



Accreditation Council for Continuing Medical Education (ACCME®) 2014 Annual Report

Table of Contents

Message from the ACCME President and CEO	1
Executive Summary	2
Table 1 Size of the CME Enterprise.....	4
Table 2 Activities by Organization and Activity Type.....	5
Table 3 Hours of Instruction by Organization and Activity Type	6
Table 4 Physician Interactions by Organization and Activity Type.....	7
Table 5 Other Learner Interactions by Organization and Activity Type.....	8
Figure 1 Activities, Hours, and Interactions in ACCME System, 2005-2014	9
Figure 2 Activities, Hours, and Interactions—ACCME-Accredited, 2005-2014	10
Figure 3 Activities, Hours, and Interactions—State-Accredited, 2005-2014.....	10
Table 6 Income and Expense	11
Table 7 Income and Expense by Organization Type.....	12
Figure 4 Income and Expense in ACCME System, 2005-2014	13
Figure 5 Income and Expense—ACCME-Accredited, 2005-2014	14
Figure 6 Income and Expense—State-Accredited, 2005-2014.....	14
Figure 7 Accredited Providers by Type	15
Figure 8 Percentages Designed/Analyzed for Change in Competence, Performance, or Patient Outcomes	16
Figure 9 Physician Interactions by Activity Type, 2005-2014.....	17
Figure 10 Other Learner Interactions by Activity Type, 2005-2014.....	18
Figure 11 Distribution of Monetary Commercial Support	19
Table 8 CME Activities and Interactions with/without Commercial Support	20
Table 9 Total Numbers of Activities, Hours, and Interactions	21
Table 10 Numbers of Activities, Hours, and Interactions without Commercial Support.....	21
Table 11 Numbers of Activities, Hours, and Interactions with Commercial Support	21
ACCME Annual Report Glossary	22



Message from the ACCME President and CEO

Our 2014 ACCME Annual Report shows a thriving community of more than 1,900 accredited continuing medical education (CME) providers across the country that offer physicians and healthcare teams an array of resources to promote quality, safety, and the evolution of healthcare. CME providers in the ACCME System offered more than 147,000 educational activities in 2014, comprising more than one million hours of instruction. These activities included more than 25 million interactions with physicians and other healthcare professionals.

The diversity of the accredited CME system facilitates engagement with physicians and healthcare teams where they live, learn, and work. CME providers offer a range of online and face-to-face educational activities, giving healthcare professionals access to efficient, relevant, and engaging opportunities for lifelong learning. As this report demonstrates, accredited CME aims at changing more than knowledge; CME providers design and evaluate activities for meaningful change in skills, performance, and patient health outcomes.

Accredited CME is a healthy, growing enterprise. The \$2.6 billion investment in continuing education comes from a wide variety of sources including government grants, private donations, institutional allocations, commercial support, and the registration fees of healthcare professionals.

We produce annual reports as a service to educators, learners, and other stakeholders in the healthcare system. We hope that the 2014 Annual Report is a useful resource that helps you communicate the size, scope, diversity, and value of our accredited CME community.

Our community of CME providers and accreditors makes this report possible by submitting their data. We thank you for your efforts, and for the work you are doing every day to make a difference and improve the health of our nation.

Graham McMahon, MD, MMSc
President and Chief Executive Officer
Accreditation Council for Continuing Medical Education
(312) 527-9200
gcmahon@accme.org



Accreditation Council for Continuing Medical Education (ACCME®) 2014 Annual Report Executive Summary

Each year, accredited providers within the Accreditation Council for Continuing Medical Education (ACCME®) System submit data describing their CME activities and overall continuing medical education (CME) programs. This information includes descriptive data for each CME activity provided, including the number of hours of instruction, the numbers of interactions with physicians and other healthcare professionals, whether commercial support was received, what the activity was designed to change, and what type of change was analyzed. From this data and information, the ACCME produces annual reports as a service to accredited CME providers and other stakeholders.

The 2014 Annual Report features aggregated statistics for all providers accredited in the ACCME System, including organizations accredited by [ACCME Recognized Accreditors](#), those accredited directly by ACCME, as well as organizations that have received [Joint Accreditation for Interprofessional Continuing Education™](#).

To offer a long-range view of the accreditation system, the 2014 Annual Report includes a year-by-year data analysis, showing trends in CME revenue and expenses, and the numbers of educational activities, hours of instruction, and interactions from 2005 through 2014. The report includes trend analysis exploring participation in various activity types. Information about the percentages of CME activities designed and analyzed for changes in competence, performance, and patient outcomes is also included.

Key Takeaways

Scope of the Accreditation System: The ACCME 2014 Annual Report shows a robust, stable system. The report includes information on 1,908 accredited CME providers that offered more than 147,000 educational activities, comprising more than one million hours of instruction. These CME activities accounted for more than 25 million educational interactions with learners, including physicians and other healthcare professionals. (Accredited providers report the number of participants at each activity. In this report, the participant numbers are referred to as *interactions*. The data represents aggregate numbers of interactions and not the number of unique participants. Participants attending multiple activities are counted multiple times.) Although the number of CME providers has become more consolidated over the years, this has not been accompanied by a reduction in access to accredited CME within the ACCME System. The number of activities has increased since 2010. The number of physician interactions in CME activities has remained fairly stable. The number of interactions with other learners has grown steadily.

Activity Types: CME providers offer a diverse range of activity types. The ACCME's information on participation in activity types shows the growth of participation in individualized, self-directed CME such as Internet searching and learning.

CME Design and Evaluation: Accredited CME providers are successfully achieving the ACCME's expectations. The ACCME's [Accreditation Criteria](#) require providers to produce educational activities that are designed to create change and to analyze the changes that were achieved as a result of the activities. The report shows that almost 100% of CME activities are designed for changes in competence (teaching healthcare professionals strategies for translating new knowledge into action); more than 60% are designed to change performance (changing and improving what healthcare professionals actually do in practice); and more than 30% are designed to change patient outcomes.

Investment in CME: As in past years, in 2014, providers reported investment in continuing education from a variety of diverse sources. Participant registration fees, government grants, private donations, and allocations from a CME provider's parent organization or other internal departments ("income from other sources") accounted for 61% of the total income reported by CME providers. Commercial support accounted for about 25%, and advertising and exhibits accounted for 13% of total income. In 2014, all providers accredited in the ACCME System reported activity-level data, including whether the activity was commercially-supported. This data showed that the vast majority did not receive commercial support (accounting for 89% of the CME activities, 82% of physician interactions, and 79% of other learner interactions).

About the Annual Report

Commercial Support Reporting: Through 2010, accredited providers estimated the monetary value of the in-kind support they received and included that estimate in their total commercial support numbers. Beginning in 2011, due to a modification in ACCME commercial support reporting requirements, accredited providers no longer included estimates of in-kind support and reported only monetary commercial support. Therefore, comparisons between 2011-2014 commercial support numbers and previous years will not be valid.

Income and Expense Reporting: The ACCME asks accredited providers to report the income and expenses for their individual activities and their overall CME programs. The ACCME does not ask providers to calculate profit. Due to the variety of organizational types and their accounting systems, readers cannot accurately determine or make assumptions about the profitability of CME or cost per participant based on this data.

Annual Report Preparation: The aggregated information published in this annual report is based upon self-reporting by individual accredited provider organizations. Accredited providers may vary in their interpretation of definitions or classification of submitted data. The ACCME does not provide full verification of the accuracy of all reported information. The ACCME compares the data to the prior year's data and investigates substantial differences at the individual provider level. The ACCME also investigates if it appears that providers have reported activity data that does not conform to the ACCME's definitions and reporting instructions. In some circumstances, accredited providers may submit new data to correct data entry errors.

Previous Annual Reports: The 2014 Annual Report marks the 17th year the ACCME has been collecting, analyzing, and publishing information about accredited CME providers. To review Annual Reports for the years 1998-2013, please visit the [Annual Report webpage](#) on the ACCME website (www.accme.org).

Glossary: A glossary of terms and definitions used in the 2014 Annual Report is included at the end of this report.



CME Presented by Providers Accredited in the ACCME System Table 1. Size of the CME Enterprise - 2014

n= 1,908 Providers

	Activities	Hours of instruction	Physician interactions ¹	Other learner ² interactions ¹	
Courses	71,047	406,740	2,017,323	1,681,452	
Regularly scheduled series	23,427	488,230	4,592,819	2,460,950	
Internet (live)	4,063	8,135	60,684	150,123	
Test-item writing	87	812	2,069	25	
Committee learning	575	1,642	8,220	2,873	
Performance improvement	470	8,286	53,065	5,417	
Internet searching and learning	82	630	197,690	10,954	
Internet (enduring materials)	34,006	65,178	4,338,342	5,900,355	
Enduring materials (other)	8,452	46,027	1,129,995	743,593	
Learning from teaching	149	671	3,055	1,351	
Journal CME	4,596	6,996	1,162,319	626,903	
Manuscript review	70	269	34,106	3,522	
	# Providers				
Grand total 2014³	1,908	147,024	1,033,615	13,599,687	11,587,518
Grand total 2013³	1,950	138,196	1,010,301	13,764,896	10,929,217
Grand total 2012³	2,000	133,620	988,208	14,319,688	10,207,237
Grand total 2011	2,079	132,768	952,736	13,741,621	9,558,789
Grand total 2010³	2,144	127,880	954,204	13,814,368	9,464,895
Grand total 2009	2,225	143,274	989,613	13,263,920	8,352,042
Grand total 2008	2,329	150,370	1,091,851	13,230,102	8,172,942
Grand total 2007	2,399	162,869	1,085,567	11,378,052	6,804,578
Grand total 2006	2,413	149,884	1,061,859	11,391,627	6,259,498
Grand total 2005	2,322	134,721	1,036,930	10,354,460	5,321,448

¹Accredited providers report the number of participants at each activity. In this report, the participant numbers are referred to as interactions. The data represents aggregate numbers of interactions and not the number of unique participants. Participants attending multiple activities are counted multiple times.

²Effective with the 2014 reporting year, other learners replaces the term nonphysician participants. This category continues to include activity participants other than MDs and DOs.

