UPDATED

GLOBAL GUIDE

A CME REFERENCE COMPENDIUM

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Dear Colleague,

Thank you for your interest in Volume 5 of the Global Guide: A CME/CE Reference Compendium, a comprehensive resource encompassing CME/CE rules, policies, definitions, and essential references. Following the distribution of over 8,000 copies of Global Guide Volumes 1-4, we explored new source documents to enhance the value of Volume 5.

Global Education Group conducts industry research focused on continuing medical education (CME), including grant strategy, outcomes measurement, and accreditation processes. Our proprietary research tools, such as CME outcomes and analytics and CME Value Analysis, help measure educational impact and compliance with CME standards.

In response to evolving standards and regulatory changes, Volume 5 includes updated sections on the 2020 ACCME Standards for Integrity and Independence, reflecting the latest guidelines for safeguarding CME/CE from commercial influence. Additionally, we provide insights on recent updates from the American Medical Association (AMA), ensuring that CME professionals stay informed of current requirements.

The continuing medical education field continues to align with initiatives like the federal National Quality Strategy, as well as maintaining compliance with the federal Open Payments Act (Physician Payment Sunshine Act). The Open Payments Act has promoted transparency regarding industry payments to physicians while distinguishing independent grants for Accredited CME as a separate entity.

As accredited education's role in healthcare improvement grows, so does the scrutiny of its practices. With new sections summarizing articles and editorials that both support and challenge CME/CE elements and stakeholders, we acknowledge the dynamic landscape of CME/CE, where innovative methods are both tested and validated.

Global Education Group and its collaborators are pleased to present this updated Global Guide. We trust this resource will support you and your organization in your commitment to quality improvement in CME, fostering professional growth across the industry.

Warmly,

Andrea Funk, CHCP
General Manager

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Contents

1. AMA Definition of CME 3
2. AMA Handbook/AMA PRA Booklet 4
3. ACCME Standards for Integrity and Independence 18
4. Joint Accreditation 24
5. Competencies in Healthcare Continuing Professional Development: An Integrated Approach for Quality Education and Patient Outcomes 27
6. Maintenance of Certification (CME) 30
7. Open Payments (Physician Payment Sunshine Act) 33
8. CEhp National Learning Competencies 35
9. Glossary of Terms 73
10. CE Educators Toolkit & Worksheet Guide 78
11. The Adult Learning Theory – Andragogy 81
12. References 82

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1. AMA Definition of CME

CME consists of 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. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public. (AMA House of Delegates policy #300.988)

Educational Content of Certified CME

Certified CME is defined as:
1. Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or
2. Nonpromotional learning activities for which the credit system owner directly awards credit

Accredited CME providers may certify nonclinical subjects (e.g., office management, patient-physician communications, faculty development) for *AMA PRA Category 1 Credit*™ as long as these are appropriate to a physician audience and benefit the profession, patient care or public health.

CME activities may describe or explain complementary and alternative health care practices. As with any CME activity, these need to include discussion of the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform associated procedures, without scientific evidence or general acceptance among the profession that supports their efficacy and safety, cannot be certified for *AMA PRA Category 1 Credit*™.

2. AMA Handbook/AMA PRA Booklet

https://www.ama-assn.org/media/7831/download

Modifications in the 2017 revision
Effective Sept. 29, 2017

General—the 2017 update includes modifications to American Medical Association requirements for accredited CME providers to certify activities for *AMA PRA Category 1 Credit*™ as part of the AMA/ACCME and alignment process. (pages 4–8)

Core requirements—are now aligned with ACCME accreditation criteria and do not represent anything new for CME providers. (page 4)

Learning formats—have been simplified and now include an "Other activity" format for activities that meet core and credit requirements but do not fit within one of the previously existing formats. (pages 4–5)

Credit requirements—stay the same but have moved to a separate section. (pages 5–6)
More information about the simplification and alignment process can be found on the AMA website at ama-assn.org/education/cme-provider-resources.

The AMA Physician's Recognition Award and credit system
This document describes the requirements that must be followed by accredited continuing medical education (CME) providers in order to certify activities for *AMA PRA Category 1 Credit*™ and award credit to physicians. It also describes *AMA PRA Category 2 Credit*™, requirements for physicians wishing to obtain the American Medical Association (AMA) Physician's Recognition Award (PRA) and other important related information. The AMA PRA has recognized physician participation in CME for more than 40 years. AMA PRA credit is recognized and accepted by hospital credentialing bodies, state medical licensure boards and medical specialty certifying boards, as well as other organizations.

Brief history
The AMA was founded by Dr. Nathan Davis, in 1847 in Philadelphia. The first two committees constituted by the new organization were the Committee on Medical Education and the Committee on Ethics, emphasizing the importance the association and the medical profession placed on these two areas. The AMA reorganized in 1901 at which time the Committee on Medical Education became the AMA Council on Medical Education as it continues to be known today. This elected body of physicians formulates policy on medical education by making recommendations to the AMA House of Delegates (HOD) through the AMA Board of Trustees.

Due to the state of undergraduate and graduate education at the time, the organization's early efforts focused primarily on these areas. A major accomplishment of the AMA Council on Medical Education in its early history was laying much of the ground work for, and participating in, the Carnegie Foundation for the Advancement of Teaching's national study of existing medical schools. The study began in 1909 and resulted in what is known today as the "Flexner Report," named for its author, Abraham Flexner of the Carnegie Foundation. N. P. Colwell, MD, secretary to the Council on Medical Education, and Arthur D. Bevan, MD, chairman of the Council on Medical Education, were major contributors to the work that went into the report. This report had a major effect on the medical school education of physicians and essentially established the model for medical education in the United States until the present, more than 100 years later.

In the 1940s and 1950s the AMA Council on Medical Education increased its focus on postgraduate medical education (PGME). The AMA surveyed practicing physicians to determine how many of them participated in PGME after completion of residency and/or pursued self-directed learning. The council reported to the AMA-HOD in 1955 that

almost a third of the 5,000 physicians responding to this survey reported no participation in formal PGME for at least the past five years. The AMA Council on Medical Education declared that PGME (later changed to "continuing" medical education by the AMA-HOD) "lacked direction and was suffering from a lack of clearly defined objectives." As a result of the report, the AMA-HOD took many actions to support CME in the 1960s, one of which was to establish a standing Advisory Committee on Continuing Medical Education which, by 1967, had developed a nationwide accreditation system for CME providers. In 1968 the AMA established the AMA PRA. The related AMA PRA credit system for physicians was developed as the metric to be used in determining qualifications for the AMA PRA.

Over the next two decades the AMA created other entities to make accreditation decisions. In 1981 the AMA and six other national organizations formed the Accreditation Council for Continuing Medical Education (ACCME). The seven member organizations of the ACCME are: the AMA, American Board of Medical Specialties, American Hospital Association, Association for Hospital Medical Education, Association of American Medical Colleges, Council of Medical Specialty Societies and the Federation of State Medical Boards.

Within the United States, the AMA only authorizes organizations that are accredited by the ACCME or by a state medical society recognized by the ACCME, referred to as "accredited CME providers," to designate and award *AMA PRA Category 1 Credit*™ to physicians. With the exception of those activities directly certified by the AMA, individual educational activities must be offered only by accredited CME providers, in accordance with AMA PRA credit system requirements, to be certified for *AMA PRA Category 1 Credit*™. The AMA, on behalf of its physician constituency, also maintains international relationships for certain educational activities that meet AMA standards.

Ethical underpinnings of CME

The AMA Principles of Medical Ethics, which are part of the more extensive *AMA Code of Medical Ethics* (Code), are standards of conduct that define the essentials of honorable physician behavior. These ethical statements were developed primarily for the benefit of the patient and recognize the physician's responsibility to patients first and foremost, as well as to society, to other health professionals and to him/herself.

Recognizing the central role of education for the continuing professional development of physicians, Principle V of the Code provides the grounding tenet for CME and medical education, in general:

> Principle V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

In addition, physicians have certain ethical responsibilities when participating in CME activities, either as a learner, faculty or planner. Accredited CME providers are encouraged to be familiar with the relevant ethical issues for physicians and ensure that participation in certified CME activities will not encourage or require physicians to violate the AMA ethical guidance. As of the time of this writing, the ethical opinions relevant to CME include 9.2.6 "Continuing Medical Education", 9.2.7 "Financial Relationships with Industry in Continuing Medical Education," and 9.6.2 "Gifts to Physicians from Industry," which can be found in full in the *AMA Code of Medical Ethics*. Questions regarding the interpretation of these opinions should be addressed to ceja@ama-assn.org.

The AMA expects accredited CME providers to present physicians with commercially unbiased, independent and objective information in all of their activities. Accredited providers must be in compliance with the ACCME Standards for Commercial Support℠.

AMA definition of CME

The AMA-HOD and the AMA Council on Medical Education have defined continuing medical education as follows:

> CME consists of 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. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public. (HOD policy #300.988)

Educational content of certified CME
Certified CME is defined as:

1. Nonpromotional learning activities certified for credit prior to the activity by an organization authorized by the credit system owner, or
2. Nonpromotional learning activities for which the credit system owner directly awards credit

Accredited CME providers may certify nonclinical subjects (e.g., office management, patient-physician communications, faculty development) for *AMA PRA Category 1 Credit™* as long as these are appropriate to a physician audience and benefit the profession, patient care or public health.
CME activities may describe or explain complementary and alternative health care practices. As with any CME activity, these need to include discussion of the existing level of scientific evidence that supports the practices. However, education that advocates specific alternative therapies or teaches how to perform associated procedures, without scientific evidence or general acceptance among the profession that supports their efficacy and safety, cannot be certified for *AMA PRA Category 1 Credit™*.

Activities ineligible for AMA PRA credit
CME credit may not be claimed for learning which is incidental to the regular professional activities or practice of a physician, such as learning that occurs from:

- Clinical experience
- Charity or mission work
- Mentoring
- Surveying
- Serving on a committee, council, task force, board, house of delegates or other professional workgroup
- Passing examinations that are not integrated with a certified activity

Categories of AMA PRA credit
There are two categories of AMA PRA credit: *AMA PRA Category 1 Credit*™ and *AMA PRA Category 2 Credit*™.

EARNING *AMA PRA CATEGORY 1 CREDIT*™
There are three ways for physicians to earn *AMA PRA Category 1 Credit*™.

1. By participating in certified activities sponsored by accredited ACCME or SMS CME providers. Information for accredited CME providers to certify activities for *AMA PRA Category 1 Credit*™ can be found on pages 4–8 and on the “AMA PRA Credit System” web page.
2. By participating in activities recognized by the AMA as valid educational activities. Information about these activities can be found on page 9 and on the “Claim CME Credit From the AMA” web page.
3. By participating in certain international activities recognized by the AMA. Information regarding these activities can be found on page 10 and on the “Earn Credit for Participation in International Activities” web page.

EARNING *AMA PRA CATEGORY 2 CREDIT*™
AMA PRA Category 2 Credit™ is self-claimed and documented by physicians for participating in activities that are not certified for *AMA PRA Category 1 Credit*™. More information about *AMA PRA Category 2 Credit*™ can be found on page 10 of this booklet.

Eligibility for AMA PRA credit
AMA PRA credit may only be claimed by, and awarded to, physicians, defined by the AMA as individuals who have completed an allopathic (MD), osteopathic (DO) or an equivalent medical degree from another country.

AMA monitoring of accredited CME providers
To assure the integrity of the AMA PRA credit system, the AMA monitors for compliance with AMA PRA credit system requirements in several ways including through the ACCME accreditation self-study process, the investigation of complaints received and the review of information found in the public domain. Whenever warranted, the AMA will proceed with follow-up inquiries to ascertain and address compliance with AMA PRA credit system requirements. In most cases, the AMA is able to assist accredited CME providers with finding strategies that will bring their program and activities into compliance with AMA PRA standards.

Withdrawal of privilege to designate credit
The AMA reserves the right to withdraw an accredited CME provider's privilege to certify activities for *AMA PRA Category 1 Credit*™ should the accredited CME provider fail to bring the program and activities into compliance with AMA PRA policies, regardless of accreditation status. Accredited CME providers have appropriate recourse through a due process system that has been established for the investigation of any issue related to the AMA PRA requirements. Information about this process can be found on the "Procedures for Handling Complaints Regarding AMA PRA Credit" web page.

Requirements for educational activities eligible for *AMA PRA Category 1 Credit*™

Certification of activities for *AMA PRA Category 1 Credit*™ by accredited CME providers
Accredited CME providers must ensure that activities certified for *AMA PRA Category 1 Credit*™ meet all AMA requirements, which include core requirements, format-specific requirements, and requirements for designating and awarding *AMA PRA Category 1 Credit*™.

Core requirements for certifying activities for *AMA PRA Category 1 Credit™*

1. The CME activity must conform to the AMA/ACCME definition of CME.
2. The CME activity must address an educational need (knowledge, competence or performance) that underlies the professional practice gaps of that activity's learners.
3. The CME activity must present content appropriate in depth and scope for the intended physician learners.
4. When appropriate to the activity and the learners, the accredited provider should communicate the identified educational purpose and/or objectives for the activity, and provide clear instructions on how to successfully complete the activity.
5. The CME activity must utilize one or more learning methodologies appropriate to the activity's educational purpose and/or objectives.
6. The CME activity must provide an assessment of the learner that measures achievement of the educational purpose and/or objective of the activity.
7. The CME activity must be planned and implemented in accordance with the ACCME Standards for Commercial Support: Standards to Ensure Independence in CME Activities℠.

Format-specific requirements for certifying activities for *AMA PRA Category 1 Credit*™
Activities may be held in one or more of the formats described below, and the applicable format requirements must be met.

LIVE ACTIVITIES
An activity that occurs at a specific time as scheduled by the accredited CME provider. Participation may be in person or remotely as is the case of teleconferences or live internet webinars.

ENDURING MATERIALS
An activity that endures over a specified time and does not have a specific time or location designated for participation, rather, the participant determines whether and when to complete the activity. (Examples: online interactive educational module, recorded presentation, podcast.)

- Provide access to appropriate bibliographic sources to allow for further study.

JOURNAL-BASED CME
An activity that is planned and presented by an accredited provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed, professional journal.

- Be a peer–reviewed article.

TEST ITEM WRITING
An activity wherein physicians learn through their contribution to the development of examinations or certain peer-reviewed self-assessment activities by researching, drafting and defending potential test items.

MANUSCRIPT REVIEW
An activity in which a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

PERFORMANCE IMPROVEMENT CONTINUING MEDICAL EDUCATION (PI CME)
An activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.

- Have an oversight mechanism that assures content integrity of the selected performance measures. If appropriate, these measures should be evidence based and well designed.
- Provide clear instruction to the physician that defines the educational process of the activity (documentation, timeline).
- Provide adequate background information so that physicians can identify and understand the performance measures that will guide their activity and the evidence behind those measures (if applicable).
- Validate the depth of physician participation by a review of submitted PI CME activity documentation.
- Consist of the following three stages:

  Stage A—learning from current practice performance assessment. Assess current practice using the identified performance measures, either through chart reviews or some other appropriate mechanism.
  Stage B—learning from the application of PI to patient care. Implement the intervention(s) based on the results of the analysis, using suitable tracking tools. Participating physicians should receive guidance on appropriate parameters for applying the intervention(s).
  Stage C—learning from the evaluation of the PI CME effort. Reassess and reflect on performance in practice measured after the implementation of the intervention(s), by comparing to the original assessment and using the same performance measures. Summarize any practice, process and/or outcome changes that resulted from conducting the PI CME activity.

INTERNET POINT-OF-CARE (POC) LEARNING
An activity in which a physician engages in self-directed, online learning on topics relevant to their clinical practice from a database whose content has been vetted by an accredited CME provider.

OTHER
Accredited CME providers can introduce new instructional practices, as well as blend new and/or established learning formats appropriate to their learners and setting, as long as the activity meets all core requirements. Certified CME activities that do not fit within one of the established format categories must identify the learning format as "Other activity", followed by a short description of the activity in parentheses, in both the AMA Credit Designation Statement and on documentation provided to learners (certificates, transcripts, etc.). See page 7, "AMA Credit Designation Statement" for additional information.

Designating and awarding *AMA PRA Category 1 Credit*™

EVERY ACTIVITY (regardless of format)

- Must comply with the seven core requirements.
- Must comply with the format-specific requirements, if any.
- Must be certified for *AMA PRA Category 1 Credit*™ in advance of the activity; i.e., an activity may not be retroactively approved for credit.
- Must include the AMA Credit Designation Statement in activity materials that reference CME credit.
- Must have the credits claimed by physicians retained by the accredited CME provider for a minimum of six years.

