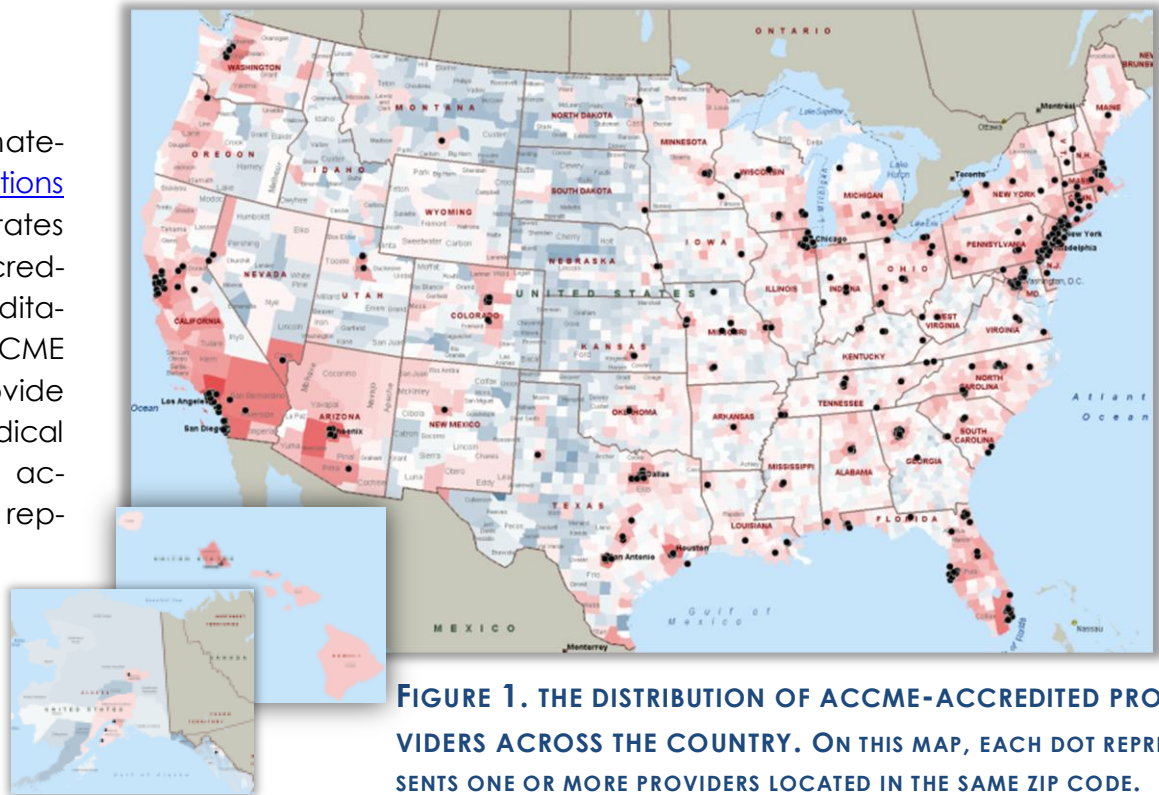


---

# THE NATIONAL ACCREDITATION SYSTEM

There are approximately [700 organizations](#) across the United States (see Figure 1), accredited by the Accreditation Council for CME (ACCME®) to provide continuing medical education. These accredited providers, representing a range of organizational types, offer CME primarily to national or international audiences of physicians and other health care professionals. This chapter addresses the accreditation system for providers directly accredited by the ACCME.



**FIGURE 1. THE DISTRIBUTION OF ACCME-ACCREDITED PROVIDERS ACROSS THE COUNTRY. ON THIS MAP, EACH DOT REPRESENTS ONE OR MORE PROVIDERS LOCATED IN THE SAME ZIP CODE.**

The ACCME also has a process for “recognizing” state and territory medical societies as accreditors of intrastate providers. This system is discussed in the chapter “The Intrastate Accreditation System.”

## THE ACCREDITATION PROCESS

The ACCME accreditation system is based on a model of self-regulation, peer evaluation, and quality assurance. When applying for accreditation or reaccreditation, CME providers complete a self-study/self-assessment process to reflect on their CME programs and activities and develop plans for continuous improvement.

Each year, the ACCME reviews approximately 200 CME providers, representing about 30 percent of the provider pool. The accreditation review process is based on three sources of data: the self-study report, the performance-in-practice review, and the interview.

### *THE SELF-STUDY REPORT*

As a result of their self-study, CME providers prepare a self-study report. This report is an opportunity for providers to tell their story — to show, in their own words, how their CME programs are a strategic asset to their institutions and the wider health care community, as well as how their CME activities contribute to improving physician competence, performance, and patient care.

---

CME providers may spend up to nine months conducting a thorough program analysis, and many staff members and volunteers may be involved. This intensive process gives providers the opportunity to step back and reflect on their programs: to assess their commitment to providing CME, analyze their current practices, identify areas for improvement, and determine their future directions.

### *THE PERFORMANCE-IN-PRACTICE REVIEW*

During the year, accredited providers submit information about each of their activities through the Program and Activity Reporting System (PARS). From this database, the ACCME selects up to 15 activities to review from the provider's current accreditation term. The provider then submits materials documenting how these activities fulfilled accreditation requirements. This process enables the ACCME to ensure that accredited providers are consistently complying with requirements on an activity level.

### *THE ACCME ACCREDITATION INTERVIEW*

The next step in the process is facilitated by ACCME's national network of volunteer surveyors. A team of two surveyors reviews the CME provider's self-study report and performance-in-practice files, and then meets with the provider for the interview portion of the reaccreditation process.

The purpose of the interview is for the provider to explain how the CME program fulfills accreditation requirements, and to discuss its strengths, accomplishments, and challenges. During the interview, surveyors may ask questions or seek clarification about the information the provider supplied in the self-study report and performance-in-practice files, and providers have the opportunity to submit additional material to further demonstrate their compliance.

CME providers also have the opportunity to share with surveyors any strategies their organizations have implemented to achieve their goals and to explain their plans for future improvements. In addition to involving staff and volunteers, some providers invite their organizational leadership to the interview to give them a deeper understanding of the CME program's efforts and contributions.

