



Commission on Continuing Professional Development 2022 Annual Report

COMMISSION ON CONTINUING PROFESSIONAL DEVELOPMENT (COPCD)

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Purpose & Scope of Work

A professional toolkit and decision tree are used when assessing the eligibility of CME activities submitted for AAFP Prescribed and Elective credit. Eligibility criteria is established by AAFP COCPD staff and members. This criteria is a constantly evolving process, which implies previous determination does not affect future application submissions. Of equal importance, the goal of the COCPD is to uphold and encourage consistent levels of professionalism; a culture of excellence. This applies not only to its Executive Committee, but also to all persons and entities interested in receiving approval for their educational material. Below are five main areas the COCPD holds responsibility:

- AAFP CME Accreditation and Certification (of various credit categories)
- Development, presentation, maintenance and refinement of existing and novel CME / CPD delivery methods and modalities
- CME / CPD aspects of Board Certification and State Licensure
- AAFP CME / CPD Educational 365 Strategy and Plan
- Oversight, planning and evaluation of all AAFP-provided CME Activities (B2021)

Activities & Achievements

As the 2022 Student and Resident Representatives on the COCPD, we learned about the broad scope and regulations established by the commission. The COCPD is primarily responsible for the AAFP CME accreditation process through which they encourage and promote lifelong learning amongst physicians. To assist with this principle, an expansive library exists which maintains up-to-date resources that are made accessible to all physician and student learners. Also, as active voting members on the commission, we were allowed to evaluate material submitted for AAFP CME accreditation. This process entailed COCPD members and staff vetting applications to ensure all material is evidence-based and relevant to the field of family medicine.

We also participated in two cluster meetings where several exciting discussions highlighted the scope of our work and responsibilities. These conversations focused on data trends and future plans for the AAFP and American Board of Family Medicine (ABFM). It was reassuring to witness firsthand the relationships between two main overarching bodies responsible for the development of Family

Medicine Physicians. The winter cluster meeting, in virtual format, was our first introduction to Dr. Warren Newton, CEO and President of the ABFM. There, ABFM provided the following updates:

- (1a) Family medicine longitudinal assessment (quarterly 25 questions) and (1b) Continuous knowledge self-assessment (quarterly 25 questions) are available for all ABFM diplomates. They both aim to further encourage and establish life-long learning.
- (2) Knowledge Self-Assessment (KSA) modules are designed to be hard. The goal is to force active engagement. KSA sets are constantly evolving. New topics are being added frequently. Most recently, Health Equity and Palliative care models were established as these will be added areas to the national certification/re-certification process.
- (3) Although the national journal club was recently launched in August 2021, preliminary data shows a flood of users downloading articles and completing four comprehension questions. This implies providers are actively engrossed in the literature across our nation.

At the in-person summer cluster meeting, Dr. Newton expanded on these data trends by discussing the rapid growth in family medicine residencies, the prevalence of burnout, the disruptive impact of COVID on residency learning and education, and the change in knowledge that occurs over time during residency. One interesting discussion was sparked by a study that showed despite equality in the growth in knowledge base when using the yearly resident ITE as a metric, there is still a lack of equity amongst minority groups compared to their non-Hispanic white counterparts. This fueled a brainstorming session that challenges faculty in medical schools and residency programs to reassess teaching modalities. It also suggests a need for ABFM and the COCPD to continue future conversations to tweeze out confounding variables that may be contributing to this disparity. In doing so, new alternative learning opportunities may be unveiled. The goal is to establish sustainable recommendations to close the gap.

Subcommittee Work

Although several work groups exist within the COCPD, we were most actively involved within the Education Strategies (ES) and Educational Priorities (EP) work groups. Discussions facilitated by ES aimed to increase physician engagement across a variety of learning topics. We strategized to identify reasons physicians use specific learning tools and brainstormed on ways to increase accessibility to materials. These discussions generated an interest in expanding incentives and developing unique methods to determine and address physician knowledge gaps. In parallel, EP aimed to establish and implement changes in the delivery of AAFP education. The COCPD is equipped with forward thinking staff and commission members invested in the evolution of education. With that in mind, a 365 day plan towards training is the future. This approach uses educational theory and pedagogy to assist all learners at all levels. Year-long, active-learning models can be used by residents (through GME), young physicians, and our more seasoned physicians. Overall, this will strengthen foundational evidence-based practices, which in turn will lead to better outcomes for patients. In addition, EP afforded the opportunity to assist in the planning of FMX. Within the work group, content review and activity discussions led to outlines for specific programming necessary to ensure FMX successfully caters to a broad audience of learners.

Lessons Learned and the Value of Serving on the COCPD

As a substantial amount of our time was spent participating in the AAFP CME application reviews, we gained an appreciation for the difficult task that staff repeatedly engage in to ensure a comprehensive and fair assessment of educational material. Because staff typically send only the most complex applications to its physician members, our assignments required critical thinking and deliberation. We

were continuously challenged to define the scope of family medicine practice. In the process, we learned how to identify conflicts of interest to ensure the preservation of content integrity.

The cluster meetings were eye-opening experiences. They exposed us to the true magnitude and breadth of the committee's work/involvement and it was interesting to learn how new technology has been incorporated. From the beginning, our opinions were welcomed, and voices valued. We feel that this commission, with its strong role in shaping CME for young physicians, is an invaluable experience for any future resident or student leader. By getting involved, you will not only have the chance to increase your knowledge base, network with exceptional physicians, learn about career paths in family medicine, and hone your critically thinking skills, but you will also have the chance to shape the education of current and future physicians.

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