LIVE ACTIVITY

- Credit for a live activity is determined by measuring formal interaction time between faculty and the physician audience; 60 minutes equals one (1) *AMA PRA Category 1 Credit*™; credit is designated in 15 minute or 0.25 credit increments and rounded to the nearest quarter hour.
- Physicians claim credit based on participation time, rounded to the nearest quarter hour; this is the number of credits awarded.
- When concurrent sessions are offered in a live activity the time is only counted once—i.e., the designated maximum amount of credit may not exceed that which could be claimed by an individual physician.
- Only segments of the activity that comply with the AMA core requirements may be certified for *AMA PRA Category 1 Credit*™ and included in the designated maximum for the activity. Certified segments must be clearly identified in activity materials.

Faculty credit for learning associated with preparing and presenting an original presentation
Accredited CME providers may also award *AMA PRA Category 1 Credit*™ to their physician faculty to recognize the learning associated with the preparation and teaching of an original presentation at the accredited CME provider's live activities that are certified for *AMA PRA Category 1 Credit*™.
Credit for faculty is calculated on a 2-to-1 ratio to presentation time, rounded to the nearest quarter credit.

- Credit may only be claimed once for an original presentation; credit may not be claimed for subsequent presentations of the same material.
- Physician faculty may not claim credit as a participant for their own presentations, but may claim credit for other segments they attend as a participant.

Faculty credit for learning that takes place while preparing to teach and then is used in teaching medical students and/or residents
Accredited CME providers that are also accredited by either the LCME (for faculty teaching medical students) and/or the ACGME (for faculty teaching residents/fellows) are eligible to certify a live activity that recognizes the learning associated with teaching medical students and residents. Organizations that are LCME- and/or ACGME-accredited may work in a joint-providership relationship with a CME provider accredited through the ACCME system to certify this type of live activity for *AMA PRA Category 1 Credit*™.

- Credit for faculty is calculated on a 2-to-1 ratio to time spent teaching based on what was learned in preparation for it, rounded to the nearest quarter credit.
- Credit should only be awarded for teaching that is verified by the UME and/or GME office.
- In addition to the institution being ACGME accredited, the residency/fellowship program itself must also be ACGME accredited in order for faculty to be awarded *AMA PRA Category 1 Credit*™ for teaching residents/fellows in that program.

ENDURING MATERIAL

- Credit is designated based on the average time it would take a small sample group of the target audience to complete the material. Accredited CME providers can use other mechanisms to establish credit if the result is the same. Credit is designated in 15 minute or 0.25 credit increments and rounded to the nearest quarter hour.
- Physicians who successfully complete the activity are awarded the number of credits for which the activity is designated.

JOURNAL-BASED CME ACTIVITY

- Individual articles are designated for, and physicians are awarded, one (1) *AMA PRA Category 1 Credit*™.

TEST-ITEM WRITING ACTIVITY

- Each test-item writing activity is designated for, and physicians are awarded, ten (10) *AMA PRA Category 1 Credits*™.

MANUSCRIPT REVIEW ACTIVITY

Each manuscript review is designated for, and physicians are awarded, three (3) *AMA PRA Category 1 Credits*™.

PI CME ACTIVITY

- Each PI CME activity is designated for twenty (20) *AMA PRA Category 1 Credits*™.
- Physicians completing Stage A are awarded five (5) *AMA PRA Category 1 Credits*™; Stages A and B, 10 credits; A, B and C, 20 credits.

INTERNET POINT-OF-CARE ACTIVITY

- Each Internet PoC search is designated for, and physicians are awarded, one-half (0.5) *AMA PRA Category 1 Credit*™.

OTHER ACTIVITY

Accredited CME providers designate *AMA PRA Category 1 Credit*™ on a one credit-per-hour basis, using their best reasonable estimate of the time required to complete the activity. Physicians are awarded the number of credits for which the activity is designated.

Additional information for accredited CME providers

Designation of new procedures and skills training

Through new procedures and skills courses, accredited CME providers can train physicians on topics that may allow them to request new or expanded clinical privileges. The AMA PRA requirements for new skills and procedures training consist of four levels so that accredited CME providers and physicians can clearly identify the depth and complexity of the training. Accredited CME providers will need to assess, at the activity's conclusion, the participant physician's level of achievement. This is in addition to planning and implementing the activities to meet the AMA core requirements, the format-specific requirements for the activity and the requirements for designating and awarding *AMA PRA Category 1 Credit*™, to be certified for *AMA PRA Category 1 Credit*™. The requirements for designation of new procedures and skills training and the certificate wording for each of the levels may be found on the AMA website.

AMA Credit Designation Statement

The AMA Credit Designation Statement indicates to physicians that the activity has been certified by an accredited CME provider as being in compliance with *AMA PRA Category 1 Credit™* requirements. The AMA Credit Designation Statement must be written without paraphrasing and must be listed separately from accreditation or other statements. The following AMA Credit Designation Statement must be included in relevant announcement and activity materials:

> The <<name of accredited CME provider>> designates this <<learning format>> for a maximum of <<number of credits>> *AMA PRA Category 1 Credit*(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The learning format listed in the AMA Credit Designation Statement must be one of the following AMA approved learning formats:

1. Live activity
2. Enduring material
3. Journal-based CME activity
4. Test-item writing activity
5. Manuscript review activity
6. PI CME activity
7. Internet point-of-care activity
8. Other activity (<<provide short description>>)

For activities in the "Other activity" format:

> The <<name of accredited CME provider>> designates this Other activity (<<provide short description>>) for a maximum of <<number of credits>> *AMA PRA Category 1 Credit*(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Due to the nature of faculty credit for teaching medical students and residents/fellows, the standard credit designation statement listed above is not appropriate for this type of live activity since the number of credits will not be known in advance. The following credit designation statement should be used in its place for faculty credit for teaching medical students and residents/fellows only:

> The <<name of accredited CME provider>> designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits*™ per one hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Use of phrase "*AMA PRA Category 1 Credit*™"

The phrase "*AMA PRA Category 1 Credit*" is a trademark of the American Medical Association. Accredited CME providers must always use the complete italicized, trademarked phrase. The phrase "Category 1 Credit" cannot be used when referring to *AMA PRA Category 1 Credit*™.

Use of the AMA Credit Designation Statement in program materials and activity announcements

PROGRAM MATERIALS

The AMA Credit Designation Statement must be used in any program materials, in both print and electronic formats (e.g., a course syllabus, enduring material publication, landing page of an internet activity), that reference CME credit.

ACTIVITY ANNOUNCEMENTS

Activity announcements include all materials, in both print and electronic formats, that are designed to build awareness of the activity's educational content among the target physician audience. The complete AMA Credit Designation Statement must always be used on any document or publication that references the number of *AMA PRA Category 1 Credits*™ designated for the activity.

A “Save the date” announcement (such as a postal mailer with limited space) may indicate that the activity has been approved for *AMA PRA Category 1 Credit*™ without stating an exact number of credits if the accredited CME provider has already certified the activity. This announcement may read, “This activity has been approved for *AMA PRA Category 1 Credit*™” or similar language. Accredited CME providers may never indicate that “*AMA PRA Category 1 Credit*™ has been applied for” or any similar wording.

Recording credit

Accredited CME providers must have a mechanism for physicians to claim credit and must award the actual number of *AMA PRA Category 1 Credits*™ claimed by each physician. The records documenting the credit awarded must be retained by accredited CME providers, for each certified activity, for a minimum of six years after the completion date of the activity.

Although it is necessary to uniquely identify the physicians who claim CME credit, AMA House of Delegates policy opposes the use of Social Security numbers to do so. An alternative that might be used is the physician’s Medical Education number, a unique 11-digit proprietary identifier assigned by the AMA to every U.S. physician.

Credit certificates, transcripts or other documentation available to physicians

Only physicians (MDs, DOs and those with equivalent medical degrees from another country) may be awarded *AMA PRA Category 1 Credit*™ by accredited CME providers. Accredited CME providers must be able to provide documentation to participating physicians of the credit awarded upon the request of the physician. When an accredited CME provider issues a certificate, transcript or another means of documentation, it must reflect the actual number of credits claimed by the physician. An example of wording that might be used on certificates awarding *AMA PRA Category 1 Credit*™ to physicians follows:

> The <<name of accredited CME provider>> certifies that <<name of physician>> <<degree>> has participated in the <<learning format>> titled <<title of activity>> on <<date>> and is awarded <<number of credits>> *AMA PRA Category 1 Credit*(s)™.

Documentation provided to participating physicians must accurately reflect, at a minimum, the following:

- Physician’s name
- Name of accredited CME provider
- Title of activity
- Learning format
- Date(s) of live activity or date that physician completed the activity
- Number of *AMA PRA Category 1 Credits*™ awarded

Credit certificates, transcripts or other documentation available to non-physician participants

Non-physician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit*™. However, accredited CME providers may choose to issue documentation of participation to non-physicians that states that the activity was certified for *AMA PRA Category 1 Credit*™. An example of wording that might be used on documentation for a non-physician participant follows:

> The <<name of accredited CME provider>> certifies that <<name of non-physician participant>> has participated in the <<learning format>> titled <<title of activity>> on <<date>>. This activity was designated for <<number of credits>> *AMA PRA Category 1 Credit*(s)™.

Joint and co-providership

If a certified activity is either jointly provided (by an accredited CME provider and a non-accredited organization) or co-provided (by two or more accredited CME providers), then the accredited CME provider certifying the activity must keep a record of the *AMA PRA Category 1 Credit*™ claimed for each physician participating in that activity.

Additional ways for physicians to earn AMA PRA credit and the AMA Physician's Recognition Award

Activities for which *AMA PRA Category 1 Credit*™ is awarded directly by the AMA

Some activities do not occur under the auspices of an accredited CME provider. The AMA Council on Medical Education recognizes the learning that occurs in completing these activities and allows physicians to claim *AMA PRA Category 1 Credit*™ directly from the AMA for the activities defined in this section.

To claim credit for these activities the physician should apply to the AMA for a certificate indicating the *AMA PRA Category 1 Credit*™ awarded for completion of each activity. Information and the direct credit application can be found on the "Claim CME Credit From the AMA" web page. These activities include:

Teaching at a live activity
Preparing and presenting an original presentation at a live activity that has been certified for *AMA PRA Category 1 Credit*™ (if the accredited CME provider has not already awarded credit for this).
Documentation: a copy of the page(s) used by the provider to announce or describe the activity which includes the name of the speaker, accredited CME provider, AMA Credit Designation Statement, date and location of the activity.
Credit assignment: two (2) *AMA PRA Category 1 Credits*™ per one (1) hour of presentation time.

Publishing articles
Publishing, as the lead author (first listed), a peer-reviewed article in a journal included in the MEDLINE bibliographic database.
Documentation: a reprint or copy of the page(s) of the journal, which include the name of the author listed first, the name of the journal and date published.
Credit assignment: ten (10) *AMA PRA Category 1 Credits*™ per article.

Poster presentations
Preparing a poster presentation, as the first author, which is included in the published abstracts, at an activity certified for *AMA PRA Category 1 Credit*™.
Documentation: a copy of the page(s) in the published activity documents that lists the author and poster abstract, accredited CME provider, AMA Credit Designation Statement, title and date of activity.
Credit assignment: five (5) *AMA PRA Category 1 Credits*™ per poster.

Medically related advanced degrees
Obtaining a medically related advanced degree, such as a master's in public health (not available if the academic program certified individual courses for *AMA PRA Category 1 Credit*™).
Documentation: a copy of the diploma or final transcript.
Credit assignment: twenty-five (25) *AMA PRA Category 1 Credits*™.

ABMS member board certification and Maintenance of Certification (MoC©)
Successfully completing an ABMS board certification or MoC process.
Documentation: a copy of the board certificate or the specialty board notification letter.
Credit assignment: sixty (60) *AMA PRA Category 1 Credits*™.

Accreditation Council for Graduate Medical Education accredited education
Successfully participating in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency or fellowship program.
Documentation: a copy of the certificate or letter of completion from the approved residency/fellowship program
Credit assignment: twenty (20) *AMA PRA Category 1 Credits*™ per year
The successful completion of an ABMS member board certification process or an ACGME accredited residency or fellowship program also qualifies a physician for the AMA PRA. Please see the section regarding the AMA PRA or visit the "Apply for the AMA Physician Recognition Award" web page.

International activities for AMA PRA Category 1 Credit™
For participation in certain international activities, physicians may earn *AMA PRA Category 1 Credit*™.

AMA international conference recognition program
Each year the AMA recognizes and provides physicians with an opportunity to earn *AMA PRA Category 1 Credit*™ for certain international conferences. Contact cme@ama-assn.org learn out if there are any upcoming approved conferences.

AMA PRA credit system international agreements for credit conversion
As of this writing, the AMA has agreements with the European Union of Medical Specialists, the Royal College of Physicians and Surgeons of Canada, and the Qatar Council for Healthcare Practitioners for the conversion of their CME credit to *AMA PRA Category 1 Credit*™.
Visit the "Earn Credit for Participation in International Activities" web page for more information.

Requirements for *AMA PRA Category 2 Credit*™
AMA PRA Category 2 Credit™ is self-designated and claimed by individual physicians for participation in activities not certified for *AMA PRA Category 1 Credit*™ that:

- Comply with the AMA definition of CME; and
- Comply with the relevant AMA ethical opinions; at the time of this writing this includes 8.061 "Gifts to Physicians from Industry" and 9.011 "Continuing Medical Education," and
- Are not promotional; and
- A physician finds to be a worthwhile learning experience related to his/her practice.

Examples of learning activities that might meet the requirements for *AMA PRA Category 2 Credit*™ include, but are not limited to:

- Participation in activities that have not been certified for AMA PRA Category 1 Credit™
- Teaching physicians, residents, medical students or other health professionals
- Unstructured online searching and learning (i.e., not Internet PoC)
- Reading authoritative medical literature
- Consultation with peers and medical experts
- Small group discussions
- Self-assessment activities
- Medical writing
- Preceptorship participation
- Research
- Peer review and quality assurance participation

Organizations may not certify activities for *AMA PRA Category 2 Credit*™ or advertise that an activity qualifies for *AMA PRA Category 2 Credit*™. Organizations may choose to maintain records of physician participation in activities that have not been certified for *AMA PRA Category 1 Credit*™ but, since they may not certify or award such credit, should not record them as *AMA PRA Category 2 Credit*™.
A physician must individually assess the educational value for each learning experience in which he or she participates to determine if it is appropriate to claim *AMA PRA Category 2 Credit*™.

Claiming *AMA PRA Category 2 Credit*™
Documentation: the physician should self-claim credit for appropriate *AMA PRA Category 2 Credit*™ activities and document activity title or description, subject or content area, date(s) of participation and number of credits claimed. Physicians may not claim *AMA PRA Category 2 Credit*™ for an activity for which the physician has claimed *AMA PRA*

Category 1 Credit™. Each physician is responsible for claiming and maintaining a record of their *AMA PRA Category 2 Credit*™.
Credit calculation: as with live activities, physicians should claim credit based on their participation time with 60 minutes of participation equal to one (1) *AMA PRA Category 2 Credit*™; credit is claimed in 15 minute or 0.25 credit increments; physicians must round to the nearest quarter hour.

The AMA Physician's Recognition Award

Professional recognition of accomplishments in CME
Since 1968 patients and colleagues have recognized the AMA PRA as evidence of a physician's commitment to keeping current with the advances in biomedical science, as well as other developments in medicine. The goals of this award remain the same as established more than 40 years ago:

- To provide recognition for the many thousands of physicians who regularly participate in CME
- To encourage all physicians to keep up-to-date and to improve their knowledge and judgment by CME
- To provide reassurance to the public that America's physicians are maintaining their competence by regular participation in CME
- To emphasize the AMA's position as a leader in CME
- To emphasize the importance of developing more meaningful continuing education opportunities for physicians
- To strengthen the physician's position as the leader of the health service team by focusing attention on his or her interest in maintaining professional competence

The AMA encourages all physicians to become involved in a program that honors them as professionals who participate in CME in order to better meet the needs of their patients.
In addition, the AMA PRA is widely accepted by multiple entities as proof of participation in CME. Most state licensing boards and hospitals will accept the AMA PRA or the AMA approved application as proof of having met CME requirements.

AMA PRA requirements

ELIGIBILITY
Physicians may apply for the AMA PRA if they hold a valid and current license issued by one of the United States, Canadian or Mexican licensing jurisdictions, or are engaged in an ACGME accredited residency training program in the United States.

