EXECUTIVE SUMMARY OF THE MARCH 2011 MEETINGS OF THE BOARD OF DIRECTORS OF THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME)

Accreditation and Recognition Decision Making

The ACCME ratified 45 accreditation and reaccreditation decisions based on the 2006 Accreditation Criteria. This included 10 providers (22%) that received **Accreditation with Commendation**, which confers a six-year term of accreditation. Thirty-two (71%) received **Accreditation**; 18 of these providers (40%) are required to submit progress reports; 14 (31%) do not need to submit progress reports. One provider (2%) was placed on **Probation** and is required to submit a progress report. One initial applicant (2%) received **Provisional Accreditation**; one initial applicant (2%) received **Nonaccreditation**. The Board ratified 60 **progress report** decisions. Of those, 53 (88%) progress reports were accepted and 7 (12%) were rejected.
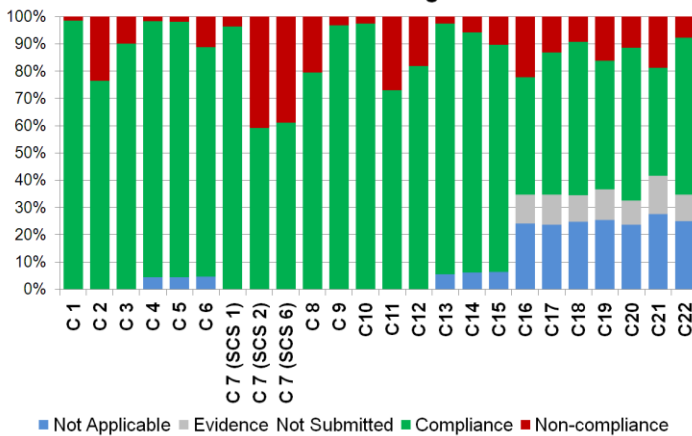
The ACCME made five recognition decisions based on the Markers of Equivalency. The ACCME reviewed one recognition progress report, which it rejected. Adopted by the ACCME in 2008 through a collaborative process with Recognized Accreditors, the Markers of Equivalency help ensure that accreditation decisions are consistent at the state and national levels.

In total, there are 691 ACCME-accredited providers and 1,466 providers accredited by ACCME Recognized Accreditors (state or territory medical societies that accredit local organizations offering CME).
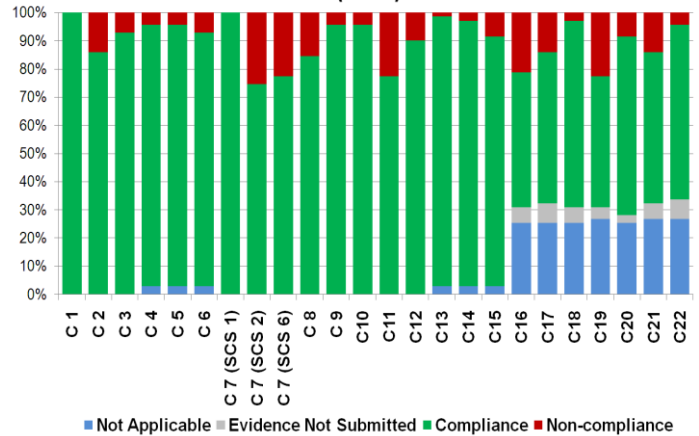
Accreditation Decision Making Based on the 2006 ACCME Accreditation Criteria

Since November 2008 the ACCME has completed accreditation reviews for 458 accredited providers using the 2006 Criteria.

Dialogue Session with Stakeholders

The Board hosted a strategic dialogue session with stakeholders to gather input about three areas: the ACCME's accreditation process; the connections between the ACCME, accredited CME, and the emerging Maintenance of Licensure and Maintenance of Certification® programs; and how to build on the ACCME's Bridge to Quality™ model to further enhance accredited CME's value. The dialogue session built on the discussions held during the ACCME's December 2009 Roundtable, the work done by the ACCME Board of Directors' 2010 task forces, and the interactive forums the ACCME has convened with various stakeholder groups. The Board appreciates and values the ideas, perspectives, and vision shared at the dialogue session and will incorporate the feedback into its upcoming strategic planning process. A summary of the dialogue session is available here.

