CMSS

Council of Medical Specialty Societies

MEETING SUMMARY

CPD Directors Component Group

Date	May 6, 2016
Time	8:45-11:45 AM; 1:00-4:00 PM
Location	The Westin Chicago River North Hotel

Attendees

- Patrice Gabler Blair, American College of Surgeons
- Nancy Bowers, American Society for Reproductive Medicine
- Lynn Brown, American Society for Radiation Oncology
- Julie Bruno, American Academy of Hospice & Palliative Medicine
- Marc Cravens, American Academy of Family Physicians
- Dale Fajardo, American Academy of Ophthalmology
- Steve Folstein, American Academy of Allergy, Asthma & Immunology
- Kathleen Goldsmith, American College of Surgeons
- Carly Harrington, American Academy of Family Physicians
- Elizabeth Lepkowski, American Society of Anesthesiologists
- Michelle Michelotti, American Society of Anesthesiologists
- Ed Michener, Society of Critical Care Medicine
- 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 PediatricsJose Segarra, American College of Medical Genetics
- Toni Shulman, American Association of Neurological Surgeons
- Audrey Shively, American Academy of Otolaryngology — Head and Neck Surgery
- Diane Simmons, American Academy of Dermatology
- Terry Thompson, American Academy of Family Physicians
- Jamie Von Roenn, American Society of Clinical Oncology
- Beth Wilson, American Academy of Ophthalmology
- Elizabeth Yarboro, American College of Radiology
- Suzanne Ziemnik, American Society for Clinical Pathology

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Guests: Mira Irons, ABMS; Tom Granatir, ABMS; Graham McMahon, ACCME; Kate Regnier, ACCME

Meeting Minutes/Summary

Welcome and Introductions

Steve opened the meeting with a welcome and asked participants to introduce themselves and bring up at least one question that each wants to have answered at this meeting. Questions included the role of CPD, MOC, future topics, networking, best practices, barriers to self-assessment, strategic planning priorities, manuscript review, ACCME new criteria, reporting to ACCME of MOC, Med-Ed portal path, interaction and alignment with/among other groups (QA, etc.), outreach to other colleagues in field, role of CPD in community outreach, driving agenda to promote education vs. reactive, how to manage/prioritize educational suggestions.

In past meetings members had expressed a need for open discussion time; this has been built into the agenda for this meeting.

December 2015 ACCME Board Meeting Update

Steve reviewed the December 2015 meeting at which the ACCME welcomed guests from ACEhp, SACME, NAMEC, AHME, as well as CMSS to provide feedback on the CME system. The CPD Directors' feedback addressed the alignment of CME with MOC. The ACCME Board members were welcoming of the feedback and receptive to it.

Changes in Certifying Board Testing Requirements and the Impact on Societies

Boards may be providing or requiring one type of activity that may or may not be CME/AMA approved. There was discussion about experiences of members with their own boards and specific requirements for self-assessment and MOC activities. Topics included MOCA Minute™, question of the week, data from MOC activities to identify gaps, use of existing society CME content/questions to benefit boards in MOC activities, associated operational and business models, threats of requirements, building relationships with boards, challenges in globalization of education. Some societies charge for Part 2 and Part 4 activities, while others do not.

It was proposed that CMSS promote discussion with the boards to look to MSS for collaborative efforts in MOC. The CMSS CPD group is the premier source of this information and there is a need for shared discussion with CMSS leadership to further this.

ACTION ITEM: Request CMSS leadership to communicate with ABMS to encourage boards to work with MSS rather than independently acting on MOC activities. This could be accomplished with a blueprint for CMSS/CPD interaction with boards similar to the one for interaction with companies; possibly a whitepaper defining leadership role of CMSS in relationships with boards that defines benchmarks. Audrey Shively volunteered to lead a task force to begin exploring this; Beth Wilson, Dale Fajardo, Julie Bruno, Lynn Brown, and Alisa Nagler volunteered to assist. This was moved and seconded.

