

Minutes for the July 2005 Meeting of the Coalition for Physician Enhancement

Montreal, Quebec

July 8-9, 2005

Attendance: Penny Davis, Rabia Akram, Dick Christiansen, Dick Pierson, Cathy Means, Linda Pittz, Andrea Ciccone, Tom Henzel, Henry Pohl, Bill Sieber, Martha Illige, Dave Bazzo, Percy Galimberti, Andre Jacques, George Mejicano, Penny Davis, Sue Ann Capizzi, Hugh Johnston, Joane Baumer, Daniel Way, Danny Klass, Francois Goulet, Beth Korinek, Bill Norcross, Bill Stewart, Marguerite Dupre, Rosemary Field, Josie Williams, and Rich Hawkins.

The meeting was presided over by Penny Davis, President of CPE.

1. Approval of minutes from the March 2005 CPE Meeting in Chicago

The minutes from the March 2005 CPE Meeting were approved by affirmation.

2. Status reports

A) AMA: Sue Ann Capizzi informed the group that the AMA is undergoing a “rebranding” process, which will embrace the concept of “helping doctors help patients.” It is hoped that this effort will help increase membership. Current projects from the AMA’s Division of Continuing Physician Professional Development (CPPD) include plans to revise the AMA/PRA booklet (the tentative plan is to release it by the end of 2005), launch a national faculty training and database project, and sponsor regional conferences in collaboration with other CME groups (e.g., there are currently conferences planned for Baltimore (October 23, 2005) and New York City (November 10-11, 2005)).

Sue Ann reported that they have received many inquiries related to performance improvement and point of care CME. Lastly, the AMA continues to monitor the field to determine the effect of the updated ACCME standards for commercial support.

B) NBME: Andrea Ciccone reported that post licensure activities will continue to be transferred over to outside organizations. In addition, the NBME is ramping up their research efforts. They will be hosting the fall meeting of CPE (which will emphasize collaboration).

3. Committee Reports (excluding Research)

A) Communications Committee

Bill Norcross presented a report from the communications committee. The CPE website (www.physicianassessment.org) includes the current CPE roster, contact information, and the CPE guidelines. Bill asked whether CPE members would like to include program descriptions. The consensus was to add this information to the web site. Bill also asked the group to consider which HTML “tags” should be included to increase traffic to the website.

Cathy Means discussed a potential brochure and logo. Sue Ann Capizzi and Beth Korinek asked the group to consider the purpose of these efforts before they were fully developed.

B) Executive Committee

Penny Davis reported that the executive committee has met once via teleconference since the last meeting. As a result of that discussion, she reported that the Executive Committee believes that CPE has not clearly embraced the idea of incorporation. In addition, there are a number of other issues that the group has struggled with, including the mission, membership (i.e., organizations versus individual members), processes to raise funds, and long term stability. She asked each person present to consider these issues overnight so they could be discussed the next day.

C) Legislative Committee

Andrea Ciccone reported that this committee has not met for some time. However, she also reported that the committee is planning to convene a conference call in the next few months. The committee plans to make a presentation to the group at the CPE meeting in Philadelphia.

4. Update on Accreditation

Danny Klass made the point that CPE desires accreditation of programs for two distinct reasons: (1) to ensure that there are standards and uniform processes, and (2) to be able to award CME credit for remedial education activities.

In a letter to George Mejicano and Sue Ann Capizzi, Murray Kopelow asked CPE to give feedback related to a draft document entitled: “Accreditation Criteria for Physician Enhancement Programs.” During the meeting, CPE members discussed this document in detail. The group agreed on specific changes to the document as well as several questions to ask the ACCME. George Mejicano will ensure that the revised document is distributed to CPE members 1-2 weeks after the Montreal

meeting. In addition, he said that Murray Kopelow welcomes direct feedback from any CPE member. The proposed next step is to have ACCME respond to CPE feedback, followed by review of the (further revised) accreditation criteria at the next CPE meeting.

The most important concern that was discussed related to exactly who will make the final decision of accreditation. Specifically, the members wanted peers to be formally involved in the decision making process (and not just as surveyors).

George Mejicano asked everyone to take a close look at the revised document that will be distributed in a week or so. Further feedback will be collected and then discussed at a conference call of the Executive Committee. A final version of the revised criteria will then be forwarded to the ACCME in a letter signed by Penny Davis (probably in September 2005).

5. Membership Updates

Penny Davis asked that anyone who would like to invite specific persons to join CPE (or to attend future meetings) should give the pertinent contact information to either Sue Ann Capizzi or Rabia Akram.

6. International Physician Assessment Coalition

IPAC met from June 6-8, 2005 in London and the next meeting is scheduled for November 7, 2006 in Wellington, New Zealand.

