

FROM THE PRESIDENT

By Ajit K. Sachdeva, MD, FRCSC, FACS

President, Society for Academic CME

Director, Division of Education, American College of Surgeons



I am delighted to share with you highlights of major activities of the Society for Academic CME (SACME) since my last report of June 2017. We have maintained a sharp focus on the five-point Agenda I had articulated at the start of my term, and have actively pursued the domains of leadership, innovation, scholarship, member engagement, and operational excellence, with the goal of taking SACME to unprecedented heights!

The Annual SACME Board of Directors Retreat was held in August 2017 in San Antonio, TX. The 1.5-day Retreat had a packed agenda and attendees included SACME Officers, Committee Chairs, Regional Representatives (for the first time), and Staff from Bostrom (SACME's new management company). The Agenda included discussion of the following items.

- Roles and responsibilities of a Not-for-Profit Governing Board
- Roles and responsibilities of SACME Board Members
- Leadership and innovation; pursuit of new programs and products
- Scholarship activities
- Membership recruitment and member engagement
- Communication and marketing strategies
- Domestic agenda and collaboration with various entities (Tri-Group, Association of American Medical Colleges, Deans' Offices, Specialty Societies, Accreditation Council for Continuing Medical Education, stakeholders, other national organizations)
- International agenda and collaboration with various entities (Association for Medical Education in

Europe, Global Alliance for Medical Education, other international organizations)

- Fiscal affairs
- Feedback from the 2017 Annual Meeting
- Plans for the 2018 Annual Meeting
- Roles and responsibilities of Standing Committee Chairs and responsibilities of Committee Members
- Roles and responsibilities of Regional Representatives
- Secretarial responsibilities
- Transition from Prime Management to Bostrom

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Morris (Moss) Blachman, PhD, and Barbara Barnes, MD, co-led the discussion on roles and responsibilities of a Not-for-Profit Governing Board. Topics included the Board's fiduciary responsibilities; issues relating to dualities or conflicts of interest; disclosure and management of any dualities or conflicts of interest identified; and recusal from discussions as necessary. The roles and responsibilities of SACME Board Members were specifically highlighted, especially the need to support the strategic vision and goals of the Society and to maintain confidentiality. Moss and Barbara will work on developing formal documents on the Roles of a Not-for-Profit Board Member, Board Norms, Responsibilities of Committee Chairs, and Responsibilities of Regional Representatives. They will present these documents to the SACME Board for approval.

The critical leadership role of SACME in fostering innovation in the field of CPD was underscored. Strategies that will be pursued include SACME taking the lead on several fronts, closely collaborating with other entities, and developing and launching new programs and products to make a significant difference. In regard to new programs and products, these will need to be founded on SACME's Mission, Vision, and Goals. SACME will pursue new initiatives using the creativity of SACME leaders and members to remain vibrant and relevant well into the future. There was discussion of two possible new programs – a Certificate Program for Leadership in Academic CPD, and a National Mentorship Program. These programs could easily be linked to achieve the best outcomes. Due diligence, including evaluation of resources and infrastructure needed to support these programs, will be conducted along with analysis of the potential audiences for these programs. The new Academy of SACME Fellows would be actively engaged in further exploration of these and other programs. Additional initiatives will also be planned to advance the field of CPD and meet the evolving needs of SACME Members during this period of monumental change.

In the domain of Scholarship, the important role of the Scholarship Committee, under the leadership of Betsy Williams, PhD, MPH, and Mary G. Turco, EdD, was stressed. This committee will be reorganized into three Subcommittees: 1) Status of the Discipline; 2) Capacity-Building; and 3) Research Projects and Awards. Several individuals are being considered for positions of Chairs of these Subcommittees. The Virtual Journal Club under the leadership of Mila Kostic, CHCP, FACEHP, was discussed and strongly endorsed. Mila's expertise will

be critical in further advancing this program and creating enduring products from the content. The Virtual Journal Club will be added to the portfolio of programs under the purview of the Scholarship Committee. A possible program to support new CPD investigators was also discussed and this will be explored further by Betsy and Mary, who will report to the SACME Board following due diligence.

In the domain of Membership, the Membership Committee led by Linda Caples, MBA, will develop a comprehensive strategy for member recruitment and engagement, and will define both short- and long-term goals and strategies. The different categories of membership will be reviewed and changes recommended as necessary. Also, Affinity Groups will be created to address the specific needs of various constituents. This will help SACME serve as the "home" for all CPD professionals involved with academic activities. Also, the value proposition of membership in SACME will be clearly defined in concert with the Bostrom staff, and a list of member benefits will be created. The membership-related efforts will be supported by a new Board Workgroup that will include Linda as Chair, Moss, William (Bill) F. Rayburn, MD, Tym Peters, Laura Werts, MS, MED, CMP, Kim Northrip, MD, MPH, and Leslie Doering. This Workgroup will work closely with the Membership Committee to achieve the desired outcomes.