³The implementation of the Program and Activity Reporting System (PARS) has enabled the ACCME and Recognized Accreditors (state/territory medical societies recognized as accreditors by the ACCME) to better ensure that providers submit data in accordance with the ACCME's definitions and terms. This review resulted in significant changes in reporting for various activity formats in the first year that PARS was implemented. Providers directly accredited by ACCME began using PARS in 2010. Providers accredited by an ACCME Recognized Accreditor had the option to begin using PARS in 2012. In 2014, all providers accredited in the ACCME System used PARS to report their data.



CME Presented by Providers Accredited in the ACCME System

Table 2. Activities by Organization and Activity Type - 2014

Organization type # of Providers	Government or military	Hospital / health care delivery system	Insurance company / managed-care company	Nonprofit (other)	Nonprofit (physician membership organization)	Other	Publishing / education company	School of medicine	Grand total
Courses	5,549	27,851	2,147	2,578	15,376	1,770	4,780	10,996	71,047
Regularly scheduled series	433	14,361	0	409	218	96	101	7,809	23,427
Internet (live)	1,568	569	80	251	644	99	493	359	4,063
Test-item writing	0	0	0	0	85	0	0	2	87
Committee learning	8	316	230	0	9	0	0	12	575
Performance improvement	0	174	6	8	137	0	37	108	470
Internet searching and learning	0	30	1	4	5	0	33	9	82
Internet (enduring materials)	522	3,227	328	1,220	5,529	841	13,757	8,582	34,006
Enduring materials (other)	343	1,569	112	109	1,287	139	4,204	689	8,452
Learning from teaching	1	114	0	1	5	16	1	11	149
Journal CME	56	300	6	90	3,313	73	664	94	4,596
Manuscript review	1	3	0	0	65	0	0	1	70
Grand Total	8,481	48,514	2,910	4,670	26,673	3,034	24,070	28,672	147,024



CME Presented by Providers Accredited in the ACCME System

Table 3. Hours of Instruction by Organization and Activity Type - 2014

Organization type # of Providers	Government or military	Hospital / health care delivery system	Insurance company / managed-care company	Nonprofit (other)	Nonprofit (physician membership organization)	Other	Publishing / education company	School of medicine	Grand total
Courses	43,151	109,112	4,739	19,053	95,044	8,803	34,473	92,366	406,740
Regularly scheduled series	10,058	236,906	0	7,410	3,772	2,814	1,954	225,317	488,230
Internet (live)	2,441	1,056	84	458	1,231	131	1,720	1,015	8,135
Test-item writing	0	0	0	0	792	0	0	20	812
Committee learning	102	849	597	0	77	0	0	18	1,642
Performance improvement	0	2,646	100	116	2,874	0	650	1,900	8,286
Internet searching and learning	0	105	1	2	3	0	497	24	630
Internet (enduring materials)	1,123	5,150	445	1,703	23,067	1,402	22,312	9,977	65,178
Enduring materials (other)	589	3,573	176	361	11,037	403	21,737	8,151	46,027
Learning from teaching	8	380	0	10	69	52	3	149	671
Journal CME	56	661	6	126	4,764	89	1,039	256	6,996
Manuscript review	3	9	0	0	254	0	0	3	269
Grand Total	57,530	360,445	6,146	29,238	142,983	13,693	84,383	339,196	1,033,615

Note: Totals may be off due to rounding.



CME Presented by Providers Accredited in the ACCME System

Table 4. Physician Interactions by Organization and Activity Type - 2014

Organization type # of Providers	Government or military	Hospital / health care delivery system	Insurance company / managed-care company	Nonprofit (other)	Nonprofit (physician membership organization)	Other	Publishing / education company	School of medicine	Grand total
Courses	28,004	519,230	37,025	71,849	797,265	21,363	182,031	360,556	2,017,323
Regularly scheduled series	75,576	2,247,159	0	63,661	30,435	21,382	21,741	2,132,865	4,592,819
Internet (live)	7,468	6,794	1,328	5,730	21,693	2,089	4,521	11,061	60,684
Test-item writing	0	0	0	0	1,611	0	0	458	2,069
Committee learning	167	5,104	2,579	0	231	0	0	139	8,220
Performance improvement	0	3,686	146	550	36,662	0	1,650	10,371	53,065
Internet searching and learning	0	50,565	11	99	9,338	0	136,927	750	197,690
Internet (enduring materials)	19,118	193,234	57,796	110,977	958,910	74,090	2,399,891	524,326	4,338,342
Enduring materials (other)	40,975	51,053	12,426	3,901	222,234	4,352	754,613	40,441	1,129,995
Learning from teaching	137	1,795	0	424	169	23	94	413	3,055
Journal CME	1,134	45,717	618	4,533	891,084	565	216,039	2,629	1,162,319
Manuscript review	21	1,370	0	0	32,430	0	0	285	34,106
Grand Total	172,600	3,125,707	111,929	261,724	3,002,062	123,864	3,717,507	3,084,294	13,599,687



CME Presented by Providers Accredited in the ACCME System

Table 5. Other Learner Interactions by Organization and Activity Type - 2014

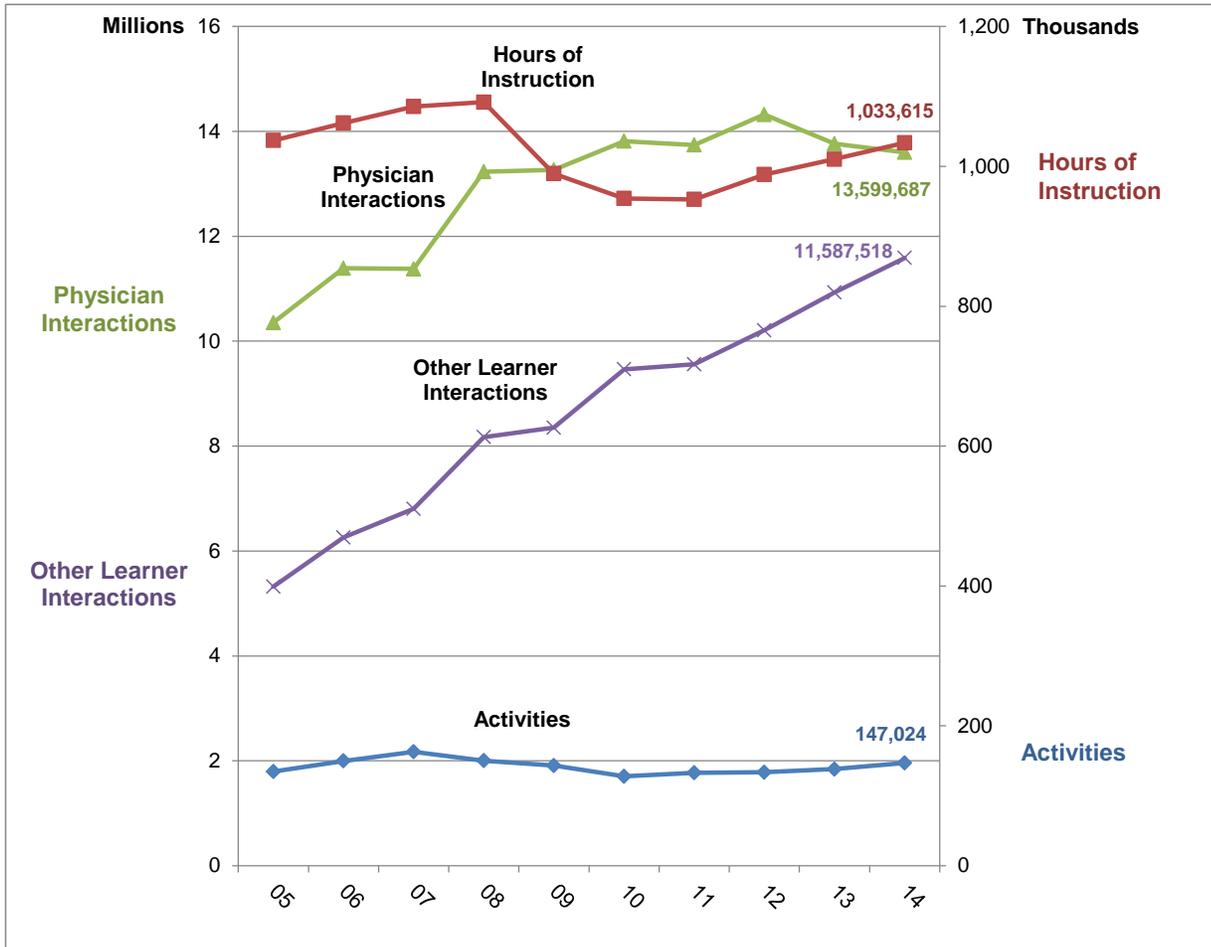
Organization type # of Providers	Government or military	Hospital / health care delivery system	Insurance company / managed-care company	Nonprofit (other)	Nonprofit (physician membership organization)	Other	Publishing / education company	School of medicine	Grand total
Courses	87,046	502,864	10,786	111,922	427,283	35,075	155,791	350,685	1,681,452
Regularly scheduled series	43,976	1,419,321	0	31,932	22,911	1,979	8,602	932,229	2,460,950
Internet (live)	32,864	10,609	4,491	22,353	36,172	7,013	20,455	16,166	150,123
Test-item writing	0	0	0	0	25	0	0	0	25
Committee learning	0	2,550	135	0	149	0	0	39	2,873
Performance improvement	0	1,437	11	547	1,268	0	808	1,346	5,417
Internet searching and learning	0	2,087	18	89	15	0	8,594	151	10,954
Internet (enduring materials)	189,387	149,916	3,143	764,066	546,177	156,146	3,769,773	321,747	5,900,355
Enduring materials (other)	309,455	23,481	153	3,763	50,206	2,720	327,516	26,299	743,593
Learning from teaching	29	1,269	0	7	10	20	0	16	1,351
Journal CME	1,289	4,685	19	9,846	319,667	5,720	285,273	404	626,903
Manuscript review	1	1,338	0	0	2,182	0	0	1	3,522
Grand Total	664,047	2,119,557	18,756	944,525	1,406,065	208,673	4,576,812	1,649,083	11,587,518



CME Presented by Providers Accredited in the ACCME System

Figure 1. Activities, Hours, and Interactions, 2005-2014

(See Table 1 for source data)

