



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

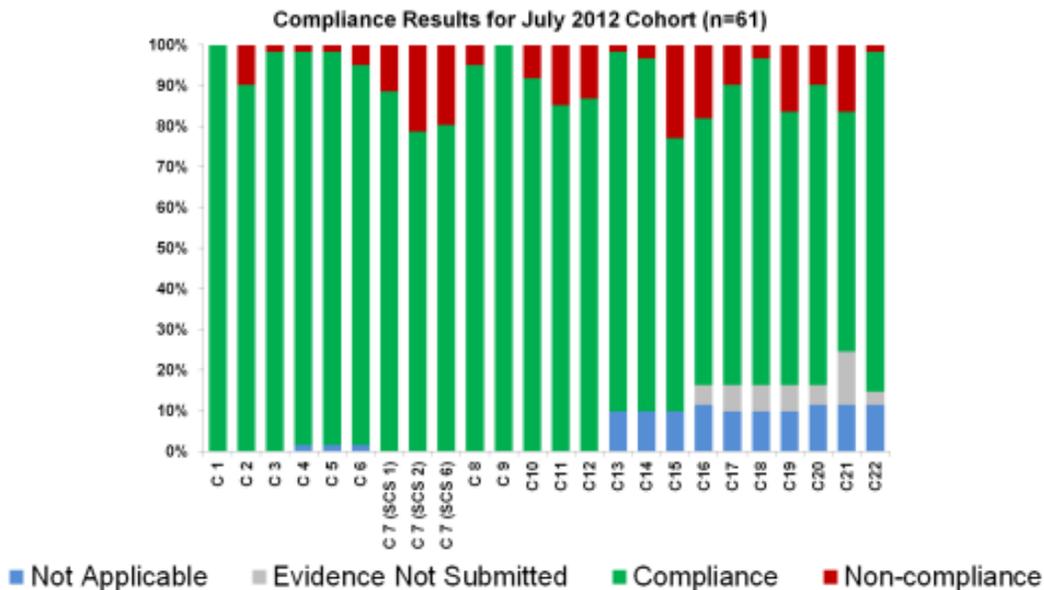
Accreditation and Recognition Decision Making

The ACCME ratified 61 accreditation and reaccreditation decisions. This included 20 providers that received **Accreditation with Commendation** (33%), which confers a 6-year term of accreditation. Twenty-three (38%) received **Accreditation**; 18 of these providers (30%) are required to submit progress reports; 5 (8%) do not need to submit progress reports. Nine providers (15%) were placed on **Probation** and are required to submit progress reports. All of the 9 initial applicants received **Provisional Accreditation** (15% of the total; 100% of initial applicants).

The Board ratified 28 **progress report** decisions. Of those, 23 (82%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance, and were accepted. Four progress reports (14%) failed to demonstrate compliance in all requirements and the providers are required to submit another progress report. One progress report decision (4%) was deferred.

As of July 2012, there are 702 ACCME-accredited providers and 1,338 providers accredited by ACCME Recognized Accreditors (state or territory medical societies that accredit local organizations offering CME).

This cohort's performance on each of the Accreditation Criteria is depicted below.



ACCME Conversations with Recognized State Medical Society Leadership

The Board convened conversations with leadership from the recognized state/territory medical society CME accreditation system to discuss the evolution, standards, expectations, obligations, challenges, and opportunities facing accredited CME. The Board asked participants about the value their accreditation program brings to their state, about the value of ACCME support and services, and how the ACCME can continue to support their accreditation programs. Participants included ACCME member organization liaisons; members of the Committee for Review and Recognition (CRR); and CEOs, executive leadership, and staff from 38 recognized state/territory medical societies. The conversations were part of the Board's ongoing process for facilitating the implementation of the ACCME 2011 strategic imperatives: Foster ACCME Leadership and Engagement; Evolve and Simplify the Accreditation Standards, Process, and System; Explore and Build a More Diversified Portfolio of ACCME Products and Services.

The participants included executives, physician volunteers, and CME staff of the following 38 state medical societies.

Alabama	Louisiana	New Jersey	Rhode Island
Arizona	Maine	New Mexico	South Carolina
California	Maryland	Nevada	Texas
Colorado	Massachusetts	North Carolina	Utah
Connecticut	Michigan	North Dakota	Virginia
Georgia	Minnesota	Ohio	Washington
Illinois	Mississippi	Oklahoma	West Virginia
Indiana	Missouri	Oregon	Wisconsin
Iowa	Nebraska	Pennsylvania	
Kansas	New Hampshire	Puerto Rico	

Joint Accreditation for Health Care Team Continuing Education

The ACCME ratified decisions for two providers receiving [joint accreditation](#). The decisions have also been ratified by the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC). The joint accreditation process was launched in March 2009 by the ACCME, the ACPE, and the ANCC.

Internet-based CME and Enduring Materials: Modifying Communication Requirements

In response to questions from accredited providers and technological advancements, the Board re-examined its requirements regarding the communication of information to learners as described in the Internet CME and Enduring Materials policies. The Board agreed to simplify its interpretation of the requirements because of the evolution of technology and learners' increasing familiarity with technology. It will now be acceptable for providers to choose from various electronic means, such as tabs, links, or rollover text, to make the required information accessible. The Board recognizes that the use of tabs or links to disseminate information is now the online standard. This modification does *not* apply to disclosure information required in the Standards for Commercial Support. The ACCME has provided [Q&A](#) to explain the modified requirements.

ACCME's Decision-Making Process: Ensuring Consistency and Accuracy

The Board heard a report from the Quality Improvement Committee about an audit of the ACCME's decision-making process for the July 2012 cohort, which included an analysis of the internal controls the ACCME employs to ensure the consistency and accuracy of decision-making. The Board agreed that the ACCME's internal controls are effective in supporting valid and consistent accreditation decisions. The Board will continue to monitor and improve, where necessary, its internal controls. This most recent audit builds on the work of the Board of Directors 2010 Monitoring Task Force which spent a year reviewing and analyzing the ACCME's internal controls and determined that the process for ensuring the consistency and fairness of accreditation decision-making should continue to be a high priority.

ACCME 2012 Bylaws

In accordance with ACCME bylaws, the revised bylaws became effective July 22, 2012. The ACCME updated its documents and policies to support implementation of the [2012 bylaws](#).

2012 Rutledge W Howard, MD, Award for Individual Service to the Intrastate Accreditation System

The Board honored the following volunteer with the 2012 Rutledge W. Howard, MD, Award:

Melvin I. Freeman, MD

The Rutledge W. Howard, MD, Award honors staff or volunteers for their service to the intrastate accreditation system. A news release about the 2012 award is posted on the [ACCME Web site](#).