

**NATIONAL COMMISSION FOR CERTIFICATION OF CME PROFESSIONALS**

**[NC-CME]**

**Final Content Outline, NC-CME Certification Exam**

**Five Domains, Validated by a Job Analysis Survey**

**I. Adult Learning Principles (15% of total questions for the Certification Exam)**

- A. Currently accepted theory and research on how physicians learn
  - 1. Self-directed learning
  - 2. Formal instruction
  - 3. Informal/incidental learning
  - 4. Learning styles
  - 5. Learning preferences
  - 6. Stages of learning (including readiness to change)
  - 7. Psychosocial development/stage of practice (e.g., age, gender, years in practice)
- B. Research on ways physicians change professional behaviors
  - 1. Stages physicians go through in changing
  - 2. Nature of instructional interventions

**II. Educational Interventions (30%)**

- A. Professional literature
  - 1. Seminal papers
  - 2. CME effectiveness research
- B. Gap analysis/synthesis of gap analysis findings
- C. Needs assessment
- D. Target audience identification
- E. Learning objectives and desired outcomes

- F. Instructional design
  - 1. Format and medium
  - 2. Content scope, sequence and resources
  - 3. Faculty identification and recruitment
  - 4. Content Development
  - 5. Assessment (e.g., intervention, outcomes)
- G. Faculty training/development
- H. Assessment
  - 1. Instructional intervention
  - 2. Instructional outcomes
- I. Informal learning facilitation
- J. New forms of CME
  - 1. Practice/Performance Improvement (PI)
  - 2. Point-of-care learning

### **III. Relationships with Stakeholders (10%)**

- A. Internal and external stakeholder identification and assessment
  - 1. Providers
  - 2. Supporters
  - 3. Learners
  - 4. Faculty
  - 5. Patients
  - 6. Regulators

7. Accreditors
  - B. Role and responsibility identification
  - C. Regulatory responsibilities and accountabilities
  - D. Assessment of stakeholder expectations

**IV. Leadership/Administration and Management (25%)**

- A. Organizational leadership
  1. Program management
    - a. Mission and vision support
    - b. Strategic planning
  2. Continuous assessment and improvement
  3. Change management
  4. Operating within codes of ethics
- B. Systems thinking
  1. Learners in the context of healthcare systems
  2. Identification of barriers to optimal care
  3. Role of the interdisciplinary team
  4. Organizational needs and goals
  5. Role CME can play in systems
- C. Administration/management
  1. Resource management
    - a. Financial management
    - b. Personnel
    - c. Faculty
    - d. Materials

2. Records management
3. Project management
4. Legal
  - a. Contractual obligations
  - b. Letters of Agreement
  - c. Regulations (e.g., Federal and State)
  - d. Compliance
5. Professional development (e.g. self-assessment and life-long learning)
6. ACCME
  - a. Essential elements
  - b. Policies
  - c. Standards for Commercial Support

**V. Knowledge of CME Environment (20%)**

- A. Maintenance of licensure requirements for physicians
- B. Maintenance of certification (MOC)
- C. Regulatory guidelines (e.g., FDA, OIG, JCAHO, HIPAA)
- D. Accreditation standards
- E. Guidelines (e.g., PhRMA, AMA, ADVAMED)
- F. Patient care and safety initiatives
- G. Differentiation between independent and non-independent activities
- H. ACGME and ABMS competencies
- I. Quality improvement and Practice/Performance Improvement (QI/PI)
- J. External factors affecting CME (e.g., media, government)
- K. Laws (e.g., fraud and abuse, anti-kickback, Stark)

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