The accreditation interviews are designed to be collegial interactions. Surveyors are expected to demonstrate professionalism and to communicate clearly and effectively. Their role is not to offer consultation or feedback regarding the CME provider's compliance or the possible accreditation outcome. The purpose of the interview is to gather facts and to facilitate fair and accurate decision-making in the next steps of the process.

The surveyors do not make compliance recommendations or decisions. Following the interview, they use standardized forms to answer a series of questions about the self-study report, the performance-in-practice files, and the interview.

Surveyors are expected to disclose conflicts of interest, and will not be assigned to conduct interviews with providers if they have a current or recent affiliation with the organization. CME providers concerned about a conflict of interest may request a new surveyor.

### **ABOUT ACCME VOLUNTEER SURVEYORS**

---

The ACCME accreditation system is supported by a national pool of volunteer surveyors made up of approximately 100 expert CME professionals from all provider types, ensuring that CME providers are

---

evaluated by their peers. Surveyors include physicians, CME and other health care professionals, and educators. They are nominated by their peers and must fulfill [specific qualifications](#).

Surveyors are supervised by ACCME staff and must achieve and maintain a set of [competencies](#). The ACCME provides them with intensive initial and ongoing training, and professional development and support, including face-to-face training, conference calls, and webinars. Surveyor training includes online polling, which enables surveyors to answer sample compliance questions anonymously. Through this function, the ACCME can monitor for consistency and identify areas that require further training. In addition, the ACCME has created a dedicated Web page that includes links to surveyor newsletters, forms, recorded webinars, and other accreditation resources.

ACCME surveyors play a critical role in the accreditation process. In return for their donation of time and expertise, surveyors receive the opportunity to learn from their colleagues, gain a broader understanding of the CME environment, and contribute to continuous improvement in the accreditation system. Accreditation surveyors receive no honoraria or other form of compensation; however, they are reimbursed for the expenses they incur in compliance with [ACCME's volunteer expense reimbursement policies](#).

## QUALITY ASSURANCE AND PROCESS IMPROVEMENT

After the interview, CME providers are asked to complete an evaluation about the accreditation process. The ACCME uses this feedback to analyze its current practices and make improvements. If a CME provider gives a negative report about the survey process, the ACCME investigates immediately to address the provider's concerns and resolve problems. If the ACCME deems necessary, it will initiate another survey to remediate the issue.

In response to accredited providers' feedback, the ACCME periodically revises the *ACCME Guide to the Accreditation Process* to offer a more user-friendly resource.

## ACCREDITATION DECISION-MAKING

The ACCME has a rigorous, multilevel process for making accreditation and reaccreditation decisions. These decisions are made three times a year. Accreditation decisions are determined through a review by two ACCME committees: first, the Accreditation Review Committee, and second, the Decision Committee of the Board of Directors. All accreditation decisions are then ratified by the full Board of Directors. Throughout the process, the ACCME staff members provide support and guidance to committee members. This multitier process provides the checks and balances necessary to ensure fair and accurate decisions. In addition, the ACCME uses a criterion-referenced decision-making system to ensure fairness, consistency, and accuracy.

Members of the Accreditation Review Committee, Decision Committee, and Board of Directors must disclose conflicts of interest related to the accreditation decision-making process and recuse themselves if necessary.

---

## THE ACCREDITATION REVIEW COMMITTEE'S ROLE IN DECISION-MAKING

The surveyors' reports ([Surveyor Report Form](#) and [Documentation Review Form](#)) and the CME providers' materials are forwarded to the [Accreditation Review Committee](#). Each ARC reviewer is assigned five or six CME providers per accreditation cycle. The reviewer checks the materials to make sure they are complete and then determines whether or not the provider has complied with each of the Accreditation Criteria.

An ACCME staff person is assigned to each reviewer to provide support and to monitor the review process. The staff reviews the surveyors' observations and the reviewer's findings for validity and congruity, addressing any differences that are found between the two data sets, and ensuring that the accreditation recommendations are valid and supported by the data.

The Accreditation Review Committee meets three times a year. Each meeting lasts two days and is held at the ACCME's offices. In addition to the ARC members, about 10 ACCME staff members, including the executive staff, attend the meetings to provide support and monitor the process. At the beginning of each meeting, prior to discussions of individual CME provider practices, members engage in exercises to come to consensus about new or unusual compliance issues regarding the providers under review.

Members present their findings for the CME providers they have reviewed, and then explain their recommendations. All the providers' materials are in the meeting room, available for the members to review. ARC members are not allowed to discuss "hearsay information"—they must make their decisions based only on the data gathered during the accreditation process. The entire committee asks questions and discusses the compliance issues until they arrive at a consensus and recommend an accreditation decision.

The ACCME implements quality-control measures to make sure that ARC members determine the correct compliance and noncompliance findings for each criterion, and to ensure that their decisions are consistent and impartial. The ACCME produces color-coded grids showing the compliance and noncompliance findings for each criterion and the final accreditation decision for each CME provider in the cohort, so that the ACCME staff, ARC members, and Board members can compare accreditation decisions, making sure that providers that have similar findings receive the same accreditation status.

In the example of a color-coded grid on the following page, each row is a CME provider's compliance profile. Each column is an accreditation requirement (Criteria 1-22 and policies). Each cell represents a compliance finding: yellow = compliance (c), red = noncompliance (n), white = not appli-



**ACCME STAFF AND VOLUNTEERS PARTICIPATE IN AN ACCREDITATION REVIEW COMMITTEE (ARC) MEETING.**

cable (n/a), gray = evidence not submitted (en). Based on the compliance profile of the CME provider, the committee reaches a decision, as indicated by the section headings in black. Further information on the ACCME's compliance findings and decisions can be found later in this chapter.

