



Accreditation Council for Continuing Medical Education (ACCME[®]) 2015 Annual Report

Table of Contents

Message from the ACCME President and CEO.....	1
Executive Summary	2
Table 1 Size of the CME Enterprise	4
Table 2 Activities by Organization and Activity Type	5
Table 3 Hours of Instruction by Organization and Activity Type.....	6
Table 4 Physician Interactions by Organization and Activity Type	7
Table 5 Other Learner Interactions by Organization and Activity Type	8
Figure 1 Activities, Hours, and Interactions in ACCME System, 2005–2015	9
Figure 2 Activities, Hours, and Interactions—ACCME-Accredited, 2005–2015.....	10
Figure 3 Activities, Hours, and Interactions—State-Accredited, 2005–2015	10
Table 6 Income	11
Table 7 Income by Organization Type	12
Figure 4 Income	13
Figure 5 Income—ACCME-Accredited	14
Figure 6 Income—State-Accredited.....	14
Figure 7 Accredited Providers by Type	15
Figure 8 Percentages Designed/Analyzed for Change in Competence, Performance, or Patient Outcomes	16
Figure 9 Activities by Type, 2005–2015	17
Figure 10 Physician Interactions by Activity Type, 2005–2015	18
Figure 11 Other Learner Interactions by Activity Type, 2005–2015.....	19
Table 8 CME Activities and Interactions with and without Commercial Support	20
Table 9 Total Numbers of Activities, Hours, and Interactions.....	21
Table 10 Numbers of Activities, Hours, and Interactions without Commercial Support	21
Table 11 Numbers of Activities, Hours, and Interactions with Commercial Support.....	21
ACCME Annual Report Glossary.....	22



Message from the ACCME President and CEO

The ACCME was founded 35 years ago to provide safe spaces for clinicians to learn – where they can have the confidence that accredited continuing medical education (CME) is balanced, evidence-based, commercially independent, designed to meet real needs, and evaluated appropriately.

As the ACCME 2015 Annual Report shows, the ACCME System now comprises a thriving community of nearly 1,900 accredited CME providers across the country. These providers offer healthcare teams an array of resources to promote quality, safety, and the evolution of healthcare. In fact, CME providers in the ACCME System offered more than 148,000 educational activities in 2015, comprising more than one million hours of instruction. These activities included nearly 26 million interactions with physicians and other healthcare professionals. The numbers of activities, hours of instruction, and interactions have all increased since last year.



CME providers offer a range of online and face-to-face educational activities; the diversity of the accredited CME system facilitates engagement with physicians and healthcare teams where they live, learn, and work. As this report demonstrates, accredited CME aims at changing more than knowledge—CME providers design and evaluate activities for meaningful change in skills, performance, and patient health outcomes.

Accredited CME is a healthy, growing enterprise. CME providers reported approximately \$2.4 billion in investment in 2015. The majority of the investment in CME comes from registration fees. Other sources of income include commercial support, advertising and exhibits, government grants, and private donations.

We produce our annual report as a service to educators, learners, and other healthcare stakeholders. I am hopeful that review of this data helps healthcare leaders recognize the strategic power of education to drive change, and to appreciate the need to support and invest in CME professionals and educators.

Our community of CME providers and accreditors makes this report possible by submitting their data. I thank you for the remarkable work that everyone in our community — CME staff, volunteers, faculty, and learners — does every day to make a difference — not only to enhance education, but to improve care for the patients we serve and improve the health of our nation.

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Accreditation Council for Continuing Medical Education (ACCME®) 2015 Annual Report Executive Summary

Each year, accredited providers within the Accreditation Council for Continuing Medical Education (ACCME®) System submit data describing their continuing medical education (CME) activities and overall CME programs. This information includes descriptive data for each CME activity provided, including the number of hours of instruction, the numbers of interactions with physicians and other healthcare professionals, whether commercial support was received, the activity type, what the activity was designed to change, and what type of change was analyzed. From this data and information, the ACCME produces annual reports as a service to accredited CME providers and other stakeholders.

The Annual Report features aggregated statistics for all providers accredited in the ACCME System in 2015, including state-accredited providers (organizations accredited by [ACCME Recognized Accreditors](#)), ACCME-accredited-providers, and jointly accredited providers (organizations accredited by [Joint Accreditation for Interprofessional Continuing Education™](#)).

To offer a long-range view of the accreditation system, the 2015 Annual Report includes a year-by-year data analysis, showing trends in the numbers of educational activities, hours of instruction, and interactions from 2005 through 2015. The report includes trend analysis exploring participation in various activity types. Information about the percentages of CME activities designed and analyzed for changes in competence, performance, and patient outcomes is also included.

Key Takeaways

Scope of the Accreditation System: The ACCME 2015 Annual Report includes information on 1,876 accredited CME providers that offered more than 148,000 educational activities, comprising more than one million hours of instruction. These CME activities accounted for nearly 26 million educational interactions with physicians and other healthcare professionals.¹ The number of activities and interactions have increased since 2010, despite some consolidation among CME providers. The number of interactions with other learners, such as nurses, physician assistants, pharmacists, and members of other health professions, has grown steadily.

Activity Types: CME providers offer a diverse range of activity types. The ACCME's information on participation in activity types shows the growth of participation in individualized, self-directed CME such as Internet searching and learning.

¹ Accredited providers report the number of participants at each activity. In this report, the participant numbers are referred to as *interactions*. The data represents aggregate numbers of interactions and not the number of unique participants. Participants attending multiple activities are counted multiple times.

CME Design and Evaluation: Accredited CME providers are routinely achieving the ACCME's expectations. The ACCME's [Accreditation Criteria](#) require providers to produce educational activities that are designed to create change and to analyze the changes that were achieved as a result of the activities. The report shows that more than 90% of CME activities are designed for changes in competence (teaching healthcare professionals strategies for translating new knowledge into action); nearly 60% are designed to change performance (changing and improving what healthcare professionals actually do in practice); and 30% are designed to change patient outcomes. Many providers now measure for these outcomes.

Investment in CME: This year providers reported approximately \$2.4 billion in investment in education from a variety of sources. The majority of income (53%) came from participant registration fees. Commercial support accounted for 28%, advertising and exhibits for 13%, and private donations and government grants less than 2% each. The vast majority of CME activities did not receive commercial support (accounting for 89% of the CME activities, 83% of physician interactions, and 81% of other learner interactions).

About the Annual Report

New This Year—Income and Expense Reporting: Beginning in 2015, the report includes information on registration fees (including registration, subscription, or publication fees received from CME activity participants), government grants, and private donations (including grants from foundations). Providers are no longer required to include allocations from their parent organization or other internal departments. We made this change to provide more detailed, meaningful data. Also, beginning in 2015, the ACCME no longer collected information about CME program expenses, in response to feedback from providers and our observations that because of the wide range of provider types and their accounting systems, this information was not always reported in a standardized, consistent manner across the accreditation system.

Annual Report Preparation: The aggregated information published in this annual report is based upon self-reporting by individual accredited provider organizations. The ACCME does not provide full verification of the accuracy of all reported information, but does follow-up on outliers or major reported changes. The ACCME also investigates if it appears that providers have reported activity data that does not conform to the ACCME's definitions and reporting instructions.

Previous Annual Reports: The 2015 Annual Report marks the 18th year the ACCME has been collecting, analyzing, and publishing information about accredited CME providers. To review Annual Reports for the years 1998—2014, please visit the [Annual Report webpage](#) on the ACCME website (www.accme.org).

Glossary: A glossary of definitions used in the 2015 Annual Report is included at the end of this report.



CME Presented by Providers Accredited in the ACCME System

Table 1. Size of the CME Enterprise—2015

n= 1,876

	Activities	Hours of instruction	Physician interactions ^{1,2}	Other learner interactions ^{1,2}	
Courses	71,376	415,206	2,002,148	1,651,284	
Regularly scheduled series	21,655	472,643	4,834,348	2,207,469	
Internet (live)	3,127	7,123	63,853	189,393	
Test-item writing	84	662	1,541	26	
Committee learning	597	1,625	7,306	3,416	
Performance improvement	521	9,346	52,256	4,651	
Internet searching and learning	71	993	242,197	20,595	
Internet (enduring materials)	36,893	74,538	4,840,882	6,818,549	
Enduring materials (other)	8,314	47,809	972,139	431,612	
Learning from teaching	123	1,372	6,612	1,661	
Journal CME	5,391	7,855	1,169,640	307,538	
Manuscript review	75	307	38,941	4,061	
	# Providers				
Grand total 2015	1,876	148,227	1,039,479	14,231,863	11,640,255
Grand total 2014³	1,908	147,024	1,033,615	13,599,687	11,587,518
Grand total 2013³	1,950	138,196	1,010,301	13,764,896	10,929,217
Grand total 2012³	2,000	133,620	988,208	14,319,688	10,207,237
Grand total 2011	2,079	132,768	952,736	13,741,621	9,558,789
Grand total 2010³	2,144	127,880	954,204	13,814,368	9,464,895
Grand total 2009	2,225	143,274	989,613	13,263,920	8,352,042
Grand total 2008	2,329	150,370	1,091,851	13,230,102	8,172,942
Grand total 2007	2,399	162,869	1,085,567	11,378,052	6,804,578
Grand total 2006	2,413	149,884	1,061,859	11,391,627	6,259,498
Grand total 2005	2,322	134,721	1,036,930	10,354,460	5,321,448

¹Accredited providers report the number of participants at each activity. In this report, the participant numbers are referred to as interactions. The data represents aggregate numbers of interactions and not the number of unique participants. Participants attending multiple activities are counted multiple times.

