



## EXECUTIVE SUMMARY OF THE NOVEMBER 2010 MEETINGS OF THE BOARD OF DIRECTORS OF THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME)

### Accreditation and Recognition Decision Making

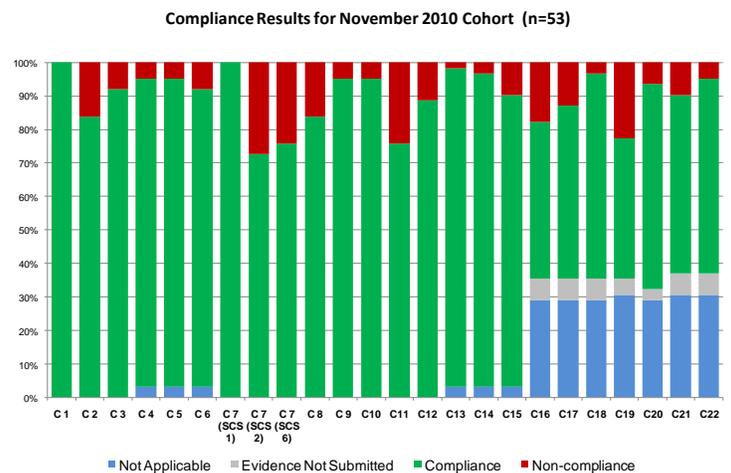
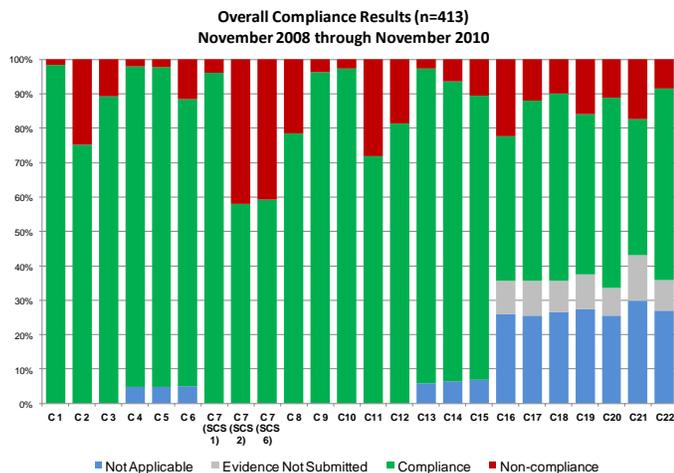
The ACCME ratified 53 Accreditation and Reaccreditation decisions based on the 2006 Accreditation Criteria. This included 14 providers (26%) that received **Accreditation with Commendation**, which confers a six-year term of accreditation. Twenty-nine providers (55%) received **Accreditation**; 20 of these providers (38%) are required to submit Progress Reports. Five providers (9%) were placed on **Probation** and are required to submit Progress Reports. Four initial applicants received **Provisional Accreditation**; one initial applicant received **Nonaccreditation**. The Board ratified 51 **Progress Report** decisions. Of those, 38 Progress Reports were accepted and 13 were rejected.

The ACCME made four Recognition decisions 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.

In total, there are 704 ACCME-accredited providers and 1,451 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 January 2011 to reflect the November 2010 accreditation decisions.

### Accreditation Decision Making Based on the 2006 ACCME Accreditation Criteria

Since November 2008 the ACCME has completed accreditation reviews for seven cohorts of providers using the 2006 Criteria (n = 413).



### Elections

The following individuals were elected or reelected to the ACCME Board and its committees.

#### Board of Directors

Carlyle H. Chan, MD  
David W. Price, MD  
Kim Edward LeBlanc, MD, PhD  
Richard B. Reiling, MD

#### Accreditation Review Committee

|                          |                          |
|--------------------------|--------------------------|
| Richard A. Berger, MD    | Nancy Lowitt, MD         |
| Robert B. Baron, MD, MS. | Sylvia K. Scherr, MS, RN |
| Frank C. Berry           | Barbara M. Solomon       |
| Jeffrey L. Levine, PhD   | Suzanne Ziemnik, Med     |

#### Committee for Review and Recognition

Jay C. Williamson, MD

## 2011 Chair and Vice-Chair

The Board named Richard B. Reiling, MD, and Sandra Norris, MBA, as 2011 Chair and Vice-Chair of the ACCME at the conclusion of the meeting.

## Service Awards

The ACCME is only successful in its mission because of its dedicated volunteers (Board members, committee members, surveyors), partners in accreditation (the Recognized Accreditors), and accredited providers. The Board had the privilege of honoring ACCME volunteers and paying special tribute to those who have demonstrated exemplary and long-term service to the ACCME.

