Accreditation Council for Continuing Medical Education

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Menu of Criteria for Accreditation with Commendation Transition Report

We are pleased to announce that the transition phase for the Menu of Criteria for Accreditation with Commendation has concluded. In this report, we include background information, data from the two-year transition period of decision-making under the menu, lessons learned, and minor modifications we have made to simplify and clarify the standards and critical elements of a few criteria. Please note that none of the criteria have been changed.

We appreciate the contributions of the continuing medical education (CME) community to developing and implementing the Menu of Criteria for Accreditation with Commendation, and we congratulate all the CME providers that have applied and plan to apply for commendation. The leadership, staff, and volunteers of the ACCME and Recognized Accreditors are working hard to support the continued, successful adoption of the criteria and the evolution of educational strategies to reflect best practices.

Please visit our commendation resources webpage for more information. If you have questions, we are happy to help; contact us at info@accme.org.

Background

In September 2016, following several years of extensive discussions with the CME community, we released the Menu of Criteria for Accreditation with Commendation—our mechanism for recognizing and celebrating organizations that excel as CME providers. The evolved criteria reflect the values, principles, and aspirations that the community of educators shared with us and incorporate recommendations from a diverse range of stakeholders about how to advance CME's role in the changing health environment and leverage the power of education to improve healthcare.

The Menu of Criteria for Accreditation with Commendation is designed to:

- Encourage and reward accredited CME providers for implementing best practices in pedagogy, engagement, evaluation, and change management, and for focusing on generating meaningful outcomes
- Serve as a guidepost for the future of CME, recognizing the achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients

The menu is made up of 16 commendation criteria, divided into five categories:

- Promotes Team-based Education
- Addresses Public Health Priorities
- Enhances Skills
- Demonstrates Educational Leadership
- Achieves Outcomes

To be eligible for Accreditation with Commendation, CME providers are required to demonstrate compliance with any seven criteria of their choice, from any category—plus one criterion from the Achieves Outcomes category—for a total of eight criteria. Providers achieving commendation receive a six-year accreditation term, rather than the four years granted to those that achieve accreditation. As with the previous commendation criteria (Criteria 16–22), compliance with the menu is optional for CME providers and is not required to achieve accreditation.

To support the CME community's implementation of the menu, we provided — and continue to provide — educational resources and training for our stakeholders. We established a two-year transition phase, during which providers had the option of demonstrating compliance with the previous commendation criteria or the new menu. Now that the transition phase has concluded, providers seeking to achieve commendation need to comply with the Menu of Criteria for Accreditation with Commendation.

Observations and Analysis

During the transition phase, from November 2017 through November 2019:

- 28 ACCME-accredited providers applied for commendation under the menu; eight of those (30%) were successful.
- 17 state-accredited providers applied for commendation under the menu; six of those (35%) were successful.

This success rate compares favorably to the initial two years (2006–2008) of the previous criteria for commendation, when the success rate was less than 10%.

One group of providers has completed the accreditation review process following the transition phase. In the group of providers receiving decisions in March 2020, 41 were eligible to apply for commendation; of those, 16 (39%) applied and five were successful.

The menu structure was designed to create flexibility, reflect the diversity of the CME community, and offer a pathway for all CME provider types to achieve Accreditation with Commendation. Early data shows that this approach is succeeding at achieving these aims:

- All provider types have successfully achieved commendation.
- Each of the criteria has been selected by at least one provider.
- At least one ACCME-accredited provider has been found in compliance with each of the criteria.

Figure 1. Numbers of CME providers applying for commendation, by criterion, by provider type, November 2017–November 2019. Numbers include ACCME-accredited and state-accredited providers.

