

CPME 720

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

Council on Podiatric Medical Education

Adopted October 2024
Implementation Date: July 1, 2025

TABLE OF CONTENTS

INTRODUCTION	2
ABOUT THE DOCUMENT	4
INFORMATION FOR PROVIDERS.....	6
STANDARDS FOR APPROVAL OF CONTINUING EDUCATION PROVIDERS IN PODIATRIC MEDICINE.....	7
GLOSSARY	30
Appendix A – Content of Continuing Education.....	40
Appendix B – Calculation of Continuing Education Contact Hours (CECH) or Continuing Medical Education (CME) Credit	43
Appendix C – Sources of Gap Analysis	45

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 providers of continuing education 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 licensing 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 its 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. Approval also ensures the quality of continuing education activities to the public, the podiatric medical profession, and the state boards for examination and licensure.

Continuing education activities may be delivered in various formats, including in-person, virtual, and hybrid meetings. Hybrid continuing education meetings provide participants with the flexibility to engage in educational sessions either in person at a physical location or remotely through an online platform, ensuring accessibility and interactive learning opportunities.

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 continuing education 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. Organizations submitting applications and 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 continuing education 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 or petition process, the Continuing Education Committee reviews detailed information submitted by 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” is used to indicate conditions that are imperative to demonstrate compliance.
- Explanatory information is provided in this document. The explanatory information is provided 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:
 - The verbs “must” and “is” indicate how a requirement shall be interpreted without fail. Noncompliance with these requirements places the provider's approval status at risk.
 - The verb “should” indicates a recommended, but not mandatory, condition.
 - The verb “may” is used to express freedom or liberty to follow an alternative.

Interchangeability of Terms

For the purposes of this document, the terms *Continuing Education Contact Hours (CECH)* and

Continuing Medical Education (CME) Credits are considered interchangeable. Both terms refer to approved educational activities designed to support the professional development and licensure requirements of learners. Learners are encouraged to verify the applicability of these terms with their respective licensing boards, certifying organizations, or accrediting bodies.

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 CECH or CME credit
- Ensuring independence and absence of commercial bias

Providers may offer continuing education activities through different formats, including live in-person events, virtual sessions, or hybrid meetings that combine both options. Hybrid formats enable greater flexibility and inclusivity, allowing learners to participate in real time from various locations while maintaining interactive engagement with instructors and peers.

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 *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 CONTINUING EDUCATION PROVIDERS 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 completes 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 selects qualified instructors, ensures delivery of balanced, unbiased therapeutic options, protects confidentiality of patients, and documents copyright ownership in its continuing education activities.*
- 5.0** *The provider demonstrates independence 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 conducts appropriate administrative processes related to development of publicity, admission, verification of attendance, calculation of continuing education contact hour(s), and maintenance of attendance records.*

STANDARDS AND REQUIREMENTS

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 publish a mission statement.**

***Intent and Background:** The mission statement articulates 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 stands distinct from specific learning objectives crafted for individual activities, providing a holistic framework that aligns with the principles and values of the provider. The mission statement delineates the provider's commitment to various educational activities. These activities, carefully curated, 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.**

How to meet this requirement:

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 serve effectively 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.**

How to meet this requirement:

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 schedule 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 or CME credit
- 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 provider. 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. The committee shall include a minimum of three people with at least one podiatric physician. Minutes or a report of the proceedings of committee meetings shall be maintained.

How to meet this requirement:

Terms of office for committee members should be at least one year to ensure 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 designate 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.

How to meet this requirement:

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 provider agreement as the approved provider. A commercial interest is not eligible to 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 documents (i.e., joint provider agreement, commercial interest agreements, faculty disclosure agreements, educational content, final activity publications, webpages, on-demand and instructional media, promotional materials, attendance materials, roster, and certificates of completion). 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 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 as such in the joint provider agreement.

The joint provider must submit the following materials to the provider 30 days before the start date of 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
- Hourly schedule 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 materials to the provider 45 days *after* the last day of the continuing education activity:

- Final hourly schedule
- 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.*

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’s operational status, resignation or appointment of a new director or administrator of continuing education, and significant changes in curricular structure.**

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 completes 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.**

How to meet this requirement:

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.