²Beginning in 2015, residents are included under physician interactions, in addition to MDs and DOs. In previous reporting years residents had been included under other learners. Other learners includes nurses, pharmacists, and members of other health professions.

³The implementation of the Program and Activity Reporting System (PARS) has enabled the ACCME and Recognized Accreditors (state/territory medical societies recognized as accreditors by the ACCME) to better ensure that providers submit data in accordance with the ACCME's definitions and terms. This review resulted in significant changes in reporting for various activity formats in the first year that PARS was implemented (2010 for ACCME-accredited providers; 2012 for state-accredited providers). Beginning in 2014, all providers accredited in the ACCME System used PARS to report their data.



CME Presented by Providers Accredited in the ACCME System

Table 2. Activities by Organization and Activity Type—2015

Organization type	Government or military	Hospital/ healthcare delivery system	Insurance company/ managed-care company	Nonprofit (other)	Nonprofit (physician membership organization)	Other	Publishing/ education company	School of medicine	Grand total
# of Providers	35	1,042	27	96	344	60	142	130	1,876
Courses	7,611	26,316	1,705	2,676	15,313	2,022	5,102	10,631	71,376
Regularly scheduled series	370	12,367	1	342	248	132	114	8,081	21,655
Internet (live)	469	519	100	279	748	136	559	317	3,127
Test-item writing	0	0	0	0	80	0	0	4	84
Committee learning	9	298	185	0	8	1	0	96	597
Performance improvement	0	224	4	5	143	1	30	114	521
Internet searching and learning	1	16	0	3	4	0	39	8	71
Internet (enduring materials)	752	3,501	363	1,204	6,510	899	17,005	6,659	36,893
Enduring materials (other)	102	1,525	82	132	1,468	208	4,205	592	8,314
Learning from teaching	6	79	0	1	3	10	3	21	123
Journal CME	52	454	1	84	3,810	133	690	167	5,391
Manuscript review	1	3	0	0	67	0	0	4	75
Grand Total	9,373	45,302	2,441	4,726	28,402	3,542	27,747	26,694	148,227



CME Presented by Providers Accredited in the ACCME System

Table 3. Hours of Instruction by Organization and Activity Type—2015

Organization type	Government or military	Hospital/healthcare delivery system	Insurance company/managed-care company	Nonprofit (other)	Nonprofit (physician membership organization)	Other	Publishing/education company	School of medicine	Grand total
# of Providers	35	1,042	27	96	344	60	142	130	1,876
Courses	48,851	105,674	4,313	20,821	98,452	9,880	37,374	89,841	415,206
Regularly scheduled series	8,307	230,699	16	5,482	4,103	3,064	1,352	219,622	472,643
Internet (live)	736	1,392	308	438	1,442	175	1,670	963	7,123
Test-item writing	0	0	0	0	622	0	0	40	662
Committee learning	108	915	417	0	65	1	0	119	1,625
Performance improvement	0	3,452	70	47	2,935	20	600	2,222	9,346
Internet searching and learning	1	127	0	2	62	0	542	261	993
Internet (enduring materials)	1,231	5,907	493	2,145	26,425	1,519	25,602	11,216	74,538
Enduring materials (other)	222	4,080	143	390	12,559	459	22,181	7,776	47,809
Learning from teaching	63	579	0	20	66	16	16	613	1,372
Journal CME	53	731	1	108	5,225	164	1,129	445	7,855
Manuscript review	3	9	0	0	247	0	0	49	307
Grand Total	59,574	353,564	5,760	29,452	152,201	15,297	90,466	333,164	1,039,479

Note: Totals may be off due to rounding.



CME Presented by Providers Accredited in the ACCME System

Table 4. Physician Interactions by Organization and Activity Type—2015

Organization type	Government or military	Hospital/healthcare delivery system	Insurance company/managed-care company	Nonprofit (other)	Nonprofit (physician membership organization)	Other	Publishing/education company	School of medicine	Grand total
# of Providers	35	1,042	27	96	344	60	142	130	1,876
Courses	22,520	501,324	34,164	73,581	833,901	25,420	201,760	309,478	2,002,148
Regularly scheduled series	79,517	2,266,890	14	58,575	32,412	24,246	38,430	2,334,264	4,834,348
Internet (live)	5,831	8,340	777	3,685	20,452	571	14,874	9,323	63,853
Test-item writing	0	0	0	0	1,084	0	0	457	1,541
Committee learning	76	4,626	2,082	0	152	7	0	363	7,306
Performance improvement	0	3,961	186	81	43,603	11	923	3,491	52,256
Internet searching and learning	11	66,341	0	68	6,925	0	168,091	761	242,197
Internet (enduring materials)	51,590	150,262	62,638	113,915	1,051,503	119,563	2,944,617	346,794	4,840,882
Enduring materials (other)	2,672	56,520	13,218	6,274	230,337	6,405	632,601	24,112	972,139
Learning from teaching	150	1,716	0	458	149	26	202	3,911	6,612
Journal CME	1,132	61,458	14	3,246	905,331	942	193,927	3,590	1,169,640
Manuscript review	49	1,334	0	0	37,165	0	0	393	38,941
Grand Total	163,548	3,122,772	113,093	259,883	3,163,014	177,191	4,195,425	3,036,937	14,231,863



CME Presented by Providers Accredited in the ACCME System

Table 5. Other Learner Interactions by Organization and Activity Type—2015

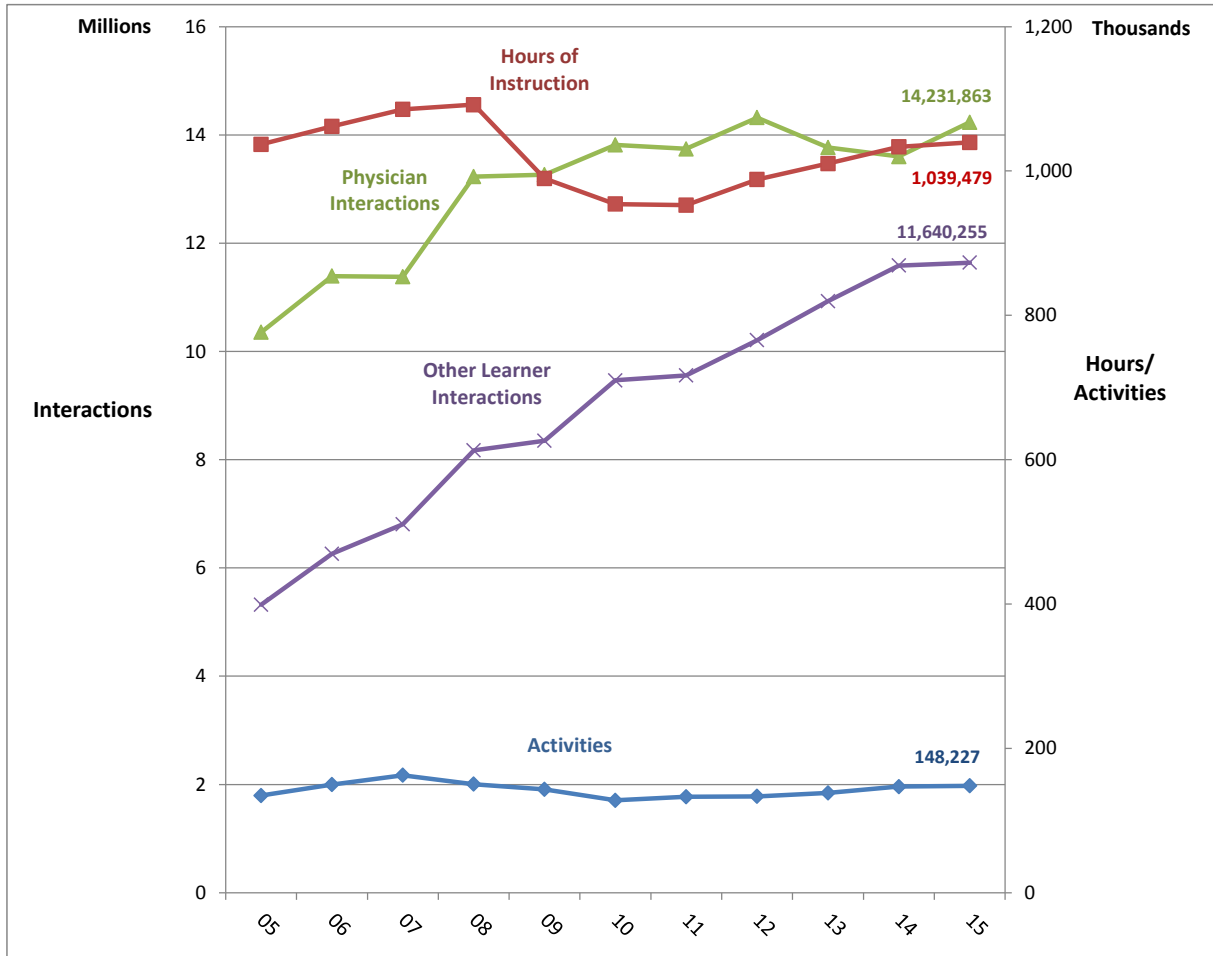
Organization type	Government or military	Hospital/healthcare delivery system	Insurance company/managed-care company	Nonprofit (other)	Nonprofit (physician membership organization)	Other	Publishing/education company	School of medicine	Grand total
# of Providers	35	1,042	27	96	344	60	142	130	1,876
Courses	91,594	492,655	11,725	91,666	446,678	35,815	175,166	305,985	1,651,284
Regularly scheduled series	35,745	1,274,307	119	28,092	22,546	5,004	8,351	833,305	2,207,469
Internet (live)	41,175	12,610	3,985	38,375	40,133	4,316	36,456	12,343	189,393
Test-item writing	0	0	0	0	26	0	0	0	26
Committee learning	0	2,992	178	0	22	0	0	224	3,416
Performance improvement	0	1,021	42	187	1,577	11	551	1,262	4,651
Internet searching and learning	1	9,807	0	68	0	0	10,581	138	20,595
Internet (enduring materials)	477,786	114,207	5,357	822,017	613,381	115,654	4,451,525	218,622	6,818,549
Enduring materials (other)	17,699	31,433	2,582	6,554	55,234	5,857	304,264	7,989	431,612
Learning from teaching	263	1,118	0	11	0	17	202	50	1,661
Journal CME	1,208	19,204	1	8,775	79,653	482	197,927	288	307,538
Manuscript review	1	1,025	0	0	2,963	0	0	72	4,061
Grand Total	665,472	1,960,379	23,989	995,745	1,262,213	167,156	5,185,023	1,380,278	11,640,255



