CME Professional Education Council APP/APC Fellowship Standards

Standard 1: Mission, Goals, and Objectives

The **CME Professional Education Council** requires that the mission of the postgraduate NP, PA, or Joint NP/PA training program be clear, concise, and effectively communicated to staff, trainees, and stakeholders.

The mission must define the program's core purpose and justify the investment of resources and energy required for its operation. To ensure institutional alignment, the mission statement should be reflected in the program's internal decision-making documents and featured prominently in all external communications for the benefit of applicants and the public.

Under the framework of the **CME Professional Education Council**, the program must establish the following hierarchy:

- **Mission:** Defines the overarching purpose and remains constant.
- **Goals:** Derived from the mission, these provide the direction and high-level outcomes to which the program aspires.
- **Objectives:** Derived from the goals, these specify the concrete efforts, actions, and curriculum the program intends to accomplish within designated time frames.

While the mission provides a permanent foundation, the **CME Professional Education Council** recognizes that goals and objectives should evolve as a program matures or expands. Together, these three elements serve as the cornerstones of program operation and provide the essential context for ongoing evaluation.

Standard 2 – Curriculum

I. Introduction

The **CME Professional Education Council** curriculum is designed to advance the foundational knowledge and skills acquired during graduate academic preparation. This postgraduate framework expands upon and reinforces the core competencies of the novice NP or PA. Trainees progress through a structured advancement of responsibility for patient care and clinical outcomes. Mastery is achieved through immersion in complex clinical

systems, management of challenging patient cases, advanced skill assimilation, critical thinking, reflective learning, and rigorous feedback from senior clinicians.

II. Program Curriculum and Structure

To meet accreditation standards, the program curriculum must integrate the following core elements:

1. **Clinical Practice and Patient Care Experience**
    - **Depth and Breadth:** Experiences (precepted sessions, mentored clinics, specialty rotations) must provide sufficient volume and variety in diagnoses and demographics to prepare trainees for specialty practice.
    - **Progressive Responsibility:** Programs must provide a structured pathway for increasing autonomy in patient management.
    - **Competency-Based Learning:** Every rotation or clinical experience must include specific learning objectives to guide trainee competency.
    - **Defined Targets:** Programs shall establish specific numeric targets for patients and procedures necessary to achieve the program's overall goals.
2. **Didactic Education**
    - Regularly scheduled sessions must include clear learning objectives that bridge theoretical knowledge with clinical application.
    - Hands on procedure skills and patient simulations when appropriate.
3. **Systems-Based Improvement**
    - Trainees must participate in organizational or system-level initiatives designed to improve front-line patient care.
4. **Population Health and Technology**
    - **Population Focus:** Assessment of community, environmental, and socioeconomic influences on health outcomes.
    - **Technological Proficiency:** Demonstration of skills in informatics, Electronic Health Records (EHR), business intelligence, and specialty-specific technology.
5. **Patient-Centered Values and Leadership**

- **Respectful Care:** Integration of patient perspectives, choices, and values into treatment plans.
- **Professional Development:** Cultivating leadership skills, particularly within interdisciplinary settings.
- **Health-Related Needs:** Supporting family involvement, ensuring continuity during care transitions, and fostering active patient participation.

6. **Certification**
    - A **Certificate of Completion** is awarded only upon successful achievement of all competencies and program requirements.

III. Postgraduate Competency Domains

Upon completion of the **CME Professional Education Council** accredited program, the trainee must demonstrate mastery in the following:

1. **Patient-Centered Care:** Compassionate, individualized care for diverse backgrounds.
2. **Knowledge for Practice:** Mastery of bio-psycho-social, clinical, and epidemiological sciences.
3. **Practice-Based Learning:** Self-evaluation and application of evidence-based improvements.
4. **Communication:** Effective collaboration with patients, families, and teams.
5. **Professionalism:** Commitment to ethical principles and professional roles.
6. **Systems-Based Practice:** Awareness of the larger healthcare context and resource utilization.
7. **Interdisciplinary Collaboration:** Optimizing safe care within multi-professional teams.
8. **Lifelong Learning:** Sustaining continuous professional growth.
9. **Technological Integration:** Utilization of telehealth, remote monitoring, and virtual care.
10. **Cultural Humility:** Incorporating individual backgrounds and preferences to achieve optimum health.

