

RESPONSE TO “REFORM OF CME” PUBLISHED IN JAMA

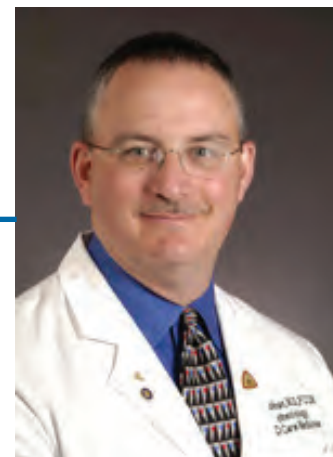
By Todd Dorman, MD

I would like to thank Dr. Campbell for his important piece on “Reform of CME” published in the October 28 issue of the Journal of the American Medical Association.¹ It is in fact, for many of the reasons or implications cited in this editorial that CME has already begun the very reform for which it calls. As all good professions should do, CME had examined itself, begun an improvement project of its own, and moved toward a new CME well in advance of this publication, a fact seemingly missed by Campbell and Rosenthal.

CME wasn’t created to change patient outcomes in a direct effect model. It was believed that physicians, once they finished medical school and residency training were no longer novices, but experts or masters in the craft of health care practice and that all they would require was continued exposure to information. The specific aim was simply to reinforce their knowledge or to add to that knowledge. Thus, the published literature demonstrates that CME is indeed most effective at advancing knowledge. The implication that the reason there is scant evidence of improved patient outcomes is because CME isn’t effective at improving outcomes is a hypothesis that is unlikely correct. In fact, the more likely reason is that CME wasn’t historically crafted to accomplish this end point and, as such, this end point has not been rigorously evaluated. There is a significant difference in evidence that demonstrates through high-quality research that there is no change in outcomes as compared to simply a lack of evidence.² Proof that an educational activity in and of itself improved patient outcomes implies that one believes that physicians practice in a vacuum and that their only source of improvement is from standard CME.

Physicians learn and improve through discussions with colleagues, reading journal articles, attending professional society meetings and during the course of care. Teasing out the impact of each piece will be difficult and may never be achievable at the level of a causal pathway.

That being said, CME has already risen to the challenge of a need for a change. Performance Improvement
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CME already exists and is growing in its adoption and implementation.^{4,5} Several projects have already been launched and completed and these to date have shown beneficial outcomes. Point of care CME is being utilized by many physicians so that they can learn in the process of care and directly impact patient care decisions. Simulation-based CME is just beginning but also holds great promise.

In addition to these important changes in CME, funding has already started to recede. 2008 saw a decrease in commercial funding of almost \$200 million dollars and the expectation is that the 2009 data will show an even larger fall. Commercial funding for CME was on a steady increase until 2004 when the revised Standards for Commercial Support were released by the ACCME. Since then, growth has either been flat or as stated declined. Thus this call for a change in funding ignores what is already at play. It also ignores the fact the growth in industry funding for research has occurred at approximately the same pace between 1998 and 2004 and that industry funding by some estimates approaches 65% of all funding for research at academic centers. Thus the rate of rise or the percent contribution of industry funding to CME should be taken in the context of the entire medical landscape and not in isolation.

It should also be pointed out that the goal is not a system of no funding, but a system of no influence that improves practice and patient outcomes. This goal was established by the CME profession itself, is in concert with the IOM and is distinctly different than the view proposed in the Journal of the American Medical Association article requesting reform.³ It simply cannot be ignored that point-of-care CME, performance improvement CME and simulation-based CME are much more expensive to conduct and that given the steady advance of knowledge in healthcare, unlike many professions that can recoup the cost of continuing education over many years, the costs for physician-oriented CME recur in full each and every year. Finally, the cost of training within one's practice team may require closing one's practice,

adding additional costs and concerns regarding access to care.

It is a shame that the piece presented by Drs. Campbell and Rosenthal did not recognize these issues in general and simply ignored the significant amount of change created by CME itself. Importantly, regulated change comes and goes, a lesson best exemplified by prohibition. Self-induced performance improvement is indeed the pathway to substantial and sustainable change and this is a path that CME has already begun. In this, the 100th anniversary year of the Flexner report, CME is honored to have seen the need to change and to have begun that process. Now is the time for watchful waiting, a period of time designed to assess the sea of change that has already taken place so that the correct tactical changes can occur through a logical continuous improvement process. These calls for more change without any assessment of the state of the art today are unjustified and may, in fact, be harmful.

