



**EXECUTIVE SUMMARY OF THE DECEMBER 2013 MEETINGS OF THE
ACCME BOARD OF DIRECTORS**

Accreditation Decision Making

The ACCME ratified 56 accreditation and reaccreditation decisions. This included 25 providers that received **Accreditation with Commendation** (44%), which confers a 6-year term of accreditation. Twenty-five (44%) received **Accreditation**; 11 of these providers (19%) are required to submit progress reports; 14 (25%) do not need to submit progress reports. Two providers (4%) were placed on **Probation** and are required to submit progress reports. Of the 4 initial applicants, 2 received **Provisional Accreditation** (4% of the total; 50% of initial applicants) and 2 received **Nonaccreditation** (4% of the total; 50% of initial applicants).

The Board ratified 40 **progress report** decisions. Of those, 28 (70%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance. Twelve progress reports (30%) did not yet demonstrate compliance in all requirements.

As of January 2014, there are 676 ACCME-accredited providers and 1,273 providers accredited by [ACCME Recognized Accreditors](#) (state or territory medical societies that are [recognized](#) by the ACCME as accreditors of intrastate CME providers).

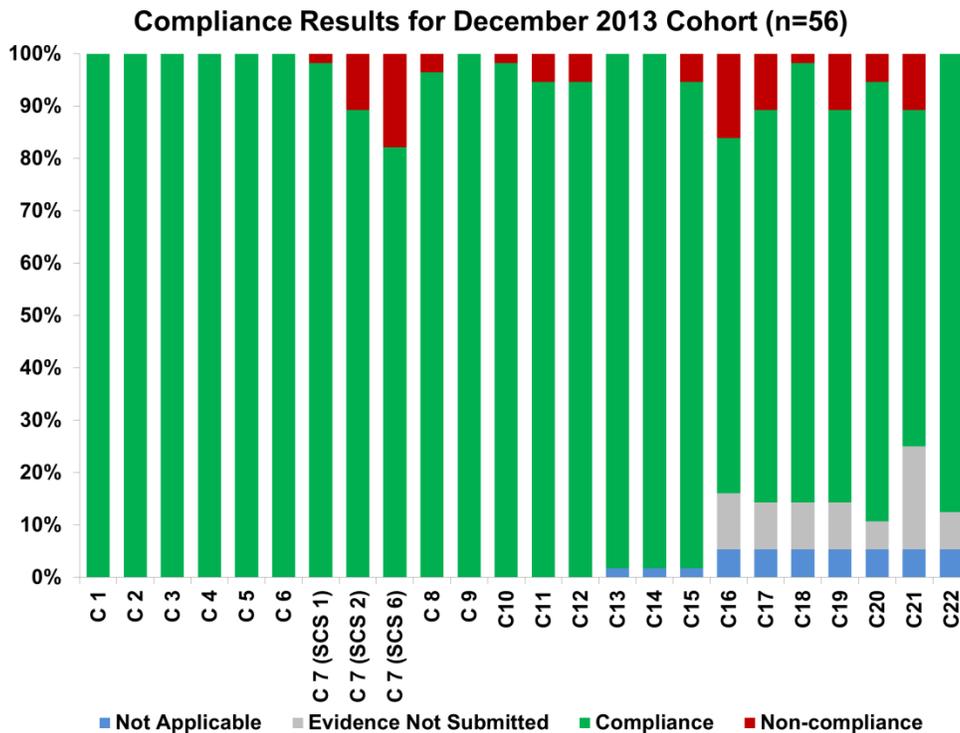


Figure 1. Compliance results for December 2013 cohort

Accreditation Trends under the 2006 Accreditation Criteria

The Board reviewed accreditation decision data since the implementation of the 2006 [Accreditation Criteria](#). From November 2008 through December 2013, the ACCME has made 894 decisions for providers seeking accreditation or reaccreditation. (Some providers have been reviewed more than once during that span of time.) The proportion of providers achieving Accreditation with Commendation has increased from 3% in the November 2008 cohort to 44% in the December 2013 cohort. The proportion of providers receiving Accreditation with a progress report has dropped from 51% in the November 2008 cohort to 19% in the December 2013 cohort. The proportion of providers that achieve Accreditation (compliance with Criteria 1–15) or Accreditation with Commendation (compliance with Criteria 1–22) has risen from 25% during the first three cohorts to 61% in the last three cohorts. See Figure 2.

