

Call for Comment Regarding Revised Recognition Process

Open for comment on : October 28, 2011
Closed on: October 28, 2011

The ACCME proposed a new and simpler procedure for receiving and analyzing information from Recognized state and territory medical societies. This Call for Comment opened on January 22, 2010 and closed on March 8, 2010.

An audio commentary with ACCME Chief Executive, Murray Kopelow, MD, explaining the call for comment is available [here](#).

A report including the responses as well as the ACCME's analysis of the responses is available [here](#).

The full text of the Call for Comment was as follows:

Call for Comment -- ACCME's Recognition Process

The ACCME is proposing a new and simpler procedure for receiving and analyzing information from Recognized state and territory medical societies.

Recognition History

State medical societies have been organizing continuing medical education since the late 1800's. The ACCME's predecessor organization, the Liaison Committee for Continuing Medical Education (the "LCCME") began a voluntary process of Recognition whereby the LCCME, and then the ACCME, could certify that a state medical society met certain standards (Recognition Requirements) as an accreditor of institutions and organizations providing CME within their state or region. The ACCME continues to offer this service (Recognition).

Link to Credit

The American Medical Association Physician's Recognition Award states that, "Within the United States, the AMA only authorizes organizations that are accredited by the Accreditation Council for Continuing Medical Education (ACCME) or by a state medical society recognized by the ACCME Committee for Review and Recognition (CRR) to designate and award AMA PRA Category 1 Credit to physicians."

Achieving and Maintaining Recognition

Through a traditional self-study and survey-interview process the ACCME gathers information about the accreditor that is analyzed by the ACCME's Committee for Review and Recognition (CRR). The CRR forwards recommendations regarding Recognition to the ACCME's Decision Committee which then go on to the Board of Directors of the ACCME for ratification. There are currently 47 ACCME Recognized Accreditors that in turn accredit 1647 institutions and organizations.

2008 Changes to the ACCME "Recognition" Requirements

In July 2008, the ACCME approved a new set of Recognition requirements based on an Equivalency construct ("Markers of Equivalency"). Going forward, the Recognition process would determine if the state accreditor being reviewed was equivalent to each of the other Recognized accreditors and to the ACCME. The ACCME's 2008 Markers of Equivalency were developed by the ACCME in collaboration with the ACCME's Advisory Committee on Equivalency and the ACCME's Recognized CME Accreditors.

The ACCME's 2008 Markers of Equivalency are Equivalency of Rules, Equivalency of Process, Equivalency of Interpretation, Equivalency of Accreditation Outcome and Equivalency of Evolution and Process Improvement.

The accreditors believe that these 2008 Markers of Equivalency will contribute to the standardization of accreditation decisions across the country within the ACCME system. Recognition decisions based on the 2008 Markers of Equivalency will begin in 2010.

In this Call for Comment, the ACCME sought comments about the following proposed process for verifying compliance with the Markers of Equivalency on a continuous, rather than an episodic basis, as explained below. Input on the Markers of Equivalency themselves occurred in a separate process prior to adoption.

Proposed 2010 ACCME Recognition Process

The ongoing verification of compliance with the ACCME's Markers of Equivalency will be done by ACCME on a continuous, rather than an episodic basis.

As is currently the case,

- A.** Accreditors will submit information and/or evidence from their programs of accreditation of providers.
- B.** The ACCME will analyze the information to ensure it verifies Equivalency.
- C.** The ACCME will determine the Recognition outcome.

A. Accreditors will submit information and/or evidence from their programs of accreditation of providers.

ACCME Recognized CME Accreditors will submit the following information which, in turn, will be used by the ACCME to verify compliance with the Markers of Equivalency.

1. The accreditor's accreditation policies and procedures will be reviewed for consistency with national requirements and the Markers of Equivalency as specified by the ACCME (M1 and M5).
2. For each accredited provider, the Recognized accreditor must be able to provide to the ACCME (M1, 2, 3, 4, 5)
 - A completed self study report (or "Application") from the provider
 - One complete CME activity file that was reviewed by the accreditor
 - All completed surveyor data collection forms
 - All correspondence between the accreditor and the provider
 - Documentation of actions taken by the accreditation body which specify the accreditation term and accreditation status awarded
 - Follow-up reports (e.g., progress reports), if required

3. A completed compliance grid reflecting compliance findings and outcomes for those providers reviewed.

4. Data and information on each accredited provider (i.e., current contact information, accreditation term, accreditation status , Annual Report Data)

B. The ACCME will analyze the information to ensure it verifies Equivalency.

Equivalency will be assessed by reviewing an ACCME Recognized CME Accreditor's performance in meeting the Criteria within each Marker. Compliance options for each individual criterion are:

- Compliance (the accreditor meets the Criterion) or

- Non-Compliance (the accreditor does not meet the Criterion)

The ACCME will determine if a Non-Compliance finding(s) has resulted in the ACCME Recognized CME Accreditor's inability to demonstrate Equivalency with the corresponding Marker.

Non-compliance with any Criterion will require a demonstration of improvement and Compliance.

C. The ACCME will determine the Recognition outcome.

Maintenance of Recognition by the ACCME will be based on an ACCME Recognized CME Accreditors' continued demonstration of Equivalency with each Marker.

The ACCME will certify that it continues to deem an ACCME Recognized CME Accreditor as being "Equivalent" and will communicate this certification to both the Accreditor and the system. This will be public information.

The ACCME can change a Recognized CME Accreditor's status to Probation if an Accreditor fails to demonstrate improvement with its performance related to a criterion within a Marker.

An ACCME Recognized CME Accreditor's failure to demonstrate improvements, and therefore a continued inability to demonstrate Equivalency, will ultimately lead to Non-Recognition.

Audio Commentary

[jxO3TZveLLQ](#)

Video of [jxO3TZveLLQ](#)

Publications: [Preliminary Analysis of the Call for Comment Regarding Revised Recognition Process, January 2010](#)

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