



Continuing Professional Education & Development

IOM

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PRESIDENT AND CHIEF EXECUTIVE

ACCREDITATION COUNCIL FOR CONTINUING MEDICAL
EDUCATION (THE ACCME)

CHICAGO

OUR REACH...



	Activities	Hours of Education	Physicians	Non Physicians
TOTAL	138,196	1,010,301	13,764,896	10,929,217
			All Participants	24, 694, 113



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TOTAL	138,196	1,010,301	13,764,896	10,929,217
			All Participants	24, 694, 113



New Participants

2, 818 every hour

67, 655 every day

2, 057, 842 every month



CPD as a Scholarly Pursuit

CME as the Academy

- Discovery
- Integration
- Application

Scholarship Reconsidered

PRIORITIES OF THE PROFESSORiate

ERNEST L. BOYER

1997



THE CARNEGIE FOUNDATION
FOR THE ADVANCEMENT OF TEACHING

“ I DON'T KNOW.....BUT I AM GOING TO FIND OUT!

Predictive Validity



“ 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.”

Construct 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.”

Since 2004

Final Report from the ACCME Task Force
on Competency and the Continuum April 2004

Responsive

IN THE PUBLIC'S INTEREST



“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

ER/LA Opioid Analgesics REMS

The Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy

Home

Important Safety Information

Medication Guides

U.S. Prescribing Information

Looking for Accredited REMS CME/CE? Click Here.

RISK EVALUATION AND MITIGATION STRATEGY (REMS)

A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration (FDA) to ensure that the benefits of

The FDA has required a REMS for extended-release

Under the conditions specified in this REMS, **prescribers are strongly encouraged to do all of the following:**

- **Train (Educate Yourself)** - Complete a [REMS](#)

Accredited Continuing Education for Healthcare Professionals

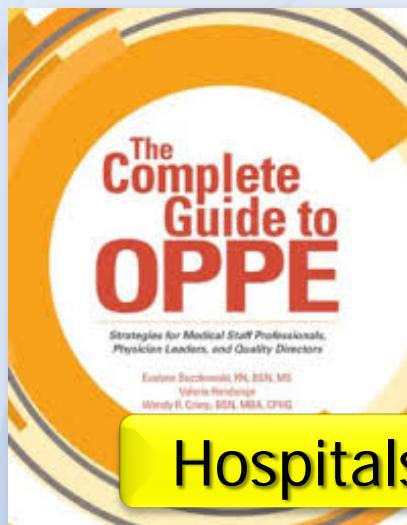
REMS-Compliant CE for ER/LA Opioid Analgesics



**Accredited Continuing Medical Education
and Continuing Education for Clinicians**

**REQUEST FOR PROPOSAL
RFP # PCO-ACME&CEC2014
August 5, 2014**

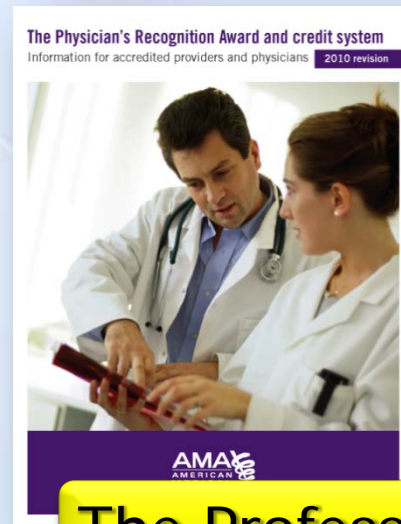
ACCREDITED CME IN SUPPORT OF U.S. PHYSICIAN CPD PROGRAMS



Hospitals



Specialty



The Profession



Licensure

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System-Based Practice

Since 2006



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 /competencies
6. Organizational self-assessment and improvement
7. **(1991)** Manages boundary issues with commercial interests

Since 2007



Applying Interprofessional Competencies:

Interprofessional Collaborative Practice

Joint Accreditation as
One Strategy to
Demonstrate and Promote
Interprofessional Collaboration



INTEGRATION OF INTERPROFESSIONAL EDUCATION

Proposed 2014



ACCREDITATION WITH COMMENDATION

- Multi-interventional
- Interprofessional
- Patient and public
- UG or PG students
- Health informatics
- Population Factors
- Individualized
- Does Collaboration
- Does Research
- Does own CPD
- Creativity and innovation
- “Verification”
- \triangle Performance in Practice
- \triangle Processes of care.

