

Continuing Professional Development

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Council of Medical Specialty Societies (CMSS)

- Independent forum for discussion by medical specialists issues of national interest and mutual concern.
- Represents thirty-eight societies with an aggregate membership of 700,000 U.S. physicians.

Conjoint Committee on Continuing Education (CCCE)

- Common goal to demonstrate improved patient outcomes through continuing education
- Twenty-five member societies represent the disciplines of medicine, nursing, pharmacy, dentistry, nurse practitioners and physician assistants.

American Academy of Family Physicians (AAFP)

- Family Physician Medical Specialty Society
- Represents nearly 116,000 members (physician, resident, student)
- One of three CME credit systems in the US

Objectives

- Discuss the process for educational activity development, specifically as it relates to certified/accredited continuing medical education (CME)
- Concentrate on general education principles

Continuing Education...

- Contributes to life long learning in any career
 - New technologies
 - Innovative advances
 - Research

Continuing Medical Education (CME)

- Continuing medical education consists of:
 - Educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession
 - Body of knowledge and skills generally recognized and accepted by the profession as within:
 - the basic medical sciences
 - the discipline of clinical medicine
 - the provision of health care to the public

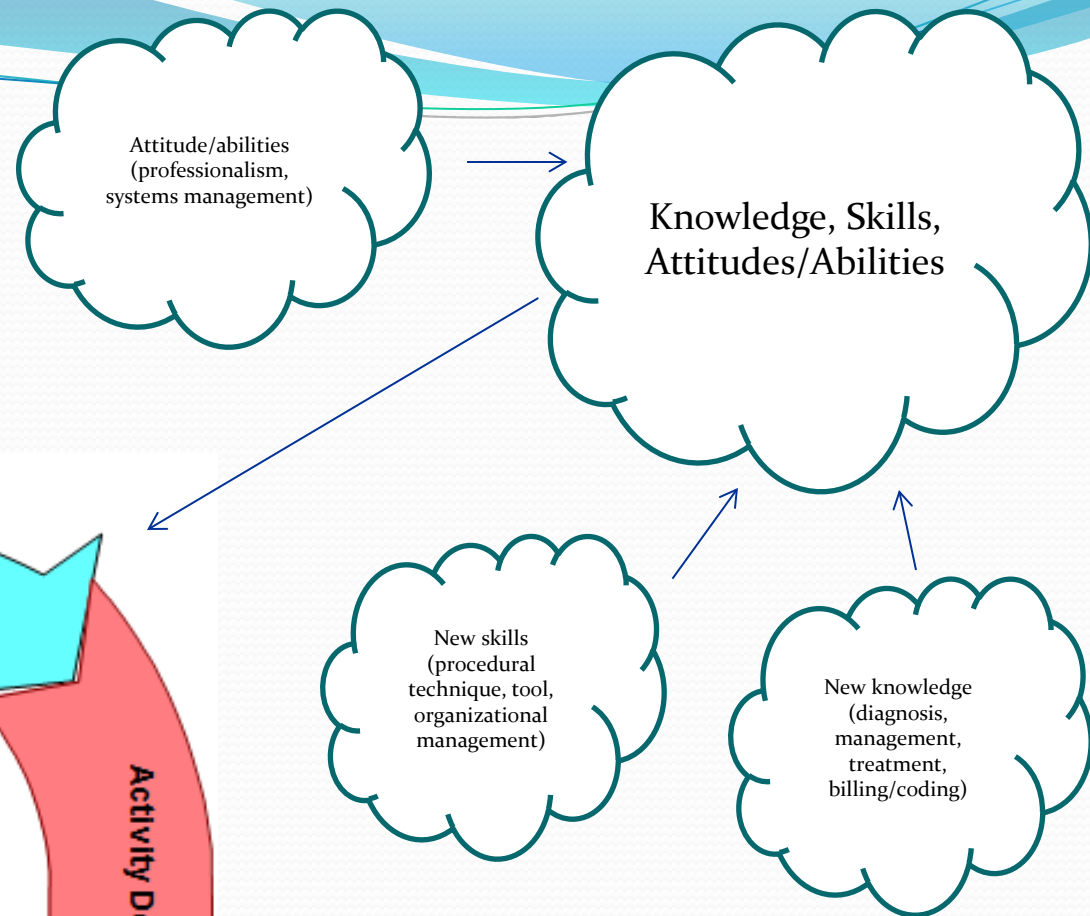
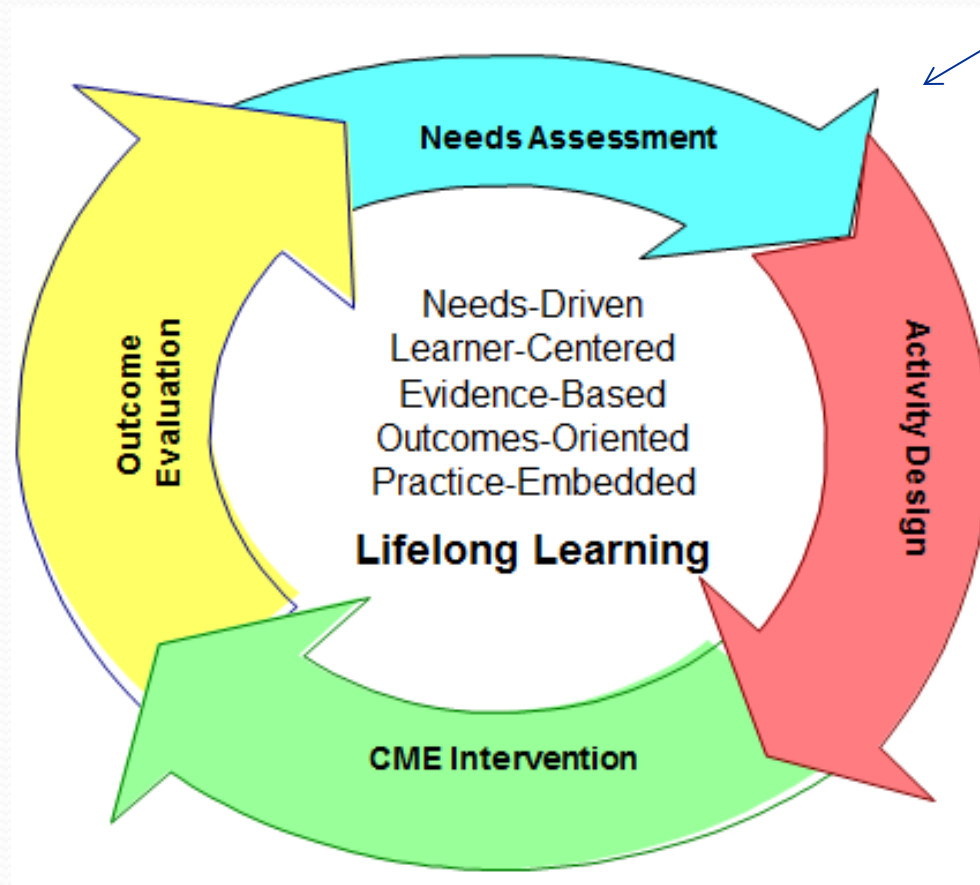


