

**NC AHEC Program Continuing Professional Development Task Force
Recommendations Report
Fall 2020**

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Background and Significance

The North Carolina AHEC Program evolved from national and state concerns with the supply, distribution, retention and quality of health professionals.

Legislation and federal support since the early 1970s have made the implementation of AHEC programs possible in many states. This national focus coincided with a growing effort in North Carolina to establish statewide community training for health professionals and reverse a trend toward shortages and uneven distribution of primary care physicians in the state's rural and under-resourced areas.

The program began in 1972 with three AHEC regions under a federal AHEC contract with the University of North Carolina at Chapel Hill School of Medicine. In 1974, the North Carolina General Assembly approved and funded a plan to create a statewide network of nine AHEC regions. The General Assembly also provided funds to build or renovate AHEC educational facilities in the nine regions and to develop the proposed program components. By 1975, all nine regional AHECs were operational.

As part of the mission to recruit, train and retain healthcare professionals in the state, a key program component is continuing professional development (CPD). NC AHEC CPD activities are important resources that provide healthcare professionals with the training and continuing education they need to meet state licensure, specialty certification, and to stay abreast of the latest innovations and advancements in their fields.

The training and education needs of healthcare professionals across the regions may differ, but they generally vary within the same framework. The NC AHEC Program has long recognized that regional training and education needs may vary and addressing regional priorities for CPD are an important element in meeting the healthcare needs of the people of North Carolina. However, the CPD Program as a statewide professional development system has been lacking in overall structure, process, and management, and lacks shared resources to address common training and education priorities across the state resulting in a service line that is fragmented and lacking a statewide approach. In the absence of a unified statewide approach, many CPD programs are not well coordinated and even duplicated across the state, with the result that resources that could be devoted to unified statewide programming lack the

investment needed to make programs excellent. This is most apparent in distance education and blended learning where the quality of online content and learner engagement suffers because thoughtful collaborative investments in content is undercut by needless duplication. As competition for distance education grows, resources must be marshalled to invest in stellar programming. This issue, while not new, is most apparent in the face of the pandemic with the shift of virtually all CPD to virtual programming.

CPD programs generally originate from the regional AHEC offices. The UNC-Chapel Hill Program Office offers both financial resources and limited direction from a statewide perspective. Each regional office assesses the learning and training needs of the healthcare workforce in their catchment area, ranging from 4 to 21 counties. Traditionally, these educational activities were in a face-to-face setting, drawing in participants who were conveniently located within that region or a nearby region. CPD activities were occasionally offered to the entire state, particularly when an outside agency identified a statewide need and contracted with a particular region to execute the content to all nine regions.

For most of the regional AHECs, CPD programming is crucial to their business model and operating budgets. CPD requires concentrated efforts from all partners. As state funds have decreased over the past ten to twenty years due to budget cuts and inflation, regional AHECs have had to generate substantial revenue to help cover increasing operational costs. In years when we have not had a specific cut in year-over-year funding, there has rarely been additional funds to handle salary increases and inflationary costs.

Virtual programming, in the form of online synchronous, asynchronous or blended curricula, has largely been viewed as important and advantageous to the business model but not central to the business model. The COVID-19 pandemic pushed virtual programming to necessary, urgent and critical to the business model. The previous CPD model of “mostly regional but sometimes statewide activities” has reversed. Now, nearly every activity in each region is available to a statewide audience – even if it is not marketed as such. COVID and the shift to online CPD programming has brought to a head the urgent need to operate AHEC CPD as a coordinated and integrated system.

The results of this shift are multifaceted. Statewide activities create competition for the same target audience among the AHECs or are driven by the host/partner institution rather than a clear need for the state/region. CPD activities planned from outside organizations (e.g. DHHS, March of Dimes, etc.) or the UNC-Chapel Hill Program Office begin with a statewide needs assessment. CPD activities originating from the regions are often based on local needs assessments with the *potential* to meet statewide needs. They are not routinely planned with the programming of other regions in mind, resulting in duplication of efforts and inefficient use of resources. The various business models across the state result in an inconsistent fee structure, formats, and policies. Statewide activities originating from the regions in this manner, with little to no collaboration in planning appear fragmented, unorganized, and uncoordinated to the customer and puts the NC AHEC Program in an unfavorable light. This also squanders resources that could be invested in improved collaborative programming.

Data from FY19 (Table 1) shows that each regional AHEC “pulls” participants from well beyond their “regional areas.” All AHECs attract participants from almost every county in the State. This suggests that participants find value in traveling/participating in activities organized and/or accredited with little deference for the region. Each AHEC invests effort into having positive, active relationships with all mission aligned organizations in their region but leads to competition between AHECs.

Table 1: FY 19 Regional Participants' Locations (NC AHEC Tableau Data)

Region-# counties in region	Total Registrations	Unique participants	Regional Unique and % of total unique	Non-regional NC other counties unique and % of total unique	Number of 100 NC counties from where participants originated	Out of state unique	“Unknown” state or location	Largest Non-NC unique
Area L -4	4,079	2,141	879 (41%)	1,216 (56%)	85	41 (1.9%)	5 (0.2%)	12-KY
Charlotte-8	44,759	11,973	8,285 (69%)	2,477 (21%)	89	946 (7.9%)	265 (2.2%)	435-SC
Eastern-23	30,036	8,567	5,696 (66%)	2,654 (31%)	87	147 (1.7%)	70 (0.8%)	35-VA
Greensboro-8	19,613	7,963	2,925 (36%)	3,623 (45%)	89	1,158 (14.5%)	257 (3.2%)	98-CA; 96-TX; 93-NY
Mountain-16	20,932	11,009	5,164 (46%)	4,052 (37%)	100	1,697 (15.4%)	96 (0.9%)	355-SC 188-CO
Northwest-17	47,981	12,062	6,297 (52%)	4,677 (38%)	99	840 (6.9%)	248 (2.0%)	120-SC 102-VA
South East -5	9,407	3,980	3,326 (83%)	518 (13%)	69	116 (2.9%)	20 (0.5%)	25-SC
Southern-9	10,894	6,164	3,032 (49%)	2,825 (45%)	87	212 (3.4%)	95 (1.5%)	71-sc
Wake-9	21,061	8,678	4,840 (55%)	3,306 (38%)	100	448 (5.2%)	84 (1.0%)	275-LA
NC TOTAL	208,765	64,864	40,444 (62%) 55% average across regions		100	5,156 (7.9%)	1,140 (1.8%)	1,076- SC

