

Learn to Thrive 2025

Frontline CE Educators: Strategies for Enhancing Professional Development and Identity Formation

A product of the Learn to Thrive 2024 Working Group
*Professional Development and Professional Identity Formation
of the CE Educator*



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Introduction

Continuing education (CE) activity directors and planning committee members do not always have the knowledge and skills needed to plan and deliver effective continuing education. Yet, they are typically responsible for the majority of CE activities. Many accredited CE activities are planned and implemented, not by the CE Office, but rather by activity directors and activity planners at the organizational, institutional, departmental or unit level.

These “Frontline CE Educators” also are typically not familiar with the Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria and Standards for Integrity and Independence in Accredited Continuing Education. Furthermore, Frontline CE Educators also neither identify themselves as nor are recognized by others as CE educators.

Problem Identification and General Need Analysis

In 2022, our Working Group conducted a study to assess the current approach to the professional development of frontline continuing medical education (CME) planners and to help identify their professional development needs. The results of this study were presented at the ACCME 2022 Learn to Thrive annual meeting¹.

We conducted a literature search, a national survey through the Society for Academic Continuing Medical Education (SACME) listserv, and focus group discussions with CME leaders from five national institutions and one international institution.

- The literature search indicated that there was no published work that specifically addressed the need of frontline CME planners. The primary focus was the general development of medical educators.
- We received 63 responses to the national survey. Seventy-five percent of responses indicated that education and training were done informally on an as-needed basis. The priority topics for training included compliance issues with ACCME Accreditation Criteria and Standards.
- The focus group discussions also indicated variability in training of CME planners and a lack of competency framework for CME educators. In addition, frontline CME providers did not typically participate in conferences dedicated to advancing the field of CME.
- We also conducted a focus group discussion with the ACCME Working Group members. The discussion confirmed the informal nature and variability of training of Frontline CE Educators. Both analyses indicate that there is a need to target the professional development of Frontline CE Educators.

Target Group

The proposed recommendations of this Working Group target the Frontline CE Educators. These include activity directors, activity planners, and planning committee members who design and implement CE activities at the organizational, institutional, departmental or unit level such as courses, regularly scheduled series (e.g., grand rounds, tumor boards), or other accredited CE and professional development activities.

Working Group Goals

The three main goals for our Working Group were:

1. Outlining a competency framework for Frontline CE Educators;
2. Recommending a curriculum aligned with the competency framework;
3. The professionalization and professional identity formation of the Frontline CE Educators.

Methods

Timeline

Our ACCME Working Group activity started at the ACCME 2024 Learn to Thrive annual conference and concluded at the ACCME 2025 Learn to Thrive annual conference. There were three open kickoff sessions in which participants could attend our Working Group presentations to learn more about its focus and intent. From these sessions, we collected information and then analyzed participants' feedback to inform the strengths, weaknesses, opportunities, and threats (SWOT) of the proposed plan for our Working Group.

Working Group Engagement

The Working Group consisted of four leaders and 59 members from a variety of institutions and organizations. The working group met virtually for one hour 11 times over a five-month period.

There were four main Working Group meetings. These meetings included an overview of the Working Group goals, a focus group discussion of existing professional development activities for Frontline CE Educators at participants' organizations, and focused discussions of each of the main goals of the Working Group: a competency framework for Frontline CE Educators, a proposed curriculum aligned with the competency framework; and the professionalization and professional identity formation of the Frontline CE Educator. Supplemental subgroup meetings were held to further refine the recommendations and discuss resources to support the curriculum and the product development phase.

