



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

Accreditation and Recognition Decision Making

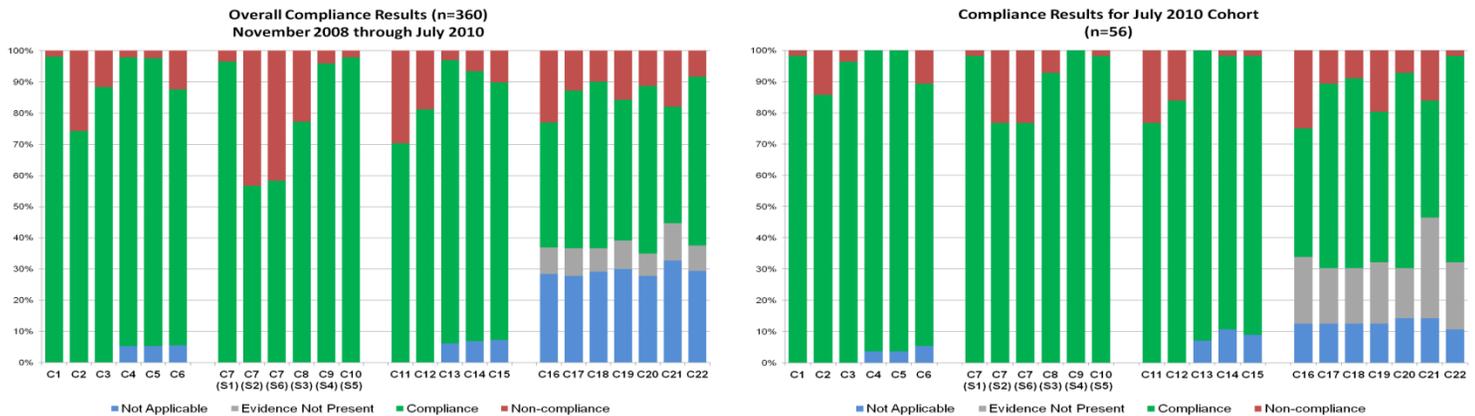
The ACCME ratified 56 Accreditation and Reaccreditation decisions based on the 2006 Accreditation Criteria. This included 14 providers (25%) that received **Accreditation with Commendation**, which confers a six-year term of accreditation. Thirty-one providers (56%) received **Accreditation**. Two providers (4%) were placed on **Probation**. Seven initial applicants received **Provisional Accreditation**; two initial applicants received Non-Accreditation. The Board ratified **Progress Report** decisions for 65 providers. Of those, 50 progress reports were accepted and 15 were rejected.

The ACCME made its first Recognition decision based on the Markers of Equivalency. Adopted by the ACCME in 2008 through a collaborative process with Recognized Accreditors, the Markers of Equivalency help ensure that accreditation decisions are consistent at the state and national levels. The ACCME also ratified one Recognition Progress Report decision; the Progress Report was rejected.

In total, there are 700 ACCME-accredited providers and 1,496 providers accredited by ACCME Recognized Accreditors (state or territory medical societies that accredit local organizations offering CME). The lists of accredited providers on our Web site will be updated in September to reflect the July 2010 accreditation decisions.

Accreditation Decision Making Based on the 2006 ACCME Accreditation Criteria

Since November 2008 the ACCME has completed accreditation reviews for six cohorts of providers using the 2006 Criteria (n = 360).



Interactions with ACCME Member Organizations

The Board introduced a new session, convening the member organization liaisons before the Board meeting to offer them the opportunity to speak directly to the ACCME Board of Directors about issues of concern, in keeping with their special role as the ACCME's founding and member organizations. This constructive dialogue addressed the work of the ACCME Board task forces and committees.

Interactions with Accreditors

At the invitation of the Board, Paul M. Schyve, MD, Senior Vice President, The Joint Commission, met with the Board to discuss how continuing medical education can support The Joint Commission in meeting its mission and the missions of the hospitals and health systems it accredits. Dr. Schyve explained The Joint Commission's quality and safety improvement initiatives and the role CME can play in achieving those goals. The Board expressed its appreciation for the valuable dialogue.

The Board accepted an invitation from the American Osteopathic Association for the ACCME to join its House of Delegates. This participation will expand the already cooperative relationship between the ACCME and the AOA.

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 ratified accreditation decisions for two providers, the first to achieve accreditation under this process. The decisions have also been ratified by the ACPE and ANCC boards.

Calls for Comment

The Board discussed the [calls for comment](#) the ACCME issued in January regarding Knowledge-based CME Activities and the Complaints and Inquiries Process: Balancing Transparency and Confidentiality.

Complaints process: The Board approved a revised ACCME Process for Handling Complaints Regarding ACCME Accredited Providers, which includes keeping confidential the identity of providers that have an activity found in Noncompliance. If the provider's accreditation status is changed as a result of the process, the new status will be public information. The ACCME will post the revised process, blinded summaries of complaints for educational purposes, and other resources for accredited providers in the near future.

The Board continued its discussions regarding providers' obligations to provide corrective information to learners, planners and faculty if an activity is found to be Noncompliant with [Standard for Commercial Support 1](#) (Independence), [Standard for Commercial Support 5](#) (Content and Format without Commercial Bias), or the [Content Validation Value Statements](#). The ACCME will release a call for comment to seek input about this issue from accredited providers, other stakeholders and the public.

Knowledge-based CME activities: The Board reviewed the feedback received during the call for comment and preliminary input from its Accreditation Requirements Task Force. The Board affirmed its position that knowledge-based CME activities are acceptable in accredited CME. Now that the ACCME has completed the review of six (6) cohorts of providers under the 2006 Criteria, the ACCME is conducting a comprehensive review of the accreditation requirements, including seeking feedback from the CME community. The ACCME will wait until this review is completed to take final action on the wording of the Criteria. Again, the ACCME affirms that "knowledge" is acceptable content for accredited CME. With respect to Criteria 3 and 11, even if the preponderance of a provider's activities is focused solely on changing knowledge, the provider must still show how these activities contribute to the overall program's efforts to change learners' competence, or performance or patient outcomes.

2010 Robert Raszkowski, MD, PhD ACCME Hero Award

The Board honored two volunteers with the 2010 Robert Raszkowski, MD, PhD, ACCME Hero Award:

William W. Greaves, MD, MSPH
Faculty Member, Department of Population Health
Medical College of Wisconsin
Milwaukee, WI

Karen E. Heiser, PhD
Vice President, Designated Institutional Official for
Graduate Medical Education
Codirector of the International Scholars Program
Nationwide Children's Hospital
Columbus, OH

The Robert Raszkowski, MD, PhD, ACCME Hero Award honors recipients for long-term and exemplary volunteerism to the accreditation system for CME in the United States.

Monitoring AMA PRA Compliance Information

At the December 2009 Board meeting, in response to a request of the AMA Division of Continuing Physician Professional Development, the Board agreed in principle that it would assist the AMA in monitoring providers' compliance with AMA PRA requirements during the accreditation review process. The AMA is asking for this review as a quality assurance measure to ensure providers comply with AMA PRA activity format requirements that were developed to help safeguard their educational value. The Board reviewed an initial proposal from the AMA and established a Board task force to explore implementing the proposal.