- Regional AHEC CPD infrastructure is primarily funded (totally funded?) by state dollars.
- All regional AHECs recruit/market to participants well beyond their defined regional counties – all cover the vast majority of 100 counties. Therefore there appears to be little differences in regional CPD needs/wants.
- All regional AHECs recruit/market to participants outside of NC.
- The non-NC unique participant range is wide (1.9%-15.4%) - mean percentage by region is 6%, mean of total is 8%. Two highest outliers are 14.5% and 15.4%. Two lowest outliers are 1.7% and 1.9%.
- Largest non-NC unique participants originate from SC – 1076 unique representing 20% of the total non-NC unique participants.

Green highlight – highest number/percentage

Yellow highlight – state totals/averages

Methods

The CPD Task Force was created at the request of the Program Office to address the fragmentation of NC AHEC CPD and to develop recommendations to address the issues and create a solid, effective, efficient statewide CPD process. Members of the CPD Task Force include representatives from each of the nine regions, plus the Duke and UNC-Chapel Hill Program Office. Specifically, the CPD Task Force was charged with assessing where AHEC CPD is in the current environment and make recommendations for actions by the NC AHEC Program (Program Office and/or Regions). Issues to be considered included the effects of increased utilization of virtual education, trends and implications of “at-risk” versus contracted programing, the role of the Program Office, whether efficiencies can be achieved through shared expertise, how to best enhance the AHEC “brand”, how best to leverage Subject Matter Experts in the

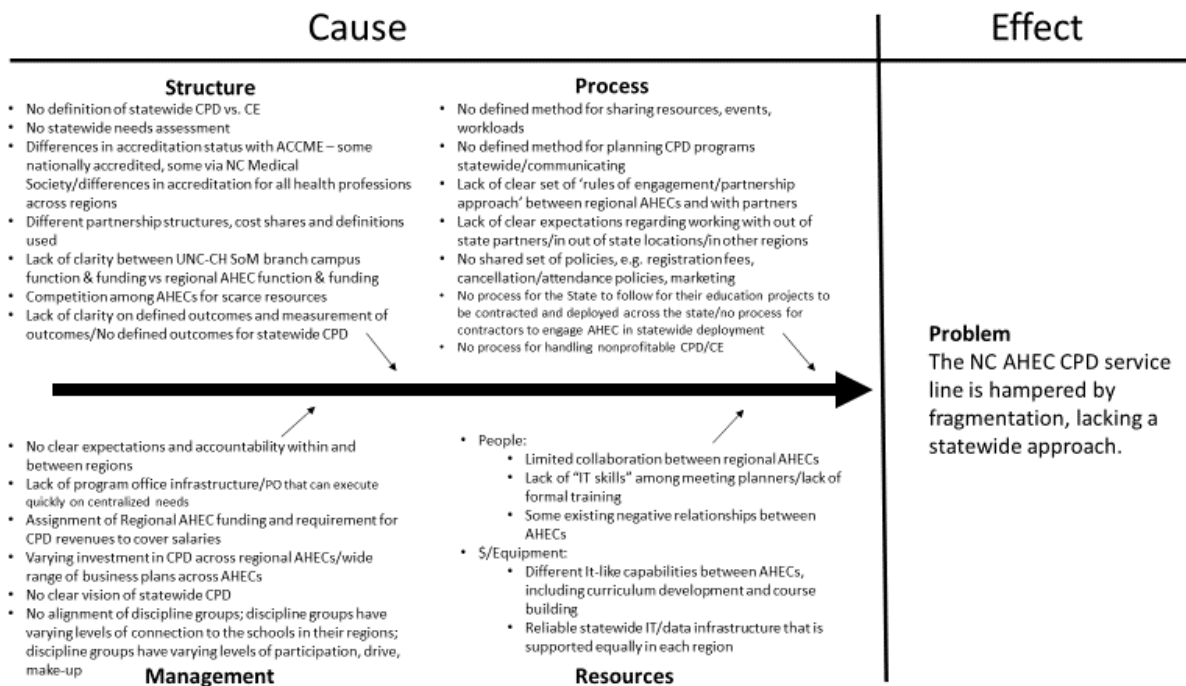
health sciences schools (with which we contract), how to coordinate ECHO (and other similar approaches), and any other relevant issues.

The Task Force spent the first two months defining the problem and setting priorities. The group determined their work would focus on the following problem statement:

The NC AHEC CPD service line is hampered by fragmentation, which limits the ability of the NC AHEC Program to execute a statewide approach to continuing professional development.

After several hours of guided conversation about the history of CPD in the NC AHEC Program, past efforts at cohesion, and current problems, issues and barriers; several contributing themes emerged. These themes included structure, process, management, and resources. The Fishbone Diagram in Figure 1 illustrates how each of these domains were defined. Similar conversations with the chairs of the NC AHEC Discipline groups corroborated these themes.

Figure 1: NC AHEC Statewide CPD Fishbone



Each member of the Task Force was then asked to rank the top three areas of concern in each of the domains. The results of these rankings are included in Appendix A.