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FROM THE PRESIDENT

By Lois Colburn

Like many people, I find myself wondering where has time gone as the year draws to an end, and 2009 is no different. With that in mind, I thought I would share with you a brief SACME year in review.

SACME Membership: We are growing and building a strong vibrant membership. We now have 240 members in the US and Canada, as well as a handful of other international members and our plans to increase membership from medical specialty societies are taking root. While we can build new members by reaching out to other groups, it is still essential that we not forget those in medical schools and teaching hospitals who are not members. We hope that you are reaching out to your colleagues and sharing with them the benefits of SACME membership. Most importantly, it is critical that we keep SACME relevant for its entire membership. Given the differences in accreditation and continuing education issues between the US and Canada, this is challenging, especially at a time when the US CME system feels like it has a bulls-eye painted on it.

Finances: As with the economy in general and most of our 401Ks and 403bs, SACME reserves took a “hit” during the last year. I am happy to report that because of our prudent investment strategies and mindful budgeting, our reserves are once again growing. Given that the economy is not entirely out of the woods, SACME will continue to follow a path of conservative budgeting.

SACME Meetings: Our recent Fall Meeting was one of the largest in attendance despite the tough economic challenges we are all facing. Thank you to all who attended! The Research Workshop, focusing on incorporating public health data in CME, was well received and even attracted eight non-SACME members!

Work is underway for our Spring Meeting in Coconut Grove, FL, this April 15-18, 2010. The focus for the program will be faculty development. This provides us with an ideal

opportunity to invite our faculty development colleagues to join in our discussions. Who knows, maybe they’ll get hooked on CME?

Gabrielle Kane and Ivan Silver are hard at work on planning Congress 2012, which will be held in Toronto on May 30-June 2. So, mark your calendars now. For the baseball aficionados (you know who you are), you might even be able to book a hotel room overlooking the Blue Jays’ stadium!

Committee Chairs: Under the category of succession planning, SACME leadership has identified vice-chairs for those positions expiring in 2010 and 2011:

- Program Committee: Julie Brown, Joslin Diabetes Center, will work with Joyce Fried over the coming year prior to assuming the role of program chair in 2011.
- Communications Committee: Leanne Andreassen, Mayo CME
- Research Committee: Betsy White-Williams, PhD, MPH
- Endowment Council: Moss Blachman, PhD, University of South Carolina
- Membership Committee: Gordon West, PhD, Annenberg Center

Leanne, Betsy, Gordon, and Moss will assume their chair positions after the Spring SACME meeting.

JCEHP: The search for the new editor is underway, though replacing Paul Mazmanian will be no easy task. We hope to have a new editor identified by spring so that there can be overlap with Paul. The journal’s administrative oversight is handled by a committee composed of two representatives from each of the owners (SACME, AHME, and the ACME).

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Jack Kues has done an outstanding job chairing this committee during the last year and will be stepping down as of the end of December. Ed Dellert will join Gabrielle Kane as our new representative to the JCEHP Administrative Committee.

Advocacy: The last year has seen its fair share of issues being thrown at the US CME community. SACME has twice responded to the AMA's Committee on Ethical and Judicial Affairs (CEJA) proposed guidelines that could severely limit or even inhibit commercial support of CME. The last proposal did not pass in the House of Delegates. While we hope that there will be no further efforts from CEJA on this topic, we cannot take it for granted. In our last response to CEJA, we called for a period of "watchful waiting" to allow sufficient time for data to be gathered on the impact of the current Standards for Commercial Support and guidelines from PhRMA and AdvaMed on CME to be assessed.

The issue about CME's reliance on commercial support is not going away soon, and we need to be prepared to explore other funding models as noted in the June 2009 IOM Report on Conflicts of Interest in Medical Education. SACME is working with the Conjoint Committee on CME, which is part of the Council of Medical Specialty Societies, in convening a forum in 2010 for discussion of this very issue.