Updated CMSS Website

The new CMSS website is now working and navigation seems to be easier. Each component group now has their page within the site – only members of their groups can see this page. What do we want to do with this? Suggestion: archive list serv discussions with a summary of the comments and post it in the archive section; create a spreadsheet from members of what they have: LMS, vendors, etc. ; include a post of whitepaper drafts. Options for online collaboration could also be addressed. The site could also provide links to specific educational activities shared by CMSS groups as samples and links to professional development resources outside medicine. A photo of the CPD Directors taken at this meeting will be added to the home page.

Component Group Strategic Planning

The CPD Directors Component Group Purpose Statement: "Provides an opportunity to network, exchange ideas and share concerns on CPD issues and serves as a recognized forum for CME/CE directors to voice their positions and concerns about CME and CE delivery and conduct." In that light, is the question of how to best define the direction for the CPD Directors Group going forward. In addition to MOC and ACCME proposed Commendation criteria, what other priorities should be addressed? Changes in the Alliance have brought forward relationship changes: for example, MSS Industry Alliance Working Group is looking for a home. Collaborative relationships with other organizations, such as SACME, could also be explored. What should be the areas of focus for the CPD Directors Component Group? The ACEhp's MSS Purpose Statement was reviewed. It was noted that much of that organization's focus is away from the needs of MSS. Questions brought up included how to engage with other groups and partners and formally communicate CMSS information? It is important to differentiate the CMSS/CPD role from that of the Alliance. CMSS is in a unique position for pushing forward the needs of MSS, while the Alliance has a broader focus and includes non-MSS. It was noted that CMSS/CPD has an aspirational, higher-level focus, and should be responsible for moving forward this type of discussion, such as the role of CPD and CME with MOC. Should CMSS/CPD continue to focus on more "nuts and bolts" day-to-day needs of its members? It was suggested that a pre-CMSS meeting could provide a venue for open discussion, possibly hosted by a local MSS. It's important for CMSS leadership to value CPD Directors.
Conclusion: CPD Directors should focus more on education strategy, board/society relationships, business models, and establishing best practice positions. One option is for CMSS/CPD Directors to present formal findings at the Alliance and other organizations such as SACME.
ACTION ITEM: As past CPD group meetings have included other component groups, a joint meeting with the CEOs was suggested as well as with the Membership Directors. Suzanne Ziemnick and Diane Simmons volunteered to work on an agenda for the Fall meeting with CEOs stressing financial and membership implications. An outline of the whitepaper may guide the agenda for such a joint meeting.

The question was raised if the CPD group should be renamed to include MOC. It was recommended to not put MOC in a new group name as it may not be tenable. The whitepaper should provide a better definition of the group's role.

ACCME: Update on Proposed Commendation Criteria, Discussion of AMA Activity Formats

Graham McMahon and Kate Regnier from ACCME provided an update on 5 topics:

AMA: format liberation

While ACCME sets standards for organizations, the AMA sets its own criteria for what formats count for credits. Maturity of the CME system may indicate a need for less constraining formats. A bridge committee of two ACCME and two AMA representatives has developed a report that will be presented at each respective organization's summer meetings: June Council on Medical Education (AMA) and July ACCME meetings. If approved, this may eliminate certain requirements for formats and create more flexibility in innovative approaches to engage learners. Such changes will also require development of some type of structure on awarding credit value depending on the format. For example, is it points, hours, or what the activity is designed to change that should articulate the credit awarded?

MOC:

ACCME is working with ABIM and in collaborations with AAP and the American Society of Anesthesiologists allowing providers to register activities in PARS and report learner completion data from PARS to the Boards. Work is ongoing for a search tool for users to find relevant activities. The programming rollout date for pediatricians and anesthesiologists is 2017. There were questions raised about the data all coming into ACCME as a central repository. The goal of ACCME is to connect the providers/activities for data exchange with Boards. This started as a way to help ABIM make activities more available. What distinguishes this from the MedEd Portal? Med Ed is for submitting enduring material to multiple boards for peer review and acceptance as MOC-approved content. ACCME's mechanism is to serve as source of

supplementary education for a particular area. The goal is to make the PARS input data consistent with the various boards. For example, diplomate data is simple: Name, Day/month of birth and diplomate number. ACCME is also beginning discussions with AOA on this.

