



CPPD Report

The Division of Continuing Physician Professional Development
Newsletter for the Continuing Medical Education Community

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Leaving the AMA – A Farewell

Dennis K. Wentz, MD

The editor persuaded me to write this last comment for the CPPD Report, and it is difficult. A time of mixed emotions. To have served for fifteen years in AMA’s Division of CPPD (and for about ten years when we called it CME) has been an amazing experience. The best part has been the people of CME – everyone I’ve met over the years with a passion for CME. From an incredible AMA staff, both past and present, to a growing number of committed CME professionals worldwide, and from our constituents, the practicing physicians of America, it has been a unique vantage point. To all of the readers of CPPD report, and many others, I owe some big-time thanks for your friendship, candor when needed, and support. I was lucky enough to be in a position to listen and at times even make things happen.



Our discipline of CME has come into its own, and what a momentous time these past fifteen years have been. CME was once labeled correctly as the “frontier” of medical education but now is usually at the cutting edge in medical education. From decades of only producing “courses” to a new focus on helping doctors to learn, whenever and wherever they best do it, we now live in a CME environment that fosters academic inquiry. We have a body of research underlying what we do and why we do it. Indeed, the most challenging environmental forces one can imagine have taken swipes at us, and we are the better for it.

It was 1988 when Roy Schwarz asked me to assume the leadership of AMA’s CME effort. To leave the security of an exciting academic environment at Vanderbilt and move into a position with organized medicine on the national scene was scary – but I could see that the challenge might also be an opportunity. It was easy enough to agree to come back to Chicago for the first time since medical school (twenty minutes to the Chicago Symphony on a weekly basis!) but the position was largely undefined. And as a 16 year veteran of watching CME being rebuffed in many circles of higher education, the AMA’s large presence in all three phases of medical education offered promise.

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Not too long after my arrival the editor of JAMA, George Lundberg, asked me to write an editorial commenting on an upcoming JAMA article regarding compliance of physicians with Michigan's mandatory CME requirements. The article concluded: "Because of problems with documentation, only category 1 approved activities should be used to assess compliance." To put it mildly, I was appalled. I wrote that accepting such a conclusion would increase the emphasis on formal category 1 activities and opined, "This is not in the best interests of the future development of the discipline of CME." Little did I realize then that the gauntlet had been flung and that all of us together were beginning a fundamental reshaping of our field of CME.

And so the future direction of the AMA's CME program took shape. With the support and commitment of AMA's Council on Medical Education, we have slowly evolved the AMA PRA credit system to meet the differing needs of a new generation of physicians. Fifteen years of debates, challenges, opportunities, mistakes, new directions, false starts, but also some lasting outcomes, and we're not finished. And, most importantly, our group at the AMA was able to support from the sidelines the collective efforts of committed professionals in the field of CME to help so much else happen. Major CME research "summits" that in turn led to two remarkable books, *The Physician as Learner* and *The Continuing Professional Development of the Physician*. Four North American CME Congresses and a fifth one upcoming in May 2004 in Toronto. Moving CME into the larger sphere of CPPD - Continuing Physician Professional Development. Answering concerns about CME expressed by doctors and often articulated through the state medical societies and the medical specialty societies. Making the case for remedial CME. Increasing recognition for CME pro-fessional organizations, e.g. the admittance of the Alliance for CME and the Society for Academic CME as observer members of the AMA House of Delegates. Articulating the tenets of professionalism while also trying to create an environment for ethical collaboration in CME with industry. Much has happened.

So, it has been an exciting journey through fifteen years, thanks to all of you. While I have retired from the AMA, I am not leaving CME and CPPD but will be consulting in several venues. A special interest is to write a history of CME as I have observed it over 33 years. In all of these matters, I would love to hear from you. My current E-mail address is dkwentz@aol.com.

Online Tutorial for CME Providers Receives Positive Feedback

In the last edition of the CPPD Report, we told you about our new online tutorial, "*Designating Activities for AMA PRA Category 1 Credit: What CME Providers Need to Know*." Since then, over 250 users have participated in the activity and completed the online quiz. We have received valuable feedback and have already incorporated some changes suggested by providers, including the addition of a completion certificate at the end of the tutorial. Some have suggested more information on the AMA's Gifts to Physicians from Industry Campaign, and we plan to incorporate this as well. If you have not used the online tutorial, we encourage you to visit: www.ama-assn.org/go/cmetutorial

As mentioned above, an interactive quiz follows the tutorial. The majority of users answered all five questions correctly, but the question that was answered incorrectly 23% of the time is:

"Providers must print the full designation statement on all promotional materials (true or false)."