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 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 who 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 health-care professionals evolve, they must engage in planning activities to address emerging gaps, considering the dynamic nature of medical knowledge.*

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

How to meet this requirement:

The gap analysis of the continuing education activities 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 require 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.

How to meet this requirement:

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 of when and how they are reported.

Each on-demand/instructional media activity must 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 provider activities.

How to meet this requirement:

The yearly self-study report is different from 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 measurable learning objectives for each component (e.g., lectures, presentations, workshops) of the continuing education activity before the start date of the activity. The learning objectives shall specify expected learning outcomes including, but not limited to, knowledge, skills, attitudes, and/or clinical care.

How to meet this requirement:

Learning objectives are specific, short range, action-oriented expectations of the learner. Statements that describe activity, 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 is 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 objectives with more specific learning objectives developed for each component.

The provider must communicate learning objectives for each continuing education activity in one or more of the following ways:

- **Pre-Activity Materials:** Include the objectives in registration confirmations, promotional flyers, and course brochures shared with learners in advance
- **Digital Platforms:** Publish objectives on the event’s webpage, learning management system, or mobile app, allowing learners to review them at their convenience
- **Learner Handbook:** Provide a printed or digital handbook containing the objectives, hourly schedule, and expectations prior to the start of the activity
- **Pre-Event Email:** Send an email to registered learners with the objectives clearly outlined and linked to pre-reading or preparation materials
- **Orientation Sessions:** Offer an optional virtual or in-person orientation session before the activity begins to communicate objectives and set expectations directly

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.

This may include in-person, virtual, or hybrid meeting formats. Hybrid continuing education meetings should ensure seamless integration of in-person and remote participation, utilizing interactive tools such as live Q&A, polling, and discussion forums to engage all learners equally.

How to meet this requirement:

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 the quality of both educational content and production of the activity.

How to meet this requirement:

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 media at least once every three years or more frequently when indicated by new scientific developments to ensure current and accurate educational content

CECH or CME credit must 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 selects qualified instructors, ensures delivery of balanced, unbiased therapeutic options, protects confidentiality of patients, and documents 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.

How to meet this requirement:

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 and be made aware of the specific learning objectives, design, and educational methods of the continuing education activity

4.2 The provider shall obtain a signed financial disclosure agreement 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, moderators, consultants, and scientific chairs). Disclosures should be obtained far enough in advance of the start date of the activity to identify and resolve conflicts of interest. The provider shall ensure that any individual who refuses/fails to disclose relevant financial relationships does not have control of, or responsibility for, the activity's development, management, presentation, or evaluation.-

How to meet this requirement:

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, 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)
 - royalty or patent beneficiary
 - consultant
 - advisor
 - speaker
 - executive role

- ownership/investment interest
- researcher
- spouse or domestic partner employment;
- 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 that the information is true and factual and;
- handwritten signature or electronic signature accepted and date of the signature

The provider must review all financial disclosures 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 provides the learners with information and time so they can make their own judgments, rather than preventing 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 learners engaging in the educational activity, in a documented 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.

How to meet this requirement:

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

Examples of documented formats include:

- **email notification:** a clearly written email sent to registered learners with the disclosure details included as part of the message or as an attachment (e.g., PDF);
- **printed handouts:** disclosure notifications printed on paper and distributed during registration or mailed to participants before the activity;
- **online portal:** the disclosure is posted on a secure learning management system (LMS) or event registration portal where learners can access the document prior to the activity;
- **webpage or link:** a dedicated webpage or hyperlink shared with learners that provides access to the disclosure information;
- **PDF file:** a downloadable PDF containing the disclosure details, distributed via email, online portals, or as part of event materials;
- **event app notification:** disclosure information is included within a mobile app used for the educational event;
- **program schedule:** Embedding the disclosure information in the official program schedule provided in advance of the activity; and/or
- **presentation slides:** a slide at the beginning of the educational activity that includes the disclosure information.