CME Presented by Providers Accredited in the ACCME System

Figure 1. Activities, Hours, and Interactions—2005–2015

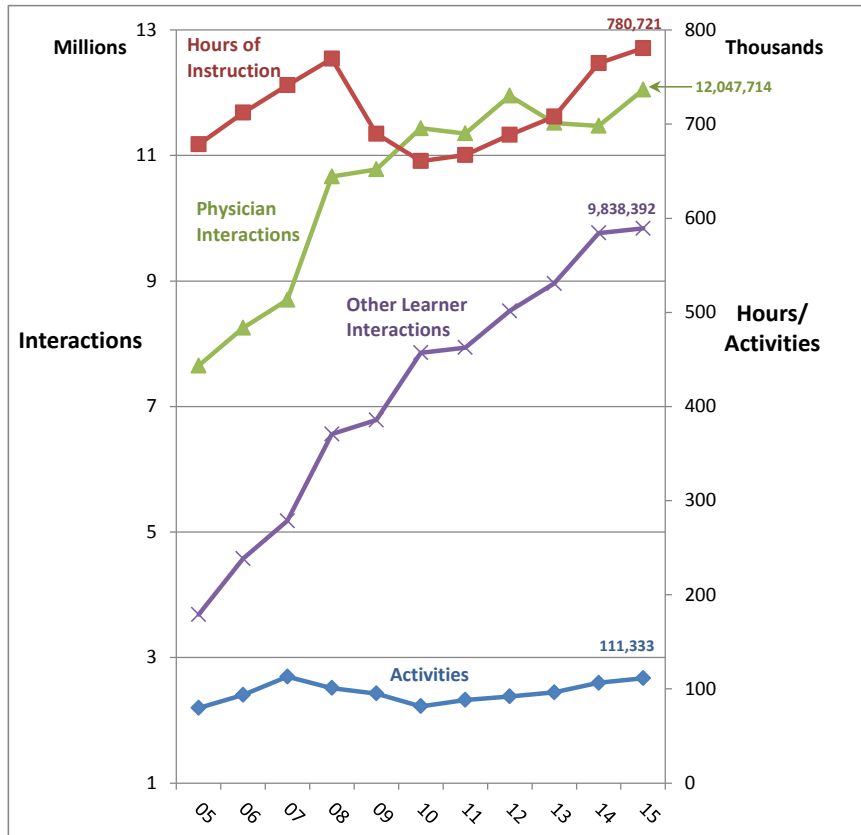
(See Table 1 for source data)



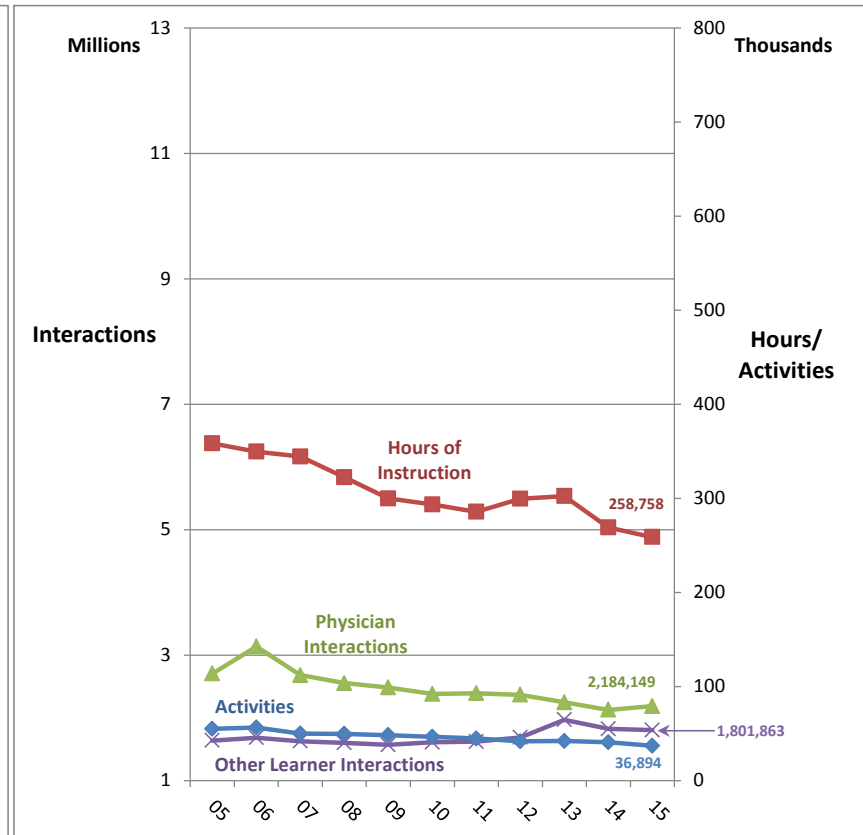
This trends data shows that the numbers of activities have remained fairly stable over the years. The hours of instruction have fluctuated, in part because of changes in reporting requirements in some activity types. The numbers of physician interactions in CME activities have increased over the years or remained fairly stable. The numbers of other learner interactions have grown steadily.



CME Presented by ACCME-Accredited Providers Only¹
Figure 2. Activities, Hours, and Interactions—2005–2015



CME Presented by State-Accredited Providers Only
Figure 3. Activities, Hours, and Interactions—2005–2015



¹Includes ACCME-accredited and jointly-accredited providers.



CME Presented by Providers Accredited in the ACCME System

Table 6. Income¹—2015

Total providers = 1876

	Total income	Registration fees	Total monetary commercial support	Advertising and exhibits income	Private donations	Government grants
Average	\$ 1,313,607	\$ 697,986	\$ 369,822	\$ 207,869	\$ 19,388	\$ 18,542
First Quartile ²	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Second Quartile (Median) ²	\$ 30,229	\$ 2,400	\$ -	\$ -	\$ -	\$ -
Third Quartile ²	\$ 455,977	\$ 149,303	\$ 26,755	\$ 39,894	\$ -	\$ -
Total	\$ 2,464,326,269	\$ 1,309,421,232	\$ 693,786,396	\$ 389,961,753	\$ 36,371,537	\$ 34,785,352
Providers reporting data > \$0	\$ 1,300	\$ 1,007	\$ 750	\$ 846	\$ 393	\$ 151

¹Beginning in 2015, the category of Income from Other Sources was eliminated and replaced with three specific income categories: registration fees (includes registration, subscription, or publication fees received from CME activity participants), government grants, and private donations (including grants from foundations). Allocations from CME providers' parent organizations or other internal departments are no longer included in income reporting. Please see the glossary at the end of this report for more information about financial categories. Providers are no longer required to submit information about CME program expenses.

²The percentage of providers reporting data for some of the financial categories is less than needed to report some of the quartile values.



CME Presented by Providers Accredited in the ACCME System

Table 7. Income¹ by Organization Type—2015

	# of Providers	Total income	Registration fees	Total commercial support	Advertising and exhibits income	Private donations	Government Grants
Government or military	35	\$ 6,404,038	\$ 1,229,167	\$ 19,000	\$ 286,980	\$ 513,573	\$ 4,355,318
Hospital/healthcare delivery system	1,042	\$ 127,758,738	\$ 49,972,506	\$ 37,493,956	\$ 27,972,360	\$ 11,379,759	\$ 940,157
Insurance company/managed-care company	27	\$ 4,096,176	\$ 3,405,265	\$ 405,862	\$ 208,463	\$ 76,586	\$ -
Nonprofit (other)	96	\$ 128,012,721	\$ 53,629,063	\$ 41,011,808	\$ 9,626,070	\$ 9,227,883	\$ 14,517,896
Nonprofit (physician membership organization)	344	\$ 1,004,459,118	\$ 593,161,119	\$ 119,118,959	\$ 280,776,622	\$ 6,746,883	\$ 4,655,536
Other	60	\$ 22,835,984	\$ 15,812,380	\$ 2,412,090	\$ 3,152,247	\$ 155,751	\$ 1,303,516
Publishing/education company	142	\$ 837,645,552	\$ 446,194,213	\$ 357,435,211	\$ 27,322,512	\$ 1,789,444	\$ 4,904,171
School of medicine	130	\$ 333,113,944	\$ 146,017,519	\$ 135,889,510	\$ 40,616,500	\$ 6,481,657	\$ 4,108,758
Grand totals	1,876	\$ 2,464,326,269	\$ 1,309,421,232	\$ 693,786,396	\$ 389,961,753	\$ 36,371,537	\$ 34,785,352

Note: Grand totals may be off due to rounding.