**FIGURE 2. SAMPLE GRID USED IN THE ACCME DECISION-MAKING PROCESS**

			7																				
1	2	3	4	5	6	S1	S2	S6	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
<b>Nonaccreditation from initial application</b>																							
c	n	c	n/a	n/a	n/a	c	n	c	n	c	c	c	c	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
c	c	c	n/a	n/a	n/a	c	c	c	c	c	c	n	n	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
<b>Probation with progress report</b>																							
c	n	c	c	c	c	n	n	n	n	c	n	n	n	c	c	c	n	c	c	c	n	n	n
c	n	n	c	c	c	n	n	n	n	c	n	n	n	n	n	n	en	en	en	en	en	en	en
<b>Accreditation with progress report</b>																							
c	n	c	c	c	n	c	n	n	c	c	c	n	n	c	n	n	en	en	en	en	en	en	en
c	n	c	c	c	n	c	c	n	c	c	c	n	n	c	c	c	n	c	c	n	c	en	n
c	c	c	c	c	n	c	n	n	c	c	c	n	n	c	n	n	en	en	en	en	en	en	c
c	n	n	c	c	c	c	n	c	c	c	c	c	c	c	c	c	n	c	n	n	c	c	c
c	c	c	c	c	c	c	n	n	c	c	c	n	n	c	c	c	en	en	en	en	en	en	en
c	c	c	c	c	c	c	n	n	c	c	c	c	c	c	c	c	c	c	n	n	n	n	c
c	c	c	c	c	c	c	c	n	n	c	c	c	c	c	c	c	c	c	n	c	c	c	c
c	c	c	c	c	c	c	c	n	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c
<b>Provisional Accreditation</b>																							
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	n/a	n/a	n/a	n/a	n/a	n/a	n/a
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	n/a	n/a	n/a	n/a	n/a	n/a	n/a
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	n/a	n/a	n/a	n/a	n/a	n/a	n/a
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Accreditation</b>																							
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	n	n	c	en	en	en
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	n	c	c	c	n	c	c
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	en	c	c	c	n	c	c
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	en	en	en	c	c	en	c
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	en	en	en	en	en	en	en	en
<b>Accreditation with Commendation</b>																							
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c
c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c	c

**c** = compliance    **nc** = noncompliance    **n/a** = not applicable    **en** = evidence not submitted

**ABOUT THE ACCREDITATION REVIEW COMMITTEE**

ARC members are expert CME professionals who have in-depth knowledge concerning the philosophy and process of CME, the ACCME, and accreditation requirements. Some ARC members have served as surveyors; some have experience with a CME program accredited by the ACCME or a Recognized Accreditor.

The ARC comprises up to 30 members. Of these, at least 21 are nominated by the ACCME's member organizations and elected by the ACCME Board of Directors. The remaining members are nominated by the ACCME's CEO and elected by the Board. The initial term is two years; members may serve for a maximum of six years.

---

New ARC members are trained by ACCME staff. They attend their first meeting as observers; at their second meeting they are assigned one review, which they do under the supervision of a staff person. At their third meeting, they begin doing reviews on their own.

### *THE DECISION COMMITTEE'S ROLE IN DECISION-MAKING*

After the ARC completes its work, the Board of Directors' Decision Committee reviews the materials, which include narrative descriptions of noncompliance findings and justifications for the accreditation decisions. The ARC chair informs the committee about any compliance issues that required new interpretations. The Decision Committee compares the compliance grid for the provider cohort under review with grids from previous cohorts to make sure that decision-making has been consistent. The committee then makes accreditation decision recommendations to the full Board.

### *THE BOARD OF DIRECTORS' ROLE IN DECISION-MAKING*

As the last step in the accreditation decision-making process, the full [Board of Directors](#) ratifies the decisions. All accreditation decisions must be ratified by the ACCME Board of Directors; through this ratification, the Board of Directors ensures that the accreditation process was conducted according to the ACCME's published policies and procedures.

## COMPLIANCE FINDINGS

For each applicable accreditation requirement, an accredited provider receives one of the following compliance findings:

- **Compliance:** The CME provider fulfilled the ACCME's requirements for the specific criterion or policy.
- **Noncompliance:** The CME provider did not fulfill the ACCME's requirements for the specific criterion or policy.
- **Not applicable:** The CME provider was not required to comply with the specific criterion or policy. For example, initial applicants must comply with Criteria 1, 2, 3, and 7–12 in order to be eligible for Provisional Accreditation and would receive a ruling of “not applicable” for the other Criteria. CME providers seeking reaccreditation would receive a finding of “not applicable” in policy areas that do not apply to the types of activities they produce.
- **Evidence not submitted:** The CME provider chose not to submit documentation to demonstrate compliance with Criteria 16–22. Providers applying for full reaccreditation must meet the requirements of Criteria 1–15, but are not required to demonstrate compliance with Criteria 16–22. If the CME provider chose not to submit documentation to demonstrate compliance for Criteria 16–22, the provider would receive a finding of “evidence not submitted” for those Criteria.

---

## ACCREDITATION DECISIONS

The decision-making process assesses a CME provider's compliance or noncompliance with each individual accreditation requirement. Based on these compliance findings, the ACCME decides on the provider's accreditation status, using one of these five options:

1. **Provisional Accreditation** is a two-year term given to initial applicants that comply with Accreditation Criteria 1, 2, 3, and 7–12.
2. **Accreditation** is the standard, four-year term awarded to accredited providers. Providers may be required to submit progress reports; further explanation follows.
3. **Accreditation with Commendation** confers a six-year term of accreditation and is available only to providers seeking reaccreditation, not to initial applicants. Providers must demonstrate compliance with all 22 Accreditation Criteria to achieve Accreditation with Commendation.
4. **Probation** is given to accredited providers that have serious problems meeting ACCME requirements. Probation may also be given to providers whose progress reports are rejected. (Information on progress reports follows.)
5. **Nonaccreditation:** Although Nonaccreditation decisions are rare, the ACCME does make that determination in the following circumstances.
  - An initial applicant is not in compliance with Accreditation Criteria 1, 2, 3, and 7–12.
  - A provisionally accredited provider has serious noncompliance issues.
  - A provider on Probation is found in noncompliance with one or more of the Criteria.

### The ACCME Decision Report

Each CME provider receives an individualized ACCME decision report, a formal notification of its accreditation status and term. The decision report also summarizes the ACCME's compliance findings. CME providers that receive a decision of Probation or Nonaccreditation are entitled to participate in the ACCME's [Reconsideration and Appeals](#) process.