Representatives of the following organizations participated in the dialogue session.

ACCME Member Organizations
American Board of Medical Specialties
American Hospital Association
American Medical Association
Association for Hospital Medical Education
Association of American Medical Colleges
Council of Medical Specialty Societies
Federation of State Medical Boards

CME Organizations
AHME CME Committee
Alliance for Continuing Medical Education
Alliance of Independent Academic Medical Centers
AMA Council on Medical Education
CMSS CME Directors
National Association of Medical Education Companies
Society for Academic Continuing Medical Education

CME Accreditors
American Academy of Family Physicians
American Osteopathic Association
Illinois State Medical Society
Medical Association of Alabama

Call for Comment: Acknowledgment of Commercial Support

The ACCME Board proposed a change in policy regarding the acknowledgement of commercial support, in response to provider feedback and to strengthen the separation between education and promotion. The proposed policy states that providers can communicate the names of commercial supporters in text format only, and cannot include corporate logos or any mention or description of other units within the commercial interest corporate structure. Currently, ACCME policy does not prohibit providers from using corporate logos in their communications regarding commercial support. The ACCME has issued a call for comment concerning the proposal, in accordance with its Rule Making Policy.

Accreditation Decision-Making: Accreditation with Commendation; Nonaccreditation

The Board clarified eligibility requirements for providers that seek a change in status from Accreditation to **Accreditation with Commendation** after receiving a noncompliant finding for an ACCME policy. The clarification built on the eligibility requirements that the Board determined at the November 2010 meeting. To be eligible for a change in status, a provider must have been found compliant with Accreditation Criteria 1-15 and have no more than one noncompliant finding for relevant ACCME policies *or* one noncompliant finding for Criteria 16 – 22. Once the provider demonstrates that it has come into compliance through an accepted progress report, it will be eligible for a change in status.

The Board amended the policy concerning **Nonaccreditation** decisions. From now on, Nonaccreditation decisions will be effective immediately, unless the ACCME Board of Directors specifies otherwise. Previously, the policy stated that Nonaccreditation decisions became effective one year after the decision, except in egregious cases, when a shorter timeframe could be implemented. During the past two years, the Accreditation Review Committee has recommended that Nonaccreditation decisions be effective immediately. The Board made the modification to bring the policy in line with the ACCME's current decision-making practices, and to strengthen the ACCME's oversight and accountability.

Reporting of In-Kind Commercial Support

The Board modified the requirement for reporting in-kind commercial support, in response to provider feedback. Since the early 1990s, the ACCME has required providers to quantify the dollar value of in-kind commercial support (for example, when a company loans a provider a device to use for teaching purposes). All commercial support, whether in-kind or cash, is aggregated and listed in one commercial support category in the ACCME annual reports. Providers have told the ACCME that it is not always possible to determine accurate, standardized estimates for the dollar value for in-kind support, and that information about the type of in-kind support would be more meaningful and valid. With the Program and Activity Reporting System in place, the ACCME can offer providers an easy method for reporting the type of in-kind support they receive. The modification will increase transparency, enabling the ACCME to produce more detailed trend data about commercial support. The ACCME will communicate the requirement modification and implementation timeframe to providers.

Intrastate Accreditation System

The Board adopted "The ACCME's Recognition Process: Responsibilities of Maintenance of Recognition." The continuous Maintenance of Recognition approach improves the quality, value, and efficiency of the recognition process, and enables the ACCME and Recognized Accreditors to identify areas for improvement on an ongoing basis. The ACCME sought feedback about the process during a call for comment last year; the Committee for Review and Recognition (CRR) approved it in October 2010. The process was discussed and well-received by participants at the 2010 ACCME State/Territory Medical Society Conference: A Conference of Leaders. To further support the intrastate accreditation system, the Board expanded the CRR from seven to nine members.

Elections

The Board elected Stuart L Abramson, MD, PhD, to serve on the Accreditation Review Committee.