In summary, the top concerns for structure were the following:

- 1) No statewide needs assessment
- 2) Lack of clarity on defined outcomes and measurement of outcomes for statewide CPD
- 3) No definition of statewide CPD

For process, the top ranked issues were the following:

- 1) No defined method for planning CPD programs statewide

- 2) No process for the Program Office or outside partners to follow for statewide deployment of programs
- 3) Lack of clarity in how regional AHECs should or can partner for statewide programs

For management, the following issues were top ranked:

- 1) No alignment of the discipline groups
- 2) No clear vision for statewide CPD
- 3) No clear accountability within and between regions

For resources, the top three concerns were the following:

- 1) Lack of IT skills among meeting planners/lack of formal training in virtual programming
- 2) Varying technology capabilities between AHECs
- 3) Lack of a reliable statewide IT infrastructure that is supported equally in each region

Members of the CPD Task Force worked together over the following four months brainstorming solutions to address each of the above identified issues, resulting in the following recommendations.

Recommendations

NC AHEC CPD requires substantial planning and partnership across the State. The reality is that, as separate business entities, regional AHECs are and will always be to some degree in competition with one another. Hard geographic boundaries continue to disappear with the growth in technology, and while there may be enough CPD business across the state as a whole for each AHEC to succeed, the ability to coordinate statewide business and address individual regional needs without duplication, saturation, and/or animosity within and between the regional entities is imperative for a stronger NC AHEC impact.

The intent should always be service to the health professionals in NC, as well as in our regions. All NC AHEC entities, including the Program Office, must recognize this intent and acknowledge that all NC AHEC entities make CPD decisions based on the NC AHEC mission:

The NC AHEC Program provides and supports educational activities and services with a focus on primary care in rural communities and those with less access to resources to recruit, train, and retain the workforce needed to create a healthy North Carolina.

Based on the root cause analysis and examination of the current CPD structure and processes, the CPD Task Force developed the following recommendations, which are detailed in the following sections, to address the fragmentation in statewide Continuing Professional Development in the NC AHEC Program:

- 1) 4 Basic Assumptions
- 2) Structural changes
- 3) Process changes
- 4) Management
- 5) Resources

Within these recommendations are specific tasks outlined for other NC AHEC Program specialty groups with which there exists some overlap with the requisites needed for sustained effectiveness and efficiency in statewide CPD efforts.

The CPD Task Force suggests that all recommendations in this document are adopted for pilot in FY 21-22. Additional implementation recommendations are included at the end of the report.

Recommendation #1: PACT Assumptions

In addition, the CPD Task Force recommends that all NC AHEC entities, including the Program Office, Duke Office, and the 9 Regional AHECs, agree that the following PACT are given truths for all NC AHEC CPD activities:

NC AHEC CPD activities are

- 1) Prepared with regional and statewide expertise, with members of the sponsoring AHEC(s) and relevant state or local chapters of partner organizations as integral participants of every planning team.
- 2) Aided by a substantial NC AHEC funded infrastructure and, as such, are designed to promote the mission of the NC AHEC Program.
- 3) Components of a much broader statewide program and strategic plan and, as such, are promoted to the target audience with rationale, purpose, and planning with all AHEC entities.
- 4) Targeted primarily at addressing the needs of NC health and human service professionals, focused either regionally or statewide.

In order to assure accountability to the underlying CPD assumptions, the additional action items from other leadership groups with the NC AHEC Program are required.

Action Items:

- The NC AHEC Program Office will incorporate the PACT into the annual Regional AHEC work statements.
- The Operations Team will set clear, written policies for CPD that occurs outside the state of NC or neighboring states of SC, TN, VA, and GA or that do not directly align with the PACT.

Recommendation #2: Structural Changes

Structural changes include specific strategies to define, plan, and evaluate statewide CPD activities.

2a. Define Statewide CPD

The CPD Task Force recommends that all NC AHEC entities agree to two basic statements: 1) all statewide CPD activities address a documented statewide need, and 2) all statewide CPD activities may be marketed statewide, across regions.

The CPD Task Force recommends formal recognition of multiple pathways that lead to the development of a CPD activity which could benefit health and human service professionals statewide (Appendix B): 1) Activities originating from the Program Office; 2) Activities planned by Discipline groups; 3) Activities that have traditionally been statewide; and 4) Activities that are planned at the request of outside partners.

Action Items:

- The Program Office will incorporate each of these pathways into the annual work statements for regional AHECs to describe the nature of their contribution to statewide CPD activities.

- 1) CPD activities that originate from the Program Office are considered statewide CPD activities. These activities may be executed centrally from the Program Office or delegated to one or more regions for implementation. The CPD Task Force acknowledges that these activities affect the workloads in each region and that state resources are provided to AHECs including to support the statewide work the Program Office determines to be aligned with the NC AHEC Program’s mission. In order to assure respectful collaboration and regional priorities, additional steps must be taken.

Action Items:

- The Program Office, with input from the AHEC Leaders’ group, will develop an internal plan for the uptake of statewide CPD activities that affect the workload of the regional AHECs.
- In annual work statements, each regional AHEC will provide the Program Office with their plan of how they will be prepared to take on statewide initiatives when called upon.

- 2) CPD activities that are planned by one or more discipline groups are considered statewide CPD activities. Additional steps must be taken to ensure consistency across professions and adequate use of resources.

Action Items:

- The Program Office, as part of annual planning, will determine which health and human services professions are priority candidates for targeting CPD and allocate funding for a certain number of discipline-lead intraprofessional CPD activities annually or bi-annually.

- 3) CPD activities that have traditionally been implemented statewide will continue to be considered “grandfathered-in” statewide CPD activities. In order to assure that all AHEC entities are aware of these programs and that these programs continue to meet a statewide need, additional action items are necessary.

Action Items:

- Each Regional AHEC will compile a list of traditional statewide CPD efforts, including an updated needs assessment and justification for why this program should continue per “tradition”, prior to FY 21-22.
- The Program Office will require a brief, updated needs assessment for each of these programs in the annual work statements. (Not all AHECs will have a grandfathered program; for those AHECs, this requirement will be waived).

