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CONFERENCE REPORT



## Cologne Consensus Conference A Meeting of the International Academy for CPD Accreditation A World Apart: We Are Together

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### ABSTRACT

The ninth annual Cologne Consensus Conference was held virtually on 10–11 September 2020. The two-day educational event was organised by the International Academy for CPD Accreditation (the Academy), a network of colleagues dedicated to promoting and enhancing continuing professional development (CPD) accreditation systems throughout the world. This year's conference was hosted by the Accreditation Council for Continuing Medical Education (ACCME) and once again planned in cooperation with the European Cardiology Section Foundation (ECSF) and the Royal College of Physicians and Surgeons of Canada. The conference's ninth iteration was originally slated to be a live meeting taking place in Chicago, Illinois, USA (home to the ACCME offices), but was moved to a fully online format due to the ongoing COVID-19 pandemic. Appropriately, the programme's theme was *A World Apart: We Are Together* and focused on the continued alignment of global accreditation standards and increasing international collaborations. This conference report summarises the meeting content and discussions, including a description and formal adoption of the final Standards for Substantive Equivalency between Continuing Professional Development/Continuing Medical Education (CPD/CME) Accreditation Systems.

### ARTICLE HISTORY

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### KEYWORDS

CPD; CME; accreditation; standards; substantive equivalency; international; consensus

## Introduction

The ninth annual Cologne Consensus Conference (CCC20) was held virtually on September 10–11, 2020. The two-day educational event was organised by the International Academy for CPD Accreditation (the Academy).

The International Academy for CPD Accreditation is a network of colleagues, dedicated to promoting and enhancing continuing professional development (CPD) accreditation systems throughout the world. It is also devoted to assisting and supporting the development, implementation and evolution of CPD and continuing medical education (CME) accreditation systems throughout the world. Established in 2013, the Academy serves as a platform that facilitates peer-to-peer support for leaders of CPD/CME accreditation systems and encourages networking, mentoring and interactions about common issues.

In 2018 the Cologne Consensus Conference began rotating amongst the three collaborating organisations: The Royal College of Physicians and Surgeons of Canada (CCC18 in Ottawa, Canada), the European Cardiology Section Foundation (CCC19 in its namesake city of Cologne, Germany), and now the Accreditation Council for

Continuing Medical Education (ACCME). As hosts of the 2020 event, the ACCME planned to welcome participants to a live meeting held near their offices in Chicago, Illinois, USA. However, due to the ongoing pandemic, CCC20 was moved to a fully online format. Appropriately, the theme for the 2020 programme was *A World Apart: We Are Together* and focused on the continued alignment of global accreditation standards and increasing international collaborations. Specifically, this year's conference was a follow-up to CCC19 during which attendees were given the opportunity to discuss in detail the international standards being proposed by the International Academy for CPD Accreditation. Feedback gathered was one of many sources utilised to further amend the standards over the past year, culminating with the finalised Standards for Substantive Equivalency between Continuing Professional Development/Continuing Medical Education (CPD/CME) Accreditation Systems that were presented and formally adopted during this year's conference.

This conference report summarises the meeting content and discussions amongst the more than 70 stakeholders representing some 27 countries; a record participation for the conference. Faithful to its tradition of strong attendee interaction and engagement, the meeting was another vital

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opportunity for the various stakeholders to come together to learn from one another, collaborate, and work towards increasing consistency and standards across global accreditation systems.

### Day 1: 10 September 2020

- Report on Academy Membership Recruitment
- Opening Keynote: CPD Around the World
- Presentation of the Call-for-Comment Results: International Standards for Substantive Equivalency
- A Model Process for Determining Substantive Equivalency
- Small-Group Discussions: Determining Substantive Equivalency

### Day 2: 11 September 2020

- Small-Group Discussions: Establishing a Process for Substantive Equivalency
- Promoting the Value and Measuring the Impact of International Standards for Substantive Equivalency
- An Opportunity for the Academy to Support Alignment around Disclosure Requirements
- Other Business for the Academy/Review of Projects

### Day 1: 10 September 2020

Kate Regnier, MA, MBA, Executive Vice President of the ACCME, opened the conference by welcoming participants and introducing the online format and expert faculty. She then set the stage by emphasising the meeting's theme *A World Apart: We Are Together* which underlined that despite the global pandemic and resulting changes and challenges the CPD/CME community remains strong and continues to collaborate and work towards common goals. She posed questions to get a sense of participants' state of mind around the current environment. Overall, most felt generally energised, motivated, and hopeful, with only a few negative impressions; articulating the general consensus that, although challenging, the past year has also presented opportunities for the community. It was agreed that this was a solid starting point from which to kick off the 2020 Cologne Consensus Conference and its focus on the Standards for Substantive Equivalency as the foundation for increasing international partnerships and recognition between organisations.

