



The Value of Accredited Continuing Medical Education

The Accreditation Council for Continuing Medical Education (ACCME®) has prepared this resource to assist continuing medical education (CME) providers and other stakeholders in communicating the value of accredited CME. You are welcome to reproduce and distribute this resource.

Accredited CME: Proven Effective

- The research shows that CME has a positive impact on physician learning, performance, and patient health outcomes.
- The research shows that CME is most effective if it is founded on practice-based needs assessment and is ongoing, interactive, and focused on outcomes that are considered important by physicians.
- For more information, see [Accreditation Council for CME Publishes Two Reports Addressing Important Issues in CME.](#)

Accredited CME: Practice-Based and Designed to Promote Change

- Accredited CME requirements are informed by the evidence about the effectiveness of CME.
- Each CME activity is designed to meet the practice-based educational needs of the learners.
- Each CME activity addresses one or more of the professional competencies established by the [Accreditation Council for Graduate Medical Education \(ACGME\)/American Board of Medical Specialties \(ABMS\)](#), [Institute of Medicine \(IOM\)](#), or [Interprofessional Education Collaborative \(IPEC\)](#).
- Each CME activity must be designed to change competence, performance, or patient outcomes. CME providers are then required to analyze the changes achieved as a result of the activities.
- Almost 100% of activities are designed to change competence. More than 60% are designed to change performance. More than 30% are designed to change patient outcomes.
- More than two-thirds of accredited CME programs demonstrate that they integrate CME into the process for improving professional practice.
- About two-thirds of accredited CME programs demonstrate that they participate within an institutional or system framework for quality improvement.
- With 147,000 activities comprising more than one million hours of instruction delivered annually, accredited CME offers an array of resources to promote quality, safety, and the evolution of medical care.
- For more information, see the [2014 ACCME Annual Report.](#)

Delivering CME: Flexibility and Diversity

- Accredited CME offers multimodal educational opportunities. CME includes simulation, online courses, self-directed performance improvement projects, participatory group learning, hands-on training, and just-in-time learning at the patient's bedside.
- ACCME [requirements](#) state that CME providers choose the format that best meets their objectives. Although many CME activities are delivered through courses, participation in other forms of CME—online CME and self-directed activities, such as Internet searching and learning—is increasing.
- CME activities are continuing to diversify to meet the needs of individual learners where they live, work, and practice.

Industry Funding of CME: Perception versus Reality

- The hallmark of accredited CME is its independence from commercial influence and bias.
- Most CME revenue is **not** derived from commercial support. Commercial support accounted for about 25% of revenue in the accredited CME system in 2014.
- The majority of CME activities (89%) do **not** receive commercial support, accounting for 82% of physician interactions and 79% of interactions with other healthcare professionals.
- The [ACCME Standards for Commercial Support: Standards to Ensure Independence in CME ActivitiesSM](#) have evolved into a common interprofessional standard shared by continuing education accreditors across the health professions. The value of the Standards has been recognized by government, regulators, and industry.
- Research has demonstrated that commercial support does not increase the risk for commercial bias when CME providers abide by the ACCME Standards for Commercial Support. For more information, see [Accreditation Council for CME Publishes Two Reports Addressing Important Issues in CME](#).
- This recognition has enabled public health collaborations that include commercially supported CME. For example, the Food and Drug Administration (FDA) mandated that industry fund accredited CE about [safety and risk issues](#) involved in prescribing opioid medications.

Accredited CME: Contributing to Public Health Initiatives

- The accredited CME community has taken a leading role in identifying opportunities to contribute to [public health initiatives](#).
- The FDA leveraged the accredited CE community to deliver the prescriber education component of the [Risk Evaluation and Mitigation Strategies \(REMS\)](#) for extended-release and long-acting opioids. The FDA is now considering other ways to work together with the CE community to advance public health.
- The ACCME provides ongoing [support for the initiative](#) led by the National Human Genome Research Institute, National Institutes of Health, to improve the integration of genomics into health professionals' continuing education and practice.

- The ACCME convenes [Public Health Imperatives Forums](#) at its CME as a Bridge to Quality™ Accreditation Workshops, bringing together government representatives and accredited providers to identify opportunities for CME to be a strategic partner in addressing public health priorities.

Advancing Healthcare Continuing Education by the Team, for the Team

- To advance continuing education of, by, and for the healthcare team, the ACCME partnered with its colleague accreditors in nursing and pharmacy to create the only interprofessional continuing education (IPCE) unified accreditation program in the world—[Joint Accreditation for Interprofessional Continuing Education™](#).
- 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.

The ACCME Responds to the Evolving Healthcare Community

Since its founding in 1981, the ACCME System has been based on continuous improvement and responsiveness to the evolving healthcare community. Here are a few examples:

- The Standards for Commercial Support were updated in 2004 to further strengthen the separation of education from promotion.
- The ACCME has increased [accountability and transparency](#) in recent years. The accreditation process was accelerated to ensure more timely and rigorous oversight of issues related to independence. The ACCME published more data about accredited providers, including information about which providers accept commercial support.
- The ACCME released new accreditation [requirements](#) in 2006 to reposition CME as a strategic asset to the quality and safety imperatives of the US healthcare system.
- The ACCME implemented changes in 2014 to [simplify](#) the accreditation requirements and process and offer greater flexibility, while retaining the Plan-Do-Study-Act cycle which is integral to the ACCME's expectations. These changes reflect the ACCME's ongoing process of engagement with the CME and stakeholder communities.
- As part of the ongoing engagement process, the ACCME issued a proposal for new [commendation criteria](#). Developed collaboratively with the CE community, the proposed criteria aim to respond to current and emerging health priorities. The proposed criteria reward CME programs that address the integration of health data, interprofessional collaborative practice, individualized learning activities, and higher levels of outcomes measurement.