

**STANDARDS AND REQUIREMENTS FOR APPROVAL
OF PROVIDERS OF CONTINUING EDUCATION IN
PODIATRIC MEDICINE**

Council on Podiatric Medical Education

TABLE OF CONTENTS

INTRODUCTION	2
ABOUT THIS DOCUMENT	3
INFORMATION FOR PROVIDERS.....	4
STANDARDS FOR APPROVAL OF PROVIDERS OF	6
CONTINUING EDUCATION IN PODIATRIC MEDICINE.....	6
GLOSSARY	25
Appendix A - Content of Continuing Education	31
Appendix B – Calculation of Continuing Education Contact Hours	33
Appendix C – Sources of Needs Assessment	34

INTRODUCTION

The Council on Podiatric Medical Education (CPME) holds the position that continuous study is the fundamental and lifelong responsibility of doctors of podiatric medicine. Technological advances through research, new patterns of health-care delivery, and development of clinical procedures have accentuated the need for podiatric physicians to remain aware of professional developments through active participation in continuing education. Moreover, all state boards for examination and licensure require podiatric physicians to participate in continuing education in order to maintain professional licensure.

The council approves providers of continuing education (rather than individual activities) that demonstrate and maintain compliance with the standards and requirements in this publication. Approval is based on programmatic evaluation and periodic review by the council and its Continuing Education Committee (CEC).

The primary purpose of approval is to promote and ensure high-quality education and continuous improvement in educational programs. Approval also ensures the quality of continuing education programs to the public, the podiatric medical profession, and the state boards for examination and licensure.

The council recognizes that providers seeking approval do so on a voluntary basis. The council encourages state licensing boards, state associations, and other groups that have continuing education requirements to recognize the providers to whom it has extended approval. A list of approved providers is available on the council's website (cpme.org) and is updated on a regular basis.

The council has developed this publication to assist providers in offering continuing education activities in podiatric medicine, as well as to identify specific requirements of providers and their continuing education activities in order that approval may be achieved. The council's procedures for approving providers of continuing education appear in CPME publication 730, *Procedures for Approval of Providers of Continuing Education in Podiatric Medicine*.

ABOUT THIS DOCUMENT

This publication describes the standards and requirements for approval of continuing education providers. The standards and requirements, along with the procedures for approval, serve as the basis for evaluating providers of continuing education activities regardless of the education format in which the continuing education activity is provided. The standards, requirements, and guidelines in this document apply to all providers of continuing education except where prohibited by federal or state laws or regulations.

The **standards** for approval of a continuing education provider serve to promote and ensure high-quality education and continuous improvement in education activities. These standards are broad statements that embrace areas of expected performance on the part of the provider. Compliance with the standards ensures the quality of continuing education activities to the public, the podiatric medical profession, and the state licensing boards, which enables the council to grant or extend approval.

Related to each standard is a series of specific **requirements**. Compliance with the requirements provides an indication of whether the broader educational standard has been satisfied. During the application and/or petition process, the Continuing Education Committee gathers detailed information about whether these requirements have been satisfied. Based upon the extent to which the requirements have been satisfied, the council determines the compliance of the provider with each standard. In the requirements, the verb “shall” is used to indicate conditions that are imperative to demonstrate compliance.

The **guidelines** are explanatory materials for the requirements. Guidelines are used to indicate how the requirements either must be interpreted or may be interpreted to allow for flexibility, yet remain within a consistent framework. The following terms are used within guidelines:

- The verbs “must” and “is” indicate how a requirement is to be interpreted without fail. The approval status of a provider is at risk if noncompliance with a “must” or an “is” is identified.
- The verb “should” indicates a desirable, but not mandatory, condition.
- The verb “may” is used to express freedom or liberty to follow an alternative.

INFORMATION FOR PROVIDERS

The provider is the institution, organization, or individual assuming the responsibility for all of the following aspects of the program of continuing education.

- Planning
- Publications
- Implementation
- Evaluation
- Maintenance of records
- Calculation and awarding of continuing education contact hours
- Ensuring independence and absence of commercial bias

The provider assumes both the professional and fiscal review for the conduct and quality of each continuing education activity. The provider may not be commercial and/or proprietary in nature. Although the council expects that the majority of providers will be institutions and organizations, an individual is not precluded from approval as a provider.

Commercial interests are not eligible for CPME approval, as either providers or joint providers. Within the context of this definition and limitation, the council considers the following types of organizations to be eligible for approval and free to control the content of continuing education:

- 501(c) Nonprofit organizations (NOTE; CPME will screen 501(c) organizations for eligibility. Those that advocate for commercial interests as a 501(c) organization are not eligible for approval by CPME. They cannot serve in the role of joint provider, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

Approval of a provider does not imply approval of the provider's satellite organizations or divisions, such as regional or local chapters of a national organization.

In order for a provider to be eligible for council approval, the primary administrative office of the provider must be located within the United States or Canada and the preponderance of the provider's activities must be offered within the United States and/or Canada.

The council recognizes that an institution, organization, or individual conducting one or two continuing education activities per year may not wish to pursue approval as a provider. For this reason, joint provider status is permissible and encouraged; the non-approved organization may provide its activity under the auspices of an approved provider.

STANDARDS FOR APPROVAL OF PROVIDERS OF CONTINUING EDUCATION IN PODIATRIC MEDICINE

Standards 1.0 – 9.0 pertain to all providers of continuing education for which initial or continued approval is sought.

