



EXECUTIVE SUMMARY OF THE MARCH 2010 MEETINGS OF THE ACCME BOARD OF DIRECTORS

Accreditation and Recognition Decision Making

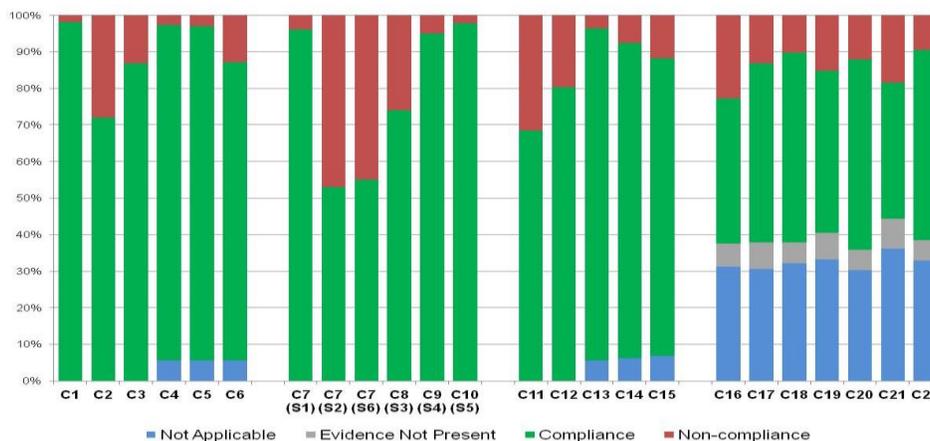
The ACCME ratified Accreditation, Reaccreditation, and Progress Report decisions, based on the 2006 Accreditation Criteria, for 100 providers. This included 15 providers that received **Accreditation with Commendation**, which confers a six-year term of accreditation, as well as one initial applicant receiving **Provisional Accreditation**. Two initial applicants received Non-Accreditation. The Board ratified **Progress Report** decisions for 22 providers. Of those, 18 progress reports were accepted, three were rejected, and one provider will have to clarify compliance at its next review.

The ACCME ratified Recognition and Recognition Progress Report decisions for two state medical society accreditors.

There are now 704 ACCME-accredited providers and 1,504 providers accredited by ACCME-Recognized state or territory medical societies. Updated lists of accredited providers, including their accreditation status, are available on our [Web site](#).

Accreditation Decision Making Based on the 2006 ACCME Accreditation Criteria

Since November 2008 the ACCME has completed accreditation reviews for five cohorts of providers using the 2006 Criteria (n = 304).



Providers found in Non-Compliance with any accreditation requirement must submit **Progress Reports**. The ACCME has reviewed Progress Reports for a total of 64 providers found in Non-Compliance with one or more of the 2006 Accreditation Criteria since November 2008. The ACCME has found 46 of these providers (72%) to have demonstrated compliance with all Criteria previously found in Non-Compliance. One provider will have to clarify compliance at its next review. Seventeen (27%) had their Progress Reports rejected for failure to demonstrate compliance in all Criteria originally found in Non-Compliance. Of those, 10 had their status changed to **Probation** and were assigned a second Progress Report. Four were already on Probation and were assigned a second Progress Report. One maintained its status of Accreditation, but was assigned another Progress Report. Two had their status changed to Non-Accreditation.

ACCME Board of Directors Task Forces

In December 2009, the Chair of the ACCME Board created four task forces to focus on issues concerning providers and stakeholders that were identified from the roundtable discussions with member organizations and other stakeholders. One of these, the Accreditation Requirements Task Force, is exploring strategies for clarifying the requirements, eliminating redundancies and reducing the documentation requirements for providers. Other task forces are examining ACCME bylaws, Board policies and practices, and ACCME's monitoring processes. The Board heard reports from the task forces. The task forces will continue their work and provide updates about their progress at the July Board of Directors meeting.

ACCME's Recognition Requirements: Markers of Equivalency

The ACCME has a process for Recognizing state and territory medical societies as accreditors for local organizations offering CME. In 2008, the ACCME adopted updated Recognition requirements, called the [Markers of Equivalency](#), through a collaborative process with the state medical societies. The purpose of the Markers of Equivalency is to help ensure that accreditation decisions are consistent at the state and national levels. Beginning this year, the ACCME will make Recognition decisions based on the Markers of Equivalency. The Board heard a report from the [ACCME Committee for Review and Recognition](#) about how it plans to simplify and adapt its decision-making process to assess the Markers.

Interactions with ACCME Member Organizations

On January 20, 2010, the American Medical Association hosted a meeting with [ACCME member organizations](#), which the ACCME Board of Directors felt was constructive. The Board discussed the meeting and expressed support for the member organizations' intent to explore holding a leadership summit to bring together accrediting organizations from across the spectrum of medical education to discuss professional standards.

Joint Accreditation for Health Care Team Continuing Education

In March 2009, the ACCME, the Accreditation Council for Pharmacy Education and the American Nurses Credentialing Center Accreditation Program launched a joint accreditation process, [Accreditation of Continuing Education Planned by the Team for the Team](#). The Board was briefed concerning the progress of this initiative. Several providers have begun the process, and will be surveyed by a joint team and reviewed by a joint committee for accreditation this spring. The accreditation recommendations will then be transmitted to all three boards for their final decision in July.

Interactions with International Accreditors

The Board voted to Recognize *The Association of Faculties of Medicine of Canada* as substantially equivalent to the ACCME accreditation system. This is the second Canadian organization the ACCME has recognized as substantially equivalent. In July 2008, the Board recognized the Royal College of Physicians and Surgeons of Canada as substantially equivalent to the ACCME accreditation system. The Recognition of the RCPSC and AFMC's substantial equivalency builds on a relationship between the Canadian CME system and the ACCME that dates from 1984.

Program & Activity Reporting System

The Board heard an update about the Program & Activity Reporting System (PARS). The next step in the rollout of PARS is an exhibition and education phase. This will afford all accredited providers the opportunity to try out the system. Any data entered during the exhibition phase will be purged before the launch of the system. After this phase, the ACCME will make any necessary additional adjustments before launching PARS. The exhibition and education phase follows two pilot phases, during which groups of accredited providers volunteered to test the system. (Update following the Board meeting: The PARS exhibition and education phase opened April 21 and will close May 21. For more information, visit the [PARS Information Page](#) on our Web site.)

Calls for Comment

The Board reviewed the status of the recent calls for comment. In January, the ACCME issued three calls for comment: Complaints and Inquiries Process: Balancing Transparency and Confidentiality, Knowledge-based CME Activities, and ACCME's Recognition Process. The calls for comment closed on March 8, just before the Board meeting. The Board will discuss the issues and the responses at the July Board meeting. (Update following the Board meeting: The ACCME published preliminary analyses and the responses on its [Web site](#) on April 29.)

Finance

The ACCME Board reviewed a positive report of the independent audit of the ACCME 2009 financial statements. As part of its ongoing efforts to contain costs, the ACCME will assess potential alternative funding models, revenue streams and service-delivery strategies.