

North Carolina (NC) Area Health Education Center (AHEC)

Continuing Medical Education (CME) Council

Charter

Mission

The NC AHEC Program provides and supports educational activities and services to recruit, train, and retain the workforce needed to create a healthy North Carolina. The focus of the Continuing Medical Education (CME) Council charter is to train and retain a strong CME workforce across NC as a part of the NC AHEC mission.

Purpose

The CME Council is a professional gathering of regional expertise in CME that, together, form the statewide expertise to adequately train and retain physicians across North Carolina. The intent and purpose of this group is charged to:

- Establish an environment of inclusion, trust, and support for members to participate in an open manner.
- Facilitate communication, partnership, and teamwork among and between regional AHECs on activities planned and implemented for physicians.
- Assess and provide statewide program collaboration within the AHEC system across NC.
- Develop goals for statewide CME programs and services to meet the needs of physicians across the state, with a reasonable and feasible plan of action to meet those goals.
- Create clear expectations about how regional AHECs are to work collaboratively, when necessary, and intentionally on CME CPD activity offerings. Intentional planning includes eliminating redundant regional programming, creating the opportunity to collaborate on same/similar topics in order to improve planning efficiency.
- Make decisions collectively by majority consensus on subjects specifically related to CME CPD.
- Provide recommendations to the Discipline Chairs Group, the Operations Team and the State Program Office.

Composition

The NC AHEC CME Council is a group of professionals within the NC AHEC System who lead continual professional development for the physician workforce across NC. The discipline group is composed of one or more representative(s) who work directly with CME programming at each of the ten (10) regional AHECs across the state: Area L, Eastern, Greensboro, Mountain, Northwest, Piedmont, South East, South Piedmont, Southern Regional, Wake, and Duke. This group is led by a Discipline Chair, Chair-Elect (optional) and a liaison from the state program office.

Members from each of the regional AHECs are selected by their AHEC to represent the CME discipline in their region as a part of this Council.

Roles and Responsibilities

Chair of the CME Council will:

- Serve as an actively contributing member of the CME Council for a minimum of two years prior to moving into the Chair role.
- Serve as Chair for a two-year term beginning in July, after being voted into this role at the Council meeting in June. May serve one second successive term.
- During the first year of service, if the Chair is not available to oversee a CME Council meeting, the immediate past Chair will lead the meeting. If, for some reason, that person is unavailable the Program Office Liaison will lead the meeting in the Chair's absence. During the second year of the term, the Chair-Elect will facilitate the meeting if the Chair is unavailable.
- Chair the meetings of the CME Council and initiate the scheduling of virtual and ad hoc meetings, as needed.
- Plan and organize each CME Council meeting in collaboration with the Program Office Liaison. This will include developing the agenda, working with the host AHEC (when the meeting will be face-to-face) to handle logistics, reaching out to guest speakers and attendees, and informing the appropriate AHEC of minute taking responsibilities at least two weeks prior to the scheduled meeting. Minute taking should go in alphabetical order by regional AHEC name.
- Facilitate communication among members of the AHEC CME Council.
- Serve as the CME representative on the statewide Interprofessional Education (IPE) Continuing Professional Development (CPD) team (aka the "Discipline Chairs Group"). This will include attending regularly scheduled meetings and sharing news and updates bi-directionally between the IPE CPD group and the CME Council, offering and being willing to partake in opportunities for interprofessional collaboration, and disseminating NC AHEC interprofessional education news, opportunities, and policies to the CME Council.
- Attend regional and statewide meetings (or assigns a designee) as the CME Council representative, as necessary.
- Organize and lead statewide programs that provide collaboration and distributes revenue fairly across the AHECs.

- Work with the Program Office liaison, Council members, and other partners (as necessary) for accountability to the charter and to facilitate a cooperative and collaborative environment that honors the contributions of all involved.
- Assist in organizing and posting documents in Basecamp

Chair-Elect of the CME Council will (position is optional):

- Learn about the responsibilities of the CME Council Chair in preparation for assuming them.
- Serve as a contributing member of the CME Council for a minimum of one year, demonstrating leadership abilities.
- Serve at least a one-year term beginning in July, after being voted into this role at the Council meeting in June. The Chair-Elect will be voted in at the start of the second year of the Chair's two-year term.
- Contribute as an active CME Council member, demonstrating leadership abilities to take on the role of the chair.
- Demonstrate ability to chair meetings, lead workgroups, and work well with other Council members and educational partners.
- Assist the chair in all administrative duties, projects and workgroups.

CME Council Members will:

- Participate actively in all CME Council initiatives and attend all meetings or prepare and assign a proxy if unable to attend.
- Share successes and failures, best practices, and ideas for future strategies and initiatives to train and retain the physician workforce in North Carolina at both the regional and statewide level.
- Work cooperatively and collaboratively with colleagues to develop pilot projects and collaborative programming that includes marketing, lead AHEC models and best practices for education development and delivery.
- Utilize a shared platform (Basecamp) for project management and communication with other Council members.
- Participate in taking notes on a rotation and work with the Chair for approval and posting for the meeting minutes.

Program Office Liaison will:

- Mentor and assist the Chair and Co-chair with coaching, and appropriate tools to carry out their roles during their term.
- Provide leadership and consultation to the CME Council and ensure all necessary communication from the AHEC Program Office is relayed to this group in a timely manner.
- Serve as a non-voting member of the CME Council, working directly with the Chair to develop and manage agendas, review minutes, assist with task force work, and facilitate projects as necessary.
- Work collaboratively with the Chair to ensure that the Charter is being upheld and roles and responsibilities are being carried out accordingly.

- Serve as an advisor from the Program Office to assist the CME Council in their decision making to work collaboratively with other disciplines, to identify and facilitate potential interprofessional CPD activities among discipline groups, and to coordinate AHEC grants and/or Program Office funds for statewide programming or special projects.

Minute Taker

Minutes are taken for all regular meetings of the CME Council. Minute takers rotate among the AHECs alphabetically. The Chair informs the appropriate AHEC of minute taking responsibility at least two weeks prior to the scheduled meeting. The minute taker will:

- Record minutes of the meeting using a concise, action-oriented format.
- Provide a draft copy of the minutes to the Chair and Program Office Liaison to review no later than two weeks after the meeting concludes.
- Accurately records attendance.

Task Forces and Ad Hoc Committees

Task forces and ad hoc committees needed to facilitate the work of the NC AHEC system and/or CME Council can be formed as decided upon by CME Council members.

Accountability

Decisions of the CME Council will be made using a majority voting system.

- Voting may only take place in the presence of a quorum.
- When voting on items pertaining to the CME Council, all in attendance at the meeting may vote.
- For statewide or CME specific initiatives and recommendations, each regional AHEC shall get one (1) vote.

The CME Council will aim to meet quarterly - March, June, September, and December – with at least one meeting per year in-person. Depending on the needs of the Council, a virtual meeting can be changed to in-person and vice versa. If the meeting is not needed, we can cancel.

This document shall be reviewed and updated as needed every other year (at the time a new Chair begins in his/her term. Any changes to the charter are to be agreed upon by a majority vote of the group.