***Intent and Background:** The provider/joint provider must disseminate this information and cannot delegate the dissemination to others (e.g., faculty, speakers, and moderators). Faculty, speakers, and moderators are encouraged to also disseminate this information.*

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

How to meet this requirement:

This mechanism must address the following:

- The appropriate use of investigational and off-label products
- Encouragement of generic names over trade names
- Identification of competing product names when trade names are used
- A plan for remediation if instructors neglect to adhere to these requirements

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.

For each educational activity, the provider must obtain a signed investigational and off-label disclosure agreement from all presenters. This document must identify all investigational procedures, medications, devices, or other modalities as well as off-label

uses of products to be discussed.

***Intent and Background:** 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.

How to meet this requirement:

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

If identifying patient information is mistakenly included in presentations or handouts, immediate corrective action is essential to address the issues and comply with HIPAA and other relevant privacy regulations.

Examples of corrective action include:

- Provide additional training to all staff involved in content development and review about HIPAA and patient confidentiality requirements.
- Establish or strengthen a **review and approval process** for materials to ensure that protected health information (PHI) is redacted before publication or distribution.

Examples include:

- creating a checklist for reviewing materials; and
- assigning a compliance officer or reviewer to verify the absence of PHI.

4.6 The provider shall ensure the documented ownership of the copyright, permission, or otherwise permitted use of materials in all continuing education activities.

How to meet this requirement:

The provider must describe how the ownership of the copyright, permission, or otherwise permitted use of materials in a continuing education activity is documented.

5.0 *The provider demonstrates its independence 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.**

How to meet this requirement:

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;
- the provider makes all decisions related to the planning, faculty selection, delivery, and evaluation of approved education without any influence or involvement from the commercial interest;
- materials and content are free of marketing and sales of products or services;
- instructors do not actively promote or sell products or services that serve their professional or financial interests during approved continuing education activities; and
- 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.

All financial relationships with commercial interests must be disclosed to 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 interest's corporate or product logos, trade names, company image, or product group messages.

A company that purchases a display booth as an advertisement is an exhibitor. Commercial exhibits and advertisements are promotional functions. Therefore, monies from these activities are not considered to be "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).*

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

How to meet this requirement:

The funds must be unrestricted, and the grant must be made payable to the provider and/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 a lecture, workshop, and/or track, no CECH or CME credit may be awarded, unless it is disclosed to learners that the provider has made the decision to support that aspect of the activity using those funds.

- The provider must maintain a verifiable mechanism of the disclosure to the learner.

***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 philanthropic grant programs/associations.*

5.3 The provider ensures that exhibits, marketing materials, and non-CECH or non-CME credit activities provided by the commercial interest are separate from the continuing education activity.

How to meet this requirement:

The approved provider must ensure that learners can easily distinguish between CECH or CME credit activities and non-CECH or non-CME credit activities. Promotional activities/events 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 location of the educational program or concurrent with virtual educational content.

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

Educational materials that are part of the continuing education activity, such as the schedule (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; and
- 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 or non-CME credit activities may be held in the same physical or virtual space at the conclusion of the CECH or CME credit continuing education session with clear audio and visual delineation that they are non-CECH or non-CME credit activities.

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:

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

Links to commercial content must 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:** The provider is to ensure that, when initiating a CE educational activity using a link, any commercial content, messages, videos, etc. offered precede the learner using the CE activity link. Meaning the commercial interest content must be separate for the educational content. If the provider offers any commercial content, messages, videos, etc. after the learner completes the CE activity, the provider must offer the learner a link to access the commercial content, messages, videos, etc. Additionally, the provider is to make available a consistent option for learners to skip all the commercial content, messages, videos, etc. and proceed directly to the educational content.*

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

How to meet this requirement:

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 or CME credit 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; or
- 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.

The provider must accomplish these goals through the use of a mechanism to identify and mitigate, far enough in advance of the start date of the activity, 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. The mechanism must include a timeline process, method, resolution, The resolution may in no way penalize learners when commercial bias is identified by the provider.