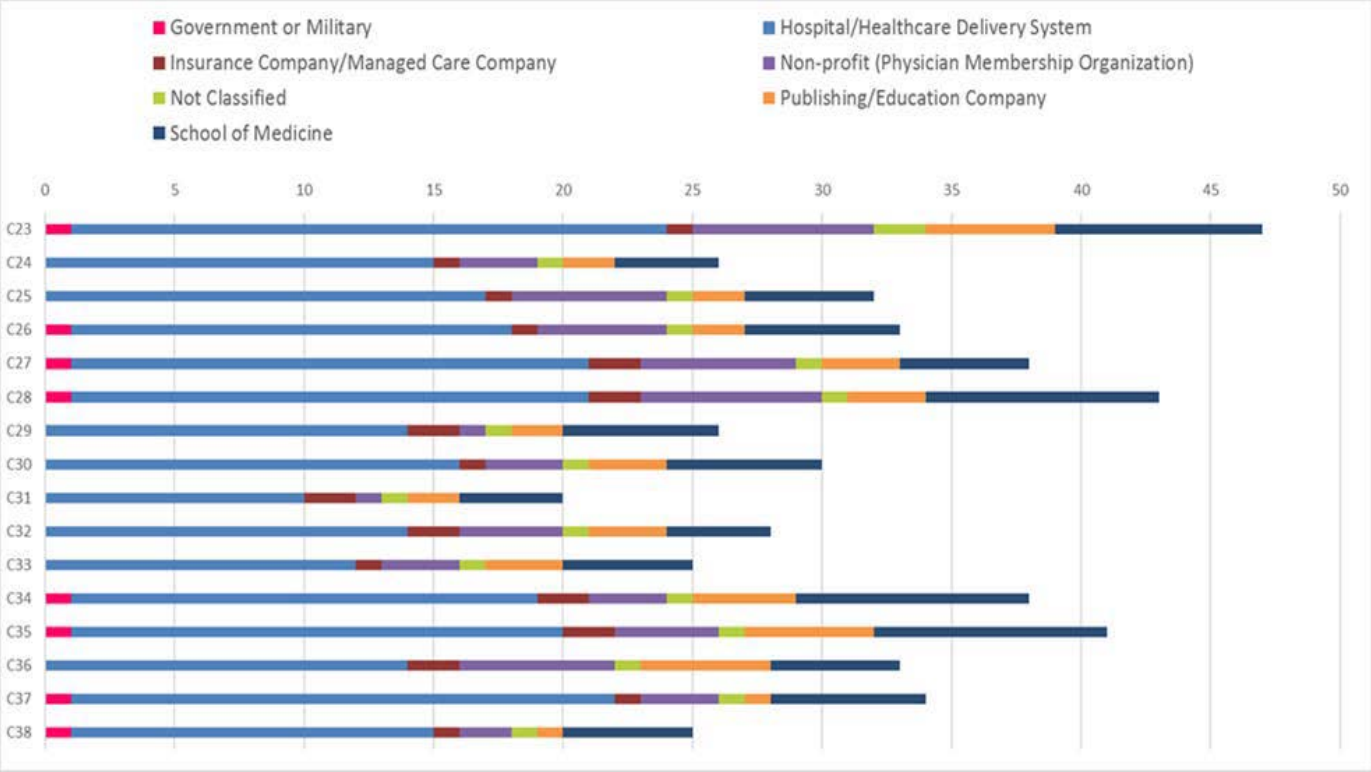

Table 1: Commendation Menu Selections—Numbers and percentages of providers applying and succeeding by criterion, November 2017–November 2019

Criterion number	Criterion Name	Number of ACCME-accredited providers that applied	Success rate for ACCME-accredited providers that applied	Number of state-accredited providers that applied	Success rate for state-accredited providers that applied
C23	Engages interprofessional teams	25	64%	16	63%
C24	Engages patients/public	8	50%	6	50%
C25	Engages students of health professions	15	47%	8	50%
C26	Incorporates health/practice data	14	57%	11	82%
C27	Addresses population health	17	76%	13	77%
C28	Collaborates effectively	24	88%	12	58%
C29	Optimizes learners' communication skills	7	86%	5	60%
C30	Optimizes learners' technical/procedural skills	15	67%	4	75%
C31	Creates individualized learning plans	5	20%	2	50%
C32	Utilizes support strategies	11	73%	6	83%
C33	Engages in research/scholarship	10	80%	0	N/A
C34	Supports CPD for CME team	20	95%	10	70%
C35	Demonstrates creativity/innovation	24	100%	9	100%
C36	Improves performance	20	50%	4	25%
C37	Improves healthcare quality	12	75%	11	73%
C38	Improves patient/community health	4	50%	5	60%

Lessons Learned

As shown in table 1, the rate of compliance exceeds the rate of noncompliance for most of the criteria. To assist providers, we have identified common reasons for noncompliance.

The provider:

- Did not address all critical elements in each example submitted
- Did not submit the number of examples required for the organization's program size
- Did not submit evidence of compliance with eight criteria, including at least one from the Achieves Outcomes category (C36-C38)

Here are common reasons for noncompliance with individual criteria:

- C23: Engages interprofessional teams. The provider did not demonstrate changes in the competence and/or performance of the *healthcare team*. Demonstrating changes in individual learners' performance or competence is not sufficient for this criterion.
- C25: Engages students of health professions. The provider did not include students as *both* planners and faculty.
- C26: Incorporates health/practice data. The provider did not demonstrate *teaching about* data. It is not sufficient to only incorporate health and practice data in the activity.

- C28: Addresses population health. The provider addressed individual learner changes without demonstrating the impact on population health.
- C31: Creates individualized learning plans. The provider did not demonstrate longitudinal tracking of learners and/or providing formative feedback to learners.
- C34: Supports CPD for CME team. The provider's plan for the continuing professional development for the CME team was not based on *team needs*. Providers must assess the CPD needs of the team.
- C36: Improves performance. The provider did not measure learners' *performance* change. It is not sufficient to measure learners' changes in competence or their plans to improve their performance.
- C37: Improves healthcare quality; C38: improves patient/community health. The provider did not demonstrate that the improvements were connected to the CME program.

Modifications

During the transition phase, we sought feedback from providers, surveyors, and the Accreditation Review Committee (ARC) about implementing the criteria. As expected, we made minor modifications to the critical elements and standards in a few of the criteria to respond to suggestions, increase clarity and fairness, and streamline the process for all involved. These edits are shown below. Please note that none of the criteria have been changed.

Edits are shown below in bolded blue italics. ~~**Deletions are shown in bolded red strikethrough**~~.

C30: The provider designs CME to optimize technical and procedural skills of learners.

Problem: The term "technical and procedural skills" is not always understood by providers to mean "psychomotor skills." Several providers received noncompliance because they offered examples of teaching cognitive skills.

Solution: We edited the rationale and critical elements to clarify the technical and procedural skills described in this criterion are psychomotor skills.

Rationale: Technical and procedural skills ***that are psychomotor in nature*** are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills.

Critical Elements:

- Provides CME addressing ***psychomotor*** technical and or/procedural skills AND
- Includes an evaluation of observed (e.g., in person or video) ***psychomotor*** technical and or procedural skill AND

- Provides formative feedback to the learner about ***psychomotor*** technical and/or procedural skill

C33: The provider engages in CME research and scholarship.

Problem: The standard requires that providers submit descriptions of "at least two" projects completed during the accreditation term. Some providers submitted more than two projects, not all of which met the critical elements. In these cases, surveyors and ARC members had to assess which two examples might be in compliance. This gave some providers more opportunities to demonstrate compliance and created extra work for providers, surveyors, and ARC members.

Solution: We edited the standard to limit submission to two projects completed during the accreditation term.

Standard: At review, submit description of ~~**at least**~~ two projects completed during the accreditation term and the dissemination method used for each.

C36: The provider demonstrates improvement in the performance of learners.

Problem: The standard requires that providers "demonstrate that in at least 10% of activities the majority of learners improved." In early reviews, some providers included large amounts of data, creating additional work for the providers, surveyors, and ARC members. To address this, the ACCME changed the self-study report outline to align with other criteria that require providers to attest to meeting the critical elements of the criterion in 10% of their activities along with specific examples; the number of required examples is commensurate with the size of the organization.

Solution: We aligned the standard of this criterion with the standards for other criteria that require evidence for a percentage of activities based on the provider's program size.

Standard: ~~**Demonstrate that in at least 10% of activities the majority of learners' performance improved**~~**.** ***Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities: ****

> ***S: 2; M: 4; L: 6; XL: 8***
> ****Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra-large): >250***

C37: The provider demonstrates healthcare quality improvement.

Problem: The standard requires that providers demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term. Some providers submitted more than two examples, not all of which met the critical elements. In these cases, surveyors and ARC members had to assess which two examples might be in compliance. This gave some providers more opportunities to demonstrate compliance and created creates extra work for providers, surveyors, and ARC members.

Solution: We limited submission to two examples.

Standard: Demonstrate healthcare quality improvement related to the CME program ~~**at least**~~ twice during the accreditation term.

C38: The provider demonstrates the impact of the CME program on patients or their communities.

Problem: The standard requires that providers demonstrate improvement in patient or community health in areas related to the CME program at least twice during the accreditation term. Some providers submitted more than two projects, not all of which met the critical elements. In these cases, surveyors and ARC members had to assess which two examples might be in compliance. This gave some providers more opportunities to demonstrate compliance and created creates extra work for providers, surveyors, and ARC members.

Solution: We limited submission to two examples.

Standard: Demonstrate improvement in patient or community health in areas related to the activities of the CME program ~~**at least**~~ twice during the accreditation term.

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Menu of New Criteria for Accreditation with Commendation

Criterion		Rationale	Critical Elements	The Standard
Promotes Team-Based Education				
C23	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).	Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.	☐ Includes planners from more than one profession (representative of the target audience) AND ☐ Includes faculty from more than one profession (representative of the target audience) AND ☐ Activities are designed to change competence and/or performance of the healthcare team.	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8
C24	Patient/public representatives are engaged in the planning and delivery of CME.	Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.	☐ Includes planners who are patients and/or public representatives AND ☐ Includes faculty who are patients and/or public representatives	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8
C25	Students of the health professions are engaged in the planning and delivery of CME.	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	☐ Includes planners who are students of the health professions AND ☐ Includes faculty who are students of the health professions	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

Criterion		Rationale	Critical Elements	The Standard
Addresses Public Health Priorities				
C26	The provider advances the use of health and practice data for healthcare improvement.	The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.	☐ Teaches about collection, analysis, or synthesis of health/practice data AND ☐ Uses health/practice data to teachabout healthcare improvement	Demonstrate the incorporation of health and practice data into the provider's educational program with examples from this number of activities:* S: 2; M: 4; L: 6; XL: 8
C27	The provider addresses factors beyond clinical care that affect the health of populations.	This criterion recognizes providers for expanding their CME programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.	☐ Teaches strategies that learners can use to achieve improvements in population health	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8
C28	The provider collaborates with other organizations to more effectively address population health issues.	Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.	☐ Creates or continues collaborations with one or more healthcare or community organization(s)AND ☐ Demonstrates that the collaborations augment the provider's ability to address population healthissues	Demonstrate the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

Criterion		Rationale	Critical Elements	The Standard
Enhances Skills				
C29	The provider designs CME to optimize communication skills of learners.	Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communications with patients, families, and teams; and presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer CME to improve those skills.	☐ Provides CME to improve communication skills AND ☐ Includes an evaluation of observed (e.g., in person or video) communication skills AND ☐ Provides formative feedback to the learner about communication skills	At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8
C30	The provider designs CME to optimize technical and procedural skills of learners.	Technical and procedural skills that are psychomotor in nature are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills	☐ Provides CME addressing psychomotor technical and or/procedural skills AND ☐ Includes an evaluation of observed (e.g., in person or video) psychomotor technical and or procedural skill AND ☐ Provides formative feedback to the learner about psychomotor technical and/or procedural skill	At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8
C31	The provider creates individualized learning plans for learners.	This criterion recognizes providers that develop individualized educational planning for the learner; customize an existing curriculum for the learner; track learners through a curriculum; or work with learners to create a self-directed learning plan where the learner assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual's professional practice gaps over time.	☐ Tracks the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months AND ☐ Provides individualized feedback to the learner to close practice gaps	At review, submit evidence of repeated engagement and feedback for this number of learners:* S: 25; M: 75; L: 125; XL: 200
C32	The provider utilizes support strategies to enhance change as an adjunct to its CME.	This criterion recognizes providers that create, customize, or make available supplemental services (e.g., reminders) and/or resources (e.g., online instructional material, apps) that are designed to reinforce or sustain change.	☐ Utilizes support strategies to enhance change as an adjunct to CME activities AND ☐ Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

Criterion		Rationale	Critical Elements	The Standard
Demonstrates Educational Leadership				
C33	The provider engages in CME research and scholarship.	Engagement by CME providers in the scholarly pursuit of research related to the effectiveness of and best practices in CME supports the success of the CME enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.	☐ Conducts scholarly pursuit relevant to CME AND ☐ Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum	☐ At review, submit description of two projects completed during the accreditation term and the dissemination method used for each.
C34	The provider supports the continuous professional development of its CME team.	The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advances the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.	☐Creates a CME-related continuous professional development plan for all members of its CME team AND ☐ Learning plan is based on needs assessment of the team AND ☐ Learning plan includes some activities externalto the provider AND ☐ Dedicates time and resources for the CME teamto engage in the plan	☐ At review, submit description showing that the plan has been implemented for the CME team during the accreditation term.
C35	The provider demonstrates creativity and innovation in the evolution of its CME program.	This criterion recognizes CME providers that meet the evolving needs of their learners by implementing innovations in their CME program in areas such as education approaches, design, assessment, or use of technology.	☐ Implements an innovation that is new forthe CME program AND ☐ The innovation contributes to the provider's ability to meet its mission.	☐ At review, submit descriptions of four examples during the accreditation term.

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250

Criterion		Rationale	Critical Elements	The Standard
Achieves Outcomes				
C36	The provider demonstrates improvement in the performance of learners.	Research has shown that accredited CME can be an effective tool for improving individuals' and groups' performance in practice. This criterion recognizes providers that can demonstrate the impact of their CME program on the performance of individual learners or groups.	☐ Measures performance changes of learners AND ☐ Demonstrates improvements in the performance of learners	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this number of activities:* S: 2; M: 4; L: 6; XL: 8
C37	The provider demonstrates healthcare quality improvement.	CME has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their CME program contributes to improvements in processes of care or system performance.	☐ Collaborates in the process of healthcare quality improvement AND ☐ Demonstrates improvement inhealthcare quality	☐ Demonstrate healthcare quality improvement related to the CME program twice during the accreditation term.
C38	The provider demonstrates the impact of the CME program on patients or their communities.	Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the CME program contributed to improvements in health-related outcomes for patients or their communities.	☐ Collaborates in the process of improving patient or community health AND ☐ Demonstrates improvement in patientor community outcomes	☐ Demonstrate improvement in patient or community health in areas related to the CME program twice during the accreditation term.

*Program Size by Activities per Term: S (small): <39; M (medium): 40 -100; L (large): 101-250; XL (extra large): >250