



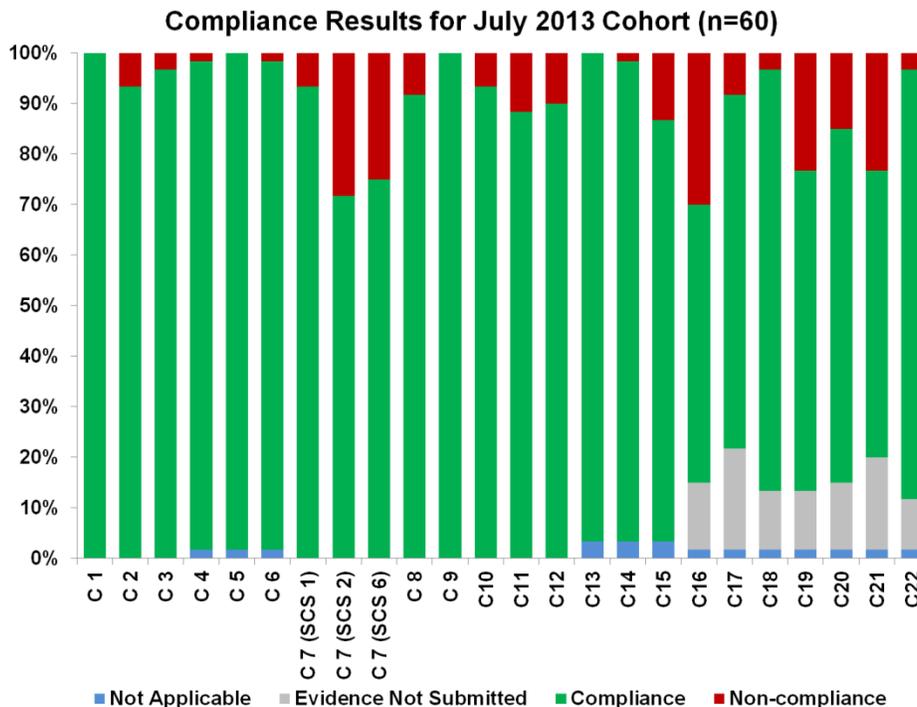
## EXECUTIVE SUMMARY OF THE JULY 2013 MEETINGS OF THE ACCME BOARD OF DIRECTORS

### Accreditation and Recognition Decision Making

The ACCME ratified 60 accreditation and reaccreditation decisions. This included 17 providers that received **Accreditation with Commendation** (28%), which confers a 6-year term of accreditation. Thirty-one (52%) received **Accreditation**; 16 of these providers (27%) are required to submit progress reports; 15 (25%) do not need to submit progress reports. Nine providers (15%) were placed on **Probation** and are required to submit progress reports. Two providers received **Nonaccreditation** at initial application (3%). One provider received Nonaccreditation from Provisional Accreditation (2%).

The Board ratified 34 **progress report** decisions. Of those, 23 (68%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance. Nine progress reports (26%) failed to demonstrate compliance in all requirements and the providers are required to submit another progress report. Two providers submitted voluntary progress reports (6%) to seek a change in status from Accreditation to Accreditation with Commendation. However, the providers did not demonstrate compliance with the criteria addressed in their progress reports.

As of August 2013, there are 677 ACCME-accredited providers and 1,227 providers accredited by [ACCME Recognized Accreditors](#) (state or territory medical societies that are [recognized](#) by the ACCME as accreditors of intrastate CME providers). In 2011, the Alaska State Medical Association (ASMA) discontinued its CME accreditation program. The ACCME offered assistance to the providers that had been accredited by the ASMA to support them through the transition, including awarding them temporary status as ACCME-accredited providers. Since the end of 2012, one of them completed the process to become an ACCME-accredited provider and seven became accredited by other state medical societies (Washington, California, and Oregon.)