- 1.0 The provider publishes a clear and appropriate written statement of its continuing education mission and operates in accordance with this statement, has a well-defined administrative structure, and is sufficiently managed and administered.***
- 2.0 The provider bases its overall program of continuing education and individual activities upon assessment of the documented professional needs and interests of prospective learners.***
- 3.0 The provider establishes measurable learning objectives and utilizes effective educational methods for each continuing education activity that are based on the needs assessment.***
- 4.0 The provider conducts appropriate evaluation processes related to individual continuing education activities and its overall program of continuing education, and reports this information to the Council on Podiatric Medical Education.***
- 5.0 The provider selects qualified instructors for each continuing education activity.***
- 6.0 The provider demonstrates its independence, absence of commercial bias, appropriate management of funds from commercial interest and other sources, and appropriate management of advertising and exhibits.***
- 7.0 The provider ensures appropriate administrative processes related to development of publicity, admission, verification of attendance, calculation of continuing education contact hour(s), and maintenance of records of attendance.***
- 8.0 The provider ensures the protection and confidentiality of patients involved in continuing education activities.***
- 9.0 The provider appropriately manages administration related to instructional media.***

1.0 *The provider publishes a clear and appropriate written statement of its continuing education mission, and operates in accordance with this statement, has a well-defined administrative structure, and is sufficiently managed and administered.*

1.1 **The continuing education mission statement shall set forth the broad, long-range goals of the provider in offering educational activities.**

This statement is expected to serve as a point of reference for development and evaluation of all of a provider's continuing education activities and is separate from any specific learning objectives developed for individual continuing education activities. It must:

- include the type of activities provided;
- describe the expected results of the overall program;
- describe the scope and nature of the provider's continuing education activities;
- identify the target audience; and
- relate to the health care needs of the public and/or the educational needs and interest of the podiatric medical professional.

If the provider is an institution or organization, the mission statement should be consistent with the primary purpose or mission of the provider.

If the provider has a governing board, the mission statement should be approved formally by the board as documented by a board agenda or minutes of the board meeting.

1.2 **The provider shall appoint one individual to serve as director of continuing education with the authority to fulfill the responsibilities required of the position.**

The professional background and experience of the individual selected as director of continuing education should be appropriate to the responsibilities of the position.

The provider should clearly delineate the responsibilities and scope of authority of the director of continuing education.

1.3 **The director of continuing education shall be the primary individual responsible for coordinating and administering all continuing education activities, devoting sufficient time in order to fulfill the responsibilities required of the position, communicating with the council on all matters related to the application approval process, and ensuring the provider achieves and maintains compliance with the council's standards and requirements.**

Responsibilities of the director, in cooperation with the activity planning committee include, but are not limited to the following:

- Participating in development of the mission statement
- Conducting the needs assessment
- Developing measurable learning objectives
- Developing the schedule
- Selecting educational methods
- Evaluating individual activities
- Annual review of the program of continuing education
- Coordinating the process of post-assessment development, administration, and scoring
- Selecting and communicating and consulting with instructors
- Selecting facilities
- Executing agreements
- Tracking financial resources
- Developing and distributing marketing materials
- Registering learners
- Verifying attendance
- Maintaining and issuing documented records of attendance
- Calculating and awarding continuing education contact hours
- Adhering to patient protection policies

1.4 The provider shall ensure continuity in the overall program of continuing education by appointing an advisory/education committee responsible for coordinating and administering all continuing education activities. The committee shall include at least one podiatric physician.

Continuity of administration is necessary for the stability and growth of the program of continuing education.

Terms of office for committee members should be of sufficient duration (i.e., at least one year) to assure continuity of administration. Member terms should expire on varying dates. Minutes of committee meetings should be maintained.

1.5 Designated support staff shall be available, as needed, to ensure efficient administration of continuing education activities.

1.6 When the provider delivers a continuing education activity in collaboration with another organization, the provider shall ensure the activity meets the council's standards and requirements. A signed joint provider agreement shall be established to delineate the specific responsibilities of the provider and the organization.

Any collaborative educational undertaking between a provider and another organization must have the approval of both chief administrative officers.

The provider has the same responsibility for an activity it provides in collaboration with another organization as for an activity it provides alone.

In addition, the approved provider must demonstrate it has access to the joint provider's accounting process before and after the activity, including access to the budget and income/expense statements.

All collaborative continuing education activities must be conducted in compliance with the current CPME publication 720, *Standards and Requirements for Approval of Providers of Continuing Education in Podiatric Medicine*.

Joint providers may take either of two forms:

- An approved provider may be asked by an organization to become a joint provider for an activity (with the non-approved organization identified as the joint provider). This information must be stated clearly in all materials advertising the activity and in materials disseminated at the time the activity is conducted. This information also must be submitted to the council in CPME 740 *Annual Report for Provider of Continuing Education in Podiatric Medicine*.
- An approved provider participates with another approved provider. In this case, one provider assumes primary responsibility for the activity. This information must be stated clearly in all materials advertising the activity and in materials disseminated at the time the activity is conducted. This information must also be submitted to the council in CPME 740.

The joint provider must submit the following to the provider before the continuing education activity:

- Planning committee members and their completed disclosure forms
- List of instructors, professional qualifications, and completed disclosure forms
- Evidence-based needs assessment
- Learning objectives for the overall activity
- Agenda to include times, lecture titles, and instructors
- Preliminary budget to include all sources of income and expenses
- Promotional materials for approval prior to distribution
- Signed unrestricted commercial interest agreements
- Blank evaluation form

The joint provider must submit the following to the provider after the continuing education activity:

- Final agenda
- Final activity publication
- Final budget reconciliation including actual income and expenses
- Final roster of learners

- Evaluation summary
- Proof of disclosure verification

1.7 The provider shall establish and implement a nondiscrimination policy.

1.8 The provider shall ensure the ethical conduct of its program and each continuing education activity.

2.0 *The provider bases its overall program of continuing education and individual activities upon assessment of the documented professional needs and interests of prospective learners.*

2.1 The provider shall conduct and document use of a needs assessment.

The needs assessment of the overall program of continuing education must be conducted at least annually and documented in some written format, including but not limited to committee minutes, report to the committee, PowerPoint presentation, etc. Needs must be identified from multiple data sources.