Collaboration: SACME leadership and the leadership of the AAMC GEA-CME Section have met on several occasions, including a retreat in Washington that was convened by Dave Davis, to explore opportunities to further strengthen the presence of CME within the AAMC. For those of you who attended the Fall SACME meeting and stayed for the AAMC, you would have noticed that those welcome CME initials were popping up over the program more frequently than in the past. Most notably at the meeting, Todd Dorman reprised his presentation from the 2009 SACME Spring meeting for a session co-sponsored with the AAMC's Council of Deans. Between his presentation and those of Moss Blachman, PhD. and Jay Perman, MD. of the University of Kentucky, a compelling case was presented to a packed audience on the importance of CME within the academic medical center.

Together with the AAMC and the ACME, SACME is sponsoring two webinars, one this December 9 and one on January 13 that present an opportunity for membership to hear about two soon-to-be released reports: one from the IOM on "Planning a Continuing Health Care Professional Educational Institute" and one from a joint project of the AAMC and AACN on Inter-Professional CPD: "Continuing Education in Nursing and Medicine: What Does the Future Look Like?".

SACME and the Alliance, along with AHME, continue to explore ways to collaborate including developing additional content for the National Faculty Education Initiative. Look for more information on this initiative in 2010.

In early December, SACME, along with other major CME stakeholders (the Alliance, state medical societies, NAAMECC, AAFP, AOA, AIAMC) were invited to meet with the ACCME Board and Member Organizations to discuss a variety of topics including the Updated Criteria, certifying new formats of CME within the Updated Criteria, the proposed activity reporting system, the Standards for Commercial Support, and ACCME fees. We also discussed ways in which communication between the ACCME and its accredited providers could be strengthened. Barbara Barnes, MD, the outgoing Board chair, and Deborah Perina, MD, the incoming chair, led the spirited discussion. We are hopeful that this is the first of what could be an ongoing dialogue.

Summer Leadership Institute: During the SACME leadership retreat this past summer, we began to explore how SACME can support current leaders in CME as well as begin to develop the next generation of CME leadership since many of us are, ahem, approaching those "golden years." Mark your calendars for the week of July 26th, 2010 for what will be the first of SACME Summer Leadership Institute. The program will be held in Baltimore on the Johns Hopkins School of Medicine campus. More details will be coming in January 2010. Participation will be limited to maximize the opportunity for interaction.

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THE 2009 SACME SUMMER INSTITUTE

By Ivan Silver, MD and Curtis Olson, PhD



The University of Toronto hosted the 6th Annual SACME Research Institute, June 14-17, 2009, a weeklong intensive learning experience designed to contribute to the development of participants' knowledge, skills, and attitudes in CME/CPD research and evaluation. The course is primarily intended for beginners in the field but most attendees had some experience in either program evaluation or education research.

For the first time, the course offered two distinct tracks, research and evaluation. During the week, participants had an opportunity to focus on developing a research proposal or an evaluation plan for a continuing education activity. We were pleased when a number of participants were able to move their proposals/projects forward during the week.

Of the 22 participants signed up for the course, two-thirds of them were Canadian and the rest American. Our terrific faculty was pooled from our own SACME affiliated education researchers: Jocelyn Lockyer, Joan Sargeant, Gabrielle Kane, Curt Olson, and local Toronto faculty: which included faculty from the Wilson Centre for Research and Education: Scott Reeves and Maria Mylopoulos; the Office for Continuing Education and Professional Development: Jane Tipping, Joanne Goldman, Laure Perrier and Ivan Silver; and the Learning Institute at Sick Children's Hospital: Kathryn Parker.

Participants were assigned to small groups and a facilitator throughout the week. At the beginning of the week, participants completed a self-assessment related to their program evaluation and research skills. At the end of the course, they repeated the self-assessment to reflect on lessons learned. They had an opportunity to choose workshops in a variety of related areas, take part in one-on-one mentorship with faculty and were provided times for independent learning. Unique learning tools consisted of two workbooks that were developed specifically for the two tracks. The research workbook was developed in collaboration with the Canadian Association of Medical Education and Jocelyn Lockyer with lots of input

from our research faculty. The evaluation workbook was co-developed by Curt Olson and Kathryn Parker. During the institute, participants used the workbooks as guides in developing their projects, recording their progress, and utilizing the various resources that they contained.