ACCME Organization #:	#####
Organization Name:	Provider ABC
Last Accreditation Status:	Accreditation
Last Accreditation Decision Date:	November 2006
Progress Report Decision(s):	March 2008, Accept Report

**CRITERIA COMPLIANCE SUMMARY**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
C	C	C	C	C	C	C	NC	C	C	C	C	C	C	C	C	NC	C	C	C	C	C

**NOVEMBER 2010 ACCME DECISION**

Accreditation Status: Accreditation	
A 12 month ACCME progress report is required	A focused interview is not required

**FINDINGS**

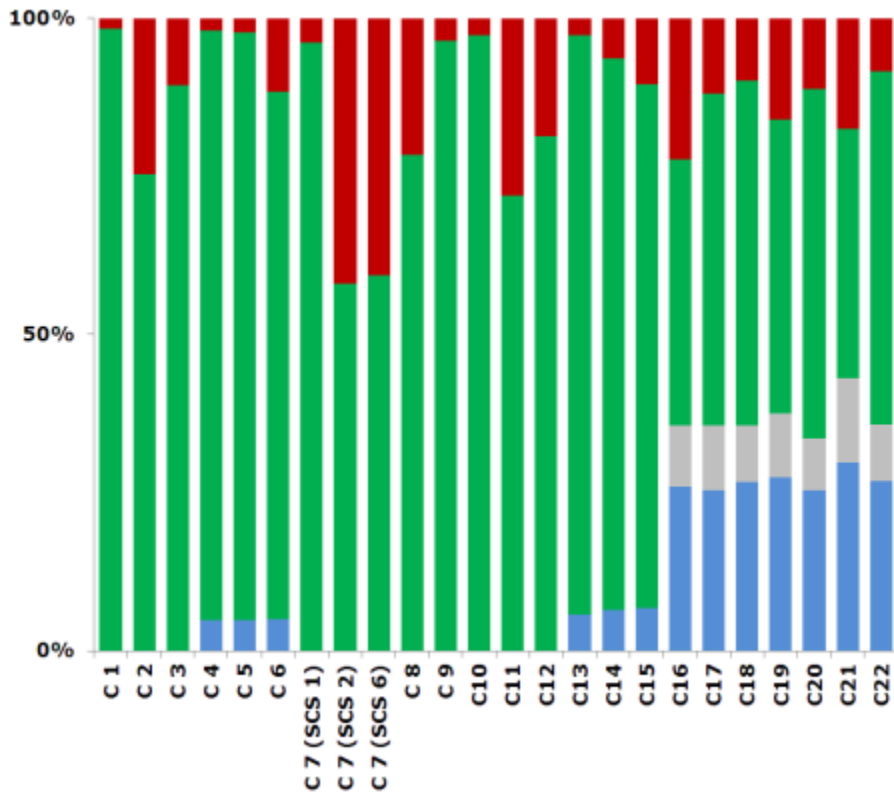
<b>Essential Area 1: Purpose and Mission</b>	
<b>C1</b>	Compliance: The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of competence, performance, or patient outcomes that will be the result of the program.
<b>Essential Area 2: Educational Planning</b>	
<b>C2</b>	Compliance: The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

### SAMPLE ACCME DECISION REPORT

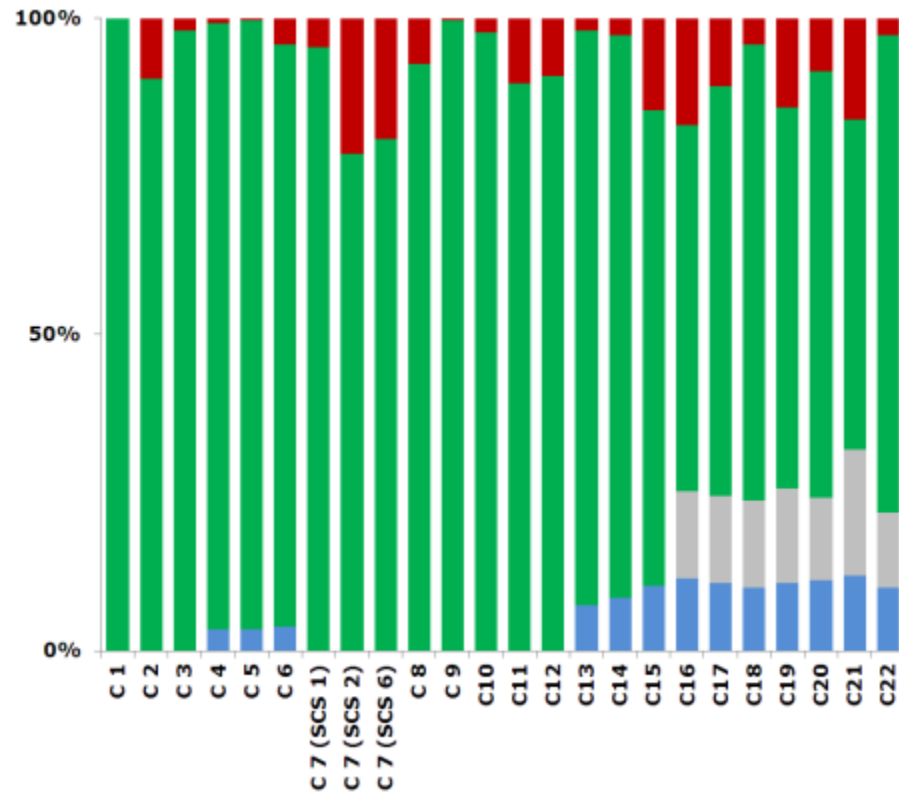
## ACCREDITATION DATA

The data presented in the following pages enables the ACCME, CME providers, and other stakeholders to identify trends. The ACCME analyzes this information to assess providers' educational needs and develop strategies for improving the accreditation process.