IV. Sub-Competency Requirements

Each domain requires the achievement of specific sub-competencies:

1. Patient Care

- Perform and interpret essential screenings and diagnostic assessments.
- Utilize virtual and telehealth technologies effectively.
- Prioritize responsibilities to provide safe, efficient, and informed care.
- Educate and empower patients for shared decision-making.

2. Knowledge for Practice

- Employ an analytical approach to clinical situations.
- Understand the application of AI and Predictive Analytics where applicable.
- Apply public health and epidemiological principles to disease prevention.
- Translate new healthcare knowledge into improved patient outcomes.

3. Practice-Based Learning and Improvement

- Identify personal knowledge gaps and set improvement goals.
- Systematically analyze practice using quality improvement (QI) methods.
- Implement expert recommendations and new practice guidelines into clinical care.

4. Interpersonal and Communication Skills

- Role model communication that accounts for implicit bias.
- Act as an effective consultant to interdisciplinary team members.
- Maintain comprehensive and compliant clinical records.
- Navigate challenging family dynamics and emotional impacts with compassion.

5. Professionalism

- Demonstrate accountability to patients, society, and the profession.
- Adhere strictly to institutional policies and ethical standards regarding informed consent and privacy.

- Recognize how life experiences impact healthcare access.

6. Systems-Based Practice

- Coordinate care across the broader healthcare system.
- Perform cost-awareness and risk-benefit analyses in treatment planning.
- Understand risk management, error identification, and problem resolution protocols.
- Engage in practice management responsibilities relevant to the role.

7. Interdisciplinary Collaboration

Domain: Demonstrate the ability to practice within an interdisciplinary team in a manner that optimizes safe, effective, patient-, and population-centered care.

Postgraduate trainees must demonstrate the ability to:

- **7.1** Cultivate a professional climate of mutual respect, dignity, and trust with all interdisciplinary team members.
- **7.2** Leverage a deep understanding of their own professional role and the roles of others to assess and address the healthcare needs of patients and populations, both in-person and via virtual platforms.
- **7.3** Communicate, delegate, and defer to team expertise in a responsive and responsible manner to support health maintenance and disease treatment.
- **7.4** Align with the unique interdisciplinary roles and responsibilities of the host health system to develop and enhance teams that provide safe, timely, efficient, effective, and equitable care.

8. Personal and Professional Development

Domain: Demonstrate the qualities required to sustain lifelong growth and leadership as healthcare professionals.

Postgraduate trainees must demonstrate the ability to:

- **8.1** Utilize self-reflection and available resources to enhance awareness of healthcare disparities, implicit bias, and personal clinical limitations.
- **8.2** Maintain openness to learning from the diverse life experiences of others, utilize healthy stress-management strategies, and proactively seek constructive feedback.

- **8.3** Effectively manage the balance and potential conflicts between personal and professional responsibilities.
- **8.4** Exhibit flexibility, maturity, and resilience when adjusting to clinical or organizational changes.
- **8.5** Maintain unwavering trustworthiness and accountability when responsible for patient care.
- **8.6** Apply leadership skills that improve team dynamics, the learning environment, and healthcare delivery systems.
- **8.7** Project a professional self-confidence that builds rapport and puts patients, families, and colleagues at ease.
- **8.8** Navigate clinical ambiguity by recognizing uncertainty and utilizing appropriate resources to resolve complex cases.
- **8.9** Identify necessary organizational or clinical process changes and contribute to improved outcomes through the implementation and dissemination of quality improvement (QI) or evidence-based projects.
- **8.10** Master emerging technologies, including expanded telehealth, remote monitoring, and virtual care modalities.
- **8.11** Incorporate an understanding of individual backgrounds, needs, and preferences into practice to help patients achieve optimum health.

---

9. Technology and Telehealth

Domain: Actively embrace and master new healthcare technologies, including expanded telehealth, remote monitoring, and virtual care platforms, to enhance delivery and access.

10. Promoting Fairness and Respect in Healthcare

Domain: Demonstrate a commitment to health equity by integrating practices that promote fair access to care, honoring the backgrounds of all individuals, and actively working to remove systemic barriers that impact health outcomes.

Standard 3 – Evaluation

I. Introduction

The **CME Professional Education Council** views program evaluation as a cornerstone of educational rigor and quality. Accredited programs must maintain a systematic, intensive, and cumulative process for assessing postgraduate trainees, core program components, and organizational efficacy.

