



Accreditation Council for Continuing Medical Education

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To the CME Stakeholder Community:

The ACCME is pleased to present a proposal for evolving the criteria for Accreditation with Commendation. The proposed criteria incorporate ideas gathered from the CME community and other stakeholders over the past few years, as well as feedback from the ACCME Board of Directors and member organizations.

This proposal is part of our ongoing process of fulfilling our strategic goal to simplify and evolve the ACCME's accreditation requirements and process. As you may recall, since 2012 we have engaged with more than 1,100 stakeholders to discuss simplification and evolution. Our engagement with you resulted in the February 2014 [simplification of the accreditation requirements and process](#). We appreciate your participation and feedback.

You told us that the 2006 Accreditation Criteria, including the commendation criteria, have ensured that accredited CME remains relevant and responsive. You recommended that the opportunities for achieving Accreditation with Commendation should evolve to reflect changes in the environment and challenge providers to aim for even higher achievements. Based on your feedback we have identified a greater range of attributes as commendable practices. The new criteria are designed to reflect the valuable work you may already be doing — in areas such as the integration of health data, interprofessional collaborative practice, and individualized learning activities. The proposal incorporates your requests for criteria that reward higher levels of outcomes measurement and ensure organizational competence and leadership.

Now, it is time to respond to your feedback about evolving the criteria for achieving Accreditation with Commendation.

In response to your ideas, we created a menu of options that would give providers the opportunity to choose the specific criteria that are appropriate for their organization. The purpose of the menu structure is to reflect the strength of the diverse community of CME providers, offer more flexibility, and promote innovation and creativity. The proposed menu is designed to ensure that all provider types would have the ability to achieve Accreditation with Commendation.

The proposed menu of 15 commendation criteria are grouped into four sections related to the Creation of CME, CME Activities, The Program, and Outcomes. In the following pages, you will see the proposed criteria as well as annotations to support your understanding of our intentions.

You will note that the numbering of the proposed criteria begins with Criterion 23. We have not renumbered any existing criteria. We did this to avoid confusion and because we think that the current commendation criteria (16–22) and the new criteria (23–37) could coexist for a time, so that providers could choose whether to seek commendation through demonstrating compliance with the current or new criteria. This would give providers time to make the transition and ensure that those of you who have been working to achieve Accreditation with Commendation with the current criteria will continue to have that opportunity. Please note that the current Criteria 16–22 remain in place and you should continue to comply with them to achieve Accreditation with Commendation. If and when we formally adopt changes, we will develop a transition plan and share that plan with you.

The ACCME will use the same feedback process for the commendation criteria proposal as it did for the simplification proposal. We will gather feedback from our stakeholders through online and face-to-face interactions, and an online survey. In these discussions, we will ask whether you think the proposed criteria will add value, how many criteria should be required to achieve Accreditation with Commendation, and your recommendations for how to measure compliance.

The ACCME will review your feedback and determine whether to make refinements to the proposal. If and when the Board of Directors decides to adopt new commendation criteria, we would then gather further responses from the stakeholder community through a call for public comment, in accordance with the [ACCME Rule-Making Policy](#), before making any final decision to implement the proposal.

We encourage you to review the materials in this document and to view a [video tutorial](#) explaining the proposal. We invite you to join our [May 13 informational webinar](#) and to submit your [questions](#) by May 2 in preparation for the webinar.

We look forward to our continued engagement.

Respectfully yours,

A handwritten signature in dark ink that reads "M Kopelow". The signature is written in a cursive, slightly slanted style.

Murray Kopelow, MD
ACCME President and CEO



ACCME Proposal for a Menu of New Criteria for Accreditation with Commendation

	Proposed Criteria	Annotations
	The Creation of CME	
	The provider:	
C23	Uses a multi-interventional approach to maximizing the impact of CME (e.g., more than one format within an activity combined in a series of activities; a series of sessions/formats to address one professional practice gap).	The education literature concludes that offering a series of educational opportunities, over time or in varying formats, increases the effectiveness of accredited CME in facilitating change in learners. Providers could apply this principle by using more than one format within an activity within a series of activities; by offering a series of activities to address one professional practice gap.
C24	Engages in interprofessional collaborative practice in the planning and delivery of interprofessional continuing education activities.	Interprofessional collaborative practice is when multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care. Interprofessional education occurs when learners from two or more professions learn with, from, and about each other to enable interprofessional collaborative practice. Effective collaboration improves health outcomes. This criterion will reward providers that work collaboratively with other professions to develop interprofessional continuing education.
C25	Integrates patient and public representatives as planners, teachers, <u>and</u> learners in CME.	Accredited CME needs to advance the interests of the people who are served by the healthcare system. It is important to involve patients and the public in the planning and delivery of CME. This criterion rewards providers that incorporate patient and public representatives as planners, teachers, and learners in the CME program.