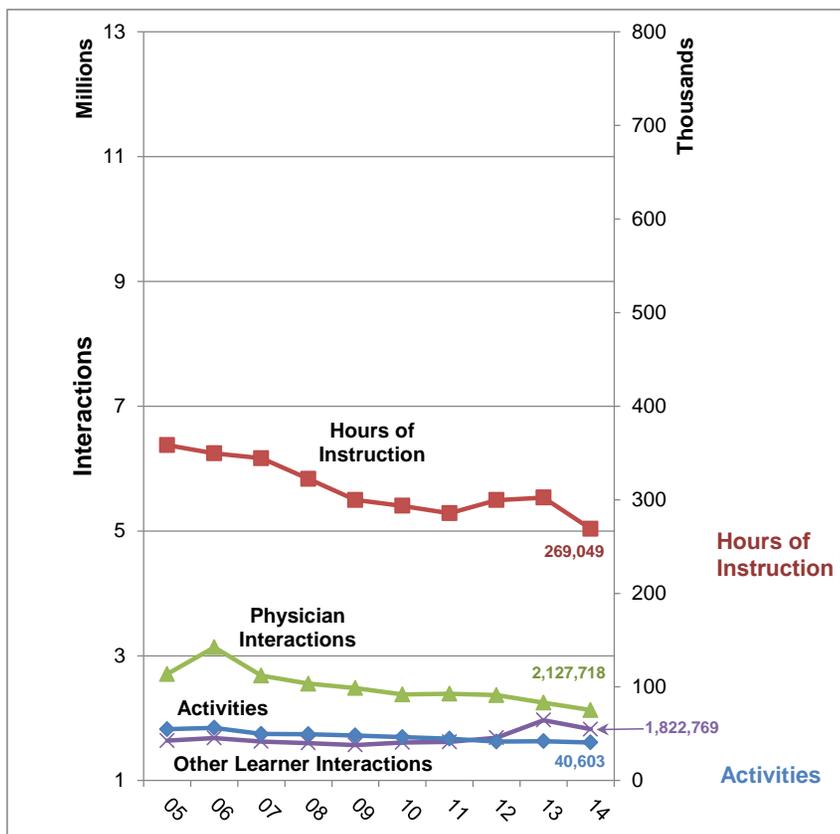
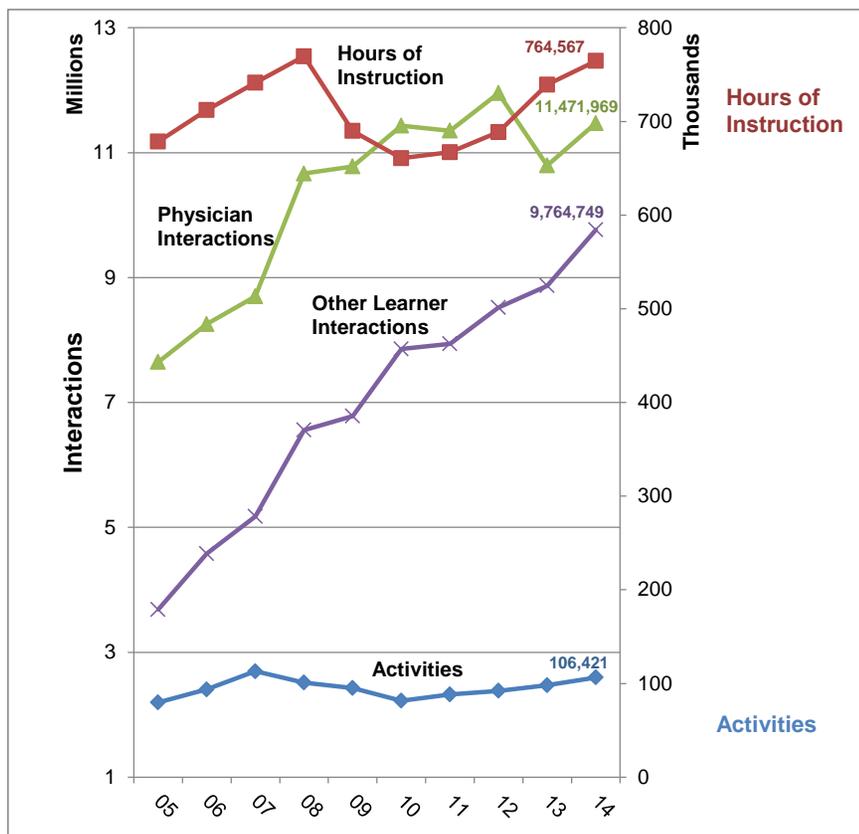


This trends data shows that the numbers of activities have remained fairly stable over the years. The hours of instruction have fluctuated, in part because of changes in reporting requirements in some activity types. The numbers of physician interactions in CME activities have increased over the years or remained fairly stable. The numbers of other learner interactions have grown steadily.



CME Presented by ACCME-Accredited Providers Only¹
Figure 2. Activities, Hours, and Interactions, 2005-2014

CME Presented by State-Accredited Providers Only
Figure 3. Activities, Hours, and Interactions, 2005-2014



¹ Includes providers directly accredited by the ACCME and those with Joint Accreditation for Interprofessional Continuing Education™.



CME Presented by Providers Accredited in the ACCME System

Table 6. Income and Expense¹ - 2014

Total providers = 1,908

	Total income	Income from other sources ²	Total monetary commercial support	Advertising and exhibits income	Total expense
Average	\$ 1,398,388	\$ 858,414	\$ 354,252	\$ 185,722	\$ 1,055,931
First Quartile ³	\$ 15,000	\$ 8,490	\$ 0	\$ 0	\$ 27,715
Second Quartile (Median) ³	\$ 89,558	\$ 64,121	\$ 0	\$ 0	\$ 104,482
Third Quartile	\$ 576,121	\$ 333,151	\$ 27,711	\$ 38,450	\$ 520,374
Total	\$ 2,668,123,727	\$ 1,637,853,145	\$ 675,912,838	\$ 354,357,745	\$ 2,014,716,684
Providers reporting data > \$0	\$ 1,672	\$ 1,602	\$ 790	\$ 864	\$ 1,838

¹ Accreditors ask providers to report the income and expenses for their individual activities and their overall CME programs. Accreditors do not ask providers to calculate profit. Due to the variety of organizational types and their accounting systems, readers cannot accurately determine or make assumptions about the profitability of CME or cost per participant based on this data.

² Income from other sources represents income other than commercial support and advertising and exhibits income. Examples of Income from other sources include participant registration fees, government grants, private donations, and allocations from a provider's parent organization or other internal departments.

³ More than half of accredited providers reported no monetary commercial support or advertising and exhibit income. Therefore the first and second quartiles for these categories is zero.



CME Presented by Providers Accredited in the ACCME System

Table 7. Income and Expense¹ by Organization Type - 2014

Organization type	# of Providers	Total income	Income from other sources ²	Total commercial support with monetary value of in-kind commercial support included (2010 and earlier) ³	Total commercial support with monetary value of in-kind commercial support excluded (2011 and after) ³	Advertising and exhibits income	Total expense
Government or military	36	\$ 108,356,985	\$ 107,536,713	Not reported	\$ 619,280	\$ 200,992	\$ 108,970,319
Hospital/health care delivery system	1,082	\$ 193,534,686	\$ 133,606,551	Not reported	\$ 33,999,824	\$ 25,928,311	\$ 210,355,130
Insurance company/managed-care company	27	\$ 7,545,102	\$ 6,902,223	Not reported	\$ 288,862	\$ 354,017	\$ 9,922,012
Nonprofit (other)	97	\$ 138,040,450	\$ 76,814,188	Not reported	\$ 51,246,607	\$ 9,979,655	\$ 105,690,120
Nonprofit (physician membership organization)	342	\$ 1,038,353,096	\$ 669,047,631	Not reported	\$ 117,722,001	\$ 251,583,464	\$ 687,834,003
Other	57	\$ 34,820,868	\$ 28,145,644	Not reported	\$ 4,231,238	\$ 2,443,987	\$ 25,701,691
Publishing/education company	138	\$ 748,184,774	\$ 413,350,604	Not reported	\$ 311,313,845	\$ 23,520,325	\$ 525,919,258
School of medicine	129	\$ 399,287,766	\$ 202,449,590	Not reported	\$ 156,491,182	\$ 40,346,995	\$ 340,324,151
Grand total 2014	1,908	\$ 2,668,123,727	\$ 1,637,853,145	-	\$ 675,912,838	\$ 354,357,745	\$ 2,014,716,684
Grand total 2013	1,950	\$ 2,543,178,601	\$ 1,543,387,272	Not Reported	\$ 659,953,563	\$ 339,837,765	\$ 1,949,595,213
Grand total 2012	2,000	\$ 2,474,328,099	\$ 1,468,000,163	Not Reported	\$ 674,747,116	\$ 331,580,820	\$ 1,933,425,096
Grand total 2011	2,079	\$ 2,349,580,281	\$ 1,288,257,513	Not Reported	\$ 752,406,638	\$ 308,916,131	\$ 1,855,201,131
Grand total 2010	2,144	\$ 2,374,984,949	\$ 1,240,027,901	\$ 846,182,668	Not reported	\$ 288,774,381	\$ 1,886,898,311
Grand total 2009	2,225	\$ 2,324,715,332	\$ 1,153,788,771	\$ 876,865,305	Not reported	\$ 294,061,256	\$ 1,877,113,289
Grand total 2008	2,329	\$ 2,521,740,489	\$ 1,163,228,424	\$ 1,069,602,974	Not reported	\$ 288,909,091	\$ 2,022,203,630
Grand total 2007	2,399	\$ 2,685,122,297	\$ 1,151,966,348	\$ 1,248,924,872	Not reported	\$ 284,231,075	\$ 2,088,890,698
Grand total 2006	2,413	\$ 2,519,080,714	\$ 1,025,145,599	\$ 1,238,820,965	Not reported	\$ 255,114,152	\$ 1,957,163,277
Grand total 2005	2,322	\$ 2,355,651,965	\$ 959,388,083	\$ 1,153,185,751	Not reported	\$ 243,078,130	\$ 1,837,648,348

Note: 2014 Grand totals may be off due to rounding.

¹ Accreditors ask providers to report the income and expenses for their individual activities and their overall CME programs. Accreditors do not ask providers to calculate profit. Due to the variety of organizational types and their accounting systems, readers cannot accurately determine or make assumptions about the profitability of CME or cost per participant or interaction based on this data.

² Income from other sources represents income other than commercial support and advertising and exhibits income. Examples of Income from other sources include participant registration fees, government grants, private donations, and allocations from a provider's parent organization or other internal departments.