## **ACCME's Decision-Making Process: Ensuring Consistency and Accuracy**

The Board reviewed trends in compliance rates by criterion based on data from 14 cohorts. While variation remains in compliance rates between criteria (see figure on previous page), there is consistency of compliance rates within the individual criteria, across cohorts. The data shows overall consistency in decision-making. The trends analysis was part of the Board's ongoing quality assurance process to ensure valid and consistent accreditation decisions. The Board reviewed accreditation decision trends from November 2008 through July 2013. The ACCME has reviewed 838 providers using the 2006 Accreditation Criteria. The proportion of providers achieving Accreditation with Commendation has increased, from 3% of providers in the November 2008 cohort to 28% in the July 2013 cohort. The proportion of providers receiving Accreditation with a progress report has dropped over this period, from 51% in the November 2008 cohort to 27% in the July 2013 cohort.

### **Maintenance of Recognition**

The Board heard a report about its [Maintenance of Recognition program](#). The Board 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. The ACCME derives data about the accreditation system as accreditation decisions are being made. The ACCME provides detailed, formative feedback to Recognized Accreditors in real-time as the compliance data is reviewed. Feedback is given in relation to the [Markers of Equivalency](#). The ACCME reviewed compliance data from 32 Recognized Accreditors, describing the accreditation decisions they have made for their providers. The data described compliance findings by criterion as well as accreditation and progress report decisions for each provider. Overall, the ACCME determined that intrastate providers are receiving the accreditation status appropriate to their findings and that the findings at the criteria level are appropriate to the performance-in-practice of the providers being reviewed.

### **Joint Accreditation of Continuing Education for the Health Care Team**

The ACCME ratified decisions for two providers applying for [joint accreditation](#). PRIME Education, Inc. received joint accreditation; the other applicant did not. The Board reviewed and approved enhancements to the joint accreditation process. The accreditation decisions and enhancements have also been approved by the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) and will be released jointly by the three organizations in the fall of 2013. The joint accreditation process was launched in 2009 by the ACCME, the ACPE, and the ANCC.

### **International Substantial Equivalency Process**

The Board approved a request from the Oman Medical Specialty Board, deeming it eligible to engage in the ACCME's process for recognizing substantial equivalency between CME accreditors around the world. 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.

### **Proposal for Simplifying and Evolving the Accreditation Standards, Process, and System**

The Board reviewed the feedback the ACCME received via its online survey about the ["Proposal for Simplifying and Evolving the Accreditation Requirements and Process."](#) The vast majority of respondents expressed support for the proposed changes and offered constructive suggestions and comments. The member organization liaisons shared positive feedback with the Board during a dialogue session held at the beginning of the meeting. The liaisons discussed the importance of integrating criteria related to physician leadership development and engagement into the menu of options for achieving Accreditation with Commendation and offered other ideas for commendation criteria.

The ACCME will now further develop the Accreditation with Commendation menu concept and create a menu of potential new commendation criteria, integrating the ideas generated by the member organization liaisons and other stakeholders. The Board will review the proposed Accreditation with Commendation menu of options and continue to review stakeholder feedback about the proposed changes, before taking formal action and issuing a formal call for comment.

## **Elections**

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

### **Accreditation Review Committee**

Stuart Abramson, MD, PhD  
Gary Clark, MD, MMM, CPE  
Sandy Deeba  
Warren Evins, MD, PhD  
Joyce Fried, BA, CCME-P  
Rebecca Gaughan, MD  
Debra Gist, MPH

Scott Hershman, MD  
Timothy W. Holder, MD  
Christopher M. Palmer, MD  
Linda N. Santos  
Eric S. Wargotz, MD  
SarahAnn S. Whitbeck, MBA

### **Committee for Review and Recognition**

Jay Williamson, MD

### **2013 Rutledge W Howard, MD, Award for Individual Service to the Intrastate Accreditation System**

The Board honored the following volunteer with the 2013 Rutledge W. Howard, MD, Award:

#### **K.M. Tan, MD**

The Rutledge W. Howard, MD, Award honors staff or volunteers for their service to the intrastate accreditation system. A news release about the 2013 award is posted on the [ACCME Web site](#).