The curriculum focused on both theoretical and practical approaches to CME/CPD research and evaluation. This included formulating research and evaluation questions, understanding relevant conceptual and theoretical frameworks, quantitative and qualitative methodologies, data collection and analysis, grant and research ethics applications, literature search strategies, and creating project sustainability as participants returned home.

No learning institute would be complete without a robust social program. Participants enjoyed welcome and farewell dinners, great catered breakfasts and lunches, and, for some of the younger participants who still had energy left at the end of some long days, the robust Toronto night-life bar scene.

Feedback from participants at this course was consistently positive. Faculty members were commended for their

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FROM THE PRESIDENT

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SACME is a small organization that depends on member input and involvement. I welcome your suggestions on ways in which we can recruit new members, entice current members to become more active, and determine strategic directions we should pursue moving into this new year and new decade.

I wish you all Happy Holidays and a Happy New Year!

2009 SACME SUMMER INSTITUTE

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caring attitude, knowledge in their fields, their availability, and their teaching skills. Similarly, the program was lauded by participants. A few representative comments included:

“I have been a SACME member for years and this is the first time the Research Institute content offered practical methods for a CME professional engaged in overall evaluation efforts. I applaud your collective commitment and look forward to future iterations of this.”

“In 15 years of professional life, this was the single most useful, helpful program I have ever attended. The content is essential for anyone embarking on CME research. The faculty was world class.”

“I really enjoyed this course. I think the biggest benefit I got was knowing who in the (research) community are experts in the field. I really appreciated the patience and dedication of the faculty.”

“The Institute successfully launched my program of CEPD research. Thank you!”

“Thank you, thank you, thank you!”

The SACME Research and Evaluation Institute is an excellent vehicle for jump-starting a career in CME/



Attendees and Faculty of 2009 SACME Summer Research Institute

CPD research and evaluation. Previous graduates have used the institute as a base for developing their careers in these fields. Some attendees have gone on to pursue higher degrees in education. In the next six months, this year's participants will be contacted to inquire how their projects have proceeded and to provide them with some helpful advice to ensure success.

SACME provided financial and programmatic support for this course. The program planning committee included: Mary Bell, Todd Dorman, Jocelyn Lockyer, Mary Turco, and Joan Sargeant. Special thanks go to Ms. Jessica Black, Event Planner, and Ms. Susan Rock, Director of the Office for Continuing Education and Professional Development, Faculty of Medicine at the University of Toronto for all of their outstanding logistical and administrative in-kind support.

SACME FALL MEETING

By Joyce Fried

A record number of people registered for the 2009 SACME Fall Meeting in Boston, Massachusetts on November 6-8 held in conjunction with the 120th Annual Meeting of the Association of American Medical Colleges (AAMC). This year's theme was “CME's Expanding Role in the Academic Medical Center's Three-Fold Mission of Education, Research, and Clinical Care.” The three outstanding keynote speakers each represented one leg of the academic three-legged stool.

Atul Grover, MD, PhD, Chief Advocacy Officer for the AAMC, speaking on “Health Care Reform: New Challenges and Opportunities for CME,” covered the current status of healthcare reform in Washington and the major issues under discussion by the White House, Senate, and House. He described how many of the potential changes to the payment system could force physicians to change their approach to practice, requiring increased incorporation of quality measures, comparative effectiveness research,

and other challenges. CME providers may need to move beyond the traditional “piece meal” approach to education of independent practitioners to help bring physician skill sets in line with reform proposals.

Ann C. Bonham, PhD, Chief Scientific Officer for the AAMC, spoke on “Translational Research and Its Implications for the Nations’ Academic CME Providers.” The significant gains from fundamental discoveries and new technologies, coupled with national calls for reform in health care delivery, provide academic medical centers and teaching hospitals the opportunity to sharpen our focus on ways to effectively and efficiently translate scientific discoveries into real improvements in health and healthcare.

