EXECUTIVE SUMMARY OF THE MARCH 2012 MEETINGS OF THE ACCME BOARD OF DIRECTORS

Accreditation and Recognition Decision Making

The ACCME ratified **46** accreditation and reaccreditation decisions. This included 19 providers that received **Accreditation with Commendation** (41%), which confers a 6-year term of accreditation. Nineteen (41%) received **Accreditation**; 8 of these providers (17%) are required to submit progress reports; 11 (24%) do not need to submit progress reports. Three providers (7%) were placed on **Probation** and are required to submit progress reports**.** All 5 of the initial applicants received **Provisional Accreditation** (11% of the total; 100% of initial applicants).

The Board ratified 22 **progress report** decisions. Of those, 19 (86%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance and were accepted.

The ACCME made three recognition decisions based on the Markers of Equivalency. Three state medical societies received **Recognition**; two of these are required to submit progress reports. The ACCME accepted three recognition progress reports. Adopted by the ACCME in 2008 through a collaborative process with Recognized Accreditors, the Markers of Equivalency ensure that the standards for CME accreditation decision-making are consistent at the state and national levels.

As of March 2012, there are 687 ACCME-accredited providers and 1,371 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 613 accredited providers using the 2006 Criteria.
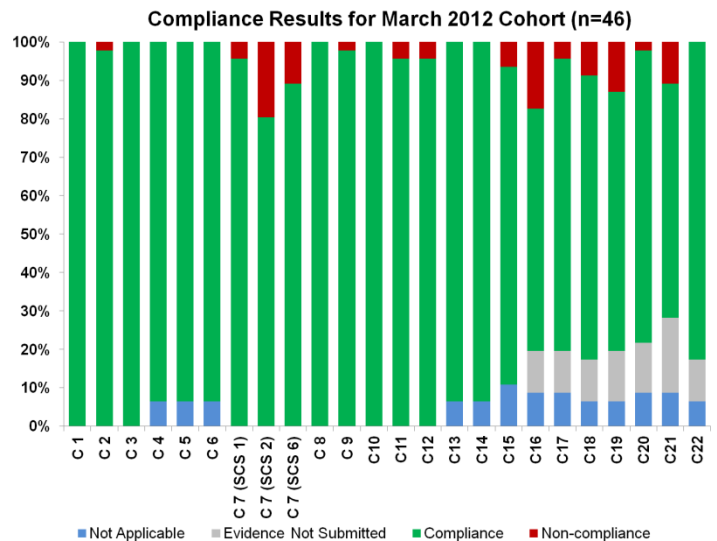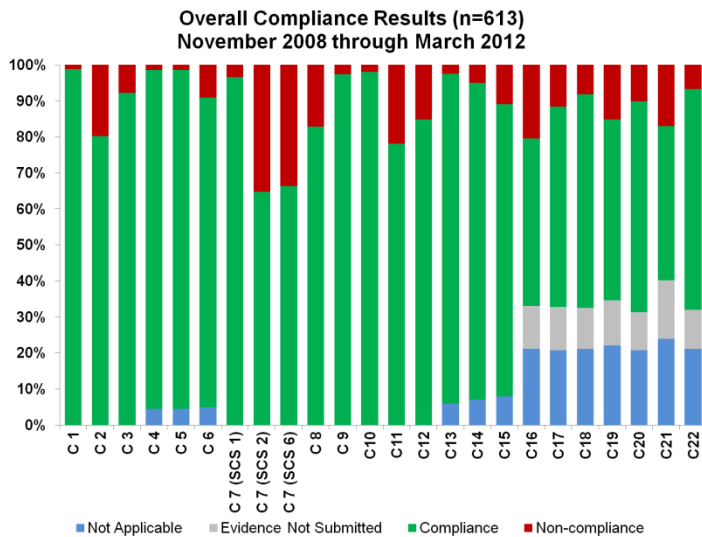
Guest Discussions Related to ACCME Strategic Imperatives

The Board convened three discussion sessions with guests and the member organization liaisons to facilitate the implementation of the 2011 strategic imperatives, which were identified during the July 2011 strategic planning retreat: Foster ACCME Leadership and Engagement; Evolve and Simplify the Accreditation Standards, Process, and System; and Explore and Build a More Diversified Portfolio of ACCME Products and Services.