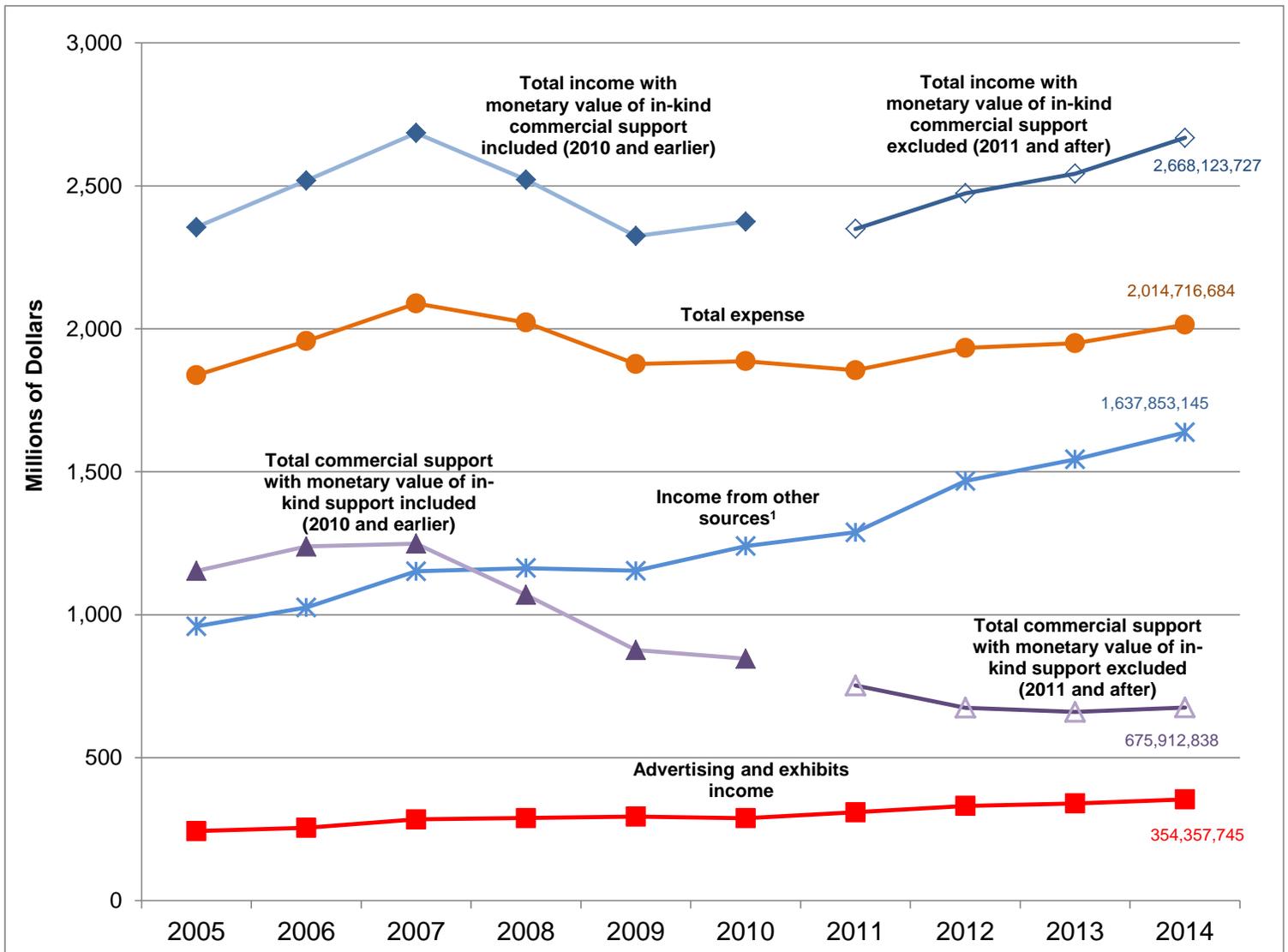
³ Through 2010, accredited providers reported the monetary value of in-kind commercial support they received, and included that amount in their total commercial support numbers. Beginning in 2011, due to a modification in ACCME commercial support reporting requirements, accredited providers no longer included the monetary value of in-kind support and reported only the dollar values for funds actually received. The nature (required) and source (optional) of in-kind commercial support is now reported qualitatively. Examples of in-kind commercial support include equipment, supplies, facilities, and other nonmonetary resources provided by a commercial interest in support of the CME activity.



CME Presented by Providers Accredited in the ACCME System

Figure 4. Revenue and Expense, 2005-2014

(See Table 7 for source data)



In 2014, income from other sources made up 61% of total income. Commercial support accounted for about 25%, and advertising and exhibits accounted for 13% of total income. Income from other sources has increased steadily with an average yearly increase of 6%.

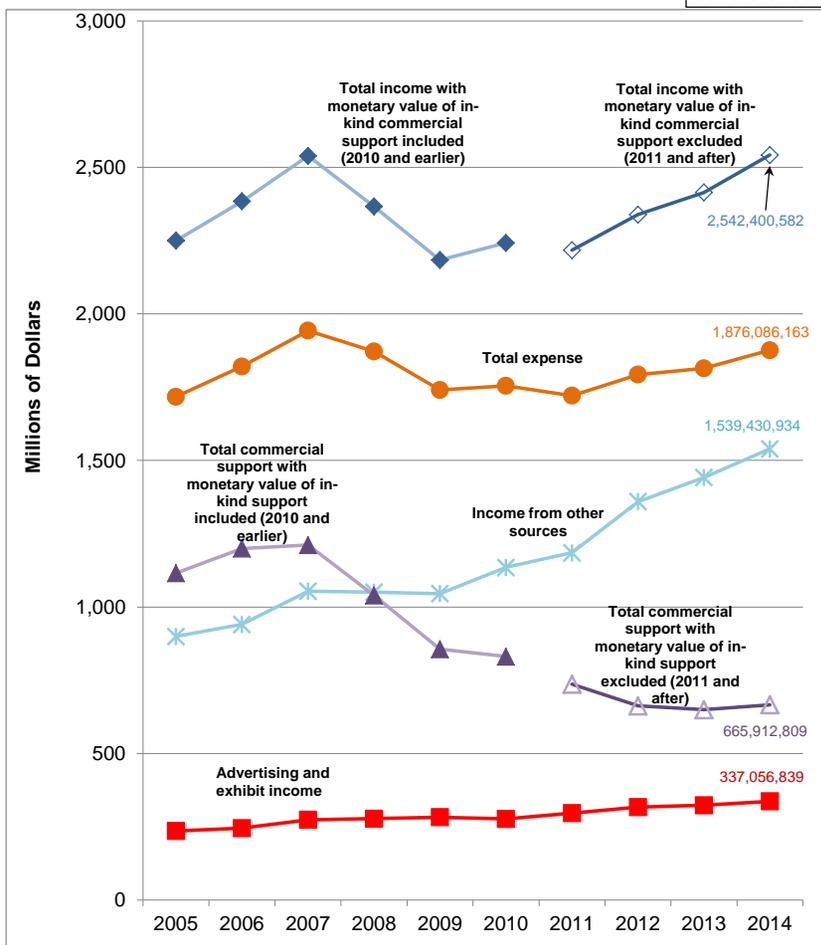
¹ Income from other sources represents income other than commercial support and advertising and exhibits income. Examples of Income from other sources include participant registration fees, government grants, private donations, and allocations from a provider's parent organization or other internal departments.



CME Presented by ACCME-Accredited Providers Only¹

Figure 5. Revenue and Expense, 2005-2014

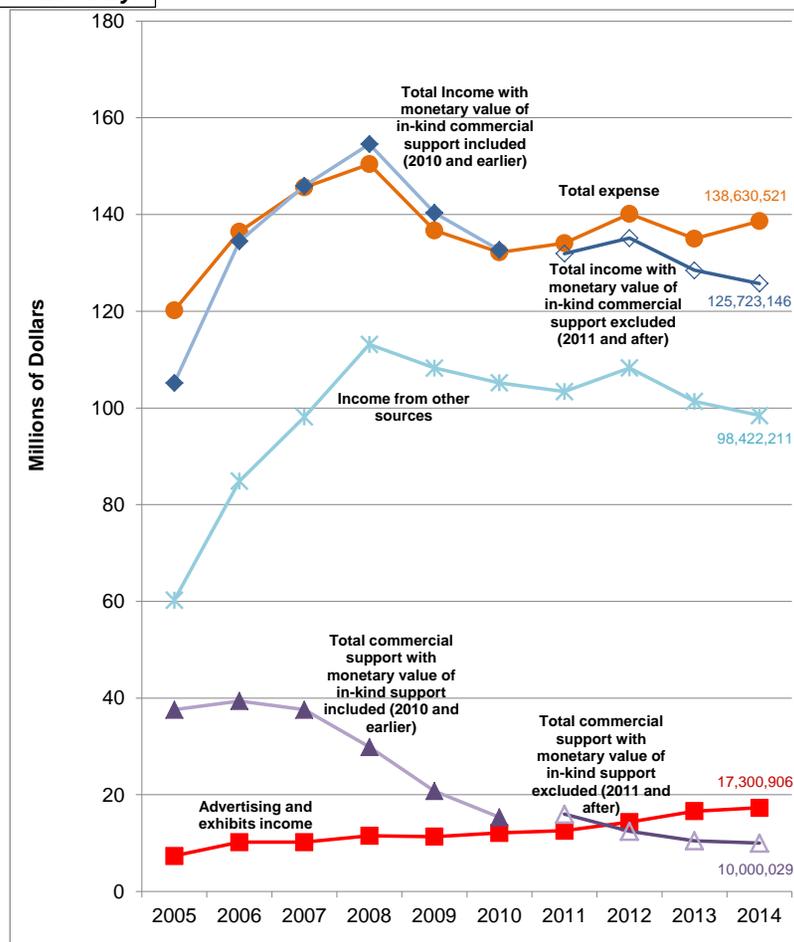
Note: Vertical axis scales vary.



¹ Includes providers directly accredited by the ACCME and those with Joint Accreditation for Interprofessional Continuing Education™.

