

Facilitating Flexibility: The Role of CPD Regulators and Accreditors during a Crisis

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ABSTRACT

The COVID-19 pandemic has transformed healthcare systems – including CPD learning environments – around the world. Rarely has there been a time in recent history when almost the entire healthcare profession urgently needed to learn new skills. At the same time, education providers endured new personal and professional stressors. In the US, the Accreditation Council for Continuing Medical Education shifted its position from regulator to facilitator to give CPD providers the guidance, resources, and flexibility that would empower them to help healthcare professionals respond to the pandemic. Despite unprecedented challenges, the CPD community rapidly shifted from live to virtual learning environments to offer critical training, significantly increasing engagement with clinicians and teams, and demonstrating that CPD is an important part of the solution. As the healthcare system continues to undergo stress, it is important that institutional and health system leaders appropriately resource CPD programmes, enabling them to address evolving pandemic-related issues. Regulatory bodies in the CPD sphere should continue to take a leadership role on three fronts: facilitating innovation in education design and delivery; evolving data-reporting systems to reduce burdens on clinicians; and standing up for science by countering medical misinformation and ensuring that education provides valid content.

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Introduction

The COVID-19 pandemic has transformed almost every component of healthcare delivery around the world, including the learning environments and training of health professionals. Rarely has there been a time in recent history when almost the entire healthcare profession needed – and continues to need – to learn new information and skills quickly and urgently. Adding to the crisis, medical misinformation and disinformation have been widespread leading to vaccine hesitancy in the public and even among some healthcare professionals. More than ever before, healthcare professionals rely on CPD for scientifically accurate, up-to-date information, skills, and training that enables them to save lives.

At the same time, education providers endured new stressors, with many reporting personal illness and loss while contending with economic uncertainties, working from home, and fewer resources in their workplaces [1]. Despite these enormous challenges, the CPD community adapted rapidly and efficiently, shifting from live to virtual learning environments to offer critical training to help clinicians and teams respond to the global health crisis. At a pivotal time in history, educators have demonstrated

strength and compassion, proving that CPD is an important part of the solution.

When the pandemic began, we at the Accreditation Council for Continuing Medical Education (ACCME) recognised that our responsibility was to shift our position from regulator to role model and facilitator – to lead by example, demonstrating our ability to learn and adapt, and giving CPD providers the guidance and flexibility that would enable them to meet the needs of healthcare professionals during these extraordinary times. We recognised the necessity to work in close collaboration with our colleague accrediting bodies across the health professions, in particular Joint Accreditation for Interprofessional Continuing Education, which was founded by the accrediting bodies in medicine, nursing, and pharmacy, and now includes 10 accrediting bodies.

Supporting the CPD Community

We were fortunate that the flexibility of the US accreditation system enabled the CME community to respond rapidly to the pandemic. Since we

accredit organisations (using a trust and verify approach), rather than accrediting individual activities (using a review and approve approach), education providers could respond nimbly to the evolving environment and the needs of their institutions, learners, and communities. Since our system regulates based on educational outcomes rather than formats, providers were already allowed to design and deliver activities targeted to their specific learners in any format that is appropriate for the activity, including virtual and hybrid formats. To best support providers, we focused on broadly disseminating a variety of new guidelines and resources aimed at building educators' capacity to respond and transition to new learning environments. We briefly describe these efforts below, in the hope that our experience may be useful to other CPD regulatory bodies considering strategies for the future.

Expedited Pathway for Education Planning and Delivery

At the onset of the pandemic, the ACCME and Joint Accreditation for Interprofessional Continuing Education provided an expedited pathway for planning activities related to COVID-19. With this pathway, we temporarily suspended some of our requirements for management of educators' financial relationships with industry. We took this step after careful consideration of the potential risks and benefits. At the time, there were no approved tests or treatment options for COVID-19 available, and we reasoned that therefore most faculty or education planners would not have relevant industry relationships. We determined that this temporary modification would benefit providers, with minimal risk of compromising the independence of the education. This pathway was widely used and well received by providers. As one example: The Veterans Health Administration utilised the expedited pathway to approve more than 80 COVID-19 related activities in one month, awarding over 8,200 accredited continuing education credits to physicians, nurses, pharmacists, social workers, psychologists, and physician assistants. As testing and treatments became widely available several months later and it became more likely that faculty and planners would have relationships with industry related to COVID-19 treatments, we discontinued the pathway.

