

Executive Summary Call for Comment: Proposed Standards for Integrity and Independence in Accredited Continuing Education

On January 7, 2020, the Accreditation Council for Continuing Medical Education (ACCME®) opened a call for comment on the proposed, revised ACCME Standards for Integrity and Independence in Accredited Continuing Education. Our goal is to streamline, clarify, and modernize the Standards, and to ensure their continued relevance and effectiveness in the changing healthcare environment. The initiative supports the ACCME's strategic goal to assure the quality of accreditation.

Responses were accepted through February 21, 2020. There were 344 respondents to the online survey; in addition, we received responses via letters and emails. This executive summary includes tables and figures illustrating respondent demographics and figures illustrating the responses to yes/no questions about each standard.

The comments submitted through the online survey, as well as letters from organizations that represent other accreditation systems or large groups of accredited providers, are in a bookmarked PDF available here.

What We Heard

Many of the responses indicated that the proposed Standards are simpler, clearer, and meet our goal of modernizing the requirements to continue to ensure that accredited continuing education is independent, free of sales and marketing, and based on valid content. Respondents appreciated that content validity is the first priority and is included in the Standards, rather than as a separate policy as it is now; they asked for modifications that would clarify the importance of accredited education about important innovations and new and emerging treatments. Among other feedback, some respondents asked ACCME to consider the unintended consequences of requiring providers to determine the relevance of financial relationships, prohibiting the interleafing of promotion or nonaccredited education with accredited education, and preventing joint providers from disbursing commercial support funds. We appreciated the useful suggestions about changes to terminology, definitions, and clarifications that would make the Standards more useful and understandable to other health professions, planners, faculty, and other stakeholders.

Next Steps

The ACCME Board of Directors reviewed the responses at its March 2020 meeting, reaffirmed its agreement with the principles described in the Standards, and came to consensus about modifications to make in response to the community's comments.

The ACCME is working to create harmonization of the disclosure expectations with other stakeholders in the regulatory community. Respondents to our call for comment encouraged us to pursue this alignment as it would greatly simplify the disclosure process for continuing education providers, faculty members, researchers, and authors. Toward that end, the Board decided to delay adoption and implementation of the revised Standards while the discussions about alignment are taking place. We expect those discussions to conclude in the fall, facilitating release of a final version of the Standards before the end of the year.

Background

The proposed, revised ACCME Standards are the result of a year-long, inclusive review process with the stakeholder community. To oversee the process, we convened the Task Force on Protecting the Integrity of Accredited Continuing Education, with members representing diverse perspectives, including accredited continuing education providers and the public. The Task Force and ACCME leadership engaged with stakeholders in a variety of forums to identify new and existing challenges related to managing the complex issues of disclosure, conflicts of interest, and commercial support in a rapidly evolving healthcare environment.

Call for Comment Survey Demographics

Of the 344 responses, the majority (75%) are accredited continuing education providers; most of those (74%) are ACCME accredited; the rest are state-accredited, accredited by another health profession accreditor, or jointly accredited. Responses were received from every provider type. Respondents were not required to answer every question, and therefore there may differences in the number of responses per question.

Table 1. Numbers and Percentages of Responses by Organization Description

Total Survey Responses by Organization Description	Number	Percentage
Accredited CE provider	254	74%
Other	21	6%
Recognized Accreditor (state/territory medical society)	19	6%
Clinician/healthcare professional	19	6%
Medical/healthcare association	12	3%
Nonaccredited CE provider	7	2%
CE accreditor	4	1%
Ineligible Entity (commercial interest, such as		
pharmaceutical, device, life-science company)	4	1%
Advocacy organization	3	1%
Patient, caregiver, member of the public	1	0%
Total	344	100%

Figure 1. Numbers and Percentages of Responses by Organization Description

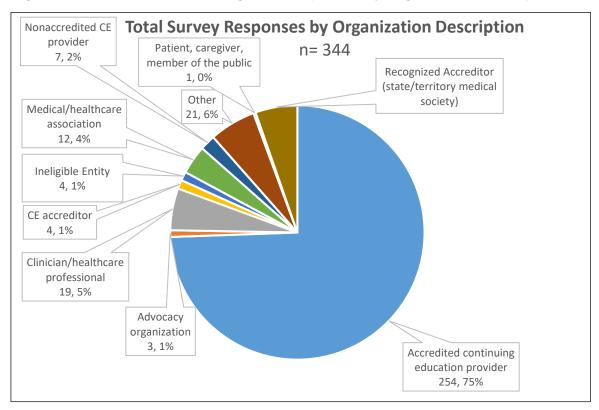


Table 2. Numbers and Percentages of Responses by Accreditor

Total Survey Responses by Accreditor	Number	Percent
ACCME	185	74%
Recognized Accreditor (state/territory medical society)	30	12%
Joint Accreditation for Interprofessional Continuing Education	24	10%
Other	10	4%
Total	249	100%