A robust evaluation framework fosters continuous redesign and improvement, ensuring the program remains at the forefront of advanced practice provider training. This systematic approach allows for the comparison of outcomes within and across sponsoring organizations, advancing the measurable depth and breadth of clinical expertise.

II. The Evaluation Framework

Programs must establish a clearly defined evaluation process aligned with the **CME Professional Education Council** standards prior to the start of the program year. This process must be transparently communicated to preceptors, trainees, staff, and leadership.

- **Timing:** Evaluation begins on day one with a trainee competency self-assessment. Assessments should occur at regular intervals (weekly, monthly, quarterly, semi-annually, and annually).
- **Methodology:** Programs should utilize both **formative** (ongoing feedback) and **summative** (final mastery) evaluations.
- **Bi-Directional Feedback:** Evaluation is a two-way street. Sponsoring organizations must assess the trainee, and the trainee must evaluate the program's core components.
- **Continuous Improvement:** Data derived from these assessments must be used to identify strengths and gaps, leading to documented corrective action plans and interventions.

III. Postgraduate Trainee Assessment

- **3.1 Systematic Process:** Programs must use an objective, cumulative assessment process rooted in the core competencies and curriculum.
- **3.2 Competency Domains:** Each trainee's development must be periodically measured against the ten competency domains defined in Standard 2.

- **3.3 Performance Management:** In accordance with HR policies, programs must have a prompt method for identifying performance concerns and establishing measurable improvement plans.
- **3.4 Minimum Evaluation Requirements:**
    - **Competency Self-Assessments:** Completed at the start and conclusion of the program.
    - **Curricular Evaluation:** Trainee feedback on all core program components.
    - **Faculty/Preceptor Assessment:** Expert evaluation of trainee clinical performance.
    - **Leadership Oversight:** Program Director evaluation of clinical faculty and preceptors.
    - **Reflective Practice:** Use of journals, debriefing sessions, or Schwartz Rounds.
    - **Final Programmatic Evaluation:** A comprehensive review upon completion.
- **3.5 Learning Portfolio:** Trainees must maintain a portfolio documenting clinical activity (patient mix, procedures, encounters), chart audits, and special projects. This serves as a primary tool for coaching sessions and goal setting.

IV. Organizational & Faculty Evaluation

- **3.6 Fiscal Oversight:** The Program Director must be involved in budget development and monitoring, identifying specific cost and revenue centers relevant to the program.
- **3.7 Site Evaluation:** Programs must document initial and ongoing reviews of clinical sites, assessing resources, staffing, and the variety of clinical opportunities (demographics, procedures, etc.).
- **3.8 Advisory Committee:** A Residency/Fellowship Advisory Committee must meet at least semi-annually to review curricula and provide strategic guidance. Agendas and minutes must be maintained.
- **3.9 Faculty Assessment:** An established process must exist to evaluate clinical faculty and presenters, incorporating feedback from both trainees and the Program Director.

- **3.10 Faculty Development:** Programs must provide a clear plan for the continual improvement of faculty teaching skills and identify performance concerns with measurable goals.

V. Ongoing Program Self-Assessment

- **3.12 Annual Review:** Programs must conduct a documented self-assessment at least annually to ensure compliance with the **CME Professional Education Council** standards. This review must include:
    - **Outcome Measures:** Completion rates, withdrawal/dismissal data, and post-program employment data.
    - **Stakeholder Satisfaction:** Evaluations from current trainees, preceptors, and alumni (at completion and 12–18 months post-graduation).
    - **Action Planning:** A formal document identifying strengths and gaps, outlining structural or content adjustments, and providing evidence of improvements made based on previous results.

Standard 4 – Program Eligibility

I. Introduction

The **CME Professional Education Council** recognizes postgraduate NP, PA, or Joint NP/PA training programs as formal, highly structured educational pathways consisting of rigorous clinical and didactic curricula.

- **Duration:** Programs must be a minimum of twelve months in length for full-time trainees.
- **Extensions:** Individual programs may extend this duration to ensure the achievement of specific goals and trainee outcomes, provided the extended timeframe is clearly documented in the organization's accreditation application.
- **Environment:** Training must take place within a healthcare delivery system accredited or certified by an entity that recognizes high standards of quality and safety.

