



## Call for Comment Summary

### Proposed Simplification of Requirements for Accredited CME Activities Certified for *AMA PRA Category 1 Credit*<sup>™</sup>

On April 25, 2017, the American Medical Association (AMA) and the Accreditation Council for Continuing Medical Education (ACCME<sup>®</sup>) issued a call for comment on their proposal to simplify and align their expectations for accredited continuing medical education (CME) activities that offer the *AMA PRA Category 1 Credit*<sup>™</sup>.

#### Executive Summary

- The AMA and ACCME received comments from 171 respondents; a substantial majority were accredited CME providers.
- The vast majority of respondents were enthusiastic about, appreciative of, and strongly endorsed the proposed changes.
- Respondents agreed that the proposal was clear as written, agreed with the proposed changes, and said that the proposed changes gave them sufficient opportunity to innovate and evolve their CME programs. Most found the glossary helpful. Many respondents applauded our efforts and thanked us for our work.
- A small minority of respondents expressed concerns and questions. In their comments, they requested:
  - An outline of how the new criteria differ from the prior version;
  - Additional clarity about how to meet the expectations of the new aligned criteria;
  - Assurance that no new requirements were being added; and
  - That we share examples of new and innovative approaches that meet learners' needs.
- Respondents offered recommendations for how to further support effective CME, including alignment across the professions, and with the certifying boards.

## **Purpose and Background**

AMA and ACCME share a passion for leveraging education to support quality in care delivery. Reflective of these shared values, the proposal for alignment is designed to encourage innovation and flexibility in accredited CME while continuing to ensure that activities meet educational standards and are independent of commercial influence. The proposal is aimed at allowing accredited CME providers to introduce and blend new instructional practices and learning formats that are appropriate to their learners and setting, provided they abide by the seven core requirements described in the proposal.

The AMA and ACCME also developed a shared glossary of terms and definitions to help clarify terminology for accredited CME providers and learners.

The proposal and glossary reflect the feedback received from the CME community, and were developed by the Bridge Committee, comprised of volunteers and staff from the AMA and ACCME. AMA and ACCME agreed to distribute the call for comment to the CME community, and present that information to ACCME's Board and AMA's Council on Medical Education.

We have included in this summary:

- A brief overview of the survey responses;
- Tables and figures illustrating the responses; and
- Tables showing key questions, suggestions, and solutions.

## **Survey Structure and Responses**

AMA and ACCME disseminated the call for comment opportunity to the CME community using our shared mailing lists. The call was also profiled at the AMA and ACCME websites, and announced at a variety of meetings. Comments were accepted through May 25, 2017, at 5 pm CDT. Extensions were offered for respondents unable to meet the deadline.

In the online survey, respondents were asked

- if the proposed simplification was clear and understandable,
- if they agreed with the proposed changes, and
- if the proposed changes gave them sufficient opportunity to innovate and evolve their CME programs.

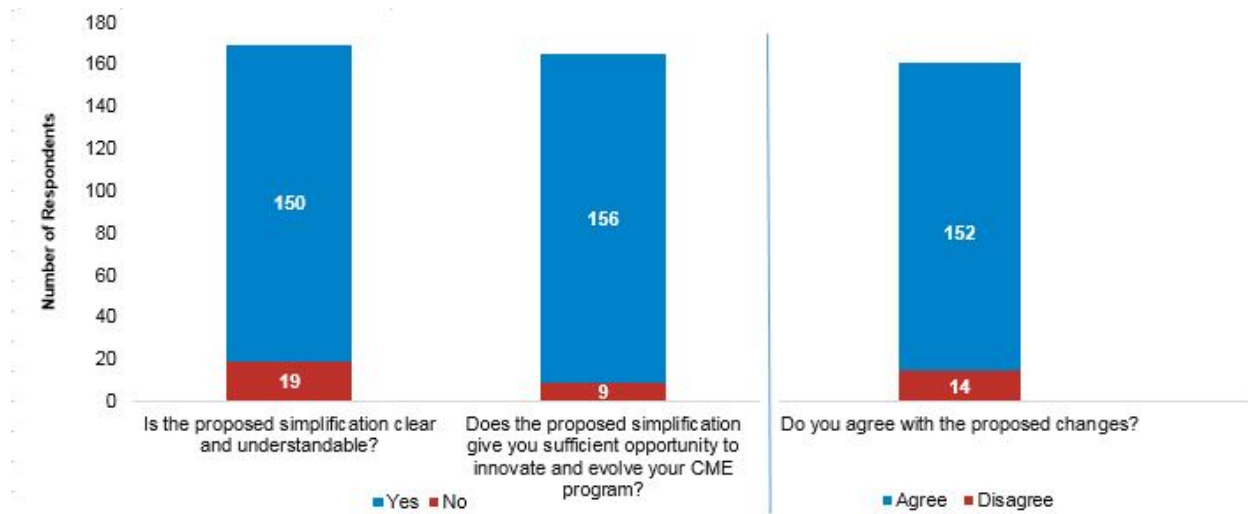
For each question, respondents that chose "no" or "disagree" were required to submit a comment. All respondents were given the option to add further comments or questions about the proposal and the glossary. They were also asked what additional changes could be made to support their work in planning and presenting effective education.

