



International Academy
for **CPD Accreditation**

Progress Toward a Shared Set of Standards

A Report from the International Academy for CPD Accreditation

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Evolving Alignment in International Continuing Professional Development Accreditation

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Proposed set of core principles that all CPD accreditation systems must express as the basis for determining substantive equivalency between CPD accreditation systems.



CPD Accreditation Systems Must Ensure...

1. Learning activities are developed to address the needs and professional practice gaps of members of the target audience.
2. The content is informed by evidence and bias is minimized.
3. Learning activities are designed to efficiently maximize educational impact.
4. Learning activities are planned and managed to ensure independence from external interests.
5. There is a rigorous evaluation of educational outcomes including how education has impacted knowledge, competence, performance, and health outcomes.
6. The accreditation standards and processes are consistently and fairly applied and continuously enhanced.



Two potential approaches - 'Sameness' or 'Substantive Equivalency'

Substantive Equivalency

- Based on a set of values and principles with flexibility in how these are expressed;
- Greater flexibility;
- Respectful of culture and context; and
- Promotes innovation / continuous improvement.



- What are the **positive effects** that a shared set of international standards for CME/CPD accreditation might bring?
- What are the **negative effects** that a shared set of international standards for CME/CPD accreditation might bring?
- What do you see as **barriers** to the development and adoption of a shared set of international standards for CME/CPD accreditation?
- How do you think the **learners and the CME/CPD organizations that are accredited would respond** to a shared set of international standards for CME/CPD accreditation?



The International Academy of CPD Accreditors accepted the task of identifying international CPD accreditation standards, that reflect shared values and principles by which accreditation systems could be evaluated and determined to be substantively equivalent.

Proposed International Standards for Substantive Equivalency

Domain 1: Eligibility and Administrative Responsibilities of an Accrediting Body

Domain 2: Independence and Transparency in Accredited Education

Domain 3: Needs Assessment in the Planning of Accredited Education

Domain 4: Content Validity in Accredited Education

Domain 5: Quality of Educational Design in Accredited Education

Domain 6: Outcomes from Accredited Education



Accrediting Bodies that responded to the survey!

1. Accreditation Council for Continuing Medical Education
2. American Academy of Family Physicians
3. Austrian Academy of Physicians
4. Bundesärztekammer (GMA)
5. Centre for Medical Education, NUS
6. College of Family Physicians of Canada
7. EBAC, European Board for Accreditation in Cardiology
8. EBAP, European Board for Accreditation in Pneumology
9. Ethiopian Medical Association
10. European Board for Accreditation in Hematology (EBAH)
11. Hong Kong Academy of Medicine
12. Medical and Dental Council of Nigeria
13. Medical Council Ireland
14. National Agency for CPD (France) - Agence Nationale du DPC
15. Royal College of Physicians and Surgeons of Canada



Perspectives of Regulators and CPD Providers -

Positive effects of international standards for CPD accreditation

- Improve understanding of what is quality CME/CPD – including the promotion of a range of high-quality education – small group, interactive, case-based, work-place based - to improve the quality of patient care
- Ability or potential to reduce bias from external factors.
- Create greater engagement of employers – providing the funding and time to attend CPD that meets defined standards.
- Create the impetus to use multiple educational options.
- Serve as a foundation for seamless reporting of activities / credits



Perspectives of Regulators and CPD Providers -

Negative effects of international standards for CPD accreditation

- Resistance to change – will require significant support / communication and education related to the standard!
- Challenge of meeting an international standard by all countries
- International agreements may have a negative impact on national CPD
- Lack of (and need for) training of Accrediting Bodies and CPD providers organizations
- Harmonization may threaten revenue generated through accreditation processes.



Perspectives of Regulators and CPD Providers -

Barriers to the deployment of international standards

- Determine how international standards will reduce regulatory burden
- Feasibility - ensure these processes will help physicians
 - comply with established credits expectations
 - remain up-to-date; improve their practice / patient care
 - Use practice data – individual or team – to drive learning and change
- Overcome complacency to engage in meaningful education.
- Lack of (and need for) training of Accrediting Bodies and CPD providers organizations.
- Applicability of international standards in low income countries.
- Need to professionalize the competencies of CPD providers.



Eligibility/Administrative Responsibilities of an Accrediting Body

The primary purpose of continuing professional development (CPD) is to promote continuous improvement of the competence and performance of individual medical doctors or healthcare teams in providing exemplary healthcare for patients.

Accreditation systems are intended to serve doctors and healthcare teams by establishing that accredited education has complied with established standards.

Standard 1.1 The accrediting body must be...

Standard 1.2 The accrediting body cannot be...

Standard 1.3 The accrediting body must have developed and implemented policies and procedures that...



Independence and Transparency in Accredited Education

Every effort must be made to safeguard independence and transparency in accredited education.

The accrediting body plays a critical role in:

- setting eligibility standards that prohibit commercial interests (entities that produce, market, re-sell, or distribute a healthcare good or service consumed by, or used on, patients) from seeking accreditation,
- implementing policies that prohibit control, influence or involvement in the planning, delivery, and evaluation of accredited education by commercial interests,
- ensuring transparency through disclosure to learners.



Needs Assessment in the Planning of Accredited Education

Needs assessment is an essential building block for the planning, implementation and evaluation of accredited education.

Accrediting bodies value educational planning that is nimble and flexible, allowing for immediate needs of learners to be identified and addressed.

- The accrediting body must have requirements in place that ensure accredited education is developed in response to an analysis of the needs of doctors, patients, and communities.
- Educational needs may be identified from a variety of data sources including the expressed (perceived) needs of doctors, practice gaps of doctors, and/or the health status of patients and populations.
- The education may also address the range of competencies relevant to the professional practice of doctors.



Content Validity in Accredited Education

The content presented in accredited education must present the latest advances in scientific evidence and technological advances to continuously enhance the quality and safety of care provided to patients.

In addition, faculty and authors must ensure that the content is relevant, evidence-based, balanced and free of commercial bias.



Quality of the Educational Design in Accredited Education

Educational design is an essential element to the provision of effective education. Based on the education literature, adults learn better when the education is multi-modal, episodic, and interactive. The educational format of the activity should reflect the intended outcome of the education.

For example, changing performance using only didactic lectures is less likely to be effective than hands-on, skills-based training.



Outcomes from Accredited Education

The assessment of the impact of, or outcomes, from accredited education allows the accredited provider or organizer to determine if the education has been effective and to identify additional educational needs.



Provide feedback to the International Academy by reviewing one of the Domains 2-6 (and standards):

1. Introduce yourself and your role in accredited CME/CPD.
2. Select a scribe/reporter and ask that person to take notes on the Domain worksheet on the table.
3. Review the assigned Domain (in the app) and provide feedback – are the domain/standards appropriate? Anything missing? Any questions/clarification needed to make the expectations clear? (20 minutes to discuss and then we'll report out.)
4. Report out to the large group.



Some final thoughts

- Consensus is not easy – but we achieved tremendous progress
- Importance of language to ensure clarity and use of terms is essential
- We are embarking on a new era of CPD where education is
 - focused less on knowledge dissemination
 - Focused more on addressing the professional development of individual learners and teams



Final Poll (using Conference App)

1. Do you support the development of shared standards and Substantive Equivalency determinations between CPD accreditors?
2. Would the existence of shared standards and a mechanism to determine Substantive Equivalency between accrediting bodies simplify your work (as regulators, educators, commercial supporters)?
3. Would shared standards and Substantive Equivalency benefit learners and their patients?