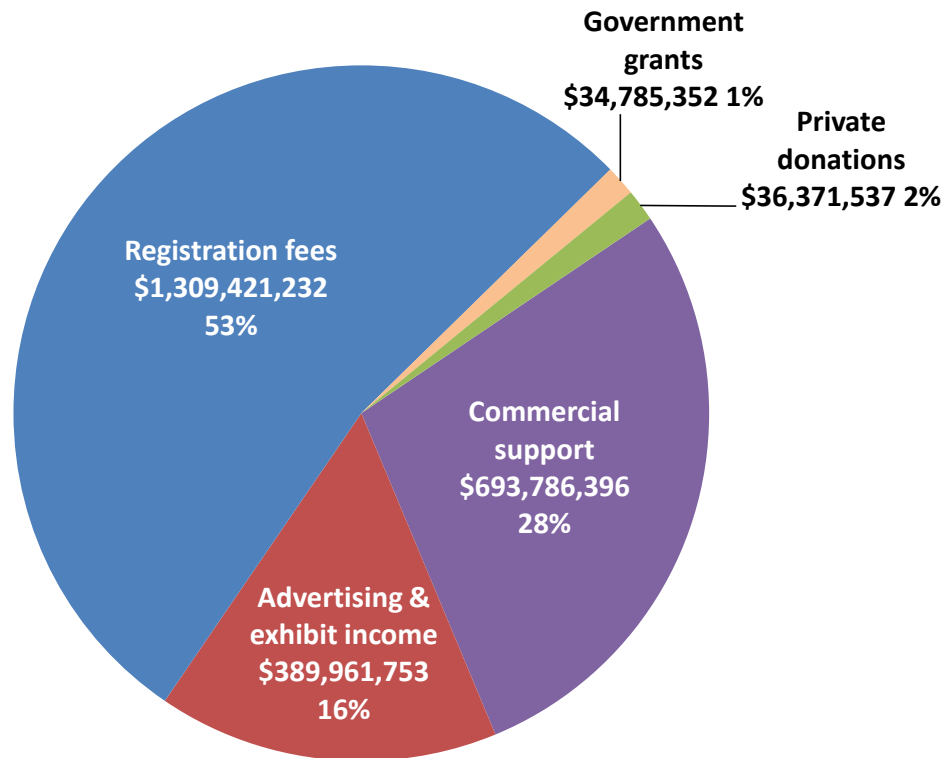
¹Beginning in 2015, the category of Income from Other Sources was eliminated and replaced with three specific income categories: registration fees (includes registration, subscription, or publication fees received from CME activity participants), government grants, and private donations (including grants from foundations). Allocations from CME providers' parent organizations or other internal departments are no longer included in income reporting. Please see the glossary at the end of this report for more information about financial categories. Providers are no longer required to submit information about CME program expenses.



CME Presented by Providers Accredited in the ACCME System

Figure 4. Income—2015

(See Table 6 for source data)

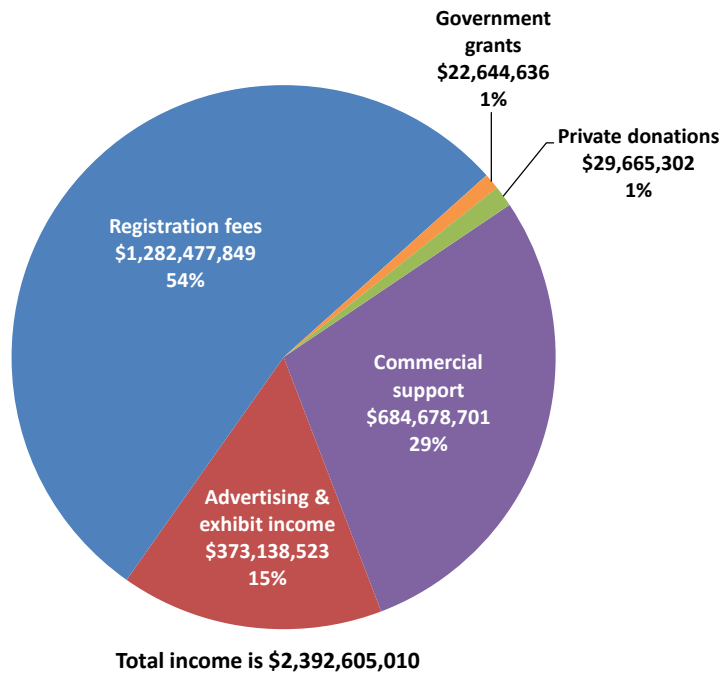


Total income is \$2,464,326,269

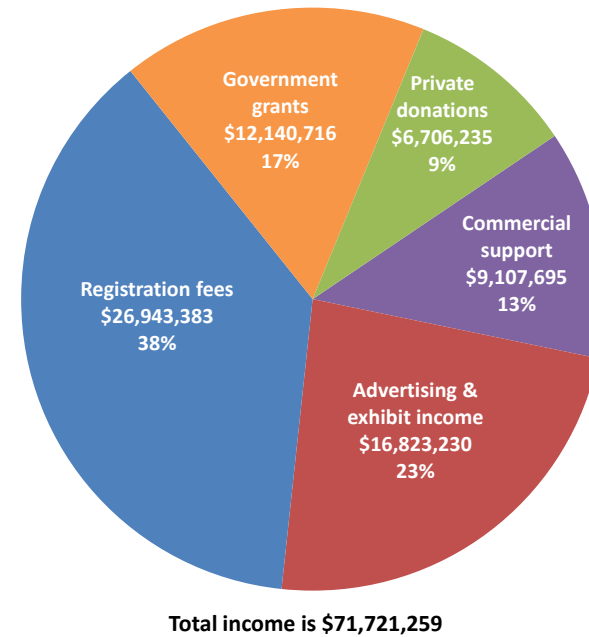
In 2015, registration fees made up 53% of reported income. Commercial support accounted for 28%, advertising and exhibits for 16%, and private donations and government grants less than 2% each.



CME Presented by ACCME-Accredited Providers Only¹
Figure 5. Income—2015



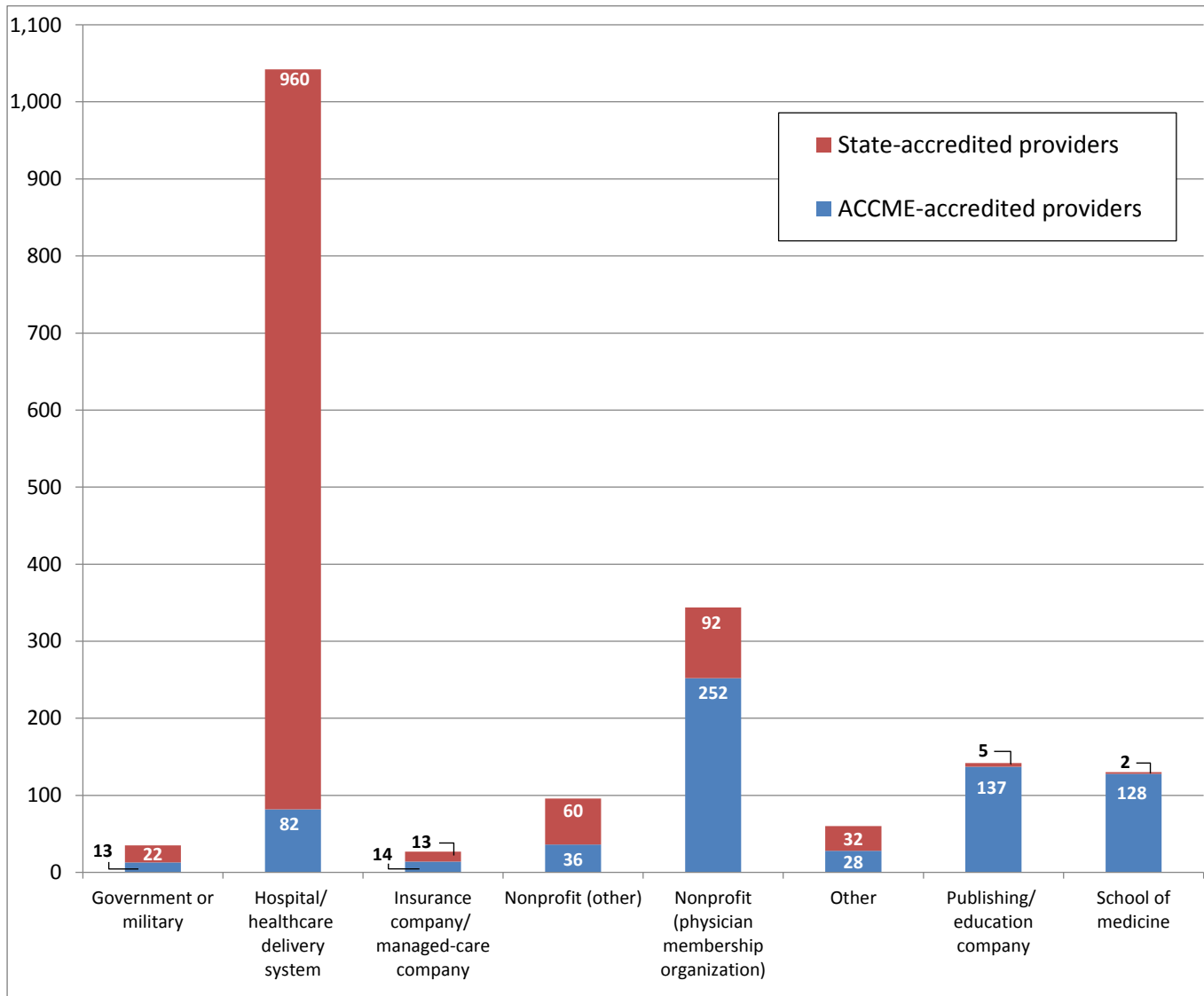
CME Presented by State-Accredited Providers Only
Figure 6. Income—2015



¹Includes ACCME-accredited and jointly accredited providers.