### Report on academy membership recruitment

**Facilitator: Rhonda St. Croix, PCC, MBA, CMA, Director, Continuing Professional Development, Royal College of Physicians and Surgeons of Canada**

Established in 2013, the International Academy for CPD Accreditation is quickly establishing a leadership role within the global CPD/CME community as explained by Rhonda St. Croix, Academy member, who provided an update on the group's goals and membership. She explained that membership is individual, not organisational, and the Academy is a network of international colleagues coming together to:

- Collaborate with other CPD/CME accreditation system leaders
- Participate in discussions regarding values, principles, and metrics that serve as the basis for recognition between international organisations
- Receive and provide mentorship or coaching from other leaders with a similar context and culture
- Participate in educational forums, meetings, or seminars developed to promote dialogue, discussion, and debate
- Contribute to the development of scholarly activities including research

It was also clarified that Academy members must be leaders within an organisation already having established, or seeking to establish, a CPD/CME accreditation system. Leaders within organisations that have a regulatory oversight of physicians in practice are also welcome. Additionally, a member must be in a position having oversight of, or responsibility to implement changes to, their accreditation system. At the time of CCC20, the Academy consisted of 39 members from 24 countries. Membership is free to qualifying individuals and the Academy is actively welcoming new member applications via its website<sup>1</sup> or [intl.academy@cpd-accreditation.org](mailto:intl.academy@cpd-accreditation.org).

### Opening Keynote: CPD Around the World

**Speaker: Graham McMahon, MD, MMSc, President & CEO, ACCME**

#### CME Data and Trends in the USA

Each year, accredited providers within the Accreditation Council for Continuing Medical Education (ACCME) system submit data describing their CME activities and overall programmes. This information is aggregated to provide a concise view of the year, as well as an indication of longer-term

<sup>1</sup>International Academy for CPD Accreditation; <https://academy4cpd-accreditation.org/>

trends. Graham McMahon began by summarising key takeaways from the *ACCME Data Report: Steady Growth in Accredited Continuing Medical Education – 2019*.<sup>2</sup>

- More than 1,700 accredited CME providers offered nearly 190,000 educational activities.
- This education comprised approximately 1.3 million hours of instruction and approximately 37 million interactions with healthcare professionals.
- The number of activities, hours of instruction, and interactions with learners increased, continuing a 10-year trajectory of growth.
- Specifically, since 2018, the number of educational events increased by 5%, hours of instruction increased by 6%, and the number of learner interactions increased by 2%.
- This is the second year that other learner interactions have surpassed physician interactions. (Other learners are non-physician healthcare professionals such as nurses and pharmacists.)
- Provider revenue increased by 8%, although only 9% of activities received any commercial support.

McMahon went on to show that courses remained the most prevalent activity type, followed by internet enduring materials, regularly scheduled series,

additional activity types, and other enduring materials. He also presented data around learner interactions by activity type (Figure 1) which provides a succinct look at how clinicians are learning and engaging with accredited CME. Of note is the important role internet enduring materials play by comprising 69% of the educational opportunities for non-physician learners and 33% for physicians.

### Navigating CME/CPD during the COVID-19 Crisis

The above data provided a glimpse of where the CME community was as it entered 2020 and the global pandemic that the year would bring. The COVID crisis, while creating uncertainty and confusion, also underlined the essential role of the accredited continuing education provider for offering quality learning that is proactive, responsive, specific to a community of learners, and collaborative with public health and/or other agencies needing to urgently respond to a new disease state.

Early in the crisis, the ACCME administered a survey to its providers in an effort to gain insight into what they might expect in the coming months, as well as identify how the ACCME could best support providers and their learners. A key finding showed that those organisations most reliant on live events tended to be less able to respond to the changing needs and were experiencing a decrease in the number of activities offered as well as in overall learner volumes.