CME Credit

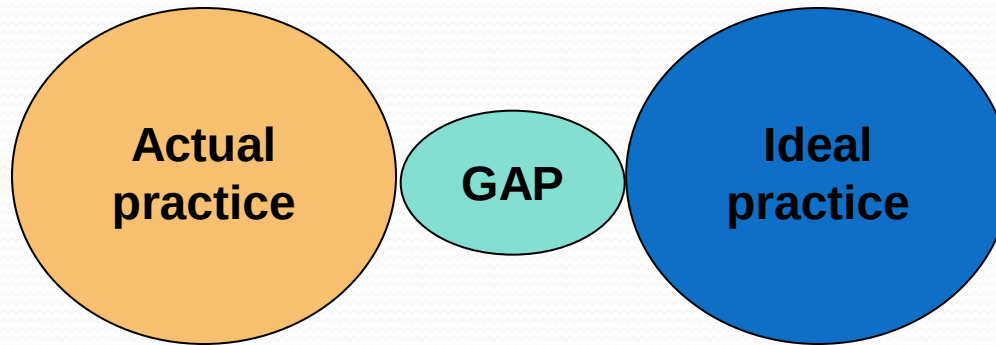
- The “currency” assigned to CME activities.
- Physicians and other health care professionals use credits to meet requirements for maintenance of licensure, maintenance of specialty board certification, credentialing, membership in professional societies, and other professional privileges.
- The requirements for credit designation are determined by the organization responsible for the credit system.

