

CPME 720

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

Council on Podiatric Medical Education

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INTRODUCTION

The mission of the Council on Podiatric Medical Education (CPME) is to promote quality graduate education, postgraduate education, certification, and continuing education. The Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine by confirming these providers meet established standards and requirements. The Council recognizes, values, and promotes diversity, equity, and inclusion.

Continuous study is the fundamental and lifelong responsibility of doctors of podiatric medicine. Active participation in life-long learning provides doctors of podiatric medicine with the knowledge and skills to deliver quality care and achieve optimum outcomes. State boards and other organizations require podiatric physicians to participate in continuing education.

A Continuing Education Provider is an institution, organization, or individual responsible for organizing, administering, publicizing, presenting, and maintaining records for the continuing education program. For a Provider to be eligible for Council approval, the primary administrative office of the Provider must be within the jurisdiction of the United States or Canada. Approval of a Provider does not imply approval of the provider's auxiliary organizations or divisions, such as regional or local chapters of a national organization. The Council approves Continuing Education Providers (rather than individual activities) that demonstrate and maintain compliance with the standards and requirements. 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 content and continuous improvement in educational activities. The approval also ensures the quality of continuing education activities to the public, the podiatric medical profession, and the state boards for examination and licensure.

The Council recognizes that Providers seeking approval do so voluntarily. The Council encourages stakeholders with continuing education requirements to recognize approved Continuing Education Providers. A list of approved Providers is available on the [Council's website](#).

These standards and requirements assist Continuing Education Providers in developing and offering continuing education activities in podiatric medicine. The Council's procedures for approving Continuing Education Providers appear in CPME 730, *Procedures for Approval of Continuing Education Providers in Podiatric Medicine*. This document may be obtained on the [Council's website](#).

Before adoption, all Council policies, procedures, standards, and requirements are disseminated widely to obtain information regarding how the Council's community of interest may be affected.

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. The standards, requirements, and explanatory information in this document apply to all Continuing Education Providers except where prohibited by applicable laws or regulations. Providers submitting petitions for continued approval to the Council do so voluntarily. It is the responsibility of the Provider to demonstrate activities are educational and meet all Council standards and requirements.

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 of each Provider. Compliance with the standards ensures the quality of continuing education activities to the public, the podiatric medical profession, and other stakeholders, which enables the Council to grant or extend approval.

Related to each standard is a series of specific **Requirements**. Compliance with the requirements indicates whether the broader educational standard has been satisfied. During the application and/or petition process, the Continuing Education Committee reviews detailed information submitted by the Providers about whether these requirements have been satisfied. Based upon the extent to which the requirements have been satisfied, the Council determines the Provider's compliance with each standard.

- The verb “shall” indicates conditions that are imperative to demonstrate compliance.

Explanatory information is provided in this document. The following terms are used:

- The verbs “must” and “is” indicate how a requirement shall be interpreted without fail. Noncompliance, with these requirements, places the approval status of the Provider at risk.
- 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 Continuing Education Provider is responsible for both professional and fiscal review of the conduct and quality of each continuing education activity. The Provider is responsible for all aspects of the continuing education program, including, but not limited to:

- Planning, Gap Analysis
- Publications, Websites, Apps, and educational materials
- Implementation
- Evaluation
- Maintenance of records
- Calculation and awarding of continuing education contact hours (CECH)
- Ensuring independence and absence of commercial bias

The Continuing Education Provider may not be a commercial interest or an entity whose purpose is the promotion of a commercial interest. Commercial interests are not eligible to be a Joint Provider. Commercial interests may be an advertiser, an exhibitor, and/or provide unrestricted educational grants/in-kind support.

The following types of organizations to *may be eligible* for approval:

- 501(c) Nonprofit organizations
- Government entities
- Non-health-care related companies
- Liability insurance issuers
- Health insurance issuers
- Hospitals or health care delivery systems
- Diagnostic laboratories that do not sell proprietary products
- Schools of medicine or health science universities
- Publishing or education companies
- Trade associations

STANDARDS FOR APPROVAL OF PROVIDERS OF CONTINUING EDUCATION IN PODIATRIC MEDICINE

Standards 1.0 – 6.0 pertain to all Continuing Education Providers for which initial or continued approval is sought.

- 1.0** *The Provider publishes a mission statement, operates in accordance with this statement, has a well-defined and managed administrative structure, ethical and non-discriminatory policies, and accurately reports all required information to the Council on Podiatric Medical Education in a timely manner.*
- 2.0** *The Provider bases its overall program of continuing education and individual activities upon the analysis of the identified gaps in knowledge and clinical skills of prospective learners. The provider shall complete a yearly self-study report of all its continuing education activities and its overall program.*
- 3.0** *The Provider establishes measurable learning objectives that are based on the gap analysis and utilizes effective educational methods for each continuing education activity.*
- 4.0** *The Provider shall select qualified instructors, ensure delivery of balanced, unbiased therapeutic options, protect confidentiality of patients, and document copyright ownership in its continuing education activities.*
- 5.0** *The Provider shall be independent from commercial interests by ensuring absence of commercial bias, appropriate management of external funds, and appropriate management of advertising and exhibits.*
- 6.0** *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 attendance records.*

1.0 *The Provider publishes a mission statement, operates in accordance with this statement, has a well-defined and managed administrative structure, ethical and non-discriminatory policies, and accurately reports all required information to the Council on Podiatric Medical Education in a timely manner.*

1.1 The Provider shall have a mission statement.

***Intent and Background:** The mission statement should articulate the enduring objectives of the Provider's educational endeavors, specifically in the realm of continuing education activities. This statement is designed to serve as a comprehensive guide for the development and assessment of all continuing education activities. It will stand distinct from specific learning objectives crafted for individual activities, providing a holistic framework that aligns with the principles and values of the institution. The mission statement will delineate the Provider's commitment to various educational activities. These activities, carefully curated, will cater to the diverse needs of the target audience, primarily focusing on the health-care requirements of the public and the evolving educational needs and interests of podiatric medical professionals and health-care practitioners.*

1.2 The Provider shall designate one individual with the appropriate background and experience to serve as director of continuing education with authority to fulfill the responsibilities required of the position.