INTERVENING VARIABLES...



Number of Intervening Variables

All Adults in the US

Variation for Colonoscopy

Readmission Rates

Hand washing

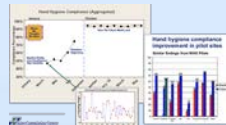
"My personal approach to...."

Likelihood of NO change as result of a CME effort →



Readmission Rates

State	Readmission Rate	Readmission Rate
AK	11.2%	11.2%
AL	11.2%	11.2%
AR	11.2%	11.2%
AS	11.2%	11.2%
AZ	11.2%	11.2%
CA	11.2%	11.2%
CO	11.2%	11.2%
CT	11.2%	11.2%
DE	11.2%	11.2%
DC	11.2%	11.2%
FL	11.2%	11.2%
GA	11.2%	11.2%
HI	11.2%	11.2%
IA	11.2%	11.2%
ID	11.2%	11.2%
IL	11.2%	11.2%
IN	11.2%	11.2%
KS	11.2%	11.2%
KY	11.2%	11.2%
LA	11.2%	11.2%
MA	11.2%	11.2%
MD	11.2%	11.2%
ME	11.2%	11.2%
MI	11.2%	11.2%
MN	11.2%	11.2%
MO	11.2%	11.2%
MS	11.2%	11.2%
MT	11.2%	11.2%
NE	11.2%	11.2%
NH	11.2%	11.2%
NJ	11.2%	11.2%
NM	11.2%	11.2%
NY	11.2%	11.2%
NC	11.2%	11.2%
ND	11.2%	11.2%
OH	11.2%	11.2%
OK	11.2%	11.2%
OR	11.2%	11.2%
PA	11.2%	11.2%
RI	11.2%	11.2%
SC	11.2%	11.2%
SD	11.2%	11.2%
TX	11.2%	11.2%
UT	11.2%	11.2%
VA	11.2%	11.2%
VT	11.2%	11.2%
WA	11.2%	11.2%
WI	11.2%	11.2%
WY	11.2%	11.2%





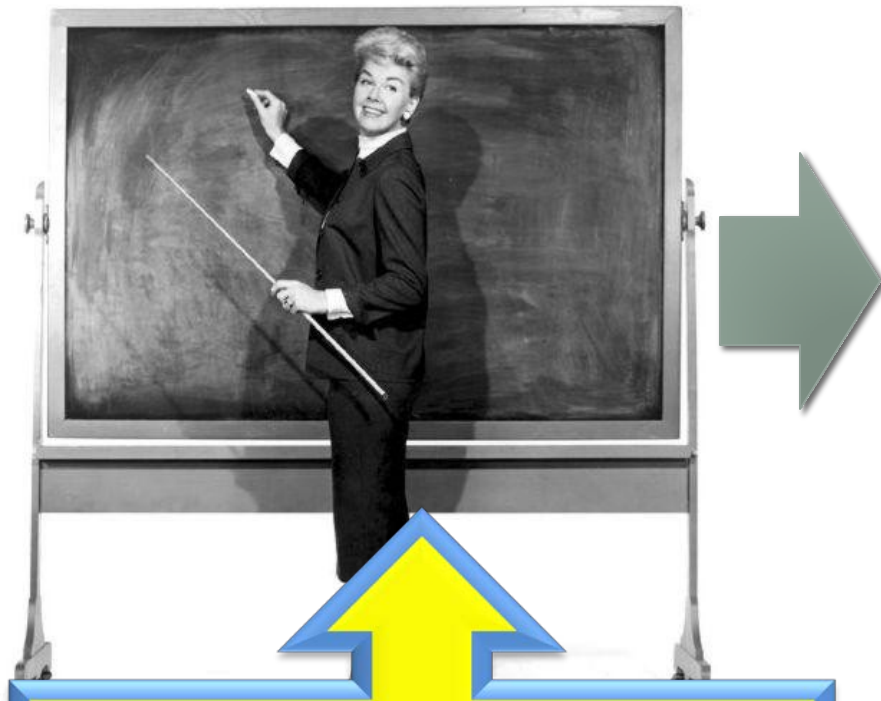
“It is the young physicians...”



“ To ensure quality [CPD] opportunities, ... [We] require that accredited CPD providers approve **group learning activities**”

A CME/CPD ACCREDITOR

We should be thinking that, maybe...



People who
learned like this.....



...should be careful
when they design
systems for people who
learn like this



THANK YOU