- 4) CPD activities that are planned for statewide implementation in partnership and/or at the request of outside partners, including affiliated health systems, are considered statewide CPD activities. These programs must follow the processes described in the Process Changes recommendations included in this document.

2b. Assess statewide needs

The CPD Task Force recommends formal acceptance of Healthy NC 2030 and data from the UNC-Chapel Hill Sheps Center as the basis of the NC AHEC Program statewide needs assessment. In addition, the CPD Task Force recommends full utilization of program evaluations, which have been streamlined across the state, to further define needs both regionally and statewide. In order to assure collaboration across and between regions, additional action items are needed.

Action Items:

- The AHEC Leaders' group will commit a representative from each region to serve in a separate statewide committee whose task is to assess needs on regular intervals, ideally coordinated with the strategic planning that occurs in the Program Office. The recommendation is that these representatives analyze the answers to the free text question in CPD evaluations, over a specified time frame, that asks for additional learning needs and then summarizes these answers into regional themes. Regional themes can then be compared at regularly scheduled intervals across the state. The Program Office is responsible for prioritizing common themes in light of the statewide priority professions, urgent statewide needs, and Healthy NC 2030.
- The Program Office will strengthen the relationship between Sheps and Regional AHECs. For example, the PO can schedule regular meetings with the Sheps Center to assess workforce needs across the state and in each region/county and/or to disseminate Sheps workforce status reports to Regional AHECs and/or to provide input on data collection for the workforce database.

2c. Define outcomes for statewide CPD

The CPD Task Force recognizes that the recommendations for Structural Changes will affect how and what outcomes will be measured for evaluation of statewide CPD. In addition, over time, the Task Force believes that these changes will lead to clarity in what key performance indicators are appropriate for statewide CPD efforts. At the current time, the CPD Task Force does not have enough baseline data to name these outcomes or key performance indicators; however, the Task Force advocates for additional action items.

Action Items:

- The Program Office will continue to work on defining outcomes and key performance indicators using annual work statements and knowledge/experience gained from incorporating the recommendations included in this report.

Recommendation #3: Process Changes

The CPD Task Force recognizes that a defined method for planning all CPD activities is needed to assure accountability, collaboration, consistency in branding, and effective communication. This method may need to be adjusted for the various pathways within which a program may be developed: 1) planning regional CPD activities (one or more regions); 2) planning Program Office CPD activities; and 3) planning CPD activities from outside partners. The CPD Task Force recommends that all NC AHEC entities, including the Program Office, Duke, and the 9 Regional AHECs, adopt the following workflow changes to planning CPD activities.

3a. Define method for planning regional CPD programs (one or more regions)

Per the agreement in Recommendation #2, Regional AHEC CPD activities are *not* marketed specifically into other regions using other regional contact lists. However, because learners can access any activity from the visual course catalogue, **the CPD Task Force recommends the following changes to the workflow when planning CPD activities to enhance collaboration and cohesion across the state and to eliminate unnecessary duplication of programming:**

- 1) As regional CPD activities are planned, planners/program specialists will search CASCE for similar topics (see Appendix C).
- 2) If a similar/competing topic is scheduled in CASCE within a two month time frame (if virtual) or four month time frame (if face-to-face), the CPD planner will either reach out to the other region(s) for potential collaboration or will reschedule their event after the two or four month window. If planners choose to collaborate, then they must follow the guidelines set forth by the Operations Team for joint CPD programming.
- 3) To facilitate the accuracy and effectiveness of the above, all CPD planners/program specialists will enter CPD information into CASCE early in the process as a “planned” event PRIOR to the confirmation of a speaker. As much of the following information should be entered into CASCE as soon as possible (preferably before speaker confirmation):
 - Title draft
 - Date (or estimated) and time
 - Keywords
 - Target audience
 - Rough objectives

In order to assure accountability to these recommendations, additional action items from other leadership groups with the NC AHEC Program are required.

Action Items:

- The Operations Team will set clear, written policies and procedures regarding the act of marketing. For example, a written policy is needed to describe when regional AHECs can market a program that is not considered “statewide CPD”, as defined in Recommendation #2, beyond the customer list of the hosting region. For example, can a regional program expand marketing to reach revenue requirements?
- The Operations Team will finalize and make readily accessible the options for regional AHECs to partner for CPD (i.e. the lead AHEC model versus other models).
- The CPD Task Force will author the above recommendations into a formal policy/procedure upon widespread adoption of the concept.
- The Operations Team in collaboration with the Communications Team will set clear, written policies and procedures about branding, including the use of single and multiple logos as well as branding statements. For example, a policy about when activities should be branded with the NC AHEC logo and the regional AHEC logo, when statewide programs can be marketed from a central office such as the Program Office, and/or when a branding statement, such as “In partnership with ___ AHEC, a part of the NC AHEC System” versus “In partnership with the NC AHEC System” should be included on materials.
- The Communications Team will implement a process for marketing and promoting the visual course catalogue so that all activities are marketed across all regions regularly.

3b. Define method for planning CPD activities originating from the Program Office

The CPD Task Force acknowledges that outside partners approach the Program Office for statewide CPD activities and recommends adopting a method for agreeing to, implementing, and/or delegating CPD activities from the Program Office. In order to ensure accountability, efficiency, and consistency across the state, additional steps must be taken by other NC AHEC leadership groups.

Action Items:

- The Operations Team will collate a CPD pricing and packaging list (i.e. what do they charge for various CPD activities and what does that price include?) from each regional AHEC, with the intent to streamline the Program Office’s ability to respond to contracting/partnering requests from outside partners for statewide CPD activities.
- The Program Office will set a clear, written policy that delineates the delegation process of centrally originating contracts from outside partners. In the past, this process has consisted of a “Request for Proposals”, or RFP, method.
- Action Item from Recommendation 2a-1 (The Program Office, with input from the AHEC Leaders’ group, will develop an internal plan for the uptake of statewide CPD activities that affect the workload of the regional AHECs).