The correct answer is false. The full designation statement does not need to be included on "save the date" announcements and other promotional materials with limited space. Providers may announce that AMA PRA credit will be awarded without stating the exact amount ("This activity has been approved for AMA PRA category 1 credit"), but may not indicate "AMA PRA credit has been applied for."

We appreciate the positive response we have had to this project and welcome any additional ideas on how we can more effectively communicate PRA guidelines and updates to the CME community.

Alliance for Continuing Medical Education Center for Learning and Change - Fostering Innovations in CME Practice

James C. Leist, Interim Director, Alliance Center for Learning and Change

The Alliance for Continuing Medical Education recently established a Center for Learning and Change. The Center's purpose is to translate educational research into effective CME practice through collaborative national demonstration projects. Specifically, the Center will support the practice needs of CME providers by applying evidenced-based educational research to health priorities in their CME activities, with the intent to educate physicians and their teams and ensure competent practice. The ultimate goal of the Center is to improve traditional CME by promoting more "physician learner" focused education linked to practice that improves performance and ultimately health care.

The Alliance Center will change the culture of CME for the medical profession as educational research is applied in practice. CME providers, as well as physicians, are being asked to expand their roles in today's culture. Physicians, for example, must now accept greater professional responsibility for their self-assessment, learning and continuous improvement. CME providers will need to apply evidenced-based educational research to improve traditional CME and implement new CME more closely linked to physician needs and healthcare problems encountered in everyday practice.

It is envisioned that the transformed "traditional CME" will be interactive, address clinical health problems with multi-interventions, and provide reinforcement/tools for the physician learner to apply in practice what they learn. This new CME will aid the physician learner in assessing individual needs and practice performance and provide appropriate interventions to improve that performance while monitoring changes in that performance and the health status of patients.

The Center will focus on three *Areas of Excellence*:

- **Producing Results**- The first *Area of Excellence* will focus on demonstration projects and research on the effectiveness of the educational interventions that aid physicians in maintaining their competence and improving their performance and health outcomes over time.
- **Improving the Process** - The Center's second *Area of Excellence*, will examine how physicians learn, how they can be educated better to evaluate their own quality and the quality of the systems in which they practice, and how they can implement strategies to maintain learning and continuously improve in their own practices.
- **Establishing the Link** - The Center's third *Area of Excellence* will ensure that the CME provided to physicians is the most current, evidence-based and effective in changing behavior linked to improved patient care.

An Advisory Panel of educational and medical leaders guides the Alliance Center for Learning and Change. The Panel includes Barbara Barnes, MD, (University of Pittsburgh); Dave Davis, MD, (University of Toronto); Robert Fox, EdD, (University of Oklahoma); Harry Gallis, MD, (Carolinas HealthCare System); Gil Golden, MD, PhD, (Guilford Pharmaceuticals); Terry Hatch, MD, (Carle Foundation Hospital); Marcia Jackson, PhD, (American College of Cardiology); Stephen Miller, MD, MPH, (American Board of Medical Specialties); Richard Murray, MD, (Merck & Company); Barbara Schneidman, MD, MPH, (American Medical Association) and Bruce Spivey, MD, (Council of Medical Specialty Societies). Jim Leist, EdD, (Alliance for Continuing Medical Education) is the Interim Director and Steve Biddle, MEd, (CME Resource) the Advisory Panel Chair. Additional information about the Center, its projects and activities can be directed to: center@acme-assn.org

14th Annual Conference on CME Provider/ Industry Collaboration Highlights

The AMA hosted “Partners in Progress: Serving the Professions and the Public,” the 14th Annual Conference of the National Task Force on CME Provider/Industry Collaboration on September 8-11 in Chicago. This year’s conference focused on new regulations that affect the industry/provider relationship, and explored the value and challenges to this partnership in the context of a continuously changing environment. Dr. Peter Rheinstein, MD, JD, Senior Vice President, Medical & Clinical Affairs, Cell Works, Inc., served as the Conference Chair.

A pre-conference orientation offered newcomers an introduction to the themes and issues related to collaboration between CME providers and industry, including a thought-provoking discussion of recent developments in CME from Michael Saxton, BS. Highlights from the general conference included an update from the Office of Inspector General, provided by Mary E. Riordan, Esq., Senior Counsel, as well as a fun and highly informative session on how to work effectively with the media, presented by Patricia Clark of Communications Strategies.