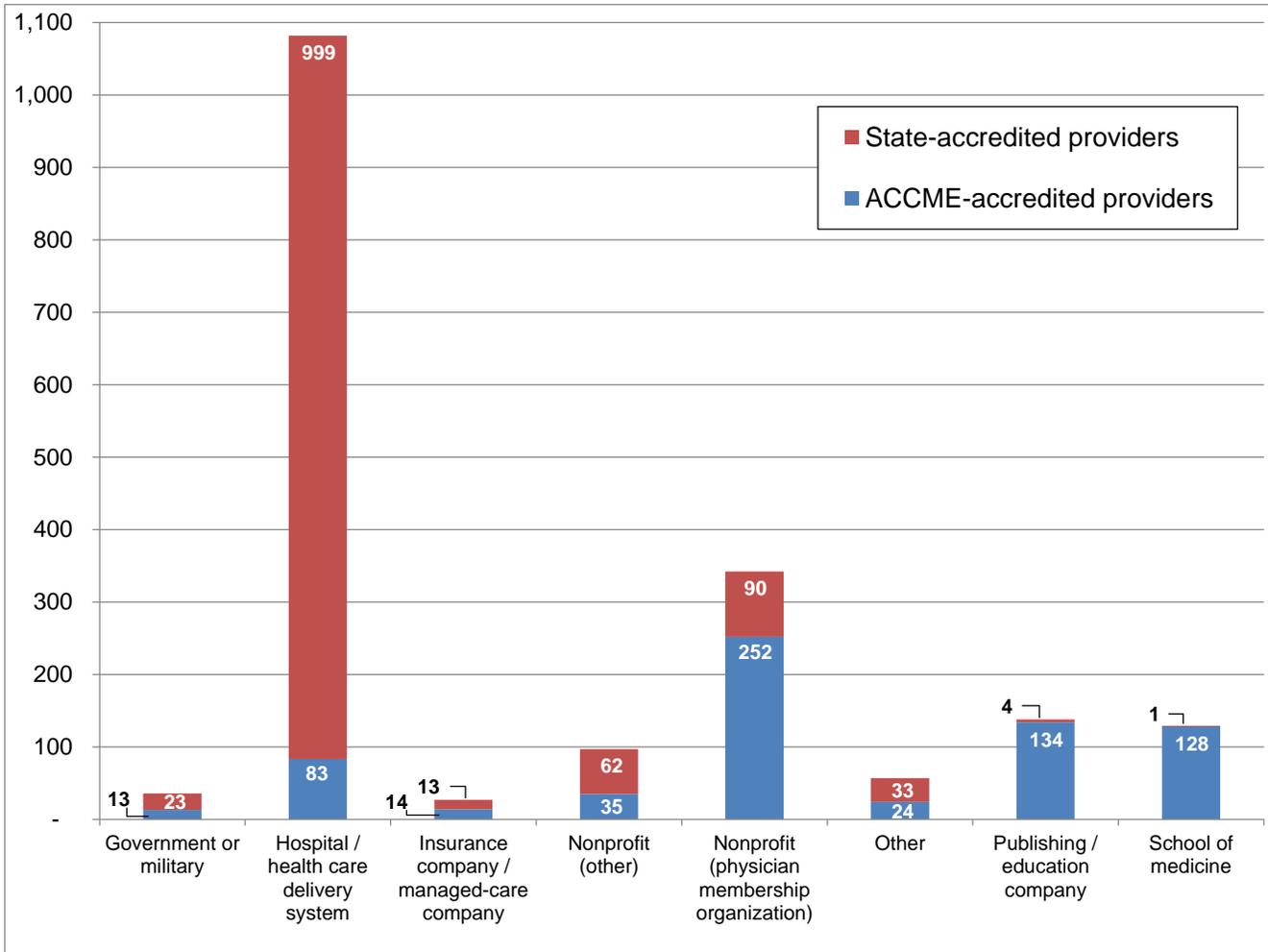
CME Presented by State-Accredited Providers Only

Figure 6. Revenue and Expense, 2005-2014





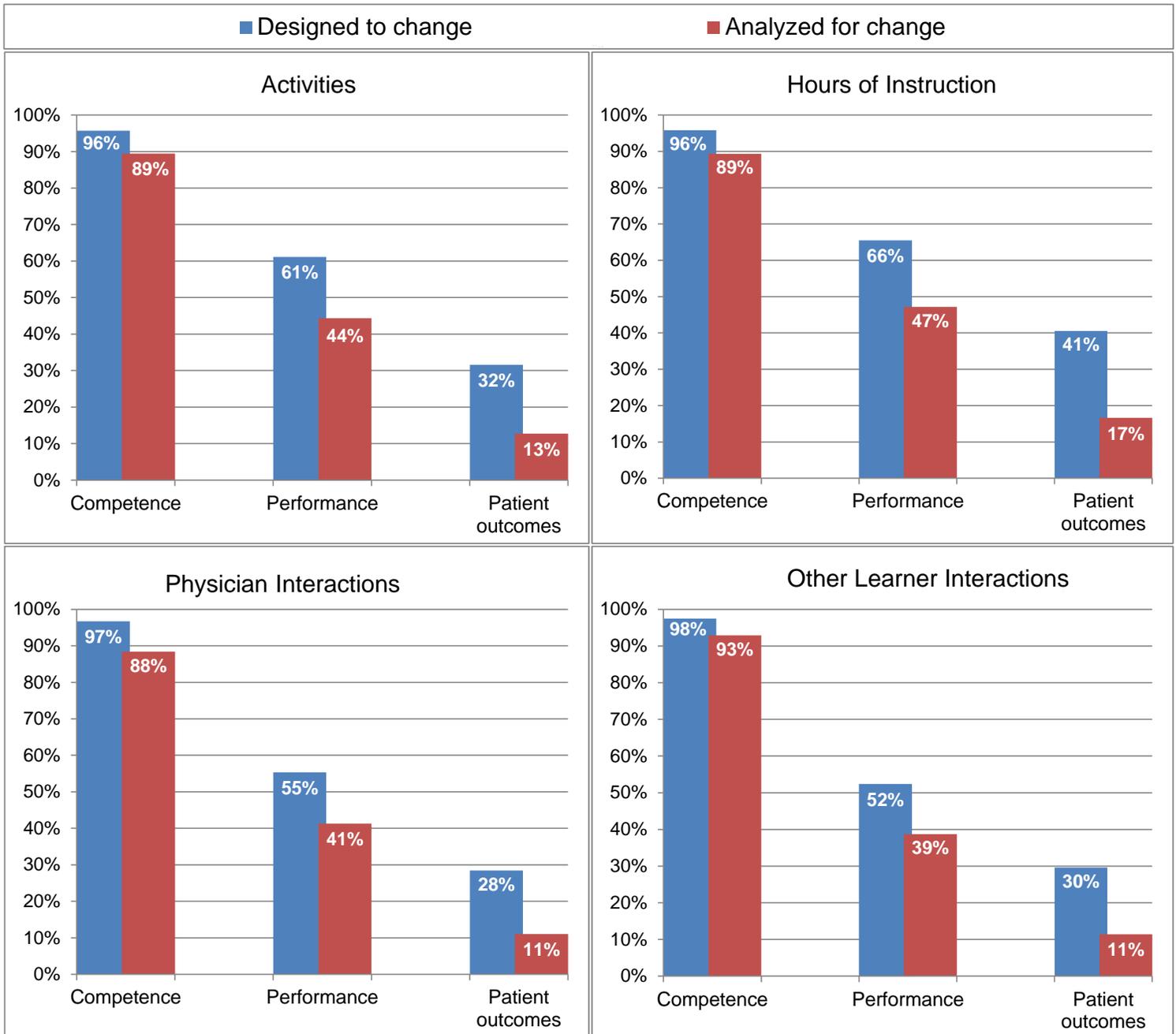
Providers Accredited in the ACCME System
Figure 7. Accredited Providers by Provider Type - 2014



There was a total of 1,908 accredited CME providers in 2014. Of these, 683 providers were directly accredited by the ACCME or have Joint Accreditation for Interprofessional Continuing Education™. An additional 1,225 providers were accredited by state medical societies. The ACCME accredits organizations that offer CME primarily to national or international audiences, and state medical societies accredit organizations that offer CME primarily to learners from their state or contiguous states. Most publishing/ education companies have a national reach and are thus accredited by the ACCME. Schools of medicine that are accredited by the Liaison Committee on Medical Education (LCME) are eligible to be accredited only by the ACCME. More than 80% of state-accredited providers are hospital/ healthcare delivery systems serving regional areas.



**CME Presented by Providers Accredited in the ACCME System
Figure 8. Percentages Designed/ Analyzed for Change in
Competence, Performance, or Patient Outcomes - 2014**



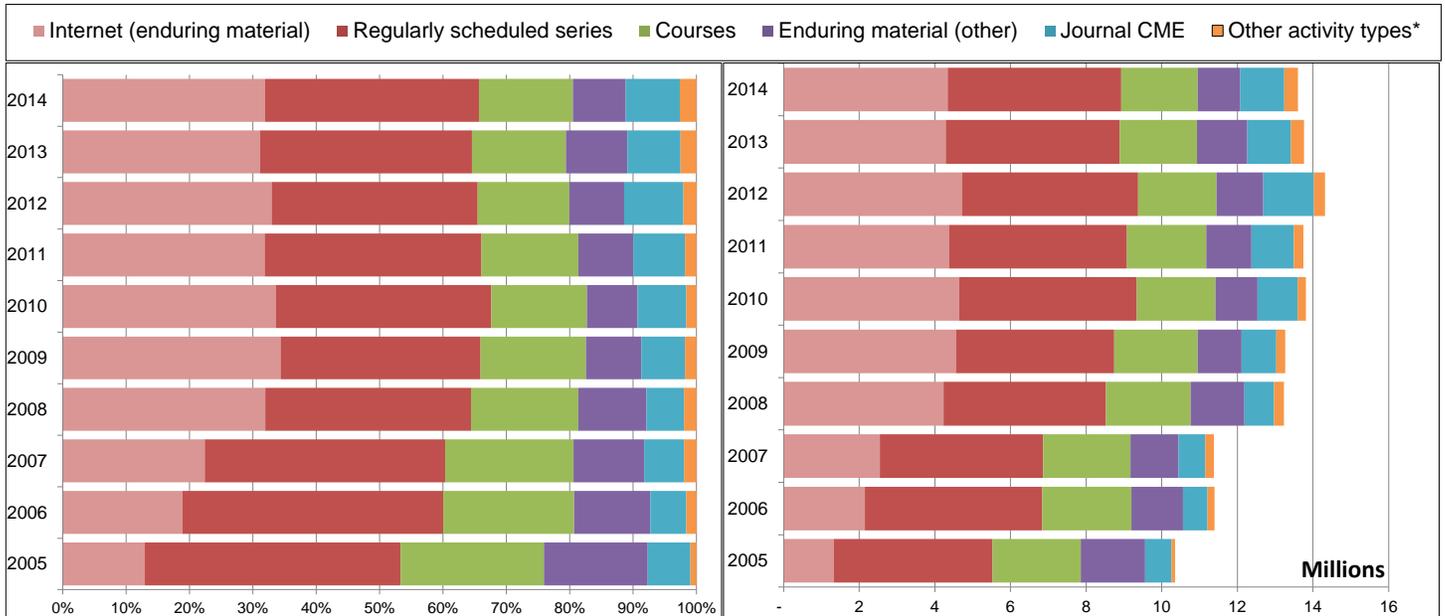
The ACCME's Accreditation Criteria require providers to produce educational activities that are designed to change competence, performance, or patient outcomes. Providers are then required to analyze the changes that were achieved as a result of the activities.