3c. Define method for planning CPD activities from outside partners

The CPD Task Force recognizes that business from outside partners are vital to both the NC AHEC mission and the revenue stream of regional AHECs. However, these partners do not have the overall “big picture” of NC AHEC programming regionally or statewide. **The CPD Task Force recommends the following process to assure that CPD activities originating from outside partners follow a parallel process as CPD activities originating from individual regions:**

- 1) Outside partners, including the NC Department of Health and Human Services, may request a statewide CPD activity from a regional AHEC. The regional AHEC should notify the Program Office of the request.
 - Based on the nature of the request, the regional AHEC may convene a statewide planning committee and adopt a co-host agreement between AHECs that clarify roles/responsibilities with each other and with contract partners.
- 2) PRIOR to signing the contract with the outside partner, regional AHECs are required to notify the discipline chairs (and the Program Office) of the following information, as accurately as possible:
 - Title
 - Date
 - Time
 - Keywords
 - Target Audience
 - Rough objectives/format
 - Opportunities for collaboration, cost, and any reimbursement to the AHECs for work/marketing that will be expected
- 2) If applicable, this information should also be entered into CASCE, using the same process described above in Recommendation 3a, within two business days of contract approval.

Action Items:

- Each Regional AHEC will current and ongoing CPD contracts from outside partners in the annual work statements.
- The Operations Team will formally designate a clear definition of “outside partner/contractor” to be included in the formally written policy/procedure for planning CPD (action item in 3a: The CPD Task Force will author the above recommendations into a formal policy/procedures upon widespread adoption of the concept).

Recommendation #4: Management

CPD management changes include specific strategies to address the alignment of disciplines, statewide strategic planning, and a process to ensure all AHECs comply with these recommendations.

4a. Align the disciplines

The CPD Task Force realizes that each NC AHEC discipline group works differently and that, while there will always be some inherent differences, aligning on the structure and basic roles and responsibilities is critical to addressing the fragmentation in planning CPD activities. Therefore, **the CPD Task Force recommends that the disciplines align following the structure depicted in Figure 2 and outlined below:**

Figure 2: NC AHEC CPD Groups



Action Items:

- Each Discipline Group will develop and adopt a charter from the template in Appendix D.
- The AHEC Leaders' Group, as representatives of individual AHECs, will adopt the following model for regional discipline groups:
 - Regional Intra-professional Model:
 - At least one AHEC employee will represent each of the 7 NC AHEC disciplines (nursing, CME, pharmacy, allied health, behavioral health, oral health, public health).
 - The role of this employee is to assess and prioritize needs of the discipline specific stakeholders in that region. With support from the regional practice support team, they will initiate, strengthen, and maintain relationships with these academic and practice discipline leaders.
 - *At least one regional discipline representative will attend and participate in the statewide intra-professional ("discipline") meetings and efforts.*

- Some AHEC regions may decide to partner so that one employee can represent a discipline (this might be a reasonable option for smaller professions within NC, such as pharmacy) from multiple regions.
 - Regional Interprofessional Model
 - Discipline representatives in each regional AHEC will meet regularly to discuss the regional needs of each discipline and identify opportunities for interprofessional collaboration.
 - *Each regional interprofessional team will have a chair who will be in regular communication with the PO to identify potential statewide IPE opportunities.*
 - Role expectations of the discipline representatives as described above should be incorporated into job descriptions and performance reviews, as feasible in each regional AHEC's organizational structure.
 - All statewide discipline chairs should be formally recognized by their regional AHEC for their leadership contributions to the statewide discipline effort, as feasible in each regional AHEC's organizational structure.
- Chairs of each statewide intraprofessional group will meet regularly with the Program Office as representatives for the statewide interprofessional program (currently called the Discipline Chairs group). More recommendations for this group are contained in the Implementation section.
- The Program Office will determine if and how funds can be or are already, as part of the current funding stream, allocated to support statewide discipline chairs and/or the chairs of regional interprofessional teams.
- The Program Office will determine a structure and process for working with regional IPE chairs to identify statewide IPE opportunities.
- The Program Office will continue to define the statewide interprofessional structure and process as well as centralized CPD leadership as depicted in Figure 2.

4b. Vision for statewide CPD

The CPD Task Force defers to the Program Office for strategic planning as well as to recommendations set forth in Recommendation 2b (statewide needs assessment) to establish a vision for statewide CPD.

4c. Accountability within and between regions

The CPD Task Force recognizes that these recommendations will only be effective in an accountable organization. Given the nature and complexity of the changes, which will inherently require some plan-study-do-act cycles, as well as the enthusiasm for these efforts, the CPD Task Force does NOT currently recommend tying NC AHEC funds to accountability. However, **the CPD Task Force does recommend re-visiting progress and challenges related to the recommendations outlined in this report at least semi-annually, where accountability can be assessed, measured, and addressed.**

Recommendation #5: Resources

The CPD Task Force notes that the existence of varying technological capabilities and utilization between regional AHECs causes variations in the overall NC AHEC Program CPD brand, particularly with CPD programming moving to the virtual platform. In order for NC AHEC to better leverage resources for a stronger NC AHEC Program, **the CPD Task Force recommends the adoption of standardized policies**

and procedures for supporting statewide IT efforts and the promotion of staff development for the use of various technological tools within the NC AEHC system, including identification of needs.