Information should be obtained through sources that involve prospective learners in assessing their own needs. Such sources include, but are not limited to the following:

Learners Data Sources

- A committee representing a cross section of the prospective audience
- Surveys of prospective learners and/or experts
- Analysis of learners post-assessment results and activity evaluations from previous continuing education activities

Scientific Data Sources

- Review of epidemiological data
- Patient care outcomes, morbidity and mortality data, etc.
- Searches of current literature including that available through national repositories of relevant medical and health information
- Consensus of experts
- Regional census information
- Hospital quality data

The needs assessment must include at least one method from each of the above data sources. See Appendix C for additional information.

2.2 The provider shall state the overall needs identified by the process and use these in planning continuing education activities.

Documentation of the results of this process is critical to planning the program of continuing education and developing objectives for activities.

Demonstrated need for specific activities rather than anticipated income or profit must be the determining factor in developing continuing education activities.

3.0 *The provider establishes measurable learning objectives and utilizes effective educational methods for each continuing education activity that are based on the needs assessment.*

3.1 The provider shall develop and communicate the measurable learning objectives for each continuing education activity prior to implementation of the activity. The objectives shall specify expected learning outcomes in terms of knowledge, skills, attitudes, and/or patient care.

Learning objectives are specific, short range, and action oriented in nature. Summary statements that describe the educational content or curriculum of the activity are not learning objectives. Learning objectives may address but are not limited to areas such as:

- enhanced practice performance;
- improved patient outcomes;
- identifying changes in the practice of podiatric medicine and surgery;
- providing new knowledge in specific areas;
- introducing and attaining competence in new skills and techniques; and improving the professional performance and habits of the learner.

The purposes of learning objectives are to:

- direct the provider in planning and implementing educationally effective activities;
- state the knowledge and/or skill expected to be obtained as a result of participating in the activity;
- evaluate the educational effectiveness of the continuing education activities; and
- assist prospective learners in selecting educational activities appropriate to their individual needs and interests.

The number of objectives developed for a particular continuing education activity is determined by the needs addressed by the activity and the curricular design of the activity. A single objective may address multiple presentations, while several objectives may be required for one presentation. A regularly scheduled series may be covered by a single set of objectives with more specific objectives developed for each presentation.

3.2 The provider shall select and utilize educational methods for each continuing education activity that are effective for the format, educational content, learning objectives, and intended audience of each activity.

The selection of educational methods for a continuing education activity takes into consideration the following:

- Needs assessment
- Identification of the target audience
- Establishment of learning objectives
- Development and implementation of an appropriate design ensuring the attainment of the stated objectives

Instructional strategies for continuing education activities are as important as the educational content. Activities encouraging active involvement of learners and the use of audiovisual aids and/or other instructional media may result in more effective learning experiences. The provider should select appropriate methods for the diverse learning styles of learners.

The number of instructors must be sufficient for a continuing education activity to ensure attainment of stated educational objectives. The ratio of instructors to learners must be conducive to maximizing learning potential for activities requiring performance of complex hands-on tasks. Such activities require a higher ratio of instructors to learners than do lecture activities. Adequate support staff should be available for the activity.

4.0 The provider conducts appropriate evaluation processes related to individual continuing education activities and its overall program of continuing education, and reports this information to the Council on Podiatric Medical Education.

4.1 At the conclusion of the continuing education activity, the provider shall assess the effectiveness of the continuing education activity in meeting the learning objectives in terms of improved strategies, skills, and/or patient care. This assessment may be achieved through a variety of methods including pre- and post-tests, pre- and post-audience response polling, post-activity evaluation, learner interview, etc.

The evaluation must request learners to assess areas including, but not limited to, the following:

- Educational content (comprehensive, appropriate, and adequately in-depth to meet the stated objectives)
- Methods by which the activity enhances professional competence, performance, and patient outcomes
- Quality of the instructional process and presentations including the effectiveness of educational methods and teaching materials
- Individual instructor quality, effectiveness, and presence of commercial bias
- Adequacy of facilities and resources
- Overall management of the activity
- Identification of professional needs or interest for future activities

Evaluation and/or assessment summaries must be reported to appropriate administrative and planning staffs and instructors. The evaluation process for regularly scheduled series and activities must be conducted at least annually.

4.2 The provider shall conduct a formal self-assessment of its overall program of continuing education.

The annual self-assessment must include the following items:

- Identification of individuals involved
- An analysis of the mission statement
- The extent to which the mission statement is being achieved through its continuing education activities
- How effectively evaluation data from individual continuing education activities are used in planning future continuing education activities
- The extent of the provider's compliance with the standards and requirements of the council
- Results of the review and program modifications, if any

This self-assessment directs the planning of future continuing education activities as it identifies areas in which the overall program may be improved. The provider must be able to document that evaluation data are used in revising, updating, and developing continuing education activities.

4.3 The provider shall submit annually a complete CPME 740 *Annual Report for Provider of Continuing Education in Podiatric Medicine*, and other information requested by the council and/or the Continuing Education Committee.

4.4 The provider shall inform the council in writing within 30 calendar days of substantive changes, including, but not limited to the provider status, mission statement, and appointment of a new director of continuing education.

5.0 *The provider selects qualified instructors for each continuing education activity.*

5.1 The instructors selected to teach the continuing education activity shall be qualified by education and experience to provide instruction in the subject matter of the activity.

The provider is encouraged to explore a wide variety of sources to select qualified instructors. Instructors must:

- have expertise and demonstrated competence in the appropriate subject area;
- possess demonstrated teaching ability to communicate effectively with professional colleagues;
- be familiar with a sufficient repertoire of instructional strategies to achieve the intended outcomes of the continuing education activity;

- understand the principals and methods of adult education; and
- be made aware of the specific learning objectives, design, and educational methods of the continuing education activity.