II. Organizational Eligibility Criteria

The primary sponsoring organization is responsible for completing the application for accreditation. To be eligible for consideration by the **CME Professional Education Council**, the sponsoring organization must meet the following criteria:

4.1 Eligible Sponsoring Entities The organization must demonstrate a commitment to quality and safety through current accreditation, certification, or evidence of safe practice in settings such as:

- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes.
- Nurse-managed health
- Veterans Health Administration (VHA) systems.
- Private or public integrated health systems and hospitals.
- Private clinic systems, practices, and behavioral health organizations.
- Academic health centers, medical centers, and academic institutions.

4.2 Recognized Accrediting Bodies Sponsoring organizations must maintain active standing with recognized bodies, including but not limited to:

- Regional or specialized professional accrediting agencies for higher education.
- The Accreditation Association for Ambulatory Health Care (AAAHC).
- The Joint Commission (with specific accreditation applicable to the training site).

III. Trainee Eligibility Criteria

4.3 Candidate Requirements To participate in an accredited program, the postgraduate trainee must meet the following professional standards:

- **Nurse Practitioners (NP):**
    - Must be a graduate of an NP program accredited by CCNE, ACEN, or a recognized equivalent.
    - Must hold a Master of Science in Nursing (MSN) or a Doctor of Nursing Practice (DNP).
- **Physician Assistants (PA):**

    - Must be a graduate of a PA program accredited by ARC-PA or a recognized equivalent.
    - Must hold a Master's degree with a concentration in Physician Assistant Studies.
    - Must hold active certification from the National Commission on Certification of Physician Assistants (NCCPA).
- **Licensure and Certification:**
    - All trainees (NP and PA) must hold board certification.
    - Trainees must be licensed (or license-eligible) as an APRN or PA in the state where the program is located.
    - Licensure must be obtained by a deadline determined by the Program, aligned with the planned start of the clinical curriculum.

Standard 5 – Administration

I. Introduction

The **CME Professional Education Council** recognizes that the success of a postgraduate NP, PA, or Joint NP/PA training program is fundamentally dependent on the full support of its sponsoring organization. Programs must be deeply integrated into the organization's mission, vision, and strategic initiatives.

Effective administration requires a culture of support that spans both vertical and horizontal leadership—including the Board of Directors, executive teams, clinical faculty, and non-clinical support staff. This alignment ensures that operational aspects run smoothly, resources are sufficient, and channels of communication are clear.

II. Organizational Sponsorship

To maintain accreditation, the program must demonstrate a stable and transparent sponsorship structure:

- **5.1 Single Sponsoring Entity:** A primary sponsoring organization must be clearly identified as having ultimate responsibility for the program.

- **5.2 Mission Alignment:** The program must have a distinct mission statement that aligns with and reflects the overarching goals of the sponsoring organization.
- **5.3 Control and Ownership:** The sponsoring organization—not affiliated partners—must maintain ownership and control over the educational content. This includes ensuring sufficient patient volume, clinical diversity, and robust didactic depth to meet the program's learning objectives.
- **5.4 Affiliate Agreements:** When didactics or clinical rotations occur at outside sites, a formal agreement or Memorandum of Understanding (MOU) must be in place. This document must clearly define the roles and responsibilities of each party.
- **5.5 Academic Affiliations:** While not mandatory, the Council encourages formal partnerships with academic institutions. These affiliations support curriculum development, faculty growth, and the recruitment of future candidates.

III. Organizational Responsibilities and Resources

The sponsoring organization bears primary responsibility for the following core functions:

- **5.6 Program Management & Operations:**
    - **Curriculum:** Ongoing development, evaluation, and revision of the educational framework.
    - **Coordination:** Documentation and oversight of all clinical, didactic, and experiential learning.
    - **Staffing:** Allocation of sufficient time for administrative and clinical faculty to teach and mentor, including standard onboarding for all new hires.
    - **Transparent Recruitment:** Maintenance of a fair selection process using standardized rubrics and clear timelines for application, interviewing, and contracting.
    - **Formal Agreements:** Provision of written contracts or offer letters detailing the terms of participation and expectations for completion.
    - **Liability & Compensation:** Provision of appropriate malpractice coverage and competitive compensation. Benefits should be clearly defined and informed by regional benchmarking.