SWOT Analysis

The proposed target group of the Frontline CE Educator was perceived as a unique strength as most education has centered around the CME/CPD internal office. The working proposal was also building on identified needs and gaps in a previously conducted CPD research project. Weaknesses included the high turnover of activity directors, the lack of motivation of key stakeholders to be educated on CME/CPD processes and best practices, and lack of time for professional development. The scope of the project was

also felt to be too large given the timeline of deliverables. Participants recommended building on existing resources and using this opportunity to develop a national program and recognition program as aspiring goals. There were several threats to consider including being cognizant of different environments, obtaining appropriate levels of funding and support, understanding the roles of CPD vs. faculty development offices, and getting buy-in from leadership and Frontline CE Educators. The results of the SWOT analysis are summarized below.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Target group of Frontline CE Educators • Identified needs and gaps through CPD research project 	<ul style="list-style-type: none"> • Activity Directors and Planners turnover • Lack of motivation of stakeholders • Time needed for professional development • Ambitious scope
Opportunities	Threats
<ul style="list-style-type: none"> • Build on existing resources • National recognition of program 	<ul style="list-style-type: none"> • Different environments • Funding and support • CE/CME vs. Faculty Development offices silos • Leadership buy-in • Frontline CE Educators buy-in

Alignment of Working Group Goals with ACCME and Joint Accreditation

The Working Group goals are aligned with the ACCME strategic goal to advance excellence in accredited continuing education, and the ACCME Commendation Criterion in which the provider supports the continuous professional development of its CME team. This is important not only in helping ensure consistency of processes for accreditation and certification of CE activities, but also in supporting best practices in andragogy and implementation science methods in CE.

We completed a side-by-side comparison of the ACCME and Joint Accreditation for Interprofessional Continuing Education (JA) accreditation and commendation criteria to align with the Working Group's strategic goals of educating the Frontline CE Educator. Based on this analysis, we identified several instances of alignment with the accreditation and commendation criteria with both organizations. For instance, there was alignment with the following core criteria:

1. Program Analysis
2. Program Improvement
3. Educational Needs
4. Education that is designed to change skills/strategies, or performance of the team
5. Analyzes Change
6. Validity of Content
7. Standards for Integrity and Independence
8. Managing Ancillary Activities

Many of the Commendation Criteria were identified as advanced levels of knowledge for the Frontline CE Educator, such as education addressing population health and improving performance of the team.

Goal #1: Competency Domains for the Frontline CE Educator

The first goal of the Working Group was to identify and define a competency framework for the Frontline CE Educator. Building on existing resources, the Working Group recommended the use of the ACCME Core Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and Commendation Criteria as a foundation for the competency framework for educating the Frontline CE Educator. This competency framework best aligns with planning an effective continuing education activity that meets and demonstrates compliance with ACCME and Joint Accreditation criteria for accredited continuing education and includes additional competencies for advancing excellence in accredited continuing education.

Three main competency domains were identified along with subcompetencies:

1. Educational Planning and Evaluation
2. Standards for Integrity and Independence
3. Additional Competencies

Each competency and the associated sub-competencies are outlined below and summarized in Appendix A. They include descriptive language aligned with ACCME Core Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and Commendation Criteria to help facilitate implementation at the local level.

Competency Domain #1: Educational Planning and Evaluation

Educational planning and evaluation was identified as the first competency domain because it encompasses many steps in the process of planning accredited medical and interprofessional education. This competency domain was seen as foundational and a cornerstone for Frontline CE Educators.

Sub-competencies:

- **Educational Needs**

Determining the educational needs provides a blueprint for the educational intervention. Identifying the gaps in knowledge, skills, performance, and patient outcomes is central to educational design. Learning objectives should be aligned with the gaps identified in the needs assessment, and educational activity development.

- **Designed to Change**

Accredited education should be designed to change learners' competence, performance, and ultimately patient outcomes. Education should not only target learners' knowledge and skills, but also what they will do in their practice, and the potential impact on patients or the care delivered, which could lead to better patient outcomes, healthcare quality, and community health.

- **Appropriate Formats**

Identifying appropriate educational formats and educational strategies for the target audience is essential. Understanding the target audience, including demographics and other relevant characteristics, will help determine the preferred learning format. Activity formats, such as didactic, small group, interactive, hands-on skill labs, live, virtual and hybrid, should be determined based on the goals of the educational intervention, and the needs and preferences of the diverse target audience.