***Intent and Background:** It is crucial that the provider maintains autonomy in all aspects of continuing education programs. The provider must uphold quality while ensuring that the educational needs of learners are met without compromising the integrity of the learning experience.*

6.0 *The provider conducts 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.**

How to meet this requirement:

The following information is considered part of the educational content and must be made available to learners far enough in advance of 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 schedule and CECH or CME credit for each session (non-CECH or non-CME credit sessions must be explicitly listed as non-CECH or non-CME credit)
- d. Intended audience, include any prerequisite levels of skill, knowledge, or experience required of learners, if applicable
- e. Costs to the learner or identification that the activity is 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 interest(s) 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 or CME credit 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 or CME credit)
- 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 shall use the approval statement(s) below 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 shall 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 and/or 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 have a method to record attendance and verify participation.

How to meet this requirement:

The Council does not designate the method used to record attendance or verify participation. Suggested methods include:

- Attestation
- Sign-In/Sign-Out Sheets
- QR Code Scanning
- Electronic Attendance Systems
- Surveys/Quizzes: Pre/post-session assessments to confirm engagement
- Staff Monitoring: In-person staff verify attendance during the session
- Video/Audio Tracking
- Manual Verification

6.5 The provider shall determine the number of continuing education contact hours in accordance with the Council’s requirements.

How to meet this requirement:

The Council's requirements for the calculation of CECH or CME credit are described in [Appendix B](#). The provider, not the learner, determines the number of CECH or CME credit the learner received and will be awarded.

The provider must review and verify the final hourly schedule for each learner to calculate the appropriate number of CECH in accordance with Council requirements prior to issuance of the certificate. The hourly schedule must include a minimum of one 15-minute break for every four continuous hours of education. If there is a discrepancy in the calculation of the CECH or CME credit, corrected documentation of attendance must be issued to the learner.

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

How to meet this requirement:

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

The attendance record for each activity must include the following information:

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

Should the attendance record be more than one page, the information above must be included on each page. The provider should be aware of professional and legal requirements for continuing education affecting learners 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 invitations to review
- the number of the manuscript the individual reviewer reviewed
- the date of the review
- the title of the manuscript reviewed
- the number of CECH or CME credit awarded

Article Authorship

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

- the author's name
- the journal name and
- the publication date
- the date of the review
- the title of the peer-reviewed article
- the number of CECH or CME credit awarded

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

How to meet this requirement:

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), or journal name (for article authorship only)
- Date(s) of activity or review date
- Activity type (e.g., live, on-demand/instructional media, manuscript review, article authorship review)
- Name of learner, reviewer, or author
- Number of CECH or CME credit 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.

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 ensure 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, including 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 piece of scientific writing published in a peer-reviewed journal found in the Medline bibliographic database.

Article Authorship Review

Activity in which a primary author of a peer-reviewed article published in a Medline-indexed journal submits the article for review.

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 or CME credit available, date(s) and location of the activity, names of the individual learners, and number of CECH or CME credit 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 person 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 learners. 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 learners 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 it meets the Council-recognized requirements for a specific standard or policy.

Conflict of Interest

Individuals, including a spouse or domestic partner, and organizations that are affiliated in an official capacity with whom 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.

Continuing Education

Activities that serve to maintain, update, develop, and/or enhance 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 achieved. 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 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 is requested to provide a list of names from which the Council chair selects 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.

Continuing Medical Education (CME) Credit

A way to measure a healthcare professional's participation in educational activities. One CME credit is usually equal to one hour of instruction.

Digital Millennium Copyright Act (DMCA) of 1998

A federal law is designed to protect copyright holders from online theft, from the unlawful reproduction or distribution of their works. The DMCA covers music, movies, text, and any

content that is copyrighted.

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 and Council. The provider is not required to use this term 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 is 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), or journal name (for article authorship), date(s) of activity or review date, activity type (e.g., live, on-demand/instructional media, manuscript review, article authorship review), name of learner, reviewer, or author, number of CECH or CME credit 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.

Educational Partner

An organization or entity that collaborates with the approved provider in planning and implementing a continuing education activity. These partners could be academic institutions, hospitals, or medical societies with expertise in medical education. Educational partnerships are permissible, but the approved provider retains full responsibility for ensuring compliance with the CPME standards, maintaining the independence of continuing education content, and preventing commercial influence. Educational partners must not introduce any commercial bias or influence into the content or structure of the educational activity.

Evaluation or Assessment Process

A measurement tool used by providers and learners to assess and determine the effectiveness of 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 derived from these activities are not considered to be “commercial support.”