5.2 The provider must obtain a signed financial disclosure agreement, for each educational activity from all individuals responsible for, or who have influence over, the content of the activity (e.g., planning committee, instructors, members, content authors).

Any individual who refuses to disclose relevant financial relationships must be disqualified from influencing continuing education content and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the activity. The intent of the disclosure is not to prevent an individual with a significant financial or other relationship from being involved in the educational activity, but rather to provide the audience with information on which they can make their own judgments. Persons who fail to sign and return this form prior to the activity are not eligible to be involved as a presenter/planner.

The provider must implement a documented mechanism for the identification and resolution of all known conflicts of interest prior to the delivery of the educational activity. Methods to resolve conflicts of interest include but are not limited to the following:

- Peer review of presentation materials to ensure balance and unbiased content
- Recusal of the conflicted person from planning or presenting
- Divestiture of the financial relationship

5.3 The provider shall disseminate to learners, prior to the educational activity, a disclosure statement that identifies relevant financial relationships between the instructors and planning committee members with the commercial interest.

The disclosure statement must include the following:

- Name of the individual
- Name of the commercial interest(s)
- Nature of the relationship the individual has with each commercial interest
- Absence of a relevant financial relationship(s) if applicable

5.4 The provider shall have a mechanism in place to inform and ensure instructors present a balanced, unbiased view of all therapeutic options.

This mechanism must inform the use of investigational and off-label products, encourage the use of generic names, and identify the product names associated with competing companies, if trade names are used.

6.0 *The provider demonstrates its independence, absence of commercial bias, appropriate management of funds from commercial interests and other sources, and appropriate management of advertising and exhibits.*

6.1 **The provider shall ensure independence of its continuing education activities from commercial conflict of interest, bias, or influence by means of a signed written agreement between the provider and any organization providing support for continuing education activities.**

The written agreement must include the following:

- Name of the provider, joint provider (if applicable), commercial interest, amount of the unrestricted grant and/or in-kind commercial support
- Title, date(s), and location(s) of the continuing education activity
- Printed names, and dated, authorized signatures
- Confirmation that the continuing education activity is for scientific or educational purposes only and is not intended to directly or indirectly promote a commercial interest
- Confirmation that the provider is solely responsible for the design and educational content of the continuing education activity, production of educational and audiovisual materials, and selection of all instructors
- Confirmation that the provider ensures the separation of commercial exhibits or activities from the continuing education activity
- Confirmation that the provider exercises full control in managing unrestricted funds provided by commercial interests

The provider must make available, upon request, accurate documentation detailing responsible management of financial support.

The provider should be aware that a commercial interest is capable of influencing the content of educational programs not only directly, by being involved in the selection of instructors or in the treatment of topics, but also indirectly through the nature of the relationship between the commercial interest and the provider (e.g., the provider may believe that future financial support depends upon development of activities that promote the commercial interests products).

In the written agreement, the commercial interest agrees not to directly or indirectly influence the content of the program and not to play any role in the selection of instructors. The provider agrees to seek suggestions for instructors from sources other than the commercial interest, to make an independent judgment as to the most appropriate instructors, and to select instructors representing an appropriate diversity of legitimate medical opinions on the topic under discussion when the format permits (e.g., a panel or series of instructors).

All financial relationships with commercial interests must be disclosed to the learners.

The provider may obtain assistance in educational and conference planning from outside sources, including consultants. Acceptance of advice or services concerning identification of instructors and learners or other educational matters, including the educational content of the activity, is not to be a condition of support by a commercial interest.

A commercial interest cannot take the role of non-approved provider in a joint provider relationship.

6.2 The provider shall exercise full control in managing funds provided by commercial interests and other sources.

The funds must be unrestricted and the grant must be made payable to the provider or the joint provider. All support associated with an activity, whether in the form of an educational grant and/or in-kind, is given with the full knowledge and approval of the provider. The provider may designate a third party (e.g., a contracted education company) to act under its direction and control as its agent in payment of grant money to instructors and consultants.

The provider is solely responsible for determining the amount of honorarium or other support it pays to instructors and consultants.

The provider may elect to make available scholarships or other special funding to allow podiatric medical students, residents, and fellows to participate in selected educational activities (e.g., the annual meeting of a national specialty society). Selection of recipients is made either by the academic institution or training program. The decision regarding which meetings are appropriate for students, residents, or fellows to attend is to be made by the academic institution or training program or by the provider. Support is not to be used to send students, residents, or fellows to meetings selected by the commercial interest.

Hospitality subsidies are to be limited to modest refreshments and meals for learners of the official program. Hotel arrangements may be handled by any agency the provider chooses to employ.

The provider may not use commercial support to pay for travel, lodging, registration, honoraria, or personal expenses for learners of an educational activity.

6.3 The provider shall ensure that commercial interest exhibits or activities are separate from the continuing education activity.

Exhibit placement is not a condition of support for an activity. Advertisements promoting commercial interests cannot be displayed or appear in any materials disseminated during an educational activity or in any materials included within activities provided through instructional media.

Promotional activities, such as exhibits, commercial presentations, and printed or electronic advertisements are prohibited in the physical or virtual location where continuing education activities are conducted. Likewise, promotional activities are prohibited as part of the instructional portion of continuing education activities. For example, the following apply to promotional activities:

- Live, face-to-face continuing education activities: Display or distribution of advertisements and promotional materials is prohibited in the instructional space where the continuing education activity is conducted.
- Print-based continuing education activities: Advertisement and promotional materials are prohibited within the pages of the continuing education content. Advertisements and promotional materials may face the first or last pages of the printed continuing education content.
- Web/computer-based continuing education activities: Advertisements and promotional materials are prohibited on the screen, the web page, or as “pop-ups” where the continuing education content is displayed.
- Audio/video recorded continuing education activity: Advertisements and promotional materials are prohibited within the continuing education activity. There may be no “commercial breaks.”
- Providers must ensure that products, equipment, or devices used in conducting the activity are not sold or marketed as part of the instructional portion of the continuing education activity.
- Educational materials that are part of the continuing education activity, such as slides, abstracts, and handouts, cannot contain any trade names or a product-group message.

6.4 The provider shall have policies and processes to ensure independence of its continuing education activities from commercial conflict of interest, bias, or influence.

The provider must ensure through policies and processes that the following decisions are made free of the control of a commercial interest:

- Identification of educational needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations that will be in a position to control the content of the educational activity
- Selection of educational methods
- Evaluation of the educational activity

7.0 *The provider shall ensure appropriate administrative processes related to development of publicity, admission, verification of attendance, calculation of continuing education contact hours, and maintenance of attendance records.*

7.1 The provider shall ensure that publicity for continuing education activities and descriptive materials utilized during the activity provide complete and accurate information.

The following information must be published in the final activity publication:

- a. Title
- b. Learning objectives
- c. Detailed hourly agenda
- d. Intended audience, including any prerequisite levels of skill, knowledge, or experience required of learners if applicable
- e. Costs to the learner (activity is identified as complimentary if there is no charge)
- f. Contact information (phone and/or e-mail address)
- g. List of instructors and professional degree(s)
- h. Learner refund and activity cancellation policy
- i. Identification of joint provider
- j. Identification of commercial interests providing financial support. If none, the following statement must be used:

“No commercial interest provided financial support for this continuing education activity.”

- k. location(s), date(s), and times(s)
- l. Approval status of the provider and the number of continuing education contact hours to be awarded

The approved provider must use the following approval statement in reference to its approval status in publications, certificates, instructional media, and other publications pertaining to the continuing education activity.

“(Name of provider) is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. (Name of provider) has approved this activity for a maximum of ____ continuing education contact hours.”

Joint providers must use the following approval statement in reference to its approval status in publications, certificates, instructional media, and other publications pertaining to the continuing educational activity.

“This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between (name of provider) and (name of non-approved provider). (Name of provider) is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. (Name of provider) has approved this activity for a maximum of ____ continuing education contact hours.”

No other approval statements may be used.

7.2 The provider shall ensure the primary focus of announcements and advertisements for continuing education activities is on educational content, rather than leisure/recreational activities.

The title of the activity must accurately represent the educational content of the educational activity.

The provider may authorize a commercial interest(s) to publicize the continuing education activity. The provider is responsible for the educational content of such advertisements.

Advertisements and promotional materials will not be interleaved within the pages of the educational content.

Advertisements and promotional materials will not be included within the activity.

7.3 The provider shall perform a minimum of two attendance verifications during each day of a continuing education activity. An activity of four hours or less requires single attendance verification.

The council does not designate the method used for attendance verification. Attendance validation must be completed on the same day of the activity. Final hourly schedules must be reviewed to calculate the number of continuing education contact hours in accordance with council requirements. In instances where there is a discrepancy, the provider must revoke the document of record (e.g., certificate, letter, or transcript) and reissue a correct copy.

7.4 The provider shall determine the number of continuing education contact hours in accordance with the council's requirements.

The council's requirements for the calculation of continuing education contact hours are described in Appendix B.

7.5 The provider shall maintain a roster of individuals participating in each continuing education activity.

The provider is responsible for maintaining records verifying completion of the activity and number of continuing education contact hours awarded each learner. Records must be securely maintained for a minimum of five years.

The roster must include the following information:

- Name of provider
- Title of activity

- Maximum continuing education contact hours available
- Date(s) of activity
- Names of individual learners
- Number of continuing education contact hours awarded each learner

The provider should be aware of professional and legal requirements for continuing education affecting individuals participating in its activities. The provider should cooperate with regulatory agencies and other institutions/organizations in providing documentation of attendance.

7.6 The provider shall provide a documented record of attendance to each learner upon satisfactory completion of the continuing education activity.

The documented record of attendance must include the following information:

- Name of provider
- Title of activity
- Date(s) of activity
- City/State
- Name of learner
- Number of continuing education contact hours awarded each learner
- Approval statement

The approved provider must use the following statement in reference to its approval status in publications, certificates, instructional media, and other publications pertaining to the continuing education activity.

“(Name of provider) is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. (Name of provider) has approved this activity for a maximum of _____ continuing education contact hours.”

Joint providers must use the following statement in reference to its approval status in publications, certificates, instructional media, and other publications pertaining to the continuing educational activity.

“This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between (name of provider) and (name of non-approved provider). (Name of provider) is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. (Name of provider) has approved this activity for a maximum of ___ continuing education contact hours.”

No other approval statements may be used.

The documented record (e.g., certificate, letter, or transcript) must not resemble a diploma attesting to a specific skill, specialty, or advanced educational status. The provider is to ensure such documentation is not subject to misinterpretation by the public or professional colleagues.

The approved provider must issue the documented record.

The provider must issue a copy of the documented record upon authorized request of the learner.

The learner must claim only continuing education contact hours commensurate with the extent of their participation in the activity.

8.0 *The provider ensures the protection and confidentiality of patients involved in all aspects of its continuing education activities.*

8.1 The provider shall ensure patient protection through the following means:

- Ensuring that learners possess the skills and knowledge to learn and perform the techniques
- Obtaining prior written informed consent from the patient
- Utilizing aseptic conditions and appropriate equipment and instruments
- Ensuring that instructors provide sufficient clinical supervision
- Providing continuity of care
- Providing emergency services

8.2 The material(s) presented and/or distributed shall be in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as amended.

9.0 *The provider appropriately manages administration related to instructional media.*

9.1 The provider shall be responsible for ensuring quality educational content and production of the activity.

Providers developing instructional media must consult with individuals who have technical expertise in both media and self-directed learning techniques and the application of these techniques to adult learning.

Providers producing instructional media must review the instructional material at least bi-annually or more frequently when indicated by new scientific developments.

The instructional media may not be certified for contact hours for more than three years without some review on the part of the provider ensuring current and accurate educational content.

9.2 The provider shall establish conditions for effective participation in each activity.

Because there is no direct interaction between provider and/or faculty and the learner, the provider must communicate the following conditions to learners so they are aware of the information prior to starting the educational activity.

- Medium or combination of media used
- Method of participation in learning process
- Estimated time to complete the activity
- Date of original release, most recent review, or update
- Post-assessment and evaluation methods, including the passing score for the post-assessment
- Contact information
- Instructor(s) credentials
- Learning objectives
- Instructor(s) financial disclosure
- Termination date (date after which instructional media is no longer certified for credit)

9.3 The provider shall have and abide by a policy on privacy and confidentiality and must inform the learner about its policy.

9.4 The provider shall document ownership of the copyright, permission, or otherwise permitted use of materials in a continuing education activity.

9.5 Each activity shall include a content-oriented post-assessment.

The post-assessment must allow the provider to both measure the extent to which activity learning objectives have been accomplished and assess their mastery of the materials in terms of enhanced knowledge, skills, and/or competence.

The provider must ensure the existence of a process for the post-assessment validation. Validity is defined as the degree to which a test measures what it is supposed to measure. Validity, which is the most important quality of any test, emerges from the process of test construction.

9.6 The provider shall ensure appropriate regulation of advertisement.

Related to printed activities:

Advertisements and promotional materials may not be interleaved within the pages of the educational content. These materials may face the first or last pages of the printed educational content as long as they are not related to the educational content they face and are not paid for by commercial interests of the activity. Information required to be communicated before an activity (e.g., disclosure information, disclosure of

commercial support, and objectives), content (e.g., articles, lectures, handouts, and slide copies), content-specific post-tests, and education evaluation are all elements of a journal-based activity. These elements may not contain advertising, trade names, or product group messages.

Related to computer-based activities:

Advertisements and promotional materials may not be visible on the screen at the same time as the educational content and not interleaved between computer “windows” or screens of the educational content. The learners must be clearly notified when leaving the educational website.

Links to pharmaceutical and device manufacturers’ “product websites” from the activity website are permitted before or after the educational content, but may not be embedded in the educational content. Advertising of any type is prohibited within the educational content of the continuing education activity on the Internet including but not limited to banner, subliminal, and pop-up ads.

Related to audio and visual recorded activities:

Advertisements and promotional materials may not be included within the activity. There may be no “commercial breaks.”

9.7 The provider shall establish a justifiable, standard number of continuing education contact hours to be granted for completion of each activity.

Continuing education contact hours must be based on an average number of hours required of several representative learners (pilot group) to complete the activity. Members of the pilot group must not have participated in development of the activity. The provider is expected to continue to monitor the amount of time required for learners to complete the activity and to make adjustments in the number of continuing education contact hours as necessary. A process of ongoing validation affords credibility to the standard determined by the provider.

9.8 The provider shall provide opportunity for learners to complete an evaluation process at the completion of the activity.

The evaluation must request learners to assess areas including but not limited to the following:

- Educational content (comprehensive, appropriate, and adequately in-depth to meet the stated objectives)
- Methods by which the activity enhanced professional strategies, skills, and/or patient care
- Quality of the instructional process and presentations including the effectiveness of educational methods and teaching materials

- Individual instructor quality and effectiveness
- Avoidance of commercial bias
- Overall management of the activity
- Identification of professional needs or interests for future activities

GLOSSARY

The council strongly encourages directors of continuing education to become familiar with the following definitions to ensure complete understanding of this publication.

Activity

A single educational interaction that is based on a need, has measurable objectives, and is evaluated to assure the needs are met.

Advisory/Education Committee

A committee appointed by the provider to coordinate the processes of planning, implementing, and evaluating continuing education activities and the provider's program of continuing education. The committee must include at least one podiatric physician.

Annual Report

CPME collects data yearly from each approved provider to monitor changes in its continuing education program.

Approval

Approval is the recognition of a provider of continuing education that has attained compliance with standards established by the Council on Podiatric Medical Education. The council approves the provider itself rather than each of the provider's continuing education activities and reserves the right to review any or all of these activities.

Approval Statements

(Name of provider) is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. (Name of provider) has approved this activity for a maximum of _____ continuing education contact hours.

“This activity has been planned and implemented in accordance with the standards and requirements for approval of providers of continuing education in podiatric medicine through a joint provider agreement between (name of provider) and (name of non-approved provider). (Name of provider) is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine. (Name of provider) has approved this activity for a maximum of ____ continuing education contact hours.”

Commercial Interest

Any organization manufacturing, producing, marketing, re-selling, or distributing health-care goods or services consumed by or used on patients. Such organizations are not eligible for

approval as a provider or entering into a joint provider agreement. CPME does not consider providers of clinical services directed to patients to be a commercial interest (e.g. hospital, physical therapy, and laboratory facilities).

Commercial Support

Monetary or in-kind contributions given by a commercial interest that are used to pay all or part of the costs of a continuing education activity.

Conflict of Interest

When an individual or organization has an opportunity to affect the content of educational activities regarding products or services in which they have a financial relationship.

Content Validity

The extent to which a test measures and adequately samples an intended content area. Content validity is determined by an impartial expert and may not be expressed quantitatively. Individuals who are experts in the area covered by the test assess the content validity by reviewing all items and judging how well the items represent the intended content area. This determination is based on whether all areas comprising the overall subject matter have been included and are represented in the correct proportions.

Continuing Education

Continuing education serves to maintain, develop, and/or enhance the competence, performance, and patient outcomes used by health professionals to deliver the highest quality of service to patients, the public, and the profession.