- **Desirable Attributes and Competencies**

The desirable learner attributes and competencies can be addressed in the learning objectives. The needs assessment should determine desirable attributes and competencies of the learners. Learning objectives and assessments should be aligned with these attributes and competencies.

- **Analyzes Change**

Learner assessment should be integrated into the educational intervention to determine if there are changes in learners' knowledge, skills, competence, performance, and/or patient outcomes.

- **CE Program Improvements**

In addition to planning and implementing an effective educational activity or program, planners should conduct an overall evaluation to determine if it is meeting its intended goals, and identify, plan and implement the needed or desired changes prior to future offerings.

Competency Domain #2: Standards for Integrity and Independence

Standards for Integrity and Independence in Accredited Continuing Education are critical for the Frontline CE Educator to know and understand. These standards are not always followed and understood by the Frontline CE Educators.

Sub-competencies:

- **Content Validity**

Accredited education should be presented in a fair and balanced way. Clinical content presented should support safe, effective patient care.

- **Prevention of Commercial Bias and Marketing**

All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.

- **Identification, Mitigation, and Disclosure of Relevant Financial Relationships**

Anyone planning accredited educational programs must complete a financial disclosure. All course directors, planners, faculty, and speakers' financial relationships should be identified, mitigated and disclosed to the learners.

- **Management of Commercial Support**

Accredited providers must have processes and mechanisms in place to appropriately manage commercial support, and the Frontline CE Educators should be aware of these processes.

- **Management of Ancillary Activities**

Accredited education must be separate from marketing by ineligible companies, such as advertising, sales, exhibits, and promotion, and from nonaccredited education offered in conjunction with accredited continuing education.

Ancillary activities cannot influence decisions related to the planning, delivery, and evaluation of education, nor can they interfere with the presentation of the education. Ancillary activities cannot be a condition for the provision of financial or in-kind support from ineligible companies for the education.

The accredited provider must ensure learners can easily distinguish between accredited education and other activities. The provider must use separate space between the accredited and the ancillary activities or allow 30 minutes before and after the accredited portion of the activity if using the same space.

Competency Domain #3: Additional Competencies

The Working Group identified several additional competencies that extended beyond the previous two competency domains. Several of these additional competencies and sub-competencies are included and/or embedded in the ACCME Core Criteria and Menu of Criteria for Accreditation and Commendation and can be included as part of a basic and/or advanced curriculum (e.g., science of learning).

Sub-competencies:

- **The Science of Learning**

The inclusion of adult learning principles and theories can provide a framework for the frontline educators to design appropriate and effective education for the target audience.

- **Curriculum Development**

Several curriculum development models can be used for developing curricula for accredited education. One model that works well is Kern's Model of Curriculum Development². This model includes six steps: 1) Problem identification and general needs assessment, 2) Targeted needs assessment of the intended audience, 3) Goals and objectives, 4) Educational strategies, 5) Implementation, and 6) Evaluation and feedback.

- **Promote Team-Based-Education**

Education designed for interprofessional teams is essential. Members of the healthcare team interact closely and therefore benefit from learning together. Engaging in the planning and delivery of interprofessional education by the team for the team helps ensure that all learners' needs are met. Teams can also include patients, the public at large, and students.

- **Address Public Health Priorities**

Addressing public health priorities helps keep the educational interventions broad to meet the needs of all learners. Health and practice data can be used to identify public health priorities and ensure that population health is at the forefront of educational content. Understanding principles of implementation science can help in addressing these priorities.

- **Enhance Skills**

Specific skill enhancement can help meet the needs of diverse learners. Enhanced skills can include communication skills, technical and procedural skills, the creation of individual learning plans, and the utilization of support strategies to enhance changes. With the rapid evolution of artificial intelligence, application of artificial intelligence in continuing education is another important skill to acquire.