The professional background and experience of the individual selected as director of continuing education must be appropriate to fulfill the position's responsibilities.

The Provider must clearly delineate the position's responsibilities and scope of authority.

***Intent and Background:** The intent of this requirement is to ensure that the Provider designates a qualified individual with the requisite background, experience, and authority to effectively serve as the director of continuing education. This individual is expected to possess the necessary qualifications to fulfill the responsibilities inherent to the position, thereby promoting the delivery of high-quality continuing education programs.*

1.3 The director of continuing education shall be the primary individual responsible for coordinating and administering all continuing education activities, devoting sufficient time to fulfilling the required responsibilities, communicating with the Council on all matters related to the application and/or 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 advisory/education committee must include, but are not limited to, the following:

- Developing/reviewing a mission statement
- Conducting gap analyses
- Developing measurable learning objectives

- Developing the activity agenda and content
- Selecting educational methods
- Evaluating individual activities
- Conducting the yearly self-study report of the continuing education program
- Developing, administering, and scoring the post-assessment
- Selecting, communicating, and consulting with instructors
- Selecting facilities and/or platforms
- Executing agreements
- Managing financial resources
- Developing and distributing program information, including disclosures
- Registering learners
- Verifying attendance
- Maintaining and issuing the documentation of attendance
- Calculating and awarding CECH
- Adhering to patient protection policies

***Intent and Background:** The intent of this requirement is to establish the director of continuing education as the pivotal figure responsible for the seamless coordination and administration of all continuing education activities within the organization. This individual is entrusted with dedicating ample time to fulfill their mandated duties, ensuring effective communication with the Council on matters pertaining to the application and approval processes, and upholding the Provider's compliance with the Council's standards and requirements. The director of continuing education may delegate these tasks to qualified individuals.*

- 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 a minimum of three people with at least one podiatric physician. Minutes or a report of the proceedings of committee meetings shall be maintained.**

Terms of office for committee members should be of at least one year to assure continuity of administration. Member terms should expire on varying dates.

- 1.5 Designated support staff shall be available to ensure efficient administration of continuing education activities.**

***Intent and Background:** It is imperative to institute designated support staff who recognize the importance of continuing education in the management of continuing education activities. A dedicated support staff helps to ensure a streamlined and efficient process to contribute to the overall success of the Provider's educational activities and overall program.*

- 1.6 When the Provider delivers a continuing education activity in collaboration with another organization (i.e., Joint Provider), 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 Joint Provider.

If a Provider intends to enter into an agreement with a Joint Provider, the Provider must be an approved Continuing Education Provider. A provisionally approved Provider may not enter into a Joint Providership agreement as the approved Provider. A commercial interest may not be a Joint Provider.

Any collaborative educational undertaking between a Provider and Joint Provider must have the approval of their designated administrative officers. Both the Joint Provider and Provider must be listed on all Joint Provider documents. The Provider has the same responsibility for an activity it provides in collaboration with another organization as for an activity it provides alone.

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

Joint Providers may take either of two forms:

A non-approved organization may request from an approved Provider to become a Joint Provider for an approved activity.

- An approved Provider may be asked by another approved Provider to become a Joint Provider for an activity. One Provider must assume primary responsibility for the activity and be designated in the Joint Provider agreement.

The Joint Provider must submit the following to the provider 30 days *before* the continuing education activity:

- List of planning committee members and their completed disclosure forms
- List of instructors, professional qualifications, and their completed disclosure forms
- Evidence-based gap analysis
- Learning objectives for the overall activity
- Agenda including times, lecture titles, and instructors
- Promotional materials for approval before distribution
- Signed, unrestricted commercial interest agreements
- Blank evaluation form

The joint provider must submit the following to the provider 45 days *after* the continuing education activity:

- Final agenda
- Final activity materials/webpages

- Final attendance record of learners
- Evaluation summary
- Proof of faculty disclosure verification

Intent and Background: *If a Provider engages in a collaborative continuing education activity with another organization (known as a Joint Provider) then the activity must adhere to the standards and requirements of the Council. The signed Joint Provider agreement must clearly outline the respective responsibilities of the Provider and the Joint Provider.*

The Provider holds identical responsibilities for collaborative activities as it does for solo activities. All collaborative continuing education activities must comply with CPME 720.

1.7 The Provider shall establish, implement, publish, and make publicly available nondiscrimination, privacy, and confidentiality policies. The Provider shall be in compliance with all applicable laws including, but not limited to, the Americans with Disabilities Act (ADA), the Digital Millennium Copyright Act (DMCA), and the Health Insurance Portability and Accountability Act (HIPAA).

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

Intent and Background: *The Provider focuses upon the educational development of the learner, rather than the interests of the provider, including the planning committee, instructors, content authors, moderators, consultants, session scientific chairs, and commercial interests. The Provider creates a learning experience that not only imparts knowledge but also instills a sense of responsibility and professionalism among learners in every continuing education activity. Providers foster a professional, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of learners, planning committee members, instructors, content authors, moderators, consultants, and session scientific chairs.*

1.9 The Provider shall annually submit a complete and accurate 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.

1.10 The Provider shall inform the Council in writing within 30 calendar days of substantive changes, e.g., the provider status and resignation or appointment of a director or administrator of continuing education.

2.0 *The Provider bases its overall program of continuing education and individual activities upon the analysis of the identified gaps in knowledge and clinical skills of prospective learners. The Provider shall complete a yearly self-study report of all its continuing education activities and its overall program.*

2.1 The Provider shall conduct and document use of a gap analysis.

A gap analysis identifies the differences (causes) between what is occurring in clinical practice (measure) and optimal clinical practice (standards). As health care evolves, Providers are tasked with planning activities for future gaps when new knowledge becomes available for learners. The gap analysis demonstrates that the proposed educational activities address the unmet needs, practice barriers and challenges of the learner. Multiple data sources must be utilized for the overall gap analysis.

