

COUNCIL ON NATUROPATHIC MEDICAL EDUCATION
Virtual Meeting of the Strategic Planning Committee (SPC)

Monday July 12, 2021 ♦ 1:00 – 2:30 PM ET

Meeting Minutes

SPC chair Dr. Wallace called the virtual meeting to order at 1:05 p.m. ET. The following CNME Board members were present:

- Jamey Wallace, Chair
- Eileen Stretch, ND
- Joni Olehausen, ND
- Randy Swenson, DC, MHPE
- Sue Tebb, PhD
- Marcia Prenguber, ND

Staff present:

- Daniel Seitz, JD, EdD, Executive Director

Brainstorm areas we should address in a new plan

Dr. Wallace noted that there are a couple of approaches to strategic planning: refining an existing plan or creating an entirely new plan. He suggested that for the CNME these two approaches could be combined: since much of the work of the CNME is ongoing, we can build upon some of the most recent plan; at the same time, it's worth brainstorming new areas we may want or need to address. To start this discussion, he suggested that Dr. Seitz first outline some of the areas he sees as important to address in the next strategic plan. Dr. Seitz offered the following:

- The CNME needs to continue to work with schools that have strong research programs to ensure that the USDE federal links are being utilized; this is essential to CNME's ongoing recognition by USDE.
- The USDE recently released revised regulations pertaining to recognized accrediting agencies; we need to review the regulations and make any necessary revisions to CNME's standards and policies to ensure ongoing compliance.
- The CPNME is engaged in developing a more detailed and specific set of required competencies for residents who work in CNME-approved residencies. This initiative needs to be completed.
- COSPP has begun meeting to review and potentially revise the CNME Program of Study standard (Std VI). Recently, AANMC provided suggestions as to changes to this standard. This initiative should continue. Also, the CNME is scheduled to begin a comprehensive review of its standards in 2022; this initiative needs to be planned. Also, the work on Std. VI should perhaps be coordinated with the comprehensive review.
- CNME is revising its website to include two password-protected portals: one for CNME board members to access documents relevant to the board's work, and one for evaluation teams currently conducting an accreditation review of an ND program. We are also looking into how accredited programs might upload documents to these portals. This initiative needs to be completed.
- The CNME should also review its evaluation visit process in light of its experience conducting virtual visits. While the USDE will continue to require onsite visits as a

component of a comprehensive accreditation review, there may be ways to streamline the process so that it is less expensive for schools while maintaining its rigor.

- The CNME needs to continue to be available to advocate on behalf of U.S. state and Canadian provincial licensing initiatives and other initiatives by the profession to expand the role and accessibility of naturopathic medicine in the healthcare system.
- More generally, the CNME needs to keep abreast of the changing landscape within higher education and programmatic accreditation, and ensure that staff and board members are trained as needed.

Dr. Wallace next invited committee members to share their thoughts on key areas/topics to potentially address in a strategic plan. The following is a summary:

- It would be a good idea to first take a step back and review the role of the CNME: What do we currently see as its mission?
- We need to take a careful look at the assessment standard (Std. VII). The question of specifying outcomes and competencies has been an ongoing challenge; we should revisit this area in conversation with our stakeholders, most notably the schools, the profession and NABNE/NPLEX—but possibly other stakeholders as well. One aspect of this should be the competencies that enable NDs to work in collaborative/team healthcare environments. Schools vary greatly in how deep or superficial their assessment process is: Is there a way to somehow ensure through the language in our standard and the CNME review process that a program's assessment process is strong?
- Related to outcomes, we should reexamine CNME's key benchmarks, such as NPLEX exam pass rates. Are the outcomes useful and reasonable? How do we address the usefulness of NPLEX, for example, given the often small cohorts of test-takers?
- We should comprehensively review the CNME site visit process: in addition to exploring the possibility of using a virtual-onsite hybrid approach for comprehensive visits, we should also review what materials to require, etc.
- Similar to a hybrid approach for site visits, we should also discuss how to best combine virtual and in-person CNME board and committee meetings; occasional in-person meetings have a great benefit for building cohesion and comradery, but they are more expensive and time-intensive. Similarly, evaluator training workshops might combine virtual and in-person components.
- We should review our annual report form, including the required data and information. We want to make sure that the information we ask schools to provide is genuinely useful to the CNME in its oversight role, and also that gathering the information is not unduly burdensome to the schools. Additionally, annual reports have gotten longer and longer over time, since it's easy to electronically append lengthy documents to an electronic report; unduly lengthy reports are a burden on CNME board and staff members.
- The previous strategic plan references the usefulness to the profession and the ND educational experience for schools to somehow make use of the extensive patient data/outcomes they gather by virtue of the clinical training program. It's essential to the ND profession in the long run to demonstrate that naturopathic medicine makes a substantial, positive difference to patients. It is not the place of CNME to specifically require schools to conduct research using the patient data generated in their clinics, but perhaps we should explore whether there is some way to encourage this. On the other hand, patient data might be useful in evaluating how effective the clinical education is, and CNME certainly has an interest in how well students learn to collect relevant data. School clinics, however, do not necessarily share uniform recordkeeping practices, so it might be a challenge to somehow extend CNME requirements in this area. Recommending that schools engage in certain activities usually does not result in changes, since they already have their hands full meeting CNME requirements; generally, if it's not a curriculum requirement, it won't make its way into the program. Patient satisfaction surveys may have a role to play.

- We should review the standards in light of DEI-type considerations: While the schools are addressing these issues, there may be language we want to add to the standards.
- We need to be clear on how the CNME views and defines remote/virtual instructional methods, how we evaluate them, and generally how to ensure that the integration of remote/virtual instructional methods integrate effectively with in-person instruction. We want to make sure that technological innovations improve ND education; they should not be uncritically adopted.
- Advocacy for the profession and ND programs should continue to be an aspect of CNME's mission; we should explore how CNME can appropriately serve in an advocacy role without compromising its accreditation role.
- All accrediting agencies face the challenge of arriving at consistent decisions over time and across programs and institutions, since every program and institution has unique characteristics, board change, and educational expectations evolve. It would be useful to review the means by which the CNME seeks to achieve a reasonable level of consistency in its decision-making. Similarly, there should be reasonable degree of consistency across the entire accreditation process.
- The CNME has played an important role in promoting collaboration among the accredited programs and convening conversations among the programs; we should continue playing these valuable roles.

Next Steps

Drs. Wallace and Seitz will provide dates for a follow-up SPC meeting.

The meeting was adjourned at 2:40 p.m. ET.