### Recognition of Leadership as ACCME's 2009 Vice-Chair and 2010 Chair

Debra Perina, MD

### Recognition of Volunteers Who Have Completed their Terms of Service

#### Board of Directors

R. Russell Thomas, Jr., DO, MPH  
Capt. Shari W Campbell, DPM, MSHS  
Karla J. Matteson, PhD  
Sterling B. Williams, MD

#### Accreditation Review Committee

Alejandro Aparicio, MD  
Jack Dolcourt, MD  
Stuart Gilman, MD  
Karen Heiser, PhD

#### Committee for Review and Recognition

Kalani Brady, MD,  
MPH

### Recognition for Completion of Accreditation Surveys

#### 25 Surveys

Edwin L. Dellert, RN, MBA  
Diana J. Durham, PhD  
D. Theresa Kanya, MBA  
David Pieper, PhD  
Colleen B. Storino, MBA

#### 75 Surveys

Clifford Gevirtz, MD, MPH

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

James Liljestrand, MD, MPH

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

Pennsylvania Medical Society

## Interactions with ACCME Member Organizations

The Board convened the member organization liaisons during 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.

## Accreditation Decision-Making: Accreditation with Commendation

Under the previous accreditation system, System98, the ACCME had adopted policy to offer providers the opportunity to receive a change in status from Accreditation to Accreditation with Commendation, if they met certain requirements. In making the transition to the 2006 Accreditation Criteria, the Board took the time to gather data from several provider cohorts before establishing a new policy.

The Board has now reviewed this data and established revised eligibility requirements for providers that seek a change in status from Accreditation to Accreditation with Commendation. To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1 – 15, and must have no more than one noncompliant finding for Criteria 16 – 22. If the provider submits a Progress Report that is accepted, the provider is eligible for a change in status to Accreditation with Commendation. These requirements apply to accreditation decisions made on or after November 2010.

## The ACCME Board of Directors Accreditation Requirements Task Force

The Board Accreditation Requirements Task Force has conducted a comprehensive analysis of the ACCME's experience applying the 2006 accreditation requirements. The ACCME has now made decisions for more than half the accredited providers under the 2006 Accreditation Criteria; most providers will have received decisions under the 2006 Criteria by 2012.

The ACCME plans on initiating a series of dialogues with the CME community and other stakeholders during the coming year to gather their input about the value, benefits and challenges of the Accreditation Criteria. These discussions will involve accredited providers, Recognized Accreditors, ACCME's member organizations, other health care stakeholders, and the public.

The ACCME will continue to monitor compliance data to identify providers' educational needs, as well as expand and improve the education, support, resources and tools it offers to accredited providers and initial applicants. For example, based on feedback from accredited providers, surveyors, and the Accreditation Review Committee, the ACCME streamlined and simplified the Guide to the Accreditation Process.

### **ACCME Board of Directors Monitoring Task Force**

The Monitoring Task Force has completed its review and analysis of the internal controls the ACCME uses to ensure that accreditation decision-making is consistent and accurate. The ACCME will continue to make this process of ensuring internal consistency and fairness a high priority within the ACCME system. The Monitoring Task Force also reviewed the historical background and environmental factors that influence the ACCME's process for monitoring providers during their accreditation term.

The ACCME will continue to implement its Complaints Process as one means of monitoring providers during their accreditation terms. (See the Complaints Process section below.) In addition, as a next step, the Board's Quality Improvement Committee will explore options for gathering information from accredited providers about the oversight processes they already have in place that are designed to ensure independence and content validity.

### **Complaints Process: Providers' Responsibilities to Learners**

During the July 2010 Board meeting, the Board decided that providers will be required 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 (freedom from commercial bias), or the content validation policies. Providers will determine how to communicate the corrective information and are under no obligation to communicate that the activity was found Noncompliant. The ACCME sought feedback on this proposal from the CME community and the public through a formal call for comment. The comments were generally in favor of the proposed policy and have been posted on the ACCME public Web site. The Board reviewed the comments and adopted the revision to the ACCME Process for Handling Complaints Regarding ACCME Accredited Providers. The revision will be communicated to the CME community and the public.

### **The ACCME's 2011 Budget**

The Board of Directors' Finance Committee conducted an in-depth review of the ACCME's financial and operational strategies, including projected budgets through 2014. The Board's goal is to take a prudent and conservative approach to financial management, while maintaining the quality of ACCME's programs and services for accredited providers and recognized accreditors. The Board approved a budget with projected 2011 expenses of \$5,346,569 and estimated revenues of \$4,948,990. The 2011 budget represents \$200,685 in expense reductions, in addition to the expense reductions implemented in previous years. While it is not the ACCME's goal to run at a deficit, the projected 2011 deficit is covered by the funds it is holding in excess of required reserves. Under the ACCME's financial plan, the deficit will be closed by 2013. The ACCME will continue to explore and implement cost-cutting measures, and explore alternative revenue sources to augment accredited providers' fees.