Financial Disclosure

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

Financial Relationships & Relevant Disclosures

A **financial relationship** exists when an individual involved in planning, administering, or presenting an educational activity benefits financially within the 24 months preceding the activity’s start date. This includes, but is not limited to, compensation such as a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (self-managed), contracted research, or any other monetary benefit. The Council also considers financial relationships to include those of a spouse or domestic partner.

A **relevant financial relationship** is any financial relationship with a commercial interest if the educational content is related to that entity’s business lines or products. Providers must collect disclosures from all individuals in control of educational content regarding financial relationships with commercial interests within the past 24 months. The provider is then responsible for determining which relationships are relevant.

Disclosure Examples:

- Jane Doe, DPM, Scientific Chair/Faculty – No relevant financial relationships to disclose.
- John Doe, DPM, Planner – Consultant for ABC Pharma Company.
- Jonis Doe, Administrative Staff – No relevant financial relationships to disclose.
- Joseph Doe, DPM, Instructor – Advisory board member for XYZ Pharma Company.
- Jamie Doe, DPM, Faculty – Spouse employed by DEF Pharma Company.

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 identified practice gaps to bridge the difference between current practice and what can be done to provide optimal patient treatment.

Grand Rounds

The methodology of medical education and inpatient care consists 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.

Hourly Schedule

Provides a time-specific plan that breaks down activities or events into exact time slots, often by the hour or minute.

Hybrid Continuing Education Meeting

A continuing education activity that combines both **in-person** and **virtual** participation options. This format allows learners to engage in educational sessions, discussions, and activities either on-site at a physical location or remotely via an online platform.

Key characteristics of a hybrid continuing education meeting include:

- **Simultaneous In-Person & Virtual Access** – Participants can choose to attend in person or join remotely in real time.
- **Interactive Engagement** – Virtual learners may interact through live Q&A, polls, or chat features.
- **Recorded & On-Demand Content** – Sessions may be available for later viewing to accommodate different learning preferences and schedules.
- **Flexible Participation** – Allows greater accessibility for those unable to travel while maintaining the benefits of face-to-face networking for in-person learners.

If the activity is presented in-person and later made available on-demand, learners may only receive CECH or CME credit for the in-person or the on-demand 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.

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 remote, as is the case with 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. Joint provider documents that must include information about the provider and the joint provider include the joint provider agreement, commercial interest agreements, and faculty disclosure agreements.

Journal-Based Continuing Education

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

Learner

An individual engaged in a continuing education activity.

Learning Objectives

Written, measurable statements that express specific, short-range outcomes indicating what the learner is expected to accomplish. 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.

Merit-Based Incentive Payment System (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 provider to ensure that learners 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 learners.

Noncompliance

The finding given when a continuing education provider fails to demonstrate it meets the Council's 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.

Partial Correction

The provider has demonstrated progress toward correction of areas of noncompliance but remains in noncompliance with a particular requirement(s).

Petition

CPME 735 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.

Pre-assessment

A diagnostic tool used at the beginning of a continuing education activity to evaluate a learner's existing knowledge and skills related to the subject matter, allowing instructors to tailor their teaching approach to address specific gaps and ensure the learning content is appropriate for the individual's level of understanding.

Post-assessment

A test or evaluation given to learners after completing a continuing education activity to measure their acquired knowledge and understanding of the subject matter.

Probation

An approval category given by the Council to an approved provider that indicates the provider has not demonstrated compliance with CPME 720, *Standards and Requirements for Approval of Continuing Education Providers in Podiatric Medicine*, to the extent that the quality and effectiveness of the continuing education program are in jeopardy. This category serves as a strong warning that serious problems exist that could cause its educational program to fail. The provider is considered to be a candidate for withdrawal of approval when placed on probation. 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. The provider is required to submit to the CEC and Council all executed joint provider agreements.

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

When the Council determines that an approved provider is in noncompliance with its standards and requirements, the provider must submit a progress report demonstrating that it has 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 an additional progress report. Failure to meet the requirements as stated by the Council may result in probation.

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. The series is primarily planned by and presented to the provider's professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences.

