

Date: NOVEMBER 3, 2022

To: OFFICERS, COUNCILORS, AND TRUSTEES

**Fr: DANIEL CHOI, MD, MSSNY COMMISSIONER ON MEDICAL EDUCATION
MIRIAM HARDIN, PHD, MANAGER, CONTINUING MEDICAL
EDUCATION**

Re: REPORT FROM THE OFFICE OF CONTINUING MEDICAL EDUCATION

**Report of the MSSNY Continuing Medical Education Committee
John Maese, MD**

The Continuing Medical Education Committee oversees the Subcommittee on Educational Programs (which fulfills MSSNY's role as Accredited Provider) and the Subcommittee on Surveys (which fulfills MSSNY's role as Recognized Accreditor). Each Subcommittee makes a report of their activities and decisions and the full Committee ratifies those decisions.

The Subcommittee on Surveys reports are provided by the Chair, Sandhya Malhotra, MD. The Subcommittee on Educational Programs reports are provided by the Chair, Charles Gonzalez, MD. All subcommittee members must be members of the full CME Committee.

Since the September Council Meeting, the MSSNY CME Committee has met once, on September 22, 2022. During the meeting, the committee discussed MSSNY's CME Mission Statement. In 2014, the Accreditation Council for Continuing Medical Education (ACCME) changed its "mission statement" requirements, eliminating the need for the sections entitled "CME Purpose and Goal," "Content Areas," "Target Audience," and "Type of Activities." The one section that ACCME retained was "Expected Outcomes of the Program." The "mission" criterion reads as follows: "The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program." The "Expected Outcomes of the Program" section of MSSNY's CME Mission Statement reads as follows:

Improvements to MSSNY's CME Program shall be made by evaluation of CME activities and self-assessment of the overall program. Following an educational activity, MSSNY expects learners to report enhanced or reinforced knowledge upon evaluation. MSSNY expects that learners will report an increased confidence in approaching clinical challenges or commit to changing behavior by applying newly acquired strategies in their practice. MSSNY expects that learners will be able to demonstrate competence and an effective use of specific and specialized skills. MSSNY expects performance parameters within the setting of clinical practice to show improvement or a favorable impact on targeted patient outcomes.

The committee has previously had discussions about potentially shortening the mission statement according to the current requirements; however, they have chosen to maintain the longer format. They once again opted to retain the existing segments, under the rationale that the purpose of the mission statement goes beyond fulfilling accreditation requirements.

There was also a discussion about updating the "Target Audience" segment of the mission statement. Currently, that section reads: "Target audiences include physicians residing or practicing in New York State. Although MSSNY's CME program primarily will serve New York physicians, some activities may be extended to a national audience when justified by need." A member of the committee suggested that MSSNY expand the target audience to include other healthcare professionals. The committee voted in favor of making that change. Changing the mission statement will require Council approval, but the committee is not yet ready to present a revised statement. They have begun to consider additional changes, discussed below.

ACCME has released a "Diversity, Equity, Inclusion, and Anti-Racism in Continuing Education" toolkit, which was the product of one of the working groups in conjunction with the 2021 ACCME Meeting. In addition to providing checklists for staff, planners, and faculty, the toolkit recommends "organization commitment," as follows:

- Perform a broad, systematic self-evaluation to delineate elements that support structural racism or perpetuate lack of diversity, equity, and inclusion.
- Create a strategic plan to guide its efforts.
- Commit to focus on recruitment and retention of a diverse and inclusive group of planners.

In an ACCME Academy course made to accompany the toolkit, the members of the working group recommended that CME provider organizations examine their mission statements for places where they can incorporate DEIA principles. The committee members have begun this process. (The "Diversity, Equity, Inclusion, and Anti-Racism in Continuing Education" toolkit is appended to this report for Council information.)

The CME Committee also discussed the August 1, 2022 letter from ACCME to all State Medical Society CME Accreditor CEOs, to notify them of a change in ACCME's Markers of Equivalency. As indicated in the CME Report for September Council, The letter notified SMS accreditors that beginning on January 1, 2024, ACCME-recognized SMS accreditors will need to accredit at least 20 CME providers. MSSNY

currently accredits 38 CME providers, so are not in danger of losing their recognition. However, ACCME notified all their recognized accreditors of this policy change, because one of the options that the smaller accreditors will have will be to form regional consortiums. The CME Committee discussed the possibility of sharing resources and helping surrounding states. However, they also discussed concerns about potentially having more providers to survey, as MSSNY has a small pool of surveyors. The two smaller ACCME-recognized accreditors in MSSNY's geographical region are Maine and New Hampshire.

