

## **Alliance for Continuing Medical Education Competency Areas for CME Professionals**

In today's world, CME professionals are being asked, and expected, to provide a new direction for continuing medical education. There is a need for CME professionals to identify the competencies they need to meet those demands and expectations. The difficulty with that challenge is that CME is not clearly defined and therefore identifying competencies for the CME professional is very difficult. This is further complicated by the complex settings in which CME professionals and their staff work.

How do we define CME today? Will the definition be different in the future? What factors influence the current and future definition of CME? The AMA defines CME as "educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, public, or profession." The ACCME provides a broader definition by saying that CME is "a process of lifelong learning that serves to maintain, develop, or increase the knowledge, skills, professional performance, and relationships that physicians use in the care of patients."

While the ACCME and AMA definitions are similar, the ACCME does not emphasize CME as a formal educational activity. CME is implied to be a process such as self directed learning that goes beyond the provision of formal educational activities and therefore broadens CME to include continuous professional development (CPD). The AMA has been a strong advocate for the CPD concept and is broadening its definition by changing their credit statement from listing "hours" for credit.

ACCME points out that "the CME enterprise supports physicians' learning and improvement that contributes to their maintenance of competence, licensure, certification, and privileges in the context of competency in professionalism, patient care, systems based practice, interpersonal skills and medical knowledge." These competencies, including practice-based learning and improvement, have been identified and adopted by the ACGME and ABMS as standards for the medical profession and will influence the competencies needed by the CME profession in the future.

Moore, et. al. in a 1994 article in JCEHP entitled "Creating a New Paradigm for CME: Seizing Opportunities Within the Health Care Revolution" addressed these variations in the definition of CME by asserting that the traditional model, that was teacher driven, untimely, emphasized credit and reflected little collaboration between the learners and CME providers, demonstrated little evidence of impact on physician practice, or patient outcomes. The article pointed out that there were forces and facilitating factors that were leading to a new paradigm that emphasized learning, blended quality management with CME, and was a data driven and collaborative learning system that focused on improving patient outcomes.

Supporting Moore, et. al., Candy identifies the need to emphasize self directed learning and notes that the Royal Australasian College of Physicians has introduced a program called Maintenance of Professional Standards (MOPS) Program that provides credit over a 5 year period for accredited learning projects, accredited self-assessment and practice-related CME activities. These categories suggest that self-directed activities are regarded as legitimate – even vital – building blocks in the whole structure of CME. In that context, Candy suggests a changing role for CME to move beyond the traditional model, but not to eliminate it entirely.

In 2000, Bennett, et. al., reported on a new vision for the professional development of physicians in which the authors discussed six types of literature that influenced how CME providers should think about and understand CME. The literature emphasized adult development principles, problem-based/practice-based learning, continuing professional education, change, organizational development and health services research. They describe CME as a "distinct and definable activity that supports the professional development of physicians and leads to improved patient outcomes. It encompasses all of the learning experiences that physicians engage in with conscious intent of regularly and continually improving their performance of professional duties and responsibilities."

The Council of Medical Specialty Societies Task Force Report on Repositioning for the Future of Continuing Medical Education released in 2002 focused on CME provided by medical specialty societies, but had an impact on all of CME with 16 recommendations for the future role of CME including emphasizing self-directed learning, use of evidenced based learning and measurement of the impact of learning activities. The report recommends that the CME enterprise should encourage the development of educational opportunities for CME providers to engage in continuous learning and professional development to acquire the skills and competencies necessary for effective implementation of the new CME system.

Mazmanian and Davis in a recent article note that current “evidence suggest that physicians benefit from reflection on their progress and development of their next learning projects or questions.” They point out that “physicians should reconsider the perspective of CME consisting solely of lectures, grand rounds, or medical staff meetings. They should participate in educational activities that offer personal involvement in thinking about professional practice and in identifying learning needs.”

It seems logical to assume that a new system is the direction in which CME is heading, but that many of the traditional methods of instruction will be maintained and improved based upon what CME providers know as effective educational interventions. What does all this mean for the CME professional? It clearly means that CME professionals at all levels (leader, manager and coordinator) will need to maintain and/or develop new skills and competencies to serve the medical profession and the public in this changing environment.

Before addressing the needed competencies for CME professionals, it is important to identify some other key considerations in the health care professions environment that will help shape the CME profession and consequently the roles and responsibilities of the CME professional and their staffs. Considerations include the following:

- Medicine is a profession and as a result the physician is responsible ultimately for maintaining his/her competency in medical practice.
- The medical profession has identified six core competencies that will be required for physicians in attaining their initial and maintaining their certification in the future.
- The physician is part of a health care team/group and system for which the physician has leadership responsibility.
- While the individual physician learner has been the major focus of the CME provider in the past, the CME profession will need to understand that the physician, while still the major focus, is a part of a group/team that provides care in a system. These elements will need to be considered by the CME profession in supporting physician learning.
- The result, or outcome, of CME will be equally as, or perhaps more, important as the process, or methods, of the educational intervention in the future.
- Every effort must be made to bring the learning as close to the problem of the learner as possible. This is called problem-based/practice-based learning.
- In the CME “profession” there are various levels of skill and responsibility among the diverse CME provider population.

The elements above are considerations for the CME professional in the current and future environment of health care and CME. They, along with how CME is being redefined, will influence the future culture of CME and the competencies needed by the CME professional and CME staff.

Definition of Competence: Miller defined competency based education with four levels: the learner knows (cognition), knows how, demonstrates how and does (behavior). For this version of competency development, the CME professional is competent when they use (practice, or apply) the knowledge, skill, or behavior. This pushes the envelope because it requires assessment and performance measurements and some form of certification process, which do not exist currently.

Since 1991, the Alliance has promoted at least six competency areas in their formal material and training sessions at the Annual Conferences. Those areas include Strategic Leadership, Needs Assessment, Objectives, Design, Evaluation, and Management. The major focus is on the teaching process that supports formal educational activities. There is detailed content on each of the competency areas.

Currently, the Alliance learning categories in the annual meeting reflect four different foci for needed competencies. The few areas are accreditation, educational activity delivery, personal skills and health care delivery systems. These 10 competency areas are noted in Table 1 along with the new competency areas that are recommended.

In addition to the Alliance competencies, and those noted by Bennett, et.al., Candy, and Maxmanian and Davis, Casebeer, et.al. reported survey results from attendees at the 1994 Annual Alliance Conference. The survey listed knowledge (of accreditation and health care reform), personal skills, management skills, and educational skills as competency areas. Quality improvement skills were listed as the most important followed by change as a management and personal skill. Interestingly, educational skills were ranked the lowest in this survey.

All of these data suggest a need for the reinforcement of existing competencies and the addition of new competencies for the CME provider and some distinction about those needed by the CME professional. As Cervero noted in a recent Thought Leader Conference on Practice-based Learning and Improvement in September “CME needs to move from developmental tools for the individual to strategic tools for the team to enhance performance.”

With those considerations in mind the Alliance for CME recommends the following competencies for the CME professional:

**1. Adult/Organizational Learning Principles**

Comprehend evidenced-based adult and organizational learning principles that improve the performance and outcomes of the physician learner and the organizations in which they work. CME professionals are expected to

- 1.1 Maintain awareness of current evidenced based adult learning principles
- 1.2 Maintain awareness of organizational development practices that improve individual and organizational learning and performance
- 1.3 Conduct, support and/or apply educational research on how physicians learn and change
- 1.4 Remain current on the CME literature

**2. Educational Interventions**

Apply and improve educational interventions using evidence-based adult and organizational learning principles in appropriate contexts (learners, content and settings) that produce expected results for the physician learners and the organizations in which they work. CME professionals are expected to

- 2.1 Use evidenced based adult learning principles to guide the practice of CME
- 2.2 Identify physician learning needs using data, especially clinical practice data
- 2.3 Facilitate physician self assessment, self-directed learning and evaluation using appropriate data
- 2.4 Assist physician-learners to reflect upon present and desired levels of performance and plan the next steps in their personal education
- 2.5 Translate physician needs into measurable objectives
- 2.6 Consider the learning environment, select and apply learning formats that are effective for physician learning and meeting the expected outcome
- 2.7 Consider multi disciplinary educational interventions when appropriate
- 2.8 Provide longitudinal interventions when appropriate
- 2.9 Provide interactive learning and opportunities to practice skills that lead to change in physician performance
- 2.10 Emphasize problem-based/practice-based learning
- 2.11 Assure content validation in any CME educational intervention
- 2.12 Offer consultation within physician organizations to identify goals for education that are specific to the practice and measurable

**3. Performance Measurement**

Use appropriate data to assess two components: 1) Educational-the success of learning interventions, especially physician performance (CME activities) and 2) Administrative-the performance of the CME program. CME professionals are expected to

- 3.1 Develop, use and support an effective data management system for educational and administrative purposes
- 3.2 Use measurement data to assess outcomes/results of the learning intervention as a basis for determining future learning needs and for determining the application of the educational knowledge and skills
- 3.3 Use data to assess the performance of the CME office in meeting its mission and organizational goals
- 3.4 Promote continuous improvement and performance measurement as skills for physicians during educational interventions
- 3.5 Promote continuous improvement as an administrative skill for the staff of the CME office
- 3.6 Provide measurement tools and utilize reliable data to enable physician-learners to compare present levels of performance with optimum performance

**4. Systems Thinking**

Recognize that physicians and CME professionals are part of a complex healthcare system with processes, other health providers and patients that must be considered in providing learning interventions. CME professionals are expected to

- 4.1 Recognize that, when offering learning interventions, CME professionals and the individual physicians they serve are part of a team and the system in which they work.
- 4.2 Consider a multi-disciplinary focus for needs assessment, educational design and evaluation, as appropriate
- 4.3 Consider healthcare organizational needs and goals when offering CME interventions
- 4.4 Enable physicians, or teams, to apply in practice what is learned with limited fear of failure
- 4.5 Design activities with a cumulative goal of helping physicians , or teams of learners, to adopt change incrementally, assuring there is compatibility with present systems and advantage over present behaviors
- 4.6 Identify and help modify processes that are barriers to change and the implementation of new knowledge

## **5. Partnering**

Identify and collaborate with key partners and stakeholders in accomplishing their CME mission. CME professionals are expected to

- 5.1 Identify and collaborate with critical internal partners, including the quality improvement unit, performance improvement unit, the library, patients and other related units, to accomplish the CME mission
- 5.2 Identify and collaborate with external partners that enhance effective CME activities
- 5.3 Collaborate and build relationships that support educational improvements for the patient, the physician and the organizations in which the physician works
- 5.4 Apply effective communication and interpersonal skills to facilitate partnering with appropriate organizations

## **6. Leadership**

Provide leadership for the CME program which emphasizes continuous improvement, professionalism and appropriate ethical practice. CME professionals are expected to

- 6.1 Provide a vision of present role and future direction for CME and physician role and responsibilities in continued learning
- 6.2 Develop a model learning organization
- 6.3 Provide and support an environment for continuous improvement in educational practice and office operations
- 6.4 Promote and support appropriate change as an essential component of an effective CME program
- 6.5 Maintain a high standard of professionalism and ethics for all CME staff
- 6.6 Be an advocate for the CME program, its mission and its activities

## **7. Administration/Management**

Manage office operations to meet personnel, finance, legal, logistical, and accreditation standards. CME professionals are expected to

- 7.1 Document the value of the CME program to its own organization and to the physicians that it serves
- 7.2 Manage finances of the CME program to meet the organizational needs
- 7.3 Provide appropriate logistics for educational activities to enhance the educational experience
- 7.4 Facilitate the work of educational committees to achieve CME program goals
- 7.5 Develop a management culture of the office that will reflect a collaborative, service oriented, continuous improvement system that meets the needs of the physicians served, the organization of the CME program and the accreditation standards
- 7.6 Assure that the CME program is in compliance with the Accreditation Essentials, Elements, and Policies and other regulatory requirements
- 7.7 Apply effective management skills including problem solving, communication and interpersonal skills, performance management, delegation and supervision, and organizational development

## **8. Self Assessment and Life Long Learning**

Continually assess individual and organizational performance and make improvements through relevant learning experiences. CME professionals are expected to

- 8.1 Engage in self assessment, identify gaps in knowledge/practice and design an individual learning plan for ongoing improvement
- 8.2 Continually improve educational performance of the CME program through professional development
- 8.3 Promote professional development for self and staff

These competency areas reflect the current literature and indicate what CME professionals should be able to do to provide effective CME. Adult/Organizational learning principles, partnering, performance measurement, and self assessment and lifelong learning are the newest competencies. There is an increased emphasis on measuring outcomes, not just providing quality processes, and collaboration with key partners to produce and measure those desired outcomes. CME providers are being asked to take responsibility and demonstrate the value of CME products and services to physicians and the organizations in which they work.

How are these competencies broken down among the CME professionals? Three levels of professional responsibility have been identified in a typical CME office: leader, manager and coordinator. For each professional level of responsibility there will be different skill levels identified for each competency area. That matrix will be prepared in the future as development of the Alliance Competency Areas for CME Professionals continues.

**Alliance for Continuing Medical Education  
Competency Areas for CME Professionals  
The List**

**Adult/Organizational Learning Principles**

Comprehend evidence-based adult and organizational learning principles that improve the performance and outcomes of the physician learner and the organizations in which they work.

**Educational Interventions**

Apply and improve educational interventions using evidenced-based adult and organizational learning principles in appropriate contexts (learners, content and settings) that produce expected results for the physician learners and the organizations in which they work.

**Performance Measurement**

Use appropriate data to assess two components: 1) Educational-the success of learning interventions, especially physician performance (CME activities) and 2) Administrative-the performance of the CME program.

**Systems Thinking**

Recognize that physicians and CME professionals are part of a complex healthcare system with processes, other health providers and patients that must be considered in providing learning interventions..

**Partnering**

Identify and collaborate with key partners and stakeholders in accomplishing their CME mission.

**Leadership**

Provide leadership for the CME program that emphasizes continuous improvement, professionalism and appropriate ethical practice.

**Administration/Management**

Manage office operations to meet personnel, finance, legal, logistical, and accreditation standards.

**Self Assessment and Lifelong Learning**

Continually assess individual and organizational performance and make improvements through relevant learning experiences

**Table 1**

**Alliance for Continuing Medical Education  
Competencies for CME Professionals – Current & Future**

<b>Alliance – Current Competencies</b>	<b>Alliance – Revised Competencies</b>	<b>AAMC – CME Core Competencies ABMS – Basic Components of MOC IOM - Health Professions Education</b>	<b>Grant &amp; Stanton; Dahl, &amp; CMSS Competencies</b>	<b>Casebeer, et al; Candy, &amp; Mazmanian/Davis Competencies</b>
Strategic Leadership	<b>Leadership</b>		Change management Strategic thinking Educational entrepreneur	Quality improvement Facilitation of change
Accreditation ( <i>Not in Prof. Develop. Guide</i> )	<b>Administration &amp; Management</b>		Eliminate bias from any source & emphasize evidence that improves delivery of patient care (CMSS-11)	Knowledge of accreditation
Needs Assessment	<b>Educational Interventions</b>	Guide physician learners with continual assessment (AAMC-1) Evidence of commitment to lifelong learning & involvement in periodic self assessment process (ABMS-2)	Emphasize physician self assessment (CMSS-3) Integrate new methodologies & technologies (CMSS-6)	Support for self-directed learning (Candy) Enable/support physicians to apply change & reflect on needs (Mazmanian/Davis)
Objectives Setting & Stating				
Educational Activities Design And Delivery		Design list of effective CME strategies using research findings (AAMC-3) <a href="#">Provide patient-centered care (1)</a>	Recognize various learning styles as effective (CMSS-5)	Design to aid incremental adoption (Mazmanian/Davis)
Evaluation (Activity & Program)	<b>Performance Measurement</b>	Ensure system for measuring improvement in performance that links to healthcare outcomes (AAMC-5) Evidence of professional standing (ABMS-1) Evidence of cognitive expertise (ABMS-3) Evidence of evaluation of performance in practice (ABMS-4) <a href="#">Apply Quality Improvement (4)</a>	Integrate new methodologies & technologies for assessment (CMSS-6) Emphasize measurement of outcomes (CMSS-7) Include information to close gap between optimal and actual performance measures (CMSS-4)	Measure results of educational activities for physician/teams (Mazmanian/Davis) Provide data comparing performance (Mazmanian/Davis)
Program Management	<b>Administration &amp; Management</b>			
Personal Skills			Culture management Develop system for continuous learning & professional development of CME providers (CMSS-14)	Flexibility in change Communication/ interpersonal skills
Health Care Delivery Systems	<b>Systems Thinking</b>	<a href="#">Work in Interdisciplinary teams (2)</a>	CPD is function of process & context in which it occurs: - Quality of process - Relevant to individual, team, & practice needs	Knowledge of health care reform
	<b>Adult/Organizational Learning Principles</b>	Study role of CPD (AAMC-2) <a href="#">Employ evidence-based practice (3)</a>	Know how to manage learning Knowledge of CME Concept (Update, Competence, Performance) Focus on research-based evidence	Self-directed learning Educational technologies Adult learning
	<b>Partnering</b>	Cooperate with CME educators & others in continuum (AAMC-4) <a href="#">Utilize informatics (5)</a>	Build relationships Develop/maintain shared initiatives & research results that ensure quality and improvements (CMSS-12)	
	<b>Self Assessment and Life Long Learning</b>	Enhance professional development of CME educators (AAMC-6) <a href="#">Apply Quality Improvement (4)-Duplication</a>		

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