**Table 1. Respondents by Organization Type**

Please tell us which of the following describes you or your organization:	Response Total	Response Percent
ACCME-accredited provider	89	52.4%
State-accredited provider	43	25.3%
Other	15	8.8%
ACCME Recognized Accreditor	13	7.6%
Physician/healthcare professional	7	4.1%
Member of the public	2	1.2%
ACCME-defined commercial interest	1	0.6%
<b>Grand Total</b>	<b>170</b>	<b>100%</b>

**Overall Responses**

More than 90% of respondents agreed with each of the three questions:



**Figure 1. Number of yes/no and agree/disagree responses**

**1. Is the proposed simplification clear and understandable?**

Choice	Response Total	Response Percent
Yes	150	88.8%
No	19	11.2%
<b>Grand Total</b>	<b>169</b>	<b>100%</b>

## Key Takeaways from 19 Respondents (11 Percent) Who Answered ‘No’

Key Points to Consider	Suggestions and Solutions
<ul style="list-style-type: none"> <li>• Need to clarify how this is different from previous requirements.</li> <li>• Performance Improvement-CME process still perceived to be too complicated and onerous.</li> <li>• Areas that are perceived to remain unaligned:               <ul style="list-style-type: none"> <li>○ AMA Core Requirement 4: AMA requires stated purpose/objectives, ACCME does not</li> <li>○ AMA Core Requirement 6 does not seem to align with ACCME Criterion 11</li> <li>○ B1 Enduring materials: bibliographic sources requirement is not required by ACCME</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Clarify that all CME activities need to conform to ACCME criteria.</li> <li>• Provide side-by-side comparison of proposed changes to current requirements.</li> <li>• Clarify that existing categories remain and rules governing assignment of credit stay the same.</li> <li>• Explain rationale for retained format requirements.</li> <li>• Allow broader definition of PI-CME that encompasses QI within a system, teams, and different forms.</li> </ul>

## 2. Do you agree with the proposed changes?

Choice	Response Total	Response Percent
Agree	152	91.6%
Disagree	14	8.4%
<b>Grand Total</b>	<b>166</b>	<b>100%</b>

## Key Takeaways from 14 Respondents (8 Percent) Who Answered Disagree

Key points to consider	Suggestions and Solutions
<ul style="list-style-type: none"> <li>• Clarify assessment approaches for activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Create venue where “other” formats can be shared to communicate best practices.”</li> </ul>

## 3. Does the proposed simplification give you sufficient opportunity to innovate and evolve your CME program?

Choice	Response Total	Response Percent
Yes	156	94.6%
No	9	5.4%
<b>Grand Total</b>	<b>165</b>	<b>100%</b>

## Key Takeaways from 9 Respondents (5 Percent) Who Answered No

Key Points to Consider	Suggestions and Solutions
<ul style="list-style-type: none"> <li>• Some providers looking for even greater flexibility and simplification, particularly for PI-CME</li> </ul>	<ul style="list-style-type: none"> <li>• Consider further modifications to current requirements for PI CME to facilitate flexible and modern approaches to QI.</li> </ul>

**4. Please add any further comments or questions regarding the proposed changes.**

**Key Takeaways from Respondents (90 comments)**

<b>Key Value/Benefits</b>
<ul style="list-style-type: none"><li>• Provides a strong foundation while encouraging providers to develop new and innovative education.</li><li>• Will greatly enhance our ability to offer blended activities and additional learning modalities.</li><li>• Allows innovation and creativity as we strive to involve physicians from millennials to retirees.</li><li>• Facilitating a variety of assessment approaches greatly enhances our ability to do functional formative assessment as a mechanism to engage learners.</li><li>• Allows evolution towards learner-centered CME.</li><li>• Clear and concisely highlights core values of AMA/ACCME; shifts focus to learner assessment; allows new opportunities for appropriate, relevant, quality CME.</li><li>• Creates a new emphasis on learning rather than paperwork.</li><li>• Will allow new innovative strategies; in particular, personalized learning activities, personal learning plans, hybrid live and virtual learning collaboratives, and gamification-based learning.</li><li>• Allows vertical integration of education for improving both patient care and physician satisfaction.</li><li>• Thrilling. Not only the alignment of criteria but also the alignment of two organizations that are key to CME and its future.</li></ul>

**5. Please add any comments or questions regarding the glossary.**

**Key Takeaways from Respondents (67 comments)**

<b>Key Value/Benefits</b>
<ul style="list-style-type: none"><li>• Excellent, succinct, up-to-date.</li><li>• Comprehensive, easy to use, allows for additional terms.</li><li>• Major step forward in a shared understanding of our work.</li><li>• Helps standardize definitions that are often nuanced and misunderstood.</li><li>• Excellent resource for those who are new to the field.</li></ul>

**6. What additional changes could be made to support your work in planning and presenting effective education?**

**Key Takeaways from Respondents (59 comments)**

<b>Key Value and Benefits</b>
<ul style="list-style-type: none"><li>• Appreciate work of ACCME, AMA, and others to support our ability to demonstrate relevant performance outcomes.</li><li>• It's comforting to have AMA and ACCME working as a team.</li></ul>