In the domain of Communications, the Communications Committee led by Stacey Samuels, MA, will develop a comprehensive communications strategy. Existing and future SACME communication vehicles and media will be carefully evaluated. The impact of all SACME publications, including INTERCOM, *CE News*, and *Pulse Points* will be assessed and changes made, as necessary. Consideration will be given to creating new mobile platforms and blogs, and developing slides and other documents to communicate clear messages regarding SACME's goals and programs. Also, the CPD Book will be actively promoted as a major scholarly contribution of SACME. In addition, a comprehensive marketing strategy will be developed in concert with Jeanne Sheehy, MBA, from Bostrom. A Board Workgroup will address marketing strategies and will include Stacey (Chair), Linda Caples, Linda Lupi, MBA, Sharrie Cranford, LMSW, MS, Bill, Tym, Annette Donawa, PhD, Leslie, and Jeanne.

In regard to the domestic agenda, the national role of SACME will be significantly strengthened and opportunities for SACME to play a pivotal role in steering national directions will be actively pursued.

Special efforts will be made to foster collaboration with other national organizations. Support and promotion of the *Journal of Continuing Education in the Health Professions (JCEHP)* will remain a priority. This will involve closer collaboration with the other two Members of the Tri-Group – the Alliance for Continuing Education in the Health Professions and the Association for Hospital Medical Education. A small Workgroup including Ajit K. Sachdeva (Sach), MD, FRCSC, FACS (Chair), Bill, and Mary will be responsible for addressing issues relating to *JCEHP* in concert with the other Tri-Group Members. Planning for the next World Congress will commence soon and a small Workgroup will begin addressing specific items. This Workgroup will include Bill (Chair), Mary, Joyce, and Tym. Also, efforts will be made to strengthen the important relationship with the Association of American Medical Colleges (AAMC) through the Joint Working Group and the Council of Faculty and Academic Societies. The opportunity to collaborate with AAMC within the context of the Harrison Survey will be actively pursued. Steps will include development and administration of the survey; and collection, analysis and dissemination of the data from the survey. Sach has appointed Moss and Barbara as SACME's representatives on the Joint AAMC-SACME Advisory Committee for the Harrison Survey. Under Moss' leadership, efforts will be made to work with Deans' Offices to advance the mission of CPD Departments and to create active learning communities. Opportunities to share best practices and resources across CPD Departments will be explored. Efforts will also be made to reach out to specialty societies and their CPD Departments to increase the involvement of key leaders from the specialty societies in programs and activities of SACME. Also, efforts to strengthen SACME's important relationship with Accreditation Council for Continuing Medical Education (ACCME) will continue.

In regard to the international agenda and collaboration, a strategic plan will be developed and opportunities explored to strengthen SACME's relationship with the Association for Medical Education in Europe, Global Alliance for Medical Education, and other international organizations. Special online programs and products will be considered specifically for international dissemination, and establishment of international networks and online communities will be explored. In addition, scholarly products for both domestic and international audiences, including collections of articles and annotated bibliographies, will be considered in concert with appropriate Standing Committees. Further, special courses in leadership and research may be presented at international

meetings. A small Workgroup will focus on international collaboration, including Sach, Bill, Mary, Tym, Joyce Fried, Linda Caples, Annette, Dave Davis, MD, Barbara, and Sharrie.

Within the context of SACME's fiscal affairs, under the leadership of Joyce Fried, SACME's finances remain sound. The goal will be to continue managing SACME's finances with great care, to ensure continuing financial strength and stability of SACME in the years ahead. Well-constructed business plans will be needed to support new programs and initiatives that require investment of considerable resources. A Strategic Investment Plan with specific guidelines will be developed by the Finance Committee under Joyce's leadership, and presented to the SACME Board for approval. The Finance Committee will continue to analyze the finances of SACME regularly and make recommendations to the SACME Board for consideration. The Annual Audit of SACME's finances and filing of Annual Financial Statements to the Internal Revenue Service will remain a high priority. These efforts will be addressed in concert with Bostrom and Prime Management, with Joyce at the helm.