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:

- Surveys, including patient care audits, faculty feedback, and quality improvement data
- Case-based questions
- Participant feedback, including previous evaluations from previous continuing education activities and pre- and post-assessments
- Published research on trends in health care or national clinical guidelines, new clinical trials, meta-analyses and systematic reviews and new drug/device approvals
- Expert opinion from university or physician leaders that are not involved in the planning of the activity
- Regulatory and oversight body guidelines, including public (e.g., CMS), private (e.g., The Joint Commission), state licensure (e.g., risk management or licensing board rule), and professional (e.g., certifying boards).

See Appendix C for additional information.

***Intent and Background:** Providers proactively plan educational activities that anticipate, and bridge future gaps as new knowledge emerges. A gap analysis serves as a strategic tool, revealing the causes of disparities between current and optimal practices. As healthcare professionals evolve, they must engage in planning activities to address emerging gaps, considering the dynamic nature of medical knowledge. The gap analysis process is designed to demonstrate that proposed educational activities effectively tackle the unmet needs, practice barriers, and challenges faced by learners.*

2.2 The Provider shall state the overall needs identified by the gap analysis and use these in planning continuing education activities.

The gap analysis of the overall program of continuing education must be conducted at least annually and documented.

Demonstrated need for specific activities rather than anticipated income or profit for the

Provider must be the determining factor in developing continuing education activities.

2.3 At the conclusion of each continuing education activity, the Provider shall request learners to evaluate the effectiveness of the continuing education activity in meeting the learning objectives in terms of improved strategies, skills, and/or patient care.

The evaluation completed by the learner must include, but is 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 and 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
- Presence of commercial bias and marketing
- Faculty disclosures made during the activity
- Adequacy of facilities, platform, and resources
- Overall management of the activity (e.g., ethical, and nondiscriminatory conduct, adherence to schedule and topics)
- Identification of professional needs or interests for future activities

This evaluation may be achieved using various methods: pre- and post- assessments, pre- and post-audience response polling, post-activity evaluation, learner interviews, etc.

Evaluation summaries must be reported to appropriate administrative and planning staffs and instructors, including details on when and how they are reported.

Each On-Demand/Instructional Media 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 the learners' mastery of the materials in terms of enhanced knowledge, skills, and/or competence.

2.4 The Provider shall conduct and document a yearly self-study report of its overall program of continuing education including joint providership activities.

The yearly self-study report is different than the CPME 740, *Annual Report* and must include the following items:

- Identification of individuals involved
- The extent to which the mission statement is being achieved through the Provider's continuing education activities

- The extent to which the gap analysis is 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 self-study, areas of improvement, and program modifications if any

The yearly self-study report directs the planning of future continuing education activities as it identifies areas where the overall program may improve. The Provider must document the use of evaluation data in revising, updating, and developing continuing education activities.

3.0 *The Provider establishes measurable learning objectives that are based on the gap analysis and utilizes effective educational methods for each continuing education activity.*

3.1 The Provider shall develop and communicate the measurable learning objectives for each component (e.g., lectures, presentations, workshops) of the continuing education activity before the activity's start date. The learning objectives shall specify expected learning outcomes including but not limited to knowledge, skills, attitudes, and/or clinical care.

Learning objectives are specific, short range, and action oriented. Activity objectives describe the educational content or curriculum of the activity and are not learning objectives. Learning objectives may address, but are not limited to:

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

Learning objectives:

- 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;
- enable the evaluation of 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 learning objectives developed for a component of a continuing education activity are determined by the gap analysis and the design of the activity. A single learning objective may address multiple components, while several learning objectives may be required for one component. A regularly scheduled series may be covered by a single set of activity objectives with more specific learning objectives developed for each component.

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 should take into consideration the following:

- Gap Analysis
- Identification of the target audience
- Establishment of learning objectives
- Virtual reality, gamification, simulation, and social media

***Intent and Background:** Effective educational methods enable learners to comprehend the information and apply it in practice.*

3.3 The Provider shall be responsible for ensuring quality educational content and production of the activity.

Instructional strategies for continuing education activities are as important as the educational content. The Provider should select appropriate methods for diverse learning styles.

The number of instructors must be sufficient for a continuing education activity to ensure attainment of the stated learning objectives. Adequate support staff must be available for the activity.

The Provider must establish conditions for effective participation in each on-demand/instructional media activity. Providers developing on-demand/instructional media should consult with individuals who have technical expertise in both media and self-directed learning techniques and the application of these techniques to adult learning.

The Provider must establish conditions for effective participation in each activity.

Providers producing on-demand/instructional media must review the on-demand/instructional material at least once every three years or more frequently when indicated by new scientific developments to ensure current and accurate educational content

CECH may not be awarded for the same content for more than three years without review on the part of the Provider to ensure current, accurate educational content.

4.0 *The Provider shall select qualified instructors, ensure delivery of balanced, unbiased therapeutic options, protect confidentiality of patients, and document copyright ownership in its continuing education activities.*

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

The Provider is encouraged to utilize diverse sources to select qualified instructors. Instructors must:

- have the expertise and demonstrated competence in the appropriate subject area
- demonstrate teaching ability to communicate effectively with the intended audience
- possess a sufficient repertoire of instructional strategies to achieve the intended outcomes of the continuing education activity
- understand the principles and methods of adult education be made aware of the specific learning objectives, design, and educational methods of the continuing education activity
- provide documentation that they have permission to use all copyrighted materials used in presentations for which they do not hold the copyright

4.2 The Provider shall obtain a signed financial disclosure agreement, for each educational activity from all individuals responsible for, or who have influence over, the educational content of the activity (e.g., the planning committee, instructors, members, content authors, moderator, consultants, and scientific chairs). Any individual who refuses/fails to disclose relevant financial relationships must not have control of, or responsibility for the activity's development, management, presentation, or evaluation.

The financial disclosure agreement must include:

- printed name of the disclosing individual
- title and date of the activity
- role(s) of the individual in the activity (e.g., instructor, planning committee member, content author, moderator, and scientific chair)
- the name(s) of the commercial interest(s) with which the person has a financial relationship
 - the nature of the financial relationship(s) (e.g., employee, independent contractor (including contracted research)
 - royalties or patent beneficiary
 - consultant
 - advisor
 - speaker
 - executive role
 - ownership/investment interest
 - researcher
- individual stocks and stock options, and research funding from

commercial interests to the principal or named investigator even if that individual's institution receives the research grant and manages the funds. (Diversified mutual funds do not need to be disclosed.)