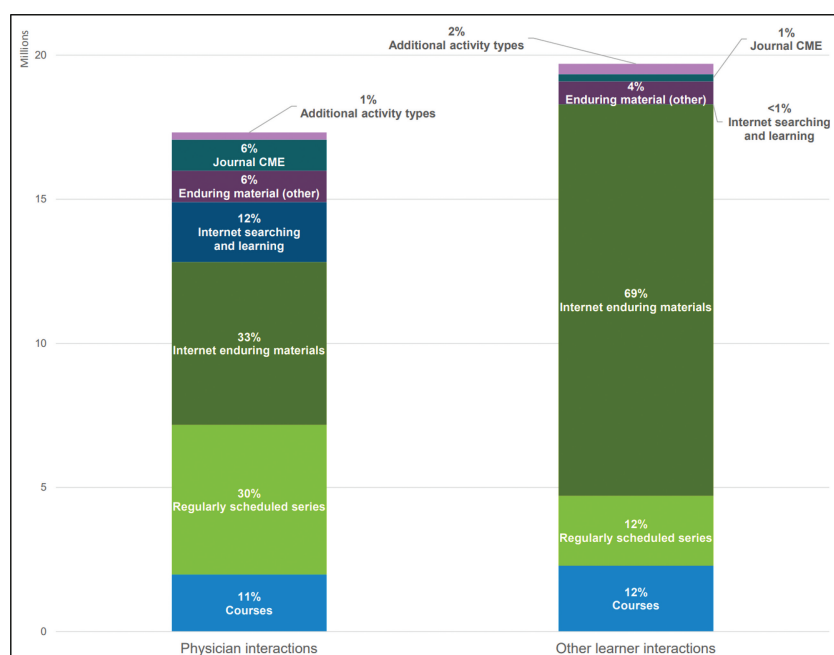


Figure 1. Learner interactions by activity type (2019) (reproduced from the presentation by G. McMahon).

<sup>2</sup>Accreditation Council for CME Annual Data Reports <https://www.accme.org/publications/annual-data-reports>.

Inversely, those providers with an already diversified portfolio that included online education were found to be more agile and able to integrate new formats quickly, resulting in actual growth and the ability to reach a broader audience base.

Dr. McMahon continued by presenting additional survey results and discussed these with Cologne Consensus Conference participants. It was agreed that the circumstances and change imposed by the pandemic also brought opportunities to the accredited continuing education community.

- Showcasing the value of continuing education to rapidly train/retrain clinicians to allow organisations to respond to the pandemic
- Experimenting/innovating with new formats
- Involving patients and community members who are more likely to be available online
- Investing in more efficient online services, such as learning management systems
- Leveraging increased attendance and positive feedback from learners, thus building greater trust in online learning
- Engaging a broader diversity of expert faculty to and from remote locations
- Where applicable, using the additional flexibility afforded by accreditors to offer more efficient activity approvals and support

Of course, with opportunity comes challenges.

- Resistance by some faculty and participants to embrace new educational models
- Educational staff more stressed, repurposed, furloughed, or laid off
- Expense of initial investment in technology
- Online educational approaches generally more time-consuming for planners to train speakers, conduct run-throughs, provide tech support
- Uncertainty around industry support due to the move from live events to online formats
- Ensuring compliance with both accreditation and industry requirements
- Determining viable pricing models for virtual events, while not undermining eventual costs/fees to attend future live meetings
- Properly recording attendance and ensuring feedback/outcomes measurements from online activities
- Tech overwhelm for clinician learners

- Loss of interpersonal interactions offered by live events that are difficult or impossible to reproduce online

The ACCME recognises that creating new educational strategies under the best of circumstances is not easy and requires adaptability, flexibility, and nimbleness. Therefore, to provide support to its community of providers during these exceptional times, the ACCME responded with initiatives such as moving its annual meeting online, creating a coronavirus resource library, simplifying accreditation requirements for COVID-related activities, offering self-care resources, and sharing lessons learned and best practices.

### Other Notable Trends

Before closing, Dr. McMahon highlighted a few additional trends within the international continuing education community.

- More attention to non-clinical topics like leadership, team building, communications, etc.
- The increasing need to build or reinforce public trust in science and the healthcare system
- Improved access to learner data as a result of increasing online educational modalities
- Growing recognition of CPD as a professional expectation and/or obligation, thus linking learners and providers with their regulators
- Facilitation of the accreditation process for team-building and interprofessional learning
- Ability of appropriate continuing education to help address systemic inequities

### **Presentation of the Call-for-Comment Results: International Standards for Substantive Equivalency**

**Speaker: Graham McMahon, MD, MMSc, President & CEO, ACCME**

Diving into the heart of the conference, Dr. McMahon brought the proposed standards into focus by briefly recapping the developmental process.<sup>3</sup>

- The International Academy for CPD Accreditation identified the need for and value of having a shared set of standards to guide the accreditation of CPD/CME for medical doctors and healthcare teams globally.

<sup>3</sup>For more information: Cologne Consensus Conference Standards and Guidelines in Accredited CPD September 13–14, 2019, Cologne, Germany; <https://doi.org/10.1080/21614083.2020.1726855>.



- These standards will also be used to determine substantive equivalency between accrediting bodies which will assure stakeholders that the accredited education meets the same level of independence, rigour, content validity, quality of design, and outcome measures.
- A working group of Academy members used a multi-phased approach to develop the final version of the standards, including an initial Delphi process; multiple rounds of discussion and feedback; and a formal call-for-comment.

Dr. McMahon described the final stage call-for-comment that was extended to Academy members in early 2020 and provided a brief overview of feedback received and subsequent modifications. He then continued by reviewing the finalised International Academy for CPD Accreditation's Standards for Substantive Equivalency between Continuing Professional Development/Continuing Medical Education (CPD/CME) Accreditation Systems<sup>4</sup> which consist of six domains with supporting requirements.