Figure 8 illustrates the percentage of CME provided in 2014 that was designed and/or analyzed for changes in competence, performance, and/or patient outcomes.



CME Presented by Providers Accredited in the ACCME System

Figure 9. Physician Interactions by Activity Types, 2005-2014



*Other activity types

(shown as a group in the graphs above and in detail in the graphs below)

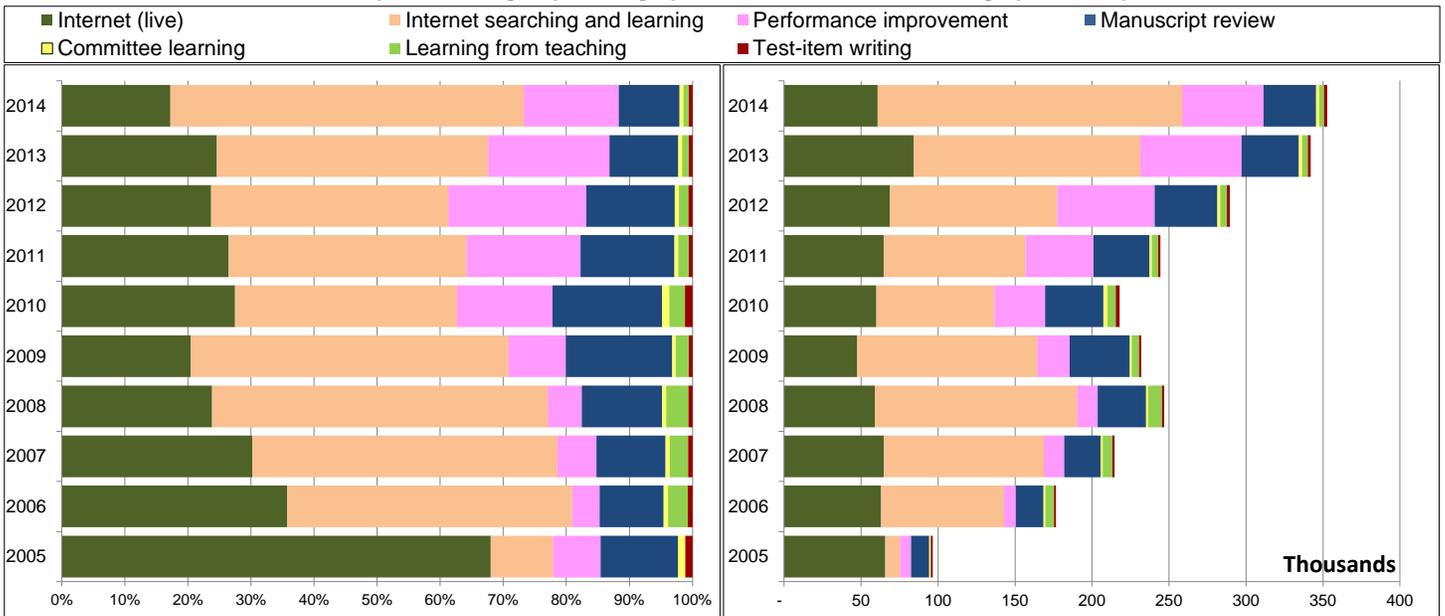
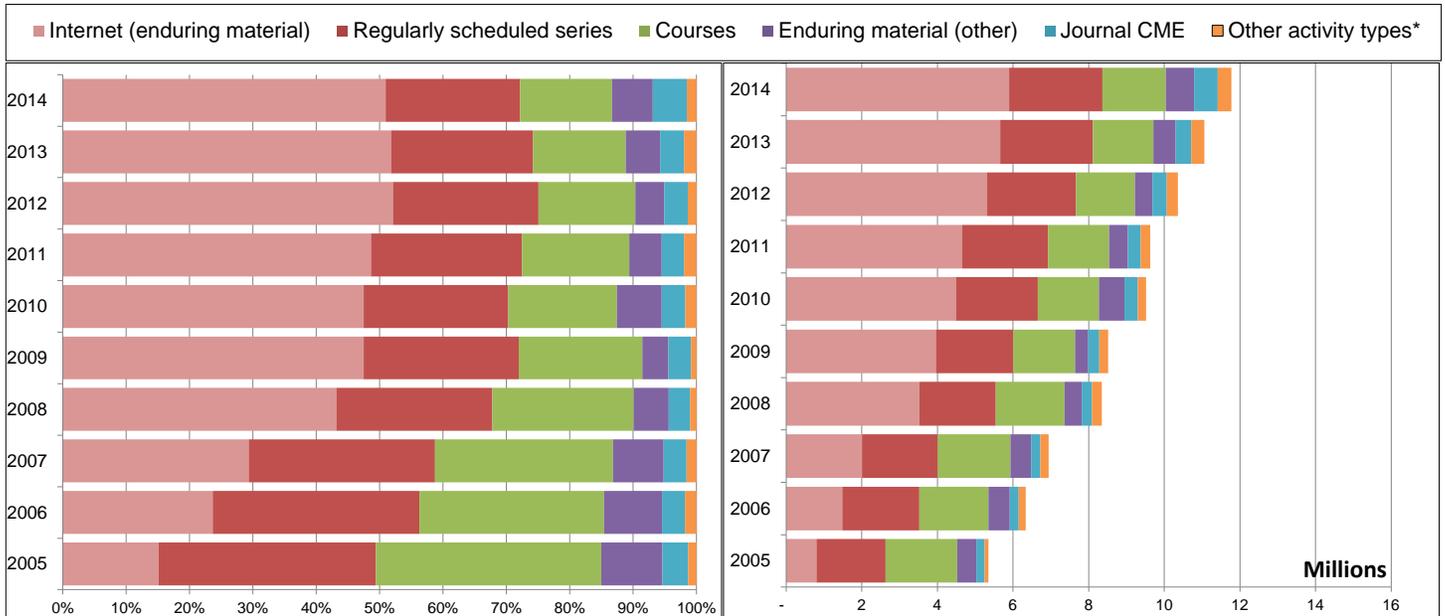


Figure 9 above shows the trend in physician interactions by activity type. The activity types with the greatest number of interactions are shown in the top pair of graphs. The activity types with fewer interactions are shown collectively in the top graphs as "other activity types" and are displayed in detail in the bottom pair of graphs. Since 2005, the activity type that has shown the greatest increase in the numbers of physician interactions is Internet enduring materials which accounted for 32% of all physician interactions in 2014, slightly behind Regularly scheduled series which accounted for 34%. Among the activity types with fewer interactions (the bottom pair of graphs) there has been general growth with Internet searching and learning and performance improvement showing the largest increases. Collectively, the "other activity types" have increased from 1% of physician interactions in 2005 to 2.6% in 2014.