CREDIT REQUIREMENTS FOR THE AMA PRA
In order to apply for an AMA PRA, physicians must earn a specified number of *AMA PRA Category 1 Credits*™, either through accredited CME provider certified activities, from the AMA for direct credit activities, or international activities. The rest of the credits required for the award may be either *AMA PRA Category 1 Credits*™ or *AMA PRA Category 2 Credits*™.
The AMA offers one-, two- and three-year AMA PRAs. The requirements for each are as follows:

One-year award

- Twenty (20) AMA PRA Category 1 Credits™ and thirty (30) *AMA PRA Category 1 Credits*™ or *AMA PRA Category 2 Credits*™ (50 credits total), or
- One year ACGME residency/fellowship training

Two-year award

- Forty (40) *AMA PRA Category 1 Credits*™ and sixty (60) *AMA PRA Category 1 Credits*™ or *AMA PRA Category 2 Credits*™ (100 credits total), or

- two years ACGME residency/fellowship training

Three-year award

- Sixty (60) *AMA PRA Category 1 Credits*™ and ninety (90) *AMA PRA Category 1 Credits*™ or *AMA PRA Category 2 Credits*™ (150 credits total), or
- Three years ACGME residency/fellowship training, or
- ABMS board certification or MoC

The AMA PRA with commendation is available for physicians who meet the following requirements:

One-year award with commendation: ninety (90) credits total

- Sixty (60) *AMA PRA Category 1 Credits*™ and thirty (30) *AMA PRA Category 1 Credits*™ or *AMA PRA Category 2 Credits*™

Two-year award with commendation: one hundred and eighty (180) credits

- One hundred and twenty (120) *AMA PRA Category 1 Credits*™ and sixty (60) *AMA PRA Category 1 Credits*™ or *AMA PRA Category 2 Credits*™

Three-year award with commendation: two hundred and seventy (270) credits

- One hundred and eighty (180) *AMA PRA Category 1 Credits*™ and ninety (90) *AMA PRA Category 1 Credits*™ or *AMA PRA Category 2 Credits*™

The AMA requires that at least half of the credit applied toward the AMA PRA be within the physician's specialty or area of practice. Ethics, office management and physician-patient communication can serve as appropriate topics for CME, but are not considered specialty specific education.

AWARD DURATION

The AMA PRA signals a commitment to ongoing participation in CME and acknowledges past participation in CME activities. The AMA grants the award based on the prior one to three years of CME credit attainment. The award's term begins on the first of the month following the completion date of the latest CME activity listed on the application for which the physician claimed *AMA PRA Category 1 Credit*™. For example, a physician applying for a three-year award whose last activity was on May 21, 2017, will be issued a certificate valid from June 1, 2017, until June 1, 2020. If a physician is renewing his/her AMA PRA the renewal date will be the same as the expiration date of his/her last AMA PRA if he/she earned the allotted credits in the time period of his/her expiring AMA PRA.

ACTIVITY-SPECIFIC CREDIT LIMITS FOR THE AMA PRA

For the purpose of applying for an AMA PRA certificate, certain activities include specific limits on the amount of credit a physician can claim, per year, toward their AMA PRA:

- Teaching at live activities certified for *AMA PRA Category 1 Credit*™: Limit of ten (10) *AMA PRA Category 1 Credits*™ per year
- Internet PoC: Limit of twenty (20) *AMA PRA Category 1 Credits*™ per year
- Manuscript review: Limit of five (5) reviews—or fifteen (15) *AMA PRA Category 1 Credits*™ per year
- Poster presentation: Limit of one (1) poster—or five (5) *AMA PRA Category 1 Credits*™ per year
- Publishing articles: Limit of one (1) article—or ten (10) *AMA PRA Category 1 Credits*™ per year

OTHER TYPES OF CREDIT THAT MAY BE USED FOR THE AMA PRA

For the purpose of obtaining an AMA PRA application physicians may identify credit earned within the following CME systems on a one-to-one basis for *AMA PRA Category 1 Credit*™

- American Academy of Family Physicians' prescribed credit
- American College of Obstetricians and Gynecologists' formal learning cognates

AMA PRA agreements with other organizations
The AMA has agreements with specialty societies, state medical societies, medical staff groups and other organizations whereby an AMA PRA can be issued to any U.S. licensed physician as established by an agreement between the AMA and the organization.
Organizations that are interested in developing a similar agreement should contact the AMA at pra@ama-assn.org.

Jurisdictions that accept the AMA PRA certificate for licensing purposes
All U.S. licensing jurisdictions requiring CME recognize the AMA PRA credit system. Some of these licensure boards will also accept a current and valid AMA PRA or the AMA approved AMA PRA application as documentation of having met their CME requirements.
Information about state CME requirements for license renewal may be found on the website of the Federation of State Medical Boards (fsmb.org). For the most current information, we suggest that the particular jurisdiction be contacted directly.

The Joint Commission compliance
The Joint Commission requires that, at hospitals and health care organizations it accredits, physicians with clinical privileges document their participation in CME. The Joint Commission will accept, subject to their review, correctly completed AMA PRA applications stamped “approved” by the AMA as documented physician compliance with Joint Commission CME requirements. The Joint Commission requires that physicians conduct at least half of their reported CME in their specialty or area of clinical practice.

Disclaimer
Physicians should note that the AMA PRA does not serve as a direct measure of physician competency and should not be used for that purpose. Physician competency represents the assessment of many complex measures, of which CME participation is only one.
For up to date information regarding the AMA PRA Credit System requirements visit: https://www.ama-assn.org/education/ama-pra-credit-system/ama-pra-credit-system-requirements

3. ACCME Standards for Integrity and Independence

The Standards for Integrity and Independence in Accredited Continuing Education aim to:

- Ensure that continuing education meets patient and public needs.
- Provide learners with accurate, balanced, evidence-based recommendations.
- Build trust in accredited education to support safe, effective, and compassionate care.
- Maintain a strict separation between education and marketing.

Released in December 2020 and effective January 1, 2022, these Standards replace the previous Standards for Commercial Support and require accredited CME providers to comply by the start date.

Eligibility

Types of Organization that *may* be Accredited:
Organizations eligible to be accredited in the ACCME System (eligible organizations) are those whose mission and function are: (1) providing clinical services directly to patients; or (2) the education of healthcare professionals; or (3) serving as fiduciary to patients, the public, or population health; and other organizations that are not otherwise ineligible. Examples of such organizations include:

- Ambulatory procedure centers
- Blood banks
- Diagnostic labs that do not sell proprietary products
- Electronic health records companies
- Government or military agencies
- Group medical practices
- Health law firms
- Health profession membership organizations
- Hospitals or healthcare delivery systems
- Infusion centers
- Insurance or managed care companies
- Nursing homes
- Pharmacies that do not manufacture proprietary compounds
- Publishing or education companies
- Rehabilitation centers
- Schools of medicine or health science universities
- Software or game developers

Types of Organization that *may not* be Accredited:
Companies that are ineligible to be accredited in the ACCME System (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of such organizations include:

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors

- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers
- Reagent manufacturers or sellers

Owners and Employees of Ineligible Companies
The owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from participating as planners or faculty, and must not be allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in the limited circumstances outlined in Standard 3.2.

Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Ineligible companies are prohibited from engaging in joint providership with accredited providers. Joint providership enables accredited providers to work with nonaccredited eligible organizations to deliver accredited education.

The ACCME determines eligibility for accreditation based on the characteristics of the organization seeking accreditation and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education except in the limited circumstances outlined in Standard 3.2.

Standard 1: Ensure Content is Valid
Accredited providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Organizations cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Standard 2: Prevent Commercial Bias and Marketing in Accredited Continuing Education

Accredited continuing education must protect learners from commercial bias and marketing.

1. The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
2. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
3. The accredited provider must not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships

Many healthcare professionals have financial relationships with ineligible companies. These relationships must not be allowed to influence accredited continuing education. The accredited provider is responsible for identifying relevant financial relationships between individuals in control of educational content and ineligible companies and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company. Accredited providers must take the following steps when developing accredited continuing education. Exceptions are listed at the end of Standard 3.

1. Collect information — Collect information from all planners, faculty, and others in control of educational content about all their financial relationships with ineligible companies within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education. Disclosure information must include:
    a. The name of the ineligible company with which the person has a financial relationship.
    b. The nature of the financial relationship. Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.
2. Exclude owners or employees of ineligible companies — Review the information about financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty in accredited education. There are three exceptions to this exclusion—employees of ineligible companies can participate as planners or faculty in these specific situations:
    a. When the content of the activity is not related to the business lines or products of their employer/company.
    b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
    c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
3. Identify relevant financial relationships — Review the information about financial relationships to determine which relationships are relevant. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.

4. Mitigate relevant financial relationships — Take steps to prevent all those with relevant financial relationships from inserting commercial bias into content.
    a. Mitigate relationships prior to the individuals assuming their roles. Take steps appropriate to the role of the individual. For example, steps for planners will likely be different than for faculty and would occur before planning begins.
    b. Document the steps taken to mitigate relevant financial relationships.
5. Disclose all relevant financial relationships to learners: Disclosure to learners must include each of the following:
    a. The names of the individuals with relevant financial relationships.
    b. The names of the ineligible companies with which they have relationships.
    c. The nature of the relationships.
    d. A statement that all relevant financial relationships have been mitigated.

Identify ineligible companies by their name only: Disclosure to learners must not include ineligible companies' corporate or product logos, trade names, or product group messages.

Disclose absence of relevant financial relationships: Inform learners about planners, faculty, and others in control of content (either individually or as a group) with no relevant financial relationships with ineligible companies.

Learners must receive disclosure information, in a format that can be verified at the time of accreditation, before engaging with the accredited education.

Exceptions: Accredited providers do not need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

1. Accredited education that is non-clinical, such as leadership or communication skills training.
2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

Standard 4: Manage Commercial Support Appropriately

Accredited providers that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.

1. Decision-making and disbursement: The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
    a. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
    b. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
    c. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.

The accredited provider may use commercial support to defray or eliminate the cost of the education for all learners.

2. Agreement: The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.

3. Accountability: The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.

4. Disclosure to learners: The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

Standard 5: Manage Ancillary Activities Offered in Conjunction with Accredited Continuing Education
Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies—including advertising, sales, exhibits, and promotion—and from nonaccredited education offered in conjunction with accredited continuing education.

1. Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
    a. Influence any decisions related to the planning, delivery, and evaluation of the education.
    b. Interfere with the presentation of the education.
    c. Be a condition of the provision of financial or in-kind support from ineligible companies for the education.
2. The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
    a. Live continuing education activities: Marketing, exhibits, and nonaccredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for continuing education must be clearly labeled and communicated as such.
    b. Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
    c. Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
    d. Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
3. Ineligible companies may not provide access to, or distribute, accredited education to learners.

The Standards have been adopted by accrediting bodies representing multiple health professions and the principles are incorporated into international guidelines for continuing professional development for health professionals.

- Accreditation Council for Continuing Medical Education (ACCME)
- Accreditation Council for Pharmacy Education (ACPE)
- American Academy of Family Physicians (AAFP)
- American Academy of PAs (AAPA)
- American Nurses Credentialing Center (ANCC)
- American Osteopathic Association (AOA)
- Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)
- Joint Accreditation for Interprofessional Continuing Education™
- American Dental Association Continuing Education Recognition Program (ADA CERP)

Additional resources from the ACCME can be found here: https://accme.org/resource/standards-for-integrity-and-independence-accredited-continuing-education-toolkit/

Accredited Education Delivered via Online and Social Media Platforms
The ACCME initiated a call for comments on accredited continuing education (CE) delivered via online and social media platforms. The goal was to clarify its expectations for accredited providers and gather feedback on a potential designation for platforms hosting CE content. Responses showed general support for the ACCME's existing standards, which many felt were sufficient without additional rules. Key concerns raised included platform accountability, challenges with advertising control, and protecting learner privacy. The ACCME decided against new requirements or platform designations for now but developed FAQs to guide providers in managing CE on digital platforms.

FAQs regarding the call for comments can be found at: https://accme.org/resource/accredited-education-delivered-via-online-and-social-media-platforms-executive-summary-quick-answers-to-faqs/

References:

- Accreditation Council for Continuing Medical Education. (2020). *Standards for integrity and independence in accredited continuing education.* ACCME. https://accme.org/rules/standards/
- Accreditation Council for Continuing Medical Education. (2020). Standards for integrity and independence in accredited continuing education toolkit. ACCME. https://accme.org/resource/standards-for-integrity-and-independence-accredited-continuing-education-toolkit/
- Accreditation Council for Continuing Medical Education. (2024). Accredited education delivered via online and social media platforms: Executive summary and quick answers to FAQs. ACCME. https://accme.org/resource/accredited-education-delivered-via-online-and-social-media-platforms-executive-summary-quick-answers-to-faqs/

4. Joint Accreditation

CONTINUING EDUCATION. FOR THE TEAM, BY THE TEAM.
Joint Accreditation for Interprofessional Continuing Education™ offers organizations the opportunity to be simultaneously accredited to provide continuing education activities for multiple professions through a single, unified application process, fee structure, and set of accreditation standards. Jointly accredited providers may choose to award single profession or interprofessional continuing education credit (IPCE).
DEFINITION OF INTERPROFESSIONAL CONTINUING EDUCATION (IPCE)
Interprofessional continuing education (IPCE) is when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes. (ACCME, ACPE, ANCC, 2015)

COLLABORATING ACCREDITORS (AS OF JULY 2024):

- Accreditation Council for Continuing Medical Education (ACCME): Co-founder
- Accreditation Council for Pharmacy Education (ACPE): Co-founder
- American Nurses Credentialing Center (ANCC): Co-founder
- American Academy of Physician Associates (AAPA)
- American Dental Association's Continuing Education Recognition Program (ADA CERP)
- American Psychological Association (APA)
- Association of Regulatory Boards of Optometry's Council on Optometric Practitioner Education (ARBO/COPE)
- Association of Social Work Boards (ASWB)
- Board of Certification for the Athletic Trainer (BOC)
- Commission on Dietetic Registration (CDR)

TERM OF ACCREDITATION

- New applicants not currently accredited by at least one national accrediting body (ACCME, ANCC and/or ACPE) = 2 years
- New applicants currently accredited by at least one national accrediting body (ACCME, ANCC, and/or ACPE) = 4 years
- Reaccreditation for Jointly Accredited Providers = 4 years
- Joint Accreditation with Commendation = 6 years

JOINT ACCREDITATION CRITERIA

I. Mission and Overall Program Improvement

- **JAC 1:** The provider has a continuing education (CE) mission statement that highlights education for the healthcare team with expected results articulated in terms of changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes.
- **JAC 2:** The provider gathers data or information and conducts a program-based analysis on the degree to which its CE mission—as it relates to changes in skills/strategy, or performance of the healthcare team, and/or patient outcomes—has been met through the conduct of CE activities/educational interventions.
- **JAC 3:** The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve its ability to meet the CE mission.

II. Activity Planning and Evaluation Process

- **JAC 4:** The provider incorporates into IPCE activities the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the healthcare team and/or the individual members' knowledge, skills/strategy, or performance as members of the healthcare team.

- **JAC 5:** The provider generates activities/educational interventions that are designed to change the skills/strategy, or performance of the healthcare team, and/or patient outcomes as described in its mission statement.
- **JAC 6:** The provider utilizes an integrated planning process that includes health care professionals who are reflective of the target audience the activity is designed to address.
- **JAC 7:** The provider designs education that promotes active learning – so that teams learn from, with, and about each other – consistent with the desired results of the activity.
- **JAC 8:** The provider develops activities/educational interventions in the context of desirable attributes of the healthcare team (e.g., Institute of Medicine competencies, professional competencies, healthcare team competencies: values/ethics, roles and responsibilities, interprofessional communication, teams and teamwork).
- **JAC 9:** The provider utilizes support strategies to sustain change as an adjunct to its educational interventions (e.g., reminders, patient feedback).
- **JAC 10:** The provider implements strategies to remove, overcome, or address barriers to change in the skills/strategy or performance of the healthcare team.
- **JAC 11:** The provider analyzes changes in the healthcare team (skills/strategy, performance) and/or patient outcomes achieved as a result of its IPCE activities/educational interventions.

III. Standards for Integrity and Independence in Accredited Continuing Education

- **JAC 12a-e:** The provider develops activities/interventions that comply with the Standards for Integrity and Independence in Accredited Continuing Education (See Page 18-23 for more details), which includes the responsibility to:
    a. Ensure content is valid. (Standard 1)
    b. Prevent commercial bias and marketing in accredited continuing education. (Standard 2)
    c. Identify, mitigate, and disclose relevant financial relationships. (Standard 3)
    d. Manage commercial support appropriately (if applicable). (Standard 4)
    e. Manage ancillary activities offered in conjunction with accredited continuing education (if applicable). (Standard 5)

IV. Joint Accreditation with Commendation (OPTIONAL)

To achieve commendation, providers need to demonstrate compliance with JAC 1–12 and any seven (7) of the 13 commendation criteria.