**FIGURE 3. ACCME FINDINGS BY CRITERION (N=413)  
NOVEMBER 2008 THROUGH NOVEMBER 2010**



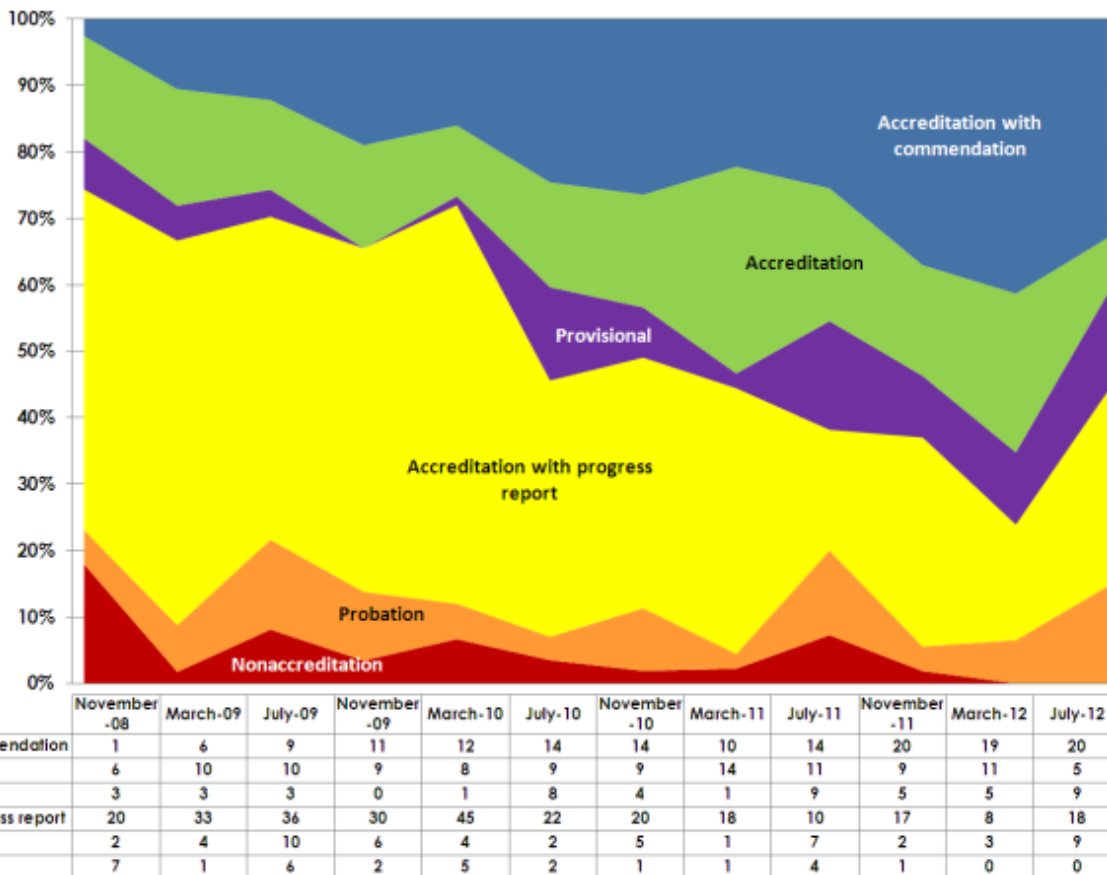
**FIGURE 4. ACCME FINDINGS BY CRITERION (N=261)  
MARCH 2011 THROUGH JULY 2012**



Figures 3 and 4 illustrate compliance finding trends since the implementation of the 2006 Accreditation Criteria.

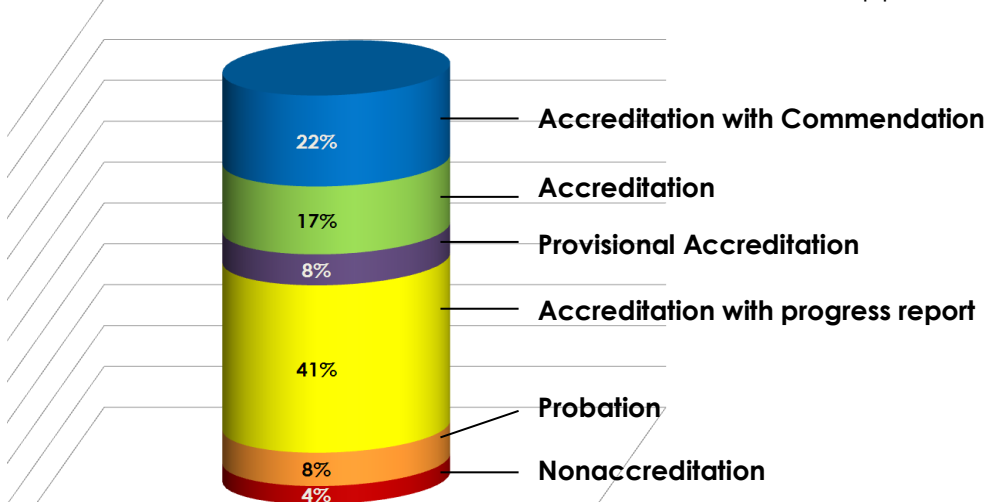
Green = Compliance, Red = Noncompliance, Blue = Not Applicable, Gray = Evidence not Submitted