The third keynote was given by Kelley M. Skeff, MD, PhD, Professor of Medicine and Co-Director, Stanford Faculty Development Center for Medical Teachers, Stanford University. Titled “CME and Faculty Development: Caring for the Carer,” his entertaining and interactive lecture identified seven components to delivering effective education: learning climate, control of session, communication of goals, promotion of understanding and retention, evaluation, feedback, and promotion of self-directed learning. Dr. Skeff’s center at Stanford uses a dissemination approach that trains faculty nationally and internationally to train their own faculty colleagues and house staff. The center has trained 319 faculty trainers from 140 institutions in 13 countries who have, in turn, assisted more than 15,000 faculty and residents to improve their teaching effectiveness.

The Hot Topics session was moderated by SACME President-Elect Todd Dorman, MD. Lois Colburn, President of SACME, reported on the Stakeholder Meeting for a New Funding Paradigm. (See President’s column in this issue for additional details.) Gabrielle Kane, MD, and Morris Blackman, PhD, gave an update on the Mayo Consensus Project. A total of four meetings continue to show that research is necessary to support strategic goals and, in turn, CME needs strategic goals to support research. Two major priorities from the strategic management perspective relate to CME as a learning organization, and to CME as the natural home for lifelong learning. From the research

perspective, priority topics have been generated by strategic management issues, by research approach, and by themes. The final report will be available early in the new year.

Dr. Dorman, speaking on the CMSS Task Force on Professionalism, explained that CMSS is holding a series of meetings for a Task Force on Professionalism. The output from this process, if successful, will be a code of conduct for professional societies that will provide guidance on how to deal with relationships and governance, satellite symposia, and transparency.

Dave Davis, MD, described a report of a conference sponsored by the AAMC and its sister organization, the American Association of Colleges of Nursing that highlighted several major issues for consideration by continuing education providers. These included: new methods in continuing education beyond the didactic course; increased support for independent, lifelong learners and for interprofessional teams of learners; and imbedding continuing education in the workplace. Also of interest, the report spoke to the need for educational reform in the training of physicians – stressing the development and testing of skills which would lead to more evidence-based, interprofessional practice in later years. The report was supported by the Josiah Macy Foundation.

Finally, Kate Regnier, MA, MBA, Deputy Chief Executive and Chief Operating Officer of the ACCME, described two new ACCME initiatives. The first is the development and testing of a web-based data entry system that has been designed to collect activity-level and program data from accredited providers to be used for both the accreditation and annual report processes. The web-based portal, ACCME’s Program and Activity Reporting System (PARS), would replace the previous data collection methods of a PC-based spreadsheet and the separate aggregated annual data submission. Several pilot-tests are being conducted with the help of accredited providers. It is anticipated that the reporting system will be available for all accredited providers in an “exhibition” mode toward the end of 2009 or early 2010, with actual data collection phased in during 2010. For more information on the Program and

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FALL MEETING

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Activity Reporting System, see the ACCME's home page, "What's New," www.accme.org. The second initiative involves activity monitoring. The ACCME Board will be discussing options for future activity monitoring, seeking input from accredited providers and other stakeholders of the accredited CME system.

The afternoon program began with a session on "Promoting Research in your CME Office—Lessons Learned." Moderated by Dr. Ivan Silver, the session began with a humorous skit depicting a CME dean requesting funding to start a CME research program from the medical school dean. Utilizing an audience response system and other mechanisms to engage the audience, Dr. Silver interviewed the panelists, Joan Sargeant, PhD, George Mejicano, MD, and Dr. Dorman, on various aspects of their research CME programs at their respective institutions. The session concluded with each panelist summarizing his/her take-home message as depicted in one picture. These messages were: (1) Start with a firm foundation, (2) Be methodical (know what you are aiming for) and have a focused target and much patience. Research projects take time to grow. (3) It takes multiple players to come together to be successful.

The final session in the formal program "A Reaccreditation Survival Guide: Things the New Criteria Made Me Do" was moderated by Jack Kues, PhD. Panelists included Jann Balmer, PhD, RN, Dr. Blachman, and Melinda Steele, MEd, CCMEP. Each panelist has recently undergone successful reaccreditation by the ACCME under the New Criteria. Their advice included such pearls as think like a surveyor, do not wait until the last minute to begin the process, answer the question that is asked, provide only materials that are needed, and practice performance improvement as an office.

In addition to the formal program, open meetings of the Research, Membership, Communications, and Program Committees were held as well as closed meetings of the Research Endowment Council and the Finance Committee. A New Member Orientation, a reception, and a Business Meeting/breakfast rounded out the conference.