The Board noted the phenomenal success of the 2017 Annual SACME Meeting. This Meeting attracted a record number of attendees and was very well received. It also generated a positive contribution margin for SACME. Annette, as Chair of the Program Committee, played a critical role in ensuring the success of the 2017 Annual Meeting. Annette is currently working closely with Sach and Members of the Program Committee to design another outstanding Program for 2018. The new features successfully implemented in 2017 will be retained and a number of enhancements added. Many operational issues relating to the 2018 Meeting are currently being addressed in concert with Bostrom. Also, the Program Committee will develop a strategic plan to support creation of enduring materials from each Annual Meeting. Revenues and expenses for the Annual Meeting will be managed carefully, as before, to ensure a profitable 2018 Annual Meeting. The site for the 2019 Annual Meeting will be selected by Bill, the incoming President, in concert with the leadership of Program Committee and Bostrom.

The Committee of Standing Committee Chairs, chaired by Annette, will continue to develop a strategic plan that encompasses all Standing Committees. This plan will include definition of the categories of membership, and articulation of roles and responsibilities of Standing Committee Members. Tym will be included in this committee in his role as Secretary.

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A new Committee on Regional Representatives was appointed, with Kim Northrip as Chair. This committee will develop a document outlining the specific roles and responsibilities of Regional Representatives and will define a specific agenda for the Regional Representatives for the year. Tym will also join this committee. Additional Secretarial responsibilities of Tym for this year will include pursuit of efforts to complete voting by SACME Members on the proposed Bylaws changes; revisions of the Handbook based on the new Bylaws, once approved; and pursuit of a recommendation to the SACME Board for appointment of a SACME Agent in the State of Alabama, which is necessary in view of the change in management companies from Prime Management (based in Alabama) to Bostrom (based in Illinois).

Since the August Retreat, a number of other important initiatives have also been pursued by SACME's leadership. The Inaugural Meeting of the new Academy of SACME Fellows was convened via telephone in September 2017. During this call, the concepts of a Certificate Program for Leadership in Academic CPD and a National Mentorship Program were discussed. The exchange of ideas was both stimulating and helpful. There was considerable support for the Mentorship Program and, based on past experience, cautionary advice was shared by a few Academy Members regarding the proposed Certificate Program. A small Steering Committee of the Academy has been appointed to conduct thorough due diligence and explore the concepts of both the Certificate Program and the Mentorship Program.

Plans for the 2018 Annual SACME Meeting in San Antonio in April 2018 are progressing well. As for the 2017 Annual Meeting, I have had the privilege of inviting several preeminent leaders from the field of medical and health sciences education as speakers for the 2018 Meeting. The Opening Keynote Speaker on Wednesday, April 25, will be K. Anders Ericsson, PhD, Professor, Conradi Eminent Scholar, Department of Psychology, Florida State University. Dr. Ericsson is nationally and internationally renowned for his work on expertise development. He has published widely in this field and has been invited to deliver Keynote Addresses at major national meetings, including those of the AAMC and Accreditation Council for Graduate Medical Education (ACGME). The Presidential Panel that follows the Opening Keynote Address will focus on "Developing and Maintaining Lifelong Expertise Across Medical and Surgical Specialties." Speakers will include Patrick Alguire, MD, FACP, Senior Vice President Emeritus for Medical Education and Editor-in-Chief, Medical

Knowledge Self-Assessment Program (MKSAP) at the American College of Physicians; J. Lawrence Marsh, MD, Chairman of the Department of Orthopaedics and Rehabilitation at the University of Iowa; Mindi K. McKenna, PhD, MBA, Director of the CME Division at the American Academy of Family Physicians; and Randolph H. Steadman, MD, MS, Professor and Vice Chair of the Department of Anesthesiology at University of California, Los Angeles. They will present valuable information regarding development and maintenance of expertise from the perspectives of various specialties. The Barbara Barnes Plenary Keynote Address on Friday, April 27, will be delivered by Jeffrey P. Gold, MD, FACS, Chancellor of University of Nebraska Medical Center. Dr. Gold is a visionary leader, consummate medical educator, and a dynamic speaker. He has played a vital role in transforming medical and health sciences education at a number of institutions where he has served in key leadership positions. Dr. Gold has focused specifically on CPD through use of simulation, and has gained wide national and international recognition for his pioneering work. Dr. Gold has been invited to deliver Keynote Addresses at major national meetings, including those of the ACGME and the Consortium of American College of Surgeons-accredited Education Institutes (Simulation Centers). Dr. Gold's address will be followed by a presentation on the Top 5 Advances in CPD by Craig M. Campbell, MD, FRCPC, Director of CPD at the Royal College of Physicians and Surgeons of Canada (RCPSC). Dr. Campbell delivered an outstanding presentation on recent advances in CPD at the 2017 Annual Meeting and his presentation was extremely well received. We look forward to another exciting presentation.

