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## EXECUTIVE SUMMARY OF THE JULY 2016 MEETINGS OF THE ACCME BOARD OF DIRECTORS

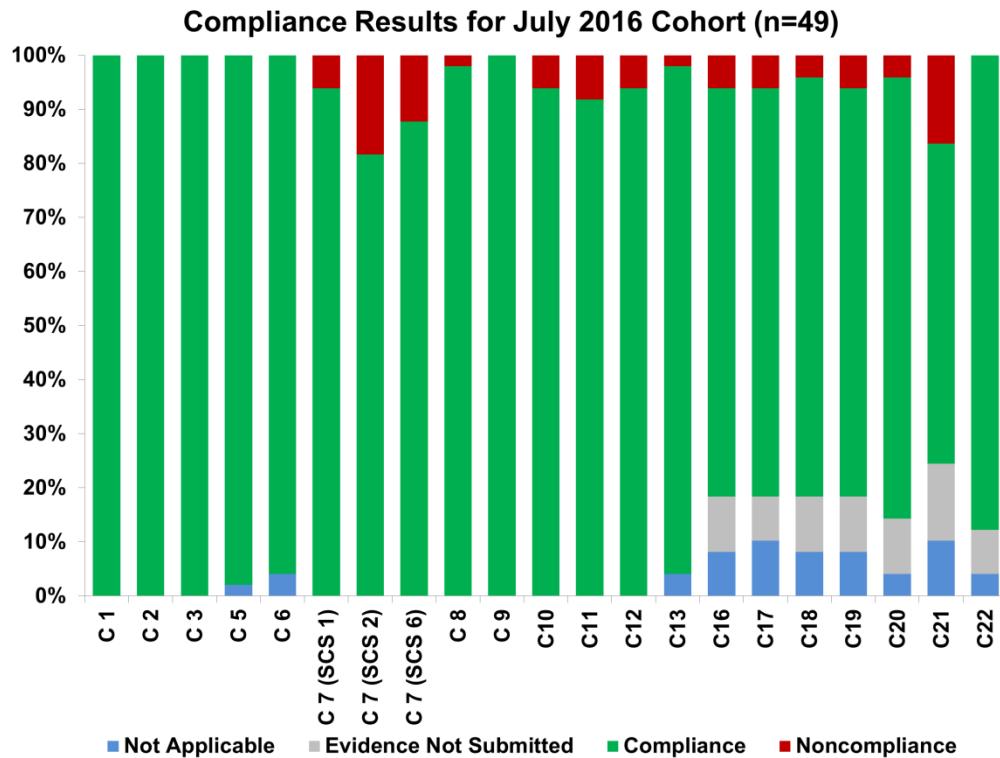
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### Accreditation Decision Making

The ACCME ratified 49 accreditation and reaccreditation decisions. This included 23 providers that received **Accreditation with Commendation** (47%), which confers a 6-year term of accreditation. Fourteen (29%) received **Accreditation**; 8 of these providers (17%) are required to submit progress reports; 6 (12%) do not need to submit progress reports. Five providers (10%) were placed on **Probation** and are required to submit progress reports. Of the 7 initial applicants, 4 received **Provisional Accreditation** (8% of the total; 57% of initial applicants) and 3 received **Nonaccreditation** (6% of the total; 43% of initial applicants).

The Board ratified 15 **progress report** decisions. Of those, 8 (53%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance. Six progress reports (40%) did not yet demonstrate compliance in all requirements and the providers are required to submit another progress report. One provider (7%) has not yet had the opportunity to demonstrate compliance with the requirement found in noncompliance.

As of July 2016, there are 688 ACCME-accredited providers and 1,156 providers accredited by [ACCME Recognized Accreditors](#) (state or territory medical societies that are [recognized](#) by the ACCME as accrediting intrastate CME providers).



In the figure above, please note that compliance results for Accreditation Criteria 4, 14, and 15 have been removed. These criteria were eliminated as part of the February 2014 changes to [simplify](#) the accreditation requirements and process. Beginning with the March 2014 cohort, providers have not been evaluated for any of the requirements that have been eliminated.

### **Joint Accreditation for Interprofessional Continuing Education™**

The ACCME ratified decisions for providers applying for Joint Accreditation for Interprofessional Continuing Education™. Seven providers received joint accreditation with a 6-year term; 5 providers received joint accreditation with a 4-year term. The ACCME ratified 3 joint accreditation progress report decisions; these progress reports were accepted. The decisions have also been ratified by the American Nurses Credentialing Center (ANCC) and the Accreditation Council for Pharmacy Education (ACPE). There are currently 36 jointly accredited providers.