CME Presented by Providers Accredited in the ACCME System

Figure 10. Other Learner Interactions by Activity Types, 2005-2014



***Other activity types
(shown as a group in the graphs above and in detail in the graphs below)**

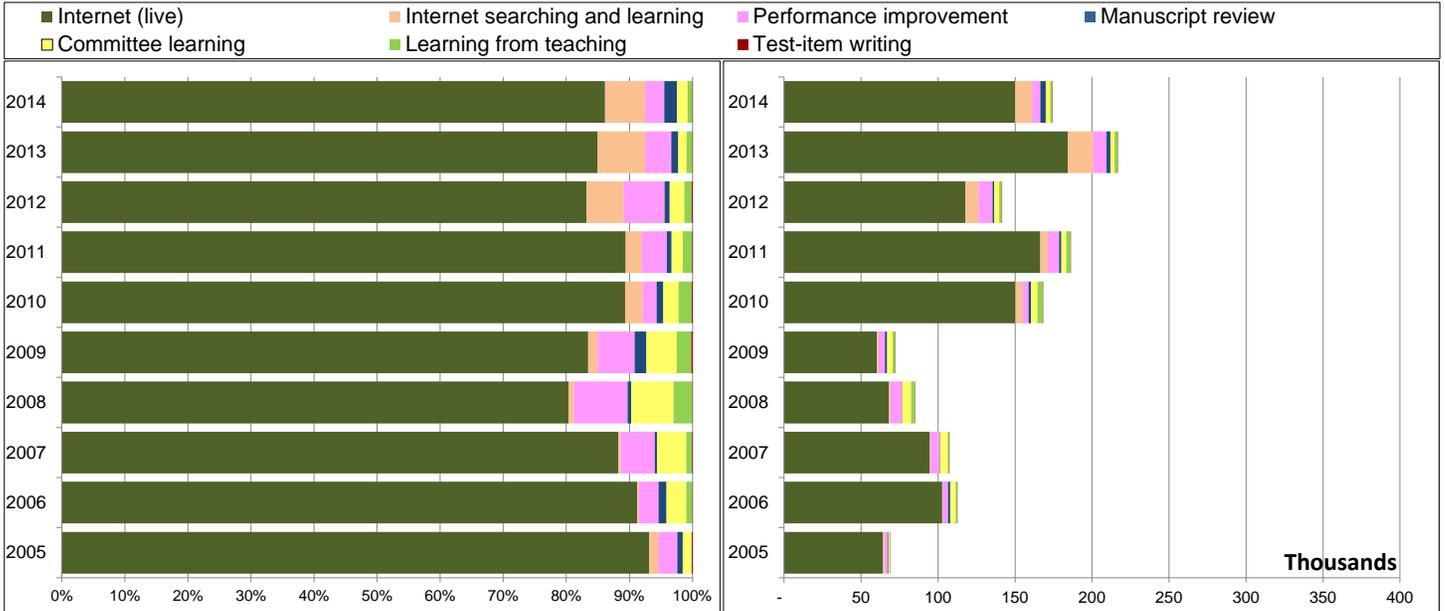
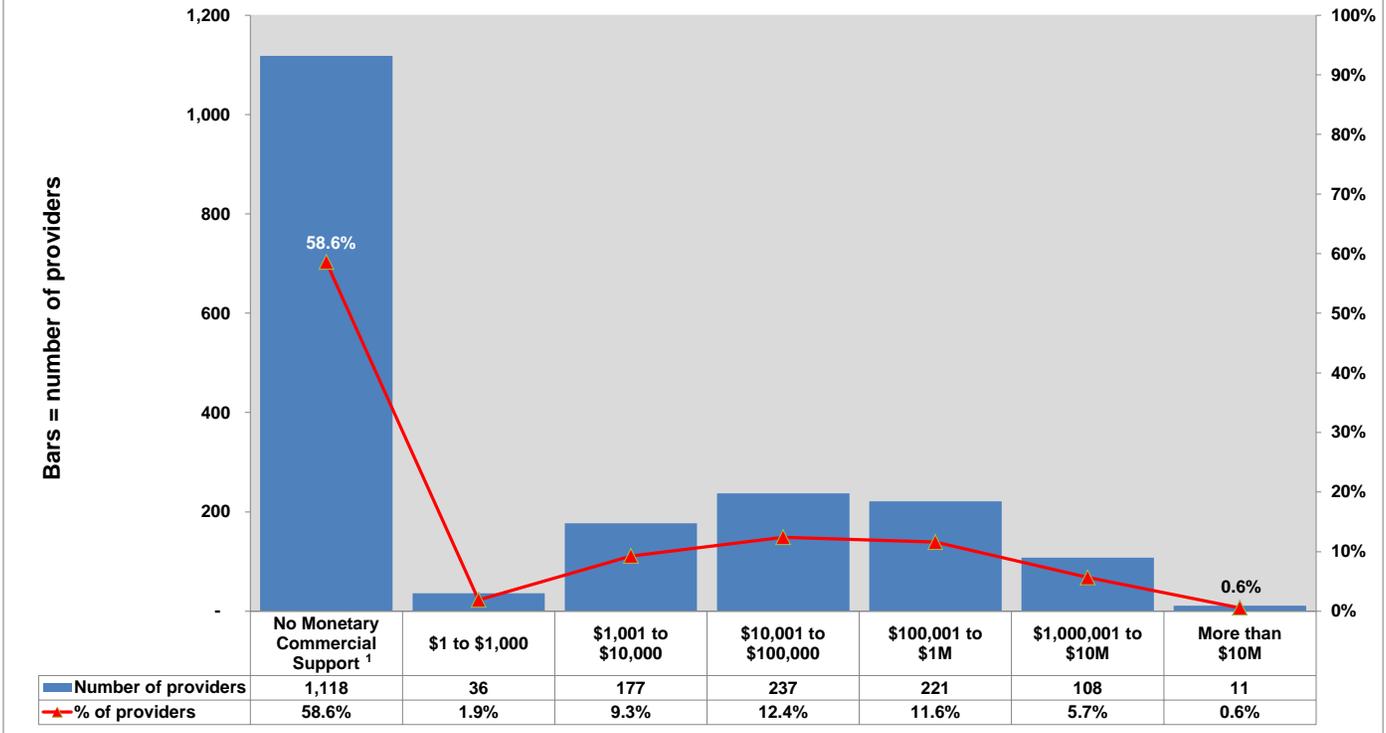


Figure 10 above shows the trend in other learner interactions by activity type. The activity types with the greatest number of interactions are shown in the top pair of graphs. The activity types with fewer interactions are shown collectively in the top graphs as "other activity types" and are displayed in detail in the bottom pair of graphs. Since 2005, the activity type that has shown the greatest increase in the numbers of other learner interactions is Internet enduring materials. Among the activity types with fewer interactions (the bottom pair of graphs), Internet live activities remain the dominant format for other learners.



CME Presented by Providers Accredited in the ACCME System
Figure 11. Distribution of Monetary Commercial Support - 2014



Nearly 94% of providers received \$1 million or less in commercial support in 2014, with 82% receiving \$100,000 or less and approximately 59% receiving none at all. More than \$1 million in commercial support was received by just over 6%, with only 0.6% bringing in \$10 million or more.

¹There were 35 providers that received only "in-kind" commercial support and they are counted in the "No Monetary Commercial Support" group.



CME Presented by Providers Accredited in the ACCME System
Table 8. CME Activities and Interactions with and without Commercial Support - 2014

	Activities		Physician interactions		Other learner interactions	
	Count	%	Count	%	Count	%
No commercial support	130,321	89%	11,156,051	82%	9,188,094	79%
<i>ACCME-accredited providers</i>	90,771		9,099,747		7,445,155	
<i>State-accredited providers</i>	39,550		2,056,304		1,742,939	
Commercial support	16,703	11%	2,443,636	18%	2,399,424	21%
<i>ACCME-accredited providers</i>	15,650		2,372,222		2,319,594	
<i>State-accredited providers</i>	1,053		71,414		79,830	
Total	147,024	100%	13,599,687	100%	11,587,518	100%

In 2014, the majority of CME activities (89%) did not receive commercial support, accounting for approximately 82% of physician interactions, and 79% of other learner interactions. Eleven percent of CME activities did receive commercial support, accounting for approximately 18% of physician interactions and 21% of other learner interactions.



CME Presented by Providers Accredited in the ACCME System
Table 9. Total Numbers of Activities, Hours, and Interactions - 2014

	Activities	Hours of instruction	Physician interactions	Other learner interactions
Courses	71,047	406,740	2,017,323	1,681,452
Regularly scheduled series	23,427	488,230	4,592,819	2,460,950
Internet (live)	4,063	8,135	60,684	150,123
Test-item writing	87	812	2,069	25
Committee learning	575	1,642	8,220	2,873
Performance improvement	470	8,286	53,065	5,417
Internet searching and learning	82	630	197,690	10,954
Internet (enduring materials)	34,006	65,178	4,338,342	5,900,355
Enduring materials (other)	8,452	46,027	1,129,995	743,593
Learning from teaching	149	671	3,055	1,351
Journal CME	4,596	6,996	1,162,319	626,903
Manuscript review	70	269	34,106	3,522
Total	147,024	1,033,615	13,599,687	11,587,518

CME Presented by Providers Accredited in the ACCME System
Table 10. Numbers of Activities, Hours, and Interactions without Commercial Support - 2014

	Activities	Hours of instruction	Physician interactions	Other learner interactions
Courses	61,988	337,105	1,262,215	1,153,076
Regularly scheduled series	23,051	480,853	4,467,683	2,390,435
Internet (live)	3,459	7,283	40,725	109,281
Test-item writing	86	796	2,058	25
Committee learning	574	1,635	8,100	2,753
Performance improvement	418	7,479	48,426	3,726
Internet searching and learning	76	624	195,141	9,908
Internet (enduring materials)	28,429	58,752	3,078,037	4,486,477
Enduring materials (other)	7,945	44,673	1,051,123	705,075
Learning from teaching	145	650	2,954	1,138
Journal CME	4,080	6,429	965,483	322,678
Manuscript review	70	269	34,106	3,522
Total	130,321	946,545	11,156,051	9,188,094

CME Presented by Providers Accredited in the ACCME System
Table 11. Numbers of Activities, Hours, and Interactions with Commercial Support - 2014

	Activities	Hours of instruction	Physician interactions	Other learner interactions
Courses	9,059	69,635	755,108	528,376
Regularly scheduled series	376	7,377	125,136	70,515
Internet (live)	604	853	19,959	40,842
Test-item writing	1	17	11	0
Committee learning	1	7	120	120
Performance improvement	52	807	4,639	1,691
Internet searching and learning	6	7	2,549	1,046
Internet (enduring materials)	5,577	6,425	1,260,305	1,413,878
Enduring materials (other)	507	1,354	78,872	38,518
Learning from teaching	4	22	101	213
Journal CME	516	567	196,836	304,225
Manuscript review	0	0	0	0
Total	16,703	87,070	2,443,636	2,399,424

ACCME® ANNUAL REPORT

GLOSSARY

<p>The terms and descriptions below only refer to organizations, programs, and activities within the ACCME Accreditation System. For more information, visit www.accme.org.</p>	
ACCME-accredited provider	An organization accredited by the ACCME as a provider of continuing medical education. ACCME-accredited providers represent a range of organizational types and offer CME primarily to national or international audiences of physicians and other health care professionals. See also <i>state-accredited providers</i> .
Advertising and exhibits income	Advertising and exhibits are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support .
CME activity	A CME activity is an educational offering that is planned, implemented, and evaluated in accordance with the ACCME Accreditation Criteria, Standards for Commercial Support, and policies.
Commercial interest	A commercial interest , as defined by the ACCME, is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. A commercial interest is not eligible for ACCME accreditation.
Commercial support	Commercial support for a CME activity is monetary or in-kind contributions given by a commercial interest that is used to pay all or part of the costs of a CME activity. The requirements for receiving and managing commercial support are explained in the ACCME Standards for Commercial Support SM . Advertising and exhibit income is not considered commercial support.
Committee learning	Committee learning is a CME activity that involves a learner's participation in a committee process addressing a subject that would meet the ACCME definition of CME if it were taught or learned in another format.
Course	A course is a live CME activity where the learner participates in person. A course is planned as an individual event. Examples: annual meeting, conference, seminar. For events with multiple sessions, such as annual meetings, accredited providers report one activity and calculate the hours of instruction by totaling the hours of all educational sessions offered for CME credit. To calculate the numbers of learners, accredited providers report the number of learners registered for the overall event. Accredited providers are not required to calculate participant totals from the individual sessions. If a course is held multiple times for multiple audiences, then each instance is reported as a separate activity.
Directly provided	A directly provided activity is one that is planned, implemented, and evaluated by the accredited provider. This definition includes co-provided activities (offered by 2 accredited providers) reported by the accredited provider that awards the credit.

