



# Continuing Medical Education Accreditation



## What CACME wants to know...

- Resolution of previous issues
- Strengths and areas for development
- How CME responds to societal needs
- How CME is organized
- How CME plans courses
- Research and innovation



## How were recommendations from previous survey handled?

- Clarity re CME Committee mandate
  - Terms of reference reviewed and revised with Committee several times (most recently April 2008)
- Funding from RPAP appears to be level despite CME cost increases
  - RPAP funding has been maintained for programs that we continue to do
  - Funding for Medical Information Service moved to RPAP central budget
- Educational Rounds and Disclosure
  - Rounds are purview of Departments
  - CME departmental reps are working within Depts to implement disclosure for educational events
  - CADE is developing proposal for all educational programs within Faculty

## What are the office strengths?

- Curriculum development and evaluation for MD learning
- Long history of sustaining and enhancing core courses
- Multi disciplinary educational program development and delivery
- Conference office management
- Creating and sustaining partnerships
- Expertise in social sciences and statistical methodologies for needs assessment and evaluation
- Development and psychometric assessment of instruments to assess MDs



## What areas have been identified for improvement?

- Core funding for CME & PD work
  - Proposal before Alberta Health and Wellness (next slide)
- Specialist programming
- Obtaining and using 'real needs' to guide program planning
- Unit's visibility and scope of service
- Dissemination of expertise related to knowledge translation, CPD strategies, tools for needs assessment and evaluation

# Proposed Model



## 1. How has CME responded to societal needs?

### **Focus of section is on....**

- Mission statement
- CME purpose and goals
- Identification of long term objectives
- Incorporation of societal needs
- Procedures in place for critical evaluation
- How CME meets professional, legal, and ethical standards

## 1.1 Mission Statement

- Mission statement
  - CME & PD: *To provide leadership in education for physicians, other health care professionals, and the community to assist them in providing excellent health care*
  - Is aligned with Faculty Mission (An innovative medical school committed to excellence and leadership in education, research and service to society)
  - Reviewed annually
  - Approved by Faculty Council (Dec 14, 2005)

## 1.2 CME & PD Current Purpose and Goals

- Gain full accreditation with CACME June 2008.
- Develop CME infrastructure in collaboration with AMA, AH&W, and CPSA
- Increase programming, particularly for RCPSC specialists and other health care professionals.
- Increase capacity and expertise in continuing professional development through work with the CME and PD Committee and training of MSc and PhD students.
- Increase partnerships and collaborations within the Faculty, with the health regions and medical organizations to enhance programming, funding and the provision of new learning modalities to physicians.
- Investigate and pursue new opportunities for national program development and dissemination.
- Increase the numbers of and opportunities for faculty members to engage in CME and PD research and evaluation.

## 1.3 How are long-term objectives determined?

- What processes are used?
  - Strategic planning sessions (e.g., November CME & PD retreat)
  - Business plan in alignment with Faculty and University plans
- How are priorities established?
  - Goal is to sustain strong current programming and research while adding new directions as resources are found to support these directions
- What funding sources support CME & PD?
  - Tuition; Corporate revenue; Course management fees; Rural Physician Action Plan; College of Physicians and Surgeons of Alberta; Faculty of Medicine
- How are learning needs determined?
  - CME & PD Committee, partnerships, input from Faculty and faculty members, environmental scans, actual needs assessments

## 1.4 How are societal needs incorporated?

- Processes Used
  - Partnerships
  - Faculty and other committee meetings (e.g., RPAP, AMA, CPSA)
  - Scans of media
  - General surveys of faculty members
  - Input from others requesting support
- How are societal needs incorporated?
  - On-going educational programs
  - New programs
  - New partnerships



## 1.5 What procedures are in place for critical evaluation?

- CME & PD committee
- Business plan
- Work of Associate Dean and Senior Education Dean



## 1.6 How does CME ensure standards are met?

- Professional, legal, and ethical standards
  - Information about expectations for evidence based information, copyright, and disclosure of conflict of interest are circulated to planning committees and speakers
  - Disclosure statements signed by committee members and speakers, reviewed by Associate Dean
  - Careful consideration given to choice of speaker
  - Evaluation forms monitor bias and conflict of interest

## 2. Organization & Administration

### **Focus of section is on**

- Organizational structure for CME
- Resource management
- Major relationships
- Major challenges
- Record keeping
- Involvement within Faculty

## 2.1 Organizational structures

- Associate Dean reports to Senior Education Dean
- CME and PD Committee
  - Reports to Executive Faculty Council and Faculty Council
  - Departmental representatives on CME & PD committee who report to their Department Heads
  - Selected course chairs serve on committee along with representatives of key stakeholders (e.g., AMA, CPSA, CHR)



## 2.2 Course planning committee structures

- Members selected for expertise
  - Content and/or population targeted
- Members sign disclosure of conflict of interest
- Committees supported by an 'educational consultant' from CME & PD office as well as conference coordinator
- Committees are provided with needs assessment and evaluation data to support work