- **JAC 13:** The provider engages patients as planners and teachers in accredited IPCE and/or CE.
- **JAC 14:** The provider engages students of the health professions as planners and teachers in accredited IPCE and/or CE.
- **JAC 15:** The provider supports the continuous professional development of its own education team.
- **JAC 16:** The provider engages in research and scholarship related to accredited IPCE and/or CE and disseminates findings through presentation or publication.
- **JAC 17:** The provider integrates the use of health and/or practice data in the planning and presentation of accredited IPCE and/or CE.
- **JAC 18:** The provider identifies and addresses factors beyond clinical care (e.g., social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE.
- **JAC 19:** The provider collaborates with other organizations to address population health issues.
- **JAC 20:** The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize communication skills of learners.

- **JAC 21:** The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills of learners.
- **JAC 22:** The provider creates and facilities the implementation of individualized learning plans.
- **JAC 23:** The provider demonstrates improvement in the performance of healthcare teams as a result of its overall IPCE program.
- **JAC 24:** The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program.
- **JAC 25:** The provider demonstrates the positive impact of its overall IPCE program on patients or their communities.

5. Competencies in Healthcare Continuing Professional Development: An Integrated Approach for Quality Education and Patient Outcomes

As healthcare evolves, continuing professional development (CPD) for healthcare professionals plays a critical role in improving patient outcomes, enhancing team-based care, and maintaining high standards of practice. Competencies are foundational to ensure that educational programs align with these goals. This article explores the evolution of key competency frameworks—including the ABMS/ACGME, IOM, IPEC, and ACEhp competencies—while examining the need for interdisciplinary integration across various healthcare fields such as pharmacy, nursing, optometry, behavioral sciences, dietetics, and dentistry. By highlighting these competencies and the evidence supporting their relevance in CPD, this article offers a comprehensive approach to designing, delivering, and evaluating continuing education that fosters collaboration and patient-centered care.

Competencies provide a structured framework for this development, guiding healthcare professionals toward measurable improvements in clinical practice, team collaboration, and patient outcomes. Continuing professional development (CPD) that incorporates well-defined competencies is essential for maintaining not only the knowledge and skills required in clinical care but also fostering a culture of lifelong learning, professionalism, and interdisciplinary collaboration.

This article discusses the evolution of healthcare competency frameworks, including those developed by the **Accreditation Council for Graduate Medical Education (ACGME)**, the **Institute of Medicine (IOM)** (now the National Academy of Medicine), the **Interprofessional Education Collaborative (IPEC)**, and the **Alliance for Continuing Education in the Health Professions (ACEhp)**. We also explore how these frameworks apply across different healthcare professions, such as pharmacy, nursing, optometry, behavioral sciences, dietetics, and dentistry, and provide recommendations for integrating them into continuing education activities.

The Evolution of Competency Frameworks

Healthcare competencies have evolved in response to shifting healthcare needs, including greater emphasis on patient-centered care, interdisciplinary collaboration, and quality improvement. Each of the following competency frameworks has shaped the landscape of continuing professional development for healthcare professionals.

5. **ABMS/ACGME Core Competencies**
   The ACGME introduced six core competencies in 1999 as part of a movement toward standardizing physician education and improving healthcare outcomes. These competencies—Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice—address the broad skills physicians need to provide safe, effective care in a complex healthcare environment. They emphasize not only technical skills but also the ability to navigate healthcare systems and engage in continuous learning and improvement. These competencies have since been adopted in continuing medical education (CME) to ensure that physicians maintain high standards throughout their careers.
6. **IOM Competencies**
   In 2003, the IOM identified five core competencies for all healthcare professionals: Patient-Centered Care, Work in Interdisciplinary Teams, Employ Evidence-Based Practice, Apply Quality Improvement, and Utilize Informatics. This framework emerged as a response to patient safety concerns and the need for better teamwork across disciplines. The IOM competencies emphasize the importance of integrating scientific evidence into practice, working collaboratively to deliver seamless care, and using health information technology to improve decision-making. These competencies have significantly influenced continuing education programs by promoting team-based, evidence-driven approaches to healthcare delivery.

7. **IPEC Competencies**
   The **Interprofessional Education Collaborative (IPEC)** competencies were developed in 2009 to promote teamwork and collaboration across healthcare professions. IPEC identified four key competencies: Values/Ethics for Interprofessional Practice, Roles/Responsibilities, Interprofessional Communication, and Teams and Teamwork. These competencies reflect the growing recognition that effective healthcare requires cooperation among different professions to address complex patient needs. By fostering interprofessional collaboration in CPD, educators can ensure that healthcare teams work more effectively together, ultimately improving patient care.
8. **ACEhp National Learning Competencies**
   The ACEhp competencies offer a specific focus on healthcare CPD and its role in enhancing healthcare quality and patient outcomes. The ACEhp framework includes four competencies: Education Design and Delivery, Assessment and Evaluation, Collaborative Leadership, and Healthcare Quality and Patient Outcomes. These competencies align closely with the principles of adult learning and continuous improvement, ensuring that continuing education is not only scientifically sound but also practical and impactful for clinical application.

Profession-Specific Competencies

In addition to the general frameworks discussed above, each healthcare profession has its own set of competencies that guide professional development and ensure high standards of practice. These frameworks complement the broader competency models and focus on the unique aspects of care provided by each discipline.

1. **Pharmacy Competencies**
   Pharmacy education is guided by competencies established by the **Center for the Advancement of Pharmacy Education (CAPE)**, which emphasize patient-centered care, interprofessional collaboration, and health system understanding. Pharmacists play a critical role in optimizing medication therapy and contributing to public health initiatives.
2. **Nursing Competencies**
   The **American Association of Colleges of Nursing (AACN)** outlines essential competencies for nurses at various levels of education. These competencies emphasize leadership, quality improvement, and evidence-based practice while promoting interprofessional collaboration.
3. **Optometry Competencies**
   The **Association of Schools and Colleges of Optometry (ASCO)** developed competencies that ensure optometrists provide comprehensive eye care and collaborate with other healthcare providers to manage systemic conditions impacting vision.
4. **Behavioral Sciences (Psychology and Social Work) Competencies**
   Competencies established by the **American Psychological Association (APA)** and the **Council on Social Work Education (CSWE)** emphasize ethical practice, cultural competence, and interprofessional collaboration to meet the mental health and social needs of diverse patient populations.
5. **Dietetics Competencies**
   The **Accreditation Council for Education in Nutrition and Dietetics (ACEND)** provides competencies that ensure dietitians are equipped to assess and manage the nutritional needs of patients, often as part of an interdisciplinary healthcare team.
6. **Dentistry Competencies**
   The **Commission on Dental Accreditation (CODA)** outlines competencies that ensure dentists provide safe, ethical, and effective oral care while recognizing the relationship between oral and systemic health.

Incorporating Competencies into CPD for Optimal Outcomes

The integration of these competencies into CPD programs ensures that healthcare professionals are equipped to address the dynamic needs of patients and healthcare systems. To be effective, continuing education must be designed with clear objectives that align with these competencies. Assessment methods, such as pre- and post-program evaluations, should be used to measure the impact of education on clinical practice and patient outcomes. Furthermore, fostering

interprofessional collaboration in CPD activities helps healthcare providers work more effectively in teams, a key factor in improving patient safety and care quality.

By incorporating a competency-based approach, CPD can drive improvements in healthcare delivery, ensure ethical and professional practice, and foster the skills necessary for continuous quality improvement. The evolution of competencies in healthcare education underscores the importance of adapting to new challenges and leveraging the latest research and technology to enhance the effectiveness of care.

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6. Maintenance of Certification (CME)

About the ACCME Collaboration:
These collaborations increase the number and diversity of accredited CME activities that meet the requirements for MOC and add value to accredited CME programs.

Note about terminology: The terminology for Maintenance of Certification (MOC) is evolving and each board chooses the name of its own program. MOC is also known as Continuing Certification or Continuous Certification.

Currently, collaborations are in place with:

- American Board of Anesthesiology (ABA)
- American Board of Internal Medicine (ABIM)
- American Board of Orthopaedic Surgery (ABOS)
- American Board of Otolaryngology–Head and Neck Surgery (ABOHNS)
- American Board of Pathology (ABPath)
- American Board of Pediatrics (ABP)
- American Board of Surgery (ABS)
- American Board of Thoracic Surgery (ABTS)

The Royal College of Physicians and Surgeons of Canada will recognize activities registered for CME for MOC as meeting the requirements for Royal College MOC Program Section 3 (Self-Assessment Programs) credits. Visit CME that Counts for Royal College MOC for more information: https://accme.org/data-reporting/maintenance-of-certification/royal-college-moc/.

What is Maintenance of Certification?
To remain certified in their specialty, physicians must meet continuing education requirements that are set by the certifying boards. Physicians can earn credit toward meeting these requirements by participating in accredited CME activities that count for MOC.

How It Works
Accredited CME providers are not required to submit MOC applications for approval to the certifying boards that are collaborating with the ACCME. Instead, accredited CME providers are able to use the ACCME Program and Activity Reporting System (PARS) to register activities for these programs. As part of this registration process, providers attest to meeting certain MOC requirements and data policies.

All CME providers in the ACCME System have the option to add value to their CME programs by offering accredited CME that counts for MOC. This includes state-accredited providers, providers directly accredited by the ACCME, and providers that have received Joint Accreditation for Interprofessional Continuing Education™.

Maintenance of Certification Requirements
The ACCME and collaborating certifying boards have aligned their requirements to simplify the process of offering CME that counts for MOC. Many accredited CME activities may already meet MOC requirements and there may be only a few modifications providers need to make to register and report activities for MOC.

All CME for MOC requirements can be found in the CME for MOC Program Guide: https://accme.org/resource/cme-for-moc-program-guide/.

Register Your Activity in PARS

Accredited CME providers use the ACCME Program and Activity Reporting System (PARS) to register activities for CME that counts for MOC. Please register these activities prior to the activity taking place. To register your activity you will need to:

- Choose "yes" to the question: Would you like to register this CME activity for MOC so that physician attendees may receive MOC point/credits?
- Complete the MOC registration questions and provide some additional details about your activity
- Attest to compliance with the MOC requirements as described in the program guide
- Agree to collect the required individual learner credit data and submit it via PARS
- Agree to abide by the board's and ACCME's requirements for use of the data
- Agree to comply with requests for information about the activity if the activity is selected for an audit by the ACCME

Display Your Activities in CME Passport. We encourage you to register your activities in PARS as soon as possible, so that physician learners can find out about them. Activities registered for MOC can be displayed in CME Passport, our online CME search tool that provides a one-stop resource for physicians seeking to earn MOC credit by participating in accredited CME. You can indicate whether or not there is a fee for the activity and if the activity is limited to only members or staff.

Submit Learner Credit Data Through PARS
Accredited CME providers are required to submit learner credit data into PARS for each activity registered for MOC. We encourage CME providers to submit learner credit data as soon as possible after the activity is completed and the learner has met the requirements to earn MOC credit, so that the board can apply the credits to the learner's records. Ideally, learner credit data should be reported within 30 days of the learner earning the credit.

Timeline:

- Learner credit data for **ABP** should be submitted to PARS by **December 1**. All ABP learner credit data should be submitted within 30 days of activity completion, and learner credit data for ABP activities conducted after December 1 should be entered immediately in order to allow ABP diplomates with cycles ending that year to meet certification requirements and re-enroll by established deadlines.
- Learner credit data for **ABA, ABIM, ABOHNS, ABPath, and ABS** should be submitted to PARS by **December 31** in order to meet year-end certification deadlines.

Learner credit data can be submitted into PARS manually via the web interface, by batch upload (tab delimited, Excel, and XML methods), and by web service.

Maintenance of Certification Recognition Statements
Accredited CME providers must use the relevant board's recognition statement to designate activities that offer MOC credit and must communicate to learners how many and what type of MOC points or credits can be earned by completing the activity. This statement must be provided to learners prior to the start of the activity, and must be included on any activity, registration, or promotional materials (excluding general "save the date" communications).

If your activity is offering MOC credit for more than one certifying board, you may combine the information into one recognition statement. You will need to ensure that the statement includes the names of each board, the type(s) of credit for each board, and the number of credits available for each credit type.

Examples of recognition statements are included in the CME for MOC Program Guide in the Communication of MOC Recognition section as well as in the sections that explain each board's requirements.

You should inform learners about any additional steps they must take to earn MOC so that you are able to submit their learner credit data to the certifying boards via PARS. This could include instructions for claiming MOC from your organization, any evaluation deadlines for the activities, and/or requesting learner information needed to report completions.

Accredited CME providers may use the relevant board's badge or logo to identify and promote MOC activities in addition to the required recognition statements. Use of the badge or logo is optional and may appear on any activity materials, brochures, and announcements that promote these activities. Accredited providers may determine the size and placement of the badge or logo; however, providers are not permitted to make changes to the badge or logo.

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7. Open Payments (Physician Payment Sunshine Act)

The **Open Payments** program, managed by the Centers for Medicare & Medicaid Services (**CMS**), is a national transparency initiative that aims to shed light on the financial relationships between the healthcare industry and healthcare providers, including physicians and teaching hospitals. Understanding this program is crucial for educators involved in the continuing professional development (**CPD**) of healthcare professionals, especially when faculty or teaching hospitals participate in accredited continuing education (**CE**) activities.

Key Definitions and Acronyms

- **CMS**: Centers for Medicare & Medicaid Services. A federal agency within the U.S. Department of Health and Human Services (**HHS**) responsible for administering Medicare, Medicaid, and other health-related programs.
- **Open Payments**: A transparency program that collects and publishes data on financial relationships between the healthcare industry (drug and device manufacturers) and healthcare providers.
- **Applicable Manufacturer**: A company that manufactures drugs, devices, biologicals, or medical supplies covered by Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).
- **Covered Recipient**: Physicians (excluding medical residents), dentists, podiatrists, optometrists, chiropractors, and teaching hospitals that receive payments or other transfers of value from applicable manufacturers.
- **COI**: Conflict of Interest. A situation where personal or financial considerations have the potential to compromise professional judgment and objectivity.
- **CME/CE**: Continuing Medical Education/Continuing Education. Educational activities that serve to maintain, develop, or increase the knowledge and professional performance of healthcare professionals.

Overview of the Open Payments Program

- **Purpose**: To promote transparency and accountability in healthcare by making financial interactions between industry and healthcare providers publicly available.
- **Data Reporting**: Applicable manufacturers are required to report payments or other transfers of value made to covered recipients. This includes consulting fees, honoraria, gifts, entertainment, food and beverage, travel and lodging, education, research funding, and ownership or investment interests.
- **Public Access**: The collected data is published annually on the Open Payments website, allowing the public to search and review these financial relationships.

Impact on Continuing Professional Development for Health Care Professionals

For educators involved in CPD, it's essential to understand how Open Payments affects the planning and execution of CE activities:

- **Transparency in Financial Relationships**: Faculty involved in CE may have financial relationships with industry that need to be disclosed to comply with Open Payments and maintain the integrity of educational activities.
- **Conflict of Interest Management**: Identifying and mitigating COIs is critical to ensure that CE content is unbiased and evidence-based.
- **Accreditation Standards**: Accrediting bodies have standards requiring the disclosure and resolution of COIs to preserve the independence of CE activities.

Practical Strategies for Educators

1. **Establish Clear Policies**: Develop and enforce policies that require faculty and planners to disclose all financial relationships with industry.
2. **Regular Training**: Provide training for faculty and staff on Open Payments requirements, COI identification, and management.
3. **Implement Disclosure Processes**: Create standardized forms and procedures for disclosing financial relationships prior to involvement in CE activities.

4. **Review Open Payments Data**: Encourage faculty and teaching hospitals to review their data on the Open Payments website for accuracy and completeness.
5. **Conflict Resolution**: Establish mechanisms to mitigate COIs, such as peer review of content, use of unbiased data sources, or replacement of faculty if necessary.
6. **Transparency with Learners**: Disclose relevant financial relationships to learners before educational activities commence.
7. **Collaborate with Compliance Offices**: Work closely with institutional compliance or legal departments to ensure adherence to federal regulations.
8. **Documentation**: Keep detailed records of disclosures and steps taken to resolve any COIs for accreditation and auditing purposes.
9. **Stay Informed**: Regularly update knowledge of CMS policies and guidelines related to Open Payments.
10. **Utilize Accredited Providers**: When possible, collaborate with accredited CE providers who have established processes for managing COIs.

Available Resources

- **Open Payments Website**: The official CMS Open Payments portal provides access to the public database, resources for physicians and teaching hospitals, and FAQs.
    - **Website**: CMS Open Payments
- **Educational Materials**:
    - **FAQs for Physicians and Teaching Hospitals**: Detailed answers to common questions about reporting requirements and processes.
    - **User Guides**: Step-by-step instructions on how to register, review, and dispute data reported under Open Payments.
- **CMS Support**:
    - **Help Desk**: Assistance with Open Payments registration and data review.
        - **Email**: openpayments@cms.hhs.gov
        - **Phone**: 1-855-326-8366
- **Training Modules**:
    - CMS offers webinars and training sessions on Open Payments compliance and data review processes.
- **Accreditation Bodies**:
    - **Accreditation Council for Continuing Medical Education (ACCME)**: Provides guidelines on managing COIs in CE activities.
        - **Website**: ACCME
- **Professional Associations**:
    - Organizations like the American Medical Association (**AMA**) offer resources on ethics and transparency in physician-industry relationships.