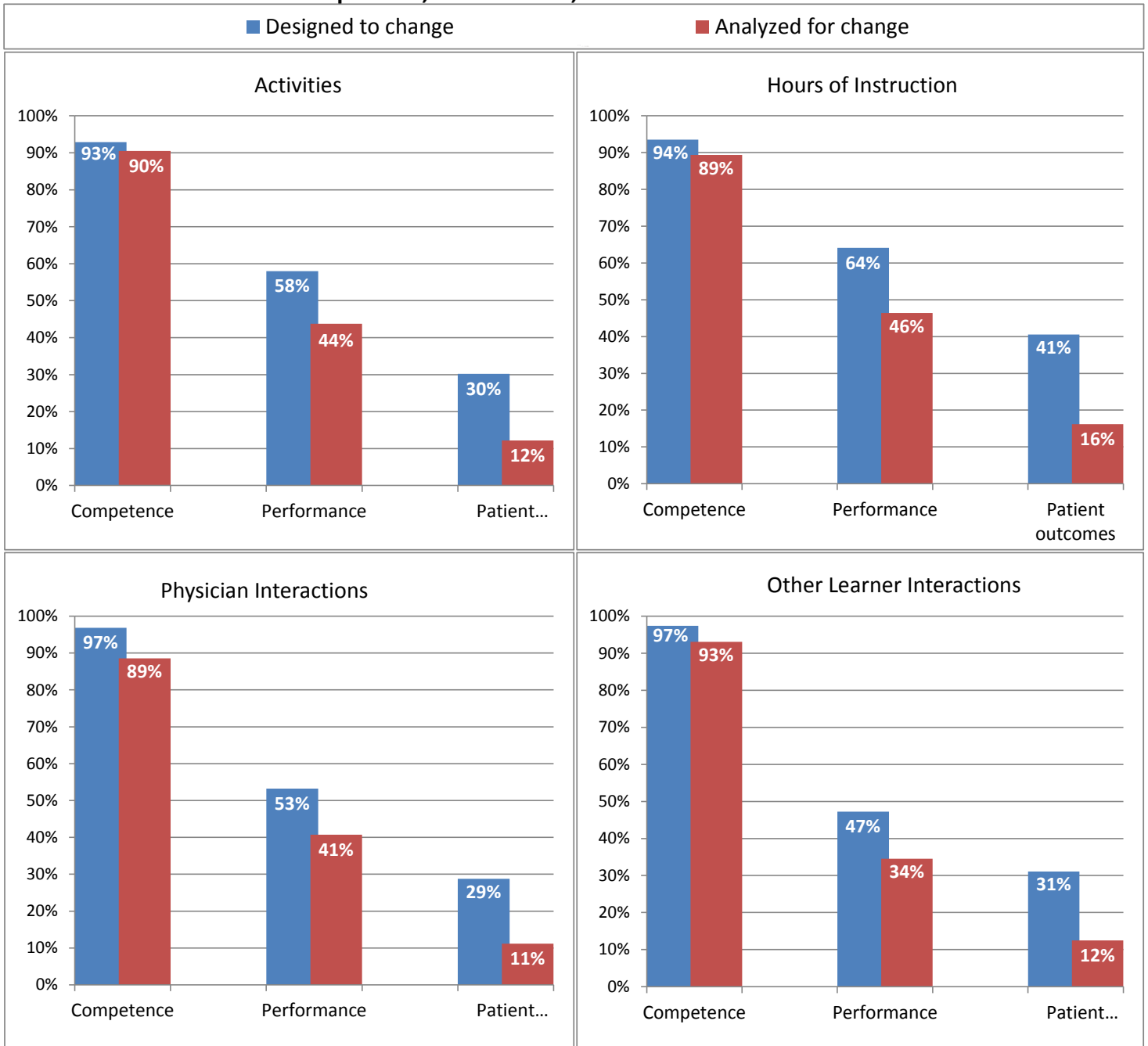
Providers Accredited in the ACCME System
Figure 7. Accredited Providers by Provider Type—2015



There was a total of 1,876 accredited CME providers in 2015. Of these, 690 providers were ACCME-accredited or jointly accredited; an additional 1,186 providers were state-accredited. The ACCME accredits organizations that offer CME primarily to national or international audiences, and state medical societies accredit organizations that offer CME primarily to learners from their state or contiguous states. Most publishing/education companies have a national reach and are thus accredited by the ACCME. Schools of medicine that are accredited by the Liaison Committee on Medical Education (LCME) are eligible to be accredited only by the ACCME. More than 80% of state-accredited providers are hospital/healthcare delivery systems serving regional areas.



CME Presented by Providers Accredited in the ACCME System
Figure 8. Percentages Designed/Analyzed for Change in
Competence, Performance, or Patient Outcomes—2015



The ACCME's Accreditation Criteria require providers to produce educational activities that are designed to change competence, performance, or patient outcomes. Providers are then required to analyze the changes that were achieved as a result of the activities.

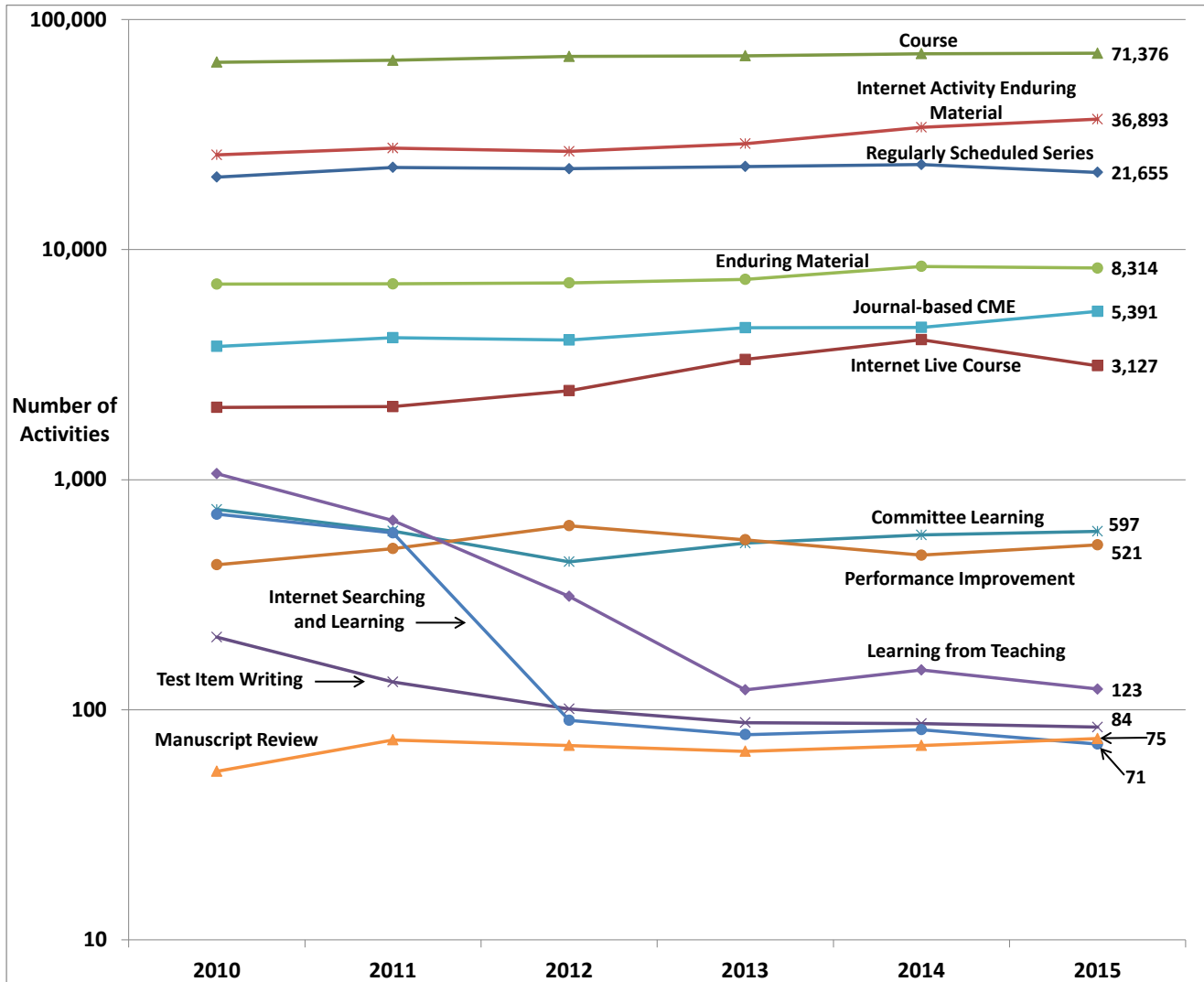
Figure 8 illustrates the percentage of CME provided in 2015 that was designed and/or analyzed for changes in competence, performance, and/or patient outcomes.



