Continuing Professional Education & Development

Role of Health Professions Schools

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I would like to make the case for HP-CPE Accreditation Standards within Medical School accreditation standards...

- The possible role of accreditation
- The possible scope and specificity of accreditation requirements.
• Face validity
• Content validity
• Predictive validity
• Concurrent validity
• Construct validity
Face validity

“To meet the needs of the 21st century physician, CME will provide support for the physicians' professional development that is based on continuous improvement in the knowledge, strategies and performance-in-practice necessary to provide optimal patient care.”
Klass, D, Viewpoint: A Performance-Based Conception of Competence is Changing the Regulation of Physicians’ Professional Behavior, Academic Medicine, Vol. 82, No. 6 / June 2007
Face validity

A Continuum of Medical Education

Progress Along the Continuum

Society
Professions

Practice
Face validity

A Continuum of Medical Education

Information from Practice Informs Education

Progress Along the Continuum

Practice Informs Education

Society
Professions
Face validity

A Continuum of Medical Education

Reversing the Flow

Information from Practice Informs Education

Society
Professions

“Exchange Gradient”

Practice

Progress Along the Continuum

Practice Informs Education
“We now have 39 systematic reviews that present an evidence-based approach to designing CME so that it is more likely to achieve the outcomes of improved physician performance and patient health outcomes.”

Continuing Medical Education

- Does improve physician performance and patient health outcomes;
- Has a more reliably positive impact on physician performance than on patient health outcomes; and
- Greater improvement ... if it is
  - more interactive,
  - uses more methods,
  - involves multiple exposures,
  - is longer, and
  - is focused on outcomes that are considered important by physicians.”

ACCME Report by Cervero & Gaines, 2014
Content validity

Evidence-based
Requirements are Feasible

1. Expected results as changes in Competence, Performance, or Patient Outcomes
2. Needs that underlie the professional practice gaps
3. Designed to change C or P or Outcomes
4. Formats that are appropriate
5. Desirable physician attributes
6. Manages boundary issues with commercial interests
7. Organizational self-assessment and improvement
## Accreditation with Commendation

### Current 2006
- Improving professional practice
- Adjuncts
- Factors outside the provider's control
- Addresses barriers to physician change.
- Collaboration and cooperation.
- Framework for quality improvement.

### Proposed 2014
- Multi-interventional
- Interprofessional
- Patient and public
- UG or PG students
- Health informatics
- Populations.
- Individualized

- Collaboration
- Adjuncts
- Research
- Does own CPD
- Creativity and innovation
- “Verification”
- \(\Delta\) Performance
- \(\Delta\) Processes of care.

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### Content validity

- [ACCME](https://www.accme.org)
"We applaud the Accreditation Council for Continuing Medical Education’s efforts to provide additional guidance for ensuring research independence and a free flow of scientific exchange, while safeguarding accredited CME from commercial influence. Your vigilance in this important matter contributes to the best practices of unbiased information-sharing and will benefit, ultimately, the health of the American public."

Raynard S. Kington, M.D., Ph.D.
Deputy Director,
National Institutes of Health
July 8, 2010
The Centers for Disease Control and Prevention (CDC) commends the Accreditation Council for Continuing Medical Education for its efforts to focus national continuing medical education on public health imperatives.

Thomas R. Frieden, M.D., M.P.H.
Director, CDC
March 8, 2013
via e-mail
Applying Interprofessional Competencies:
Interprofessional Collaborative Practice

Joint Accreditation as One Strategy to Demonstrate and Promote Interprofessional Collaboration

ANCC
AMERICAN NURSES CREDENTIALING CENTER

Accreditation Council for Continuing Medical Education

Integration of Interprofessional Education
Construct Validity

The Joint Accreditation™ Program

A collaboration among ACCME, ACPE, and ANCC to promote interprofessional education (IPE) and interprofessional collaborative practice (IPCP) to positively effect team performance and patient outcomes.

Simultaneous accreditation to provide medicine, pharmacy, and nursing continuing education activities through a single, unified application process, fee structure, and set of accreditation standards.
Joint Accreditation Criteria for IPE

- An **integrated planning process** that includes healthcare professionals from **two or more professions**

- An integrated planning process that includes healthcare professionals who are **reflective of the target audience members** for whom the activity is designed to address

- An intent to achieve **outcome(s)** that reflect a change in the skills, strategy, or performance of the **healthcare team and/or patient outcomes**

- Reflection of one or more of the **interprofessional competencies** to include values/ethics, roles/responsibilities, interprofessional communication, and/or teams/teamwork

- Educational activities must be designed to **improve skills/strategy or performance** of the healthcare teams and/or patient outcomes
Predictive validity

2008 - 2014 n = 1007

Accreditation with Commendation

Accreditation

Provisional

Accreditation with Progress Report

Probation

Nonaccreditation

July 2014 (n=59)

19%

29%

8%

22%

19%

3%
Predictive validity

CME Presented by ACCME-Accredited Providers Only
Figure 3.2. Percentage of CME Analyzed for Change in Competence, Performance, or Patient Outcomes - 2012

- Analyzed for change in competence
- Analyzed for change in performance
- Analyzed for change in patient outcomes

<table>
<thead>
<tr>
<th>Activities</th>
<th>Hours of Instruction</th>
<th>Physicians</th>
<th>Non Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence</td>
<td>Performance</td>
<td>Patient Outcomes</td>
<td></td>
</tr>
</tbody>
</table>
855,000
@ ~50% in 20 years
% of 855,000 US physicians that are 'millenials'

Entering College today
Into Practice in 10 years

4th Grade today
...in 20 years

2nd Birthday Today
...in 28 years

Years from 2014.....
“2nd Birthday Today”
“To ensure quality [CPD] opportunities, ... [We] require that accredited CPD providers approve group learning activities

A CME/CPD ACCREDITOR
“To ensure quality [CPD] opportunities, ... [We] require that accredited CPD providers approve group learning activities.
In 2024, about ‘us’, ‘they’ say
... Do you believe?
- ‘They’ did not have mobile phones
- ‘They’ did not have Internet
- ‘They’ did not have color TV
- ‘They’ used film and not digital cameras

Entering College today

Years from 2014...
In 2035, about ‘us’, ‘they’ may say

... Do you believe?

- ‘They’ had mobile phones
- ‘They’ had to learn to drive
- ‘They’ had to cook
- ‘They’ sometimes were disconnected from the internet

4th Grade today

Test adapted from Amir Shevat, from Google Developer Relations, at Tel Aviv University, June 2013
In 2042 … Do you believe?

• ‘They’ had to learn
• ‘They’ were sick from time to time
• ‘They’ lived in a governed state
• ‘They’ had internet and computers

Test adapted from Amir Shevat, from Google Developer Relations, at Tel Aviv University, June 2013
In closing....I say that, **maybe**...

People who learned like this.....

...should be careful when they design systems for people who learn like this
Law of Ever Expanding Control

“The quantity and detail of reporting required by monitoring bureaus tends to rise steadily over time, regardless of the amount or nature of the activity being monitored.”

Thank You