EXECUTIVE SUMMARY OF THE MARCH 2016 MEETINGS OF THE ACCME BOARD OF DIRECTORS

Accreditation Decision Making

The ACCME ratified 46 accreditation and reaccreditation decisions. This included 15 providers that received Accreditation with Commendation (33%), which confers a 6-year term of accreditation. Twenty-two (48%) received Accreditation; 15 of these providers (33%) are required to submit progress reports; 7 (15%) do not need to submit progress reports. Two providers (4%) were placed on Probation and are required to submit progress reports. Of the 7 initial applicants, 6 received Provisional Accreditation (13% of the total; 86% of initial applicants) and 1 received Nonaccreditation (2% of the total; 14% of initial applicants).

The Board ratified 26 progress report decisions. Of those, 16 (61%) progress reports demonstrated compliance with all ACCME requirements previously found not in compliance. Nine progress reports (35%) did not yet demonstrate compliance in all requirements and the providers are required to submit another progress report. One provider (4%) did not yet demonstrate compliance in all requirements; the provider’s status was changed to Nonaccreditation.

As of March 2016, there are 693 ACCME-accredited providers and 1,164 providers accredited by ACCME Recognized Accreditors (state or territory medical societies that are recognized by the ACCME as accreditors of intrastate CME providers).

In the figure above, please note that compliance results for Accreditation Criteria 4, 14, and 15 have been removed. These criteria were eliminated as part of the February 2014 changes to simplify the accreditation requirements and process. Beginning with the March 2014 cohort, providers have not been evaluated for any of the requirements that have been eliminated.
Call for Comment: Proposed New Criteria for Accreditation with Commendation
The Board held an in-depth discussion about the robust response to the call for comment about the proposed new menu of criteria for Accreditation with Commendation. More than 245 respondents provided feedback, resulting in more than 2,600 individual comments. The comments were thoughtful and insightful. The majority of respondents agreed that the criteria were clear as written, offer flexibility, and would achieve the goal of elevating the CME enterprise. The majority of respondents requested additional clarification and definitions for some of the terms, and expressed concerns that the measures for achieving compliance were too difficult and would not be attainable for all provider types. The ACCME will consider the feedback and formulate an evolved set of guidelines and compliance measures to present to the Board at the July 2016 meeting for continued discussion and possible adoption.

Guest Discussions about Maintenance of Certification and Accredited CME
The Board convened discussions with leadership from the American Board of Medical Specialties (ABMS), as well as several individual certifying boards, to discuss the challenges faced by diplomates, how the boards are evolving their Maintenance of Certification (MOC) programs, and how accredited CME and the ACCME can support the efforts of MOC and diplomates. Member organization liaisons joined the discussions. Participants included representatives from the ABMS, the American Board of Anesthesiology, the American Board of Emergency Medicine, the American Board of Family Medicine, the American Board of Internal Medicine, and the American Board of Psychiatry and Neurology. The Board appreciates the high-level, thoughtful discussions, and looks forward to its ongoing engagement with the ABMS and the certifying boards to support MOC and diplomates.

ACCME 2015 Audit
The Board reviewed the 2015 final audit and financial statements, heard a presentation from the independent auditor concerning the audit, and, per ACCME policy, convened in executive session with the auditor to discuss the audit report and process. As in previous years, the ACCME received a clean audit report, which means that the ACCME’s financial statements were accurate and prepared in compliance with generally accepted accounting principles.