

# Take the Lead and Get Connected With CME<sup>1</sup>

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**As the healthcare industry** continues to change, Continuing Medical Education (CME) providers must offer educational programs that not only increase a healthcare practitioner's knowledge, but also causes them to make improvements to their treatment practices. Additionally, CME providers must measure and record these changes so stakeholders can see the value of various CME programs. This can be a daunting task for even the most experienced professional, but CME providers should not feel alone in this endeavor to achieve higher level outcomes.

## **Collaboration Benefits**

Collaborating with other CME professionals is a great way to achieve better outcomes because potential collaborators have resources and experience that a single provider doesn't have independently. Working with others also allows the workload for a CME activity to be shared so no one becomes overwhelmed by the myriad of responsibilities required in the planning and coordination of an activity. In addition, collaboration can create an innovative environment that enables thinking outside the box because you will likely hear ideas that you have never considered.

## **Knowing the Critical Health Issues in Your Community**

Before you can start collaborating during the planning stage of a CME activity, it is advantageous to assess the critical health issues in your area and select the ones that are most relevant to healthcare professionals in your community. The subject matter should not be dictated as much by what the healthcare professionals want to learn, but what they need to learn in order to narrow their professional practice gaps.

Hospitals have access to quality improvement and quality assurance data that can identify important health issues in your area and within specific hospitals. Other valuable resources are the State Board of Health, County Health Departments, State Licensure Board, and many other organizations that can not only assist in sharing data, but may be willing to collaborate and partner with you to make a change in health issues affecting your community.

Though there might be challenges to retrieving this data, there is always a way to resolve and answer any questions or concerns that may arise.

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<sup>1</sup> Source: 2, Issue 4, 2010 Collaborate+Connect in CME is online at [www.educationalmeasures.com](http://www.educationalmeasures.com)  
A Quarterly News letter Dedicated to Collaborative Improvement in CME.

## **Leading the Way**

Once you have identified the health issue you want to address, create a team of individuals who will collaborate to affect change in this area of healthcare. In order to make a difference in your community, each partner should be committed to providing high quality CME. Someone in the group needs to take the lead. Don't be afraid to be in charge! Whether you soar or stumble, you will learn what works and what doesn't.

As a CME professional, how do you begin to collaborate with others? Make a list of all possible stakeholders in your area that share a common interest or goal regarding this critical health issue. If you're not sure who those people are, ask around, do some research, attend industry meetings, or volunteer with other healthcare organizations to meet potential stakeholders.

Once possible partners and collaborators have been identified, set up meetings with these stakeholders to discuss your thoughts, ideas, and goals of how each stakeholder will contribute to the project and how their involvement in this process will affect the health of the community. Not only can these individuals brainstorm ideas for educational activities, but they can also become an important asset in receiving helpful information and data that can be shared with others.

## **How to Make Collaboration More Meaningful**

Collaboration is not just making the effort to joint sponsor an educational activity with another organization; it is so much more than that. By combining your efforts, sharing resources, and collecting meaningful data, you can generate better CME solutions and ultimately improve patient care.

For example, one community hospital chose to focus on Infection Control as the professional practice gap that needed to be addressed. They chose to collaborate with every department within the hospital and not only educate the medical staff, but the pharmacy, all clinical departments, and patients, as well. This collaborative effort brought about improved patient care and doubled the impact of physician and staff participation throughout the hospital because everyone was working toward the same goal.

As a CME professional, don't just stand on the sidelines while everyone else is moving forward. Collaborative efforts in CME make sense and provide the opportunity to share resources, improve evaluation results, increase physician learning, and improve a community's overall health.

# **REPORT 16 OF THE COUNCIL ON MEDICAL EDUCATION (A-09)**

## **Maintenance of Certification/Maintenance of Licensure (Reference Committee C)<sup>2</sup>**

### **EXECUTIVE SUMMARY**

Since 1904 when the American Medical Association established the Council on Medical Education, the AMA has maintained a concerted campaign to encourage high quality educational requirements for physicians. The current climate of multiple changes in the definitions and assessments of competency deserve close attention and open conversations. This informational report will outline the current changing landscape of competency, credentialing, and licensing. The American Board of Medical Specialties (ABMS) addressed physician competency by adopting the six competency areas proposed by the Accreditation Council for Graduate Medical Education (ACGME) and by instituting a framework for Maintenance of Certification (MOC) for each of its 24 member boards. The Federation of State Medical Boards (FSMB) is developing strategies for the maintenance of licensure (MOL). The MOC and MOL represent new tools that can be used to build trust relationships between professional self regulation and the public.

Implementation of recertification examinations and the current MOC by ABMS have been successful so far because ABMS and its member boards accepted input from the physician community and modified their programs to address the needs of participating physicians. The AMA is committed to working with organizations that certify and license physicians. As an example, the AMA provided a constructive critique of the modified MOC standards to the ABMS. The concerns identified by the AMA included: costs to physicians, the compressed timeline for implementation of MOC, continuous documentation of measures, the impact on the physician workforce, flexibility in career pathways, flexibility with completing MOC modules, physician-specific data collection, the patient satisfaction survey, redundancy of physician reporting requirements in multiple venues, team performance, and patient safety.

AMA policy urges licensing boards to consider the completion of specialty training and evidence of competent and honorable practice of medicine when evaluating physicians for licensure. Currently, more than 82% of active licensed physicians are certified by one of the 24 Member Boards of the ABMS. However, more than one in six competent physicians in good professional standing are not currently board certified. It is vital that implementing the MOL processes include an appropriate accommodation to this large percentage of the medical workforce.

In addition, within this environment of increasing accountability, a number of professional organizations have joined together to form the National Alliance for Physician Competency (NAPC), to discuss the definitions of competency and propose possible methods for ensuring and assessing competency. The NAPC has produced several products including the *Guide to Good Medical Practice – USA (GGMP-USA)* document.<sup>3</sup>

The AMA supports the underlying principles of the *GGMP-USA*, but firmly believes it should not be accepted as a standard for certification, licensure, or as a standard of care to which physicians should be held. Adoption of this document by regulators would place physicians at significant legal risk for circumstances that are not within their control and that have no proven link to good patient outcomes. The development of documents, such as the *GGMP-USA*, that focus on a series of competencies may not be productive in improving the quality and safety of patients.

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<sup>2</sup> <http://www.ama-assn.org/resources/doc/council-on-med-ed/cme-report-16a-09.pdf>

<sup>3</sup> <https://gmpusa.org/Docs/GoodMedicalPractice-USA-V1-0WSide.pdf>