- intent to discuss an off-label use of a commercial product/device
- protect patient confidentiality by removing any identifying information from presentation and/or materials
- attestation
- handwritten signature or electronic signature accepted and date of the signature

The Provider must review all financial disclosures far enough in advance of the start date of the activity to mitigate any conflicts. The Provider must implement a documented mechanism for identification and mitigation of each known conflict of interest prior to delivery of the educational activity. The Provider must document the steps taken to mitigate relevant financial relationships. Methods to mitigate 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

***Intent and Background:** Acquiring a signed financial disclosure enables the Provider to identify and mitigate any potential conflicts of interest among individuals involved in the educational content's development and delivery. Disclosure is to provide the learners with information and time so they can make their own judgements, not to prevent an individual with a relevant financial or other relationship from being involved in the educational activity. Disclosure establishes transparency, safeguards credibility, and ensures objectivity of educational activities. Financial disclosure forms should be referenced at the time of review of the presentation to identify any potential bias.*

4.3 The Provider shall disseminate to learners, prior to the start date of the educational activity, in a verifiable format, a disclosure notification identifying all relevant financial relationships between the instructors, planning committee members and commercial interests. Disclosures shall not include commercial interests' corporate or product logos, trade names, company image, or product group messages.

The disclosure notification 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

***Intent and Background:** The Provider/Joint Provider must disseminate this information and cannot delegate the dissemination solely to others (e.g., faculty, speakers, and*

moderators). *Faculty/speakers/moderators are encouraged to also disseminate this information.*

4.4 The Provider shall have a mechanism in place to ensure instructors present a balanced, unbiased view of all diagnostic and therapeutic options.

This mechanism must address use of investigational and off-label products, encourage use of generic names, and identify the product names associated with competing companies, if trade names are used. This mechanism must also address remediation should instructors neglect to follow it.

The Provider must obtain a signed investigational and off-label disclosure agreement, for each educational activity from all individuals who are presenting content, that identifies any and all investigational procedures, medications, or other modalities as well as off-label use of devices.

***Intent and Background:** The mechanism must include the timeline (far enough in advance of the start date of the activity to mitigate any conflicts), process, method of review, and remediation for all actual or potential identified issues. Ensuring a balanced, unbiased view fosters an educational environment that equips learners with comprehensive, objective information on diagnostic and therapeutic options, protects learners from unknowingly using investigational and off-label products, and prevents instructors from giving an endorsement to any specific trademarked product.*

4.5 The Provider ensures the protection and confidentiality of patients involved in all aspects of its continuing education activities.

Presented and/or distributed materials must be in accordance with the Health Insurance Portability and Accountability Act (HIPAA), as well as any other relevant jurisdictional patient privacy laws and regulations. All identifying patient information must be removed from all presentations and handouts.

When patients are included in activities, 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

5.0 *The Provider shall be independent from commercial interests by ensuring absence of commercial bias, appropriate management of external funds, and appropriate management of advertising and exhibits.*

5.1 The Provider shall establish independence of its continuing education activities from conflict of interest, bias, or influence documented by a signed written agreement between the Provider and any commercial interest or organization providing commercial support (financial or in-kind) 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, title, date and, authorized signatures
- Prior to the start date of the activity, the Provider must fully review the materials and content of the activity and attest that:
 - The continuing education activity is for scientific or educational purposes only and is not intended to directly or indirectly promote a commercial interest
 - The Provider is solely responsible for the design and educational content of the continuing education activity, production of educational and digital materials, and selection of all instructors
 - The Provider exercises full control in managing unrestricted funds provided by commercial interests
 - All decisions related to the planning, faculty selection, delivery, and evaluation of approved education are made without any influence or involvement from the commercial interest
 - Materials and content are free of marketing and sales of products or services
 - Instructors must not actively promote or sell products or services that serve their professional or financial interests during approved continuing education activities
 - The Provider ensures the separation of commercial exhibits and/or activities from the continuing education activity

The Provider must make available, upon request, accurate documentation detailing responsible management of commercial support.

Intent and Background: *The Provider should be aware that a commercial interest and/or other supporting organization 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 interest's products).*

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

disclosure must include the name of the commercial interest that gave the commercial support and the nature of the support (e.g., unrestricted educational grant or in-kind) prior to the learners engaging in the educational activity. The disclosure must not include the commercial interests corporate or product logos, trade names, company image, or product group messages.

5.2 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 commercial support associated with an activity, whether in the form of an educational and/or in-kind grant 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.

Hospitality subsidies are to be limited to modest refreshments and meals for learners as part of the official program. Hotel arrangements may be overseen 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 at an educational activity.

The Provider has the discretion to use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers for the Provider, Joint Provider, or educational partner.

If the Provider designates funds from a commercial interest for an individual lecture and/or workshop, no CECH may be awarded:

- the agenda must state that no CECH will be awarded for the individual component
- the commercial interest may be named if no logo is used and the name is in the same font style, point size, and color as the rest of the agenda items

Intent and Background: *Commercial interests, not exhibitor agreements and corporate sponsorships, are covered by this requirement. Examples of other sources include funds, governmental grants, and philanthropical grant programs/associations.*

5.3 The Provider shall ensure that exhibits, marketing materials, and non-CECH activities provided by the commercial interest are separate from the continuing education activity.

The approved Provider must ensure that learners can easily distinguish between CECH

activities and non-CECH activities. Promotional activities are prohibited as part of the educational content of continuing education activities. The following guidelines apply to promotional activities:

All continuing education activities:

Exhibit placement **must not** be a condition of support for an activity. Promotional activities, such as exhibits, commercial presentations, commercial breaks, and printed or electronic advertisements are prohibited in the physical or concurrent with the virtual educational content.

Providers **must not** utilize technology requiring learners to view or hear advertising or commercial content during the presentation of CECH events.

