Aligning a Central Office of Continuous Professional Development and Departmental Staff Administering CME Activities

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**BACKGROUND**

The University of Michigan Medical School (UMMS) has a large CME program. Each year the program:

- Designates over 10,000 AMA PRA credits
- Across 525 CME activities
- For 60,000+ Participants

The administrative infrastructure of the CME program is highly decentralized. It includes:

- 2 central OCPD staff
- ~250 administrative staff supporting ~300 faculty planners

**Limited interaction and communication among CME stakeholders.**

- The CME program has a website with information, instruction, and forms
- No structured training program exists for departmental staff
- Departmental staff individually call OCPD staff with questions
- Little sharing of knowledge across departments

**Problems with the current state:**

- Departmental staff CME-related job responsibilities viewed as added work
- Departmental staff have limited CME knowledge and receive little training locally
- Continued retraining is required due to high turnover in departmental staff
- Inconsistency in processes and documentation exists across local areas
- Lack of a mechanism to inform 29 departments about educational best practices
- Lack of an interdepartmental forum to share best practices

**PURPOSE**

Improve the administration of UMMS CME activities by developing organizational infrastructure and communication processes.

- To better engage, educate, and utilize staff who administer CME activities
- To more effectively align central and departmental staff in CME training and operational initiatives

**INTERVENTIONS**

OCPD created the CME Administrative Working Group.

**Roles and functions include:**

- Central OCPD staff:
  - Responsible for setting up and maintaining the infrastructure
  - Initiate and coordinate quarterly group meetings
  - Identify challenges within and opportunities to improve CME administration
  - Train new departmental CME administrative leads

- Departmental CME administrative lead:
  - CME resource and liaison between OCPD and local CME staff
  - Participate in quarterly group meetings
  - Share local problems, local best practices, and suggest improvements
  - Disseminate information from central OCPD staff to local CME staff
  - Train local CME staff
  - Participate in pilot processes and focus groups

- Local CME staff:
  - Administrative responsibilities for specific CME activities
  - Utilize Department CME administrative leads as a resource
  - Implement training received by CME administrative leads

**Established routine communications and activities:**

- Quarterly meetings – Since December 2014
- Tip of the Day – Biweekly emails from OCPD to CME administrative leads addressing common problems and issues
- Focus groups – Convened as needed to consider administrative challenges and potential improvements
- Pilot projects – Test feasibility of administrative improvements

**RESULTS**

Growing infrastructure established

- 29 administrative leads in 16 departments
- Outreach to over 100 additional local CME staff

Improved dissemination of information

- ACCME definition of a commercial interest
- CME eligible for ABIM MOC
- PI CME requirements

Efficient deployment of new processes

- New disclosure form
- Online application process
- Online process for evaluations and certificates

Best practices shared

- Streamlining disclosure process for RSS
- Online survey tools

**DISCUSSIONS**

Fifteen months after the formation of the CME Administrative Working Group, OCPD staff perceives an overall decrease in the amount of time spent training and retraining local CME staff, as well as an increase in overall compliance with ACCME, AMA, and UMMS policies. Our administrative leads remain actively engaged and report a general sense of satisfaction regarding their roles within the group.

**FUTURE DIRECTIONS**

Support and sustain existing infrastructure

- Expand membership to non-participating departments
- Advocate for CME administrative lead positions in each department
- Support departmental pilots of innovations in CME process innovations
- Re-engage with Chief Departmental Administrators to garner feedback

Develop standard training

- Orientation for new members
- Reinforce having CME leads provide training to departmental staff

Enhance communication processes

- Initiate periodic meetings within departments of central OCPD staff, departmental CME administrative lead, and local CME staff
- Regular office hours offered by OCPD staff