### **Domain 1: Eligibility and Responsibilities of an Accrediting Body**

This domain focuses on which organisations are eligible to develop and implement CPD/CME accreditation systems and the standards that describe the administrative roles and responsibilities of an accrediting body.

### **Domain 2: Independence and Transparency in Accredited Education**

This domain focuses on requirements that seek to ensure that educational activities are designed and implemented independent from the influence of commercial interests defined as any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients.

### **Domain 3: Needs Assessment Used in Planning Accredited Education**

This domain focuses on the types of data sources that are used to identify the educational needs of individual doctors or health teams.

### **Domain 4: Content Validity in Accredited Education**

This domain focuses on the process of developing content for accredited education that reflects the latest advances in scientific evidence and technological

advances to continuously enhance the quality and safety of care provided to patients.

### **Domain 5: Quality of Educational Design in Accredited Education**

This domain focuses on the effectiveness of the design of educational formats in addressing the identified needs of the intended target audience.

### **Domain 6: Outcomes from Accredited Education**

This domain focuses on assessment of the effectiveness and educational impact of accredited education on learning, competence, or performance of doctors, and/or the health status of patients.

At this point in the conference, Academy members were asked to vote on adoption of the standards, keeping in mind:

- Only Academy members were eligible to vote (non-member participants were not included)
- Votes reflected the individual Academy member's personal assessment of whether or not the standard is an appropriate reference/source for determining substantive equivalency between CPD/CME accrediting bodies.
- A member's vote does not require nor imply that their organisation will endorse or adopt the standards.

The vote resulted in the unanimous and formal adoption on 10 September 2020 of the International Academy for CPD Accreditation's Standards for Substantive Equivalency between Continuing Professional Development/Continuing Medical Education (CPD/CME) Accreditation Systems. A culmination of years of hard work, adoption of the standards not only constituted a significant moment for the Academy, but more importantly, it established a unifying basis for designing international continuing education and increasing recognition between accrediting bodies around the world.

### ***A Model Process for Determining Substantive Equivalency***

***Speaker: Prof. Reinhard Griebenow, MD, PhD, Chair, ECSF Board, European Cardiology Section Foundation***

With the standards now established, the conference moved onto the important task of exploring the

<sup>4</sup>Full text of the Standards for Substantive Equivalency between Continuing Professional Development/Continuing Medical Education (CPD/CME) Accreditation Systems: [https://academy4cpdaccreditation.files.wordpress.com/2020/10/final\\_iacpda\\_standards\\_for\\_substantive\\_equivalency\\_10072020.pdf](https://academy4cpdaccreditation.files.wordpress.com/2020/10/final_iacpda_standards_for_substantive_equivalency_10072020.pdf).

practicalities of assessing compliance with the standards and determining substantive equivalency. In short, how to put the standards into action via a formal process. It was recognised that several accrediting bodies have already established substantive equivalency between their systems, so examples exist and will be referred to when defining the Academy's process. However, the Academy's methodology is still in development and feedback received during CCC20 would be supportive in these efforts. Before sending participants into their small group discussions, Prof. Griebenow outlined a few guiding principles.

### **High-Stakes Assessment Vs. Bureaucratic Overkill**

Given the goals of and stakes of establishing substantive equivalency, any process put in place will need to support a robust and thorough assessment of an accrediting body's practices. However, this must be done without falling into the lure of bureaucratic or administrative overkill. The process must not outweigh the benefit.

### **Tick-Box Exercise Vs. Proof of Practice**

Further, the assessment will consist of a combination of modalities for collecting information. In some circumstances, ticking a box to attest to compliance might suffice. In other cases, it will be required to submit examples of proof of practice and/or detailed descriptions and narratives.

Understandably this is a delicate balance to establish. Therefore, Prof. Griebenow suggested the following questions help guide discussions.

- Why do we want to know something?
- What exactly do we want to know?
- How should this be verified or demonstrated and how often?

### ***Small-Group Discussions: Determining Substantive Equivalency***

In the breakout sessions during day one, participants were asked to explore how the Academy should review accrediting bodies and determine substantive equivalency. What description and/or evidence might be required for an accrediting body to demonstrate it meets the expectations of the Standards for Substantive Equivalency and is applying each domain/standard in their accreditation system? The conference groups expressed many important concepts, thoughts, and questions for Academy consideration, as follows.