    - **Environment:** Ensuring all training sites meet established standards for safety and security.

- **5.7 Budgetary Support:** Leadership must demonstrate the allocation of specific funding and facility resources. Where possible, a dedicated line-item budget should be provided as evidence of fiscal sustainability.
- **5.8 Operational Infrastructure:**
    - **Human Resources:** Access to support for recruitment, onboarding, and performance improvement.
    - **Technological Access:** Provision of high-quality Electronic Medical Records (EMR), videoconferencing, and clinical informatics tools.
    - **Physical Space:** Adequate space within the clinical environment for trainees to function as members of the interdisciplinary team.
- **5.9 Clinical Support Services:** The scope and number of support staff (Medical Assistants, Nurses, Technicians) must be sufficient to ensure that trainees can focus on their clinical learning and practice. These services must be available either directly on-site or through established referral networks.

Standard 6 – Operations

I. Introduction

The **CME Professional Education Council** identifies operational policies and procedures as the essential foundation for a high-quality training program. To ensure structural integrity, the program must operate in full alignment with the established policies of the sponsoring organization.

Operational excellence is defined by clear guidelines, consistent implementation, and strict adherence to all applicable state and federal regulations. Both staff and trainees must be oriented to these standards at the program's outset, with policy documentation remaining accessible for the duration of the training year.

II. Employment and Clinical Standards

The transition from candidate to trainee must be handled with professional transparency and clear clinical boundaries:

- **6.1 Formal Appointment:** Upon acceptance of a position, the sponsoring organization must issue a formal employment agreement (contract or offer letter). This document must include:
    - Trainee responsibilities and program requirements.
    - The specific length of the agreement.
    - Financial compensation and benefit details.
    - Professional liability or FTCA coverage.
    - Policies regarding withdrawal, dismissal, and organizational procedures.
- **6.2 Supervision and Escalation:** Programs must maintain an established supervisory chain of command, accessible both in-person and virtually, allowing trainees to escalate concerns at any time.
- **6.3 Precepting Requirements:** * Preceptors must be fully available for consultation, teaching, and direct patient assessment for the duration of a shift.
    - **Direct Care Limitation:** In outpatient settings, preceptors overseeing more than one trainee must not have any other direct patient care responsibilities scheduled during that session.
- **6.4 Educational Focus:** Trainees are not required to perform any clinical or administrative work that does not directly contribute to the program's educational goals, objectives, or competencies.

III. Grievances and Disciplinary Actions

Programs must provide a fair and structured environment for conflict resolution and performance improvement:

- **6.5 Resolution Policies:** Grievance and complaint procedures must be clearly defined, published, and readily available to all staff and trainees.
    - **Remediation:** Disciplinary actions must follow organizational HR policies and include a written improvement plan developed collaboratively by the Program Director and the trainee.
    - **Complaint Processes:** Formal tracks must exist for managing internal complaints regarding the work environment, faculty, or the program.

- **External Recourse:** Trainees must be informed of the process for filing a complaint directly with the **CME Professional Education Council** (the Consortium).

IV. Record Keeping and Documentation

Accreditation requires meticulous maintenance of program and trainee records:

- **6.6 HR Documentation:** The sponsoring organization's Human Resources department shall maintain trainee records in accordance with standard organizational policy.
- **6.7 Programmatic Trainee Records:** The program must independently maintain documentation verifying:
  - Fulfillment of eligibility criteria.
  - Performance evaluations demonstrating mastery of program competencies.
  - Records of any disciplinary action plans and successful remediation.
  - Documentation of any filed grievances.
- **6.8 Faculty and Staff Records:** Current records for all key leadership (Program Director, Clinical Director, and core staff) must be maintained. This includes updated Resumes/CVs and job descriptions that specifically outline their roles and responsibilities relative to the postgraduate training program.

Standard 7 – Staff

I. Introduction

The **CME Professional Education Council** recognizes that the personnel directing and supporting the postgraduate NP, PA, or Joint NP/PA training program are the backbone of effective operations. To meet accreditation standards, the sponsoring organization must provide a leadership team and support staff that facilitate seamless management and comprehensive trainee support.

Core Leadership Requirements:

- **Mandatory Roles:** Every program must appoint a **Program Director** and a **Clinical Director**.