Scientific Chair

In the context of academia or scientific conferences, the individual who oversees and manages the scientific program of a continuing education activity. 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

Examples of situations involving substantive change include the provider making a modification in areas including, but not limited to, resignation or appointment of a new director of continuing education or chief administrative officer, 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. This term applied only to test-item writing for CPME-recognized specialty boards recognized by the Specialty Board Recognition Committee (SBRC) and the National Board of Podiatric Medical Examiners (NBPME). These approved providers may grant credit to podiatric physicians who serve on committees for development and validation of licensing and certifying examinations.

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 activities, providers must clearly delineate these areas and avoid advocating or promoting practices that lack sufficient evidence or clinical reasoning.
- Organizations advocating unscientific diagnostic or therapeutic approaches or promoting health-care 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-live 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-live conferences and computer-assisted instruction)
- Grand rounds
- Laboratory work
- Provider-assigned self-directed learning activities
- 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
- Participation of the learner in the critical review of an assigned journal manuscript during the pre-publication review process of a journal

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 for approval 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 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 or CME credit. CECH or CME credit is 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)
- On-the-job experience
- 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 (CECH) or Continuing Medical Education (CME) Credit

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

The number of CECH or CME credits 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 or CME credit must be addressed to the Council office well in advance of the presentation, publication, and/or distribution of the activity.

Standard Calculation Method

- The 60-minute hour: A Council-approved provider uses the 60-minute hour as the standard for all continuing education activities. When calculating the number of CECH or CME credit for an activity, the number of contact minutes of instruction is totaled and divided by 60 to arrive at the number of CECH or CME credit.
- No rounding: CECH or CME credit calculations must be precise and cannot be rounded up or down.
- 45 minutes = 0.75 CECH or CME credit: To calculate CECH or CME credit, the total number of instructional contact minutes is added and divided by 60 to arrive at the number of CECH or CME credit. Fractions of hours are expressed as decimal points (e.g., 15 minutes = 0.25 CECH or CME credit, 30 minutes = 0.5 CECH or CME credit).

Activity Duration Requirements

- Minimum activity length: Continuing education activities must be at least 30 minutes in duration for learners to be awarded CECH or CME credit.
- Session flexibility: Individual sessions within an activity may be of any length, but the hourly schedule must include a minimum of one 15-minute break for every four hours of continuous instruction.

Exclusions and Special Considerations

- Post-assessment and evaluation: Time spent by learners completing the post-assessment or evaluation does not count toward CECH or CME credit.
- Meals: Instruction presented during a meal function may count toward CECH or CME credit only if:
 - The instruction complies with all CPME standards.
 - The meal is not sponsored by a commercial interest.

Manuscript Review

The provider may award a podiatric physician up to three CECH or CME credit per manuscript review for reviews that demonstrate a significant effort and meet appropriate academic standards, with a limit of five reviews (i.e., a total of 15 CECH) per calendar year.

CECH or CME credit is granted only for the initial review of the manuscript. To receive CECH, the reviewer must submit the manuscript number and title of the reviewed manuscript to the approved provider. CECH or CME credit will not be awarded for subsequent re-reviews of the same manuscript or for reviews of letters to the editor, replies, or pictorials.

Article Authorship

The provider may award the primary author of a peer-reviewed article published in a Medline-indexed journal up to three CECH or CME credit per published article(s). The primary author may submit up to five articles per calendar year, to receive a maximum of 15 CECH or CME credit annually.

The provider must review documentation that includes a reprint or copy of the journal pages showing the author's name, the journal's name, and the publication date. Articles published more than three years before the request do not qualify for CECH or CME credit.

Print-Based Instructional Media

The number of CECH or CME credit assigned for print-based instructional media must be based on the average time required for a representative group of learners (a pilot group) to complete the activity. Members of the pilot group must not have been involved in developing 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 or CME credit, as necessary. A process of ongoing validation affords credibility to the number of CECH or CME credit determined by the provider.

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 identified practice gaps to bridge the difference between current practice and what can be done to provide optimal patient treatment.

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 suggested 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 hospital, university, or physician leaders
- 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
- Non-clinical core competencies (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 used 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?