Action Items:

- The charter for IT Governance will include the following: 1) Ensure that there is adequate personnel support to plan, implement and troubleshoot CPD-related projects; 2) Perform comprehensive assessment of IT structure related to CPD as centralized versus centralized/decentralized hybrid versus decentralization and develop recommendations; 3) Develop and utilize proposed structure (already developed by IT Governance) of reviewing proposals/projects and ranking based on statewide need.
- The AHEC Leaders' group, in collaboration with IT Governance, will perform a regular, comprehensive assessment of IT needs across the state, to include personnel needs, and coordinate resources to address those needs.
- In collaboration with the Operations and AHEC Leaders' Team, IT Governance will develop a plan to regularly communicate project prioritization reviews and estimated timelines for completion of statewide IT projects as related to CPD.
- Discipline groups will include regular assessment of IT needs that can be communicated back to the Program Office through the Discipline chairs.
- The Program Office will develop a system for requesting IT support for needs identified by Discipline Groups.
- The AHEC Learning Academy and Webinar Users Group will collaborate to provide staff development trainings on the various technological tools that are supported by the NC AHEC Program.
- The Program Office will continue to provide support and resources for the Learning Academy, Webinar Users Group, and Zoom capabilities.

Implementation

The CPD Task Force recommends a go-live start date of FY 21-22, with FY 21-22 serving as a PDSA timeframe. Oversight of efforts, with attention paid to outcomes, barriers, and continued opportunities, should be granted to the Associate Director of Continuing Professional Development at the NC AHEC Program Office, in collaboration with the Discipline Chairs' Group (State Interprofessional Education Group).

Action Items:

- The Leaders' Group will vote on adopting the recommendations in FY20-21 Q3 (Jan-March 2021).
 - Any suggested edits/concerns/additions will be discussed in a meeting with Leaders and CPD Task Force in FY20-21 Q3 (Jan-March 2021). The Program Office will set a meeting date. Leaders will have time to discuss with their regional CPD teams prior to this meeting.
- The Operations Team and Discipline Chairs' Group (State Interprofessional Education Group) will work together to develop a prioritization plan of action items.
 - The Operations Team, Leaders' Group, Program Office, etcetera, will operationalize recommendations through action items beginning at adoption and through the PDSA cycle.

- Before FY 21-22, Discipline Chairs' Group (State Interprofessional Education Group) will devise a charter that includes a chain of command/workflow between Leaders Group, Ops Team, PO, Discipline Chairs, etcetera, for communication and accountability of CPD efforts.
- Before FY 21-22, Discipline Chairs' Group (State Interprofessional Education Group) will develop outcomes based on the prioritization plan to monitor for the PDSA cycle in FY 21-22.

Appendix A: Rankings of NC AHEC CPD Structure, Process, Management, and Resource Factors

NC AHEC CPD Task Force -- Final Draft (Take 2)

Summary of RedCap Ranking Survey of the structure, process, management, and resource Fishbone issues causing our NC AHEC CPD service line problem to be “hampered by fragmentation in structure and process.”

All 13 members of the Task Force invited to complete from July 23 at 8a with end time July 27 at Noon (extended to July 27 at 5p). N= 10 (77% return rate)

“Raw”: number of first, second, third choices made by 10 respondents.

“Weighted”: first choice = 3, second choice = 2, third choice =1.

Results ordered by Raw, though this matches pretty closely with Weighted.

Description	Raw	Weighted
Structure		
No statewide needs assessment	7	17
Lack of clarity on defined outcomes and measurement of outcomes/No defined outcomes for statewide CPD	7	14
No definition of statewide CPD vs. CE	5	10
Different partnership structures, cost shares and definitions used	4	7
Competition among AHECs for scarce resources	4	6
Differences in accreditation status with ACCME - some nationally accredited, some via NC Medical Society/differences in accreditation for all health professions across regions	2	4
Lack of clarity between UNC-CH SoM branch campus function & funding vs regional AHEC function & funding	1	2
Other structure issue – “Need A statewide leader for CPD”	1	3
Process		
No defined method for planning CPD programs statewide/communicating approach between regional AHECs and with partners	7	21

No process for the State to follow for their education projects to be contracted and deployed across the state/no process for contractors to engage AHEC in statewide deployment	6	9
Lack of clear set of 'rules of engagement/partnership approach' between regional AHECs and with partners	5	9
No defined method for sharing resources, events, workloads	4	8
Lack of clear expectations regarding working with our of state partners/in out of state locations/in other regions	4	7
No shared set of policies, e.g. registration fees, cancellation/attendance policies, marketing	2	3
Other process issue – “No current way for AHECs to work seamlessly together to offer multi-ahec initiatives and enroll participants from their region.”	1	2
No process for handling nonprofitable CPD/CE	0	0
Management		
No alignment of discipline groups; discipline groups have varying levels of connection to the schools in their regions; discipline groups have varying levels of participation, drive, make-up	9	18
No clear vision of statewide CPD	6	17
No clear expectations and accountability within and between regions	5	8
Varying investment in CPD across regional AHECs/wide range of business plans across AHECs	5	7
Lack of program office infrastructure/PO that can execute quickly on centralized needs	3	6
Assignment of Regional AHEC funding and requirement for CPD revenues to cover salaries	2	4
Other management issue	0	0