C26	Integrates undergraduate or postgraduate health professions' students as CME researchers and CME planners.	This criterion focuses on CME as an integral part of the continuum of medical education. It reflects the importance the ACCME places on all aspects of medical practice, including education, research, administrative, and executive practice. The criterion rewards providers for supporting practice-based learning and improvement for students.
CME Activities		
The provider:		
C27	Develops and implements activities on the implementation of health informatics and the use of health information, in improving health.	The collection, analysis, and synthesis of information derived from the care of patients (i.e., health information) and the application of the lessons learned from these data contribute to healthcare improvement. This criterion will reward providers that teach about health informatics and teach learners <i>how to apply</i> the wisdom gained from health information to improve health and promote changes in practice.
C28	Develops and implements activities on factors affecting the health of populations.	This criterion rewards providers for expanding their programs beyond clinical care education to address factors affecting the health of populations (<u>as described in <i>What Works for Health, University of Wisconsin Population Health Institute</i></u>). To achieve compliance, the CME program will teach learners how they can intervene in health behaviors, social and economic factors, and the public's physical environment.

C29	Develops and implements individualized CME activities .	This criterion rewards providers for developing CME that is designed to address the specific needs of an individual with a customized set of educational interventions. The needs may be derived from a variety of sources (e.g., performance measures, formal assessments) but the sources must produce data and information about that individual's professional practice gaps and needs. Providers can create an individual curriculum for each learner, or customize an already existing curriculum for the learner. The customized education needs to be designed to close the individual's professional practice gaps. Providers are expected to evaluate changes in the competence, performance, or patient outcomes of each individual learner, relative to the identified gaps and needs.
The Program		
The provider:		
C30	Works with other healthcare disciplines or other elements of healthcare on local, national, or global initiatives intended to improve health or healthcare.	A system in which organizations and people cooperate or collaborate with each other is a stronger, more empowered enterprise. This criterion will reward providers that apply this principle in the planning and implementation of accredited CME, including taking responsibility for jointly provided activities. This criterion is similar to the current C20.
C31	Utilizes strategies to enhance change as an adjunct to its CME activities (e.g., reminders, patient feedback, or other strategies to remove, overcome, or address barriers to physician change).	This criterion will reward providers that utilize strategies such as reminders, patient feedback, or other strategies to remove, overcome, or address barriers to physician change. This criterion is a blend of the current Criteria 17 and 19.
C32	Implements a research design and publication strategy in the evaluation of CME.	The ACCME believes that continuing professional development (CPD) is a scholarly pursuit and that CME is the academy in which the scholarship occurs. This criterion rewards providers that are engaged in this form of scholarship.

C33	Demonstrates that the CME program leadership has engaged in continuing professional development in domains relevant to the CME enterprise.	The ACCME believes that the CME enterprise not only needs to teach CPD, but it also needs to do CPD. This criterion will reward providers if all of the CME program leadership has participated in CPD in domains relevant to the CME enterprise during each year in the current accreditation term.
C34	Demonstrates creativity and innovation in the development and delivery of CME.	Compliance with this criterion will be a subjective judgment of the ACCME, based on multiple and evolving criteria. This criterion will reward providers for attributes such as the CME program's uniqueness or impact or for improving efficiency in the CME or healthcare delivery.
Outcomes		
The provider:		
C35	<p>Develops and implements CME,</p> <ol style="list-style-type: none"> 1. According to the American Medical Association (AMA) Physician's Recognition Award's (PRA) "Requirements for Designating New Procedures and Skills Training For Credit" and, 2. As described by the AMA PRA, demonstrates it has provided "Verification of proctor readiness" or "Verification of physician competence to perform the procedure." 	This criterion promotes two high-level outcome designations for educational activities designed with a very specific purpose (i.e., learning about new skills and procedures.) Note: The ACCME uses <i>ability</i> to be synonymous with <i>competence</i> , so this outcome would be the same as "verification of the physician ability to perform the procedure."
C36	Demonstrates that individual learners have improved their own performance in practice.	This criterion takes accredited CME beyond designing activities to change performance and measuring those changes. This criterion will reward providers that can demonstrate that individual learners have actually improved their performance-in-practice.
C37	Demonstrates that the CME program contributed to changes in processes of delivering healthcare.	This criterion is about systems-based practice. It takes CME beyond changing individual learners' performance. The criterion rewards providers for demonstrating that they have contributed to change, in areas that could include the interaction of CME and Quality Improvement; the coordination of patient care; interprofessional collaborative practice; population-based care; enhancing patient safety; and identifying system errors and implementing potential systems solutions.