- **Integration:** These roles may be combined into a single position if appropriate for the program's size.
- **Credentialing:** * If the roles are combined, the individual must be an **NP** (for NP-only programs), a **PA** (for PA-only programs), or either an **NP or PA** (for Joint programs).
    - If separate, at least one of these two positions must be held by an NP or PA.
- **Contractual Clarity:** If leadership staff are not direct employees of the sponsoring organization, a formal contract or MOU must clearly outline their responsibilities and relationship to the entity.

II. Program Leadership

7.1 Oversight and Resources The program must maintain administrative, programmatic, and clinical oversight. In addition to leadership, the sponsoring organization must provide sufficient support staff and resources to ensure all program components are fulfilled without compromising educational quality.

7.2 Program Director Responsibilities The Program Director is responsible for the strategic and administrative health of the program, including:

- **Design & Oversight:** Implementing and managing all core program components.
- **Recruitment:** Leading the selection and intake process for postgraduate trainees.
- **Performance Tracking:** Administering the collection of comprehensive evaluations for every trainee.
- **Problem Resolution:** Identifying and mitigating obstacles that may impede the achievement of program objectives.
- **Advocacy & Dissemination:** Promoting the program internally and sharing outcomes/findings with the broader healthcare community.
- **Coordination:** Managing didactics, clinical practice, academic partnerships, the Residency Advisory Council, and all program-related funding (federal or otherwise).

7.3 Clinical Director Requirements & Responsibilities The Clinical Director must hold current state licensure and is responsible for:

- **Clinical Excellence:** Ensuring all clinical experiences incorporate current practice standards and recognized best practices.

- **Professional Advocacy:** Serving as a national advocate for postgraduate NP/PA training.
- **Operational Management:** Demonstrating mastery in:
    - Day-to-day program operations and fiscal management.
    - Program self-analysis, evaluation, and continuous improvement.
    - Accreditation compliance and the self-study process.
    - Trainee retention efforts and the tracking of alumni employment data.
    - Stakeholder collaboration, both internal and external.

III. Clinical Program Faculty

7.4 Faculty Sufficiency There must be a sufficient number of Clinical Program Faculty to provide dedicated support during all clinical experiences. This faculty body includes preceptors, mentors, didactic lecturers, and experts in quality improvement or leadership. Their primary goal is to facilitate the acquisition of essential skills required to meet program competencies.

7.5 Evaluation and Development

- **Assessment:** Designated faculty are responsible for providing objective performance evaluations and timely feedback to track trainee progress.
- **Faculty Growth:** The sponsoring organization must provide Clinical Program Faculty with initial training and ongoing professional development. This ensures they possess the necessary teaching and clinical skills to effectively mentor the next generation of providers.

Professional Development & Support Services

7.6 Professional Development

The **CME Professional Education Council** encourages sponsoring organizations to provide program staff with continuous professional development opportunities. These initiatives are essential for sharpening the clinical, training, and administrative skills required for their roles. Recommended development activities include:

- Participation in continuing education conferences.
- Attendance at professional organizational meetings.

- Specialized training opportunities related to academic mentorship and program leadership.

7.7 Organizational Support Staff and Services

Sufficient administrative and technical support staff must be available to ensure smooth day-to-day operations for both faculty and trainees. Essential support services include:

- **Information Technology (IT):** Technical support for clinical and educational platforms.
- **Business Intelligence:** Provision of data analytics and reports for program tracking.
- **Practice Management:** Support for scheduling, template design, and case-mix management.
- **Clinical Support:** Medical Assistants, RNs, and other staff to maintain the team-based care model.
- **Quality Improvement (QI):** Resources to support continuous QI activities within the practice.
- **Human Resources:** Administrative support for personnel management and compliance.

Standard 8 – Postgraduate Training Services

I. Introduction

Sponsoring organizations must provide postgraduate trainees with adequate services that align with organizational policies for other health professions trainees and interdisciplinary team members.

A primary focus of these services is the **promotion of wellness**. The Council recognizes that addressing the following factors is critical for reducing attrition and ensuring high-quality patient care:

- **Compassion Fatigue:** Physical and mental exhaustion resulting from prolonged care of traumatized individuals.
- **Burnout:** Depersonalization and reduced empathy caused by accumulated daily stresses.

- **Resilience:** The process of adapting to challenging experiences through mental and behavioral flexibility—a skill that must be actively built and supported.

