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## EXECUTIVE SUMMARY OF THE MARCH 2008 MEETINGS OF THE ACCME BOARD OF DIRECTORS

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### ACCREDITATION AND RECOGNITION DECISION MAKING

The ACCME ratified Accreditation, Reaccreditation, and Progress Report decisions for seventy-eight providers. This included six providers that received the sought after Accreditation with Commendation, which is associated with a six-year term of accreditation, as well as five initial applicants receiving Provisional Accreditation, and one provider that received Non-accreditation from Initial Accreditation. There are now seven hundred and forty-one (741) ACCME accredited providers and one thousand six hundred and sixty-three (1,663) state or territorial medical society accredited providers. The ACCME ratified Recognition decisions for two state medical society accreditors.

### ACCME MAINTAINS FOCUS ON QUALITY

*The ACCME continues to emphasize that CME is a strategic asset to those interested in improving healthcare in the US.*

While putting new resources into the management of issues surrounding commercial support in CME, the ACCME will continue to maintain its focus on supporting a well organized transition to accreditation based on the Updated Criteria released in September 2006 and described in our 2008 publication "CME as a Bridge to Quality" ([www.accme.org](http://www.accme.org)).

These criteria transform CME into practice-based learning and improvement and emphasize a role for CME providers in overcoming barriers to physician change and improvement and engaging in the wider health care community.

Accredited providers are required to understand the professional practice gaps of their own learners and design CME to address the knowledge, competence, or performance issues that underlie these gaps.

Every CME activity is to be identified with a recognized

'competency' and must match the learner's scope of practice. The educational methods used must be appropriate for the change objectives, including the use of lecture or print media when appropriate.

Accredited providers are asked to integrate CME into the process for improving professional practice, to use non-educational strategies to enhance change, to identify factors outside their control that impact on patient outcomes, and to implement educational strategies to overcome barriers to physician change

In keeping with ACCME's own strategic imperatives, ACCME asks providers to build bridges with other stakeholders through collaboration and cooperation, to participate within a framework for quality improvement — and to be sure they are positioned to influence the scope and content of CME.

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### OTHER ISSUES DISCUSSED

#### SPACE AND HUMAN RESOURCES

In mid-2008, the ACCME will be expanding its offices to better accommodate the larger organization. The new space will include almost 3000 sq. ft. of meeting and collaboration space and work space for an additional 10 people.

#### FINANCE

The ACCME reviewed a positive report of the audit of its 2007 financial statements and a report of the investments at ACCME. The ACCME has \$5 Million of net assets of which \$3.5 Million are designated as 'reserves' and the remainder is available to meet operational expenses.

#### EDUCATION

ACCME has expanded its target audience for educational initiatives beyond accredited providers and recognized accreditors to include physician learners, healthcare leadership organizations, medical students, residents and the general public. In order to identify the needs of these target audiences and to produce the necessary educational resources, the ACCME has expanded its staff.

#### ENGAGEMENT AND LIAISON

The ACCME met with Lewis Morris, JD, Chief Counsel to

the Inspector General of the U.S. Department of Health and Human Services, and Julie Taitsman, MD, JD, of the Office of Counsel to the Inspector General, to further the ACCME's understanding of government regulation in the U.S. and to gain insights into the areas of interest of the OIG of HHS.

#### IDENTIFYING & RESOLVING CONFLICTS OF INTEREST

In the context of the ACCME Standards for Commercial Support, the ACCME Board discussed financial relationships within institutions/organizations that might impact the accredited provider and the provision of CME. It was agreed that under some circumstances, organizations that are currently exempted from being considered an ACCME-defined commercial interest could become one when they own all or part of an entity that is aligned or in partnership with a firm taking an FDA-regulated product to market.

#### REPORTS AND ELECTIONS

The ACCME Board heard reports from its Accreditation Review Committee and its Committee on Review and Recognition, and it re-elected Radheshyam Agrawal, MD and Richard Berger, MD to their second terms on the Accreditation Review Committee.