### **New Criteria for Accreditation with Commendation**

The Board adopted the menu of new criteria for Accreditation with Commendation. The final version is based on the feedback received from the CME community. In the fall, the ACCME expects to release a comprehensive package including the new commendation criteria, guidelines and compliance measures, a transition plan and implementation schedule, and educational resources. There will be a transition phase during which accredited providers that choose to aim to achieve Accreditation with Commendation will have the option of demonstrating compliance with the current or new commendation criteria. As always, compliance with the commendation criteria is optional for CME providers and is not required to achieve Accreditation.

### **ACCME/AMA Bridge Committee**

The Board endorsed the recommendations of the ACCME/AMA Bridge Committee, a group convened to align and simplify the accreditation and credit requirements. The purpose of the collaboration is to adopt a single set of core principles that will serve to facilitate flexibility in educational design, encourage innovation, and enhance physician education by aligning ACCME and AMA's expectations of CME providers. The Bridge Committee issued five recommendations: 1. Shared Glossary of Terms and Definitions; 2. Facilitating Innovation through Agreement on Core Principles; 3. Unified Approach/Principle-based Requirements; 4. Aligned Approach to Education and Communication; and 5. Ongoing Monitoring. The AMA's Council on Medical Education has also approved these recommendations. The ACCME and the AMA are engaging in this collaboration in response to requests from the CME community and will provide regular updates on the progress being made towards alignment.

### **Standards for Commercial Support: Modifying Interpretation Related to Relevant Financial Relationships**

At the recommendation of the Accreditation Review Committee, several Recognized Accreditors, and some physician faculty members, the Board modified the interpretation of the Standards for Commercial Support<sup>SM</sup>: Standards to Ensure Independence in CME Activities (SCS) related to relevant financial relationships. In situations where a person in control of CME content discloses that their spouse or partner is an employee of a commercial interest and the content being controlled is related to the products/services of that commercial interest, then, that person will now be considered to have a relevant financial relationship. (Previously, that person would have been considered a commercial interest employee because of their spouse/partner's employment.) As with any relevant financial relationship, providers are required to implement mechanisms to resolve these conflicts of interest per SCS 2. (There is no change to the restrictions on the use of employees of ACCME-defined commercial interests as faculty and planners.)

### **ACCME Policy on Public and Confidential Information about Accredited Providers**

The Board amended the ACCME Policy on Public and Confidential Information about Accredited Providers to include new data that is now collected from providers. These categories include: the number of designated AMA PRA Category 1™ Credits and the competencies that activities were designed to address. The Board also added that the ACCME reserves the right to use and/or share anonymized data that providers submit to the Program and Activity Reporting System (PARS) for research purposes. The ACCME made these modifications to support transparency and in response to research requests and opportunities.

## **Guest Discussions**

The Board convened a discussion with Thomas J. Nasca, MD, MACP, CEO, Accreditation Council for Graduate Medical Education (ACGME); and Timothy P. Brigham, MDiv, PhD, Chief of Staff and Senior Vice-President, Department of Education, ACGME, to discuss alignment across the continuum of graduate medical education and CME. The discussion focused on opportunities and strategies for creating a seamless and effective learning environment to develop clinicians as lifelong learners who deliver optimal care to their patients. Member organization liaisons joined the discussion. The special session built on the efforts of the ACCME-ACGME Coordinating Committee. In addition, prior to the Board meeting, ACCME President and CEO Graham McMahon, MD, MMSc, participated in the ACGME Board of Directors meeting, where the group also discussed ACCME-ACGME alignment, as well as the evolution in clinician-learner behaviors and needs.

## **Elections**

The following individuals were elected to the Board and its committees:

**Board of Directors**  
Robert Perelman, MD  
Suzanne Ziemnik, Med

**Accreditation Review Committee**  
Jeffrey Callen, MD  
Edward Livingston, MD  
JeriSue Petrie, MA  
Samuel Wald, MD

## **2016 Rutledge W. Howard, MD, Award for Individual Service to the Intrastate Accreditation System**

The Board honored the following volunteer with the 2016 Rutledge W. Howard, MD, Award:

Patrick Sweeney, MD, PhD

## **2016 Rutledge W. Howard, MD, Award for Outstanding Collaboration between Accreditors and Providers**

The Board honored the following Recognized Accreditor with the 2016 Rutledge W. Howard, MD, Award:

Washington State Medical Association

The Rutledge W. Howard, MD, Award honors staff or volunteers for their service to the intrastate accreditation system.

A [news release](#) about the 2016 awards is posted on the ACCME website.

## **2017 Officers**

The Board named Todd Dorman, MD, Chair; William Rayburn, MD, MBA, Vice Chair; and David Pieper, PhD, Treasurer of the ACCME. A [news release](#) about the 2017 officers is posted on the ACCME website.