing the future of education perhaps conferences that are majority of didactic lectures may need to be redesigned.

Strategic Planning – Looking Ahead for Medical Education

- Feedback from CMSS Summit on the Future of Physician Learning and Improvement

Many in the room attended. Yesterday's conversation was very theoretical and it's challenging to apply the future of learning. A little disappointed the Summits appear to be reprises of previous summits (registry). There is a huge discrepancy in generational learning style. The CPD CG would like to offer our expertise in adult learning if a 2.0 summit is offered next year or in the future. The summit was a perfect opportunity for a flip classroom model. There was also discussion about the target audience for these types of summits. Much of the content seemed focused on physicians while much of the audience are non-MD staff.

- Discussion about the delivery of content across transitions and the full continuum from medical education into practice, what are we all doing to address the changes to how medical students are currently access content?

There was agreement that we are all in the same situation. It was suggested that we benchmark our current activities. There was agreement that in order to get away from lectures we need to better train our speakers/facilitators. Was suggested that we need UME and ACGME vision statements to see where they are going and we needed to make sure we were tracking other industries. We discussed the Tagoras Learning Technology Design conference (<https://ltd.tagoras.com>).

Shelby Englert from AUA will be developing research surveys to go out to medical students and residents to try and gather information about how they are currently learning and preferred methods to learn verses seeking out information. She offered to partner with other associations to collect data from across the specialties and publish if possible. If interested contact her at senglert@auanet.org.

A colleagues also mentioned doing a Hack-a-thon in collaboration with MIT with the theme of improving clinical workflows.

Spring topic suggestion – Show and Tell of best practices