Breakout sessions explored diverse topics, including Gifts to Physicians, Industry Response to the OIG guidelines, Evidence-Based CME, and an interactive session on Online CME. The final plenary session used an Audience Response System (ARS) to engage the audience in working through several case studies that posed ethical, practical and regulatory dilemmas. A panel of speakers, including representatives from the AMA, ACCME, OIG, FDA and the Pharmaceutical industry then discussed how the cases would be addressed by each organization. To view speakers’ slides from the entire conference, please visit: www.ama-assn.org/go/cmetaskforce

Although this year’s conference was moved to Chicago, nearly 450 professionals attended from 37 states, representing education and communication companies, medical specialty societies, academic medical centers, and pharmaceutical and device industries. We look forward to returning next year to the Baltimore Inner Harbor, where the conference will be held at the Baltimore Marriott Waterfront

Hotel September 27-30, 2004. For more information, visit www.ama-assn.org/go/cmetaskforce or contact Regina Littleton, Meeting Planner, at 312-464-4637.

Coalition for Physician Enhancement Moves Toward Accreditation

The Coalition for Physician Enhancement (CPE) met in Chicago on November 14-15, 2003 with their usual agenda of scientific/educational topics coupled with a business session that tackled their next steps toward accreditation.

CPE consists of approximately twenty professionals with educational and licensure backgrounds that either lead or have an active interest in individualized physician assessment programs. These physician assessment and remediation programs rely on both licensure board and hospital referrals as well as physician self referrals for personalized CME.

The scientific portion of the meeting opened with a presentation on personal leadership development by Michael Woods, MD, followed by an examination of how multisource feedback can work in CME (led by Jocelyn Lockyer, PhD, University of Calgary). The scientific sessions segued into the business meeting when George Mejicano, MD first reviewed the standard toolbox of assessment methodologies and then conducted an audit of the programs represented on CPE.

After the membership and committee reports, the CPE business meeting focused on continued development of their measurable objectives. At the heart of these, CPE plans to work out a shared, standardized physician assessment protocol that would also integrate with a CPE certification process at the organization level. CPE plans to devise an outcomes oriented research protocol, and to supplement all their core activities by implementing a marketing strategy.

After several years of capable service, Dr. Mejicano will be stepping down as CPE Chair. Penelope M. Davis, MD, Director of CME and Professional Development at the University of Saskatchewan, was elected to this post and will be hosting the next CPE meeting on June 8-9, 2004 in Saskatoon, Canada. For more information, please contact Dr. Davis at: penny.davis@usask.ca

Former CPPD Director Passes

It is with great sadness that we announce the passing of Michael I. Gannon. Mike began his career at the AMA in 1978 and retired in 1999. He worked in the Continuing Medical Education department his entire 21 years at AMA. From 1978 – 1988 he was involved in AMA accreditation of CME sponsors, assisted in the development of AMA policy on CME, supervised and planned AMA CME activities, organized and edited an international CME newsletter and acted as a CME consultant. In 1988 he became the Associate Director of the Division of Continuing Medical Education until he retired in May of 1999.

Mike continued on as a consultant focusing on International CME activities and the creation of an oral history of CME in the United States gathered from pioneering leaders in CME. His passing is a great loss to the CME community.

Another Goodbye...

The AMA Division of CPPD will lose another member of our team in early January. Greg Paulos, Interim Director of CPPD and the Director of CME Strategic Business Development, has accepted a position with a medical specialty society. Mr. Paulos has been a valued asset of the AMA for 17 years. Prior to his current position, he served as Director of Medical Education Systems from 1996-1998. Previous to that Mr. Paulos served as Director of Financial Systems from 1987-1996.

Mr. Paulos will continue to be involved in CME in his new position and will remain a board member of both the Illinois Alliance for Continuing Medical Education (IACME) and the Alliance for CME (ACME), and a Commissioner for the American Society of Health System Pharmacists (ASHP) Commission on Credentialing.

We will greatly miss Greg here at the AMA and wish him much success in his new position.

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CPPD on the Web

www.ama-assn.org/go/cme

CME Select, your complete resource for CME

www.ama-assn.org/go/pr

Physician's Recognition Award information for physicians and CME providers

www.ama-assn.org/go/intlpracredit

Request approval to award AMA PRA category 1 credit to physicians not licensed in the US.

www.ama-assn.org/go/cmetutorial

Test your knowledge of the AMA PRA credit system.

The CPPD Report is published 3 times annually. The AMA Division of CPPD welcomes your suggestions and comments. To subscribe or unsubscribe, and for all other correspondence, contact:

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www.ama-assn.org/go/cmecppd

January 21-24, 2004

Alliance for CME Annual Conference
Atlanta, Georgia
www.acme-assn.org

July 30-31, 2004

Alliance for Continuing Medical Education
CME: The Basics
Rosemont, Illinois
www.acme-assn.org

May 15-18, 2004

CME Congress 2004
Alliance for CME, AHME, SACME
Toronto, Ontario, Canada
www.cmecongress.org

September 27-30, 2004

The 15th Annual Conference of the National Task
Force on CME Provider/Industry Collaboration
Baltimore Marriott Waterfront Hotel
www.ama-assn.org/go/cmetaskforce

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