- **Alignment with Quality Improvement and Patient Safety**

The accredited education can be planned and aligned with quality improvement initiatives and patient safety content.

- **Educational Leadership and Administration**

Educational leadership and administration constitute a broad sub-competency that includes leadership and administrative knowledge and skills, conducting educational research and scholarship in continuing education, fostering a learning environment that supports diversity, equity, inclusion, and accessibility (DEIA), professionalism, and the well-being of learners and colleagues.

Goal #2: Curriculum Development

A curriculum for Frontline CE Educators should be aligned with the competency framework. We recommend Kern's model for curriculum development². It is a systematic and effective framework for designing medical education curricula relevant to learners' needs. The model emphasizes the importance of a cyclical approach to curriculum development that includes feedback and evaluation to inform ongoing refinement and adaptation.

Kern's model includes a six-step approach to curriculum development:

1. Problem Identification and General Needs Assessment

As indicated previously, we conducted a general needs assessment that included a literature search, a national survey, and focus group discussions with CE leaders that identified a gap in knowledge and skills for the frontline CE planners that a curriculum should address. We also identified a gap in the professional identity as CE/CPD educators of these frontline planners.

2. Targeted Needs Assessment

A proposed curriculum will need to focus on the specific needs of the target learner group at local institutions. Local needs assessment and level of competence, and targeted areas for improvement for specific learners can be done through surveys, interviews, or direct observations.

3. Goals and Objectives

The recommendations outlined in this document include broad curriculum goals that define what the curriculum aims to achieve. Specific and more detailed learning objectives that are measurable and target the needs of specific learners can be implemented at the local level.

4. Educational Strategies

Appropriate instructional strategies and educational materials will need to be selected that align with the learning objectives and to help facilitate learner engagement. National resources such as those available through the ACCME Academy can help facilitate implementation of the local level.

5. Implementation

Implementation of the curriculum would need to take into consideration logistical planning and coordination at the local institution, including needed support from relevant stakeholders, securing needed resources and addressing barriers, to help ensure proper education and training of the Frontline CE Educators.

6. Evaluation and Feedback

Any curriculum will need to be assessed for effectiveness using both formative and summative assessments by collecting feedback and evaluation from learners, faculty, and other stakeholders to determine if the objectives were met. A full program evaluation would help identify opportunities for improvement.

A curriculum, aligned with the proposed competency framework for Frontline CE Educators, can be divided into two levels – essential and advanced for each of the competency domains. Having an essential and advanced curriculum takes into consideration factors such as time and workload limitations of the Frontline CE Educators, as well as relevance and priority of all the subcompetencies to meet individual learners' needs. Recommendations for an essential and advanced curriculum are outlined in Appendix A.

Educational Resources

The Working Group created a preliminary inventory of resources to support the essential and advanced curriculum for the Frontline CE Educator (Appendix B). This inventory can be customized and expanded to meet the needs of the learners.

Goal #3: Professionalization and Professional Identity Formation of the Frontline CE Educators

Professional Identity Formation (PIF) is a dynamic, lifelong process through which individuals in a particular field cultivate and integrate core values, behaviors, and professional norms. In medical education, PIF plays an important role in shaping how healthcare professionals think about their roles and responsibilities, approach patient care, and engage with their colleagues. This process is particularly significant for CE educators, who play a dual role in both shaping the professional identities of learners and continually evolving their own professional identities³⁻¹².

PIF is a journey that commences early in one's career and persists throughout their professional life. In medicine, PIF is influenced by formal education, clinical practice, mentorship, and reflective learning. Medical students and residents begin their PIF journey through exposure to medical knowledge, ethical principles, and role models, which shape their self-perception as professionals. Similarly, CE educators undergo their own identity formation process, molded by interactions with colleagues, learners, leaders, their clinical practice, and the broader health care community. PIF is shaped by continuous practice engagement, ongoing learning, and collaboration with fellow educators.

