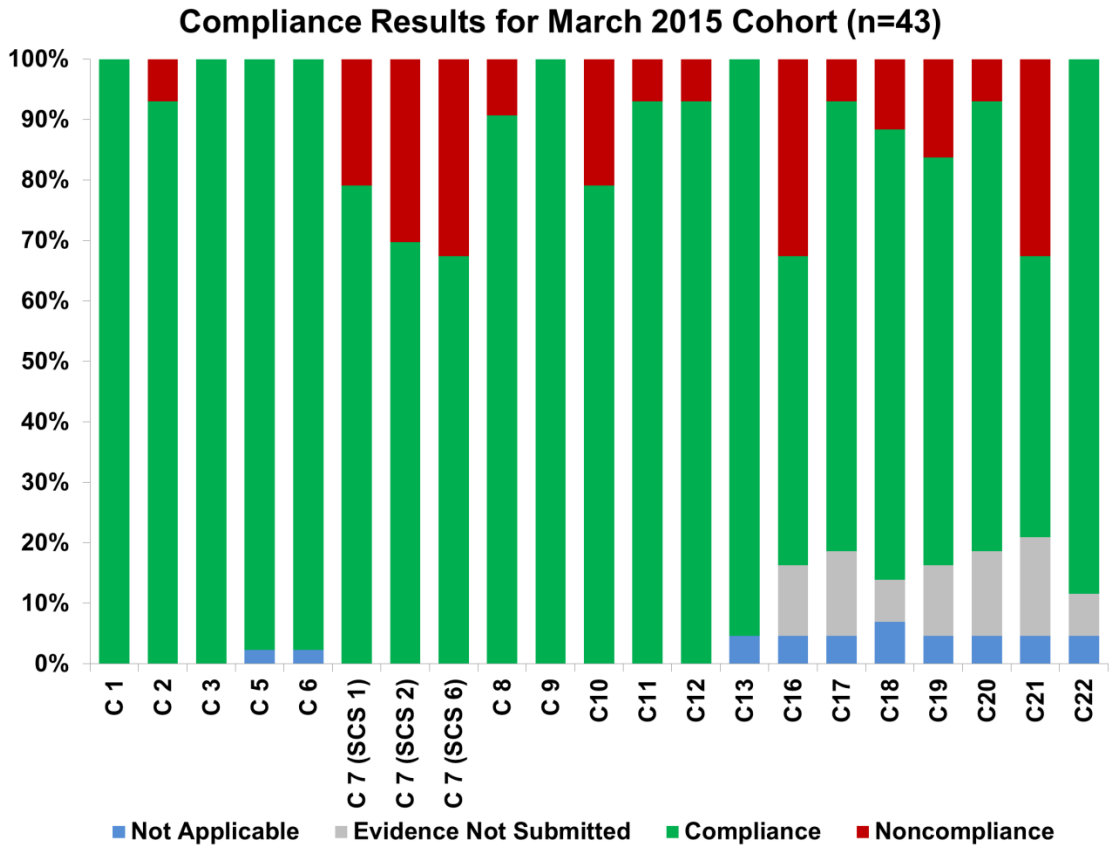
EXECUTIVE SUMMARY OF THE MARCH 2015 MEETINGS OF THE ACCME BOARD OF DIRECTORS

Accreditation Decision Making

The ACCME ratified 43 accreditation and reaccreditation decisions. These included 10 providers that received **Accreditation with Commendation** (23%), which confers a 6-year term of accreditation. Twenty-four (56%) received **Accreditation**; 16 of these providers (37% of the total) are required to submit progress reports; 8 (19% of the total) do not need to submit progress reports. Five providers (12%) were placed on **Probation** and are required to submit progress reports**.** Of the 4 initial applicants, 3 received **Provisional Accreditation** (7% of the total; 75% of initial applicants) and 1 received **Nonaccreditation** (2% of the total; 25% of initial applicants).

The Board ratified 23 **progress report** decisions. Of those, 17 (74%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance. Five progress reports (22%) did not yet demonstrate compliance in all requirements and the providers are required to submit another progress report. One (4%) provider did not yet demonstrate compliance in all requirements; however the provider is not required to submit another progress report because it has not yet had the opportunity to demonstrate compliance with one of the criterion found in noncompliance.

As of April 2015, there are 684 ACCME-accredited providers and 1,213 providers accredited by ACCME Recognized Accreditors (state or territory medical societies that are recognized by the ACCME as accreditors of intrastate CME providers).



In the figure above, please note that compliance results for Accreditation Criteria 4, 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.

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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. 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.

International Substantial Equivalency Process

The Board approved a request from the European Board for Accreditation in Cardiology deeming it eligible to engage in the ACCME's process for recognizing substantial equivalency between non-US CME accreditors and the ACCME. The substantial equivalency framework was developed in 2002. It defines substantial equivalency as a relationship between accreditors based on shared principles and values, while recognizing and accepting differences.

Consistency in Expectations of Disclosure Methods

In a continuing effort to simplify compliance expectations and make them consistent across activity types, the Board decided that accredited providers may use tabs, links, or other electronic mechanisms to transmit disclosure information to learners for CME activities as required by Standard for Commercial Support 6: Disclosures Relevant to Potential Commercial Bias. This modification only affects how providers are evaluated for compliance—there are no changes to the disclosure requirements. Previously, providers were restricted from using these methods for delivering disclosure information to learners. Now, providers will be able to make electronic disclosure information available via an electronic tab or link, just as they have always been able to make disclosure available via a tabbed section in a printed syllabus. The Board made this modification in response to requests from accredited providers and in recognition of the evolution of the use of digital technology in education. The modification is part of the ACCME's ongoing simplification of the accreditation requirements and process.

CEO Succession

In recognition that this was the last Board meeting with Murray Kopelow, MD, MS(Comm), serving as President and CEO, the Board heard a retrospective from him about the evolution of the ACCME and his thoughts for the future. To facilitate the transition process, incoming President and CEO Graham McMahon, MD, MMSc, attended the Board meeting as an observer. Dr. McMahon began his tenure in April. Dr. Kopelow will continue to work with the Board and Dr. McMahon to ensure a smooth leadership transition process.

ACCME 2014 Audit

The Board reviewed the 2014 final audit and financial statements**,** heard a presentation from the independent auditor concerning the audit, and—per ACCME policy—convened in executive session with the auditor to discuss the audit report and process. The auditor issued an *unqualified opinion* to ACCME, stating that the ACCME's financial statements were accurate and prepared in compliance with generally accepted accounting principles. The Board reaffirmed the ACCME's long-held commitment to taking a prudent and conservative approach to financial management while maintaining high-quality services for accredited providers, Recognized Accreditors, and volunteers.