Annette and the Program Committee have done a spectacular job in creating a one-of-a-kind program for the 2018 Annual Meeting, with the selection of important topics and fantastic speakers. On Wednesday, April 25, a session on "Supporting Paths to Leadership for Women in Academia" will be presented by Constance LeBlanc, MD, CCFP(EM), MAEd, CCPE, Associate Dean of CPD and Professor in the Department of Emergency Medicine at Dalhousie University, and Tanya Horsley, PhD, Associate Director of the Research Unit at RCPSC. A formal Presidential Address will not be delivered this year, as this is the second year of the President's term; instead, on Thursday, April 26, I will deliver a brief presentation on the rapidly evolving field of CPD and the state of SACME. This will be followed by a few comments by Bill, and then a Panel of SACME leaders will engage with the attendees in an interactive dialogue

to discuss future directions in CPD. On Thursday, April 26, a session on “Bridging CME/CPD Across the Medical Education Continuum” will be moderated by Annette and speakers will include Roy Ziegelstein, MD, MACP, Sarah Miller Coulson and Frank L. Coulson, Jr., Professor of Medicine, Mary Wallace Stanton Professor of Education, and Vice Dean for Education at Johns Hopkins University School of Medicine as one of the Panelists. On Saturday, April 28, the theme will be Compliance and Accreditation. Presentations on “Physician Engagement in Performance-Based CPD” will be delivered by David Price, PhD, Senior Vice President, American Board of Medical Specialties (ABMS) Research and Education Foundation; Nancy Davis, PhD, Associate Dean, Faculty Affairs and Development, University of Kansas School of Medicine; and Bruce A. Nitsche, MD, The Lewis and John Dare Center Medical Director of CME, and Director of ABMS Portfolio Program at Virginia Mason Health System. Also, David G. Nichols, MD, MBA, President and CEO of the American Board of Pediatrics will participate in a debate panel on MOC Part IV. Graham McMahon, MD, President and CEO, ACCME has been invited to deliver a presentation on “Updates from ACCME.” The 2018 Annual Meeting Program will also include the presentation of scientific papers and posters focusing on the latest advances in the field of CPD and timely workshops, including one on leadership by Moss and Barbara. A major new event will be the first in-person meeting of the Academy of SACME Fellows on Wednesday, April 25. Also, new SACME Fellows for 2018 will be inducted during the Business Meeting on Friday, April 27.

The transition from Prime Management to Bostrom has been accomplished except for the Annual Audit and submission of Annual Financial Statements to the Internal Revenue Service, which will be completed this calendar year. Prime Management and Bostrom will work closely with Joyce to accomplish these goals. Many operational details relating to the new management support have been addressed during the past few months and efforts to address several other items are currently underway.

The SACME Board continues to work diligently on behalf of the Society’s membership and major strides continue to be made. I would like to thank the SACME Board Members, Members of the Academy of SACME Fellows, and SACME Members who continue to generously share their invaluable expertise and time to advance SACME’s Agenda and Goals. As always, I welcome your ideas, suggestions, and feedback. My e-mail address is asachdeva@facs.org and phone number is (312) 202-5405.

ABMS NAMES RICHARD E. HAWKINS, MD, NEW PRESIDENT AND CEO

Richard E. Hawkins, MD, has been named the new President and Chief Executive Officer of the American Board of Medical Specialties (ABMS). Dr. Hawkins was selected by the ABMS Board of Directors following an extensive national search. He succeeds current President and Chief Executive Officer Lois Margaret Nora, MD, JD, MBA, whose term will end in December of this year.

Dr. Hawkins brings more than 35 years of professional expertise, ranging from his service in the United States Navy as an officer in the Medical Corps to leadership positions at national medical professional associations. Most recently, Dr. Hawkins was the Vice President of Medical Education Outcomes at the American Medical Association (AMA), providing leadership for its Accelerating Change in Medical Education Initiative, a \$13.5 million grant program supporting 32 medical schools that are transforming their educational programs to allow their students to succeed in the evolving health care systems. He also provides senior staff leadership to the AMA’s Council on Medical Education and Academic Physician Section.

Prior to joining AMA in 2012, Dr. Hawkins was the Senior Vice President of Professional and Scientific Affairs at ABMS. In this role, he led education, assessment, and international initiatives. Previously, Dr. Hawkins was the Deputy Vice President and Vice President of Assessment Programs for the National Board of Medical Examiners, a role he assumed following his various academic appointments in the Naval Medical Corps, receiving numerous commendations for his service. Dr. Hawkins is Board Certified in Internal Medicine and Infectious Diseases by the American Board of Internal Medicine, and is participating in Maintenance of Certification. To read the press release, click [here](#).

UPDATES FROM THE AAMC

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The AAMC welcomes new staff and launches enhanced resources to advance medical education. Below are updates that are relevant to our colleagues in continuing medical education and continuing professional development.