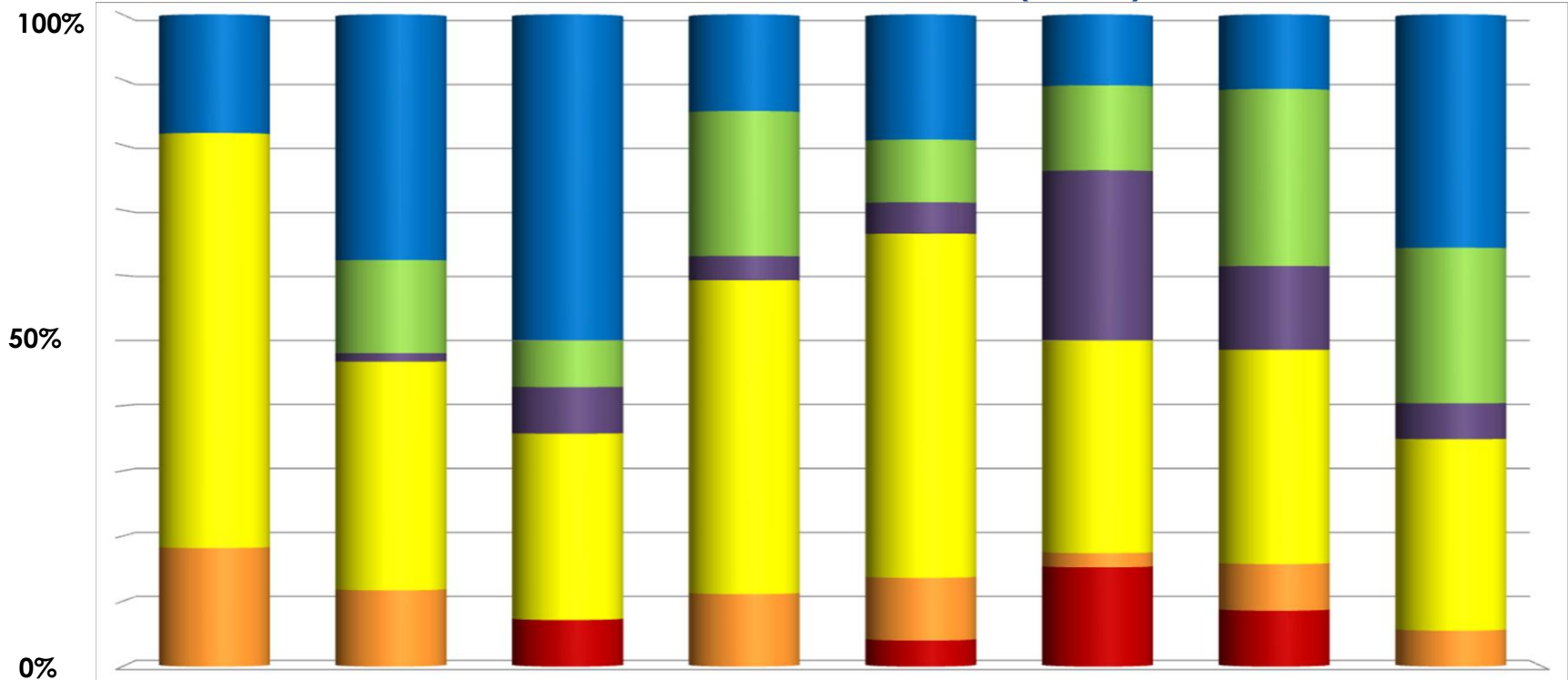
**FIGURE 5. ACCREDITATION DECISION OUTCOMES BY MEETING NOVEMBER 2008 – JULY 2012 (N=674)**

Figure 5 shows accreditation decision outcome trends since the implementation of the 2006 Accreditation Criteria. Overall, the percentage of providers required to submit progress reports is decreasing and the percentage of providers that are receiving Accreditation with Commendation is increasing. The percentage of initial applicants that are successful at achieving Provisional Accreditation is also increasing. As a consequence, the number of providers receiving Nonaccreditation is decreasing, since most nonaccreditation decisions are a result of initial application.



**FIGURE 6. ACCREDITATION DECISIONS FOR ALL PROVIDERS ASSESSED USING THE 2006 ACCREDITATION CRITERIA FROM NOVEMBER 2008 – JULY 2012 (N=674)**

**FIGURE 7. THE PERCENTAGE OF EACH TYPE OF ACCREDITATION DECISION THAT HAS BEEN MADE UNDER THE 2006 ACCREDITATION CRITERIA BROKEN OUT BY PROVIDER TYPE. DECISIONS WERE MADE BETWEEN NOVEMBER 2008 AND JULY 2012 (N = 674).**



	Government or military (n = 11)		Hospital/health care delivery system (n = 77)		Insurance company/managed-care company (n = 14)		Nonprofit other (n = 27)		Nonprofit physician membership organization (n = 250)		Not classified (n = 46)		Publishing/education company (n = 140)		School of medicine (n = 109)	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
■ Accred. w/ Commendation	18%	2	38%	29	50%	7	15%	4	19%	48	11%	5	11%	16	36%	39
■ Accreditation	-		14%	11	7%	1	22%	6	10%	24	13%	6	27%	38	24%	26
■ Provisional Accreditation	-		1%	1	7%	1	4%	1	5%	12	26%	12	13%	18	6%	6
■ Accred. w/ progress report	64%	7	35%	27	29%	4	48%	13	53%	132	33%	15	33%	46	29%	32
■ Probation	18%	2	12%	9	-		11%	3	10%	24	2%	1	7%	10	6%	6
■ Nonaccreditation	-		-		7%	1	-		4%	10	15%	7	9%	12	-	

		Status received by providers for decisions under 2006 Criteria (n)					
		Accreditation w/ Commendation	Accreditation	Provisional Accreditation	Accreditation w/ progress report	Probation	Non-accreditation
Providers' incoming status at time of decision	Accreditation w/ Commendation (n=78)	48	11	not an option	19	0	0
	Accreditation (n=465)	95	86	not an option	229	55	0
	Provisional Accreditation (n=49)	7	15	0	27	not an option	0
	Initial (n=79)	not an option	not an option	52	not an option	not an option	27
	Probation (n=3)	0	0	not an option	not an option	not an option	3
Total number of providers receiving status (n=674)		150	112	52	275	55	30

**TABLE 1. A COMPARISON OF PROVIDERS' ACCREDITATION STATUS BEFORE AND AFTER ACCREDITATION DECISIONS UNDER THE 2006 CRITERIA FROM 11/08—7/12**

		Status received by providers for decisions under 2006 Criteria (%)					
		Accreditation w/ Commendation	Accreditation	Provisional Accreditation	Accreditation w/ progress report	Probation	Non-accreditation
Providers' incoming status at time of decision	Accreditation w/ Commendation	62%	14%	not an option	24%	-	-
	Accreditation	20%	18%	not an option	49%	12%	-
	Provisional Accreditation	14%	31%	-	55%	not an option	-
	Initial	not an option	not an option	66%	not an option	not an option	34%
	Probation	-	-	not an option	not an option	not an option	100%

**TABLE 2. A COMPARISON OF PROVIDERS' ACCREDITATION STATUS BEFORE AND AFTER DECISIONS UNDER THE 2006 CRITERIA BY PERCENTAGE, FROM 11/08—7/12**

---

## PROGRESS REPORTS

Accredited providers found in Noncompliance with any Criterion 1–15 must submit progress reports within four months to a year to demonstrate that they have come into compliance. If the accredited provider successfully demonstrates compliance, the progress report is accepted and the provider can then complete its four-year accreditation term.