## 2.3 CME & PD Resources

- Faculty provides
  - salary support for Associate/Assistant Dean and Administrative Assistant
  - Office, heat, lighting
  - Access to centralized services (communication, IT, AV, some classroom access, multi media)
- Office revenues support
  - Conference managers, registration clerks, financial people
  - Office equipment and supplies
  - Educational activities

## 2.4 Major Relationships

- Calgary Health Region and its programs
- Poison and Drug Information Service
- College of Physicians and Surgeons of Alberta
- Rural Physician Action Plan
- Alberta Cancer Board
- Alberta Medical Association

## 2.5 Major Challenges

- Funding is 'project' based
- Directions/decision of other bodies can affect CME & PD operation
  - CFPC/RCPSC/CMA
  - CPSA
- Staff recruitment and retention in Calgary
- Lack of predictability of revenue and costs



## 2.6 Record keeping

- CME & PD Committee minutes
- Staff minutes
- Policy and procedure manual in office
- Electronic records of course participants
- Policies preclude disclosure of course participants as per FOIP legislation

## 2.7 CME & PD involvement within Faculty

- Support Office of Faculty Development
  - Participant record keeping, some involvement in planning and evaluation; \$20k annual contribution to the Office
- Work with Associate Dean, Rural and Regional Education re Cabin Fever
- Facilitate accreditation of courses for Section 1 Maintenance of Certification Programs for fellows of the RCPSC who are chair/faculty members
- Work with Medical Education Research Unit
- Facilitate accreditation of programming under RCPSC section 1 accreditation



## 3. Provision of Educational Services

### **Focus of section is on**

- Educational expertise in Office
- Determination of needs
- How diverse needs of participants are met
- How programs are planned
- How evaluation data are used
- Role of funding from industry
- Self directed learning

## 3.1 What educational expertise is available?

- Jocelyn Lockyer PhD
- Norman Schachar MD FRCSC (specialist education)
- Richard Ward MD CCFP FCFP (family medicine, national courses)
- Diane Simpson PhD (curriculum design)
- Claire Mills BScN LLB (rural education)
- Glenda Wong MHSA (curriculum design)
- Angela Edoe, Med (curriculum design)
- Herta Fidler MSc (evaluation)

## 3.2 How are needs determined?

- Annual survey of faculty members
- Course evaluations and course needs assessments
- Course history and goals/objectives
- Other course-specific data
- Information provided by partners
- Planning committee members synthesize data

### 3.3 How are diverse needs of participants met?

- Small and large group activity
- Hands-on courses
- E-learning
- Academic detailing
- Videoconferencing
- Calgary, resort, rural programming
- Examination preparation courses



## 3.4 How are programs planned and managed?

- Identification of population of participants
- Creation of goals/objectives
- Appointment/re-appointment of committee
- Needs assessment data
- Planning committee meetings and e-discussions
- Identification of topics, speakers, format, location
- Invitations and directions to speakers
- Implementation of program
- Evaluation of the program

## 3.5 How is evaluation data used?

- Planning committees review to assess program's performance and begin the planning process
- Staff review evaluations
- Associate Dean reviews evaluations
- Speakers receive feedback for their presentation as well as general information related to course
- 3 year composite summaries for selected courses are part of the business plan

## 3.6 Funding from industry

- Annual solicitation for funds for most courses
- Course specific solicitation for funds where appropriate
- Disclosure forms for all speakers and planning committee members
- Speakers requested to provide disclosures on 2<sup>nd</sup> slides of presentations
- Monitor evaluations for bias
- Follow-up on evaluations which indicate bias

## 3.7 Self directed learning

- Medical Information Service
- RPAP traineeships
- PAR program feedback

### **Focus of section is on**

- Research expertise
- Major research directions
- Innovative programs

- Expertise
  - J Lockyer PhD; H Fidler MSc; M Chu BComm
  - Qualitative and quantitative methods in medical education
- Linkages to rest of Faculty
  - J Lockyer is a member of Medical Education Research Unit. Extensive collaboration with C Violato.
  - Extensive collaboration on most studies with clinicians

## 4.2 What are the major research directions?

- Physician Achievement Review Program of the College of Physicians and Surgeons of Alberta
  - Instrument development and psychometric assessment
- Feasibility of mentoring for IMGs and Surgeons (with C de Gara, U of AB)
- Learning needs of physicians new to practice in Calgary
- Physician self-reflection capacity (lead by J Sargeant, Dalhousie)
- Assessment of Bias in CME (lead by J Takkar, UWO)

## 4.3 What are the innovative programs

- Support for International Medical Graduates
  - Examination preparation courses
- Rural CME Programs
  - ER for Rural Hospitals; Anesthesia/Surgery for GP's; Videoconferencing, Regional Conferences; Surgical procedures
- Bone and Joint Health
  - Multi disciplinary and patient educational program to support bone and joint health
- Physician Achievement Review Program
  - Collaborated in the development of a suite of surveys across all disciplines of medicine in which patients, co-workers and colleagues provide data
  - Adopted in many jurisdictions across Canada and internationally
- Heart and Stroke Foundation of Ontario
  - Teach the teacher program for hypertension management being done to gain expertise transferable to Alberta PCN's