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Keeping You Updated In CME-

Director Comments

As noted in previous newsletters, the landscape of CME is changing on several fronts simultaneously, and quickly. The significant and rapid changes we are experiencing may indicate that CME is at a "tipping point" --- after years of discussion, publications, adjustments, and reaction, change for the CME industry is accelerating. The "old way" of CME is fast disappearing.

Just in the past two months, we note just two items with major implications for physicians and CME providers alike

ABMS Maintenance of Certification Changes: In March 2009, the ABMS approved "Standards for ABMS MOC® (Parts 1-4).¹ Clarifications and requirements for meeting **Part 2: Lifelong Learning and Self Assessment** were established: MOC Part 2 will require:

- o CME that is relevant to the content area of board certification,
- o an average accretion of 25 AMA PRA Category 1 (or similar) credits per year of a certification cycle,
- o an average of 8 credits that "involve self-assessment (e.g., multiple choice exam, or simulation with checklist)."

The ABMS leaves it to individual boards to determine what CME activities will meet the self assessment requirements. In addition, the ABMS MOC Part 2 require "every Diplomat enrolled in MOC will complete a patient safety self assessment program" at least once in every MOC cycle.

The MOC Part 2 requirements significantly alter "what we've always done" and expect a different type of CME. Physicians will need to identify and participate in structured self-assessment of their clinical performance, and review/improve their performance in the area of patient safety. CME Providers like Jefferson will need to significantly alter what we offer to physicians, and be more in tune with how the different Boards interpret and apply the ABMS's new requirements.

Commercial Support of CME: Calls continue to examine the myriad relationships between industry and all of medical education (undergraduate, graduate, and CME). For CME, the debate is whether or not CME should be allowed to seek/accept funding from industry to support the continuing professional development of physicians. AMA Council on Ethics and Judicial Affairs (CEJA) recommendations (to be reviewed by the AMA in June 2009) center on a three-tiered analysis of the ethics of commercial support of CME.^{2,3} They categorize relationships as ethically *preferred*, ethically *permissible*, and ethically *prohibited*, and propose specific approaches and actions for CME providers, faculty, and funders to follow in order to maintain an ethical and appropriate separation of education and influence. If accepted at the June meeting of the AMA, CME Providers, planners, and presenters will need to implement the recommendations into practice.

But the decision about accepting commercial support is not only in the hands of the CME Providers. Industry is re-examining its own role here and industry actions are already affecting the funding climate. More and more commercial supporters have created online educational grant applications, calling for more and more detailed information about the activities asking for funds. Higher level outcomes (i.e., changes in physician skills, attitudes, and/or performance) are needed to obtain funding, and again, "what we've always done" no longer works. At the same time, industry changes relating to exhibiting at conferences have reduced those sources of support. Some funders are limiting the total amount of educational grant funds given to any single CME provider or institution. Net result is that funds are harder and harder to come by.

Director Comments (Cont.)

A member of the Society for Academic CME (SACME) recently posed this question on a listserv:

Our office has received an inordinate number of grant declines in the past month for our Fall programs. And in most cases, we are receiving notification within a week, which is much faster than we have ever seen before. Is anyone else having the same experience?

Among the medical schools that make up SACME, many (like Jefferson) shared similar experiences. But as the discussion broadened to whether or not commercial support *should* be sought/accepted, one member observed:

".... industry might take this decision out of our hands by withdrawing its support. Maybe this is going to be the new reality"

The reality, at least at Jefferson, is that courses that have long enjoyed commercial support are finding it difficult to reach the same levels of support this year. Funding requests are being declined outright, or significantly reduced. With approximately 50% of Jefferson's CME activity costs supported by commercial support, the implications for our ongoing CME activities are sobering.

Surviving the results of tipping means being agile, and making sure you're not at the bottom of the slope when the tipping is over. To deal with this increasingly difficult area, the Committee on CME will organize a "visioning retreat" to take a hard look at where we've been, where we're going, and how we need to adapt to the "new reality" evidenced by SACME and other organizations. We don't expect the answers to be simple, and would welcome hearing from you about how other professional societies and organizations you are involved with are dealing with the new realities of CME.

1. http://www.abms.org/News_and_Events/Media_Newsroom/pdf/Standards_for_ABMS_MOC_Approved_3_16_09.pdf
2. <http://www.ama-assn.org/ama1/pub/upload/mm/475/ceja01a09.pdf>
3. <http://www.ama-assn.org/ama1/pub/upload/mm/475/cme17a09.pdf>

Training in the Standards for Commercial Support Now Required

As noted in the Director's Comments, obtaining commercial support of CME activities has become much more involved and complex. With dwindling funds available from commercial interests, Jefferson needs to be sure that every request that is submitted for commercial support of a Jefferson-sponsored CME activity or RSC meets all current requirements and expectations.

Therefore, **effective July 2009, any individuals who are submitting educational grant requests for Jefferson-sponsored CME activities and RSC sessions will need to be trained by the OCME.**

Training will include a review of the current ACCME Standards for Commercial Support, Jefferson's requirements for submissions and Letters of Agreement, guidelines for appropriate wording of application components (needs, objectives, activity design, outcomes/evaluation), budget reviews and resources available through the OCME. Training sessions will be held both live and online and will take about 60 minutes, and will begin in July.

The OCME will contact you for training if you have submitted an LOA to the OCME for signature. If you have not previously requested commercial support for CME, please contact Daphney Wright (215-955-6993; daphney.wright@jefferson.edu) to schedule training before you submit a grant request.