### **Considerations Common to All Standards**

- Each domain is to be addressed in detailed policy and procedural documents outlining the standards and expectations for compliance
- Clear processes to be in place for how to implement and comply with the standards
  - Ample support and communications with providers that includes education, examples, standardised forms, etc.
  - Accrediting body to determine to what extent they take an active, prescriptive, or corrective role (for example, providing a standardised evaluation and/or disclosure form with minimum questions or areas for compliance, versus allowing the provider the freedom to fully design their own tool)
- Proof/demonstration that standards are applied correctly and consistently
  - A combination of attestation, narrative descriptions of the actual implementation, supporting documentation, and examples
  - Up to the accrediting body to define how long documentation and records are to be retained
  - To be determined how to define routine audit and inspection; whether random or periodic, based on only submitted documentation or include onsite visits, etc.
  - Advocacy for a process that utilises what is already documented in existing policies, procedures, examples, etc.
- Verification that decisions regarding activity accreditation are appropriate and consistent
  - Accrediting body should document and justify its decisions in writing and have a process in place for providers to appeal any adverse decisions
  - Because of the international context, sensitivity to differences in terms of nomenclature, fiscal/legal/cultural elements, etc.
  - All information should be clear enough for other nationals to understand, implement, and reproduce
  - Question whether some standards may be differently applied in a provider-based accreditation system versus an activity/event-based system
  - Challenge for accrediting bodies to find the balance between ensuring providers are rigorous in implementing the standards, but also allowing sufficient space and flexibility for interpretation and adaptation to local needs and system

variances. Although potentially difficult for some providers who may want more guidance from the accrediting body, this space enables the accrediting bodies to learn from the innovations and creativity of providers

### **Domain 1: Eligibility and Responsibilities of an Accrediting Body**

This foundational domain outlines which organisations are eligible to develop and implement CME/CPD accreditation systems and the standards that describe their expected administrative roles and responsibilities.

- Importance of transparency in all aspects of the organisational structure and professional activities
- A detailed description of the organisation is to be provided, to include organisational charts, official documents indicating type of structure (non-profit, governmental agency, etc.), and mission statement
- Suggested that the Academy implement a method for performing a corporate structure review in advance to determine eligibility as an accrediting body
- Discussed that under strictly defined conditions, the standards allow that an accrediting body might also act as a provider/organiser of accredited education. All agreed that this “self-accreditation” could lead to the loss of independent review/oversight and potentially compromise the quality of the accredited education. Therefore, how to practically implement and manage this dual role should be clearly outlined and guide practical implementation.

### **Domain 2: Independence and Transparency in Accredited Education**

Since there are many competing interests within and external to the medical profession that interfere with rational and evidence-based decision-making in healthcare, every effort must be made to safeguard independence and transparency in accredited education. To achieve this, Domain 2 outlines the various standards that require CPD/CME providers or organisers of the accredited education to ensure an independent planning process, identification/mitigation/disclosure of conflicts of interest, and proper management of commercial support.

- Given the potentially controversial and complex nature of the role of industry in accredited education, in addition to strong policies and procedures in this area, clear definitions should be provided for key terms, such as commercial interest and relevant relationship

- More detailed guidelines regarding the implementation of the standards should be provided, to include specific directives and actual examples addressing practical questions (for example, where branded materials like logos, advertisements, etc. can/cannot be included)
- With the goal of increasing alignment around disclosure requirements, a standard conflict of interest disclosure form should be considered; or at least clearly delineate what is the minimum information to be collected

### **Domain 3: Needs Assessment Used in Planning Accredited Education**

The accrediting body must have requirements in place that ensure accredited education is developed in response to an analysis of the needs of doctors, patients, and communities. Educational needs may be identified from a variety of data sources including the expressed (perceived) needs of doctors and healthcare teams, practice gaps of doctors and healthcare teams, and/or the health status of patients and populations.

- Questions regarding how extensive a needs assessment must be; Is learner expressed need sufficient?
- Agreement that simple attestation that a needs assessment would be done is insufficient for compliance
- Actual results and educational needs must be outlined/summarised as these will guide the subsequent educational design, planning, and outcomes measurement

### **Domain 4: Content Validity in Accredited Education**

The content presented in accredited education must present the latest advances in scientific evidence and technological advances relevant to the practice of medicine and delivery of healthcare in order to continuously enhance the quality and safety of care provided to patients. In addition, faculty, authors, and others in control of content must ensure that the content is relevant, evidence-based, balanced, and free from commercial bias.

- Questions regarding what is considered evidence in CME and how to ensure that recommendations are evidence-based (planning, attestation, content review, evaluation)
- Easier to assess in eLearning formats where content can be recorded; more challenging for live events



### Domain 5: Quality of Educational Design

Educational design is critical to the provision of effective education. Based on the education literature, adults learn better when the education is multi-modal, episodic, and interactive. Adaptive education allows for learners with different or changing needs to participate and improve. The educational format of the accredited education should reflect the intended outcome.