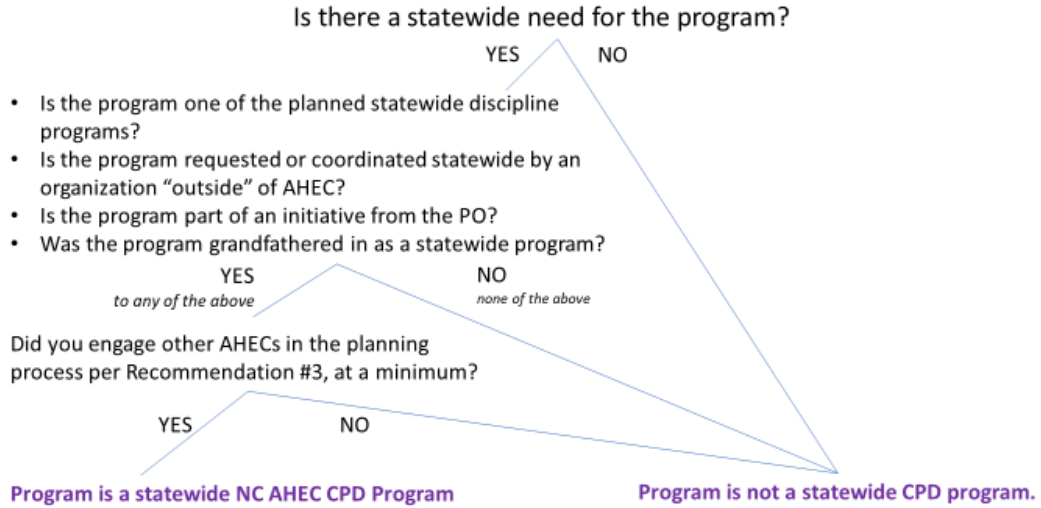
<i>Resources</i>		
People: Lack of 'IT skills' among meeting planners/lack of formal training	8	20
\$/Equipment: Different Info tech-like capabilities between AHECs, including curriculum development and course building	7	16
\$/Equipment: Reliable statewide IT/data infrastructure that is supported equally in each region	6	13
People: Limited collaboration between regional AHECs	4	6
People: Some existing negative relationships between AHECs	4	5
Other resources issue	0	0

General comments:

- The 'negative relationships between AHECs' are really results of things listed in the previous sections -- lack of clarity/rules of engagement, lack of timely and transparent plans/activities, non transparent UNC-CH SoM Branch campus arrangements and politics.
- Responses based on my view, the perception/knowledge of other AHECs (ex: resources) and what could be 'tackled'. I suspect responses will vary depending on who answers the survey (IT, CPD, support staff etc). Should this have been completed by a team of people from the AHEC?

Appendix B: Statewide CPD

How to Determine if an AHEC Program is a Statewide Continuing Professional Development* Program



**For the purposes of this diagram, CPD programs are defined as programs with learning objectives and/or Continuing Education credit attached. Programs without CE credit and/or learning objectives are considered informational and should be monitored as a statewide marketing/communications activity.*

Appendix C: Planning Programs in Casce

Viewing Courses in Planning

Virtual Course Catalog

Any AHEC staff member that can load handouts in Docebo has heightened visibility into the Virtual Course Catalog when logged into Web Services. With this access, you can see courses that any AHEC has in planning in the VCC.

Log into Web Services

Either go to your AHEC's home page and click Sign In on the right of the bar or go to <https://www.ncahec.net> and click Sign In on the right of the black bar. Using your MyAHEC credentials, log in.

Click the Course Catalog

After logging in you will be presented with your dashboard. Locate the Courses and Events Catalog icon and click to enter the Visual Course Catalog.

Set Your Search Criteria

When logged in, you will see additional search options on the screen. Select Event Status of Planning (and perhaps Open) to see upcoming events. You may also limit your date range and add in some keywords to limit your search.

The screenshot displays the North Carolina AHEC website interface. At the top, there is a navigation bar with links for 'FAQ', 'Ashley Langley', and 'Sign out'. Below this is a green banner for 'COVID-19 NEWS AND RESOURCES'. The main header features the 'NORTH CAROLINA AHEC' logo and several navigation buttons: 'ABOUT NC AHEC', 'RESOURCES FOR', 'AHEC LOCATIONS', and a search icon. A secondary navigation bar lists various services: 'HEALTH CAREERS', 'STUDENT SERVICES', 'GRADUATE MEDICAL EDUCATION SUPPORT', 'CONTINUING PROFESSIONAL DEVELOPMENT', 'PRACTICE SUPPORT', and 'LIBRARY SERVICES'.

The main content area is titled 'Courses and Events' and includes a 'Menu' icon. Below the title is a search bar with a 'Help' icon and an 'Add' button. A 'Filters' section is prominently displayed, containing several search criteria:

- Search:** A text input field labeled 'Search by title'.
- Region:** A dropdown menu labeled 'Select region'.
- Credit:** A dropdown menu labeled 'Select credit'.
- Type:** A dropdown menu labeled 'Select type'.
- Status:** A dropdown menu with options: 'Planning', 'Open', 'Filled', 'Canceled', and 'Planning' (checked).
- Discipline:** A dropdown menu labeled 'Select discipline'.
- Image Status:** A dropdown menu labeled 'Select image status'.
- End Date Range:** A date range selector with a calendar icon.

Red annotations highlight specific features:

- An arrow points to the search bar with the text 'Enter your search term'.
- An arrow points to the 'Status' dropdown menu with the text 'you may choose more than one option here'.
- An arrow points to the 'End Date Range' field with the text 'You can also limit your date range'.

Appendix D: Discipline Charter Template

Statewide NC AHEC Intra-professional Education Group: (insert discipline name)

Charter

Purpose
<p>The statewide NC AHEC Intra-professional Education Groups (“discipline groups”) are professional gatherings of regional expertise in each discipline that, together, form the statewide expertise to recruit, train, and retain the healthcare workforce across the State.</p> <p>The purpose of each discipline groups is to facilitate communication, partnership, and teamwork among and between regional AHECs on intra-professional initiatives aimed to recruit, train, and retain the healthcare workforce needed for a healthy North Carolina. The goals are to 1) to develop, share, and execute initiatives that pertain to the statewide training and education needs of the intra-professional workforce and 2) create clear expectations about how regional AHECs are to work collaboratively to engage in a transparent rules of engagement to avoid any competition (intentional or unintentional) on CPD activity offerings.</p>
Area
<p>Pertains to each Continuing Professional Development (CPD) discipline group in the NC AHEC Program to include: allied health, behavioral health, medicine (CME), nursing, oral health, pharmacy, and public health.</p>
Inclusion
<p>Each statewide discipline group consists of one or more representative(s) from each of the nine (9) regional NC AHECs as appointed by each regional AHEC, in addition to one member from Duke AHEC Office (if applicable) and one member from the NC AHEC Program Office (PO). Ideally, each group should identify and invite appropriate statewide stakeholders and teaching faculty to participate. At least one member should represent one of a partner academic institution in NC as a speaker liaison.</p> <p><i>(Some discipline groups will have additional inclusion to outline here, e.g. statewide discipline liaison)</i></p> <p>Minimal membership roles include Regional AHEC member, a discipline group elected Co-Chair and a Program Office Co-chair.</p> <p><i>(Some discipline groups will have additional membership roles to outline here)</i></p>
Members
<p>Members are staff selected by their regional AHEC to represent the respective discipline.</p>