The development of a robust professional identity is associated with positive outcomes such as improved educational performance and better patient care, and can promote well-being, resilience and increased work satisfaction¹³. CE educators can be seen as role models for professionalism, providing learners with not only knowledge but also a framework for ethical practice, communication, and patient-centered care. By exemplifying professionalism in their teaching methods, clinical work, relationships with peers, they guide learners in internalizing the values and behaviors essential for lifelong learning.

In addition to the knowledge and skills needed as educators, CE educators must be well-versed in the ACCME's Standards for Integrity and Independence in Accredited Continuing Education because these standards are fundamental to ensuring that CE activities are conducted with transparency, objectivity, and without bias, and uphold independence and integrity for the profession and institutions. The ACCME Standards are designed to safeguard against conflicts of interest that could compromise the quality or credibility of educational content, ensuring that learners receive unbiased, evidence-based information. By comprehending and adhering to these standards, CE educators uphold the trust of both learners and patients, fostering an educational environment that prioritizes the best interests of patients and the healthcare community. Furthermore, compliance with these standards demonstrates a commitment to professionalism, ethical conduct, and the continuous improvement of medical practice.

In addition to their role in guiding learners, CE educators experience significant benefits from the development of their own professional identities. Teaching often requires educators to confront their own biases, revisit foundational knowledge, and engage in ongoing self-assessment. This reflective practice can lead to greater self-awareness and professional growth. As educators engage with diverse learners and respond to emerging knowledge, their identities as educators evolve. Just as learners must commit to lifelong learning, CE educators must remain receptive to new ideas and practices that enhance their professional identity and efficacy as educators, and make them effective partners with their institution or organization in addressing mission priorities.

While PIF is vital for CE educators, there are several challenges within this process. One of the key challenges is the balancing act between clinical work and teaching. Many Frontline CE Educators are practicing clinicians who are also expected to be effective activity planners and teachers. These multiple roles can lead to time constraints and role conflict, as it can be challenging to allocate sufficient time and energy to both patient care and education. Such pressures can impede the Frontline CE Educators' ability to engage in the reflective practice essential for the development of their professional identity.

Burnout is another significant challenge in CE education. The concurrent demands of clinical practice, teaching, and staying current with medical advancements can be overwhelming, particularly in the absence of adequate support or acknowledgment. As educators experience burnout, their own professional identity may become strained, which in turn affects their ability to model professionalism for their learners. Recognizing the signs of burnout and implementing strategies to support the Frontline CE Educators' well-being is crucial for sustaining their professional identity.

Furthermore, CE educators work with learners at various stages of their careers, from novice practitioners to seasoned specialists. This diversity in learner backgrounds and professional experiences can make the task of providing relevant and impactful education more challenging. CE educators must continuously adapt their teaching strategies to meet the needs of a diverse audience, which require both teaching skills and a flexible professional identity.

Supporting The Professional Identity Formation of the Frontline CE Educators

To support the professional identity formation of the Frontline CE Educators, several strategies can be considered. Self-reflection is an important tool for CE educators to assess their evolving professional identities. Regular self-assessment allows educators to identify areas for growth and engage in targeted professional development. Additionally, reflective practice allows educators to connect their clinical experiences with their teaching responsibilities, thereby strengthening the integration of professional practice and educational expertise.

In addition, professional development programs can equip the Frontline CE Educators with the necessary tools to enhance both their teaching skills and professional identities. These programs can include opportunities for peer feedback and training in innovative instructional methods. By participating in professional development, the Frontline CE Educators will not only enhance their teaching but also deepen their understanding of their own professional roles and responsibilities. The goals outlined in this document include recommendations for the professional development of the Frontline CE Educator.

Mentorship is a valuable strategy for both educators and learners. Seasoned CE educators can mentor less-experienced colleagues, sharing insights and providing guidance on navigating the dual responsibilities of being both a clinician and an educator. This relationship offers mutual benefits, as both mentors and mentees can grow professionally and personally through ongoing dialogue and support.

Finally, creating communities of practice within medical education can foster collaboration and collective learning. By engaging with fellow educators, Frontline CE Educators can share challenges, successes, and strategies for professional growth and identity formation. These communities can also provide a sense of belonging and professional camaraderie, which is important for sustaining a positive and resilient professional identity.

Institutions and organizations should also provide the necessary resources (e.g., time and funding to support the professional development of the Frontline CE Educator). In addition, national organizations can help support the professional development and identity formation of the Frontline CE Educators by providing resources and national certification and recognition programs.

Recognition of the Frontline CE Educators

Acknowledging the contributions of the Frontline CE Educators is vital for fostering a culture of excellence in health professions education and ensuring the ongoing development of healthcare professionals, while contributing to the professionalization and PIF of the Frontline CE Educators.

Recognition of Frontline CE Educators can serve as a powerful motivator, increasing job satisfaction and fostering a sense of accomplishment. When educators are acknowledged for their dedication and expertise, they are more likely to feel valued and engaged, which can lead to improved teaching performance and a greater commitment to professional development.

Recognition also plays a vital role in preventing burnout, a common issue in medical education, particularly for those balancing clinical responsibilities with teaching duties. Acknowledging the efforts of CE educators may also help mitigate feelings of underappreciation, which can contribute to job fatigue and disengagement. Furthermore, recognizing CE educators elevates the overall quality of education. When educators receive positive reinforcement for their teaching, it encourages them to maintain high standards and adopt innovative approaches to instruction. This can create a ripple effect, as recognized educators are more likely to inspire their learners

to strive for excellence in their own practice. Recognition fosters a culture of continuous improvement, benefiting both educators and the broader healthcare system.

There are many possible ways to recognize the Frontline CE Educators for their contributions. Formal awards and recognition programs, such as “CE Educator” awards or recognition at conferences, provide an excellent platform to honor exceptional educators. These awards not only acknowledge individual achievements but also establish a benchmark for others to aspire to. Peer recognition is another tool. Colleagues can nominate one another for recognition, fostering a supportive, collaborative environment within educational institutions.

Public acknowledgment through newsletters, social media, or during educational events is another simple but effective way to recognize the Frontline CE Educator. Public recognition underscores the value of their work and demonstrates appreciation within the larger medical community. The Healthcare Continuing Education Professionals Day launched on January 2025 is a wonderful opportunity to publicly acknowledge the CE educators. Offering opportunities for career advancement by aligning leadership roles or involvement in curriculum development with promotion criteria is another meaningful way to acknowledge an educator’s contributions. Finally, personalized acknowledgment—such as a note of recognition and/or a communication with a division or department chair—can have a significant impact. Recognizing the specific contributions of educators fosters a sense of individual value, enhances their professional identity, and reinforces the personal connection between educator and institution.

Summary and Recommended Next Steps

Frontline CE Educators are instrumental in advancing medical knowledge, improving clinical practice, and enhancing the skills of healthcare providers. CE activities directors and planners are often responsible for the majority of continuing education activities at individual institutions. Yet, these activities directors and planners (the “Frontline CE Educators”) do not often engage in their own professional development as CE educators nor identify as such.

We propose that we intentionally engage the Frontline CE Educators in their professional development. We have recommended a competency framework and an essential and advanced curriculum which are aligned with best practices in accredited continuing education, as well as approaches to curriculum implementation. Our recommendations are summarized in Table 2.