Proposed New Commendation Criteria

ACCME received more than 2,600 useful and productive comments from the community. Feedback indicated that the criteria themselves were appreciated but the metrics were questioned. ACCME has heard loud and clear and are modifying metrics and some criteria. ACCME will be making meaningful changes in the metrics so that they are not so intimidating and unobtainable for organizations. They may start with a lower percentage or measure and possibly increase in future. They are also considering mechanisms in PARS to measure/calculate an organization's type of activity and metrics, but are still working on how to best represent the metrics. ACCME is also looking at differentiating program/organization-based requirements from activity-based metrics.

ACGME Alignment

ACGME and ACCME share the view that the learning environment is a continuum and there is a need to support faculty development and value of CME. They have established a Coordinating Committee to develop plans for collaborative efforts, including data sharing, moving Milestones into CME and other plans for alignment.

Joint Accreditation

The process is growing for organizations to do this along with more interprofessional CE, with intent to expand to other organizations.

ABMS: Updates on ABIM and Other MOC-related Issues

Mira Irons, MD, from American Board of Medical Specialties provided updates on several topics.

Dr. Irons gave an overview of professional self-regulation, importance of assessment, and our obligation to patients, public, colleagues, students, as well as changing physician assessment—from test developers to assessors. What are the elements of MOC and how are the ABMS Boards addressing diplomate concerns? She noted that board certification is core to professional self-regulation and that the primary commitment is to the public and requires high quality medical education and quality assessment systems. She referenced the "Is" in Miller's pyramid in how to best assess physicians during the course of their professional careers. She discussed the following elements of MOC and how ABMS is addressing diplomate concerns: professionalism and professional standing; lifelong learning and self-assessment, and assessment of knowledge, judgment, and skills. Examples of the latter include the MOCA Minute and updates and the ABOG pilot. She noted that longitudinal assessment pilots may ultimately replace the current examination. Other innovations include remote proctoring, modular exams, ability to utilize Board-approved resources. The partnership of ABMS and AAMC allows the expansion of existing MedEd Portal inventory of competency-based CME activities, a centralized online repository of competency-based MOC activities and external engagement improving alignment and outreach to CPD/CME stakeholders. Many activities are now in the ABMS system and it may eventually link with PARS but currently is only diplomat-facing site. There are opportunities for boards to collaborate with MSS, increased opportunities for item writing

Tom Granatir, ABMS

IMP (improvement in medical practice) is a task force of the ABMS making recommendations next week on MOC definitions. There are concerns that ABMS should not create operational definitions; need to agree on level of principle but not operationally, to allow boards to define implementation.

Committee 3C was convened to ensure that boards are in compliance with standards; it reviews parts of MOC across all boards. Goals are to avoid change fatigue, focusing on what is most meaningful to diplomate. As boards are considering new directions, is it possible for boards to work more closely with MSS? The Dyad meeting coming up will discuss ways to address needs of diplomates including issues of burnout, disrespect, unhappy in practice, lack of value in activities required of physicians. IMP Task force will recommend "work with your MSS".

Within the current MOC program, the lines of CME in the MOC process are blurred. Dr. Irons stressed that the role of boards is to assess. Item feedback with system is via an immediate answer, but could have a link to an educational CME activity. Societies and the Board could be using similar tagging taxonomy to identify relevant educational activities. Boards are identifying content and what needs to be assessed. This model could work but there is a question of how item authors/planners/content validation are revealed.
ACGME–International has a collaborative relationship with Singapore to assist with development of certification programs to meet the needs in that country. ACGME-I is also in 4 Middle Eastern countries. There are also many American physicians in foreign countries who need to maintain their board certification.
Tom also noted that there is a need to develop activities that cross specialties. Challenges with MedEd Portal include getting diplomates to utilize activities not from their own boards.

Review of CMSS Silo Survey Results and Registry Summit Discussion
Steve reviewed the results of CMSS Silo Survey; there was interest among component leaders to increase interactions and we will request a joint session in the Fall CMSS meeting.

Registry Summit Review
There was discussion about role of CME with registry use and the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and benchmarks for payment.

Open Discussion and New Business
Elections will take place at the Fall meeting and Steve asked members to consider options for leadership.

Meeting was adjourned at 4:00 p.m.