RSC Online Evaluation Q&A

In Spring 2009, the Office of CME replaced a cumbersome, paper-based evaluation form for regularly scheduled conferences (RSCs, like grand rounds), with an online process. Early users provided feedback both on the form and the process, and we made some adjustments to the online form “on the fly” to incorporate some very good suggestions.

Some comments and questions that we received helped us realize that we could improve our direct communications to faculty about some aspects of CME. Below you will find selected comments from the online RSC evaluation, along with our response. If you have other questions or comments, please don't hesitate to contact us.

Q. Since CME is reported in a calendar year, but the conferences are on an academic calendar, I would like to see CME reports in more of a monthly update. In fact, I have not actually received an official CME report from your office in quite sometime.

A. Please note, that we no longer prepare and mail paper copies of our certificates. Participants may retrieve their CME records for RSCs and all other Jefferson-sponsored CME activities directly from JEFF ETC, at any time. If you have trouble with this function, please contact Jacquie Gorman at 215-503-1964 for assistance.

For RSCs, we collect attendance information from each department/division 3 times a year, as follows:

Sessions between July and November, collected **11/30/09** (ready for December licensing reports!)

Sessions between December and March, collected **3/31/09**

Sessions between April and June, collected **6/30/09**

After each interval, attendance information is posted online at [JEFF ETC](#). If you need a credit report outside of these collection dates, please contact us and we'll help you get the certificate you need.

The issue of calendar versus academic year is one that has been raised before. Since PA licensing requirements are on a calendar year, we will be adapting our record collection/reporting to a new schedule for the upcoming year.

Q. Too much time elapsed to have good recollection of every speaker/topic/Grand Rounds. Shorten intervals in which you collect data.

Q. List the topics for reference; I cannot remember the 50 or so topics that were presented

A. Several similar comments were received. As we upgrade our evaluation design for the upcoming year, we will try to incorporate a link to listings as requested.

Q. The questions are only related to clinical practice. Often Grand Round stimulate a scientific inquiry which is beyond the limited application to clinical practice

A. For its first iteration, we used a “one size fits all” form. For the future, we plan to develop evaluation templates that are more appropriate for each type of RSC: one for lecture based grand rounds, one for case conferences, one for journal clubs, etc. We may solicit your help in determining what the important evaluation points are for each of these types of activities.

Q. Evaluation is too long and expects too much.

A. The majority of users indicated the evaluation took no more than 15 minutes. We will re-examine our questions to evaluate the importance of each one, and revise and shorten the form for future use.

If you haven't yet completed your annual RSC evaluation, it's not too late. Just go to [Regularly Scheduled Conferences Annual Evaluation Form \(FY09\)](#)

Changes Are Coming...

Changes Coming for Regularly Scheduled Conferences/Series (RSC/RSS) applications for FY10!

As discussed in prior issues of the newsletter, the ACCME Updated Criteria represent a break from the past and focus on the identification of learners' "performance gaps" and areas for improvement. Further, they expect the outcomes of CME activities to go beyond knowledge acquisition and effect changes in physician competence, which the ACCME explains as "strategies to be applied in practice" (www.accme.org).

Jefferson CME needs to adapt its current practices for RSC to comply with the ACCME's Updated Criteria. With the new online evaluation process for RSC/RSS, we are well on our way to addressing the new expectations for outcome and evaluation.

We are introducing a new application for FY10 RSC/RSS that will address the "front end" of the CME process for RSCs. Specifically, the new application will ask for more specific information about your RSC, especially around needs assessments/reasons for topic selection. This will bring us into full compliance with ACCME Criteria 2 (identification of practice/performance gaps); C3 (Design of activities to foster change in competence, performance, and/or patient outcomes), and C4 (matching the content to the learners scope of practice).

Our goal is to assist our RSC activities in meeting these higher expectations by utilizing appropriate questions and mechanisms to capture your planning process and needs documentation as efficiently as possible to meet the Updated Criteria. You will find new questions, suggestions on how to respond to them, and, overall, a focus on, "how you know" what the practicing physicians who attend your RSC/RSS need to learn/change.

As always, OCME staff will be happy to help you with the application process. If you have questions or encounter problems in completing the process, don't hesitate to contact us. With new processes, we learn a lot from your questions, and use them to make needed improvements to our process and activities.

Calendar of Events– Summer & Fall Conferences



June:

- 10th Kimmel Cancer Center - HCCP Symposium
- 11th Philadelphia Trans-Health Conference- Provider's Day
- 12th David M. Davis Professorship in Urology
- 19th Dr. Guy Fried Educational Seminar
- 20th 29th Annual Advances in Gastroenterology
- 22nd-26th The 32nd Annual Eastern Shore Medical Symposium

July:

- 9th- 11th Limited OB Ultrasound

September:

- 25th 6th Annual Alumni Weekend CME Symposium

October:

- 2nd Jefferson Liver Transplantation Symposium*
- 8th Jefferson Symposium on Simulation
- 30th Thyroid Cancer 2009: Advances in the Diagnosis & Treatment of Thyroid Nodular Disease and Cancer

To register for an upcoming event, or to find additional information, please visit the CME website:

[OCME Website](#)

To reach us by email:

jeffersoncme@jefferson.edu

For a full list of our upcoming events please click here, [Calendar of Events](#)