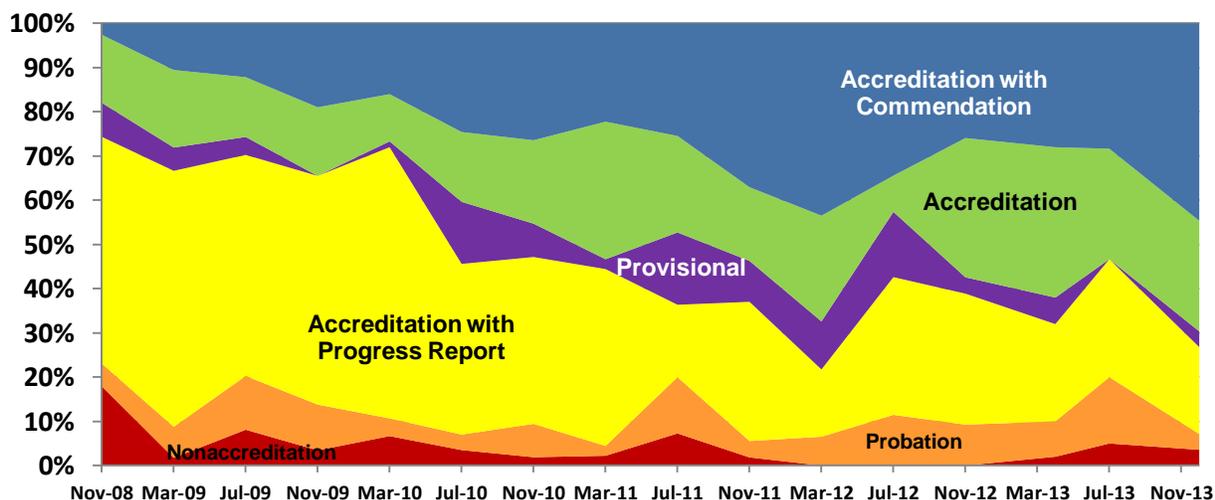


Figure 2. Accreditation outcomes for all providers in each cohort, November 2008 to December 2013

Figure 3 shows that the rates of compliance have increased for each of the four major groupings of the Accreditation Criteria. Compliance rates run more than 90% for the activity criteria (Criteria 2 to 6), the [Standards for Commercial SupportSM: Standards to Ensure Independence in CME Activities](#) (Criteria 7 to 10), and the organizational self-assessment and improvement criteria related to the Plan-Do-Study-Act cycle or PDSA (Criteria 11 to 15.) The average compliance rate for the commendation criteria (Criteria 16 to 22) is now greater than 80%. The proportion of providers submitting information about the commendation criteria for review has increased from 56% to 89% since 2008.