Resources for Adapting to Virtual Formats

Our education staff learned together with our providers about how to repurpose live events into virtual ones. We turned our annual meeting into a learning lab where we demonstrated techniques for building engagement in a virtual setting, such as using online breakout rooms and instant polling. Since all of us needed connections and inspiration, we invited providers to share their experiences and lessons learned, so we could teach and sustain each other during this time. In response to requests from providers, we produced other resources, including a "behind the scenes" webinar to share our experience of planning our online meeting.

Disseminating COVID-19 Education and Information

To support the rapid dissemination of accurate information to education providers and healthcare professionals, we published a webpage with resources from the vaccine manufacturers, the US Centers for Disease Control and Prevention (CDC), and medical journals. A searchable database of accredited continuing education activities related to the COVID-19 vaccines, available on our website and at learntovaccinate.org, enabled clinicians to quickly search for and find education on topics including vaccine hesitancy in healthcare professionals, communicating with patients, and vaccine administration. This search engine was widely used and referred to by public health authorities and major healthcare systems.

Centralising Data to Reduce Burdens

When the pandemic began, we were already in the process of creating an integrated, centralised data system with the goal of reducing burdens on learners; better serving our accredited provider community; meeting the needs of credentialing, certifying, and licencing authorities; and increasing the value of accredited CPD. The pandemic highlighted the importance of this work, as clinicians and regulatory bodies became even more overburdened. With this new data system, launched in late 2021, accredited providers can enter identification data for physician-learners completing their activities; this data is then available to participating licencing and certifying boards [2]. The boards use the data to verify participation for purposes of licensure and recertification, reducing burdens on physicians because they do not need to submit this information themselves. In

addition, we upgraded CME Finder, a free, searchable database of accredited activities, to enable physicians to create personalised accounts, where they can track and manage their CPD and speciality certification credits, and generate transcripts for their state medical board, certifying board, employer, or other regulatory authority. In the future, we hope to expand the database to include other health professions.

Results

Our data demonstrates that during the first year of the pandemic, despite substantial economic losses and a large (9%) reduction in the number of available activities, accredited providers not only retained but increased engagement with physicians and other healthcare professionals [3]. The overall number of learners participating in accredited activities increased by 22% in 2020 from 2019. The increase in nonphysician participants (e.g. nurses, pharmacists, physician assistants) was particularly dramatic (37%), indicating the growing recognition of the value of interprofessional continuing education.

Almost half of all providers offered education addressing the medical and public health issues raised by the viral pandemic in 2020; this education was offered by a diverse range of providers, including hospitals and health systems, speciality societies, medical education companies, government and military agencies, insurance companies, and schools of health sciences and medicine. Providers reported more than 3 million learners at these activities. (Accredited providers report the number of learners at each activity; learners attending multiple activities may be counted multiple times.)

Not surprisingly, many live events were replaced with virtual activities, offered both in live and on-demand formats. The activity formats that engaged the most learners shifted in 2020 from live activities such as courses, annual meetings, and grand rounds, which had been the dominant formats in preceding years, to online activities (see Table 1). Increasingly, providers are offering blended, new, or other approaches that do not fall into one of the traditional format categories.

Discussion

The need to deliver education in virtual formats created both challenges and opportunities. While we do not have quantitative data on the causes of higher participation numbers, we can infer that the greater availability of education in virtual formats – even though the total numbers of activities decreased – allowed more healthcare

Table 1. Accredited CME activity formats in the ACCME system, 2019–2020.

	Activities 2019	Activities 2020	Change %
Courses	92,762	39,067	–57.9
Regularly scheduled series	24,958	24,339	– 2.5
Internet (live)	6,091	28,626	370.0
Test-item writing	98	132	34.7
Committee learning	421	196	–53.4
Performance improvement	596	425	–28.7
Internet searching and learning[2]	64	70	9.4
Internet enduring materials	49,431	61,067	23.5
Enduring materials (other)	8515	10,620	24.7
Learning from teaching	86	42	–51.2
Journal CME	5,429	5,895	8.6
Manuscript review	132	153	15.9
Other	409	628	53.6
Total	188,992	171,260	–9.4

This table shows the shift in education formats as a result of the pandemic.

The number of virtual activities increased significantly in 2020 compared to 2019, while live activities such as courses decreased.

Source: ACCME Data Report: Rising to the Challenge in Accredited Continuing Education–2020.

professionals to participate, since they could join from anywhere at any time. We have heard anecdotally from providers that the numbers of participants from the outside the US substantially increased. In addition, providers have reported greater availability of faculty for online activities that don't require travel, including international experts, allowing providers to efficiently deliver more diverse, higher quality programming.

While many anticipate a return to live interactions with peers and colleagues, the learning preferences of healthcare professionals appear likely to be permanently changed. As a result, educators have reported that they do not expect to return to past models of delivering education; rather, they anticipate continuing to offer online activities in addition to hybrid models, and a more limited range of in-person only courses and activities. Educators and faculty will need to continue to learn how to create and deliver pedagogically sound education in these more novel formats, including designing activities that bring together small groups to problem-solve and learn from each other online, using social media as a learning tool, and incorporating adaptive technology. To succeed in the “new normal”, educators need the freedom to experiment and explore how to retain human connections, maintain communities of practice, strengthen teams, and build trust while operating in virtual and hybrid environments [4]. Given the increase in participation in CPD by healthcare professionals other than physicians, it is likely that organisations that build activities designed for and by the interprofessional team will see growth in participation [5]. As a global, interprofessional CPD community, we need to create, research, evaluate, and share strategies for building engagement in virtual and hybrid environments.

Building collaborations with other regulatory bodies, we can leverage the power of technology to drive more personalised education. Educators and certifying boards are increasingly working together to integrate education and assessment, applying a variety of techniques that are effective and efficient in engaging healthcare professionals, such as simulation, small-group problem solving, reflective exercises, and adaptive learning. For example, a collaboration between the ACCME and the American Board of Anaesthesiology (ABA) enables the ABA to link assessment with CPD opportunities to support lifelong learning and skill maintenance [6].

The CPD community has demonstrated that it has the capacity and commitment to be part of the solution to global health crises. The increase in learner engagement shows that healthcare professionals rely on accredited education to support their ability to deliver quality care through times of unprecedented hardship. Healthcare and institutional leaders should take this opportunity to recognise the contributions and potential of CPD [7]. As the healthcare system continues to undergo stress and rapid change, it is important that institutional and health system leaders appropriately resource CPD staff and faculty to design and deliver education targeting ongoing public health issues related to the pandemic such as vaccine hesitancy, medical misinformation, mental health, and clinician burnout.

Regulatory bodies in the CPD sphere should continue to take a leadership role on three fronts:

- (1) Facilitate innovation: Regulatory bodies need to actively and continuously evaluate their requirements to ensure that they provide maximum flexibility for educators, while simultaneously protecting the quality, integrity, and independence of education.
- (2) Reduce burdens: Regulatory bodies need to evolve their data-reporting systems, decreasing clinicians' reporting burden and giving them more time to focus on their patients, rather than paperwork.
- (3) Stand up for science: We must be vigilant in our efforts to counter medical misinformation and ensure that education provides valid, scientifically accurate content.

Conclusion

Digitalisation did not begin with the pandemic, but the pandemic underscores the need to continuously strive to make skill development and education more accessible and immediate, and to allow data

to flow. The pandemic is a reminder that health crises know no borders – and neither should CPD. As the pandemic continues to evolve – and we hope, abate – we face complex and long-term ramifications for our populations and health systems. During this time, it is more important than ever to bridge international divides, strengthen trust, and improve communications between regulatory bodies, health professionals, and the communities they serve. We need to continue to work together to leverage the power of technology and education to make the world a better, healthier place.

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