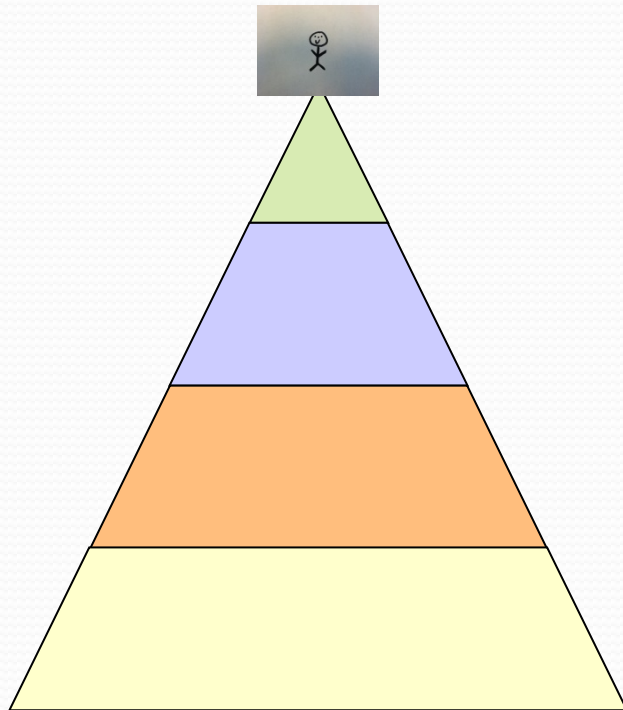
Curriculum

- Role in education
- Blueprint to lead the teacher and the learner to reach desired objectives
- Components of typical curriculum:
 - Aims, Goals and Objectives
 - Content or Subject Matter
 - Experience
 - Evaluation



The buzz about gaps





- Framework for clinical assessment
 - does/ performance
 - shows how/ competence
 - knows how/ procedural knowledge
 - knows/ declarative knowledge
- Moore's levels
 7. Community Health
 6. Patient health
 5. Performance
 4. Competence
 3. Learning ← 3B = Procedural knowledge
 2. Satisfaction ← 3A = Declarative knowledge
 1. Participation

Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin Educ Health Prof. 2009 Winter;29(1):1-15.

CME Format – Content

- Content dependent
 - What information needs to be transmitted to the learner?
 - Knowledge?
 - Skills?
 - Attitudes?

CME Format – Outcomes

- Outcomes dependent
 - What is the best format to address the gap that has been identified?
 - How will the learning objectives address the gap?
 - How will it be measured?

CME Format – Learner



CME Format

- Live activities
- Self-study/enduring materials
- Journals
- Manuscript review for journals
- Point of care learning
- Online
- Performance improvement in practice
- Translation to practice

Other Considerations Regarding CME Format

- Innovation
- Impact
- Technology Requirements
- Cost

Why is “CME” important?

- Rigorous steps to “certify” or “accredit”
 - Certified CME
 - AAFP
 - AMA
 - AOA
 - Accredited CME Organization
 - ACCME
- Free from commercial influence from industry
 - ACCME SCS (Standards for Commercial Support)
 - CMSS Code for Relationships with Industry

Quality Measures and Improved Patient Outcomes

- Encouraging ongoing professional development as a requirement
 - Needs based CME
 - Participation in board certification
 - Participation in maintenance of licensure program

Example of CME Requirement

- **Maintenance of Licensure (MOL)**
 - Federation of State Medical Boards (FSMB)
 - Represents 70 medical and osteopathic boards of the US and territories
 - “...Promote excellence in medical practice, licensure, and regulation... on behalf of state medical boards in their protection of the public...”
 - Three Components of Effective Lifelong Learning in Medicine
 - Reflective self assessment
 - Assessment of knowledge and skills
 - Performance in practice

Maintenance of Licensure, 2014

Example

Physician has three active licenses

- ***Indiana***
 - No CME requirements for licensure
- ***Kansas*** (no req. distinction between MD/DO)
 - Requirement is 50 credits in 18 months (20 Category 1), or 100 credits in 30 months (30 Category 1), or 150 credits in 42 months (60 Category 1)
- ***Florida...***

Florida MD

- *First time license renewal:* one hour HIV/AIDS, two hours in prevention of medical errors.
- *Second and subsequent renewals:* forty hours, including two hours in prevention of medical errors.
- *Every third renewal:* forty hours, including two hours in prevention of medical errors and two hours in domestic violence CME. *Note:* End-of-life care and palliative care can no longer be completed in lieu of HIV/AIDS or domestic violence courses.
- All CME must be *AMA PRA Category 1 Credit™*, except for domestic violence and prevention of medical errors.
- Domestic violence and prevention of medical errors courses offered by any state or federal government agency or professional association, including any provider of *AMA PRA Category 1 Credit™*, are acceptable.

Florida DO

- *First time license renewal:* Forty hours, including one hour HIV/AIDS, professional and medical ethics, Florida laws and rules, controlled substances; two hours domestic violence and prevention of medical errors. Of the remaining required hours, at least 20 must be AOA Category 1-A.
- *Second and subsequent renewals:* one hour each in professional and medical ethics, Florida laws and rules, and controlled substances; two hours in prevention of medical errors.
- *Every third renewal:* two hours of domestic violence. *For each license renewal:* Of the remaining required hours, at least 20 must be AOA Category 1-A; all other hours (including those in the required content categories) can be either *AMA PRA Category 1 Credit™* or AOA Category 1-A credit.
- CME on professional and medical ethics, Florida laws and rules, controlled substances, and prevention of medical errors must be obtained by completing live participatory attendance courses.

Example of CME Requirement

- **Maintenance of Certification (MOC)**
 - American Board of Medical Specialty Societies
 - 24 Specialty Boards, > 145 specialties/subspecialties
 - Six Core Competencies for Quality Patient Care
 - Patient Care
 - Interpersonal and Communication Skills
 - Professionalism
 - Medical Knowledge
 - Practice Based Learning
 - Systems Based Learning

Maintenance of Certification, ABFM Example

MC-FP Fundamentals

I Professionalism

Current, valid, full, unrestricted
license

II Self Assessment and Life-Long Learning

Completion of number of SAMs
modules and CME credits

III Cognitive Expertise

Successful completion of secure
exam

IV Performance in Practice

Completion of a number of PPMs

“Point” system

Module completion

Accumulated CME credits
not necessarily equivalent
to “hours” or time
commitment to the
activity

Related to Genetics/Genomics...

- AAFP (primary care organization) **content concentration**:
 - Family history taking
 - Red flags
 - Cultural competency
 - Evidence based medicine
 - Specific content related to certain cancers, cardiovascular disease, congenital hearing loss, developmental delays, ethical, legal, and social issues among others
- **Collaborations** with HRSA, NHLBI, AAP, ACP, March of Dimes, American Cancer Society, National Human Genome Research Institute, STFM, and others
- Genetics Primary Care Initiative – federally funded initiative to help **educate faculty** on genetics in primary care

Related to Genetics/Genomics...

- Primary care **research in practice-based settings**
 - “Family History Assessment, Impact on Disease Risk Perceptions.” *Am J Prev Med* 2012;43(4):392–398
- Human genome requirements of **EHRs**
 - Large data storage requirements
 - Search and analysis
 - Up-to-date genes/gene associations and implementation
- Representation at multiple meetings and **continued engagement**
- Genomics – **Medical Education** (GME and CME)

Other medical specialty societies...

- “...When we’ve done programming on genomics it’s been foundational, didactic activities because it’s primarily new information that our members aren’t familiar with. And because much of it in our field is new, there’s not much clinical application yet. For that reason the whole issue of just in time isn’t relevant for us now because we don’t have immediate clinical applications yet...”
- “...From a general sense we make more use of point of care tools; we haven’t made point of care education part of our program, and our certifying board is big on providing tools as part of the MOC self-assessment/PI process...”
- “...We’re in the process of analyzing our annual meeting programming process, and one of the issues we’re looking at it is strengthening the basic science education we offer. I think if this gains traction we might start seeing more...”
- “...Genomic data cannot be used to improve health if it cannot be accurately communicated and correctly understood... [there is] tremendous variability in the representation of genetic test results... [and] the efficient exchange and use of this information by clinicians and researchers...”
- “...CME credit could be an incentive, but point of care tends to be such small amounts that tracking and claiming might actually be a barrier...”

Other medical specialty societies...

- “... How can we incorporate genomics into clinical decision support systems... [even as it relates to] the goal of pharmacogenomics... and using the right drug, the right dose, at the right time...”
- “...[Our] mission... is to facilitate communication, collaboration, training, and networking for researchers working at the interfaces between bio-molecular and clinical data... to advance the clinical use of genomics data and the fields of genomics and translational bioinformatics... furthering the practice of precision medicine. Our members are highly involved in the development of software tools, methods, and standards that are necessary for the clinical application and interoperability of genomics data [and]... our members also participate in the development, integration, and delivery of knowledge content to clinicians...”
- “..Due to both rapid changes in knowledge and the size of the genomics domain, we strongly believe that it will be necessary to provide context-dependent, just-in-time genomics education to clinicians (e.g., through clinical decision support systems, including alerts and curated knowledge bases). Given the complexity of genome biology, however, we believe clinicians must also have a solid base of knowledge about genomics in order to effectively understand and utilize the just-in-time material...”

Other medical specialty societies...

- “...While there may be some instances where offering CME credit for informatics-based courses would have direct impact on patient care, there are probably many more opportunities to offer CME credit for courses that provide general knowledge about genomics or specialized (gene- or phenotype-specific) interactions. Therefore, the majority of CME credit should likely be directed toward content rather than technology...”
- “...Actual application to clinical practice will require a culture change as well as a technological one. Some clinicians don’t want to use genetic data in their practice until they have randomized clinical trial (RCT) evidence that it helps, however it is not financially or statistically possible to perform an RCT for every genetic variant and every possible clinical application of that variant. The application of genetic data to clinical practice will not grow significantly until clinicians are both able and willing to apply the interpretations from certified genetic counselors in the absence of RCTs when it might help improve outcomes...”
- “...[We] don’t have any technology-based point of care tools or point of care education right now, but have produced pocket cards and “analog” tools in the past... It is possible that [a] registry could eventually track and provide links to (yet to be created) educational activities on genetics, but we are a year-plus away from this capability...”



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