II. Trainee Benefits and Health

- **8.1 Equitable Benefits:** Trainees should receive employee benefits similar to those of other licensed independent providers in the same discipline, adjusted for their role as a postgraduate learner (e.g., specific continuing education allotments).
- **8.2 Policy Transparency:** Organizations must explicitly state guidelines regarding professional development, continuing education, and the reimbursement of professional fees.
- **8.3 Market-Based Compensation:** NP and PA compensation must be based on a formal market analysis, comparing local geographic standards and national benchmarks for postgraduate training programs.
- **8.4 Health and Immunizations:** Trainees must comply with all health screenings and immunization requirements established by the sponsoring organization's policy for healthcare employees.
- **8.5 Confidentiality:** Trainee health and immunization records must be kept strictly confidential, released only with explicit permission for program operational purposes.

III. Work Environment and Wellness Promotion

- **8.6 Workstation Standards:** Programs must provide trainees with workstations and equipment (including virtual environment tools) consistent with those provided to other clinical staff.
- **8.7 Wellness Strategy:** The Program must maintain a documented wellness strategy, including:
    - **Access to Support:** Direct links to HR, Employee Assistance Programs (EAP), or internal wellness programs that help faculty and trainees recognize signs of stress and fatigue.
    - **Tool Building:** Assisting participants in managing time, identifying impairment in themselves or peers, and mitigating factors contributing to burnout.

- **Leadership Accountability:** The Program Director is responsible for monitoring trainee needs during high-stress patient care activities or system-related challenges.
- **Confidential Reporting:** A clear, private communication plan for reporting burnout or performance concerns without fear of retribution.
- **Resource Awareness:** Ensuring trainees can access support tools such as small group sessions, coaching, reflective journaling, and professional counseling.
- **Monitoring & Intervention:** The Program Director must assess emotional well-being during formal and informal meetings and is responsible for investigating reports of substance impairment or extreme stress, involving HR as necessary.
- **Evaluation of Wellness Efforts:** Programs should use evidence-based tools (e.g., Maslach Burnout Inventory or Neff's Self-Compassion Scale) to evaluate the effectiveness of their wellness initiatives and identify areas for improvement.

Standard 9 – Organizational Structure and Leadership

I. Introduction

The **CME Professional Education Council** requires that every accredited program maintain a transparent and robust organizational structure. This structure must facilitate effective communication, clear lines of authority, and an interdisciplinary approach to medical education. A well-defined organizational chart ensures that all stakeholders understand the hierarchy and the specific individuals responsible for maintaining the integrity of the educational domains.

II. Interdisciplinary Staffing Model

To reflect the realities of modern team-based healthcare, the program must employ a diverse range of medical professionals. The staff must include individuals with different licensures to ensure a broad clinical perspective.

- **Licensure Diversity:** The program staff must include a combination of **Physicians (MD/DO)**, **Nurse Practitioners (NP)**, and **Physician Assistants/Associates (PA)**.
- **Faculty Expertise:** Beyond clinical licensure, the faculty should possess expertise in health systems science, quality improvement, and educational theory to support a comprehensive curriculum.

III. Organizational Chart and Reporting Lines

Programs must maintain an updated organizational chart that visually represents the relationship between the sponsoring institution and the training program.

The chart and accompanying documentation must clearly identify the following leadership roles:

- **Program Director (PD):** Holds primary responsibility for the administrative and strategic operations of the program. The PD ensures the program meets all CMEPEC regulatory and accreditation requirements.
- **Clinical Director (CD):** Provides oversight for the clinical curriculum and ensures that patient care experiences align with national best practices and board-specific competencies.
- **Domain-Specific Faculty:** Designated faculty members must be assigned oversight for specific educational domains, such as:
    - *Didactic Curriculum Oversight*
    - *Clinical Rotation Coordination*
    - *Quality Improvement and Research*
    - *Trainee Wellness and Professional Development*

IV. Accountability and Oversight

The program must submit a report that maps specific individuals to the standards they oversee. This "Accountability Matrix" ensures that:

1. **Direct Responsibility:** For every accreditation standard, there is a named individual responsible for its implementation and evaluation.
2. **Vertical Support:** There is a clear path for escalation and support from the program leadership to the sponsoring organization's executive team (e.g., Chief Medical Officer or Chief Nursing Officer).
3. **Collaborative Review:** Leadership roles are structured to encourage interdisciplinary collaboration, ensuring that PAs, NPs, and Physicians work together to refine the training model.