George Mejicano, Todd Dorman, Ivan Silver, and Joan Sargeant



Paul Mazmanian and Jann Balmer



Oswald Umuhoza and Lois Colburn



George Mejicano and Curt Olson



Lara Zisblatt and Maria Sullivan



Dennis Wentz, Melinda Steele, Craig Campbell, Nancy Davis, Barbara Barnes, Dave Davis, Dale Dauphineé, Jack Kues, Lois Colburn, Phil Manning, and Van Harrison

THE RDRB: HELPING YOU LOCATE CONTINUING EDUCATION LITERATURE

By Laure Perrier, MEd, MLIS

The RDRB (Research and Development Resource Base) is a premier literature database that contains references to journal articles with a concentration on continuing education, knowledge translation, interprofessional literature, faculty development and related areas. This bibliographic database began over 25 years ago as a hard copy review of about 200 papers in continuing medical education called, "The impact of CME: An annotated bibliography." The focus was the delivery and evaluation of continuing education in the health professions, also incorporating information about practitioner performance in such areas as prescribing behaviors, and health care outcomes. While initially designed around the specifics of continuing education, the field grew to include all interventions, for example, those structured to change practice behavior, optimize performance, and implement guidelines.

Anyone can access over 23,000 citations to research medical and health-related questions online at: www.rdrb.utoronto.ca. The RDRB offers a user-friendly tool for educators, researchers, policy-makers and anyone planning effective, innovative continuing education strategies.

The homepage of the RDRB allows users to do a Quick Search by entering a topic of interest into the search box. For a more focused search which allows the user to fine-tune their query, Advanced Search provides the opportunity for selecting more options. In Advanced Search, it is possible to create tailored searches by limiting dates and adding more search terms.

Results can be saved as a file, emailed, or sent directly to reference management software such as RefWorks, EndNote, or Reference Manager. Users will appreciate this time-saving feature, especially when working on large projects.

I invite you to visit this powerful database of literature anytime online at www.rdrb.utoronto.ca. Questions are

answered and help is available by sending an email to: rdrb.cme@utoronto.ca.

Funding and ongoing assistance for the RDRB is provided by: The Society for Academic Continuing Medical Education; The Alliance for Continuing Medical Education; The Royal College of Physicians and Surgeons of Canada; Canadian Association for Continuing Health Education; The Knowledge Translation Program at the Li Ka Shing Knowledge Institute, St Michael's Hospital; Continuing Education and Professional Development, University of Toronto; Association of American Medical Colleges.

SEEKING A NEW EDITOR FOR *THE JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS*

By Lois Colburn

As many of you may know, after many years of extraordinary service, Paul Mazmanian will be stepping down as editor of *The Journal of Continuing Education in the Health Professions* (JCEHP) during the Fall of 2010. Under Paul's editorial stewardship, JCEHP has become one of the nation's leading medical education journals. For that and so much more, we must all give him a very hearty round of applause.

Since it is critical to have a smooth transition, the journal's owners (SACME, AHME, and ACME) are now in the process of conducting a search for a new editor.

The full position description for the editor is available on the SACME website. The application deadline is January 15, 2010. Please direct all inquires or Jack Kues, PhD, 513/558-1425 or kuesjr@uc.edu.

NEWS FROM THE AMERICAN MEDICAL ASSOCIATION

By Alejandro Aparicio, MD, FACP

The past few months have seen many changes to the CME landscape. Since my column in the previous issue of INTERCOM, the 2009 Annual Meeting and the 2009 Interim Meeting of the American Medical Association (AMA) have taken place. The Council on Medical Education Reports that I discussed in that column were presented and adopted by the AMA House of Delegates. In addition to adopting these reports, the House heard and adopted several resolutions of interest to the CME community, resulting in the generation of reports at the 2010 annual meeting. Among these resolutions are:

- Resolution 302 (A-09), Opposition to Increase CME Providers Fees;
- Resolution 312 (A-09), Proposed Fee Increase by the Accreditation Council for Continuing Medical Education;
- Resolution 331 (A-09), Regulation of CME Content