Richard A. Berger, MD, PhD, Dean of the Mayo School of Continuous Professional Development, Mayo Clinic; and member, ACCME Accreditation Review Committee, presented a case study describing an organizational approach to Maintenance of Certification®. **Barbara Barzansky, PhD, MHPE**, Secretariat of the Liaison Committee on Medical Education (LCME); and **Timothy Brigham**, MDiv, PhD, Chief of Staff and Senior Vice-President, Department of Education, Accreditation Council for Graduate Medical Education (ACGME); discussed the integration of education across the continuum. **Carolyn Clancy, MD**, Director of the Agency for Healthcare Research and Quality (AHRQ); and **Mark Levine, MD,** Chief Medical Officer, Denver, Centers for Medicare and Medicaid Services (CMS), discussed the opportunities for accredited CME to contribute to an evolving health care system.

Call for Comment: Acknowledgment of Commercial Support

The Board continued to defer a decision about the implementation of a proposed change in policy that would prohibit the use of corporate logos, slogans, taglines, or references to corporate units in commercial support disclosures. The Board issued a call for comment about the policy last year. The Board decided to defer a decision since the ACCME is now engaging in discussions with the CME community and other stakeholders regarding the strategic imperatives, including discussions about evolving and simplifying the accreditation requirements.

Follow-Up on Previous Calls for Comment

In 2008 and 2009, the Board issued calls for comment regarding commercial support policies in response to congressional committees calling on the ACCME to be more accountable. After further discussion and review of the responses the Board decided not to move forward with the proposals at that time. The proposals were: establishment of a new paradigm for the commercial support of CME; further restrictions on communications from commercial interests; establishment by the ACCME of an independent CME funding entity; and the establishment of accreditation categories designating commercial support-free CME and promotional teacher and author-free accredited CME. The Board revisited these proposals and decided not to implement them or to pursue them any further.

Follow-up on Issues Put on Hold Pending 2011 Strategic Planning

The Board decided to explore the following issues that had been put on hold pending 2011 strategic planning:

- A process for gathering information from accredited providers about the oversight processes they already have in place that are designed to ensure independence and content validity
- The management of funds provided by commercial interests to accredited providers for the purchase of materials associated with their activity, such as jump drives, lanyards, and tote bags
- Strategies for further establishing, verifying, and communicating the ACCME's internal controls
- The value of converting the Program and Activity Reporting System (PARS) optional fields to mandatory fields, thus enhancing the information that the ACCME collects, analyzes, and publishes. The Board will also consider integrating stakeholder requests to add fields to PARS that would enable the ACCME to gather additional information.

The Board followed up on previous discussions concerning the importance of the definitions of "accredited CME" and "certified CME." Since then, the ACCME has clarified its use of terminology in its updated glossary, available on www.accme.org.

Before any action is taken or new policy adopted, the ACCME will communicate with the CME enterprise through its call for comment in accordance with its Rule-Making Policy.

ACCME Bylaws

At the December 2011 meeting the Board read the draft bylaw revisions into the minutes to begin the formal adoption process. The Board had revised some of the draft bylaws amendments in response to feedback from member organizations. The Board adopted 24 separate draft amendments and will send them to the member organizations for approval. In accordance with ACCME bylaws, each amendment will become effective in 120 days unless three or more member organizations have informed the ACCME that they do not approve the amendment. In addition, the Board read a further bylaws amendment into the minutes to begin the formal adoption process. This amendment refines the language related to the executive committee by explicitly stating the number of directors (9 or 10) who shall make up the committee.

ACCME 2011 Audit

The Board reviewed the 2011 final audit and financial statements**,** heard a presentation from the independent auditor, and, per ACCME policy, convened in executive session with the auditor to discuss the audit report and process.