In some cases, the ACCME issues a decision of Clarification Required, which means the accredited provider has addressed the noncompliance issue in the progress report but the ACCME needs additional information at the next reaccreditation review. This information might be needed because the accredited provider has not had an opportunity to demonstrate improvement. As an example: The accredited provider was found noncompliant because it did not submit written letters of agreement with commercial supporters. The accredited provider created a process to comply but has not yet received a grant.

If the ACCME rejects the progress report, the accredited provider will be required to submit a second progress report and/or the ACCME may require a focused accreditation interview to address the areas of noncompliance. If the second progress report fails to demonstrate improvement, the ACCME may require a third progress report. The ACCME can also place an accredited provider on Probation or issue a decision of Nonaccreditation after reviewing a progress report.

Accredited providers may submit voluntary progress reports to seek a change in status from Accreditation to Accreditation with Commendation, if they have been found compliance with Accreditation Criteria 1–15 and have no more than one noncompliant finding for relevant ACCME policies or one noncompliant finding for Accreditation Criteria 16–22.

From November 2008 through July 2012, the ACCME reviewed 486 progress reports using the 2006 Accreditation Criteria. Four hundred and six were first progress reports and 326 of those were accepted (80%). Seventy were 2<sup>nd</sup> progress reports; of those, 66 were accepted (94%) and 4 were rejected (6%). Ten were 3<sup>rd</sup> progress reports; all of those were accepted. One hundred forty-seven (30%) of the 486 progress reports reviewed (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup>) resulted in a change of status. Of those, 35 received a change in status from Accreditation to Accreditation with Commendation, 76 received a change in status from Probation to Accreditation, 34 had their status changed from Accreditation to Probation, and 2 were taken from Probation to Nonaccreditation.

Total # PRs reviewed 11/08 – 07/12	<b>486</b>	
No change of status	<b>340</b>	<b>70%</b>
Yes, change of status	<b>146</b>	<b>30%</b>
<i>from Probation to Accreditation</i>	<i>76</i>	<i>16%</i>
<i>from Accreditation to Accredited with Commendation</i>	<i>35</i>	<i>7%</i>
<i>from Probation to Nonaccreditation</i>	<i>2</i>	<i>&lt;1%</i>
<i>from Accreditation to Probation</i>	<i>33</i>	<i>7%</i>

**TABLE 3. CHANGE OF STATUS FROM A PROGRESS REPORT NOVEMBER 2008 – JULY 2012 (N=486)**

## SCOPE OF THE NATIONAL ACCREDITATION SYSTEM

The national accreditation system comprises a spectrum of organizations in the United States, including medical schools; nonprofit physician membership organizations such as medical specialty and state medical societies; hospitals/health care delivery systems; publishing and education companies; government and military organizations; and insurance and managed-care companies. The ACCME asks providers to identify their organizational type so that stakeholders can see the range of organizations offering accredited CME. (See Table 4.)

Organization Type	Count	% of total providers
Government or military	14	2 %
Hospital / health care delivery system	91	13 %
Insurance company / managed care company	13	2 %
Non-profit other	31	4 %
Non-profit physician membership organization	256	36 %
Not classified	37	5 %
Publishing / education company	133	19 %
School of medicine	127	18 %
<b>Grand Total</b>	<b>702</b>	<b>100 %</b>

**TABLE 4. THE COUNT OF ACCME-ACCREDITED PROVIDERS GROUPED BY PROVIDER TYPE AS OF JULY 2012**

As illustrated in Table 5, the total number of accredited providers, as well as the distribution among organizational types, has evolved over the years. The 2012 total of 702 accredited providers represents an 11 percent increase since 1998, when there were 632 providers.

**TABLE 5. THE HISTORICAL COUNT OF ACCME-ACCREDITED PROVIDERS GROUPED BY PROVIDER TYPE**

Organization Type	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	7/31/2012
Government or military	12	15	15	15	16	15	16	16	16	15	14	14	14	14	14
Hospital / health care delivery system	72	77	76	77	77	77	90	91	93	93	90	88	85	85	91
Insurance company / managed care company	1	9	11	11	7	9	13	11	14	14	15	15	14	14	13
Non-profit other	56	67	69	63	60	60	30	31	34	38	38	35	35	35	31
Non-profit physician membership organization	221	222	228	227	230	232	273	270	267	270	270	265	258	255	256
Not classified	114	58	61	61	61	60	26	25	29	33	32	31	35	37	37
Publishing / education company	41	90	102	104	118	126	146	148	154	150	144	135	130	128	133
School of medicine	115	117	118	116	117	118	122	124	122	123	125	124	123	124	127
<b>Grand Total</b>	<b>632</b>	<b>655</b>	<b>680</b>	<b>674</b>	<b>686</b>	<b>697</b>	<b>716</b>	<b>716</b>	<b>729</b>	<b>736</b>	<b>728</b>	<b>707</b>	<b>694</b>	<b>692</b>	<b>702</b>

---

When providers voluntarily withdraw their ACCME accreditation, the ACCME ascertains the reason whenever possible. The most common reason providers give is corporate changes, such as mergers and acquisitions. In addition, smaller providers sometimes withdraw because they have decided to offer CME through partnerships (joint sponsorships) with larger accredited providers. For that reason, the decline does not necessarily represent a reduction in physicians' access to CME. The number of physician and nonphysician participants in CME activities has increased steadily over the years, although participant numbers remained virtually flat between 2010 and 2011. The numbers of activities and hours of instruction increased between 2010 and 2011.

In 2011, ACCME-accredited providers reported offering more than 88,000 activities, drawing more than 19 million participants. (This figure represents aggregate participant totals, and not the number of unique participants. Participants attending multiple activities are counted multiple times.) For more information about the size and scope of the national accreditation system, see the [ACCME Annual Report Data 2011](#).

## ADDITIONAL VALUE

### *SUPPORT FOR OTHER ACCREDITATION AND CREDIT SYSTEMS*

The ACCME collaborates with other accreditation and credit systems. Through its accreditation process, the ACCME provides support to those institutions' efforts.

The ACCME accredits institutions that offer continuing medical education, but does not administer a system for providing CME credits directly to learners. During the performance-in-practice review, the ACCME collects evidence from a sample of the accredited provider's activities to demonstrate its compliance with the requirements of the *American Medical Association Physician's Recognition Award Category 1*™ credit system. The ACCME collects and transmits this evidence to the AMA as a service to both the provider and the credit system. The AMA and the ACCME Board of Directors continue to work together to identify potential enhancements to this process.