At the 2010 Annual Meeting, the Council on Medical Education will also report on two resolutions adopted at the 2008 Annual Meeting:

- Resolution 317 (A-08) Telemedicine and Medical Licensure
- Resolution 319 (A-08) Medical Education in Disaster Response

CEJA Report 1 (A-09) Financial Relationships with Industry in Continuing Medical Education, and a revised report with the same title, CEJA Report 1 (I-09) were both referred back to CEJA for further revisions. Although space constraints keep me from reviewing in detail the reports and resolutions, they may be accessed on the AMA website, <http://www.ama-assn.org/ama/pub/about-ama/our-people/house-delegates/2009-annual-meeting/reports-resolutions/delegates-handbook.shtml> (for the 2009 Annual Meeting information) or [\[assn.org/ama/pub/meeting/i09-reports-resolutions/business-hod.shtml\]\(http://www.ama-assn.org/ama/pub/meeting/i09-reports-resolutions/business-hod.shtml\) \(for the 2009 Interim Meeting\).](http://www.ama-</p></div><div data-bbox=)

More than 500 participants gathered for the 20th Annual Conference of the National Task Force on CME Provider/Industry Collaboration, held October 14–16, 2009, in Baltimore, Maryland. The theme for this year's conference was "Learning from the Past; Planning for the Future." Very well planned by a committee led by our own Melinda Steele, MEd, who chaired the conference, as well as Jack R. Kues, PhD, and George Mejicano, MD, MS, who co-chaired the pre-conference, it offered great interactive plenary and breakout sessions. Presentations from the conference are available online at <http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/events/national-task-force-cme-provider-industry/materials.shtml>. The 21st Annual Conference of the National Task Force on CME Provider/Industry Collaboration is scheduled for October 13-15, 2010, also in Baltimore, Maryland.

The Division of Continuing Physician Professional Development has completed conversations with more than 125 individuals, representing 42 stakeholder organizations, including 27 state medical societies, in order to gather input that is helping guide our review of the "The Physician's Recognition Award and credit system. Information for accredited providers and physicians." The participation of everyone involved has been very useful and much appreciated. The AMA Council on Medical Education's comprehensive review of the PRA rules occurs every four or five years in an effort to ensure that the AMA PRA credit system continues to evolve in ways that improve the educational activities which serve to maintain, develop, or increase the knowledge, skills,



and professional performance and relationships that a physician uses to provide services for patients, the public or the profession. We expect that a revised PRA booklet will be published in 2010.

Finally, on December 3, 2009, the ACCME Board of Directors and staff held a round table discussion with representatives of the seven member organizations (American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, Association for Hospital Medical Education, Council of Medical Specialty Societies and Federation of State Medical Boards) as well as some of the other major stakeholder organizations in the area of continuing medical education (Society for Academic Continuing Medical Education, Alliance of Academic Medical Centers, Alliance for CME, Council on Medical Specialty Societies CME Directors, American Academy of Family Physicians, American Osteopathic Association, North American Association of Medical Education and Communication Companies, and four representatives of State Medical Societies). Led by Barbara E. Barnes, MD, Chair of the ACCME Board, and Debra G. Perina, MD, Vice Chair, the 46 participants engaged in a frank and wide ranging discussion about the state of CME and the multiple issues facing the CME community. The meeting was very informative and many of us felt that it was very useful to everyone involved. Many also hope that this type of meeting will be repeated in the future, perhaps on a yearly basis.

For up-to-date information
on SACME activities
visit us often at
<http://www.sacme.org>

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SACME Listserv: sacme@lists.wayne.edu.

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UPCOMING EVENTS

35th (2010) Alliance Annual Conference

January 27-30, 2010
Hilton New Orleans Riverside
New Orleans, LA
www.acme-assn.org

SACME Spring Meeting

April 15-18, 2010
Mayfair Hotel Coconut Grove
Miami, FL
www.sacme.org

MedBiquitous 2010 Annual Conference

April 26-28, 2010
County Hall
London, UK
www.medbiq.org

21st Annual Meeting of the National Task Force on CME Provider/Industry Collaboration

October 13-15, 2010
Baltimore Marriott Waterfront
Baltimore, MD
www.ama-assn.org

See also *News & Events* at www.sacme.org