- Accrediting bodies should not impose specific format requirements
- Providers should be free to identify the most appropriate educational design that complies with the standards of addressing the identified needs; utilising educational formats appropriate to the intended goals and outcomes of the education; facilitating the translation of new knowledge, skills and competencies into practice; and supporting thoughtful reflection and the joy of learning within the educational setting
- Although free to choose, providers must demonstrate a rationale behind selection of the educational design and formats

### Domain 6: Outcomes from Accredited Education

The assessment of the impact of, or outcomes from, accredited education allows the accredited CPD/CME provider or organiser of the accredited education to determine if the education has been effective. Outcomes also help to identify additional educational needs for future interventions.

- Given the different levels of outcomes, questions regarding the various tools that may be used to measure achievement of the activity goals
- Agreement that outcome measurement efforts should go beyond self-reporting
- Strong suggestion to provide tools and templates to guide the outcomes measurement process and ensure that minimum requirements are met

## Day 2: 11 September 2020

### *Small-Group Discussions and Reporting: Establishing a Process for Substantive Equivalency*

During the small group session on day 2, participants were invited to discuss and make recommendations related to the Academy's structure and process that will be needed to establish and maintain a system for determining substantive equivalency between CPD/

CME accrediting bodies. It was noted that currently, the Academy is staffed voluntarily by the Royal College of Physicians and Surgeons of Canada and the ACCME. Also, members do not pay dues and there are no Academy bylaws or officer positions. Referencing the proposed model below, participants broke into small groups to discuss the following.

### **Proposed Model for Discussion Only: The Inaugural Committee on Substantive Equivalency**

- There are a small number of accrediting bodies that have been determining substantive equivalency between and among each other for many years and therefore have experience with such determinations. Those accrediting bodies, as members of the International Academy, would form the inaugural Committee on Substantive Equivalency on behalf of the International Academy.
- The Committee on Substantive Equivalency would be constructed with five senior members of accreditation staff, each with staggered terms not to exceed 4 years. Committee members would not receive compensation.
- One staff member from one of the members of the Committee on Substantive Equivalency would be identified to provide staff support for the committee, including constructing and deploying the process for receiving completed applications, and coordinating reviews, interviews, and decision-making.
- Applicants for determination of Substantive Equivalency would be asked to pay a nominal fee (\$500 US Dollars?), and there would be an annual fee (\$500 US Dollars?) for accrediting bodies that want to participate in the work of the International Academy. Those funds would be used to help defray the cost of the time of the staff member.
- A lead reviewer and an assistant reviewer would be allocated from the committee, and these individuals would conduct the interview and make recommendations to the rest of the Committee on Substantive Equivalency.
- The committee would discuss and vote to decide on Substantive Equivalency.
- Members of the International Academy would be notified of the decisions, which would also be made public on the International Academy website, and would then have the opportunity to recognise the determination of Substantive Equivalency with whatever rights and privileges that would be afforded within their own system of accreditation.

### **Should the International Academy adopt a more formal organisation with bylaws and a volunteer leadership structure?**

Attendees unanimously agreed that at this point, in the relatively early stages of development, the Academy should remain less structured, evolving and formalising the organisation gradually, as needed. However, more importantly according to participants, is the focus on creating a clear mission for the Academy. A mission that goes well beyond simply establishing a process for determining substantive equivalency; which should be only one element of the Academy's purpose. These broader goals include growing the community of accreditors committed to high standards and best practices in CPD/CME via outreach to those less-developed or less-rigorous accreditation systems. Eventually, as the community grows and the Academy's operations with it, a more formal organisation with bylaws and leadership structure would be required; but not yet. In contrast, attendees felt very strongly that the Substantive Equivalency Committee must be well-structured, documented, and formalised from the start with a uniform and transparent process and quality assurance mechanism.

### **Would you support the model of a Committee on Substantive Equivalency as described? Would you recommend any changes or additions to the model?**

Participants supported the proposed model overall, but did have some practical recommendations and observations for Academy consideration. Principally, the emphasis was on ensuring sufficient functional and practical support for the process, especially in the early stages of establishing the system. This includes guaranteeing sufficient staffing levels, potentially beyond the one staff member outlined in the proposed model, so that the process is smooth, timely, and well-managed. Also, technological support was recommended in order to streamline the application and document management process. It was also suggested that committee members should be from those organisations with established experience in substantive equivalence.

### **How will the assigned staff resource be paid for: with a fee for each application, or through an annual fee, or both?**

In addition to the above, attendees had several questions pertaining to staff: who will be the staff member, from which organisation, will the staff person be a member of the Academy? All agreed that fees would be appropriate and need to be sufficient to sustain the administration functions. However, there was no consensus on specifically what those fees should be; except

that, in order to promote inclusivity and fairness, a sliding scale should be used to accommodate those from lower income areas. Discussions on the fees for substantive equivalency led to questions regarding the lack of fees for Academy membership overall. Currently, membership is free and all time and resources necessary to support the Academy operations are being donated by the members. There was concern raised regarding the sustainability of this volunteer-based business model, especially as Academy activities grow and develop.