Educational materials that are part of the continuing education activity, such as the agenda (except as specified in Requirement 5.2.), slides, slide copies, abstracts, handouts, evaluation forms, article(s) not in a peer-reviewed journal included in the Medline bibliographic database, lectures, disclosure information, disclosure of commercial support, and objectives, **must not** contain any trade names, a product-group message, advertising, corporate or product logo, or company image.

Advertising slide shows displaying commercial content:

- **may not** be shown between consecutive lectures.
- **may** be displayed during scheduled exhibitor and meal breaks.

Providers **must** ensure that products, equipment, and/or devices used in conducting the activity are not sold or marketed as part of the instructional portion of the continuing education activity. When possible, a variety of manufacturers, fabricators, or devices should be used or mentioned for a given activity, as warranted.

Non-CECH activities **may** be held in the same physical or virtual space at the conclusion of the CECH continuing education session with clear audio and visual delineation.

Live, face-to-face activities:

Displays, other than slide shows as specified above, and/or distribution of advertisements and promotional materials are prohibited in the instructional space where the continuing education activity is conducted.

On-Demand, Instructional Media, Internet Live, and Print-based Activities:

Advertisement and promotional materials are prohibited within the continuing education content. Information required to be communicated as associated with an activity (e.g., agenda, disclosure information, disclosure of commercial support, objectives, articles, lectures, handouts, slide copies, content-specific post-assessments, and education evaluation) **may not** contain advertising, trade names, product logos, or product group messages unless specifically allowed by this document.

Links to commercial content **may not** be embedded in the educational content. Advertisements and promotional materials **must not** be visible on the screen at the same time as 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. Links to pharmaceutical and device manufacturers product websites and/or a virtual exhibit hall from the activity website are permitted before or after the educational content but may not be embedded in the educational content.

Intent and Background: *Ensure that, when initiating a CE educational activity through a link, any commercial videos precede the CECH content. If the activity offers a 'commercial video' option, after its completion, the user should be able to press 'NEXT' to start the CECH content without any intervening commercial material. Additionally, provide a consistent option for users to skip all commercial messages and proceed directly to the educational content.*

5.4 The Provider, prior to the start date of the activity, shall implement 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 free from the control of a commercial interest:

- Performance of gap analysis
- Determination of learning objectives
- Selection and presentation of educational content
- Selection of all individuals, instructors, and organizations in a position to control the educational content of the activity
- Selection of educational methods
- Evaluation of the activity

To avoid bias and the appearance of bias Providers must ensure those individuals that have a relationship with a commercial interest and have the ability to influence the educational content are involved only: when the content of the activity is not related to the business lines or products of their employer/company, when the content of the CECH activity is limited to basic science research, such as preclinical research and drug discovery, or the methodologies of research, and they do not make care recommendations, and when they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

Intent and Background: *It is crucial that Providers maintain autonomy in all aspects of continuing education programs. They must uphold quality while ensuring that the educational needs of learners are met without compromising the integrity of the learning experience. This must be done through use of a mechanism to identify and mitigate all actual and potential conflicts of interest to prevent commercial bias and undue influence.*

The mechanism must be employed by the Provider, not the instructor. It must include a timeline, process, method, and cure. The cure may in no way penalize learners when commercial bias is identified by the Provider.

6.0 *The Provider ensures appropriate administrative processes related to development of publicity, admission, verification of attendance, calculation of continuing education contact hours, and maintenance of attendance records.*

6.1 **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 is considered part of the educational content and must be made available to the learners prior to the start date of the activity. The method of distribution is at the discretion of the provider, e.g., meeting book, activity website, or brochure.

- a. Activity title
- b. Learning objectives
- c. Detailed hourly agenda and CECH for each session, non-CECH sessions must be explicitly listed as non-CECH
- d. Intended audience, include any prerequisite levels of skill, knowledge, or experience required of learners, if applicable
- e. Costs to the learner or identify the activity as complimentary
- f. Contact information (phone and/or email address) as designated by the provider
- g. Identification of instructors, their credentials, and all relevant disclosures
- h. Learner refund policy
- i. Activity cancellation and/or modification policy
- j. Identification of Joint Provider, if applicable
- k. 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.”

- l. Location(s), platform, date(s), and times(s), and time zone (live online activities)
- m. Approval status of the provider and the maximum number of CECH to be awarded
- n. Date of original release including most recent review and/or update, if applicable (for On-Demand/Instructional Media)
- o. Date of course expiration (date after which On Demand/Instructional Media course is no longer certified for CECH.)
- p. Estimated time to complete the activity (for On-Demand/Instructional Media)
- q. Method of participation in learning process including technology requirements (for On-Demand/Instructional Media)
- r. Estimated time to complete the activity (for On-Demand/Instructional Media)
- s. Post-assessment and evaluation methods, including the passing score

- for the post-assessment (for On-Demand/Instructional Media)
- t. The method for learners to opt out of their information being shared with commercial interests

6.2 The approved Provider must use the following approval statement in reference to its approval status in final activity materials/webpages, documentation of attendance, and on-demand/instructional media.

“(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 their approval status in final activity materials/webpages, documentation of attendance, on-demand/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.”

6.3 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.

No advertisements are allowed in the educational content. No corporate or company names are allowed on the same page(s) except as specified in Requirement 5.2.

6.4 The Provider shall perform a minimum of one verification every four hours of the continuing education activity.

The Council does not designate the method used for attendance verification. Attendance verification by the learner must be completed on the same day of the activity by the Provider. The Provider must validate attendance prior to issuing the documentation of attendance. In instances where there is a discrepancy in the number of CECH, the Provider must void the documentation of attendance and reissue a corrected copy.

6.5 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 CECH are described in [Appendix B](#). The Provider, not the learner, determines the number of continuing education contact hours the learner attended and to be awarded.

The Provider must review the final hourly schedules to calculate the number of CECH in accordance with Council requirements. The agenda must include a minimum of one 15-minute break for every four continuous hours of education. If the Provider miscalculates the CECH, a corrected documentation of attendance will be issued to the learner.

