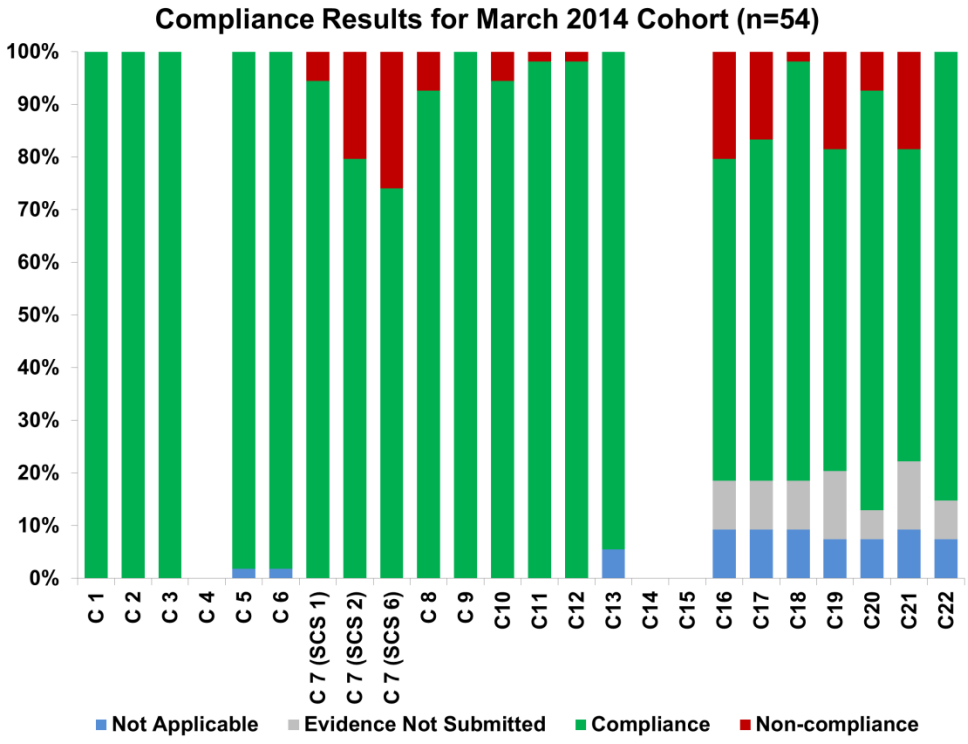
EXECUTIVE SUMMARY OF THE MARCH 2014 MEETINGS OF THE ACCME BOARD OF DIRECTORS

Accreditation Decision Making

The ACCME ratified 54 accreditation and reaccreditation decisions. This included 18 providers that received **Accreditation with Commendation** (33%), which confers a 6-year term of accreditation. Twenty-two (41%) received **Accreditation**; 9 of these providers (17%) are required to submit progress reports; 13 (24%) do not need to submit progress reports. Seven providers (13%) were placed on **Probation** and are required to submit progress reports**.** Of the 7 initial applicants, 5 received **Provisional Accreditation** (9% of the total; 71% of initial applicants) and 2 received **Nonaccreditation** (4% of the total; 29% of initial applicants).

The Board ratified 22 **progress report** decisions. Of those, 19 (86%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance. One progress report (5%) did not yet demonstrate compliance in all requirements and the provider is required to submit another progress report. Two providers had submitted voluntary progress reports (9%) to seek a change in status from Accreditation to Accreditation with Commendation; the providers did not demonstrate compliance with the requirements addressed in their progress reports.

As of April 2014, there are 679 ACCME-accredited providers and 1,254 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 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. Providers in the March 2014 cohort were not evaluated for any of the requirements that had 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 ACCME Recognized Accreditors from November 2013–March 2014. The data is drawn from multiple sources, including accreditation decision grids, a progress report audit, and accreditation decision-making records. 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.

Strategic Discussion: CEO Succession Planning and ACCME's Future

Murray Kopelow, MD, President and CEO, ACCME, communicated his plan to retire in July 2015. The Board convened a high-level discussion about the succession plan for finding and appointing a new CEO, the role of governance, and the future of the ACCME. The Board is committed to maintaining the ACCME's trajectory of innovation and improvement that Dr. Kopelow has led. As the next steps in succession planning, the Board will form a search committee, and, in conjunction with the ACCME's general counsel, select a search firm. A news release about Dr. Kopelow's retirement plan is published on the ACCME Web site.