Senior Consultants in Medical Education to Support Our Cross Continuum Initiatives & Partnerships

The AAMC is delighted to announce the appointment of three Senior Consultants to its growing Medical Education Strategic Partnerships and Initiatives team. Each Senior Consultant will partner with two fellow Senior Consultants spanning the medical education continuum (Undergraduate, Graduate, and Continuing Medical Education). They will support the design and implementation of strategic initiatives that serve the continuum of medical education. In addition, they will provide ongoing advice and recommendations on UME/GME/CME curriculum, evaluation systems, the learning environment, faculty needs, and scholarship. The Senior Consultants are:

- Senior Consultant in UME: Sheila Crow, PhD, Senior Associate Dean for Accreditation, Faculty Development & Medical Education at California University of Science and Medicine (CalMed).
- Senior Consultant in GME: Carlyle Chan, MD, Professor of Psychiatry at the Institute for Health and Society (Bioethics and Medical Humanities) at the Medical College of Wisconsin.
- Senior Consultant in CME/CPD: William Rayburn, MD, MBA, Distinguished Professor, Associate Dean of Continuing Medical Education and Professional Development, and Emeritus Chair of Obstetrics and Gynecology at the University of New Mexico.

The Harrison Survey: A Collaborative Project by the Association of American Medical Colleges (AAMC) and the Society for Academic Continuing Medical Education (SACME)

The Harrison Survey, in recognition of the long-term commitment of R. Van Harrison, Ph.D., represents an effort to gather information about Continuing Medical Education (CME) and continuing professional development (CPD) programs at LCME accredited medical schools in the United States and Canada. The intent of the survey continues to be to achieve the following objectives:

1. Benchmark and compare institutions and groups across the years
2. Provide objective data for academic leaders, policymakers, regulators, and others in decision-making at institutional, state, and national levels
3. Reflect on individual institutional goals, directions, methods, and standards

To develop the next administration, a small advisory committee has been convened and is being led by Dr. William Raymond. The committee's charge is to provide subject matter expertise and consultation for the revision of the Harrison Survey and to provide feedback on drafts of the final report. Two members will represent the AAMC (Dr. Emily Vinas and Dr. Clara Schroedl) and two members will represent SACME (Dr. Morris Blachman and Dr. Barbara Barnes) and Dr. Marie Caulfield will provide survey design expertise.

MedEdPORTAL

AAMC recently released a new *MedEdPORTAL* website (www.mededportal.org), officially marking the transition of *MedEdPORTAL* to a fully open-access, peer-reviewed journal. Open access is synonymous with free and unrestricted access, which means that readers no longer need to sign in to download publication content. In addition, the new site highlights curated content on

important topics (e.g., opioids, care of LGBT patients), clearer instructions for authors, and the ability for readers to opt in to receive alerts for new publications and important updates. A few recent CPD-related articles published on *MedEdPORTAL* include:

- Opioid Risk Mitigation Strategies and Overdose Resuscitation. Martin Klapheke, MD, and Magdalena Pasarica, MD, PhD
- Building Team Resilience and Debriefing After Difficult Clinical Events: A Resilience Curriculum for Team Leaders. Michelle Martinchek, MD, Amber Bird, MD, and Amber T. Pincavage, MD
- Prognosis, Communication, and Advance Care Planning in Heart Failure: A Module for Students, Residents, Fellows, and Practicing Clinicians. April Zehm, MD, Charlotta Lindvall, MD, PhD, Kimberly Parks, DO, Kristen Schaefer, MD, and Eva Chittenden, MD

Along with the site, *MedEdPORTAL* was recently accepted as an official member of the Committee on Publication Ethics (COPE). COPE is an organization that provides guidance to journals on publication ethics, specifically in regard to research and publication misconduct. Membership in COPE demonstrates *MedEdPORTAL*'s support of publication ethics and integrity.

iCollaborative

AAMC recently released a new iCollaborative website (<https://icollaborative.aamc.org/>). iCollaborative provides a platform for educators and learners to share educational innovations that are being developed, implemented and tested within the health professions. Students, educators, practitioners, researchers and administrators of the health professions are invited to submit to the iCollaborative. All materials are available at no charge to the general public around the globe and there is no charge to post resources. A few Special Collections highlighted on the website that may be of particular interest are: Integrating Quality, Interprofessional Education Collaborative (IPEC) Institute Faculty Development Conferences, and Population Health.