### **Should applicants for Substantive Equivalency be offered opportunities to remediate and/or correct deficiencies if they do not meet the standards on initial review?**

The group was quick to agree that unquestionably applicants should be given this opportunity. The key goal of the Academy is to be open, providing mentorship and collegiality with the accreditation systems. Participants also mentioned the importance of language and cautioned on wording that might be perceived as condescending or patronising; such as "remediate" or "deficiencies". Attendees felt that, above all, the approach to take should be one of diplomacy, encouragement, and support.

### **What other considerations should be decided: length of time for an accrediting body awarded Substantive Equivalency, ongoing obligations (e.g. annual reports), credit reciprocity, news releases and other communication efforts?**

The discussions highlighted the importance of substantive equivalency as a peer-review process that is intent on building a community and promoting the competencies for continuous improvement. However, there was also discussion that substantive equivalency may not be of importance to all accrediting bodies, or that the term itself may not be sufficiently well-known to attract organisations to the Academy. Therefore, attendees made several suggestions for initiatives the Academy might offer.

- Raise awareness of the benefits, both conceptual and practical, of substantive equivalency
- Clear descriptions and explanations of the standards
- Library of practical tools to support implementation, such as examples of compliance/non-compliance, checklists, best practices, etc.
- Rapid application method for those organisations already having established substantive equivalency amongst their systems (for example, the ACCME, Royal College of Physicians and Surgeons of Canada, European Board for Accreditation in Cardiology, etc.)

- Readiness assessment tool for organisations preparing initial applications
- Outline of sanctions in cases of non-compliance
- Outline a pathway to credit reciprocity, which is more important than substantive equivalency for many organisations; noting that this, as a rule, should only follow after an agreement of substantive equivalency has been reached
- Create a strong community of accrediting bodies committed to upholding the international standards

### ***Promoting the Value and Measuring the Impact of International Standards for Substantive Equivalency***

***Facilitator: Craig Campbell, MD, FRCPS, FSACME, Associate Professor of Medicine and Director, Curriculum Faculty of Medicine University of Ottawa***

Dr. Campbell welcomed panellists Dr. Humayun “Hank” Chaudhry from the Federation of State Medical Boards (USA) and Prof. CS Lau from the Hong Kong Academy of Medicine for a roundtable discussion addressing how to promote the value and measure the impact of the international standards. All agreed that the Academy was uniquely positioned to support accreditation systems globally as they strive to achieve these goals.

#### **How would you describe the value of achieving an international standard for CPD accreditation?**

- A strategy to sustain and enhance CPD systems
- A means to influence the ongoing training of CPD for clinicians in practice
- A means to increase public trust in these systems
- Important for accreditors to maintain status and remain on par globally with international peers
- Noted that for accrediting bodies, potential source of anxiety of being assessed against an international standard

#### **Do you think the international standards will matter to physicians, patients, and/or health care systems?**

- Offers a strategy for enabling international credits and/or reciprocity; increasingly important with the growth in borderless online learning

- A way to enable physicians to validate their acquisition of new competencies/evidence
- A means that will support clinicians demonstrating to regulators their commitment to reflective practice and lifelong learning
- A system to reassure employers and patients that clinicians are engaged in meaningful and relevant CPD and not just a regulatory exercise

#### **How, what, and when would you gather evidence that measures the impact of these standards?**

- Level of adoption of the standards by regulatory authorities
- Expansion in the volume of accredited CPD, in step with the fast-changing medical field
- Comparisons between and across systems and specialities nationally and internationally in the effectiveness of CPD
- Leveraging public health data to determine both gaps and improvements in patient health
- Emphasis on patient outcomes
- Cautioned not to focus inflexibly on measuring outcomes at the expense of creativity, inclusivity, and innovation in the CPD/CME provided

### ***An Opportunity for the Academy to Support Alignment around Disclosure Requirements***

***Speaker: Graham McMahon, MD, MMSc, President & CEO, ACCME***

Illustrating the benefit of increasing collaborations amongst organisations, Dr. McMahon described an initiative aimed at supporting alignment around disclosure requirements. With a shared commitment to balance, independence, and transparency, and with both organisations undergoing a review and revision of their disclosure requirements, the ACCME took the opportunity to reach out to the International Committee of Medical Journal Editors (ICMJE) to propose aligning their respective disclosure frameworks. Sharing a consistent set of standards and definitions would promote accuracy and consistency of information disclosed by clinicians and authors while easing the administrative burden of inefficient form-filling and processing.

As a result of discussions and in order to be consistent with the ICMJE form, the ACCME agreed to make the necessary changes to their disclosure requirements, with the following now reflected in

their recently released Standards for Integrity and Independence in Accredited Continuing Education.<sup>5</sup>

- All financial relationships are to be disclosed by the clinician or author; regardless of whether they believe the relationships are relevant.
- Disclosure applies to relationships within the prior two years with any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
- It is no longer required to disclose relationships of family members.