V. Documentation Requirements

The program is required to maintain:

- **Current CVs:** For all individuals listed on the organizational chart, demonstrating they hold the appropriate licensure and experience for their assigned domain.
- **Job Descriptions:** Specific to the postgraduate training program, outlining the percentage of time allocated to administrative vs. clinical duties for each leader.
- **Formal Agreements:** If any leadership or faculty members are contracted from an outside affiliate, a formal MOU must be on file outlining their reporting relationship to the Program Director.

Glossary of Terms

Accreditation A voluntary evaluation process undertaken by organizations sponsoring formal NP/PA postgraduate training. Accreditation allows programs to demonstrate compliance with established standards, validating program quality to external stakeholders and prospective trainees.

Affiliated Organization An entity distinct from the sponsoring organization that maintains a vested interest in the program's outcomes. Affiliates provide necessary resources for educational experiences and, where applicable, submit performance evaluations to the sponsoring organization.

Clinical Program Faculty Staff responsible for supporting trainees during clinical experiences to ensure the acquisition of essential knowledge and skills. This group includes preceptors, mentors, didactic lecturers, and experts in quality improvement or leadership.

Competency Self-Assessment An evaluation tool completed by the trainee at the beginning, midpoint, and conclusion of the program. This instrument is based on the 2002 HRSA-published expert panel report regarding entry-into-practice competencies.

Faculty The professional staff responsible for the instruction and direction of the postgraduate training program.

Fellowship / Residency A formal, structured, and intensive postgraduate training program (minimum of one year) for licensed APRNs or PAs. These programs facilitate the transition from academic preparation to advanced clinical practice in primary or specialty care within a service delivery setting.

Mentor A healthcare provider who serves as a professional role model and a supportive resource for postgraduate trainees.

NCCPA: National Commission on Certification of Physician Assistants

NCQA (National Committee for Quality Assurance) A non-profit organization that manages recognition programs to empower consumers and employers to make informed healthcare decisions based on quality. Participation indicates a commitment to the latest clinical protocols and high-quality care delivery.

Observational Experience Short-term clinical engagements where the trainee learns through shadowing and observation but does not provide direct patient care.

PCMH (Patient-Centered Medical Home) A primary care model focused on comprehensive care coordination and communication. NCQA PCMH Recognition is a widely used standard for transforming practices into "medical homes" that improve both the patient and provider experience.

Physician Assistant / Physician Associate The official title of the profession was updated to "physician associate" in May 2021. While the transition is ongoing across regulatory and federal agencies, "physician assistant" remains common in clinical settings. Both terms are currently used without legal or regulatory conflict.

Postgraduate Training Program (NP, PA, or Joint) A minimum twelve-month, highly structured clinical and didactic experience for licensed NPs and/or PAs. It is designed to support the transition from novice practitioner to an advanced clinical level in various healthcare settings.

Postgraduate Trainee An Advanced Practice Registered Nurse (APRN) or Physician Assistant/Associate (PA-C) who has graduated from an accredited graduate program (MSN, DNP, or Master's in PA studies) and is currently enrolled in a formal postgraduate training program.

Precepted Clinical Session Clinical time where a trainee provides patient care under the direct supervision of an expert preceptor. The preceptor must be available for consultation and teaching throughout the session. As the trainee progresses, they take on increasing levels of independence.

Preceptor A skilled, experienced provider who demonstrates clinical excellence and serves as a direct teacher and role model for trainees during clinical rotations.

Program Director The individual responsible for the program's overall operations, including fiscal management, self-analysis, and accreditation compliance. The Director must be a

licensed NP or PA in the program's state or operate under a Clinical Director who holds those credentials.

Site Visit A critical phase of the accreditation process where peer volunteers from the Consortium conduct an in-person assessment of the program. Site visitors verify self-study data and observe day-to-day operations to ensure consistency with accreditation standards.

Sponsoring Organization The U.S.-based entity operating the training program (e.g., FQHCs, VHA systems, integrated health systems, or academic centers). The sponsoring organization must maintain current accreditation or certification from an entity that recognizes quality and safety of care.