Continuing Education Activity

An educational experience for health professionals, which is based upon identified needs, has objectives, and is evaluated to determine the extent to which change or improvement has been affected. These activities are educational in nature, rather than social, recreational, or commercial, and do not provide academic credit toward a degree, nor lead to any formal advanced standing in the profession. Continuing education activities include, but are not limited to, lectures, conferences, seminars, moderator-guided panel discussions, clinical and practical workshops, electronically-mediated learning, and self-instruction.

Continuing Education Committee (CEC)

The standing committee of the council responsible for recommending to the council approval status of providers of continuing education in podiatric medicine. The committee reviews applications, petitions, reports of on-site evaluations, requests for reconsideration, progress reports, and annual reports. The CEC may modify its own policies, and/or recommend to the

appropriate ad hoc committee modifications in standards, requirements, and procedures for provider approval.

Composition of the committee includes two representatives from approved providers of continuing education in podiatric medicine (selected by the council), one representative from the podiatric practice community (selected by the council), one representative from state licensing boards (appointed by the Federation of Podiatric Medical Boards), at least two council members (one of whom is a public member), and one representative from ASPE (appointed by the American Society of Podiatric Executives). The council and its staff administer the affairs of the CEC.

Continuing Education Contact Hour

A 60-minute period (one clock hour) of interaction between a learner and instructor or between a learner and prepared materials to result in learning.

Director of Continuing Education

The individual responsible for coordination and administration of the program of continuing education offered by the provider, as well as its associated continuing education activities.

Educational Methods

The systematic plan or procedure by which information or educational material is made available to the learner. Examples include lectures, discussions, grand rounds, case reviews and presentations, question and answer periods, laboratory work, workshops, discussion groups, self-instruction, and Internet-based or other electronically-mediated formats.

Evaluation Process

A measurement tool used by providers and learners to assess and determine the effectiveness of the continuing education activity.

Financial Disclosure

The reporting of relevant financial relationships with commercial interests within 12 months of the activity start date.

Financial Relationships

Any relationship in which an individual involved in planning, administering, or presenting an educational activity benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (self-managed), contracted research, or other financial benefit within 12 months of the activity start date. CPME considers relationships of the person involved in the educational activity to include financial relationships of a spouse or domestic partner.

Disclosure examples-

Jane Doe, DPM, Activity Director/Faculty

Dr. Jane Doe has indicated she has no financial relationships to disclose relevant to the content of this CME activity.

John Doe, DPM, Planner

Dr. John Doe has indicated he is a consultant for ABC Pharma Company.

Jonis Doe, Administrative Staff

Ms. Jonis Doe has indicated she has no financial relationships to disclose relevant to the content of this CME activity.

Joseph Doe, DPM, Instructor

Dr. Joseph Doe has indicated he is an advisory board member for XYZ Pharma Company.

In-Kind Commercial Support

A non-monetary contribution made to a provider for a continuing education activity. Examples of such support include equipment, facilities/space, supplies, and human/animal parts/tissue.

Instructors

The speakers, teachers, or authors responsible for communicating the educational content of an activity to a learner.

Instructional Media

A type of continuing education activity utilizing instructional materials including but not limited to printed, recorded, and/or computer-assisted materials. Instructional media may be used over time at various locations and in themselves constitute a planned continuing education activity. Examples of instructional media include but are not limited to books, journals, audiotapes, videotapes, and computer-assisted instructional programs. The intent of the council is to anticipate the inclusion of the development of future technologies and methods of providing continuing education in the definition.

Internet live activity

An online continuing educational activity available at a certain time on a certain date and available only in real-time, just as if it were a continuing educational activity held in an auditorium. Once the event has taken place, learners may no longer participate in that activity.

Joint Provider

A collaborative educational undertaking between an approved provider and an unapproved organization. The approved provider has the same responsibility for an activity as it does for a

solely provided activity. If the other organization is also an approved provider, one provider assumes primary responsibility for the continuing education activity.

Learner

An individual engaged in a continuing education activity.

Mission Statement

Broad, long-range goals, expectations, and purposes of the provider in delivering continuing education.

Needs Assessment

The process of identifying specific information or skills directly benefiting or of interest to learners, based on information provided by prospective learners and/or objective sources. The specific needs provide the rationale and focus for the educational activity.

Objectives

Written, measurable statements indicating what the learner is expected to accomplish by expressing specific, short-range outcomes. Objectives are stated in behavioral or action-oriented terms.

Off-label Products

Uses of Food and Drug Administration (FDA) approved drugs for indication, dosage form, dose regimen, population, or other use parameter not mentioned in the approved labeling.

Petition

A form that must be completed by an approved provider seeking continued approval as a provider of continuing education in podiatric medicine.

Planning Committee

A committee charged with designing and developing continuing education activities.

Product

Therapeutic and/or diagnostic materials such as pharmacologic and biologic products, and medical devices manufactured and/or advertised by a commercial interest.

Program

The overall composition of provider's continuing education activities.

Provider

Institution, organization, or individual responsible for organizing, administering, publicizing, presenting, and keeping records for the continuing education program.

Regularly Scheduled Series

Activities occurring daily, weekly, monthly, or quarterly (e.g., grand rounds).

Self-assessment

Data and observations collected by the provider to document its accomplishments assess areas where improvements may be necessary, and outline a plan for making those improvements.

Appendix A – Content of Continuing Education

The educational content of continuing education activities is that which is appropriate to each individual podiatric physician in carrying out his or her professional responsibilities more effectively and efficiently. Because the professional needs of podiatric physicians are varied, this definition is necessarily broad. In general, however, activities should result in improvement in the quality of patient care, education of students and residents, and administration of educational programs.

The educational content of continuing education activities is often that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, behavioral and social sciences, podiatric medicine and surgery, related clinical disciplines, and the provision of health care to the public. Activities may be designed to review existing concepts and techniques, to convey information beyond basic podiatric education, and to update knowledge on advances in podiatric and medical sciences. Participation in activities concerned with such topics should result in enhanced ability to deliver high-quality patient care.

