



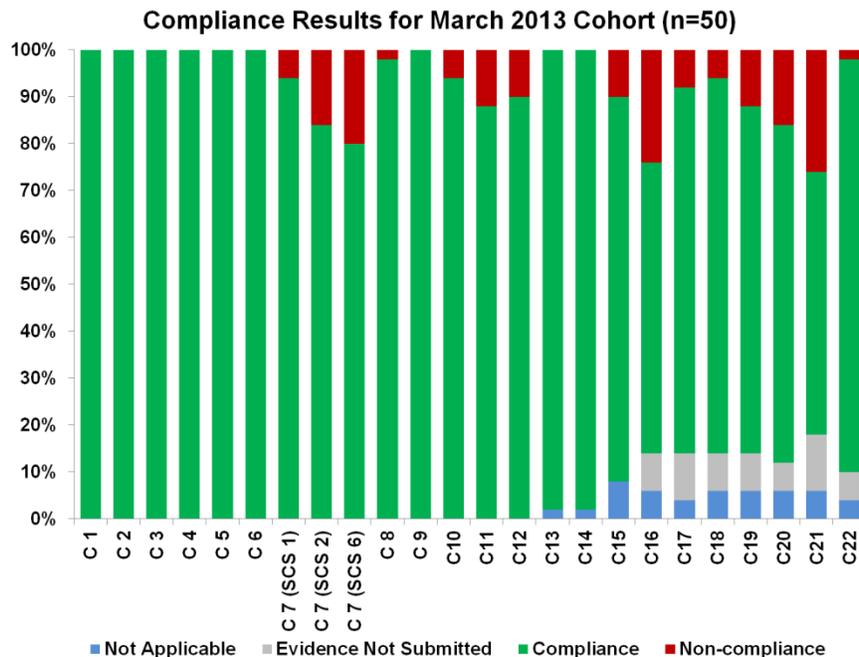
EXECUTIVE SUMMARY OF THE APRIL 2013 MEETINGS OF THE ACCME BOARD OF DIRECTORS

Accreditation and Recognition Decision Making

The ACCME ratified 50 accreditation and reaccreditation decisions. This included 14 providers that received **Accreditation with Commendation** (28%), which confers a 6-year term of accreditation. Twenty-eight (56%) received **Accreditation**; 11 of these providers (22%) are required to submit progress reports; 17 (34%) do not need to submit progress reports. Four providers (8%) were placed on **Probation** and are required to submit progress reports. Of the 4 initial applicants, 3 received **Provisional Accreditation** (6% of the total; 75% of initial applicants) and 1 received **Nonaccreditation** (2% of the total; 25% of initial applicants).

The Board ratified 25 **progress report** decisions. Of those, 16 (64%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance. Eight progress reports (32%) failed to demonstrate compliance in all requirements and the providers are required to submit another progress report. One provider submitted a voluntary progress report (4%) to seek a change in status from Accreditation to Accreditation with Commendation. However, the provider did not demonstrate compliance with the criterion addressed in their progress report.

As of April 2013, there are 686 ACCME-accredited providers and 1,259 providers accredited by [ACCME Recognized Accreditors](#) (state or territory medical societies that are [recognized](#) by the ACCME as accreditors of intrastate CME providers).



Maintenance of Recognition

The Board of Directors heard a report about the progress of [Maintenance of Recognition](#). [Recognized Accreditors](#) continue to submit compliance grids to the ACCME, demonstrating the accreditation decisions they have made for their CME providers. The grids show the compliance and noncompliance findings by criterion and the accreditation and progress report decisions for each CME provider. The grids are a quality assurance tool to support equivalency of accreditation decision-making, enabling the ACCME to determine if intrastate providers are receiving the accreditation status appropriate to their findings.

The ACCME reviewed compliance grid data from 29 Recognized Accreditors. The data demonstrate a 97% accuracy rate for accreditation decisions and a 100% accuracy rate for progress report decisions. The ACCME provides detailed, formative feedback to Recognized Accreditors in real time as the compliance grids are reviewed. Feedback is given in relation to the [Markers of Equivalency](#). To further support Maintenance of Recognition, the ACCME will collect and analyze accreditation review materials from a sample of Recognized Accreditors throughout the year. The ACCME adopted Maintenance of Recognition in 2011 in order to improve the quality, value, and efficiency of the recognition process and to enable the ACCME and Recognized Accreditors to identify areas for improvement on an ongoing basis.

Guest Discussions Regarding the Role of CME in Improving the Health of the Public

The Board of Directors convened discussions with invited guests about the role of accredited CME and accreditation standards in improving health. The discussions explored opportunities for the ACCME to support health care professionals' roles in promoting health, whether they work in education, research, administration, or clinical care. ACCME [member organization](#) liaisons joined the discussion.

The invited guests were **Peter Angood, MD**, Chief Executive Officer, American College of Physician Executives; **Ana Pujols McKee, MD**, Executive Vice-President and Chief Medical Officer, The Joint Commission; **John Santa, MD, MPH**, Director, Health Ratings Center for Consumer Reports; and **Daniel B. Wolfson, MHA** Executive Vice-President and Chief Operating Officer, American Board of Internal Medicine Foundation. The guests discussed their perspectives on the importance of physician leadership in improving health care and health; the public's trust in physicians and in health care institutions; the need for professional education to continue to address the misuse, underuse, and overuse of health care products and services; and the importance of education that facilitates effective interprofessional collaborative practice.

The discussions are part of an ongoing series convened by the Board to support the strategic imperatives to foster ACCME leadership and engagement and to contribute to a more efficient, effective, and simplified system.

Strategic Imperatives: Reflection and Evolution

The Board of Directors reflected on the ACCME 2011 strategic imperatives: Foster ACCME Leadership and Engagement; Simplify and Evolve the Accreditation Standards, Process, and System; Explore and Build a More Diversified Portfolio of ACCME Products and Services. The Board consensus is that the strategic imperatives remain relevant and important, and the Directors look forward to continued implementation of initiatives that will fulfill those goals.

Strategic Imperative: Simplifying and Evolving the Accreditation Standards, Process, and System

The Board of Directors reviewed potential changes that would simplify and evolve the accreditation standards and process. The suggestions are based on the ACCME's recent discussions with the CME community and the Board of Directors, as well as the work of the 2010 ACCME Board of Directors Accreditation Requirements Task Force. The ACCME will continue to engage with the stakeholder community to seek feedback on the potential changes. Information about the potential changes and about how to submit feedback is posted on the [ACCME Web site](#). The Board will review the feedback from stakeholders *before* deciding to formally propose changes. If the Board does propose to adopt changes, it would gather further responses from the stakeholder community through a formal call for comment, in accordance with the ACCME [Rule-Making Policy](#), before making its final decision.

ACCME 2012 Audit

The Board of Directors reviewed the 2012 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.