This alignment would support establishing a singular base of disclosure information that could be freely exchanged between or referenced by continuing education providers and journals. Conference participants agreed that this process of standardisation by the ACCME and the ICMJE is an encouraging and welcome example of collaboration and compromise between international organisations; to the benefit of both communities.

### Other Business for the Academy/Review of Projects

**Facilitator: Rhonda St. Croix, PCC, MBA, CMA, Director, Continuing Professional Development, Royal College of Physicians and Surgeons of Canada**  
Ms. St. Croix outlined the Academy's major accomplishments<sup>6</sup> to date.

- Standards for Substantive Equivalency between Continuing Professional Development/Continuing Medical Education (CPD/CME) Accreditation Systems
- CPD Accreditation Glossary (a common set of terms to facilitate collaborations and discussions)
- Consensus Statement for Independence and Funding of Continuing Medical Education (CME)/Continuing Professional Development (CPD)

She went on to present the list of potential new projects for the Academy, as illustrated by the results of their 2017 survey (see Figure 2). She took suggestions from CCC20 participants on which projects to prioritise and also indicated that the Academy is considering conducting another survey in the near future.

### Summary and Next Steps

The 2020 Cologne Consensus Conference took place during a time of unique challenges, and opportunities, brought upon by a global pandemic. Within this exceptional context, the CPD/CME enterprise showed its strength and resilience by not only responding to the crisis, but by also continuing to pursue common goals; not least of which is the adoption of the Standards for Substantive Equivalency. This is an accomplishment resulting from an admirable commitment to volunteer leadership, a willingness to share and listen to one another, and an ability to engage in meaningful and respectful dialogue.

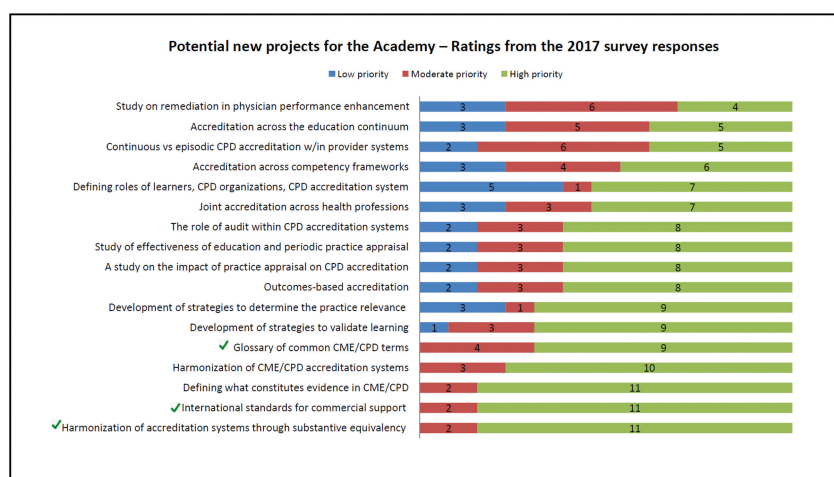


Figure 2. Potential new projects for the academy (reproduced from the presentation by R. St. Croix).

<sup>5</sup>ACCME Standards for Integrity and Independence in Accredited Continuing Education: <https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>.

<sup>6</sup>Academy Quick Links: <https://academy4cpd-accreditation.org/>.

Now with a shared set of standards, the work continues as a formal and practical process for determining substantive equivalency must be established. As was the case when developing the standards themselves, this process will be achieved over several years, as broadly outlined by Dr. Craig Campbell.

### **12–18 Months**

- Establish the specific expectations and requirements for demonstrating substantive equivalency
- Design the process for demonstrating substantive equivalency
- Pilot the process to determine feasibility (can it work), level of work required (is it simple enough), and consistency of the decision process (is it fair)

### **18–36 Months**

- Utilise the pilots to develop a programme of evaluation for continuous improvement
- Identify what should be subject to change: the standards, process, and/or measures

### **Longer Term > 36 Months**

- Measure the impact of CPD accreditation that is based on a shared set of standards

- Assess whether the international standards enable learning and continuous improvement to achieve enhanced outcomes, improve the patient experience, support the work life of clinicians, lower healthcare costs, etc.

At the conclusion of the two-day event, participants were again polled about their feelings regarding the state of and their role in international continuing education. Attendees indicated positively that they felt more inspired, motivated, hopeful, and energised. Most significantly, and contrary to the beginning of the conference, no negative responses were given. From this, as well as from the information in this report, it's clear that although a world apart, we are indeed together.

The next and tenth iteration of the Cologne Consensus Conference will be a virtual event taking place September 8–9, 2021 and will continue the important task of exploring the practicalities of how to assess compliance with the international standards in order to determine substantive equivalency between accrediting bodies.

### **Disclosure statement**

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