Members a) should have experience in continuing professional development, educational program planning, and curriculum development; b) should have established relationships with regional leaders, both academic and practice, in that discipline *with regular and periodic stakeholder assessments and meetings*; c) should serve on the regional CPD team with the 6 other discipline representatives in that region; and d) EITHER have the knowledge of the scope, responsibilities, and role of the respective discipline OR, is a member of that discipline's workforce by education, training, and experience.

Discipline Roles

Co-Chairpersons

The elected AHEC Co-Chairperson is a current regional representative member who will serve a two-year term. The Regional AHEC Co-Chairperson will also serve as the discipline's representative on the statewide Interprofessional Education team.

The appointed PO Co-Chairperson will serve as the discipline's representative for information, communication, and direction to and from the PO. The PO Co-Chairperson(s) of each discipline group collaborate regularly in order to assure that there is a large, statewide vision of NC AHEC CPD activities, as well as to identify and facilitate potential interprofessional CPD activities among the disciplines.

Minute Taker:

- Minute takers rotate among the AHECs alphabetically.
- The Regional AHEC Co-Chair informs the appropriate AHEC of minute taking responsibility prior to meeting.
- Minutes are taken for all regular meetings of the Discipline Group.
- Responsibilities
 - Records minutes of the meeting using a concise action-oriented format.
 - Provides a draft copy of the minutes to the Chair for review no later than two weeks after meetings.
 - Records attendance.

Other Roles to be determined based upon needs of discipline.

Duties

The statewide NC AHEC discipline groups are each charged to:

- Establish an environment of inclusion, trust, and support for members to participate in an open manner.
- Provide a forum to share best practices and activities for intra-professional education.
- Recommend to the statewide IPE Team, policies, procedures, and frameworks of best practice to govern the intra-professional education programs and services offered by the

NC AHEC program, both statewide and regionally.

- Assess and prioritize annual statewide education and training needs of that discipline.
- Assure that there are documented, supported, and evidence-based statewide need for statewide programs.
- Develop goals for statewide discipline specific programs and services in NC on a periodic basis, with a reasonable and feasible plan of action to meet those goals.
- Plan, develop, execute, and evaluate statewide discipline specific education based on statewide needs and statewide discipline specific goals. Intentional planning includes eliminating redundant regional programming, creating the opportunity to collaborate on same/similar topics to improve planning efficiency across the state.
- Discipline groups will include regular assessment of IT needs that can be communicated back to the Program Office through the Discipline chairs
- Coordinate regional education and training to avoid conflict and competition.
- Ensure a program evaluation process that is consistent and comparable across regions.
- Use process and evaluation data to educate the local, regional and statewide community regarding the work and effectiveness of the NC AHEC Program to recruit, train, and retain the healthcare workforce.

Leadership Responsibilities

The Regional AHEC Co-Chairperson and the PO Co-Chairperson shall serve as the executive leadership.

Regional AHEC Co-Chairperson

The Regional Co-Chair needs a minimum of 2 years AHEC experience. It is *estimated* this will require at a minimum 6 hrs/month on average in addition to the standard 2 hrs/week for all members (noted below). Responsibilities of the Regional Co-Chair include:

- Leading regularly scheduled meetings, including setting the agenda and distributing minutes.
- Coordinating a statewide needs assessment, as appropriate and relevant, for that discipline.
- Facilitating the identification and operations of necessary working sub-groups.
- Participating on the statewide Interprofessional Education team as the statewide discipline representative: attending regularly scheduled meetings and sharing news and updates for the discipline group; offering and being willing to partake in opportunities for interprofessional collaboration, and disseminating NC AHEC interprofessional education news and opportunities to the discipline team.
- *Some discipline groups will have additional leadership responsibilities here, such as the semi-annual nurse council meeting.*

The Program Office Co-Chair

- Managing progress towards the goals of the discipline group through effective communication, outcomes tracking, and identification of funding opportunities .
- Maintaining contact information and participation records for members of the statewide NC AHEC discipline group.
- Facilitating the identification and operations of necessary working sub-groups.

Member Responsibilities/Expectations

- Each member will participate as frequently as is needed to be an active and engaged member.
- Members of the discipline group will share successes and failures, best practices, and ideas for future endeavors to recruit, train, and retain the workforce in North Carolina.
- Members of the discipline group will share with the group the education and training needs identified within their region of that discipline on an annual basis, at a minimum. This needs assessment must be evidence-based and comprehensive.
- For greater efficiency and effectiveness, a shared platform (Basecamp) for project management and communication shall be utilized by all members.
- Each statewide discipline group requires the participation of all members. At a minimum, members are expected to attend no less than 75% of meetings and assemblies on an annual basis. In the event that a member cannot meet the attendance requirement, the regional AHEC shall find a suitable and fitting replacement/representative.

Accountability

Decisions will be made using a majority voting system. Voting may only take place in the presence of a quorum. The PO Co-Chairperson may only vote in the event of a tie

For statewide or discipline specific initiatives and recommendations 1 vote per Regional AHEC.

For internal operational decisions every member in attendance will have a vote.

Each year a full discussion, possible survey of all members to evaluate what is going well and areas for improvement.

The purpose, area, inclusion, membership, structure, duties and standard procedures outlined in this document shall be reviewed and updated biannually, under the guidance and direction of the members of this discipline group.

Authored by:

Date:

Review due: