Final Report from the ACCME Task Force on Competency and the Continuum

April 7, 2004

In January 2002, the Chair of the ACCME, Ronald Franks, MD, appointed the Task Force on Competency and the Continuum, chaired by Board Member, Dorothy Lane, MD. Other members of the Task Force included: Errol Alden, MD, Bruce Koeppen, MD, PhD, and Ajit Sachdeva, MD.

The Task Force was charged with identifying a strategic agenda through which the ACCME could,

1. contribute to enhancing the effectiveness of medical education throughout the undergraduate, graduate and continuing medical education continuum;
2. identify opportunities for collaboration, cooperation and synergy within the medical education community; and
3. enhance the effectiveness of CME in the continuing professional development of physicians.

To fulfill this charge the Task Force gathered information from some of the organizations interested in the physician learner: the American Medical Association (AMA), the American Board of Medical Specialties (ABMS), the Council of Medical Specialty Societies (CMSS), the Federation of State Medical Boards of the U.S., Inc. (FSMB), the Academy of Family Physicians (AAFP), the Association of American Medical Colleges (AAMC), and the Citizen Advocacy Center.

The Task Force also heard from representatives from the CME enterprise, including the CME Directors of the CMSS Member Organizations, the Association for Hospital Medical Education, the Alliance for CME, and the Society for Academic CME.

Finally, the Task Force heard from representatives from the continuum of medical education, including the Liaison Committee on Medical Education (LCME), the Accreditation Council for Graduate Medical Education (ACGME), the American Board of Medical Specialties (ABMS), and the Accreditation Council for Continuing Medical Education (ACCME).

Coincident with the work of the ACCME Task Force, in June 2002, the Institutes of Medicine (IOM) hosted an education summit to discuss and ultimately produce its third report - Health Professions Education: A Bridge to Quality - the third phase of its quality initiative, which was launched by the IOM in 1996. The IOM Report sets forth a vision statement and five competencies that it believes all health professions must incorporate into their curricula in order to "bridge" the quality chasm that currently exists in the healthcare delivery system.

Based on its analysis of the forces impacting CME and physician learners, the Task Force recommended, and the ACCME Board of Directors adopted, a vision statement for the ACCME with respect to competencies and the continuum of medical education:

"To meet the needs of the 21st century physician, CME will provide support for the physicians' professional development that is based on continuous improvement in the knowledge, strategies and performance-in-practice necessary to provide optimal patient care. The expected results of CME will incorporate, as measurable outcomes, the desirable physician attributes recognized within the continuum of medical education."

Additionally, the Task Force made, and the ACCME Board of Directors adopted, the following specific recommendations which respond to the charge of the Task Force, and correlate with the IOM 2003 Report and the ACCME Strategic Plan:
1. The ACCME will work proactively with its continuum partners - LCME and ACGME - to ensure that the physician-in-training and the physician-learner are met with effective education centered on the overlapping competencies of ACGME/ABMS and IOM. Such work will include:
   - identifying common terms and definitions so that the expectations of the competencies are shared along the continuum;
   - sharing experiences and tools as the competencies are incorporated into the accreditation processes along the continuum; and
   - setting accreditation standards that are inclusive of the competencies and reward providers engaged in delivering that level of CME.

2. The ACCME will collaborate with its accrider partners (continuum and other health professions) on research projects related to the effectiveness of accreditation in ensuring/fostering effective CME.

3. The ACCME will collaborate with its licensing and credentialing partners on research projects related to the effectiveness of accreditation in ensuring/fostering CME that assists in the maintenance of competence.

4. The ACCME will collaborate with other health professions accreditors - e.g., the American Nurses Credentialing Center (ANCC) and the Accreditation Council for Pharmacy Education (ACPE) - to identify common terms, definitions, and shared values/standards. The ACCME will investigate the feasibility of a pilot project for shared accreditation where CE providers that plan/produce interdisciplinary/multi-professional continuing education might seek joint accreditation from ACCME, ANCC, and ACPE. In this way, they could make use of shared terms, definitions, and standards and emphasize the effectiveness of interdisciplinary/multi-professional teams in patient-centered care.

5. The ACCME will be part of the representative group of health care leaders that AHRQ calls together to develop measures reflecting the IOM competencies, set national goals for improvement, and issue a report to the public evaluating progress toward these goals.

6. The ACCME will actively participate in the IOM biennial interdisciplinary summit, beginning in 2004, which will call together health care leaders in education, oversight processes, practice, and other areas. This summit will focus on both reviewing progress against explicit targets and setting goals for the next phase with regard to the five competencies and other areas necessary to prepare professionals for the 21st century health system.

7. The ACCME will review and modify, where necessary, its current compliance criteria, so that changes in knowledge, strategy or performance-in-practice are rewarded when achieved.

8. The ACCME will review and modify, for the future, its accreditation Elements and policies to ensure that ACCME accredited providers are expected to and rewarded for facilitating life-long learning. Physicians' life-long learning is based on individualized needs assessment, and effectiveness is measured by the learning that occurs.

9. The ACCME will add to its "Content Validation Value Statements" the expectation that accredited providers deliver education in support of the ACGME/ABMS Core Competencies, around specialty-specific curricula and in the context of the IOM Competencies.

10. The ACCME will collaborate on or facilitate research projects related to the effectiveness of accreditation in ensuring/fostering effective CME.

**Next Steps**

The July 2004 meeting of the ACCME Board of Directors will focus on integrating these recommendations with other important ACCME recommendations and actions into a plan for change at the ACCME.

Please click here [1] to view the final report from the ACCME Task Force on Competency and the Continuum.

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