Learn Serve Lead 2017: The AAMC Annual Meeting

AAMC will be convening their annual meeting in Boston from November 3-7, 2017. Medical school deans, teaching

hospital CEOs, faculty, researchers, administrators, residents, and students attend this annual event. At Learn Serve Lead, the AAMC brings together some of the most inspired leaders, educators, and practitioners in academic medicine in a collaboration to improve health care. The meeting includes 132 concurrent sessions, 200 poster presentations, and over 4,000 attendees. Learn more by visiting: www.aamc.org/meetings/annual/

Select Services and Publications

Please review the following ongoing AAMC publications and services to inform and support continuing medical education and continuing professional development:

Continuing Professional Development

- AAMC Leadership Course Catalog: www.aamc.org/members/leadership/catalog/
- Medical Education Research Certificate (MERC) Program: www.aamc.org/members/gea/merc/
- Teaching for Quality (Te4Q) Program: www.aamc.org/initiatives/cei/te4q/

Publications

- *AAMCNews*: <https://news.aamc.org/>
- *Academic Medicine*: <http://journals.lww.com/academicmedicine/pages/default.aspx>
- *MedEdPORTAL*: www.mededportal.org/

UPCOMING EVENTS

SAVE THE DATE

SACME's 2018 Annual Conference

San Antonio, Texas

April 25-28, 2018

*See www.sacme.org for
updated events.*

UPDATES FROM THE ACCME

By Graham McMahon, MD, MMSc, President and CEO, ACCME



Looking back on the past several months at ACCME, I'm excited about the progress we've made to support the transformation of continuing medical education (CME). From our collaborations with the American Medical Association (AMA) and the certifying boards to our new educational initiatives for CME providers, we're working hard to make meaningful change for educators, physicians, and ultimately patients.

I hope you'll read on and visit our website, www.accme.org, for more information about each of the initiatives discussed below. And please let us know how we can help you continue to provide quality CME that makes a difference in the lives of clinicians and their patients.

AMA/ACCME Alignment and Simplification

In response to feedback from clinicians and educators, the AMA and the ACCME collaborated to simplify and align our expectations for accredited CME activities certified for *AMA PRA Category 1 Credit™*. Reflective of the AMA and ACCME's shared values, the simplification encourages innovation and flexibility in accredited CME while continuing to ensure that activities meet education standards and are independent of commercial influence.

These changes do not represent any new rules for accredited providers. In fact, they mean fewer rules. As part of the alignment, the AMA has simplified and reduced its learning format requirements to provide more flexibility for CME providers. To further encourage innovation in educational design and delivery, CME providers may design and deliver an activity that uses blended or new approaches to driving meaningful learning and change.

Providers can use the designation "other" for activities that do not fall into one of the established AMA learning formats. Providers are free to deploy new technologies such as simulation, adaptive e-learning, virtual reality, gamification, and social media into their CME approaches, to cite just a few examples, as long as they fulfill accreditation and credit requirements.

We are using the label "other" because we do not want to imply any restrictions on this category and to encourage

providers to develop new, creative, and blended educational approaches. As providers design and describe innovative approaches to education, we expect to identify a descriptor that better represents the evolution of CME. We also plan to share what we learn about the effectiveness of these evolved formats with the community to promote the adoption of best practices.

[More information, including FAQ, a shared glossary of terms and definitions, and a link to the updated AMA PRA booklet, is available on the ACCME website.](#)

Supporting Patient Engagement in CME

We believe that patients, families, caregivers, and public representatives can increase the relevance, meaning, and impact of CME when they participate as members of the education team. Patients, for example, often become experts in their condition, closely observe clinicians and the practice environment, and experience the intimacy of clinical encounters. By sharing their experiences, they can provide essential feedback and can guide educators and clinicians in meeting their needs and priorities. That's why we included [Criterion 24](#), which recognizes providers that incorporate patients and/or public representatives as planners and faculty in planning and delivery of CME, in the [Menu of Criteria for Accreditation with Commendation](#).

To help CME providers integrate patients and public representatives into CME, we've created a [patient engagement in CME webpage](#) with links to FAQ, examples, a tip sheet, CEO's message, and video featuring the perspective of patients, advocates, physicians, and educators.

Dealing with Controversial Topics in Your CME Program

There are many topics in the field of medicine that remain experimental, unproven and/or unconventional. It's essential that clinicians are informed about the full

range of approaches their patients may be using, and that CME is a place where clinicians can learn about and debate controversies.

Equally important, clinicians should be able to trust that accredited CME activities are evidence-based and balanced. As described in the ACCME [CME Clinical Content Validation Policy](#), accredited CME providers are responsible for validating clinical content to ensure that education supports safe, effective patient care.

We recently [offered guidance](#) on our website for accredited providers about how they can facilitate discussion about controversial topics without promoting unscientific care recommendations in CME activities. We recommend that you review that guidance, and also periodically review the [CME Clinical Content Validation Policy](#) to make sure that your process for planning, delivering, and evaluating activities includes effective strategies for validating clinical content.