CME Presented by Providers Accredited in the ACCME System

Figure 9. Activities by Type—2005–2015

(note vertical axis uses logarithmic scale)

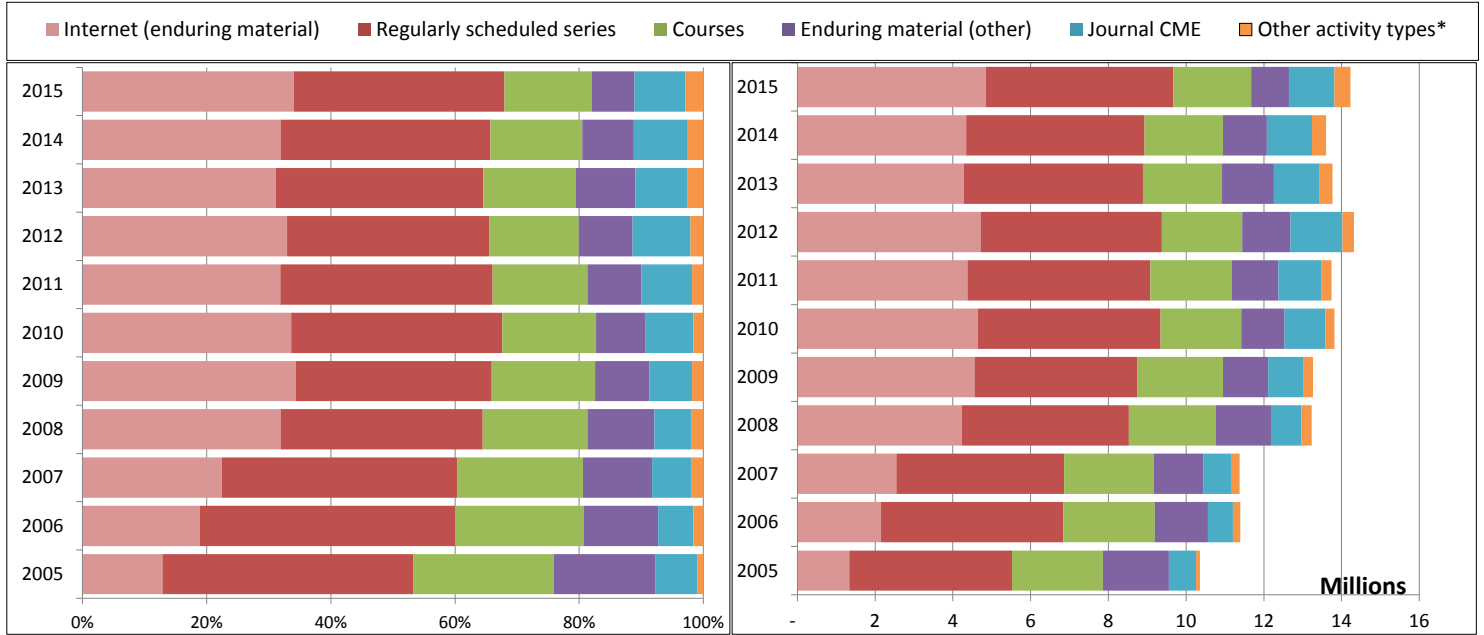


The total number of CME activities available to learners has increased an average of 3% each year since 2010. This figure shows the changes in the number of activities by type during that period. Some of the changes seen in the activity types with fewer than 1,000 activities per year is due to the transition to PARS, which helped to ensure that providers submitted data in accordance with the ACCME's definitions.



CME Presented by Providers Accredited in the ACCME System

Figure 10. Physician Interactions by Activity Types—2005–2015



*Other activity types

(shown as a group in the graphs above and in detail in the graphs below)

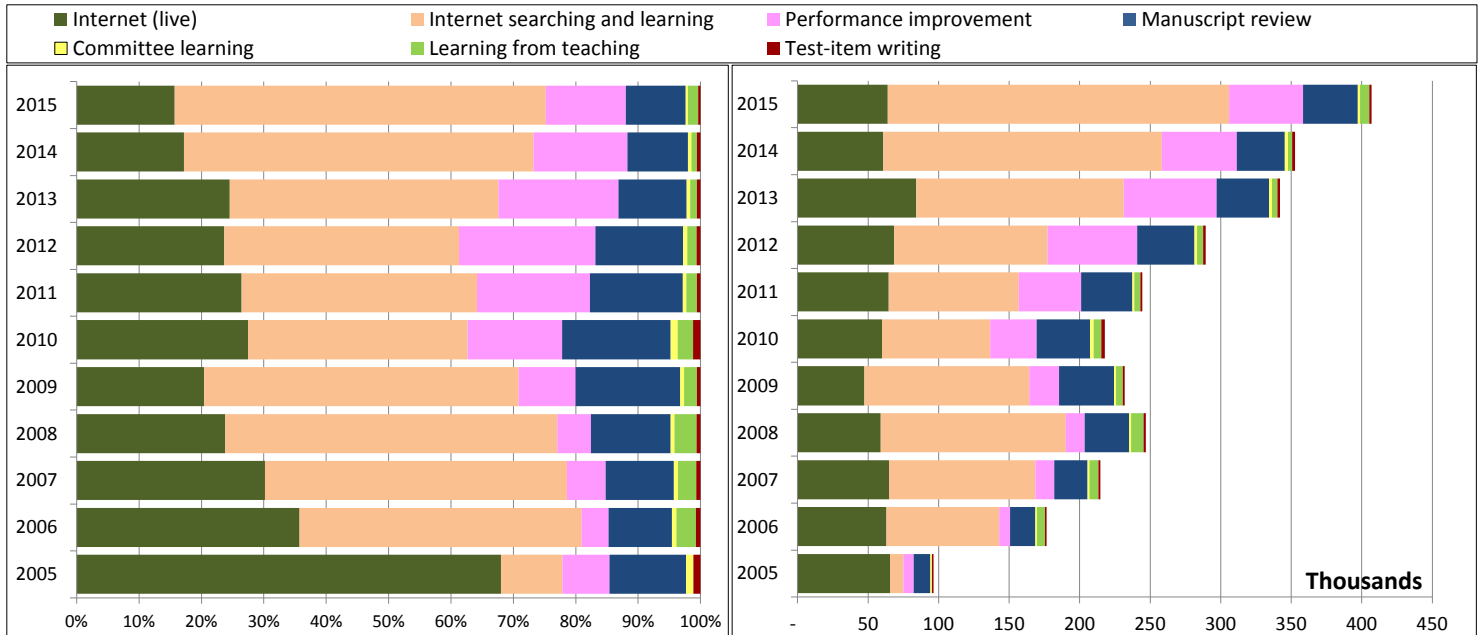
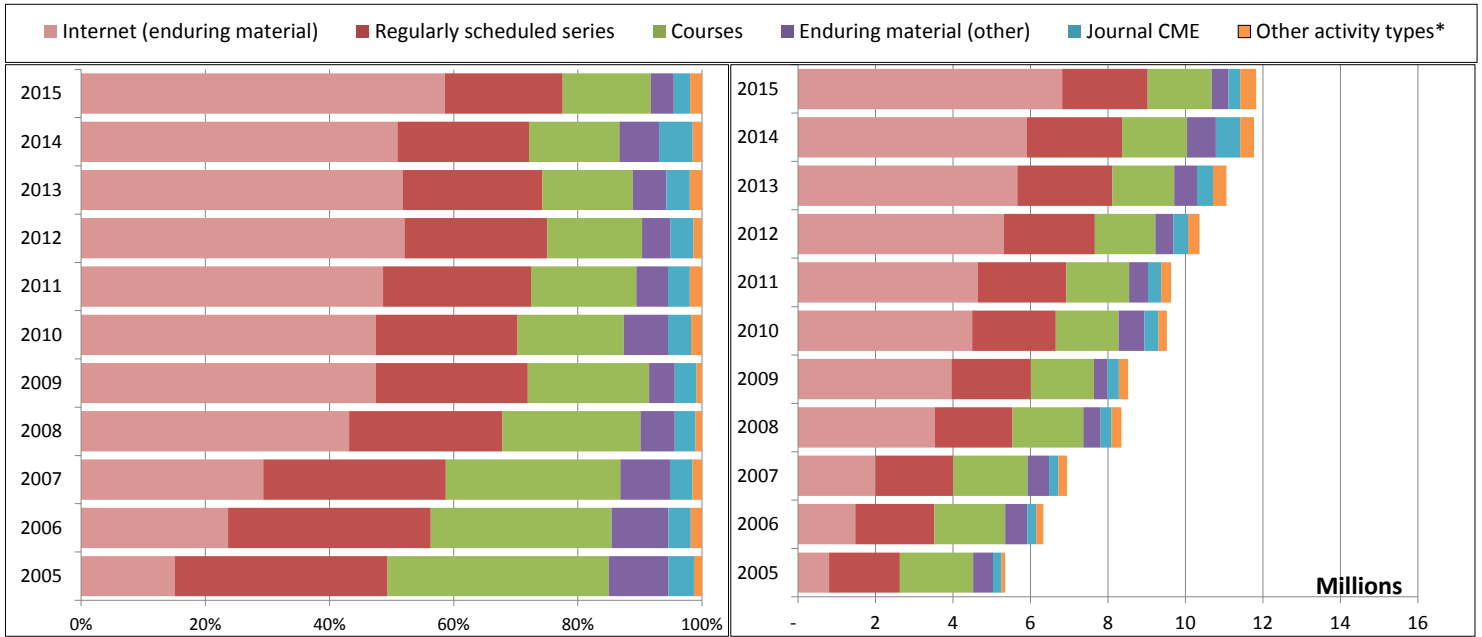