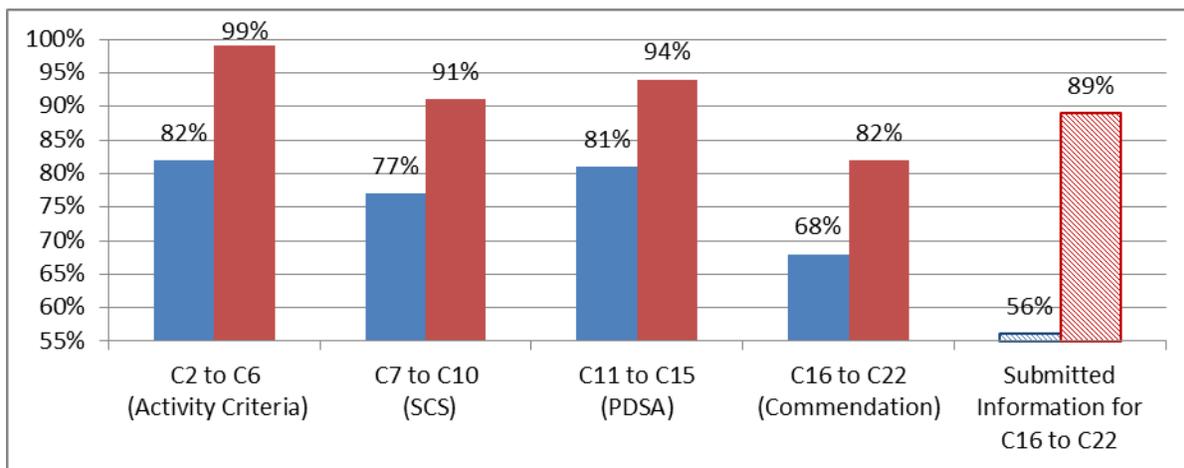


Figure 3. Average rates for groups of Accreditation Criteria for first 3 cohorts in blue bar on left of pair (November 2008, March 2009, July 2009) and the most recent 3 cohorts in red bar on right of pair (March, July, and December 2013)

Maintenance of Recognition and Support of Equivalency of the ACCME's State Medical Society System of Accreditors

The Board heard a report about the progress of [Maintenance of Recognition](#) and the equivalency of the CME system. The ACCME reviewed data derived from the accreditation programs of the 43 [Recognized Accreditors](#) (state or territory medical societies that are [recognized](#) by the ACCME as accreditors of intrastate CME providers). The data demonstrated a 91% compliance rate with the ACCME's [Markers of Equivalency](#). The information upon which this data is based is drawn from multiple sources, including actual accreditation decision findings of the Recognized Accreditors, an audit of Recognized Accreditors' progress report findings, and accreditation decision-making operational records. This data is drawn from information that Recognized Accreditors produce during their conduct of accreditation—they do not have to compile additional information for this process. The ACCME provides detailed, summative feedback to Recognized Accreditors in real-time as the data is reviewed. Feedback is given in relation to the ACCME's Markers of Equivalency, which outline the ACCME's expectations of Recognized Accreditors. The data collection is a quality assurance tool to enable the ACCME to determine if Recognized Accreditors are applying the national standards for accreditation decisions and the accreditation process. 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.

Joint Accreditation: Healthcare Education by the Team for the Team

The ACCME ratified decisions for 5 providers applying for [Joint Accreditation™](#). Four providers received Joint Accreditation; 3 of these providers received Joint Accreditation with a 6-year term because they successfully demonstrated compliance with all the Joint Accreditation Criteria; 1 provider did not demonstrate compliance with all Joint Accreditation Criteria and will need to submit a progress report. One provider did not receive Joint Accreditation. The ACCME reviewed two Joint Accreditation progress report decisions. One progress report demonstrated that all Joint Accreditation Criteria are not yet in compliance; the provider is required to submit a second progress report. The Board deferred the decision for one provider; the provider is required to submit additional documentation with its second progress report. 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, there are now 14 jointly accredited providers. The Joint Accreditation program was launched in 2009 by the ACCME, the ACPE, and the ANCC.

Jointly Accredited Providers

Audio-Digest Foundation	Geisinger Health System
Baystate Health	Institute for Healthcare Improvement
Cine-Med, Inc.	National Committee for Quality Assurance (NCQA)
Creative Educational Concepts, Inc.	North American Center for Continuing Medical Education (NACCME)
Creighton University Health Sciences Continuing Education	OptumHealth Education
Department of Justice Federal Bureau of Prisons Health Services Division	PRIME Education, Inc.
Duke University Health System Department of Clinical Education & Professional Development	VHA, Inc.

Guest Discussions Regarding Technology and Innovation in Education and Practice

The Board convened discussions with invited guests about the application of social media in medical education and the effect of new technologies on current and future learners. The goal for the discussions was to better understand how the ACCME accreditation system might support enhancements to the future learning environment. [Member organization](#) liaisons joined the discussion.