The CME Committee is scheduled to meet again on December 16, 2022.

Report of the Subcommittee on Educational Programs **Charles Gonzalez, MD, Chair**

Since the September Council Meeting, the Subcommittee on Educational Programs has met twice, on September 21st and October 19th. Over the course of those meetings, the subcommittee approved four directly provided activities and two jointly provided activities.

This subcommittee is scheduled to meet again on November 16, 2022.

Report of the Subcommittee on Surveys **Sandhya Malhotra, MD, Chair**

Since the September Council Meeting, the Subcommittee on Surveys has met once, on September 21st. During that meeting, two MSSNY-Accredited providers were submitted for reaccreditation. Nuvance Health and Westchester Academy of Medicine were awarded a reaccreditation term. These decisions were the result of a year-long process for reaccreditation that included submission of a written self-study, documentation review of performance in practice (activity files), and an interview between the survey teams (members of the Subcommittee) and representatives of the organizations.

The Subcommittee on Surveys is scheduled to meet again on December 16, 2022.

Miscellaneous

As the ACCME Recognized Accreditor in New York State, MSSNY has awarded accreditation status to 30+ organizations across New York State. The MSSNY Office of Continuing Medical Education manages the accreditation of these organizations and holds a monthly webinar with all MSSNY-accredited providers to discuss CME requirements and issues. Since the September Council Report was filed, there has been a provider training on October 5th, and when Council meets on November 3rd, there will also have been a training held on November 2nd.

The MSSNY CME Provider Virtual Conference was held via Zoom on Friday, September 23, 2022. Although MSSNY is still in the process of collecting learner feedback, respondents so far have been overwhelmingly positive, with learners reporting that they will apply new strategies to their CME programs, as a result of having participated in the conference.

Diversity, Equity, Inclusion, and Anti-Racism in Continuing Education

*Guidelines and Recommendations for
Incorporating DEIA into Continuing Education
for Healthcare Professionals*





This resource is an educational product of the Elevating the National Conversation on Diversity, Equity, Inclusion, and Anti-Racism: Content Standards and Strategies for Accredited Continuing Education Working Group from the ACCME 2021 Meeting. Accredited providers are welcome to use these materials and disseminate to their teams. Use of the materials is optional and is not a requirement of the ACCME. The ACCME supports dissemination of Working Group products but does not formally endorse these materials. We welcome your questions and feedback. Please contact us at info@accme.org.

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Elevating the National Conversation on Diversity, Equity, Inclusion, and Anti-Racism:

Content Standards and Strategies for Accredited Continuing Education Working Group

The Elevating the National Conversation on Diversity, Equity, Inclusion, and Anti-Racism: Content Standards and Strategies for Accredited Continuing Education Working Group collaborated to provide meaningful and lasting strategies to address healthcare inequities that result in poor health outcomes of underrepresented populations. We believe that members of the CE community can influence many aspects of healthcare delivery through our example and through professional development. We endeavor to do so by presenting the following guidelines for all CE providers.

Guidelines for Diversity, Equity, Inclusion and Antiracism for Continuing Education for Healthcare Professionals

Overview Statement

Each provider will strive to change its organizational culture and structure to promote diversity, equity, and inclusion throughout the provider unit and within continuing education.

Organization Commitment

- Perform a broad, systematic self-evaluation to delineate elements that support structural racism or perpetuate lack of diversity, equity, and inclusion.
- Create a strategic plan to guide its efforts.
- Commit to focus on recruitment and retention of a diverse and inclusive group of planners.

Planning

- Implement strategies to recruit and retain a diverse and inclusive group of planners.
- Include relevant representation of faculty and planners with diverse backgrounds as appropriate (healthcare roles, experience, and the perspectives to support learning and to address needs of the target audience and patient population).
- Include and foster genuine involvement, decision-making, and planning by individuals from diverse identities and backgrounds.
- Provide education to planners and faculty including tips and strategies for incorporating diversity and inclusion standards.
- Plan with an emphasis on discussing and assessing current state of bias and discrimination.
- Assess learning needs and practice gaps from a DEI perspective and consideration of reducing healthcare disparities.

Content

- Use appropriate language and terminology (e.g. gender-neutral physician and providers; describing someone as a “wheelchair user” not as “wheelchair-bound”; “person with diabetes” not “diabetic”).
- Avoid bias, stereotypes, or hurtful cliches related to physician, healthcare provider, or patient characteristics.
- Include broad representation across promotional materials, websites, slides, and learning content.
- Use diverse and inclusive imagery to reflect the patient and provider population whenever possible.
- Use only evidence-based risk factors and social determinants of health (e.g., social, ethnic, or religious identification are not risk factors; in contrast to smoking, low income, and lack of health insurance which are risk factors).
- Have a mechanism for tracking and giving feedback to faculty or content authors to address non-inclusive content.

Delivery of Education

- Encourage learners to reflect on diversity, inclusiveness, and discriminatory practices in their own institution.
- Incorporate age, geographic location, ethnicity, race, appearance, disability, gender, sexual orientation, language, literacy, level of education, religion, socioeconomic status, living conditions, and other relevant social determinants of health in teaching and learning methods (e.g., case vignettes, questions, workshop learning activities, etc.).

Evaluation

- Incorporate concepts of diversity, equity, and inclusion for evaluating continuing education.
- Involve representation of diverse communities in evaluating the continuing education activity.
- Implement a method for participants to identify lack of diversity and inclusion in real-time.

References

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DEIA Recommendations for CE Activities: CE Staff

Was the content reviewed by experts from a diverse pool or is representation from relevant backgrounds?

Did the planning team review content and validate?

Is the content culturally sensitive, diverse, accurate, balanced, and evidence-based?

Does the educational activity pertain to and consider different identities: abilities, ethnicity, race, gender, sexual orientation/identification, religion, etc.?

Is gender balanced throughout the educational activity, including planners and speakers from underrepresented groups and gender identities and disciplines?

Does the educational activity promote understanding of diverse perspectives, including the values, attitudes and behaviors that support cultural pluralism, if applicable?

Does the content address root cause of health disparities, factors that impact patient wellness, or provide any mitigating factors to improve patient outcomes?

Is the content sensitive to those who may experience systemic barriers?

Is the content free of images or words that reinforce stereotypes or misconceptions toward any population, ethnic group, or lifestyle?

Recommended questions for planning document:

What steps has the planning committee taken in addressing your educational event through a diversity, equity, and inclusion lens?

How is your planning committee going to discuss the DEI perspective of this topic with your attendees?

Content validity – does your content/presentation represent an evidence-based diagnosis, treatment, and delivery of care (genetics, pharmacology, or social determinants of health)?

Tips for CE Program:

Planning committee includes representation or relevant experience with the patient population (ability, ethnicity, gender, race, religion, sexual orientation, etc.) to adequately support the specialty and/or topic.

Planning of the educational activity includes speakers from underrepresented groups and gender identities.

Review of presentation should include experts/research from a diverse pool or list to ensure there is representation from all backgrounds.

DEIA Recommendations for CE Activities: Planners

Is there adequate representation among planners and speakers relevant to the patient population?

Is the content culturally sensitive, diverse, accurate, balanced, and evidence-based?

Does the educational activity promote understanding of diverse perspectives, including the values, attitudes and behaviors that support cultural pluralism, if applicable?

Does the content address root cause of health disparities, factors that impact patient wellness, or provide any mitigating factors to improve patient outcomes?

Is the content sensitive to those who may experience systemic barriers?

Is the content free of images or words that reinforce stereotypes or misconceptions toward any population, ethnic group, or lifestyle?

Disclaimer to add for case conferences: I realize the patient population is not representative of the larger picture.

DEIA Recommendations for CE Activities: Faculty

Have you created content/presentation that is culturally sensitive, diverse, accurate, balanced, and evidence based? (If available, have an expert from relevant background or experience with underrepresented population(s) review content/presentation.)

Does the content include information pertaining to multiple races, gender identities, sexual orientation, religions, ethnicity, etc.?

If not, why not?

Does the content promote understanding of diverse perspectives including the values, attitudes, and behaviors that support cultural pluralism, if applicable?

Does the content address social determinants of health, root causes of health disparities, factors that impact patient wellness, or provide any mitigating factors to improve patient outcomes?

Are there images depicting diversity in terms of gender, race, and ethnicity as appropriate?

Is the content free of images or words that reinforce stereotypes or misconceptions toward any population, ethnic group, or lifestyle?

Consider using a disclaimer regarding specific patient cases in the CE activity when a case does not represent characteristics of an entire population or group e.g. The following case is not representative of specific group or population.