Martha Illige asked the group to consider the relationship between CPE and IPAC. Currently, 4-5 CPE members go to each IPAC meeting. The group discussed how the two organizations might collaborate. Options include holding joint scientific meetings, formally molding the two organizations together, sharing documents (e.g., meeting minutes), or maintaining the status quo.

The group consensus was that it would be best to maintain separate identities but to further explore collaboration. As such, a liaison committee was formed. The tentative charge would be as follows: explore potential research projects and give formal reports to IPAC from CPE (and vice versa) so that every CPE member is kept abreast of what IPAC is doing. Dick Christiansen, Dave Bazzo, and Martha Illige volunteered to be on this new liaison committee; it was agreed that Dick would chair the committee and formally send the "charge of the committee" to Sue Ann in a few weeks.

7. Next Meeting

CPE will be meeting in Philadelphia on October 21-22, 2005. Tentative dates for the 2006 meeting in Madison, Wisconsin are May 18-20 or June 8-9. [See below for amended future meeting plans.]

Danny Klass made the suggestion that perhaps we could all meet in New York City in May 2006 because that is when the next Ottawa Conference is planned. Many persons that attend both CPE and IPAC meetings will likely attend the Ottawa conference so it could serve as a vehicle to get both groups together. He will check to see if the planning committee for the Ottawa Conference would welcome such an initiative. If so, the meeting in Madison, Wisconsin would be pushed back to October of 2006.

8. Centers of Excellence

This item has surfaced from time to time at past meetings. However, it has never garnered much support. As such, the consensus was to not act on this idea at the present time. In addition, it will not be kept as recurrent agenda item.

9. Mission Statement

A draft mission statement was circulated. The group then held a discussion related to critical issues that they thought that a CPE mission statement should reflect. The group put forth a list of seven issues that might be included in a new mission statement. Each person present was then asked to vote for the two issues that mattered most to that individual. The vote tally follows:

- 19 - Educate each other & exchange information, knowledge, & wisdom
- 9 - Impact the upcoming accreditation
- 12 - Foster research
- 3 - Advocacy of CPE type processes
- 1 - Marketing and promotion of programs
- 4 - Share data resources and expertise
- 0 - Strive for excellence in patient care (is this an outcome?)

After this discussion, the group unanimously agreed to shorten and refine the proposed mission statement so that it took the vote into consideration.

10. Research Committee Report

Tom Henzel gave a report on behalf of the research committee. He briefly went over a poster that was presented at the FSMB annual meeting in May 2005. The authors (most were CPE members) presented data that summarized information on 68 physicians that were assessed using NBME tools. He noted that this project is ongoing because the NBME would like to achieve the goal of increasing the database to comprise data from 300 (or more) physicians by next year.

Percy suggested that every poster or paper be distributed to members via the research committee.

Bill Sieber then reported on the progress related to the goals of a collaborative process to share data and reports between CPE members. The first goal is to describe the kind of persons that come to CPE type programs. He distributed a potential CPE Data Sharing Form to the group. The members present then discussed this in detail.

Martha Illige made a proposal to simplify this process. She suggested that CPE develop a form that had the following variables: program identification; participant identification; age; gender; date of assessment; whether a person was referred for a competency question; whether a person has a health issue; medical training; ESL/FSL (French as a Second Language); completed training; whether training matches practice; type of practice; years in practice; whether they had an active or restricted license; place of assessment; type of assessment; outcome of the assessment; any remedial education; and the outcome of the education.

Eventually, Bill Sieber made a motion to accept the draft data intake form that was distributed at the meeting. Danny Klass seconded the motion. After discussion, the motion was passed (but not unanimously).

The research committee asked that each program try to populate the data sharing form by submitting data from 15 participants to the research committee. He asked that this be done by September 15, 2005. The aggregate data will be presented in Philadelphia.

Tom Henzel then distributed a modification to the program description manual. He suggested that the research committee develop common language related to assessment tools (perhaps around the generally accepted competencies).

Tom Henzel then reported the committee's work related to a chart audit process (i.e., medical record review). The committee will be looking at this issue and will make a presentation related to this in Philadelphia. Programs were encouraged to send any chart audit forms/tools/guidelines currently in use to the research committee by October 1, 2005. Sample reports should be sent to Tom Henzel. Sample tools and forms should be sent to Bill Seiber.

Tom also asked about the issue of clinical reasoning. He noted that it was very difficult to measure this important competence.

11. Mission Statement

The group returned to the issue of changing the mission statement. A draft of a proposed mission statement was discussed. This document was voted down by a vote of 11 to 10.