Figure 10 shows the trend in physician interactions by activity type. The activity types with the greatest number of interactions are shown in the top pair of graphs. The activity types with fewer interactions are shown collectively in the top graphs as "other activity types" and are displayed in detail in the bottom pair of graphs. Since 2005, the activity type that has shown the greatest increase in the numbers of physician interactions is Internet enduring materials, accounting for 34% of physician interactions in 2015, the same percentage as regularly scheduled series. Among the activity types with fewer interactions (the bottom pair of graphs) there has been general growth, with Internet searching and learning, and performance improvement showing the largest increases. Collectively, the "other activity types" have increased from 1% of physician interactions in 2005 to nearly 3% in 2015.



CME Presented by Providers Accredited in the ACCME System
Figure 11. Other Learner Interactions by Activity Types—2005–2015



***Other activity types**

(shown as a group in the graphs above and in detail in the graphs below)

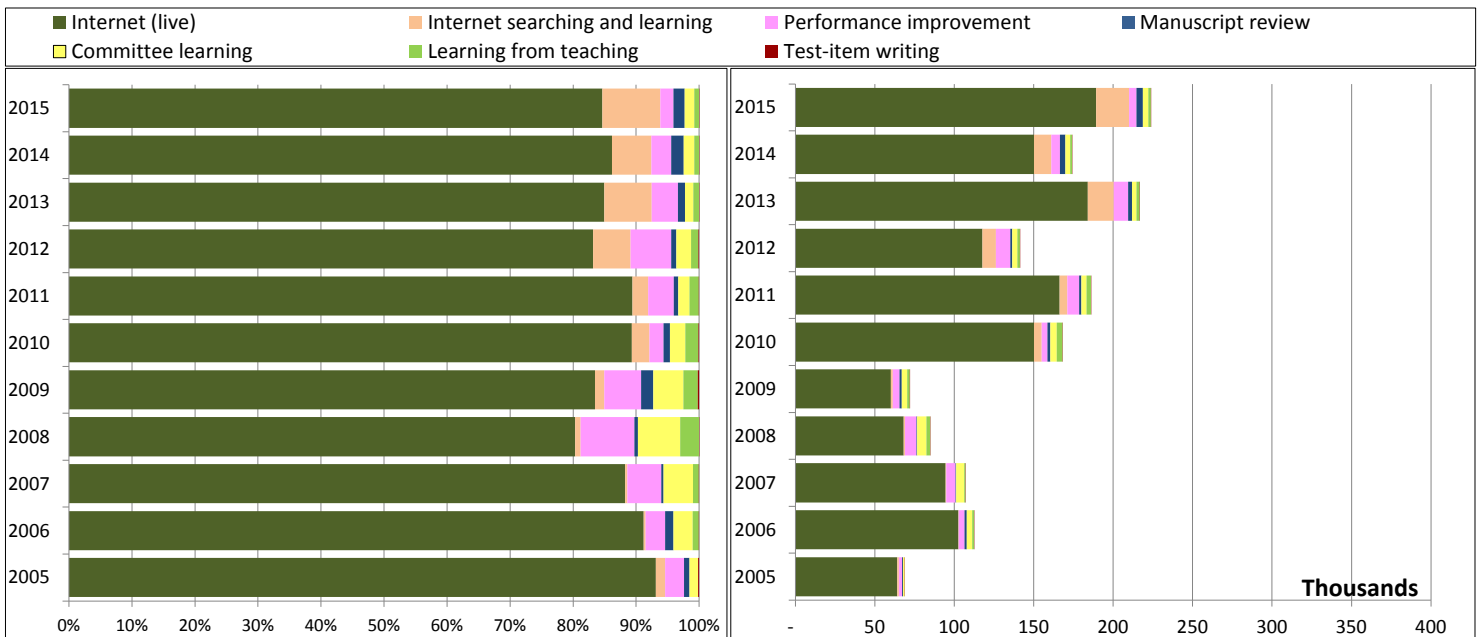


Figure 11 shows the trend in other learner interactions by activity type. The activity types with the greatest number of interactions are shown in the top pair of graphs. The activity types with fewer interactions are shown collectively in the top graphs as "other activity types" and are displayed in detail in the bottom pair of graphs. Since 2005, the activity type that has shown the greatest increase in the numbers of other learner interactions is Internet enduring materials, accounting for 58% of other learner interactions in 2015. Among the activity types with fewer interactions (the bottom pair of graphs), Internet live activities remains the dominant activity type for other learners. Other learners includes activity participants other than MDs, DOs, and residents, such as nurses, pharmacists, and members of other health professions.



CME Presented by Providers Accredited in the ACCME System

Table 8. CME Activities and Interactions with and without Commercial Support—2015

	Activities		Physician interactions		Other learner interactions	
	Count	%	Count	%	Count	%
No commercial support	132,364	89%	11,792,878	83%	9,422,740	81%
<i>ACCME-accredited providers</i>	96,296		9,667,865		7,668,679	
<i>State-accredited providers</i>	36,068		2,125,013		1,754,061	
Commercial support	15,863	11%	2,438,985	17%	2,217,515	19%
<i>ACCME-accredited providers</i>	15,037		2,379,849		2,169,713	
<i>State-accredited providers</i>	826		59,136		47,802	
Total	148,227	100%	14,231,863	100%	11,640,255	100%

In 2015, the majority of CME activities (89%) did not receive commercial support, accounting for approximately 83% of physician interactions, and 81% of other learner interactions. Eleven percent of CME activities did receive commercial support, accounting for approximately 17% of physician interactions and 19% of other learner interactions.



CME Presented by Providers Accredited in the ACCME System
Table 9. Total Numbers of Activities, Hours, and Interactions—2015

	Activities	Hours of instruction	Physician interactions	Other learner interactions
Courses	71,376	415,206	2,002,148	1,651,284
Regularly scheduled series	21,655	472,643	4,834,348	2,207,469
Internet (live)	3,127	7,123	63,853	189,393
Test-item writing	84	662	1,541	26
Committee learning	597	1,625	7,306	3,416
Performance improvement	521	9,346	52,256	4,651
Internet searching and learning	71	993	242,197	20,595
Internet (enduring materials)	36,893	74,538	4,840,882	6,818,549
Enduring materials (other)	8,314	47,809	972,139	431,612
Learning from teaching	123	1,372	6,612	1,661
Journal CME	5,391	7,855	1,169,640	307,538
Manuscript review	75	307	38,941	4,061
Total	148,227	1,039,479	14,231,863	11,640,255

CME Presented by Providers Accredited in the ACCME System
Table 10. Numbers of Activities, Hours, and Interactions without Commercial Support—2015

	Activities	Hours of instruction	Physician interactions	Other learner interactions
Courses	62,690	347,008	1,211,669	1,133,144
Regularly scheduled series	21,354	467,038	4,731,264	2,154,198
Internet (live)	2,581	6,288	46,907	148,848
Test-item writing	84	662	1,541	26
Committee learning	597	1,625	7,306	3,416
Performance improvement	495	8,886	49,902	3,653
Internet searching and learning	63	985	241,829	20,428
Internet (enduring materials)	31,458	68,555	3,467,752	5,286,010
Enduring materials (other)	7,790	46,731	906,852	381,470
Learning from teaching	121	1,341	6,514	1,611
Journal CME	5,056	7,491	1,082,401	285,875
Manuscript review	75	307	38,941	4,061
Total	132,364	956,916	11,792,878	9,422,740

CME Presented by Providers Accredited in the ACCME System
Table 11. Numbers of Activities, Hours, and Interactions with Commercial Support—2015

	Activities	Hours of instruction	Physician interactions	Other learner interactions
Courses	8,686	68,198	790,479	518,140
Regularly scheduled series	301	5,606	103,084	53,271
Internet (live)	546	835	16,946	40,545
Test-item writing	0	0	0	0
Committee learning	0	0	0	0
Performance improvement	26	460	2,354	998
Internet searching and learning	8	8	368	167
Internet (enduring materials)	5,435	5,983	1,373,130	1,532,539
Enduring materials (other)	524	1,078	65,287	50,142
Learning from teaching	2	32	98	50
Journal CME	335	365	87,239	21,663
Manuscript review	0	0	0	0
Total	15,863	82,563	2,438,985	2,217,515

ACCME[®] ANNUAL REPORT

GLOSSARY

The terms and descriptions below only refer to organizations, programs, and activities within the ACCME Accreditation System. For more information, visit www.accme.org.