Conclusion

Understanding and adhering to the Open Payments program is essential for educators in CPD to ensure transparency, maintain trust, and uphold the integrity of CE activities. By implementing practical strategies and utilizing available resources, educators can effectively manage financial relationships and conflicts of interest, contributing to the overall goal of improving patient care through unbiased and high-quality education.

8. CEhp National Learning Competencies

The Alliance for Continuing Education in the Health Professions

The Alliance for CEhp's National Learning Competencies is unique in the field of continuing education in the health professions as a comprehensive compendium of CEhp practitioner abilities. Drawing upon the Dreyfus Model of Skill Acquisition, the Alliance's National Learning Competencies provide a staged approach to the development of proficiency and expertise in the field. The eight Competency Areas represent different, yet interconnected components of CEhp that, taken together, form the foundation for excellence in the field.

The National Learning Competencies are designed to describe the abilities needed for success and to outline a professional development pathway for CEhp practitioners. Self-assessment and monitoring of performance in each area will support CEhp practitioners' lifelong learning journeys. The Competencies also provide a framework for position descriptions, performance expectations, and career growth.

CEhp practitioners can look to the Alliance for CEhp's National Learning Competencies to guide their own performance, professional development, and career aspirations.

Competency Area 1: Use of Adult and Organizational Learning Principles	
Use evidenced-based adult and organizational learning principles to improve the performance of healthcare professionals, the healthcare team and the organizations in which they work, in order to improve patient outcomes.	
	Competency Statement
Competency 1.1	**Apply** adult learning principles in CEhp activities/interventions and overall program planning by… A. **Identifying** sources and resources about applicable and appropriate adult learning principles and practices that can be used to support healthcare professionals', and healthcare teams', learning and change. B. **Describing** how effective use of applicable and appropriate *adult* learning principles can facilitate learning and change in healthcare professionals. C. **Designing** CEhp activities/interventions based on best practices and emerging research.
Competency 1.2	**Apply** organizational learning principles in CEhp activities/interventions and overall program planning by… A. **Identifying** sources and resources about applicable and appropriate organizational learning principles and practices that can be used to support program and organizational learning and change. B. **Describing** how effective use of applicable and appropriate *organizational* learning principles can facilitate learning and change in the organizations in which healthcare professionals work. C. **Developing** one's CEhp program and/or organization based on best practices and emerging research.

Competency Area **1:** Using **Adult** and Organizational **Learning Principles**		
Use evidenced-based adult and organizational learning principles to improve the performance of healthcare professionals, healthcare teams and the organizations in which they work, in order to improve patient outcomes.		
	Competency Statement	**Behaviors Demonstrated**
Competency **1.1**	**Apply** adult learning principles in CEhp activities/interventions and overall program planning by… A. **Identifying** sources and resources about applicable and appropriate adult learning principles and practices that can be used to support healthcare professionals' learning and change. B. **Describing** how effective use of applicable and appropriate adult learning principles can facilitate learning and change in healthcare professionals. C. **Designing** CEhp activities/interventions based on best practices and emerging research.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Describe*** adult learning theories and their role in CEhp. • ***Identify*** where to find resources about adult learning and Interprofessional education. • ***Identify*** frameworks and theories related to healthcare professionals' learning and change. • ***Identify/Access*** books, articles, websites, and other sources related to adult learning, and specifically, healthcare professionals' learning. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Apply*** adult learning principles that are used to facilitate changes in healthcare professionals' knowledge, competence, and/or performance. • ***Discuss*** why and how different adult learning principles are used in the design and implementation of CEhp activities/interventions. • ***Describe*** frameworks and strategies from the adult learning literature that can support both healthcare professional *and* inter-professional education/interventions. **LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Evaluate*** research conclusions and emerging best practices for their applicability and value to one's CEhp program. • ***Integrate*** applicable emerging research and best practices related to adult, health care professional and interprofessional education into the design and implementation of educational activities/interventions.

Competency Area **1:** Using Adult and **Organizational Learning Principles**		
Use evidence-based adult and organizational learning principles to improve the performance of healthcare professionals, healthcare teams and the organizations in which they work, in order to improve patient outcomes.		
	Competency Statement	**Behaviors Demonstrated**
Competency **1.2**	**Apply** organizational learning principles in CEhp activity and overall program planning by… A. **Identifying** sources and resources about applicable and appropriate organizational learning principles and practices that can be used to support program and organizational learning and change. B. **Describing** how effective use of applicable and appropriate organizational learning principles can facilitate learning and change in the organizations in which healthcare professionals work. C. **Developing** one's CEhp program and/or institution based on best practices and emerging research.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Describe*** organizational learning principles and practices and their applicability to CEhp • ***Discuss*** how different organizational learning principles and practices have been used in the healthcare industry. • ***Identify/Access*** books, articles, websites, and other sources related to organizational learning and organizational learning in the healthcare industry. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Apply*** organizational learning principles in practice that facilitate learning and change in CEhp. • ***Discuss*** organizational learning principles that are used to facilitate changes in programs and institutions in which healthcare professionals work. • ***Articulate*** why and how different organizational learning principles are used to help improve CEhp programs and healthcare-related institutions. • ***Describe*** frameworks and strategies from the organizational learning literature that can support institutional, programmatic, and interprofessional learning and change. **LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Integrate*** into the design of CEhp educational activities/interventions applicable and appropriate organizational learning principles that facilitate learning and change. • ***Create*** opportunities for aligning the CEhp program and/or one's own organization with relevant emerging research and best practices in organizational learning.

Competency Area 2: Designing Educational Interventions	
Implement and improve independent, fair, balanced, and evidence-based educational interventions that produce expected results for learners and the organizations in which they work.	
	Competency Statement
Competency 2.1	**Implement** CEhp activities/interventions to address healthcare professionals' practice gaps and underlying learning needs by… A. **Identifying** data and other sources that can help reveal healthcare professionals' practice gaps and learning needs. B. **Using** data and information related to healthcare professionals' practice gaps and learning needs to design CEhp activities/interventions. C. **Developing** learning objectives for CEhp activities that clearly describe the intended behavior/action of the learner after engaging in the CEhp activity/intervention. D. **Creating** CEhp activities/interventions using formats that are selected based on objectives and expected results. E. **Creating** Interprofessional CEhp activities for the healthcare team, when appropriate.
Competency 2.2	**Develop** CEhp activities/interventions with content that is valid, independent from the influence of commercial interests, balanced and evidence-based by… A. **Implementing** appropriate process(es) to help ensure CEhp content is valid, independent from the influence of commercial interests, and free from commercial bias. B. **Utilizing** strategies to ensure CEhp content is modified prior to an activity, and processes are reviewed for future activities, if problems are detected with the balance, independence, or validity of a CEhp activity's content.

Competency Area **2: Designing Educational Interventions**		
Implement and improve independent, fair, balanced, and evidence-based educational interventions that produce expected results for learners and the organizations in which they work.		
	Competency Statement	**Behaviors Demonstrated**
Competency **2.1**	**Implement** CEhp activities/ interventions to close healthcare professionals' practice gaps and address underlying learning needs by.... A. **Identifying** data and other sources that can help reveal healthcare professionals' practice gaps and learning needs. B. **Using** data and information related to healthcare professionals' practice gaps and learning needs to design CEhp activities/interventions. C. **Developing** learning objectives for CEhp activities that clearly describe the intended behavior/action of the learner after engaging in the CE activity/intervention. D. **Creating** CEhp activities/interventions using formats that are selected based on objectives and expected results. E. **Creating** Interprofessional CEhp activities for the healthcare team, when appropriate.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to...*** • ***Describe*** professional practice gaps and learning needs • ***Identify*** sources that can reveal professional practice gaps and learning needs. • ***Describe*** learning objectives and how they are used. • ***Identify*** different formats of learning. • ***Describe*** team-based learning and Interprofessional education. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to...*** • ***Assess*** the environment for advancements in technology and clinical care that create learning needs. • ***Construct*** learning objectives that are specific, realistic, and measurable. • ***Link*** learning objectives to the type of change desired in learners to support the development of the appropriate CEhp activity/intervention. • ***Differentiate*** the purpose and value of using various learning formats and how they can be used to achieve expected results. • ***Analyze*** data and information to identify professional practice gaps and learning needs. • ***Design*** an educational activity/intervention using a format(s) that are linked to the activity/intervention's goals and expected results. • ***Produce*** an educational activity/intervention that integrates available resources and environmental considerations into the educational design. • ***Implement*** educational activities/interventions with objectives, formats, and results that are appropriate for the healthcare team. • ***Develop*** learning opportunities for volunteers and/or faculty on effective educational strategies.

Competency Area **2: Designing Educational Interventions**, continued		
Implement and improve independent, fair, balanced, and evidence-based educational interventions that produce expected results for learners and the organizations in which they work.		
		Behaviors Demonstrated
Competency **2.1**		**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Integrate*** strategies that address systems issues, assets, and barriers into CEhp activities/interventions. • ***Empower*** learners to identify their own professional practice gaps by helping them engage in self-assessments and reflection, when appropriate. • ***Create*** opportunities for team-based educational activities/interventions.

Competency Area **2: Designing Educational Interventions**		
Implement and improve independent, fair, balanced, and evidence-based educational interventions that produce expected results for learners and the organizations in which they work.		
	Competency Statement	**Behaviors Demonstrated**
Competency **2.2**	**Develop** CEhp activities/ interventions with content that is valid, independent from the influence from commercial interests, balanced, and evidence-based by… A. **Implementing** appropriate process(es) to help ensure CEhp content is valid, independent from the influence commercial interests, and free from commercial bias. B. **Utilizing** strategies to ensure CEhp content is modified prior to an activity, and processes are reviewed for future activities, if problems are detected with the balance (e.g., commercial bias), independence, or validity of a CEhp activity's content.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Describe*** the features and importance of valid, independent, balanced, and evidence-based CEhp activities/interventions. • ***Compare and contrast*** examples of CEhp activities/interventions that demonstrate valid, independent, balanced and evidence-based content with examples that show problems with validity, independence, and balance (e.g., commercial bias). • ***Identify*** practices that can be used to help ensure content validity, independence, and balance (e.g., no commercial bias.).
		LEVEL 2: COMPETENT/PROFICIENT ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Inform*** planners, teachers, authors, and writers about the need for valid, independent and balanced CE content. • ***Implement*** processes that can be used to ensure content is valid, independent, and free from commercial bias. • ***Implement*** processes that can be used to seek feedback on CEhp activity/intervention content's validity, independence, and balance (e.g., free from commercial bias). • ***Implement*** different strategies that can be used to address problems in CEhp activity/intervention's content related to content validity, independence, and commercial bias. • ***Collaborate*** with content experts who can assess validity of content in CEhp activities/interventions. • ***Develop*** learning opportunities for volunteers and/or faculty on the role and responsibilities of faculty and planners to ensure content is valid and independent.
		LEVEL 3: EXPERT ***The Expert CEhp Practitioner has the ability to…*** • ***Develop*** policies and/or procedures to help ensure that the CEhp program can stand accountable for its valid, independent, and balanced content in activities/interventions. • ***Intervene***, to manage and resolve issues related to content validity and integrity when necessary.

Competency Area 3: Measuring the Performance of CEhp Activities and the Overall CEhp Program	
Use data to evaluate the effectiveness of CEhp activities/interventions and the impact of the overall CEhp program.	
	Competency Statement
Competency 3.1	Use evaluation and outcomes data to **assess and determine**: 1. the educational outcomes/results of the CEhp activities/ interventions on participants' attitudes, knowledge levels, skills, performance and/or patient outcomes, 2. unmet learning needs, and 3. the quality and success of CEhp activities/interventions by… A. **Identifying** the level(s) of outcome associated with objectives and expected results of the CEhp activity/intervention. B. **Selecting** assessment methods and tools that are appropriate for the goals and objectives of the CEhp activity/intervention, based on the CEhp practice setting and resources (e.g., time, expertise, staff, budget, stakeholder expectations). C. **Analyzing** assessment data in order to draw conclusions about the effectiveness of the CEhp activity/Intervention, based on expected results. D. **Analyzing** assessment data in order to identify learning needs that future CEhp activities/interventions can address.
Competency 3.2	Use evaluation and outcomes data to **evaluate** the impact of the overall CEhp program and its effectiveness in meeting the CEhp mission and relevant organizational goals by… A. **Outlining** steps to evaluate the impact of the overall CEhp program and its effectiveness in meeting mission and relevant organizational goals. B. **Utilizing** activity evaluation data, and other relevant information, to assess the impact of the overall CEhp program and the extent to which the CEhp mission and relevant organizational goals were met. C. **Identifying** areas for improvement within the CEhp program and individual CEhp activities based on the overall CEhp program evaluation process.

Competency Area **3: Measuring the Performance of CEhp activities and the overall CEhp Program**		
Use evaluation and outcomes data to evaluate the effectiveness of CEhp activities and the overall CEhp program.		
	Competency Statement	**Behaviors Demonstrated**
Competency **3.1**	Use evaluation and outcomes data to **assess and determine**: 1. the educational outcomes/results of the CEhp activities/ interventions on participants' attitudes, knowledge levels, skills, performance and/or patient outcomes, 2. unmet learning needs, and 3. the quality and success of CEhp activities/interventions by... A. **Identifying** the Level(s) of outcome associated with objectives and expected results of the CEhp activity/intervention B. **Selecting** assessment methods and tools that are appropriate for the goals and objectives of the CEhp activity/intervention, based on the CEhp practice setting and resources (e.g., time, expertise, staff, budget, stakeholder expectations). C. **Analyzing** assessment data in order to draw conclusions about the effectiveness of the CEhp activity/Intervention, based on expected results. D. **Analyzing** assessment data in order to identify learning needs that future CEhp activities/interventions can address.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to...*** • ***Identify*** different outcomes frameworks that can be applied in CEhp evaluation and assessment plans. • ***Discuss*** how to collect data and information on the quality and success of CEhp activities/interventions. • ***Describe*** the difference between assessment and evaluation. • ***Differentiate*** the role and uses of qualitative and quantitative research methods. • ***Describe*** how to use data from assessments to evaluate the quality, independence, success, and effectiveness of CEhp activities/interventions. • ***Relate*** assessment data to needs assessment and gap analysis. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to...*** • ***Select*** assessment methods and tools that are appropriate for the goals and objectives of the CEhp activity/intervention, based on the CEhp practice setting and resources (e.g., time, expertise, staff, budget, stakeholder expectations). • ***Implement*** assessment tools to collect data on the quality, independence, and balance (e.g., free from commercial bias) of CEhp activities/interventions. • ***Analyze*** qualitative and/or quantitative data using basic methods (e.g., summarizing comments, reviewing mean scores). • ***Draw conclusions*** regarding the extent to which the CEhp activity was successful in achieving its goals, objectives, and desired outcomes. • ***Identify*** opportunities for future CEhp activities based on results of data analysis.

Competency Area **3: Measuring the Performance of CEhp activities and the overall CEhp Program**, continued		
Use evaluation and outcomes data to evaluate the effectiveness of CEhp activities and the overall CEhp program.		
	Competency Statement	**Behaviors Demonstrated**
Competency **3.1**		**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Develop*** assessment tools that can be used to measure the quality, independence, balance, and effectiveness of a CEhp activity/intervention. • ***Design*** evaluation and assessment plans for CE activities/interventions that specify how, when, and why data will be collected and analyzed as well as how the data collected will be used. • ***Create*** partnerships and collaborations that can facilitate the assessment and evaluation process. • ***Interpret*** results from advanced methods of research (e.g., statistical tests and inferential analyses) so that data can be used and applied in practice. • ***Integrate*** findings from assessments into practice. • ***Develop*** reports and publications that communicate results of CEhp activities/interventions to internal and external audiences.