Evolving the Criteria for Accreditation with Commendation

The Board reviewed a menu of proposed new commendation criteria. The proposed criteria incorporate ideas gathered from the CME community and other stakeholders over the past few years, as well as feedback from the Board. The ACCME will use the same process it did for the simplification proposal, and circulate the commendation criteria proposal to the CME community, accreditors, and other stakeholders, for feedback. The proposal has been announced on the ACCME Web site. The Board will review the feedback before taking formal action and issuing a formal call for comment. The goal of the proposed criteria is to respond to the evolving healthcare system, to reflect and reward the valuable work accredited CME providers are already doing, and to challenge providers to aim for even higher achievements. The proposed menu structure would give providers the opportunity to choose the specific criteria that they would meet in order to be eligible for Accreditation with Commendation. Different providers could choose different criteria, but all providers would have to demonstrate compliance with the same number of criteria. The purpose of the menu of options is to reflect the strength of the diverse community of CME providers, offer more flexibility, and promote innovation and creativity. The menu is designed to ensure that all provider types would have the ability to achieve Accreditation with Commendation. The ACCME is creating a new menu of criteria for Accreditation with Commendation as part of its strategic imperative to simplify and evolve the accreditation system, requirements, and process.

Changes to Standards for Commercial Support: Prohibiting the Use of Commercial Interest Logos

The Board reviewed and discussed the responses to the call for comment regarding the recommendation to prohibit the use of ACCME-defined commercial interest logos in disclosure of commercial support. This recommendation includes modifying Standards for Commercial Support (SCS) 4.3, SCS 6.4, and the Commercial Support Acknowledgment Policy. The modifications would implement policy that the Board had adopted in 2011, but had deferred implementing while the ACCME was engaged in the simplification process. The Board carefully considered the comments of those opposing and supporting the change and decided the value of the change outweighed any concerns. The Board affirmed that commercial interest logos, as a form of corporate branding, are not appropriate to include in disclosure of commercial support. Therefore, the Board adopted the changes, which are effective immediately. Accredited providers will be expected to make any necessary changes to CME materials by May 2015. The announcement of the change and the implementation timeline has been communicated to the CME community on the ACCME Web site.

ACCME Process for Verifying Accreditors Adhere to Standards for Commercial Support

The Board determined that the ACCME will institute a process for verifying that eligible domestic and international continuing education (CE) accreditors in the health professions adhere to the Standards for Commercial Support℠: Standards to Ensure Independence in CME Activities (SCS). The verification model will be based on the long-established ACCME system for recognizing state/territory medical societies. The ACCME will apply the relevant Markers of Equivalency to determine the accreditors' equivalency. The verification process will be overseen by the ACCME's Decision Committee of the Board of Directors. The verification process builds on existing ACCME services, including the recognition process for state medical societies, the process the ACCME used to license the SCS to the Accreditation Council for Pharmacy Education, and the Substantial Equivalency process for international accreditors. The ACCME is instituting the verification process in response to requests from CE accreditors in the health professions.

CMS Open Payments: Communicating the Equivalency of the ACCME and SMS Systems

The Centers for Medicare & Medicaid Services (CMS) Open Payments rule includes an exemption for activities produced by CME providers accredited by the ACCME. In order to help support the inclusion of intrastate providers in this exemption, the ACCME has published and communicated the equivalency of the ACCME and Recognized Accreditor systems. (Recognized Accreditors are state or territory medical societies that are recognized by the ACCME as accreditors of intrastate CME providers.) The ACCME's communication is shown here:

Within the ACCME system, all accredited providers meet one set of standards and are accredited using an ACCME-determined process. All the accredited CME generated by a provider within the ACCME system (i.e., ACCME-accredited CME) meets the same requirements and standards. Operationally, within the ACCME system, there is a distribution of responsibility for accreditation between the ACCME and its recognized state and territorial accreditors, based on the target audience of the providers (i.e., the ACCME conducts the accreditation of providers that have a national audience and the state medical societies conduct the accreditation of providers of CME for their state or contiguous states). The accreditor is the only difference between ACCME-accredited providers and state medical society accredited providers. All the accredited CME events/activities presented by these providers are ACCME-accredited CME, and all ACCME-accredited CME is required to meet the same ACCME requirements. The ACCME has processes in place to ensure this identity and has data that verifies this identity. Each CME provider in the ACCME system can be identified by an ACCME Provider Number. All CME providers in the ACCME system are listed on www.accme.org.

Bylaws Amendment: Election of Officers

The ACCME proposed the following amendment to its bylaws: "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 and 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. The amendment was read into the minutes. The next steps are for the Board to adopt the amendment at its July meeting; then, unless there is opposition from the ACCME member organizations, the amendment will become effective in December 2014. With the adoption of this amendment, the election of 2016 officers will take place in July 2015.