Table 2. Recommendations

1. Competency framework for Frontline CE Educators which include three main competency domains with associated subcompetencies:
 - a. Educational planning and evaluation
 - b. ACCME Standards for Integrity and Independence in Accredited Continuing Education
 - c. Additional competencies to help foster best practices in accredited continuing education
2. Curriculum framework and curriculum development for Frontline CE Educators which includes an essential and advanced curriculum
3. Resources to support curriculum implementation
4. Strategies for the professionalization and professional identity formation of the Frontline CE Educators

This document can be used as a resource to support the implementation of such an educational program for Frontline CE Educators at the local level. By supporting their professional development and professional identity formation as CE educators, and by recognizing their contributions, we can significantly impact the field of continuing education and improve educational outcomes for learners and the quality of care that is delivered.

Future work should further define specific recommendations and resources needed for the implementation of a curriculum that can aid in the professional development of the Frontline CE Educators. It should include specific learning objectives, detailed educational strategies, and a more comprehensive inventory of national resources that can be used to support curriculum implementation. It is a unique opportunity for CE offices to be involved in leading such an initiative at the local level. Ultimately, we aim to encourage best practices in CE and thus help advance the field of continuing education and the quality of healthcare delivery. As the healthcare landscape continues to evolve, so too must the professional identities of those who educate, guide, and inspire the lifelong learning of others.

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Appendix A – Competency Framework

As mentioned above, having an essential and advanced curriculum takes into consideration factors such as time and workload limitations of the Frontline CE Educators, as well as relevance and priority of all the sub-competencies to meet individual learners' needs. Two factors that were considered when identifying the essential curriculum include what is needed to deliver effective accredited continuing education and which sub-competencies are critical to the implementation of a compliant accredited continuing education activity. Many of the sub-competencies in the advanced curriculum are aligned with the ACCME Core Criteria and Joint Accreditation Commendation Criteria. However, it may be appropriate in some instances to include these sub-competencies as part of an essential curriculum based on local needs.

Competency	Sub-competency	Essential or Advanced Curriculum	Description
Educational Planning and Evaluation	Educational Needs	Essential	Conduct gap analyses and needs assessments at the beginning stage to design education for the target audience. Assess the current state and desired state of learners' knowledge, skills and performance to determine gaps.
	Designed to Change	Essential	Design educational interventions to change competence, performance, skills, strategies, patient outcomes, healthcare quality, and/or community health outcomes.

Competency	Sub-competency	Essential or Advanced Curriculum	Description
	Appropriate Formats	Essential	Develop activity formats (e.g., didactic, small group, interactive, hands-on skill labs) to support the goals of the educational intervention.
	Desirable Attributes and Competencies	Essential	Identify the desirable attributes and competencies of the learners to include in the learning objectives.
	Analyzes Change	Essential	Integrate learner assessment and program evaluation into the educational intervention to assist with analyzing change.
	Educational Activity Analysis and Improvement	Essential	Implement the educational activity and conduct an overall evaluation to identify, plan and implement needed or desired changes.

Competency	Sub-competency	Essential or Advanced Curriculum	Description
ACCME Standards for Integrity and Independence in Accredited Continuing Education	Content Validity	Essential	Confirm all recommendations for patient care in accredited continuing education are based on current science, evidence, and clinical reasoning.
	Prevention of Commercial Bias and Marketing	Essential	Verify educational programs are free of commercial bias, while giving a fair and balanced view of diagnostic and therapeutic options.
	Identification, Mitigation, and Disclosure of Relevant Financial Relationships	Essential	Confirm all course directors, planners, faculty, speakers, and others' global financial relationships are identified, mitigated and disclosed to the learners.
	Management of Commercial Support	Advanced	Ensure processes and mechanisms are put in place to manage commercial support.
	Management of Ancillary Activities	Advanced	Confirm ancillary activities adhere to the ACCME Core Criteria and Standards.