The educational content of continuing education activities may be related to areas including, but not limited to the following:

- Health-care reform
- Legislative and legal issues related to the provision of patient care
- Managed care
- Professional faculty development activities such as administrative, organizational, and teaching skills for directors and faculty of residency programs
- Educational methodology for faculty at colleges of podiatric medicine and residency program faculty and staff
- Risk management associated with patient care (e.g., electronic health records, ICD – International Classification of Diseases, understanding of and proper documentation of complications, effective communication with patients, and informed consent)
- Medical and professional ethics
- Management of health-care facilities
- Public health
- Epidemiology and related issues
- Structured abstract presentations
- Faculty-led classroom or meeting time, regardless of whether faculty and learners are in the same location or whether the activity is conducted at the same time but in different locations as through satellite broadcasts, teleconferencing, or electronic communications media (e.g., Internet-based conferences)
- Moderator-guided panel discussions
- Activities in which the learner is engaged in a planned learning experience whereby his or her progress is monitored or the learner receives feedback from faculty (e.g., Internet-based conferences, and computer-assisted instruction)
- Regularly scheduled series (grand rounds)

- Laboratory work
- Assigned self-directed learning activities integral to the course
- Pilot group activities to determine the validity of the final post-assessment associated with instructional media

CPME reserves the right to modify this definition and this list from time to time without notice.

Specialty boards recognized by the Joint Commission on the Recognition of Specialty Boards and the National Board of Podiatric Medical Examiners may apply for provider approval to grant credit to podiatric physicians who serve on committees for development and validation of post-assessments.

Topics such as practice management and maintenance of medical records may be acceptable if the provider is able to demonstrate the benefits of the activity in enhancing the quality of patient care (e.g., an activity related to setting up an office may be beneficial to a target audience consisting of podiatric physicians entering practice).

Activities or portions of activities that do not meet the previously cited definitions for continuing education and the appropriate content of continuing education are ineligible for contact hours. Contact hours are not to be granted for activities or topics including, but not limited to:

- Personal financial gain (e.g., financial planning and real estate investments)
- Practice management (e.g. marketing, exclusive CPT – Current Procedural Terminology, and billing) except as noted above
- Academic credit courses
- Association membership and leadership
- Participation in committee meetings
- Participation in on-site evaluations (e.g., for the purposes of accreditation, approval, or state recognition)
- Individual scholarship, research, and teaching
- On-the-job experiences
- Mass media presentations that are not part of an organized, supervised activity
- Registration
- Introductory or welcoming speeches
- Announcements
- Committee business or reports
- Exhibit attendance
- Unsupervised independent study or assigned reading, travel, meals, breaks, and social gatherings

Any questions regarding the appropriate content of continuing education activities must be addressed to the council office well in advance of the presentation, publication, and/or distribution of the activity.

Appendix B – Calculation of Continuing Education Contact Hours

A council-approved provider of continuing education is responsible for calculating and awarding continuing education contact hours and reporting this information to the council at least annually. The provider must identify the number of contact hours granted for each activity, provide justification for the number determined, and describe the methods used to calculate the number of continuing education contact hours.

The number of continuing education contact hours is to be determined through use of the council's policies as described below. Except where noted, these policies apply to all activities, regardless of the length of the activity or whether the activity is structured as a course or provided through instructional media. Any questions regarding calculation of continuing education contact hours must be addressed to the council office well in advance of the presentation, publication, and/or distribution of the activity.

The 60-minute hour is utilized by council-approved providers as the standard for all continuing education activities. When calculating the number of continuing education contact hours for an activity, the number of contact minutes of instruction is totaled and divided by 60 to arrive at the number of continuing education contact hours.

A continuing education activity must be a minimum of 30 minutes in length in order to be an activity for which learners are awarded continuing education contact hours. Sessions within an activity, however, may be of any length. The council anticipates that a minimum of a 15 minute break will be provided every four hours.

Specific to continuing education activities, no continuing education contact hours are allowed for learners' completion of a post assessment and evaluation processes. Instruction presented during a meal function may be counted toward the total number of continuing education contact hours.

Appendix C – Sources of Needs Assessment

The process of identifying specific information or skills directly benefiting or of interest to learners, based on information provided by prospective learners and/or objective sources. The specific needs provide the rationale and focus for the educational activity.

If the needs assessment indicates a documented gap between what should be done in practice (based on published research, best practice guidelines, expert consensus, etc.) compared to what is currently being done (as measured by hospital quality department data, epidemiological data, medical literature, etc.), then activities may be designed to narrow the difference between current practice and best practice. If the need indicates, activities may be designed to review and affirm existing concepts and techniques and to advance learners' competence through exposure to new or additional techniques/skills/strategies in podiatric and medical sciences.

Sources of need assessments include the following:

- Core competencies that are non-clinical (e.g., professionals, communications, and system-based practice)
- Evaluation results from previous CME activities. Attach past evaluation summary with relevant suggestions highlighted.
- Expert opinion from university or physician leaders. Attach meeting notes or survey results with relevant suggestions highlighted.
- Questionnaire (Learner Perceived Needs). Attach questionnaire summary with relevant suggestions highlighted.
- Tests that determine learner competence (e.g., pre- and post-test results and self-assessment activities)
- Data from local, statewide, regional, or national resources. Attach relevant reports or documentation.
- Board preparation courses based on pass rate/board scores. No additional documentation necessary.
- Faculty development programs. No additional documentation necessary.
- Literature reviews. Site the source or include a copy of the article.
- Public health priorities. Describe.
- New medical technology. Describe.
- Results of evidence-based medicine studies. Attach studies.
- Legal or regulatory requirements (e.g., The Joint Commission). Describe.
- State requirements (e.g., risk management). No additional documentation necessary.
- Risk management data. Describe and attach data.
- Quality resource website databases (e.g., ahrq.gov and guideline.gov)