6.6 The Provider shall maintain an attendance record of learners participating in each continuing education activity.

The Provider is responsible for maintaining records verifying completion of the activity and number of CECH awarded each learner. Records must be securely maintained with backup for a minimum of five years.

The attendance record must include the following information on each page:

- Name of provider
- Title of activity
- Maximum CECH available
- Date(s) and location of activity (virtual or on-demand/instructional media)
- Names of individual learners
- Number of CECH 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.

Manuscript Review

The approved Provider is required to maintain an attendance record to include:

- names of the reviewers sent invites
- the number of the manuscript the individual reviewer reviewed
- the date of the review
- the title of the manuscript reviewed
- the number of CECH awarded

6.7 The provider shall provide documentation of attendance to each learner upon satisfactory completion of the continuing education activity.

The document must include the following information:

- Name of Provider
- Title of activity or Title and number of the manuscript reviewed (for manuscript review only)
- Date(s) of activity
- Activity type (e.g., live, on-demand/instructional media, manuscript review)
- Name of learner
- Number of CECH awarded
- Approval statement (see Requirement 6.2 for the statement that must be used)

The documentation of attendance must not resemble a diploma attesting to a specific skill, specialty, or advanced educational status. The Provider must ensure such documentation is not subject to misinterpretation by the public or professional colleagues.

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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 the gap analysis, has measurable objectives, and is evaluated to assure the gaps 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 a minimum of three people with at least one podiatric physician.

Annual Report

The Council collects data yearly from each approved Provider to monitor changes in its continuing education program.

Approval

Approval is the recognition of a Continuing Education Provider that has demonstrated 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

For a single 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.

For Joint Providers:

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.

Article

A scientific writing published in a peer-reviewed journal found in Medline bibliographic database.

Attendance record of learners

A list of the individuals participating in the continuing education activity. It must include on each page the name of the provider, title of the activity, maximum CECH available, date(s) and location

of the activity, names of the individual learners, and number of CECH awarded to each learner.

Chief Administrative Officer

An individual, designated by the Provider, with the legal authority to sign contracts, such as Joint Provider agreements, on behalf of the Provider. This may be the same individual as the Director of Continuing Education.

Commercial Bias

A situation where information, content, or media is influenced by a preference for promoting or favoring commercial interests. This bias occurs when the primary goal is to advance the financial interests of a business or industry, rather than providing objective, unbiased information to the audience. Commercial bias can manifest in various forms, such as advertising disguised as editorial content, product placements, or favoring presenters and sponsors. It raises concerns about the integrity and credibility of the information presented, as the motive behind the content is driven by the desire for profit rather than a commitment to impartiality and truthfulness. Addressing commercial bias is important in maintaining transparency and ensuring that consumers and audiences can make informed decisions based on accurate and unbiased information.

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. The Council does not consider providers of clinical services directed toward patients to be commercial interests (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.

Compliance

The finding given when a continuing education provider has demonstrated that they meet the Council-recognized requirements for a specific standard or policy.

Conflict of Interest

Individuals, including a spouse or domestic partner, and organizations who are affiliated in an official capacity with, who have a financial interest in, or who receive compensation from a commercial interest must not affect, nor have the opportunity to affect, the content of educational activities.

Content Validity

The extent to which an assessment measures and adequately samples the intended educational content. Content validity is determined by an impartial expert and may not be expressed quantitatively.

Experts evaluate the educational validity by reviewing all items and judging how well the items represent the intended educational content. 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

Activities that serve to maintain, update, develop, and/or enhance the competence, performance, and patient outcomes or services used by health professionals to deliver the highest quality of care to patients, the public, and the profession.

Continuing Education Activity

An educational experience for health professionals that 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, 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, self-instruction, and primary authorship of peer-reviewed articles.

Continuing Education Committee (CEC)

The standing committee of the Council responsible for recommending to the Council approval of Continuing Education Providers in podiatric medicine. The committee reviews applications, petitions for continued approval, evaluation reports, progress reports, and other information submitted by the Providers. 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. The Council determines the Provider's approval status.

Composition of the committee includes three representatives from approved Providers of continuing education in podiatric medicine (selected by the Council), two representatives from the podiatric practice community (selected by the Council), one representative from state boards for examination and licensure (the Council may request that the Federation of Podiatric Medical Boards recommend a potential representative), one representative from the American Society of Podiatric Executives (ASPE) and at least two Council members (one of whom should be a public member). ASPE shall be requested to provide a list of names from which the Council chair shall select an appointee for the Committee. The members of the Committee are appointed by the Council chair and confirmed by the Council. The Council and its staff administer the affairs of the CEC.

Continuing Education Contact Hour (CECH)

A 60-minute period (one clock hour) of interaction between a learner and instructor or between a learner and prepared materials that 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. This individual is the primary contact between the Provider and the CEC/Council. The Provider is not required to use this as a job title for the individual but must notify the Council who performs this role.

Documentation of attendance

A verification of attendance letter, certificate, or transcript documenting completion of the continuing education activity provided to each learner. The document of attendance must not resemble a diploma. It must not attest 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. It must include the name of provider, title of activity or title and number of the manuscript reviewed (for manuscript review only), date(s) of activity, activity type (e.g., live, on-demand/instructional media, manuscript review), name of learner, number of CECH awarded, and correct approval statement.

Educational Methods

The systematic plan or procedure by which information or educational content is presented to the learner. Examples include case presentations, skills demonstrations, lectures, discussions (both panel and small group), seminars, patient simulations, 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.

Evaluator

The continuing education evaluator is selected from a pool of professionals who have expertise in adult and continuing education and/or continuing education in podiatric medicine. The pool will be constituted through recommendations from Council members, Council staff, and/or the community of interest. Evaluators may include, but are not limited to, current and former members of the Council and CEC. Ordinarily, individuals who are selected to represent the Council as evaluators will have participated in a training session for evaluators. Should an evaluation team be appointed, one evaluator will serve as chair and be responsible for preparing and submitting the report of the evaluation. The Council will not appoint evaluators who have any known conflict of interest in the evaluation of the Provider, including graduates, current and former faculty members, administrators, or officers of the Provider.

