

## Accreditation Requirements for CME Providers

Since its founding in 1981, the ACCME has focused on setting and maintaining accreditation requirements that are relevant to physicians' lifelong learning needs and [responsive to changes](#) in the health care environment. The purpose of the ACCME accreditation requirements is to set expectations for accredited providers that ensure CME is independent, based on valid content, and contributes to health care improvement for patients and their communities.

The ACCME develops and updates its accreditation requirements through a [deliberative process](#) that includes reviewing and analyzing relevant research and obtaining feedback from multiple constituents, including accredited providers.

There are three parts to ACCME accreditation requirements: the Accreditation Criteria, the ACCME Standards for Commercial Support<sup>SM</sup>, and the ACCME Policies.

For your convenience, we have created a compilation of the accreditation requirements in one document. [The PDF includes the ACCME Accreditation Criteria, the ACCME Standards for Commercial Support<sup>SM</sup>, Standards to Ensure Independence in CME Activities, and the ACCME Policies.](#)

### The Accreditation Criteria

Released in 2006, the Accreditation Criteria are based on a learner-centered, continuous improvement model of CME and call on accredited providers to offer educational activities that address physicians' real-world practice needs, whether their scope of practice is in clinical care, research, health care administration, or other areas of medicine. The Criteria state that CME programs should be designed to change either physicians' competence, by teaching them strategies for translating new knowledge into action, or physicians' performance (what they actually do in practice), or patient outcomes. Accredited providers must also evaluate their programs' effectiveness in achieving these goals.

The 2006 Accreditation Criteria are built upon two earlier sets of accreditation guidelines. The first set, called the Seven Essentials and established in 1982, laid the foundation for an accreditation system. They required providers to create CME mission statements, use a needs assessment process to plan educational activities, develop educational objectives for each activity, and evaluate the effectiveness of their overall CME programs.

In 1998, the ACCME updated the guidelines, releasing the Essential Areas and Their Elements, or System98. The revised model encouraged accredited providers to focus on CME that linked educational needs with desired results, and to evaluate the effectiveness of their CME activities in meeting those educational needs. The ACCME continued to expect accredited providers to implement processes for reviewing and improving their overall CME programs.

The ACCME developed the 2006 Accreditation Criteria in response to changes in the health care environment. The government, the public, and organized medicine called on the CME system to be even more accountable in facilitating and demonstrating physician practice improvement. The ACCME was asked by its member organizations and others to assist in repositioning the CME enterprise as a strategic asset to the quality improvement and patient safety imperatives of the US health care system, such as addressing health care disparities, reducing medical errors, and preventing and treating chronic disease. The Institute of Medicine reports - *To Err Is Human: Building a Safer Health System*, *Crossing the Quality Chasm* and *Health Professions Education: A Bridge to Quality* - identified critical factors for improving the quality of care.

The ACCME Board of Directors Task Force on Competency and the Continuum of Medical Education

received oral and written testimony from a wide representation of organizations within the CME enterprise, as well as other organizations interested in physician education. Its final report, released in April 2004, stated, —To meet the needs of the 21st-century physician, CME will provide support for the physicians’ professional development based on continuous improvement in the knowledge, strategies, and performance of practice necessary to provide optimal patient care. The Accreditation Criteria were created to fulfill those goals and are designed to align with the American Board of Medical Specialties Maintenance of Certification® initiative and the Federation of State Medical Boards Maintenance of Licensure Initiative.

Learning and change are the goals of the Accreditation Criteria, both for the learners and providers, as described in the article —Accreditation for Learning and Change: Quality and Improvement as the Outcome, by ACCME Deputy Chief Executive Kate Regnier, et al., *Journal of Continuing Education in the Health Professions*, September 2005. Under the 2006 Accreditation Criteria, all providers must not only analyze changes in learners, they must also analyze their own effectiveness at meeting their CME program’s mission and identify plans for improvement.

The 2006 Accreditation Criteria foster leadership, collaboration, and system-wide change by rewarding CME providers with Accreditation with Commendation, if, among other requirements, they act as a strategic partner in quality initiatives within their institution, health system, or community through collaborative alliances. Such accredited providers must implement educational strategies to address, remove, or overcome barriers to physician change.

## **ACCME Standards for Commercial Support<sup>SM</sup>: Standards to Ensure Independence in CME Activities**

The 2004 ACCME Standards for Commercial Support<sup>SM</sup>: Standards to Ensure Independence in CME Activities are designed to ensure that CME activities are independent and free of commercial bias. The Standards impose stringent restrictions on CME providers’ interactions with drug/device companies and other companies the ACCME defines as a commercial interest. The ACCME allows providers to accept company funding for CME activities, but prohibits any commercial influence, direct or indirect, over CME content.

The ACCME Standards for Commercial Support comprise [six standards](#): independence, resolution of personal conflicts of interest, appropriate use of commercial support, appropriate management of associated commercial promotion, content and format without commercial bias, and disclosures relevant to potential commercial bias.

Building on guidelines that the ACCME first issued in 1987 and formally adopted in 1992, the 2004 ACCME Standards for Commercial Support added the following elements:

- CME providers must ensure that CME planning decisions are made free of the control of a commercial interest cannot take the role of a nonaccredited partner in a joint sponsorship relationship.
- Providers must be able to show that everyone who is in a position to control the content of educational activities has disclosed to the provider all relevant financial relationships with any commercial interest.
- Those who refuse to disclose relevant financial relationships are disqualified from participation in planning or delivering education.
- Providers must implement a mechanism to identify and resolve all conflicts of interest for all persons in control of content, including planners, teachers, and authors.
- The provider must have written policies and procedures governing honoraria for planners, teachers, and authors.

When making decisions about implementing the ACCME Standards for Commercial Support, the ACCME says that CME providers must always defer to independence from commercial interests, transparency, and the separation of CME from product promotion. In other words, the purpose of CME must be to serve physicians’ learning and practice needs and to promote public health.

## **ACCME Policies**

The ACCME issues policies and policy-related definitions that supplement the ACCME Criteria and Standards for Commercial Support. These [policies](#) offer more specific guidelines on areas including educational formats, such as Internet and journal CME, and business practices, such as records retention. In some cases policies are developed to address emerging issues, such as the clinical content validation.

Accredited providers must adhere to the ACCME policies that are relevant to their organizations, as well as to the Accreditation Criteria and the ACCME Standards for Commercial Support.

**Source URL:** <http://www.accme.org/requirements/accreditation-requirements-cme-providers>