ACCME-accredited provider	An organization accredited by the ACCME as a provider of continuing medical education. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other health care professionals. See also <i>state-accredited providers</i> .
Advertising and exhibits income	Advertising and exhibits are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support .
CME activity	A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria, Standards for Commercial Support, and policies.
Commercial interest	A commercial interest , as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.
Commercial support	Commercial support for a CME activity is monetary or in-kind contributions given by a commercial interest that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the ACCME Standards for Commercial Support SM . Advertising and exhibit income is not considered commercial support.
Committee learning	Committee learning is a CME activity that involves a learner's participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.
Course	<p>A course is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar.</p> <p>For events with multiple sessions, such as annual meetings, accredited providers report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the numbers of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to calculate participant totals from the individual sessions.</p> <p>If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.</p>
Directly provided	A directly provided activity is one that is planned, implemented, and evaluated by the accredited provider. This definition includes co-provided activities (offered by 2 accredited providers) reported by the accredited provider that awards the credit.

<p>Enduring material (other)</p>	<p>An enduring material is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity.</p> <p>Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME considers the provider to have created 2 separate activities—1 live activity and 1 enduring material activity. Both activities must comply with all ACCME requirements.</p> <p>Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the required financial information related to the activity for that year. Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants.</p>
<p>Expenses</p>	<p>Expenses are the total cost of goods, services, and facilities allocated to support the accredited provider's CME program. Examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space.</p> <p>Effective with the 2015 reporting year, the ACCME no longer collects information about CME program expenses.</p>
<p>Government monetary grants</p>	<p>Government monetary grants are those received from federal, state, or local governmental agencies in support of the accredited provider's CME program.</p>
<p>Hours of instruction</p>	<p>Hours of instruction represents the total hours of educational instruction provided. For example, if a 1-day course lasts 8 hours (not including breaks or meals), then the total hours of instruction reported for that course is 8.</p> <p>Hours of instruction may or may not correspond to the number of credits designated for the American Medical Association Physician's Recognition Award. For activities taking place through the 2014 reporting year, accredited providers have the option to report the number of AMA PRA CATEGORY 1 CREDITS™ designated for activities. Effective with the 2015 reporting year, providers are required to report the number of credits, if AMA PRA Category 1 Credit is offered.</p>
<p>In-kind commercial support</p>	<p>In-kind contributions are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.</p>
<p>Income from other sources</p>	<p>Income from other sources includes all income the accredited provider received for its CME activities and CME program that does not fall under commercial support or advertising and exhibit income. The most common examples of other income include activity registration fees, grants from government agencies or independent nonprofit foundations, and allocations from the accredited provider's parent organization or other internal departments to pay for the CME unit's expenses.</p> <p>Effective with the 2015 reporting year, the ACCME no longer collects information about income from other sources.</p>

Internet (enduring materials)	<p>An Internet enduring material activity is an "on demand activity," meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.</p> <p>Internet enduring materials can be available for less than a year, a year, or multiple years. Each Internet enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the required financial information related to the activity for that year. Accredited providers do not report cumulative data for an Internet enduring material activity spanning multiple years. When reporting the number of participants for an Internet enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals that only downloaded or accessed the activity but did not actually complete all or a portion of it to be participants.</p>
Internet (live)	<p>An Internet live activity is an online course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity unless it is again presented on a specific date and time and is only available in real-time. If an Internet live activity is presented on multiple occasions, each event is counted as one activity. Example: webcast.</p>
Internet searching and learning	<p>Internet searching and learning CME is based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purposes of ACCME data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning.</p> <p>Providers that offer Internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning CME activity. The number of participants equals the total number of persons who participated in Internet searching and learning as a CME activity. Each participant is counted once, regardless of how many times they participated or how many pages they viewed.</p> <p>For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as 1 Internet searching and learning CME activity with 50 physician participants and .5 hours of instruction.</p>
Jointly accredited provider	<p>A provider accredited under the auspices of Joint Accreditation for Interprofessional Continuing Education (see definition below.)</p>
Jointly provided	<p>A jointly-provided activity is planned, implemented, and evaluated by the accredited provider and a nonaccredited entity.</p>
Joint Accreditation for Interprofessional Continuing Education™	<p>Joint Accreditation offers organizations the opportunity to be simultaneously accredited to provide medicine, pharmacy, and nursing continuing education activities through a single, unified application process, fee structure, and set of accreditation standards. Joint Accreditation is a collaboration of the ACCME, the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).</p>

Journal-based CME	<p>A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s), and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.</p> <p>The ACCME does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.</p> <p>Each article is counted as one activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. In total, 20 physicians read the article, reflect on the content, and complete questions related to the content of the article. The physicians spend 1 hour on this activity. The provider would report this as one journal-based CME activity with 20 physician participants and 1 hour of instruction.</p>
Learning from teaching	<p>Learning from teaching activities are personal learning projects designed and implemented by the learner with facilitation from the accredited provider. The ACCME does not have special requirements for this activity type. The ACCME developed the learning from teaching label as a corollary to the AMA PRA CATEGORY 1 CREDITS™ awarded directly to physicians for "Teaching at a live activity."</p> <p>To report learning from teaching CME, accredited providers aggregate the data from all learners and count it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the learning from teaching CME activity. The number of participants equals the number of individuals who participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>For example, an accredited provider created a learning from teaching activity for 10 physicians. Each physician completed the CME activity in 2 hours. The accredited provider reports this as 1 learning from teaching CME activity with 10 physician participants and 2 hours of instruction.</p>
Manuscript review	<p>Manuscript review CME is based on a learner's participation in a manuscript's pre-publication review process.</p> <p>When calculating the number of manuscript review CME activities, accredited providers report each journal for which the manuscript(s) is being reviewed as 1 activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed.</p> <p>For example, an accredited provider publishes 1 journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent 2 hours on the review. The accredited provider reports this as 1 manuscript review CME activity with 25 physician participants and 2 hours of instruction.</p>
Nonphysician participants	<p>Please see <i>other learners</i>.</p>
Other learners	<p>Beginning with the 2014 ACCME Annual Report, other learners replaces the term nonphysician participants. This category continues to include activity participants other than MDs and DOs. Beginning with the 2015 ACCME Annual Report, residents are no longer included in this category. Residents are now included as physician participants.</p>

<p>Performance improvement</p>	<p>Performance improvement CME is based on a learner’s participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance.</p> <p>To report performance improvement CME, accredited providers count each learning project as 1 performance improvement CME activity, regardless of whether it is created for an individual physician or a group of physicians. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the performance improvement CME activity. The number of participants equals the total number of learners who participated in the learning project. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>For example, an accredited provider established a performance improvement learning project. Three physicians participated; each completed the learning project in 20 hours. The accredited provider reports this as 1 performance improvement CME activity with 3 physician participants and 20 hours of instruction.</p>
<p>Physician participants</p>	<p>Physician participants are activity participants who are MDs or DOs. Beginning with the 2015 ACCME Annual Report, residents are included in this category. Previously, they were included as other learners.</p>
<p>Private monetary donations</p>	<p>Private monetary donations are those received from the private sector, including foundations, in support of an accredited provider’s CME program.</p>
<p>Registration fees</p>	<p>Registration fees includes registration, subscription, or publication fees received from CME activity participants or paid on their behalf.</p>
<p>Regularly scheduled series</p>	<p>The ACCME defines a regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization’s professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences.</p> <p>Accredited providers report each RSS as 1 activity. In addition, accredited providers follow the following guidelines:</p> <ul style="list-style-type: none"> The cumulative number of hours for all sessions within a series equals the number of hours for that activity, and Each learner is counted as a participant for each session he/she attends in the series. <p>For example: Internal Medicine Grand Rounds is planned for the entire year as 1 series. Participants meet weekly during the year for 1 hour each week. The accredited provider reports the series as 1 activity with 52 hours of instruction. If 20 physicians participated in each session, total physician participants would be 1,040 (20 physicians per session multiplied by 52 sessions) for that single activity.</p>
<p>State-accredited provider</p>	<p>State-accredited providers are accredited by a state/territory medical society that is recognized by the ACCME as an accreditor. State-accredited providers offer CME primarily to learners from their state or contiguous states as opposed to ACCME-accredited providers, which offer CME primarily to national or international audiences.</p>

<p>Test-item writing</p>	<p>Test-item writing is a CME activity based on a learner’s participation in the pre-publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases.</p> <p>Test-item writing CME activities may consist of either of the following processes:</p> <p>When questions are written for an item pool and are later used to build a variety of tests, then building the questions for a single pool is counted as 1 activity. Examples: the Pediatric Item Writing Committee of the National Board of Medical Examiners, or the second-year clerkship exams at a medical school.</p> <p>When questions, items, or cases are created for 1 specific test, then each test is counted as a separate CME activity. Example: multiple choice questions for the 2012 clerkship exam in pediatrics.</p> <p>For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the test-item writing CME activity. The number of participants should equal the total number of persons who engaged in the test-item writing CME activity. Each participant is counted once regardless of how many test items they write.</p> <p>For example, an accredited provider planned a CME activity where 5 physicians wrote test items for an American Board of Medical Specialties (ABMS) member board certification examination question pool. Each physician completed the test-item writing CME activity in 10 hours. The accredited provider reports this as a test-item writing CME activity with 5 physician participants and 10 hours of instruction.</p>
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