Exhibitor

A company that has purchased a display booth as an advertisement. Commercial exhibits and advertisements are promotional functions. Therefore, the monies are not considered to be “commercial support.”

Financial Disclosure

The reporting of relevant financial relationships with commercial interests within 24 months of the activity start date.

Financial Relationships

Any connection or association 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 24 months of the activity start date. The Council 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, Scientific Chair/Faculty

Dr. Jane Doe has indicated they have no financial relationships to disclose relevant to the content of this continuing education activity.

John Doe, DPM, Planner

Dr. John Doe has indicated they are a consultant for ABC Pharma Company.

Jonis Doe, Administrative Staff

Ms. Jonis Doe has indicated they have no financial relationships to disclose relevant to the content of this continuing education activity.

Joseph Doe, DPM, Instructor

Dr. Joseph Doe has indicated they are an advisory board member for XYZ Pharma Company.

Gap Analysis

A strategic planning tool that helps businesses and organizations assess the difference (or "gap") between their current state and their desired future state. The purpose of a gap analysis is to identify areas where there is a difference between what an organization is currently doing and what it wants to achieve. This process involves evaluating the existing processes, systems, skills, and performance levels in order to determine the steps needed to reach the desired objectives.

Grand Rounds

The methodology of medical education and inpatient care consisting of presenting the medical problems and treatment of a particular patient to an audience primarily consisting of doctors of podiatric medicine, residents and fellows in podiatric medicine, podiatric medical students, and other health-care professionals. Activities can occur daily, weekly, monthly, or quarterly.

Hybrid Meeting

A continuing education activity that takes place at an in person continuing education activity while simultaneously being live streamed in real time to a virtual meeting platform. Learners may only receive CECH for the in person or internet live activity.

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/On-Demand Activity

A type of continuing education activity utilizing instructional materials including, but not limited

to, printed, recorded, and/or computer-assisted materials. They may be used over time at various locations and in themselves constitute a planned continuing education activity. Examples include, but are not limited to, books, journals, podcasts, and other 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.

Interleaf(ed)

The insertion of a document or ad between two pages or parts of an agenda in a brochure. The insertion of a document or advertisement during a virtual presentation.

Internet Live Activity

An online continuing educational activity that occurs at a specific time as scheduled by the approved Provider. Participation may be in person or remotely as is the case of teleconferences or live internet webinars.

Joint Providership

A collaboration between one approved Provider and another organization that is not a commercial interest, or between an approved Provider and a second approved Provider for the purpose of conducting a continuing education activity.

Learner

An individual engaged in a continuing education activity.

Learning 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.

Manuscript Review

Activity in which a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

Journal-based CE

An activity that is planned and presented by an approved Provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed, professional journal.

Merit-Based Incentive Payment Systems (MIPS)

A participation track of the Quality Payment Program (QPP) from the Centers for Medicare & Medicaid Services (CMS) that offers performance-based payment adjustments for services provided by eligible clinicians to Medicare patients.

Mission Statement

Broad, long-range goals, expectations, and purposes of the Provider.

Moderator

An individual or a group of individuals responsible for overseeing and managing discussions, interactions, or activities within a community, forum, platform, or event. The primary role of a

moderator is to enforce the rules, guidelines, and policies set by the hosting entity to ensure that participants adhere to appropriate behavior and maintain a constructive and respectful environment. Moderators may have various duties, including monitoring content, addressing violations, resolving disputes, and promoting positive participation. They play a crucial role in maintaining the integrity and functionality of online or offline spaces by fostering a safe and welcoming atmosphere for all participants.

Noncompliance

The finding given when a continuing education provider fails to demonstrate they meet the Council-recognized requirements for a specific standard, requirement, or policy.

Off-Label Products

Uses of Food and Drug Administration (FDA) approved drugs for indications, dosage forms, dose regimens, populations, or other use parameters not mentioned in the approved labeling.

Parent Organization

An outside entity, separate from the approved Provider, that has control over the approved Provider's funds, staff, facilities, and/or continuing education activities.

Petition

The CPME 735 that must be completed by an approved Provider seeking continued Council approval as a Provider of continuing education in podiatric medicine.

Planning Committee

A group of individuals charged with designing and developing continuing education activities.

Probation

Approval status given by the Council to an approved Provider indicating that serious problems exist that could cause its educational program to fail. Providers approved on probationary status may not extend Joint Provider approval to another entity. Providers approved on probationary status may, however, extend joint status for activities contracted prior to the institution of probationary status.

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 the Provider's continuing education activities.

Progress Report

Approved Providers that receive findings from the Council of noncompliance with its standards and requirements must submit a progress report to the Council demonstrating that they have come into compliance. If the approved Provider successfully demonstrates compliance, the Council and/or the CEC accepts the progress report, and the Provider can then complete its term of approval. If the progress report does not demonstrate compliance, the approved Provider will be required to submit additional progress report.

Provider

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

Regularly Scheduled Series

A course planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the approved organization's professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences.

Relevant financial relationships

Financial relationships of any type with commercial interests if the educational content is related to the business lines or products of the commercial interest. Providers are required to collect information from all those individuals in control of educational content about all of their financial relationships with commercial interests within the prior 24 months. The provider is then responsible for determining which relationships are relevant.

Scientific Chair

In the context of academia or scientific conferences, an individual who oversees and manages the scientific program of an event. This person is often responsible for coordinating the selection of speakers, organizing sessions, and ensuring the overall scientific quality of the educational activity.

Substantive Change

When the Provider makes a modification in areas including, but not limited to, appointment of a new director of continuing education or administrator, joint providership, and significant differences in curricular structure. Notice of the appointment of a new director or new chief administrative officer must be submitted by an appropriate member of the Provider's administrative staff. The Provider must inform the Council in writing within 30 calendar days of all substantive changes in the program. Significant differences in curricular structure and presentation may require approval by the CEC and/or Council prior to implementation by the Provider.

Test-Item Writing Activity

An activity wherein doctors of podiatric medicine learn through their contribution to the development of examinations or certain peer-review self-study activities by researching, drafting, and defending potential test items.