<p>Enduring material (other)</p>	<p>An enduring material is an activity that is printed or recorded and does not have a specific time or location designated for participation. Rather, the participant determines where and when to complete the activity.</p> <p>Sometimes providers will create an enduring material from a live CME activity. When this occurs, ACCME considers the provider to have created 2 separate activities—1 live activity and 1 enduring material activity. Both activities must comply with all ACCME requirements.</p> <p>Enduring materials can be available for less than a year, a year, or multiple years. Each enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the required financial information related to the activity for that year. Accredited providers do not report cumulative data for an enduring material activity spanning multiple years. When reporting the number of participants for an enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals that only received the enduring material activity but did not actually complete all or a portion of it to be participants.</p>
<p>Expenses</p>	<p>Expenses are the total cost of goods, services, and facilities allocated to support the accredited provider's CME program. Examples: amounts spent for CME staff salaries, faculty honoraria, and meeting space.</p> <p>Effective with the 2015 reporting year, the ACCME will no longer collect information about CME program expenses.</p>
<p>Hours of instruction</p>	<p>Hours of instruction represents the total hours of educational instruction provided. For example, if a 1-day course lasts 8 hours (not including breaks or meals), then the total hours of instruction reported for that course is 8.</p> <p>Hours of instruction may or may not correspond to the number of credits designated for the American Medical Association Physician's Recognition Award. For activities taking place through the 2014 reporting year, accredited providers have the option to report the number of AMA PRA CATEGORY 1 CREDITS™ designated for activities. Effective with the 2015 reporting year, providers are required to report the number of credits, if AMA PRA Category 1 Credit is offered.</p>
<p>In-kind commercial support</p>	<p>In-kind contributions are nonmonetary resources provided by a commercial interest in support of a CME activity. Examples of in-kind support include equipment, supplies, and facilities.</p>
<p>Internet (enduring materials)</p>	<p>An Internet enduring material activity is an "on demand activity," meaning that there is no specific time designated for participation. Rather, the participant determines when to complete the activity. Examples: online interactive educational module, recorded presentation, podcast.</p> <p>Internet enduring materials can be available for less than a year, a year, or multiple years. Each Internet enduring material is counted as 1 activity for each year it is available, whether it is active for the entire year or part of the year. The accredited provider reports the number of learners who participated during the year, as well as the required financial information related to the activity for that year. Accredited providers do not report cumulative data for an Internet enduring material activity spanning multiple years. When reporting the number of participants for an Internet enduring material activity, the accredited provider should count all learners who completed all or a portion of the activity and whose participation can be verified in some manner. ACCME would not consider individuals that only downloaded or accessed the activity but did not actually complete all or a portion of it to be participants.</p>

Internet (live)	<p>An Internet live activity is an online course available via the Internet at a certain time on a certain date and is only available in real-time, just as if it were a course held in an auditorium. Once the event has taken place, learners may no longer participate in that activity unless it is again presented on a specific date and time and is only available in real-time. If an Internet live activity is presented on multiple occasions, each event is counted as one activity. Example: webcast.</p>
Internet searching and learning	<p>Internet searching and learning CME is based on a learner identifying a problem in practice and then researching the answer online using sources that are facilitated by an accredited provider. For the purposes of ACCME data collection, the ACCME includes Internet point-of-care learning, as defined by the American Medical Association, in the category Internet searching and learning.</p> <p>Providers that offer Internet searching and learning CME aggregate their data from all learners and report it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the Internet searching and learning CME activity. The number of participants equals the total number of persons who participated in Internet searching and learning as a CME activity. Each participant is counted once, regardless of how many times they participated or how many pages they viewed.</p> <p>For example, a provider offers Internet searching and learning CME and 50 physicians participate. Each physician spent 30 minutes participating in this activity. The accredited provider reports this as 1 Internet searching and learning CME activity with 50 physician participants and .5 hours of instruction.</p>
Jointly provided	<p>A jointly-provided activity is planned, implemented, and evaluated by the accredited provider and a nonaccredited entity.</p>
Joint Accreditation for Interprofessional Continuing Education™	<p>Joint Accreditation offers organizations the opportunity to be simultaneously accredited to provide medicine, pharmacy, and nursing continuing education activities through a single, unified application process, fee structure, and set of accreditation standards. Joint Accreditation is a collaboration of the ACCME, the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).</p>
Journal-based CME	<p>A journal-based CME activity includes the reading of an article (or adapted formats for special needs), a provider stipulated/learner directed phase (that may include reflection, discussion, or debate about the material contained in the article(s)), and a requirement for the completion by the learner of a pre-determined set of questions or tasks relating to the content of the material as part of the learning process.</p> <p>The ACCME does not consider a journal-based CME activity to have been completed until the learner documents participation in that activity to the provider.</p> <p>Each article is counted as one activity. To calculate hours of instruction, the accredited provider specifies the amount of time required to complete the activity. The number of participants reported by the accredited provider equals the total number of individuals who completed the activity. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>For example, an accredited provider produces a journal that contains an article that is designated as a journal-based CME activity. In total, 20 physicians read the article, reflect on the content, and complete questions related to the content of the article. The physicians spend 1 hour on this activity. The provider would report this as one journal-based CME activity with 20 physician participants and 1 hour of instruction.</p>

Learning from teaching	<p>Learning from teaching activities are personal learning projects designed and implemented by the learner with facilitation from the accredited provider. The ACCME does not have special requirements for this activity type. The ACCME developed the learning from teaching label as a corollary to the AMA PRA CATEGORY 1 CREDITS™ awarded directly to physicians for "Teaching at a live activity."</p> <p>To report learning from teaching CME, accredited providers aggregate the data from all learners and count it as a single activity. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the learning from teaching CME activity. The number of participants equals the number of individuals who participated in this CME activity. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>For example, an accredited provider created a learning from teaching activity for 10 physicians. Each physician completed the CME activity in 2 hours. The accredited provider reports this as 1 learning from teaching CME activity with 10 physician participants and 2 hours of instruction.</p>
Manuscript review	<p>Manuscript review CME is based on a learner's participation in a manuscript's pre-publication review process.</p> <p>When calculating the number of manuscript review CME activities, accredited providers report each journal for which the manuscript(s) is being reviewed as 1 activity regardless of the number of manuscripts or reviewers. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the manuscript review CME activity. The number of participants equals the total number of learners engaged in reviewing manuscripts as CME. Each participant is counted once regardless of how many manuscripts they reviewed.</p> <p>For example, an accredited provider publishes 1 journal. During the course of the year, 25 physicians reviewed manuscripts for this journal. Each physician spent 2 hours on the review. The accredited provider reports this as 1 manuscript review CME activity with 25 physician participants and 2 hours of instruction.</p>
Nonphysician participants	<p>Please see <i>other learners</i>.</p>
Other income	<p>Other income includes all income the accredited provider received for its CME activities and CME program that does not fall under commercial support or advertising and exhibit income. The most common examples of other income include activity registration fees, grants from government agencies or independent nonprofit foundations, and allocations from the accredited provider's parent organization or other internal departments to pay for the CME unit's expenses.</p>
Other learners	<p>Beginning with the 2014 ACCME Annual Report, other learners replaces the term non-physician participants. This category continues to include activity participants other than MDs and DOs. Residents are included in this category.</p>

Performance improvement	<p>Performance improvement CME is based on a learner’s participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance.</p> <p>To report performance improvement CME, accredited providers count each learning project as 1 performance improvement CME activity, regardless of whether it is created for an individual physician or a group of physicians. For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the performance improvement CME activity. The number of participants equals the total number of learners who participated in the learning project. Each participant is counted once, regardless of how many times they worked on the activity.</p> <p>For example, an accredited provider established a performance improvement learning project. Three physicians participated; each completed the learning project in 20 hours. The accredited provider reports this as 1 performance improvement CME activity with 3 physician participants and 20 hours of instruction.</p>
Physician participants	<p>Physician participants are activity participants who are MDs or DOs. Residents are not included in this category. They are included as <i>other learners</i>.</p>
Regularly scheduled series	<p>The ACCME defines a regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; and is primarily planned by and presented to the accredited organization’s professional staff. Examples include grand rounds, tumor boards, and morbidity and mortality conferences.</p> <p>Accredited providers report each RSS as 1 activity. In addition, accredited providers follow the following guidelines:</p> <p>The cumulative number of hours for all sessions within a series equals the number of hours for that activity, and</p> <p>Each learner is counted as a participant for each session he/she attends in the series.</p> <p>For example: Internal Medicine Grand Rounds is planned for the entire year as 1 series. Participants meet weekly during the year for 1 hour each week. The accredited provider reports the series as 1 activity with 52 hours of instruction. If 20 physicians participated in each session, total physician participants would be 1,040 (20 physicians per session multiplied by 52 sessions) for that single activity.</p>
State-accredited provider	<p>State-accredited providers are accredited by a state/territory medical society that is recognized by the ACCME as an accreditor. State-accredited providers offer CME primarily to learners from their state or contiguous states as opposed to ACCME-accredited providers, which offer CME primarily to national or international audiences.</p>

<p>Test-item writing</p>	<p>Test-item writing is a CME activity based on a learner’s participation in the pre-publication development and review of any type of test item. Examples: multiple choice questions, standardized patient cases.</p> <p>Test-item writing CME activities may consist of either of the following processes:</p> <p>When questions are written for an item pool and are later used to build a variety of tests, then building the questions for a single pool is counted as 1 activity. Examples: the Pediatric Item Writing Committee of the National Board of Medical Examiners, or the second-year clerkship exams at a medical school.</p> <p>When questions, items, or cases are created for 1 specific test, then each test is counted as a separate CME activity. Example: multiple choice questions for the 2012 clerkship exam in pediatrics.</p> <p>For hours of instruction, accredited providers specify the amount of time they believe a learner would take to complete the test-item writing CME activity. The number of participants should equal the total number of persons who engaged in the test-item writing CME activity. Each participant is counted once regardless of how many test items they write.</p> <p>For example, an accredited provider planned a CME activity where 5 physicians wrote test items for an American Board of Medical Specialties (ABMS) member board certification examination question pool. Each physician completed the test-item writing CME activity in 10 hours. The accredited provider reports this as a test-item writing CME activity with 5 physician participants and 10 hours of instruction.</p>
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