New Resources for CME that Qualify for MOC

We are continuing to work with certifying boards to streamline the process for developing CME that counts for MOC and I'm pleased to report that there is a high level of engagement in the CME community. More than 4,500 currently available activities that qualify for the MOC programs of the American Board of Anesthesiology (ABA), American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP), are now registered in [CME Finder](#), our online search tool.

Whether you've already developed CME activities that qualify for MOC or you're just beginning to explore the opportunities, consider joining one of our bimonthly CME for MOC: Ask Your Questions Webinars, where you can talk with ACCME staff about any questions you may have.

Please visit our [CME in Support of MOC](#) webpage for information about the webinars and our other resources. We frequently post new materials to support providers. Our two newest resources focus on CME that qualify for ABP MOC:

- [A Guide to Using Reflective Statements as Assessment in Live Activities Offered for ABP MOC Part 2](#)
- [CME for ABP MOC Planning Overview](#)

The Value of CME: Number of Activities and Participants on the Rise

Every day, across the country, clinicians can choose from more than 3,000 hours of accredited CME. Accredited CME is a tremendous resource — offering clinicians, educators, and health leaders the power and capacity to address many of the challenges we face in our changing healthcare environment.

To help communicate the value of CME, we recently released the [ACCME Data Report: Growth and Evolution in Continuing Medical Education — 2016](#). The report shows that we have a thriving, growing community of CME providers that offer physicians and healthcare teams an array of resources to promote quality, safety, and the evolution of healthcare.

Here are a few highlights:

- More than 1,800 accredited CME providers offered close to 159,000 educational activities in 2016.
- This education comprised more than 1 million hours of instruction and included interactions with 27 million healthcare professionals.
- Since 2015, the number of educational events increased 7%, hours of instruction increased 9%, and interactions with clinicians grew 5%.
- The number of activities and interactions have increased each year since 2010, despite some consolidation among CME providers.
- The number of physician interactions have increased over the years or remained fairly stable. The number of interactions with nonphysician healthcare professionals such as nurses, physician assistants, and pharmacists shows steady growth.

Our report has a lot of data, but behind those numbers are educators, delivering programs that are meaningful to clinicians. I hope this report is a useful resource to help you communicate the value of your work to your leadership. I celebrate your dedication and appreciate the remarkable work that everyone in our CME community — from staff and volunteers to CME professionals and faculty and learners — do every day, not only to enhance education, but — most importantly — to optimize care for the patients we all serve.

Registration Open! ACCME 2018 Meeting — Building an Educational Home Together

Registration is now open for the ACCME 2018 Meeting on April 16-19, 2018, in Chicago. Join us as we plan—together—how to transform practice and care through accredited CME.

Over four days, educators and healthcare leaders will collaborate to develop their plans for building an educational home for the year ahead and create an environment where learners can thrive. The ACCME 2018 Meeting will be a key opportunity for advancing your educational program, whether developing strategies for meeting the expectations of ACCME's Menu of Criteria for Accreditation with Commendation; pursuing public health imperatives; or seeking opportunities to bring technology, creativity, and innovation to your educational program. Thank you to those of you who participated in our inaugural ACCME Meeting last April.

For more information, visit www.accme2018.org.

For regular updates on ACCME, please visit our website (www.accme.org), or follow us on Twitter (<https://twitter.com/AccreditedCME>), Facebook (<https://www.facebook.com/AccreditedCME>), and LinkedIn (<https://www.linkedin.com/company/AccreditedCME>). For questions, email info@accme.org.

2016-2017 ABMS BOARD CERTIFICATION REPORT NOW AVAILABLE

The [2016-2017 ABMS Board Certification Report](#) features new infographics highlighting the American Board of Medical Specialties (ABMS), Board Certification, and certification advancements. For the first time, a new table shows diplomate head count by each of the 24 Member Boards that comprise ABMS, specialty/subspecialty, and state. The other tables in the report have been updated with information to better reflect the Member Boards' current requirements and standards. The report can be downloaded for free from ABMS' website, where a [video](#) highlighting the report's findings is posted.

ABMS ANNOUNCES THE 2017-2018 CLASS OF VISITING SCHOLARS

The American Board of Medical Specialties (ABMS) [Research and Education Foundation](#) (REF) recently selected six individuals to participate in its [Visiting Scholars Program](#) for 2017-2018, the largest class in the program's four-year history. It is pleased that the American Board of Orthopaedic Surgery (ABOS) will again sponsor a Visiting Scholar whose research will support improvement in orthopaedic practice and performance. In addition, the Gordon & Betty Moore Foundation has provided a grant that will support two Visiting Scholars' research focusing on ways to improve physician diagnostic accuracy.