Competency Area **3: Measuring the Performance of CEhp activities and the overall CEhp Program**		
Use evaluation and outcomes data to evaluate the effectiveness of CEhp activities and the overall CEhp program.		
	Competency Statement	**Behaviors Demonstrated**
Competency **3.2**	Use evaluation and outcomes data to **evaluate** the impact of the overall CEhp program and its effectiveness in meeting the CEhp mission and relevant organizational goals by… A. **Outlining** steps to evaluate the impact of the CEhp program and its effectiveness in meeting mission and relevant organizational goals. B. **Utilizing** activity evaluation data, and other relevant information, to assess the impact of the overall CEhp program and the extent to which the CEhp mission and relevant organizational goals were met. C. **Identifying** areas for improvement within the CEhp program and individual CEhp activities based on the overall CEhp program evaluation process.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Define*** overall program evaluation. • ***Outline*** the link between CEhp activity assessment and overall CEhp program evaluation. • ***Describe*** the benefits of conducting overall program evaluation and its role in continuous quality improvement for the CEhp program and organization. • ***Identify*** resources that can help facilitate overall program evaluation. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Compare and contrast*** various frameworks and approaches that can be used to facilitate the overall program evaluation process. • ***Implement*** an overall program evaluation plan that evaluates the impact of a CEhp program and the extent to which the overall CEhp mission and relevant organizational goals have been met. • ***Analyze*** data and information from the overall program evaluation process in order to draw conclusions about the CEhp program's impact and to identify needed improvements. • ***Identify*** stakeholders and collaborators who can contribute to the overall program evaluation. **LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Design*** an overall CEhp program evaluation plan that links CEhp activity data to evaluation of the overall CEhp program. • ***Create*** goals and benchmarks for success of the overall CEhp program that can be used in the overall program evaluation process. • ***Utilize*** data and information from the overall program evaluation process to assess the impact of the CEhp program on relevant organizational goals. • ***Integrate*** improvements identified through the overall program evaluation process into future CEhp activities/interventions and the overall CEhp program. • ***Develop*** reports and publications that communicate the impact of the CEhp program to internal and external audiences.

Competency Area **4: Collaborating and Partnering with Stakeholders**	
Collaborate and partner with stakeholders to help meet the CEhp mission.	
	Competency Statement
Competency 4.1	**Collaborate** with internal stakeholder groups that can help maximize the impact of CEhp activities/interventions and meet the CEhp mission by… A. **Identifying** opportunities for internal collaborations that can help the CEhp program meet its mission (e.g., conduct an internal stakeholder's analysis). B. **Implementing** an ongoing, collaborative communication plan with internal stakeholders. C. **Evaluating** the extent to which the collaboration helped achieve a CEhp activity/intervention's goals and objectives. D. **Evaluating** the extent to which the collaboration helped the CEhp program meet its mission.
Competency 4.2	**Collaborate** with external stakeholder groups and key partners that can help maximize the impact of CEhp activities/interventions and meet the CEhp mission by… A. **Identifying** opportunities for external collaborations that can help the CEhp program meet its mission (e.g., conduct an external stakeholder's analysis). B. **Implementing** an ongoing, collaborative communication plan with external stakeholders. C. **Evaluating** the extent to which the collaboration helped achieve a CEhp activity/intervention's goals and objectives. D. **Evaluating** the extent to which the collaboration helped the CEhp program meet its mission. E. **Maintaining** compliance with applicable regulations when collaborating with external stakeholders.

Competency Area 4: Collaborating and Partnering with Stakeholders		
Collaborate and partner with stakeholders to help meet the CEhp mission.		
	Competency Statement	**Behaviors Demonstrated**
Competency 4.1	**Collaborate** with internal stakeholder groups that can help maximize the impact of CEhp activities/ interventions and meet the CEhp mission by… A. **Identifying** opportunities for internal collaborations that can help the CEhp program meet its mission (e.g., conduct an internal stakeholders analysis). B. **Implementing** an ongoing, collaborative communication plan with internal stakeholders. C. **Evaluating** the extent to which the collaboration helped achieve a CEhp activity/intervention's goals and objectives. D. **Evaluating** the extent to which the collaboration helped the CEhp program meet its mission.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Identify*** individuals and departments that might be internal stakeholders related to individual CEhp activities/interventions and the CEhp program. • ***Describe*** the steps involved in a stakeholder analysis for potential internal partnerships and collaborations. • ***Explain*** communication plans and how they can be used with internal stakeholders. • ***Describe*** how internal collaborations and partnerships can be evaluated for their impact on a CEhp activity/intervention and/or overall CEhp program. • ***Identify/Access*** resources that can support successful internal partnerships and collaborations. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Participate*** in a stakeholder analysis for potential internal partnerships and collaborations. • ***Implement*** an ongoing, collaborative communication plan with internal stakeholders. • ***Manage*** relationships with internal stakeholders. • ***Implement*** evaluation processes that help assess the impact of internal collaborations/partnerships on CEhp activities/interventions. • ***Implement*** evaluation processes that help assess the extent to which internal collaborations/partnerships helped a CEhp program meet its mission.

Competency Area 4: Collaborating and Partnering with Stakeholders, continued		
Collaborate and partner with stakeholders to help meet the CEhp mission.		
	Competency Statement	**Behaviors Demonstrated**
Competency 4.1		**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Conduct*** a stakeholder analysis for potential internal partnerships and collaborations. • ***Develop*** ongoing, collaborative communication plans with internal stakeholders. • ***Create*** relationships with key individuals and departments for internal partnerships and collaborations. • ***Design*** evaluation processes that help assess the impact of internal collaborations/partnerships on CEhp activities/interventions. • ***Design*** evaluation processes that help assess the extent to which internal collaborations/partnerships helped a CEhp program meet its mission.

Competency Area **4: Collaborating and Partnering with Stakeholders**		
Collaborate and partner with stakeholders to help meet the CEhp mission.		
	Competency Statement	**Behaviors Demonstrated**
Competency **4.2**	**Collaborate** with external stakeholder groups and key partners that can help maximize the impact of CEhp activities/interventions and meet the CEhp mission by… A. **Identifying** opportunities for external collaborations that can help the CEhp program meet its mission (e.g., conduct an external stakeholders analysis). B. **Implementing** an ongoing, collaborative communication plan with external stakeholders. C. **Evaluating** the extent to which the collaboration helped achieve a CEhp activity/intervention's goals and objectives. D. **Evaluating** the extent to which the collaboration helped the CEhp program meet its mission. E. **Maintaining** compliance with applicable regulations when collaborating with external stakeholders.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Identify*** individuals and organizations that might be external stakeholders related to individual CEhp activities/interventions and the CEhp program. • ***Describe*** the steps involved in a stakeholder analysis for potential external partnerships and collaborations. • ***Explain*** communication plans and how they can be used with external stakeholders. • ***Describe*** how external collaborations and partnerships can be evaluated for their impact on a CEhp activity/intervention and/or overall CEhp program. • ***Identify/Access*** resources that can support successful external partnerships and collaborations. • ***Identify*** regulations that would apply to external partnerships and collaborations. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Participate*** in a stakeholder analysis for potential external partnerships and collaborations. • ***Implement*** an ongoing, collaborative communication plan with external stakeholders. • ***Manage*** relationships with key individuals and organizations involved in external partnerships and collaborations. • ***Implement*** evaluation processes that help assess the impact of external collaborations/partnerships on CEhp activities/interventions and the overall CEhp Program. • ***Implement*** strategies, when necessary, to maintain compliance with applicable regulations when partnering with external stakeholders.

Competency Area **4: Collaborating and Partnering with Stakeholders**, continued		
Collaborate and partner with stakeholders to help meet the CEhp mission.		
	Competency Statement	**Behaviors Demonstrated**
Competency **4.2**		**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Conduct*** a stakeholder analysis for potential external partnerships and collaborations. • ***Develop*** ongoing, collaborative communication plans with external stakeholders. • ***Create*** relationships with key individuals and organizations for external partnerships and collaborations. • ***Design*** evaluation processes that help assess the impact of external collaborations/partnerships on CEhp activities/interventions and the overall CEhp Program. • ***Develop*** strategies, when necessary, to maintain compliance with applicable regulations when partnering with external stakeholders.

Competency Area 5: Manage and Administer the CE Program	
Manage and administer the CEhp office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and/or regulatory standards	
	Competency Statement
Competency 5.1	**Execute** CEhp activities and the CEhp program following sound and applicable business policies and practices by.... A. **Implementing** basic accounting, financial management, and human resource practices in compliance with organizational policies and procedures. B. **Creating** and/or interpret CEhp activity/intervention and CEhp program budgets, along with income and expense statements. C. **Producing** CEhp activities/interventions and administer the CEhp program in compliance with local, regional, state and federal laws and regulations. D. **Integrating** effective meeting planning and hospitality management practices into the planning and production of CEhp activities. E. **Utilizing** current and appropriate databases, software, and other technologies in the execution of CEhp activities/interventions and the overall CEhp program.
Competency 5.2	**Execute** CEhp activities and the overall CEhp program in compliance with applicable accreditation and/or regulatory policies and requirements by... A. **Adhering** to the accreditation and/or regulatory policies and requirements that are applicable to an overall CEhp program based on its organization type and location. B. **Adhering** to the accreditation and/or regulatory policies and requirements that are applicable to a CEhp activity/intervention based on its format and content. C. **Identifying** how other accreditation and/or regulatory policies and requirements (not directly applicable to the organization) impact partnerships and collaborations in CEhp activities/interventions. D. **Utilizing** materials from the implementation of CEhp activities and the administration of the overall CEhp program to demonstrate compliance with applicable accreditation and/or regulatory policies and requirements.
Competency 5.3	**Utilize** effective management and communication skills when working with organizational leaders, staff, volunteers, peers, and learners by... A. **Implementing** effective communication skills in written correspondence, face-to-face interactions, and public speaking. B. **Utilizing** effective management skills to delegate, supervise, and evaluate staff. C. **Setting** and communicate expectations of staff and volunteers, providing feedback, and offering support to accomplish goals. D. **Promoting** teamwork and team-building in the administration of the overall CEhp program.

Competency Area **5: Manage and Administer the CE Program**		
Manage and administer the CEhp office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and/or regulatory standards		
	Competency Statement	**Behaviors Demonstrated**
Competency **5.1**	**Execute** CEhp activities and the CEhp program following sound and applicable business policies and practices by... A. **Implementing** basic accounting, financial management, and human resource practices in compliance with organizational policies and procedures. B. **Creating** and/or interpret CEhp activity/intervention and CEhp program budgets, along with income and expense statements. C. **Producing** CEhp activities/interventions and administer the CEhp program in compliance with local, regional, state and federal laws and regulations. D. **Integrating** effective meeting planning and hospitality management practices into the planning and production of CEhp activities/interventions. E. **Utilizing** current and appropriate databases, software, and other technologies in the execution of CEhp activities/interventions and the CEhp program.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to...*** • ***Identify*** procedures for basic accounting, financial management, and human resource practices. • ***Outline*** organizational policies and procedures. • ***Identify*** financial data and information that are used in CEhp activity/intervention and CEhp program budgets, income and expense statements. • ***Identify*** procedures for ensuring that CEhp activities and the overall CEhp program in compliance with local, regional, state and federal laws and regulations. • ***Describe*** effective meeting planning and hospitality management practices that are used in the planning and production of CEhp activities. • ***Identify*** current and appropriate databases, software, and other technologies to use in CEhp activities/interventions and the CEhp program. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to...*** • ***Implement*** procedures for basic accounting, financial management, and human resource practices into the work of the CEhp program in order to comply with organizational policies and procedures. • ***Report*** financial data and information for use in CEhp activity/intervention and CEhp program budgets, income and expense statements. • ***Implement*** procedures for ensuring that CEhp activities/interventions and the overall CEhp program in compliance with local, regional, state and federal laws and regulations. • ***Implement*** processes that ensure the implementation of effective meeting planning and hospitality management practices in the planning and production of CEhp activities/interventions. • ***Use*** current and appropriate databases, software, and other technologies in the execution of CEhp activities/interventions and the CEhp program.

Competency Area **5: Manage and Administer the CE Program**, continued		
Manage and administer the CEhp office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and/or regulatory standards		
	Competency Statement	**Behaviors Demonstrated**
Competency **5.1**		**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Develop*** procedures that integrate basic accounting, financial management, and human resource practices into the work of the CEhp program in order to comply with organizational policies and procedures. • ***Use*** CEhp activity/intervention and CEhp program budgets, along with income and expense statements to effectively manage the overall CEhp program. • ***Develop*** procedures for ensuring that CEhp activities/interventions and the overall CEhp program in compliance with all applicable laws and regulations. • ***Manage*** processes for effective meeting planning and hospitality management in the planning and production of CEhp activities/interventions. • ***Integrate*** current and appropriate databases, software, and other technologies in the execution of CEhp activities/interventions and the CEhp program.

Competency Area **5: Manage and Administer the CE Program**		
Manage and administer the CEhp office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and/or regulatory standards		
	Competency Statement	**Behaviors Demonstrated**
Competency **5.2**	**Execute** CEhp activities and the CEhp program in compliance with applicable accreditation and/or regulatory policies and requirements by… A. **Adhering** to the accreditation and/or regulatory policies and requirements that are applicable to a CEhp program based on its organization type and location. B. **Adhering** to the accreditation and/or regulatory policies and requirements that are applicable to a CEhp activity/intervention based on its format and content. C. **Identifying** how other accreditation and/or regulatory policies and requirements (not directly applicable to the organization) impact partnerships and collaborations in CEhp activities/interventions. D. **Utilizing** materials from the implementation of CEhp activities/interventions and the administration of the CEhp program to demonstrate compliance with applicable accreditation and/or regulatory policies and requirements.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Identify*** accreditation and/or regulatory policies and requirements that are applicable to a CEhp program based on one's organization type and location. • ***Describe*** practices and procedures that comply with accreditation and/or regulatory policies and requirements that are applicable to a CEhp program. • ***Identify*** practices and procedures that comply with accreditation and/or regulatory policies and requirements that are applicable to a CEhp activity/intervention based on its format and content. • ***Identify*** materials from the implementation of CEhp activities/interventions and the administration of the CEhp program that can demonstrate compliance with applicable accreditation and/or regulatory policies and requirements. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Implement*** practices and procedures that comply with accreditation and/or regulatory policies and requirements that are applicable to a CEhp program. • ***Implement*** practices and procedures that comply with accreditation and/or regulatory policies and requirements that are applicable to a CEhp activity/intervention based on its format and content. • ***Identify*** potential ways that accreditation and/or regulatory policies and requirements (not directly applicable to the organization) may impact partnerships and collaborations. • ***Collect/assemble*** materials from the implementation of CEhp activities/interventions and the administration of the CEhp program that can demonstrate compliance with applicable accreditation and/or regulatory policies and requirements. • ***Develop*** learning opportunities for volunteers and/or faculty on the accreditation and/or regulatory policies and requires that are relevant to their roles and responsibilities.

Competency Area **5: Manage and Administer the CE Program**, continued		
Manage and administer the CEhp office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and/or regulatory standards		
	Competency Statement	**Behaviors Demonstrated**
Competency **5.2**		**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Integrate*** into the CEhp program practices and procedures that comply with accreditation and/or regulatory policies and requirements that are applicable to a CEhp program. • ***Integrate*** into the CEhp activity planning, development, and assessment practices and procedures that comply with accreditation and/or regulatory policies and requirements that are applicable to a CEhp activity/intervention based on its format and content. • ***Analyze*** the impact of accreditation and/or regulatory policies and requirements (not directly applicable to the organization) on partnerships and collaborations. • ***Utilize*** materials from the implementation of CEhp activities/interventions and the administration of the CEhp program to demonstrate compliance with applicable accreditation and/or regulatory policies and requirements.

Competency Area **5: Manage and Administer the CE Program**		
Manage and administer the CEhp office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and/or regulatory standards		
	Competency Statement	**Behaviors Demonstrated**
Competency **5.3**	**Utilize** effective management and communication skills when working with organizational leaders, staff, volunteers, peers, and learners by… A. **Implementing** effective communication skills in written correspondence, face-to-face interactions, and public speaking. B. **Utilizing** effective management skills to delegate, supervise, and evaluate staff. C. **Setting** and communicate expectations of staff and volunteers, providing feedback, and offering support to accomplish goals. D. **Promoting** teamwork and team-building in the administration of the CEhp program.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Describe*** effective communication strategies that can be used in written correspondence, face-to-face interactions, and public speaking opportunities. • ***Describe*** strategies to effectively delegate tasks and projects to CEhp staff and volunteers. • ***Explain*** the importance of setting expectations of staff and volunteers, providing feedback, and offering support to help others accomplish goals. • ***Discuss*** the value of teamwork and team-building in the administration of the CEhp program. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Implement*** effective communication strategies into written correspondence, face-to-face interactions, and public speaking opportunities. • ***Identify*** examples of effective management strategies to use in the delegation of tasks and projects to CEhp staff and volunteers. • ***Communicate*** expectations of staff and volunteers, providing feedback, and offering support to accomplish goals. • ***Identify*** opportunities for teamwork and team-building in the administration of the CEhp program.