Competency	Sub-competency	Essential or Advanced Curriculum	Description
Additional Competencies	Science of Learning	Advanced	Integrate adult learning principles and theories to design appropriate education.
	Curriculum Development	Advanced	Integrate principles of curriculum development (e.g., Kern's Model for curriculum development: 1) A general needs assessment, 2) A targeted needs assessment of the intended audience, 3) Outlining goals & objectives, 4) Creating the content, 5) Implementing the curriculum, and 6) Evaluating the curriculum).
	Promotes Team-based Education	Advanced	Include interprofessional teams, engagement of patients and public, and engagement of students.
	Addresses Public Health Priorities	Advanced	Include data on population health and internal and external collaborations.
	Enhances Skills	Advanced	Include enhancing communication skills, technical/procedural skills, creation of individualized learning plans, and the use of support strategies and artificial intelligence in continuing education.

Competency	Sub-competency	Essential or Advanced Curriculum	Description
	Alignment with Quality Improvement and Patient Safety	Advanced	Align planned accredited education with quality improvement and patient safety initiatives.
	Educational Leadership and Administration	Advanced	Address leadership and administrative knowledge and skills, and broad topics in the educational content that support educational research and scholarship, inclusion, accessibility, professionalism, and well-being.

Appendix B – Curriculum Resources

The following table includes a preliminary inventory of resources to support the essential curriculum and advanced curriculum. Additional resources can be added when identified and to customize the learner’s experience.

General Resources	
	<ul style="list-style-type: none"> • ACCME Academy • ACCME Certificate Programs • Active Learning Library - Teaching Tools • American Medical Association Physician’s Recognition Award (AMA PRA) and Continuing Medical Education Credit System • AMA Guidance on New Procedure for CME • International Association for Health Professions Education (AMEE) Guides • CE Educator’s Toolkit • Accreditation Council for Graduate Medical Education (ACGME) Clinician Educator Milestones Project • International Association of Medical Science Educators (IAMSE) Manuals • Association of American Medical Colleges (AAMC) MedEdPORTAL
Education Planning and Evaluation	
Science of Learning	<ul style="list-style-type: none"> • Educational Theory Made Practical Series Volumes 1-5 • The Universal Design for Learning Guidelines • Understanding How We Learn: A Visual Guide
Designed to Change	<ul style="list-style-type: none"> • AAFP Guidelines for Writing Learning Objectives
Appropriate Format/ Educational Strategies	<ul style="list-style-type: none"> • ACCME Instructional Design Resources • The Learning Scientists - Six Strategies for Effective Learning
Curriculum Development	<ul style="list-style-type: none"> • Curriculum Development for Medical Education - A Six-Step Approach by Thomas PA, Kern DE, et al. Third Edition • UCF Backward Design (Video)

ACCME Standards for Integrity and Independence in Accredited Continuing Education	
	<ul style="list-style-type: none"> • ACCME Standards for Integrity and Independence in Accredited Continuing Education • Case Scenarios: When It Is Acceptable To Use Owners and Employees of Ineligible Companies in Accredited Continuing Education
Additional Competencies	
Educational Leadership and Administration	<ul style="list-style-type: none"> • Stanford Medicine - Course Director Responsibilities
Educational Scholarship	<ul style="list-style-type: none"> • Health Professions Education Research Primer • Qualitative Research in Healthcare
Inclusive Education and Accessibility	<ul style="list-style-type: none"> • Addressing Health-Related Inequities • Addressing Role of Implicit Bias • ACCME DEI Resources • American Academy of Family Physicians (AAFP) Implicit Bias Resources • Academic Pediatric Association (APA) Anti-Racism and Equity Toolkit • Oregon Health & Science University (OHSU) Digital Accessibility Resource Center • We All Count: Project for Equity in Data Science • Docs with Disabilities Initiative • AAMC Diversity, Equity, and Inclusion Competencies Across the Learning Continuum • Bias Checklist Glossary
Alignment with QI/PS	<ul style="list-style-type: none"> • Change to Quality Improvement and Patient Safety Competencies (QIPS)
Artificial Intelligence in CE	<ul style="list-style-type: none"> • Chatting With ChatGPT: How AI Is Changing the Game for CME Providers • AI's Ethical Footprint in CME
Well-Being	<ul style="list-style-type: none"> • National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience