



**EXECUTIVE SUMMARY OF THE JULY 2014 MEETINGS OF THE
ACCME BOARD OF DIRECTORS**

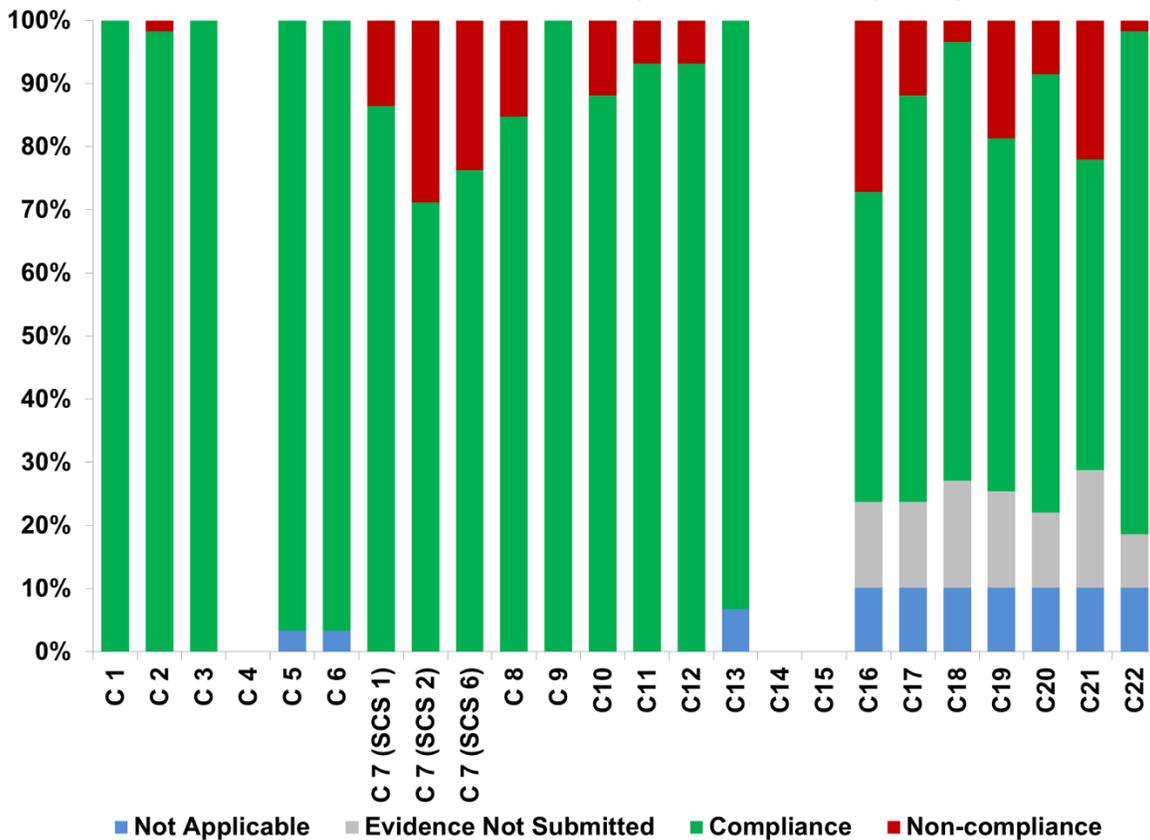
Accreditation Decision Making

The ACCME ratified 59 accreditation and reaccreditation decisions. This included 11 providers that received **Accreditation with Commendation** (19%), which confers a 6-year term of accreditation. Thirty (50%) received **Accreditation**; 13 of these providers (22%) are required to submit progress reports; 17 (28%) do not need to submit progress reports. Eleven providers (19%) were placed on **Probation** and are required to submit progress reports. Of the 6 initial applicants, 5 received **Provisional Accreditation** (8% of the total; 83% of initial applicants) and one initial applicant received **Nonaccreditation** (2% of the total; 17% of initial applicants). One provider received **Nonaccreditation** from Provisional Accreditation (2%).

The Board ratified 32 **progress report** decisions. Of those, 20 (63%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance. Eleven progress reports (34%) did not yet demonstrate compliance in all requirements and the providers are required to submit another progress report. One provider had submitted a voluntary progress report (3%) to seek a change in status from Accreditation to Accreditation with Commendation; the provider did not demonstrate compliance with the requirements addressed in its progress report.

As of August 2014, there are 681 ACCME-accredited providers and 1,238 providers accredited by [ACCME Recognized Accreditors](#) (state or territory medical societies that are [recognized](#) by the ACCME as accreditors of intrastate CME providers).

Compliance Results for July 2014 Cohort (n=59)



In the figure above, please note that compliance results for C4, 14, and 15 have been removed. These criteria were eliminated as part of the February 2014 changes to [simplify](#) the accreditation requirements and process. Beginning with the March 2014 cohort providers have not been evaluated for any of the requirements that have been eliminated.

Maintenance of Recognition and Support of Equivalency

The Board reviewed information about the progress of [Maintenance of Recognition](#) based on data submitted by the 42 [Recognized Accreditors](#) from November 2013 through April 2014. The data is generated primarily by the work of accreditation decision making; in addition the ACCME conducts targeted audits. The ACCME provides detailed, formative feedback to Recognized Accreditors in real-time as the data is reviewed. Feedback is given in relation to the [Markers of Equivalency](#). The data collection is a quality assurance tool to support equivalency, enabling the ACCME to determine if Recognized Accreditors are applying the national standards for accreditation decisions and the accreditation process.

Joint Accreditation for Interprofessional Education

The ACCME ratified decisions for 5 providers applying for [Joint Accreditation for Interprofessional Education™](#). Two providers received joint accreditation with a six-year term; one provider received joint accreditation with a four-year term. The ACCME ratified two joint accreditation progress report decisions. The joint accreditation and progress report decisions have also been ratified by the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC). With these decisions, the first two providers to achieve joint accreditation (in 2010) have now achieved reaccreditation. There are currently 15 jointly accredited providers. The Joint Accreditation program was launched in 2009 by the ACCME, the ACPE, and the ANCC.

Evolving the Criteria for Accreditation with Commendation

The Board reviewed a preliminary analysis of the results of the feedback survey conducted with the CME and stakeholder community about the [proposal](#) for a menu of new criteria for Accreditation with Commendation. The ACCME received approximately 250 responses from providers and other stakeholders. The responses demonstrated the CME community support's for the proposed criteria and the menu approach. Of the provider respondents, about 75% said that the proposed menu would make Accreditation with Commendation feasible for them. The ACCME will continue to engage with the CME community to gather qualitative feedback in the coming months. The Board will review the feedback *before* taking formal action and issuing a formal call for comment. The proposed criteria incorporate feedback from the Board and ideas gathered from the CME community and other stakeholders over the past few years. The goal of the proposed criteria is to respond to the evolving healthcare system, to reflect and reward the valuable work providers may already be doing, and to challenge providers to aim for even higher achievements.

International Applicants for Accreditation

The Board removed language from a 1981 policy that restricted accreditation to organizations located in the US. The change enables the ACCME to accredit organizations outside the US using the same [process](#) it does for organizations within the US. The change formalizes a process begun in 2010, when the Board directed the ACCME to open accreditation eligibility to non-US applicants. Since 2011, the ACCME has responded to more than 50 inquiries from organizations outside the US that are interested in seeking ACCME accreditation. The change supports the ACCME's long-standing commitment to engagement and [collaboration with the global CME community](#), and the ACCME's strategic imperative to develop new products and services.