Figure 2. Numbers and Percentages of Responses by Accreditor

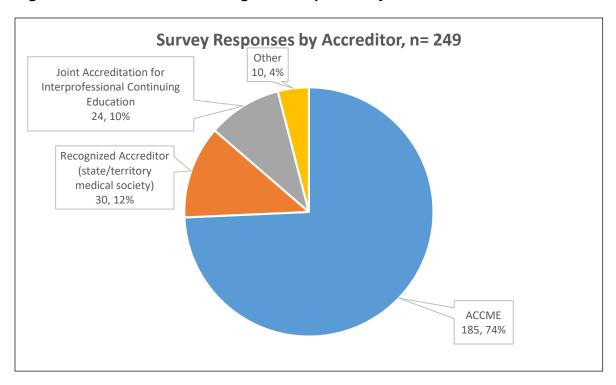


Table 3. Numbers and Percentages of Responses by Accredited CE Provider Organization Type, with Total Provider Numbers and Percentages for Comparison

Total Survey Responses by Accredited CE Provider Organization Type	Number	Percent	Total Number of Accredited Providers	Percent of Total Accredited Providers
Government or military	1	0%	35	2%
Hospital/healthcare delivery system	63	25%	943	53%
Insurance company/managed-care company	1	0%	26	1%
Nonprofit (other)	10	4%	96	5%
Nonprofit (physician membership organization)	57	23%	323	18%
Other	15	6%	59	3%
Publishing/education company	58	23%	140	8%
School of medicine	46	18%	141	8%
Total	251	100%	1,763	100%

Figure 3. Numbers and Percentages of Responses by Accredited CE Provider Organization Type

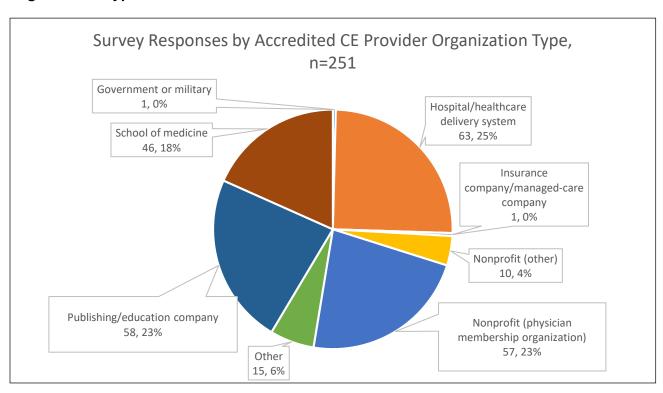


Figure 4. Numbers of Responses about Eligibility

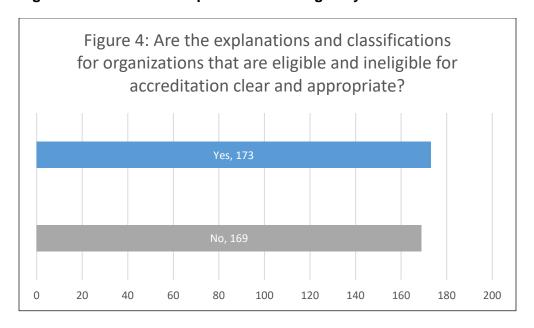


Figure 5. Numbers of Responses by Standards

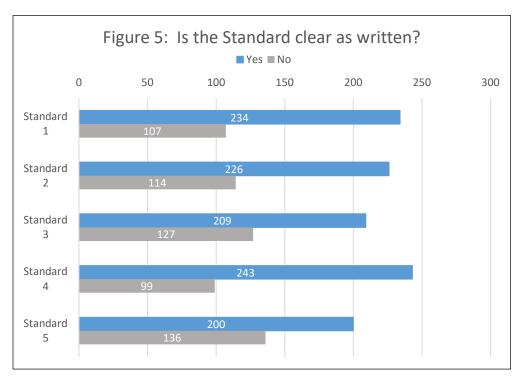


Figure 6. Numbers of Responses by Standards