The ACCME has collaborated with the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) to develop a joint accreditation process to reward organizations for offering team-focused education that improves patient care. The process decreases the administrative burdens for continuing education providers, as they can take advantage of one unified, streamlined process.

For more information about the joint accreditation process and how the ACCME accreditation system supports other credit systems and physician learning requirements, see the chapter "Governance, Leadership, and Collaboration."

---

## SYSTEM IMPROVEMENTS

### PROGRAM AND ACTIVITY REPORTING SYSTEM (PARS)

In July 2010, the ACCME opened the [Program and Activity Reporting System \(PARS\)](#), a Web-based portal, designed to streamline and support the collection of program and activity data from ACCME-accredited providers. PARS replaced the PC-based spreadsheets the ACCME previously used to collect data for the reaccreditation process. Instead, accredited providers now submit data on an ongoing basis, deciding when and how often to upload information. In addition, providers no longer need to submit separate, aggregated data for the ACCME annual reports. While there are no new data requirements for providers, PARS features optional data fields to collect information about individual CME activity topics, including the number of AMA PRA Category 1 credits designated, and the names of joint sponsors and commercial supporters.

Program and Activity Reporting System (PARS)

Log In

PARS is reserved for the exclusive use of organizations accredited by the Accreditation Council for Continuing Medical Education (ACCME). To learn more about PARS, click [here](#).

If you are the primary contact, billing contact and/or CEO of an ACCME-accredited organization, you may access the system by entering your email address, password, and your 7-digit ACCME Organization ID. To log in for the first time, please click on the "Request a password" link below.

Fields with an asterisk (\*) are required.

Email Address\*

Password\*

ACCME Organization ID\*

[Request a password](#)

[Minimum System Requirements](#)

©2010 ACCME®  
515 N. State Street, Suite 1801  
Chicago, IL 60654  
Phone: 312-527-9200

The structure of PARS enables the ACCME to present annual report data that provides a more detailed and comprehensive picture of the national CME enterprise and assists the ACCME, accredited providers, and other stakeholders in demonstrating the value and scope of CME. For example, annual report data now includes an overview of the numbers and types of activities that do and do not receive commercial support across the national CME enterprise. The new data includes analysis of commercial support distribution by activity types, numbers, hours, and participants.

In 2012, at the request of Recognized Accreditors, the Board approved budget allocations enabling the ACCME to adapt PARS for use by the intrastate accreditation system. Recognized Accreditors now have the option to use PARS to collect accreditation and annual report data for intrastate providers.

### ACCREDITATION COMPLIANCE REVIEW SYSTEM

In 2011, the ACCME implemented the online Accreditation Compliance Review System (ACRS) for accreditation surveyors and Accreditation Review Committee members. ACRS enables surveyors to complete and submit their report forms online. Surveyors can easily compare their reports and identify areas that require additional discussion or review. After surveyors have completed their process, and the ACCME staff has reviewed the surveyors' reports, the Accreditation Review Committee members use ACRS to review the forms, record their compliance findings, and make their accreditation recommendations. The information and recommendations are reviewed by the Decision Committee of the Board of Directors and all accreditation decisions are then ratified by the ACCME's Board of Directors.

---

## ONLINE ACCREDITATION INTERVIEW SCHEDULING PROCESS

In 2012, the ACCME implemented an online accreditation interview scheduling system in order to simplify and streamline the process for accredited providers and accreditation surveyors. The process enables providers to use the online ACCME's Interview Date Preference Form to review a list of available slots and choose the date, time, and format for their interviews. Then, accreditation surveyors select the interviews they will conduct from the list of scheduled interviews. Previously, interview scheduling was arranged via e-mail and phone.

The ACCME piloted the process with a select group of providers in the March 2013 cohort and received positive feedback about the ease and efficiency of the process. The process was then implemented for all providers in the March 2013 cohort and will be used for all future cohorts. The ACCME will continue to refine the system based on user feedback and its experience implementing it. The online accreditation interview scheduling system is part of the ACCME's ongoing efforts to use technology to improve the efficiency, effectiveness, and ease of the accreditation review and decision-making process.

## ACCREDITATION WITH COMMENDATION EMBLEM

In 2012, in response to requests from accredited providers, the ACCME produced an electronic version of the Accreditation with Commendation emblem that is included on the accreditation certificate sent to those ACCME-accredited providers that achieve Accreditation with Commendation. The ACCME encourages CME providers to celebrate their success in achieving Accreditation with Commendation by informing their community, stakeholders, and the public, and created the Accreditation with Commendation emblem to support these communications.



## ACCREDITATION STAFF

**Dion Richetti, DC**, Director, Accreditation and Recognition Services

**David Baldwin, MPA**, Manager of Accreditation Services

**Paul Lawlor**, Assistant Manager of Accreditation and Recognition Services

**Heidi Richgruber**, Manager, Monitoring and Improvement

**Erica Hubbard**, Survey Services Coordinator

**Teri McCauley**, Coordinator of Accreditation and Recognition

**Levi Baer**, Administrative Assistant



---

## FOR MORE INFORMATION

The resources below are all available at our Web site, [www.accme.org](http://www.accme.org).

[Ask ACCME](#)

[Program and Activity Reporting System \(PARS\)](#)

[Accreditation Process: First-Time Applicants Applying for Accreditation](#)

[ACCME Accredited Providers: the Reaccreditation Process](#)

[Accreditation Review Committee](#)

[Surveyor Qualifications](#)

[Surveyor Report Form](#)

[Documentation Review Form](#)

**Tips for the Accreditation Process:** In this four-part video FAQ series Dennis Lott, DEd, ACCME's former Manager of Accreditation Development, shares insights and best practices to guide providers through the accreditation process:

- [Tips for the Accreditation Process: Common Misconceptions About the Accreditation Process](#)
- [Tips for the Accreditation Process: Preparing for the Interview](#)
- [Tips for the Accreditation Process: Perspectives on Surveyors](#)
- [Tips for the Accreditation Process: Addressing Missing or Incomplete Information](#)