Following this vote, a much shorter draft mission statement was proposed by Josie Williams. This draft was discussed and then amended (by many members) as follows:

“To support and develop expertise in personalized assessment, education and enhancement of physicians, to promote excellence in patient care”.

Based on this more concise statement, the subset of members that are looking in detail at the mission statement will try to further fine-tune the wording of the above statement. They will present a recommendation to the group at the next CPE meeting.

12. Membership Issues

Henry Pohl asked the group to address the question of whether CPE should have individual members or organizational members. The consensus was to tackle this issue. Penny Davis emphasized that individuals ought to be respected and recognized. Danny Klass noted that there are approximately 16 organizations that have reason to participate. He also noted that there are also “programs” within organizations as well as individuals whose participation is welcomed and valued.

Henry noted that there are precedents for plural membership. The group acknowledged that the by-laws will define how decisions are made. Since there will be a Board of Trustees as well as an Executive Committee, the membership question would likely define decision-making methods. Joane Baumer noted that CPE seemed to be a professional organization, rather than a trade organization.

Dave Bazzo then made the following motion:

“We are a professional organization with three categories of membership: programs, sponsoring organizations, and individual members.”

This was seconded and then approved (18 in favor, 1 opposed, and 1 abstention). It was agreed that this language would appear in Article Three of the by-laws. Importantly, the new motion supercedes the language that specified individuals as members in draft documents being considered by the subset looking at the proposed bylaws.

13. Organizational Issues:

The members present discussed organizational goals. These will be differentiated from objectives at a later meeting. The following five goals were formulated by consensus and then accepted unanimously.

1. To facilitate the exchange of information and resources and to enhance the practice and development of CPE professionals and programs.
2. To provide a forum for issues that impact the practice of physician enhancement.
3. To foster research to improve the field of physician enhancement.
4. To advocate for the cause of physician enhancement.
5. To define and recognize excellence in the field of physician enhancement.

The process of amending and wording of the subsequent goals will be prepared and submitted prior to the Philadelphia meeting later this year. Also, a proposal was forwarded that asked the By-Laws Committee to review the draft from May 9, 2005, in view of the accepted changes at the Montreal meeting (July 2005). This was approved unanimously.

Danny Klass suggested that the CPE Board consist of ten members: five from programs, three from sponsoring organizations, two from at large members, and one public member. He noted that this might be considered as a guiding (and not a binding) principal.

Sue Ann Capizzi noted that the group must define "sponsoring organization". This is especially important because such organizations may need to be formally recruited. She noted that these organizations might be asked to contribute major financial support. The consensus, however, was that the primary criterion for a sponsoring organization was their wish to be involved with CPE, and not whether such an organization might provide financial support.

Danny Klass noted that these issues will need to be taken into consideration when the by-laws are written. Because of their sensitive nature, he suggested that a draft of the proposed by-laws be circulated prior to the Philadelphia meeting. The By-Laws Committee will "meet" later this summer by conference call to consider these issues and further work on a draft document.

14. Next Meeting (revisited)

The next CPE meeting is scheduled for Philadelphia on October 21-22, 2005.

The subsequent meeting is posited for New York City in May 2006. The CPE meeting will take place either just before or just after the Ottawa Conference (which is scheduled for New York City on May 21-24, 2006). After New York,

the next CPE meeting will then be hosted by the University of Wisconsin in Madison in the fall of 2006.

15. Committee Rosters

The committee rosters were updated. They are as follows:

Executive: President, Penny Davis [chair]; President Elect, Bill Norcross; Immediate Past President, George Mejicano; Secretary, George Mejicano)

Guidelines: Martha Illige [chair], Giselle Bourgeois-Law, Dick Pierson

Legislative Affairs: Mark Speicher [chair], Linda Pittz, George Barrett, Andrea Ciccone, Dan Way

Communications: Bill Norcross [chair], Cathy Means, Carole Sussman, Scott Lavelle, Dave Bazzo, Andrea Ciccone

Research: Tom Henzel [chair], Percy Galimberti, Martha Illige, Richard Pierson, Henry Pohl, Bill Sieber

16. New Business

William Stewart briefly presented the outline of a long-term goal that CPE might consider at a future date. He noted that there is a natural process associated with the aging of a physician. This “decay to the right” might be offset by CME activities as physicians seek to retain their competence. Another possibility that would address the inevitable decay of competence would be to routinely perform an analysis of electronic medical records produced by individual physicians. In an ideal world, individual graduates would be tracked by their medical schools. Perhaps CPE could engage medical school leaders (and faculties) to accept a life-long responsibility for their graduates. The comparison to anesthesiologists' and airline pilots' strategies for renewal provides a model for "accepting responsibility" for performance.

17. Adjournment

The meeting adjourned at noon on July 9, 2005.