Yearly Self-Study Report

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 fulfilling 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 medical 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.

Approved providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care.

- Patient care recommendations must be grounded in current scientific evidence and clinical reasoning, while presenting a balanced view of diagnostic and therapeutic options.
- Scientific research referenced or utilized in education must adhere to accepted standards of experimental design, data collection, analysis, and interpretation.
- While new and evolving topics are suitable for discussion within approved continuing education, Providers must clearly delineate these areas and avoid advocating or promoting practices that lack sufficient evidence or clinical reasoning.
- Organizations advocating unscientific diagnosis or therapeutic approaches, or promoting healthcare practices with known risks outweighing benefits, are ineligible for approval.

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 and fellowship programs
- Educational methodology for faculty at colleges of podiatric medicine and residency and fellowship 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
- Participation of the learner in a planned educational experience whereby the learner's progress is monitored, or the learner receives feedback from faculty (e.g., internet-based conferences and computer-assisted instruction)
- 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
- Merit Based Incentive Payment System (MIPS)
- Current Procedural Terminology (CPT) Coding
- Primary author of articles in peer-reviewed journals found in the Medline bibliographic database

The Council reserves the right to expand this definition and this list from time to time without conducting an interim or ad hoc review process. Specialty boards recognized by the Specialty Board Recognition Committee 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 licensing and certifying examinations.

In some circumstances, 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 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).

Practice management for doctors of podiatric medicine interested in providing better care to patients may include coding in a medical 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 CECH. CECH 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, billing, profitability) 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, materials/webpages, and/or distribution of the activity.

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Appendix B – Calculation of Continuing Education Contact Hours (CECH)

A Council-approved Continuing Education Provider is responsible for calculating and awarding CECH and reporting this information to the Council at least annually. The Provider must identify the CECH granted for each activity, provide justification for the number determined, and describe the methods used to calculate the number of CECH. The Provider, not the learner or Joint Provider, determines the number of hours to be awarded.

The number of CECH 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 on-demand/instructional media. Any questions regarding calculation of CECH 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 CECH for an activity, the number of contact minutes of instruction is totaled and divided by 60 to arrive at the number of CECH.

A continuing education activity must be a minimum of 30 minutes in length in order to be an activity for which learners are awarded CECH. Sessions within an activity, however, may be of any length. The agenda must include a minimum of one 15-minute break every four hours.

Specific to continuing education activities, no CECH are allowed for learners' completion of post-assessment and evaluation processes. Instruction compliant with all CPME standards presented during a meal function that is not sponsored by a commercial interest may be counted toward the total number of CECH.

Manuscript Review

Providers may issue a maximum of five CECH per published article(s) in a peer-reviewed journal included in the Medline bibliographic database. They may issue up to three CECH for reviews that demonstrate a significant effort and meet an appropriate academic standard per manuscript review, up to a maximum of five reviews or 15 CECH per calendar year. CECH will only be considered for the reviewer's initial review of the manuscript. For the approved Provider to issue CECH the reviewer must submit both the manuscript number and the title of the manuscript reviewed. No CECH will be given for subsequent re-reviews or for reviews of letters to the editor, replies, or pictorials.

The primary author of a peer-reviewed article in a journal included in the Medline bibliographic database may request CECH from an approved Provider. The Provider is required to review the following documentation: a reprint or copy of the pages(s) of the journal, in which the name of the author, the name of the journal, and date published are evident. The primary author of the article can only receive up to three CECH from one approved Provider of continuing education. The author may submit up to five articles per calendar year for a maximum of five articles or 15 CECH per calendar year.

No CECH will be granted for articles published more than three years prior to the author's

request of the approved Provider.

Print based instructional media

CECH 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 the 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 CECH, as necessary. A process of ongoing validation affords credibility to the standard determined by the Provider.

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Appendix C – Sources of Gap Analysis

A gap analysis is the process of identifying practice gaps. A practice gap represents the difference between what a learner currently knows and practices and what they should know and do. Educational activities are built around these identified practice gaps to bridge the difference between current practice and what can be done to optimally treat patients.

There are several types of gaps that the gap analysis can identify:

- A knowledge gap - learners do not know something
- A competence gap - learners do not know how to do something
- A performance gap - learners are not doing something in practice

Each continuing education activity can address one or more practice gaps, or several activities can address a single practice gap. Identifying the practice gaps and associating them with the activities provides value in the education for the learners. As the gap analysis 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.

Gaps can be identified using the following tools:

- Surveys, including patient care audits, faculty feedback, and quality improvement data
- Case-based questions
- Participant feedback, including evaluations from previous continuing education activities and pre- and post-assessments
- Published research on trends in health care or national clinical guidelines, new clinical trials, meta-analyses and systematic reviews, new drug/device approvals
- Expert opinions from university or physician leaders that are not involved in the planning of the activity
- Regulatory and oversight body guidelines, including public (e.g., CMS), private (e.g., The Joint Commission), state licensure (e.g., risk management or licensing board rule), and professional (e.g., certifying boards)
- Risk management data
- Results of evidence-based medicine studies
- Core competencies, that are non-clinical (e.g., professionalism, communications, and system-based practice)
- Public health priorities
- Board preparation courses based on pass rate/board scores.
- Faculty development

The following questions can be utilized to help identify gaps:

- What areas in practice do learners find challenging? (e.g., difficult-to-manage or non-resolvable cases; prevalent public health problems; lifestyle-related health problems; patient safety concerns; limitations or obstacles occurring in the health care system)
- What factors contribute to the problem? (e.g., knowledge, training, or barriers/bias)

- What is the best format for teaching and learning the concepts to be presented? (e.g., case presentation and discussion, demonstration, expert panel, lecture and discussion, moderated audience discussion, problem analysis and application to practice, question and answer session, role play, simulation, self-directed learning, skill development, or small group discussion)
- What additional activities can be incorporated for the target audience to achieve "best practice" behavior?
- What does the learner need to do differently to improve their practice?

Graphic below created and added by staff after the ad hoc approved the document, per their request.