Competency Area **5: Manage and Administer the CE Program**, continued		
Manage and administer the CEhp office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and/or regulatory standards		
	Competency Statement	**Behaviors Demonstrated**
Competency **5.3**		**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Develop*** effective communication strategies for written correspondence, face-to-face interactions, and public speaking opportunities. • ***Mentor*** staff and volunteers on how to use effective communication strategies. • ***Integrate*** effective management skills into the delegation of tasks and projects to CEhp staff and volunteers. • ***Develop*** expectations of staff and volunteers, providing feedback, and offering support to accomplish goals. • ***Promote*** opportunities for teamwork and team-building in the administration of the CEhp program.

Competency Area 6: Lead the CEhp Program	
Provide Leadership for the CEhp Program	
	Competency Statement
Competency 6.1	**Conduct** all affairs with high standards of professionalism and ethics by… A. **Adhering** to ethical standards for CEhp professionals and related fields. B. **Providing** resources to help others learn about ethics and professionalism in CEhp. C. **Providing** mechanisms and support to help others identify and address ethical dilemmas.
Competency 6.2	**Model and inspire** a vision of present value and future direction for CEhp – externally and internally by… A. **Engaging** staff in scanning the current and emerging environment for its impact on CEhp. B. **Recognizing** current and potential new connections between one's own CEhp program with the current and emerging environment for CEhp, healthcare professionals, and stakeholders. C. **Implementing** a mission-aligned strategic plan that is a bridge to the organization's vision that includes goals, objectives, tasks and milestones for success.
Competency 6.3	**Develop** and model a learning organization by… A. **Creating** mechanisms and practices that involve stakeholders in developing solutions to identified problems. B. **Linking** principles of continuous quality improvement to CEhp activities, the CEhp program, and overall organizational improvement. C. **Utilizing** collaborations with internal and external stakeholders to support organizational learning and improvement. D. **Creating** an environment that embraces learning and change.
Competency 6.4	**Advocate** for the CEhp program, its mission, activities, staff and volunteers by… A. **Recognizing** the success and potential areas of improvement of one's own CEhp program. B. **Encouraging** opportunities for staff to participate in professional activities that can highlight and expand their abilities. C. **Recognizing** the achievements of staff and volunteers. D. **Sharing** experiences and achievements with the CEhp community through publications and presentations.

Competency Area **6: Lead the CEhp Program**		
Provide Leadership for the CEhp Program		
	Competency Statement	**Behaviors Demonstrated**
Competency **6.1**	**Conduct** all affairs with high standards of professionalism and ethics by… A. **Adhering** to ethical standards for CEhp professionals and related fields B. **Providing** resources to help others learn about ethics and professionalism in CEhp C. **Providing** mechanisms and support to help other identify and address ethical dilemmas	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Describe*** the ethical standards of behavior that are expected. • ***Explain*** the importance of influencing people to adhere to agreed-upon standards • ***Discuss*** the importance of asking for pertinent feedback on how his/her actions affect people's performance • ***Describe*** his/her organization's values • ***Define*** the concept of a leadership philosophy
		LEVEL 2: COMPETENT/PROFICIENT ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Set*** a personal example of what is expected as ethical standards • ***Influence*** people to adhere to agreed-upon standards • ***Recognize*** individual motivators for success • ***Ask*** for pertinent feedback on how his/her actions affect others' performance • ***Describe*** how to build consensus around organization's values • ***Self-assess*** one's own leadership philosophy • ***Outline*** one's own leadership philosophy
		LEVEL 3: EXPERT ***The Expert CEhp Practitioner has the ability to…*** • ***Analyze*** ethical dilemmas to help individuals and/or teams work towards mutually acceptable goals • ***Ask*** for feedback on how one's actions affect others' performance and what one can modify in one's behavior to engender the highest level of performance • ***Build*** consensus around one's organization's values • ***Articulate clearly*** one's own philosophy of leadership • ***Appreciate*** the leadership philosophy of others.

Competency Area **6: Lead the CEhp Program**		
Provide Leadership for the CEhp Program		
	Competency Statement	**Behaviors Demonstrated**
Competency **6.2**	**Model and inspire** a vision of present value and future direction for CEhp – externally and internally by… A. **Engaging** staff in scanning the current and emerging environment for its impact on CEhp B. **Recognizing** current and potential new connections between one's own CEhp program with the current and emerging environment for CEhp, healthcare professionals, and stakeholders C. **Implementing** a mission-aligned strategic plan that is a bridge to the organization's vision that includes goals, objectives, tasks and milestones for success.	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Describe*** future trends influencing CEhp work. • ***Discuss*** the importance of describing a compelling image of CEhp's value. • ***Explain*** the importance of developing and articulating a CEhp program's value, vision and future direction. • ***Describe*** effective strategies for communicating the value of a CEhp program. • ***Define*** the concept of, steps in, and value of a strategic plan. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Discuss*** trends influencing CEhp activities/interventions and the CEhp program. • ***Develop*** compelling communications about the value of CEhp. • ***Compare*** CEhp program's strategic directions to CEhp's emerging environment. • ***Identify*** objectives and tasks that can be implemented in support of a CEhp program's strategic plan. • ***Implement*** tasks to meet milestones in support of a strategic plan that aligns daily work with a CEhp program's mission and strategic plan.

Competency Area **6: Lead the CEhp Program**		
Provide Leadership for the CEhp Program		
	Competency Statement	**Behaviors Demonstrated**
Competency **6.2**	**Model and inspire** a vision of present value and future direction for CEhp – externally and internally by… A. **Engaging** staff in scanning the current and emerging environment for its impact on CEhp B. **Recognizing** current and potential new connections between one's own CEhp program with the current and emerging environment for CEhp, healthcare professionals, and stakeholders C. **Implementing** a mission-aligned strategic plan that is a bridge to the organization's vision that includes goals, objectives, tasks and milestones for success.	**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Analyze*** trends that can influence the CEhp program. • ***Describe*** a compelling vision of the future of CEhp. • ***Show*** how the CEhp program's vision can be realized. • ***Articulate*** the "big picture" of the CEhp program's vision and strategic direction. • ***Speak*** with conviction about the value of CEhp work. • ***Collaborate*** with organizational leaders to develop a strategic plan to help align CEhp staff's works with the organization's vision and CEhp program's mission. • ***Integrate*** into CEhp work a mission-aligned strategic plan with goals, objectives, tasks and milestones for success.

Competency Area **6: Lead the CEhp Program**		
Provide Leadership for the CEhp Program		
	Competency Statement	**Behaviors Demonstrated**
Competency **6.3**	**Develop** and model a learning organization by… A. **Creating** mechanisms and practices that involve staff in developing solutions to identified problems B. **Linking** principles of continuous quality improvement to CEhp activities, the CEhp program, and overall organizational improvement C. **Utilizing** collaborations with internal and external stakeholders to support organizational learning and improvement D. **Creating** an environment that embraces learning and change	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Describe*** principles of continuous quality improvement. • ***Describe*** the value of challenging people to try new approaches. • ***Identify*** resources for innovative methods for improvement. • ***Identify*** behaviors for treating people with dignity and respect. • ***Speak up*** if lack of respect is apparent and communicate within established guidelines. • ***Identify*** different approaches that can be used to achieve the same goals. • ***Identify*** strategies to assess employees' skills and potential. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Apply*** principles of continuous quality improvement. • ***Identify*** opportunities to test new skills within a safe environment. • ***Engage*** people to try new approaches consistent with goals of the overall CEhp program. • ***Identify*** lessons learned from collaborative relationships • ***Actively*** listen to diverse points of view • ***Treat*** people with dignity and respect • ***Identify*** strategies to assess if practices implemented achieved CEhp program's goals. • ***Describe*** strategies that help people grow in their jobs.

Competency Area **6: Lead the CEhp Program**, continued		
Provide Leadership for the CEhp Program		
	Competency Statement	**Behaviors Demonstrated**
Competency **6.3**		**LEVEL 3:EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Analyze*** one's CEhp program using continuous quality improvement methods. • ***Seek*** challenging opportunities to test skills. • ***Support*** people to try new approaches. • ***Search*** outside organizations for innovative ways to improve. • ***Ask*** oneself and others "what can **we** learn". • ***Support*** decisions other people make consistent with goals. • ***Give*** people choices about how to do their work. • ***Ensure*** that people grow and develop professionally in their jobs. • ***Integrate*** lessons learned from collaborations into one's CEhp practice.

Competency Area **6: Lead the CEhp Program**		
Provide Leadership for the CEhp Program		
	Competency Statement	**Behaviors Demonstrated**
Competency **6.4**	**Advocate** for the CEhp program, its mission, activities, staff and volunteers by… A. **Recognizing** the success of one's own CEhp program B. **Encouraging** opportunities for staff to participate in professional activities that can highlight and expand their abilities C. **Recognizing** the achievements of staff and volunteers	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Identify*** different types of rewards systems for a job well-done. • ***Discuss*** the importance of shared values for team dynamic and functioning. • ***Describe*** the impact and importance of providing support and demonstrating appreciation to individuals and teams. • ***Identify*** professional activities that can highlight and expand abilities of staff and volunteers. • ***Describe*** the importance of publishing and communicating successes of one's own CEhp program. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Describe*** the psychology of motivation and reinforcements. • ***Recognize*** examples of good vs. poor performance. • ***Identify*** appropriate and impactful ways to reward people for a job well-done. • ***Identify*** behaviors that demonstrate a commitment to shared values. • ***Describe*** different ways to celebrate accomplishments • ***Identify*** appropriate methods to provide support to team members and demonstrate appreciation for their work. • ***Identify*** ways to encourage staff and volunteers to participate in professional activities that can highlight and expand their abilities. • ***Identify*** opportunities for sharing successes of one's own CEhp program.

Competency Area **6: Lead the CEhp Program**, continued		
Provide Leadership for the CEhp Program		
	Competency Statement	**Behaviors Demonstrated**
Competency **6.4**		**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Implement*** multiple strategies to recognize people for a job well done. • ***Express*** confidence in people's abilities. • ***Creatively reward*** people for their contributions. • ***Recognize*** people for commitment to shared values. • ***Find*** ways to celebrate accomplishments of staff and volunteers. • ***Demonstrate*** appreciation of and support for team members. • ***Seek*** out opportunities for staff and volunteers to participate in professional activities that can highlight and expand their abilities. • ***Seek*** out opportunities for publishing and communicating successes of one's own CEhp program.

Competency Area 7: Engage in Self-Assessment and Lifelong Learning	
Continually assess individual performance and CEhp program effectiveness, and make improvements through relevant learning experiences.	
	Competency Statement
Competency 7.1	**Engage** in assessments and professional development to help identify and then close *one's own* knowledge, competence, and performance gaps by… A. **Participating** in self-assessments and stay abreast of the CEhp environment to identify gaps in one's own CEhp knowledge, competence and performance. B. **Creating** an individual learning plan for improvement with personal goals and objectives that would address the identified gaps. C. **Participating** in professional development opportunities that would address identified gaps. D. **Modifying** one's own practice of CEhp to close identified gaps. E. **Seeking** out opportunities for feedback on new and/or modified practices.
Competency 7.2	**Engage** in assessments and professional development to help maintain and/or improve *the performance of the CEhp program* by… A. **Comparing** the CEhp program's performance to standards of practice and/or emerging trends to identify areas of improvement. B. **Creating** an improvement plan for the CEhp program with goals and objectives that would address needed and desired changes. C. **Participating** in training and learning opportunities that help support implementation of the improvement plan. D. **Making** modifications to the CEhp program to address areas of improvement. E. **Seeking** out opportunities for feedback on new and/or modified CEhp program practices.
Competency 7.3	**Actively participate** in the profession of CEhp in order to model lifelong learning by… A. **Exploring** opportunities to volunteer for professional and/or regulatory organizations in CEhp. B. **Sharing** best practices and experiences at local, regional, and/or national meetings of CEhp professionals. C. **Disseminating** best practices, experiences, and/or findings from one's own research and scholarship in CEhp via journals, newsletters, and other publications. D. **Engaging** in CEhp social media communications.

Competency Area **7: Engage in Self-Assessment and Lifelong Learning**		
Continually assess individual and CEhp program performance and make improvements through relevant learning experiences.		
	Competency Statement	**Behaviors Demonstrated**
Competency **7.1**	**Engage** in assessments and professional development to help identify and then close *one's own* knowledge, competence, and performance gaps by... A. **Participating** in self-assessments and stay abreast of the CEhp environment to identify gaps in one's own CEhp knowledge, competence and performance. B. **Creating** an individual learning plan for improvement with personal goals and objectives that would address the identified gaps. C. **Participating** in professional development opportunities that would address identified gaps. D. **Modifying** one's own practice of CEhp to close identified gaps. E. **Seeking** out opportunities for feedback on new and/or modified practices	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to...*** • ***Describe*** key issues in the CEhp environment. • ***Discuss*** the value of self-assessments in CEhp. • ***Outline*** steps in a learning plan. • ***Participate*** in a variety of professional development opportunities. • ***Review*** one's own practice of CEhp. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to...*** • ***Assess*** the CEhp environment for changes that can lead to gaps in one's own knowledge, competence, and performance. • ***Engage*** in self-assessments to identify gaps in one's own knowledge, competence, and performance. • ***Describe*** how a learning plan can address identified gaps. • ***Develop*** professional development opportunities for others in CEhp. • ***Identify*** ways to integrate into one's own practice of CEhp new concepts, processes, and procedures based on professional development and feedback from others. **LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to...*** • ***Design*** a learning plan that would address identified gaps. • ***Lead*** professional development opportunities for other CEhp practitioners. • ***Integrate*** into one's own practice of CEhp new concepts, processes, and procedures based on professional development and feedback from others.

Competency Area **7: Engage in Self-Assessment and Lifelong Learning**		
Continually assess individual and CEhp program performance and make improvements through relevant learning experiences.		
	Competency Statement	**Behaviors Demonstrated**
Competency **7.2**	**Engage** in assessments and professional development to help maintain and/or improve *the performance of the CEhp program* by… A. **Comparing** the CEhp program's performance to standards of practice and/or emerging trends to identify areas of improvement. B. **Creating** an improvement plan for the CEhp program with goals and objectives that would address needed and desired changes. C. **Participating** in training and learning opportunities that help support implementation of the improvement plan. D. **Making** modifications to the CEhp program to address areas of improvement E. **Seeking** out opportunities for feedback on new and/or modified CEhp program practices	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Discuss*** standards of practice and emerging trends in the CEhp environment. • ***Participate*** in training and learning opportunities that can help support improvements to the CEhp program. • ***Discuss*** the value of identifying and implementing improvements in CEhp. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Compare*** the CEhp program's performance to standards of practice and/or emerging trends to identify areas of improvement. • ***Identify*** areas for improvement within one's CEhp program based on standards of practice and/or emerging trends. • ***Develop*** training and learning opportunities that can help support improvements in CEhp programs. • ***Implement*** new concepts, processes, and procedures to address areas of needed improvement. • ***Seek*** feedback from colleagues, co-workers, and/or supervisors on new and/or modified CEhp program practices. **LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Design*** an improvement plan for the CEhp program with goals and objectives that would address needed and desired changes. • ***Lead*** training and learning opportunities that help support improvements in CEhp programs. • ***Integrate*** into one's own practice of CEhp new concepts, processes, and procedures to address areas of needed improvement. • ***Provide*** feedback to colleagues, co-workers, and staff on new and/or modified CEhp practices.

Competency Area **7: Engage in Self-Assessment and Lifelong Learning**		
Continually assess individual and CEhp program performance and make improvements through relevant learning experiences.		
	Competency Statement	**Behaviors Demonstrated**
Competency **7.3**	**Actively participate** in the profession of CEhp in order to model lifelong learning by… A. **Exploring** opportunities to volunteer for professional and/or regulatory organizations in CEhp B. **Sharing** best practices and experiences at local, regional, and/or national meetings of CEhp professionals C. **Disseminating** best practices, experiences, and/or findings from one's own research and scholarship in CEhp via journals, newsletters, and other publications D. **Engaging** in CEhp social media communications	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Discuss*** the value of volunteering for the profession of CEhp. • ***Describe*** the value of sharing best practices and experiences in CEhp. • ***Identify*** professional and regulatory organizations in the profession. • ***Identify*** CEhp -related social media forums and discussions. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Volunteer*** for professional and/or regulatory organizations in CEhp. • ***Share*** best practices and experiences at local, regional, and/or national meetings of CEhp professionals. • ***Share*** best practices, experiences, and findings from one's own research and scholarship in CEhp via publication opportunities in journals, newsletters, and other outlets. • ***Engage*** in CEhp social media forums and discussions. **LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Lead*** volunteer groups in professional and/or regulatory organizations in CEhp. • ***Develop*** local, regional, and/or national meetings of CEhp professionals in which best practices can be shared. • ***Engage*** in the review and publication of best practices, scholarship and research in CEhp via journals, newsletters, and other outlets. • ***Lead*** CEhp social media forums and discussions.