The invited guests were **Christian Dameff**, Medical Student, University of Arizona College of Medicine; **Marshall (Mark) Smith, MD, PhD**, Medical Director, Clinical Education and Innovation, Banner Health; **Jack B. Stubbs**, Associate Program Director, Center for Research in Education and Simulation Technologies, University of Minnesota Medical School; **Jeffrey Tully**, Medical Student, University of Arizona College of Medicine; and **Curtis Whitehair, MD**, Associate Medical Director, Regional Psychiatry, MedStar National Rehabilitation Network. The session included demonstrations of how electronic, mechanical, and digital simulation is used in continuing professional education. The participants discussed their perspectives on how the evolving technologies can support healthcare professionals' continuing professional development and performance improvement, contributing to patient safety and healthcare quality. They explored how CME needs to evolve in order to meet the lifelong learning needs of a generation that has grown up with digital technology. The discussions are part of an ongoing series convened by the Board to support the strategic imperative to foster ACCME leadership and engagement.

Simplifying and Evolving the Accreditation Standards, Process, and System

The Board took action to adopt the changes related to simplification that were included in the May 2013 "Proposal for Simplifying and Evolving the Accreditation Requirements and Process." These changes include: simplifying and removing some of the Accreditation Criteria and policy requirements, changing terminology from "joint sponsorship" to "joint providership," implementing the prohibition against using the logos of ACCME-defined commercial interests in commercial support acknowledgments, offering providers an abstract to use when verifying performance-in-practice, and simplifying the process for organizations applying for initial accreditation. In accordance with its [Rule-Making Policy](#), the ACCME issued a [call for comment](#) about the proposed changes. The call for comment is part of the ACCME's ongoing process of engagement with the CME and stakeholder community in fulfillment of the strategic imperative to simplify and evolve the accreditation standards, process, and system.

This call for comment does not include the sections in the proposal that describe changes in the criteria for achieving Accreditation with Commendation. The ACCME is continuing the process of developing a menu structure and potential new commendation criteria and will prepare a proposal for the Board to review at an upcoming meeting. The ACCME decided to separate the simplification proposal from the Accreditation with Commendation proposal in order to expedite the simplification process, in response to stakeholders' requests.

Elections

The following individuals were elected to the Board and committees:

Board of Directors

Carol Berkowitz, MD
Carlyle Chan, MD
Kim Edward LeBlanc, MD, PhD
Robert Perelman, MD
David Price, MD
Richard Reiling, MD

Accreditation Review Committee

Robert Baron, MD, 2014 Chair
Frank Berry, CCMEP, 2014 Vice-Chair
JeriSue Petrie, MA

2014 Officers

The Board named [Carlyle Chan, MD, as 2014 Chair, Kim Edward LeBlanc, MD, PhD, as 2014 Vice-Chair](#), and James McDeavitt, MD, as Treasurer of the ACCME at the conclusion of the meeting.

Service Awards

The ACCME is only successful in its mission because of its dedicated volunteers (Board members, committee members, surveyors), partners in accreditation (the Recognized Accreditors), and accredited providers. The Board had the privilege of honoring ACCME volunteers and paying special tribute to those who have demonstrated exemplary and long-term service to the ACCME.

Recognition of Leadership as ACCME's 2012 Vice-Chair and 2013 Chair

James F. Burke, MD

Recognition of Volunteers Who Have Completed Their Terms of Service

Board of Directors

Mira Irons, MD

Accreditation Review Committee

Jeffrey Mallin, MD

Recognition for Completion of Surveys

25 or More Accreditation Surveys

Dixie Blankenship
Eric Peterson, EdM
Janet Schultz, RN, MSN, CCMEP
Francine Yudkowitz, MD, FAAP

75 Accreditation Surveys

Barbara Barnes, MD
Melvin Freeman, MD
John Kues, PhD

ACCME 2014 Budget

The Finance Committee conducted an in-depth review of the ACCME's financial and operational strategies, including projected budgets through 2017. The Board approved a budget with projected 2014 expenses of \$5,094,057 and estimated revenues of \$5,287,312. The Board approved expenditures of \$431,800 for technological and other assets to enhance ACCME's capabilities. These are capital expenditures that will not add to operational expenses. The Board's goal is to take a prudent and conservative approach to the management of the financial resources provided to the ACCME by the accreditation system, while maintaining and enhancing the quality and value of ACCME's programs and services for accredited providers and Recognized Accreditors.