The Consortium for
Academic Continuing Medical Education

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On July 8, 1997, four allopathic medical schools in Pennsylvania, The University of Pittsburgh School of Medicine, Penn State School of Medicine, Temple University School of Medicine and Jefferson Medical College, together with the Accreditation Council for Continuing Medical Education (ACCME) formed an unprecedented collaborative partnership: the Consortium for Academic Continuing Medical Education (CACME). CACME is responding to the changing needs of the continuing education environment by creating innovative ways in which CME can be accredited, developed, and delivered while meeting the ACCME’s accreditation standards.

The rationale for the ACCME and the four medical schools forming CACME is multifaceted; first, they acknowledged with alarm the statistic that, at one point over the last year, a high percentage of all medical colleges nationally were either on probation, coming off probation, or lost had accreditation. They mutually arrived at the conclusion that the problem may demand nationwide systemic, as well as local institutional solutions. An additional motivating factor behind this unique partnership was the recognition that the environment in which medical education is conducted and health care is delivered is dynamic, and necessitates a flexible approach to facilitating life-long learning for physicians. The traditional accreditation standards tended not to be commensurate with this environment-in-transition.

Members of the four institutions shared the belief that leadership was needed to take the field through this emerging and confusing era, and that academic medical institutions were naturally suited for this role by virtue of their core mission of integration of research, clinical practice and education across the continuum of professional learning.

The ACCME and the CACME are combining their strengths in the first pilot project in the ACCME’s history to address these issues. Among the project’s goals are:

- Defining outcomes in terms of educational and behavioral change;
- Development of educational models that have as their core the principles of continuous quality management;
- Identification of the problems and solutions unique to medical school and integrated health delivery system CME;
- Elimination of unnecessary paperwork;
- Elimination of duplicative paperwork so that the focus of effort is on life-long professional education rather than compliance and bureaucracy;
- Relying on CACME members to disseminate information on cogent issues relevant to CME policy.

In May 1998, CACME presented a report outlining a new accreditation model to the governing body of ACCME. The model represents a significant departure from the norm and is currently under review. In addition, CACME conducted a retreat for the CME staff of each institution at the University of Pittsburgh School of Medicine to begin discussions on how to make the concepts contained in the model at each medical school operational.
By working together we hope to provide data and information that will be generalized to all medical schools across the country and to effect positive change on a national basis. Through this effort, Jefferson Medical College has the potential to contribute far-reaching benefits to physicians—and likewise, to their patients—throughout their careers.

**About the Author**

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