

## Summary of Substantive Changes CPME 720

- Reduced the number of standards from 9 to 6
  - Revised Standard 2.0 (combined old Standards 2 & 4)
  - New Standard 4.0 (old Standard 5)
  - New Standard 5.0 (old Standard 6)
  - New Standard 6.0 (old Standard 7)
- Added Intent and Background (I & B) statements to further clarify requirements
- Standards were made consistent for activities whether in-person, on demand, or virtual
- Updated the Council's mission statement
- Added DEA statement
- Changed needs assessment to gap analysis
- Added Physician Wellness as an area of educational content
- Added Interchangeability of Terms - Continuing Education Contact Hours (CECH) and Continuing Medical Education (CME) Credits
- Added requirement 1.10 regarding substantive changes
- 5.2 requirement language change - 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.
- 6.4 requirement language change - The provider shall have a method to record attendance and verify participation. 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
- Appendix B – added manuscript review, article authorship, and print based instructional media CECH or CME credit language.
- Appendix C – Changed Sources of Needs Assessment to Sources of Gap Analysis

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- All New – opportunity for individuals or organizations to submit third party / public comment on provider petitions
- All New – Provisional Approval category for the first three years of a new provider application before the first petition is due. No joint providership is allowed during this period
- All New – Assessment of Evaluator Effectiveness added for information and to align with residency and fellowship evaluator policies
- All New – allow third party comments for petitions and evaluations.

- Added – ASPE shall be requested to provide a list of names from which the Council chair shall select an appointee for the Committee. The members of the Committee are appointed by the Council chair and confirmed by the Council
- Approval with Report – always an “unwritten” category of approval. Added for clarity
- Inactive Status – changed from 2 years to 3 years of inactivity
- Added – failure to submit a complete and accurate annual report may result in a change of approval status by the Council
- Added that signatures may be electronic or handwritten
- Clarified communication between the CPME and the provider