The University of Illinois College of Medicine Continuing Medical Education (CME) program at Chicago continues to provide guidance and support to facilitate CME programs. During the last academic year, the CME program certified 41 activities for a total of 707 AMA PRA Category 1 credits. Of these 41 activities, 28 were courses and 13 were Regularly Scheduled Series (RSS). Compared to last year, the number of approved CME activities has increased by ten.

In addition, a total of 3,994 physicians and 1,643 non-physicians attended UICOM CME programs. More than 900 physicians attended course activities, which shows not only an increase from last year, but the strong attendance of several episodic programs. In fact, the CME program has several courses with attendance above 150 physicians and non-physicians. Regularly Scheduled Series CME activities offered more than 2,000 contact hours for attendees.

On July 26, 2017, the Office of CME at Chicago submitted, on behalf of the College CME program, its self-study and performance-in-practice abstract to the Accreditation Council on Continuing Medical Education (ACCME) for reaccreditation. The current accreditation ends March 31, 2018. Although the reaccreditation process will continue through November, the self-study and performance-in-practice are the two most important pieces of the process. By March 2018, the CME program aims to secure another six-year accreditation term.

The Office of CME at Chicago also organized and hosted a College-wide teleconference, which included the College Committee on Continuing Medical Education and the regional site committees of Chicago, Peoria, and Urbana. The Committees discussed the current status of the CME program and existing CME policies, among other agenda items. The Office of CME at Chicago plans to organize a follow-up retreat for the fall.

The CME program has concluded many of its enhancements to the eCME system, which is the electronic application used to review and monitor CME activities. This system is integral to the function of CME, and our goal has been to improve its efficiency for administrators and departments alike. The outcomes have been largely positive as enhancements have reduced the number of support hours each CME office needs to address system-bugs and administrators have more features at their disposal to tackle system issues themselves. Although the certificate feature, which would allow practitioners to access their own CME certificates, has not yet been officially implemented, the CME program hopes to integrate it by this fall.

As the CME program moves forward into the upcoming academic year, it aims to continue to improve how it provides its services to UIC faculty, affiliates, and non-affiliates. The program is evaluating several ways to advance, including expanding its Learning Associated through Teaching, developing teaching methods for faculty use in CME activities and increasing the number of providership opportunities with departments, affiliate, and non-affiliate institutions.