Launched in 2014, the one-year, part-time program facilitates scholarly projects relevant to physician certification that support early career physicians and scientists in their pursuit of improving patient care and furthering medical education. The program also exposes the scholars to the fields of professional assessment and education, health and public policy, and quality improvement, as well as provides leadership development.

Members of the Visiting Scholars Class of 2017-2018 are:

- **Regan Bergmark, MD, Gliklich Healthcare Innovation Scholar, Harvard Medical School, Massachusetts Eye and Ear®** – *Standardized Health Outcomes Measures: Utilization by Specialty*
- **Johnathon Bernard, MD, MPH, Attending, Sports Medicine and Shoulder Surgery, National Sports Medicine Institute, Johns Hopkins Medical Institutions** – *The Role of Orthopaedic Surgery Milestones in Assessing Competency of Technical and Arthroscopic Skill of Residents; Development of a Cadaveric Surgical Model on Meniscal Injuries using Arthroscopic Video and Surgeon Point of View Recording* (ABMS/ABOS Visiting Scholar)
- **Martin Casey, MD, MPH, Resident, Icahn School of Medicine, Mount Sinai Hospital, Elmhurst Hospital** – *Variation in Charges and Revisit Rates for Emergency Department Asthma Visits*

- **Souvik Chatterjee, MD, Pulmonary Critical Care Fellow, National Institutes of Health, Johns Hopkins Medical Institutions** – *The Human Dx Project: An Objective Assessment of Diagnostic Reasoning* (Project supported by a grant to the ABMS REF from the Gordon & Betty Moore Foundation.)
- **Brian Garibaldi, MD, Associate Program Director, Osler Medical Residency Program, Johns Hopkins University School of Medicine** – *A New Bedside Tool to Assess the Physician Exam Skills of Practicing Physicians* (Project supported by a grant to the ABMS REF from the Gordon & Betty Moore Foundation.)
- **Shannon Martin, MD, MS, Assistant Professor of Medicine, University of Chicago** – *Understanding Associations of Maintenance of Certification on Resource Utilization and Physician-Reported*

ABMS LAUNCHES CONTINUING BOARD CERTIFICATION: VISION FOR THE FUTURE

The American Board of Medical Specialties (ABMS) and its 24 Member Boards recently launched a major initiative, “Continuing Board Certification: Vision for the Future” (Commission). A collaborative process, the Commission will bring together multiple partners to vision a system of continuing board certification that is meaningful, relevant and of value, while remaining responsive to the patients, hospitals and others who expect that physician specialists are maintaining their knowledge and skills to provide quality specialty care.

The Planning Committee to establish the Commission will include representatives from ABMS, the Accreditation Council for Continuing Medical Education, Accreditation Council for Graduate Medical Education, Coalition for Physician Accountability, Council of Medical Specialty Societies (CMSS), and Council on Medical Education of the American Medical Association as well as public

members. The Planning Committee will identify the construct and membership of a 21 to 25 member Commission, identify key questions for consideration by the Commission, and oversee a national opinion survey. The Commission will include representatives from the physician community as well as professional medical organizations, national specialty and state medical societies, hospitals and health systems, the general public, and other stakeholders. The Commission construct and process will be designed to engage physicians, the public, users of the credential and other stakeholders in a collaborative, transparent, inclusive process that is rigorous, high quality, and expeditious.

The Commission framework includes three phases, beginning with a comprehensive assessment of the current continuing Board Certification system. Feedback will be obtained from varied stakeholders through multiple methods including a national survey. The information obtained will be used by the Planning Committee and Commission to identify the key questions emerging from the initial research phase. The Commission will hold hearings, provide information publicly, and test and seek feedback on concepts and ideas during the process. The Commission’s final recommendations will be submitted to ABMS and its Member Boards for consideration and implementation. It is estimated the Commission process will take approximately 12 to 15 months.

“The CMSS is pleased to serve on the Planning Committee and have the opportunity to represent the specialty society community,” stated Norman B. Kahn, Jr., CMSS Executive Vice President and Chief Executive Officer. “This is a bold and exciting initiative on the part of ABMS. The inclusiveness of this process will help to ensure that the future enhancements and improvements to the continuing Board Certification process will be based on input from a broad set of constituencies.”

“Patients, families, and others who rely upon the credential trust that Board Certified physicians have the knowledge and skills necessary to practice specialty medicine,” said ABMS Board of Directors Chair John C. Moorhead, MD. “Our system of professional self-regulation includes a process of meaningful continuing certification. The work of the Planning Committee and Commission will help ABMS ensure a continuing Board Certification program that remains relevant and meaningful to physicians and the patients they serve well into the next decade.”

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