Competency Area 8: Engaging in Systems Thinking in CEhp	
Approach the practice of CEhp from a system-thinking perspective, recognizing that a team of healthcare professionals that are part of a complex healthcare system delivers patient care.	
	Competency Statement
Competency 8.1	**Integrate** into the design and assessment of educational activities/interventions a systems-based approach to identifying and closing gaps in healthcare by… A. **Evaluating** quality and performance gaps for systems-based issues (e.g., structures and processes) that can be addressed within CEhp activities/interventions. B. **Addressing** systems-based issues that are barriers to change and the implementation of new knowledge and skill. C. **Assessing** improvements in team performance. D. **Developing** CEhp content that supports collaborative practice within the inter-professional healthcare team.

Competency Area **8: Engaging in Systems Thinking in CEhp**		
Approach the practice of CEhp from a system-thinking perspective, recognizing that a team of healthcare professionals that are part of a complex healthcare system delivers patient care.		
	Competency Statement	**Behaviors Demonstrated**
Competency **8.1**	**Integrate** into the design and assessment of educational activities/interventions a systems-based approach to identifying and closing gaps in healthcare by… A. **Evaluating** quality and performance gaps for systems-based issues (e.g., structures and processes) that can be addressed within CEhp activities/interventions B. **Addressing** systems-based issues that are barriers to change and implementation of new knowledge and skill C. **Assessing** improvements in team performance. D. **Developing** CEhp content that supports collaborative practice within the inter-professional healthcare team	**LEVEL 1: NOVICE/ADVANCED BEGINNER** ***The Novice/Advanced Beginner CEhp Practitioner has the ability to…*** • ***Describe*** the concept of systems-thinking and its implication for CEhp activities/interventions. • ***Identify*** the stakeholders involved in creating or influences the system of practice. • ***Identify*** resources related to systems-thinking that can be used in CEhp activities/interventions. • ***Describe*** common barriers to and supports for improvements in the healthcare team's performance. • ***Discuss*** the value of collaboration within the healthcare team. **LEVEL 2: COMPETENT/PROFICIENT** ***The Competent/Proficient CEhp Practitioner has the ability to…*** • ***Examine*** how systems-based issues can impact healthcare team performance and patient care. • ***Use*** systems thinking models and frameworks in the planning of CEhp activities/interventions. • ***Implement*** CEhp activities/interventions that help learners address and/or overcome barriers to change and the implementation of new knowledge/skill. • ***Implement*** assessment methods that can capture improvements in team performance. • ***Identify*** resources and strategies to support collaborative practice of the Interprofessional healthcare team.

Competency Area **8: Engaging in Systems Thinking in CEhp**		
Approach the practice of CEhp from a system-thinking perspective, recognizing that a team of healthcare professionals that are part of a complex healthcare system delivers patient care.		
	Competency Statement	**Behaviors Demonstrated**
Competency **8.1**	**Integrate** into the design and assessment of educational activities/interventions a systems-based approach to identifying and closing gaps in healthcare by… A. **Evaluating** quality and performance gaps for systems-based issues (e.g., structures and processes) that can be addressed within CEhp activities/interventions B. **Addressing** systems-based issues that are barriers to change and implementation of new knowledge and skill C. **Assessing** improvements in team performance. D. **Developing** CEhp content that supports collaborative practice within the inter-professional healthcare team	**LEVEL 3: EXPERT** ***The Expert CEhp Practitioner has the ability to…*** • ***Analyze*** quality and performance gaps for systems-based issues (e.g., structures and processes) that can be addressed with CEhp activities/interventions. • ***Create*** partnerships and collaborations that can facilitate a systems-based approach to CEhp activities/interventions and program. • ***Integrate*** the team (individuals, departments, organizations, systems) needed to deliver optimal patient care into CEhp activities/interventions. • ***Design*** CEhp activities/interventions that address support for and barriers to change and the implementation of new knowledge. • ***Design*** evaluation and assessment plans for CEhp activities/interventions that can capture improvements in team performance. • ***Integrate*** content and resources to support collaborative practice of the Interprofessional healthcare team into CEhp activities/interventions.

9. Glossary of Terms

Acronym	Stands For	Explanation
ACCME	Accreditation Council for Continuing Medical Education	The ACCME is the accrediting body for CME providers.
ACEHP	Alliance for Continuing Education of Health Professionals	Formally known as the Alliance, ACEHP was founded in support of certified medical education for physicians. Through inclusive, collaborative, and inter-professional efforts, ACEHP acts to close health care performance gaps and improve quality in patient care and clinical outcomes.
ACPE	Accreditation Council for Pharmacy Education	Accreditation Council for Pharmacy Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing education.
AHRQ	Agency for Healthcare Research and Quality	The Agency for Healthcare Research and Quality's (AHRQ) mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.
AMA-PRA	American Medical Association Physician's Recognition Award	The AMA established the AMA PRA in 1968 and for more than 40 years has recognized physicians who earn at least an average of 50 credits per year from educational activities that meet AMA standards. The AMA owns *AMA PRA Category 1™*; ACCME-accredited providers are accredited to sponsor the credit.
ANCC	American Nurses Credentialing Center	ANCC's internationally renowned credentialing programs certify and recognize individual nurses in specialty practice areas; recognize healthcare organizations for promoting safe, positive work environments; and accredit continuing nursing education organizations.
ARC	Accreditation Review Committee	The ARC is one of three ACCME "working" committees that reports to the Board of Directors. The ARC synthesizes data to formulate recommendations to the Board of Directors on accreditation status of providers applying for ACCME accreditation. The ARC also makes recommendations to the Board of

		Directors regarding accreditation policy development.
ARS	Audience Response System	A type of interaction system used to create interactivity between a presenter and his/her audience. Systems for co-located audiences combine wireless hardware with presentation software, and systems for remote audiences may use telephones or web polls for audiences watching through television or the Internet.
CHCP	Certified Healthcare CPD Professional	The Alliance Certified Healthcare CPD Professional (CHCP) Credential provides the healthcare CPD community the opportunity to showcase your knowledge as a healthcare continuing professional development (CPD) professional and that you are dedicated to your profession, career, and serving the healthcare industry.
CME/CE	Continuing Medical Education/ Continuing Education	CME often refers to activities that have a target audience that is physician driven. CE often refers to activities that have a multidisciplinary target audience (nurses, pharmacists).
CNE	Continuing Nursing Education	A process of ongoing learning that helps nurses maintain their licenses, improve their skills, and stay up to date with the latest industry practices.
COI	Conflict of Interest	Circumstances that create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.
COS	Change of Scope	Used in context of grant submissions, a formal request to adjust a deliverable of a grant.
CPE	Continuing Pharmacy Education	Structured educational activities designed to help pharmacists and pharmacy technicians maintain and enhance their professional competence
EACCME	European Accreditation Council for Continuing Medical Education	An accrediting body that promotes high standards for continuing medical education (CME) and continuing professional development (CPD) in Europe.
HHS	Health and Human Services	The U.S. Department of Health and Human Services (HHS) is the U.S. government's principal agency for protecting the health of all Americans and providing essential human

		services, especially for those who are least able to help themselves. HHS is responsible for almost a quarter of all federal outlays and administers more grant dollars than all other federal agencies combined.
JC	The Joint Commission	The JC accredits and certifies more than 19,000 health care organizations and programs in the United States. JC accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
JCEHP	Journal of Continuing Education for the Health Professions	JCEHP is the journal of The Alliance for Continuing Education in the Health Professions.
LMS	Learner Management System	A software application that helps organizations create, manage, and track learning and development programs
LOA	Letter of Agreement	A letter of agreement is a document detailing terms and conditions of support provided by a commercial interest.
MIPS	Merit-Based Incentive Payment System	A Medicare program that includes Continuing Medical Education (CME) as a way to improve care processes and patient outcomes.
MOC	Maintenance of Certification	The MOC program provides an expensive, ongoing process of uncertain value that was designed to help physicians keep abreast of advances in their fields, develop better practice systems, and demonstrate a commitment to lifelong learning.
MOL	Maintenance of Licensures	MOL is a framework for medical license renewal that recognizes the value of continuous professional development, including practice-relevant continuing medical education, and supports a physician's commitment to lifelong learning and contributes to improved health care.
NABP	National Association of Boards of Pharmacy	A non-profit organization that helps protect public health by working with state boards of pharmacy to develop and enforce standards for pharmacy practice
NCQA	National Commission for Quality Improvement	The National Committee for Quality Assurance is dedicated to improving health care quality. The NCQA seal is a widely recognized symbol of quality. Organizations incorporating the

		seal into advertising and marketing materials must first pass a rigorous, comprehensive review and must annually report on their performance.
OIG	Office of the Inspector General	Since its 1976 establishment, OIG has been at the forefront of the Nation's efforts to fight waste, fraud, and abuse in Medicare, Medicaid, and more than 300 other HHS programs.
PARS	Program Activity and Reporting System	The primary purpose of PARS is to provide a centralized system for the ACCME's collection and management of activity and program data from its accredited CME providers.
PI-CME	Performance Improvement CME	PI-CME allows learners to identify their habits in key disease states and compare performances with evidence- based standards. Learners evaluate themselves, and then take advantage of guidelines, practice tools, education programs, and other resources to help make changes that will directly affect patients.
POC	Point of Care	As in Point of Care learners, an adult learning theory and teaching method that consists of self-identified clinical question through use of evidence-based medical databases. Learners identify and consult relevant sources and describe the application of findings to practice.
PPSA	Physician Payment Sunshine Act	The Physician Payments Sunshine Act requires manufacturers of drugs, medical devices and biologicals that participate in U.S. federal health care programs to report certain payments and items of value given to physicians and teaching hospitals. The Centers for Medicare & Medicaid Services (CMS) has been charged with implementing the Sunshine Act and has called it the Open Payments Program. As part of this program, manufacturers now are required to submit reports on payment, transfer and ownership information.
QI-CME	Quality Improvement CME	QI-CME offers an opportunity for providers to demonstrate the value of CME in promoting clinician engagement in efforts to improve performance, quality, and safety.

RAI/RFI	Request for Additional Information/ Request for Information	Used in context of grant submissions, a formal request requesting clarification of a grant.
RFP	Request for Proposal	Describes a project and solicits bids from potential contractors or suppliers to complete it
RSS	Regularly Scheduled Series	A course is identified as RSS when it is planned to have a series with multiple sessions that occur on an ongoing basis (offered weekly, monthly, or quarterly) and are primarily planned and presented to the accredited organization's professional staff. Examples are Grand Rounds, Morning Reports, or Tumor Boards.
UAN	Universal Activity Number	A unique identification number assigned to each continuing pharmacy education (CPE) program developed by an ACPE-accredited provider

10. CE Educators Toolkit & Worksheet Guide

The **ACCME CE Educator's Toolkit** is a comprehensive resource developed to support CE professionals in designing, delivering, and evaluating effective continuing education interventions for healthcare professionals. The toolkit emphasizes evidence-based strategies and focuses on fostering active, learner-centered educational experiences.

Purpose and Development

The **CE Educator's Toolkit** was developed by the Society for Academic Continuing Medical Education (SACME) with support from the ACCME, aligning with ACCME's strategic goal to advocate for research and scholarship in continuing education. Its creation involved extensive literature reviews, consultations with experts, and the validation of best practices through a Delphi panel process (985_20230124_ce_educato…).

Key Components of the Toolkit

1. **Effective Educational Interventions**: The toolkit focuses on three primary educational interventions:
    - **Small group learning**: Encourages collaboration, problem-solving, and team-based skills in a learner-driven format.
    - **Case-based learning**: Utilizes real-world scenarios to foster critical thinking and collaboration.
    - **Reflective learning**: Supports self-awareness, lifelong learning, and the identification of gaps in knowledge and skills (985_20230124_ce_educato…) (985_20230124_ce_educato…).
2. **Inclusive, Diverse, and Accessible (IDEA) Principles**: These principles guide the design of CE interventions, ensuring that activities are inclusive, equitable, and accessible to a broad range of learners with different backgrounds and needs. It promotes the use of respectful language, representative planning committees, and diverse, learner-centered experiences (985_20230124_ce_educato…).
3. **Virtual CE Delivery**: The toolkit provides guidelines for virtual learning environments, offering strategies to minimize technical disruptions and maximize engagement, including the use of breakout rooms, second facilitators for technical support, and camera use (985_20230124_ce_educato…).
4. **Planning and Evaluation**: A significant portion of the toolkit is dedicated to helping CE educators plan and evaluate their programs. This includes conducting needs assessments, setting measurable learning objectives using frameworks like Bloom's Taxonomy, and applying evaluation frameworks like RE-AIM and Kirkpatrick (985_20230124_ce_educato…) (985_20230124_ce_educato…).

Practical Application of the Toolkit

- The toolkit includes a variety of practical tools, such as **self-assessment worksheets**, **checklists**, and **guiding questions**, which assist educators in planning, delivering, and evaluating CE sessions.
- Case studies and scenarios are provided to illustrate how different educational interventions can be applied, offering a hands-on approach to understanding the toolkit's methods (985_20230124_ce_educato…).

*Accreditation Council for Continuing Medical Education. 2022. CE Educator's Toolkit: Evidence-based design and implementation strategies for effective continuing education.
http://www.accme.org/ceeducatorstoolkit*:contentReference[oaicite:8]{index=8}.
This summary provides an overview of the toolkit's key features and applications, which CE educators can use to enhance the effectiveness of their educational interventions.

The **CE Educator's Toolkit Worksheet Guide** provides practical tools and templates designed to complement the **CE Educator's Toolkit**. These worksheets help CE professionals apply the evidence-based strategies discussed in the toolkit and assist with the planning, implementation, and evaluation of continuing education (CE) interventions.
The guide includes worksheets that align with key toolkit components, offering hands-on resources that streamline and structure CE session design. By utilizing these worksheets, CE planners can more effectively organize their sessions, evaluate gaps, and develop measurable learning objectives.

Key Features of the Worksheet Guide

1. **Needs Assessment and Gap Analysis**:
    - Worksheets help identify current knowledge gaps and professional practices. A series of questions prompt CE planners to assess their learners' current state versus the desired learning outcomes (985_20230124_ce_educato…).
2. **Learning Objectives**:
    - Templates guide CE planners through the process of developing clear, measurable learning objectives using Bloom's Taxonomy and the TACT (Target, Action, Context, Time) framework. These tools ensure that learning outcomes are focused on behavior change and are aligned with the session's educational goals (985_20230124_ce_educato…).
3. **Educational Interventions**:
    - The guide provides templates for the three core educational interventions—small group learning, case-based learning, and reflective learning. Each intervention has a dedicated worksheet with prompts for planning discussions, setting ground rules, and framing problems to be addressed in the session (985_20230124_ce_educato…).
    - For example, small group learning worksheets help facilitators design group dynamics, set ground rules, and develop questioning techniques to foster discussion (985_20230124_ce_educato…).
4. **Planning Canvases**:
    - These canvases allow facilitators to plan key aspects of their sessions, including how to handle group dynamics, mitigate challenges, and create inclusive learning environments (985_20230124_ce_educato…).
5. **Reflective Practice**:
    - Reflective practice worksheets help learners critically reflect on their experiences during CE sessions. Prompts guide learners through the process of identifying what they learned, how they handled specific scenarios, and what they plan to do differently moving forward (985_20230124_ce_educato…).
6. **Evaluation and Feedback**:
    - The guide includes templates for evaluating CE sessions, both through post-session surveys and in-depth interviews. These tools help CE planners assess the impact of their sessions on learners' knowledge, skills, and professional practices (985_20230124_ce_educato…).

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11. The Adult Learning Theory – Andragogy

Malcolm Shepherd Knowles (1913-1997) has long been known for work and description of the use of the term Andragogy, which he defined as the art and science of adult learning. In 1980, Knowles made 4 assumptions about the characteristics of adult learners (andragogy) that are different from the assumptions about child learners (pedagogy). In 1984, Knowles added the 5th assumption.

Self-Concept
As a person matures his/her self-concept moves from one of being a dependent personality toward one of being a self-directed human being.

Adult Learner Experience
As a person matures, he/she accumulates a growing reservoir of experience that becomes an increasing resource for learning.

Readiness to Learn
As a person matures his/her readiness to learn becomes oriented increasingly to the developmental tasks of his/her social roles.

Orientation to Learning
As a person matures his/her time perspective changes from one of postponed application of knowledge to immediacy of application. As a result, his/her orientation toward learning shifts from one of subject- centeredness to one of problem centeredness.

Motivation to Learn
As a person matures the motivation to learn is internal

Knowles' 4 Principles of Andragogy
In 1984, Knowles suggested 4 principles that are applied to adult learning:

1. Adults need to be involved in the planning and evaluation of their instruction.
2. Experience (including mistakes) provides the basis for the learning activities.
3. Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life.
4. Adult learning is problem-centered rather than content-oriented.

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