International Substantial Equivalency Process

The Board recognized the Oman Medical Specialty Board as part of the Ministry of Health of the Sultanate of Oman (OMSB/MOH) as an accreditor that is substantially equivalent to the ACCME. The OMSB/MOH is the first accreditation system outside North America to receive this status from the ACCME. The Board reviewed the annual reports of the two organizations whose accreditation programs have previously been designated as substantially equivalent to the ACCME: The Royal College of Physicians and Surgeons of Canada and the Association of Faculties of Medicine of Canada Committee on Accreditation of Continuing Medical Education. The [substantial equivalency framework](#) was developed in 2002 by the ACCME and the Committee for the Accreditation of Continuing Medical Education of the Association of Canadian Medical Colleges. It defines substantial equivalency as a relationship between accreditors based on shared principles and values, while recognizing and accepting differences.

Strategic Discussion: CEO Succession Planning and ACCME's Future

In March, Murray Kopelow, MD, President and CEO, ACCME, had communicated his plan to retire in July 2015 and the Board began succession planning. At this meeting, the Board convened meetings with Park Square Executive Search, the company chosen by the Board Search Task Force to conduct the search for a new CEO. The Board discussed the CEO succession planning, the ACCME's future, and the Board's commitment to maintaining the ACCME's trajectory of innovation and improvement that has been led by Dr. Kopelow. As the next steps in succession planning, the Board Search Task Force in conjunction with the search firm will develop a CEO position announcement and communicate the announcement to the CME and stakeholder community.

Bylaws Amendments: Election of Officers

The ACCME **adopted** the following amendment to its bylaws that had been read into the minutes of the March 2014 meeting: “The officers of the corporation shall be a Chair, a Vice Chair, and a Treasurer, who shall be directors and who shall be elected ~~at each~~ annually ~~meeting~~, and a President, who shall not be a director.” This timing change moves the election of officers from the annual November/December meeting to the July meeting. The timing change enables the ACCME to continue the valuable, productive practice of including the incoming Vice Chair in regular conference calls with the current Board Chair, Vice Chair, and CEO. This practice begins in August of each year and serves to facilitate the transition of leadership. With the adoption of this amendment, the election of 2016 officers will take place in July 2015.

The Board **proposed** the following amendment to its bylaws: “A Director cannot be a) an officer or employee of an ACCME member organization or b) an employee or member of an organization ineligible for accreditation within the ACCME system.” The change reflects the Board’s intent to exclude from Board membership individuals who are member organization employees or employees of organizations ineligible for accreditation. The bylaws, as currently written, exclude those individuals from the nomination process, but do not specify the exclusion of a Director who meets the requirements at the time of nomination but subsequently becomes employed by a member organization or one ineligible for accreditation.

Elections

The following individuals were elected to the Board and its committees:

Board of Directors

Todd Dorman, MD
Gary L. Filerman, MHSA, PhD
Linda Gage-White, MD, PhD
Jeffrey Levine, PhD
David Pieper, PhD
Adela Valdez, MD, MBA

Accreditation Review Committee

Edward Bope, MD
Linda Famiglio, MD
Paul Lambiase
Lynn Parry, MD
Samuel H. Wald, MD
Beth Wilson, CCMEP

Committee for Review & Recognition

Karen Hutchinson, MD
Stephen Vernon, MD

2014 Officers

Carlyle Chan, MD, stepped down as 2014 Chair because of other commitments. Kim Edward LeBlanc, MD, PhD, who was 2014 Vice Chair, assumed the role of 2014 Chair. The Board elected Carol S. Havens, MD, as the Vice Chair for the remainder of 2014.

2014 Rutledge W. Howard, MD, Award for Individual Service to the Intrastate Accreditation System

The Board honored the following volunteer with the 2014 Rutledge W. Howard, MD, Award:

Ronald Johnson, MD

2014 Rutledge W. Howard, MD, Award for Outstanding Collaboration between Accreditors and Providers

The Board honored the following Recognized Accreditor with the 2014 Rutledge W. Howard, MD, Award:

Medical Association of the State of Alabama

The Rutledge W. Howard, MD, Award honors staff or volunteers for their service to the intrastate accreditation system. A news release about the 2014 awards is posted on the [ACCME Web site](#).